

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): April 12, 2019 | 9:00 am - 4:00 pm

Present: Zul Kanji (Chair, UBC); Ruth Lunn (VCC), Leta Zaleski, via teleconference (Camosun), Karen Lange (CNC), Monica Soth (VIU), Mandy Hayre (BCDHA)

Invited: Carole-Anne Mrsic (VCDH), Wendy Jobs (BCDHA, via teleconference), Jennifer Lawrence (CDHBC), Heather Biggar (CDHBC), Ruth Erskine (BCCAT)

Member Institution	Representative	Email
Alexander College		
Art Institute of Vancouver		
Ascenda School of Management		
Athabasca University		
BCIT		
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Capilano University		
College of New Caledonia	Karen Lange	langek@cnc.bc.ca
College of the Rockies		
Columbia College		
Coquitlam College		
Corpus Christi College		
Douglas College		
Emily Carr University of Art & Design		
Farleigh Dickinson University		
Fraser International College		
Justice Institute of BC		
Kwantlen Polytechnic University		
Langara College		
Nicola Valley Institute of Technology		
Northern Lights College		
North Island College		
Northwest Community College		
Okanagan College		
Quest University		
Royal Roads University		
Selkirk College		
Simon Fraser University		
Thompson Rivers University		
Trinity Western University		
UBC-Okanagan		
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University Canada West		
University of the Fraser Valley		
University of Northern BC		
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Vancouver Community College	Ruth Lunn	rlunn@vcc.ca
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Yukon College		
GUEST NAME	Mandy Hayre BCDHA	hayrem@camosun.bc.ca
GUEST NAME	Carole-Anne Mrsic (VCDH),	
GUEST NAME	Wendy Jobs (BCDHA, teleconference),	
GUEST NAME	Jennifer Lawrence (CDHBC)	
GUEST NAME	Heather Biggar (CDHBC)	
GUEST NAME	Ruth Erskine (BCCAT)	

Recorder: Karen Lange, CNC

Welcome from Zul Kanji UBC, Chair

1. Meeting Called to Order at 9:06 am.

2. Introductions/welcome

- Members Zul Kanji (Chair, UBC); Ruth Lunn (VCC), Leta Zaleski via teleconference, (Camosun), Karen Lange (CNC), Monica Soth (VIU), Mandy Hayre (BCDHA)
- Guests: Carole-Anne Mrsic, VCDH (1:00), Jennifer Lawrence & Heather Biggar, CDHBC (1:30), Wendy Jobs via teleconference (2:30), Ruth Erskine, BCCAT (3:30)

3. Approval of Agenda and Any Additional Items

Motion: to adopt the Agenda as circulated

Moved: Mandy Seconded: Monica Motion Carried

4. Approval of minutes of the Articulation Committee meeting of Apr.13, 2018

- Amendments (if any): Minutes circulated from June 2018. Minutes revised in July and circulated in Sept 2018. June 2018 minutes are currently posted on BCCAT website.
- **ACTION:** Zul to send Sept 2018 minutes to Ruth Erskine to post on BCCAT website

Motion: to accept the Sept 2018 Minutes as presented/with amendments as noted:

Moved: Leta Seconded: Mandy Carried

5. Business Arising from Previous Minutes (if any)

- ACTION:** Karen to share chart audit and quality assurance audit forms via email. **Action completed.**

6. Updates to the DH Articulation Membership List – Please see membership list circulated by Chair.

Leslie Battersby will be representing CNC for 2020.

7. Confirmation of Chairs and Recorders for 2020. Please see rotational chart circulated by Chair

VIU requested revision to chair assignment schedule for 2020. CNC will chair 2020 meeting with VVC as recorder/minute taker. VIU will chair in 2021, after which original rotation schedule will resume.

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:

Year	School
2017	Camosun College
2018	Vancouver Island University
2019	College of New Caledonia
2020	Vancouver Community College
2021	University of British Columbia
2022	Camosun College (original rotation starts again)

8. Updates and review of the programs' Comparisons Chart – All

Reviewed program comparable chart. Zul will recirculate the document with updates provided by program heads.

ACTION: All to provide program comparable updates to Zul by email. Zul and Ruth Erskine (BCCAT) to establish an online Moodle platform onto which updated documents will be placed. All committee members will be granted access.

9. BCCAT System Liaison Person (SLP) for Dental Hygiene? – (Z.Kanji)

Discussion regarding committee's desire for SLP to bring fresh perspective to articulation table. Health Sciences Deans are supportive of filling role, as necessary. Dean of Health and Human Services, VIU, Patricia O'Hagan, is willing to serve as SLP in ad hoc capacity. CNC Dean, School of Health Sciences, Glenda Vardy Dell, is SLP for DA articulation committee.

ACTION: Monica to request VIU Dean hold meeting date, April 17, 2020. **Action complete.**

ACTION: Monica to forward Patricia O'Hagan's email contact to 2020 Chair, Leslie Battersby, battersbyl@cnc.bc.ca. **Action complete.**

ACTION: Leslie Battersby to include Patricia O'Hagan, when circulating 2020 articulation meeting agenda.

10. Updates on Institutional plans to move forward with degree pathways (All) - 5 min

CNC: Working in partnership with Camosun to develop degree completion curriculum. Currently mapping diploma curriculum to national baccalaureate competencies to identify gaps in order to develop degree

curriculum. Looking at a blended program with online options. May share online elective courses with Camosun.

CC: Launched new diploma program 5 years ago and is currently undertaking a program review, which will help facilitate planning for degree completion. Ideally, students will complete an additional 4 - 8 months of studies for degree completion. Targeting 120 credits for an applied degree as no significant changes in DH scope. Significant interest from CC graduates for degree completion (350 on interest list). Degree completion will be offered to Camosun graduates only. Looking at an online program with the possibility of some onsite courses. May share online elective courses with CNC. Looking at opportunities to incorporate inter-professional pathways with other Camosun degree programs. Exploring degree completion pathways with an entrepreneurial/business focus. Students may have the option of pursuing a degree in allied health or dental hygiene.

VIU: At same point as last year with degree completion option. Budgetary issues with degree proposal require a higher intake of student numbers (20 to 25) for degree program to be financially viable. VIU is required to fundraise 300,000 towards a clinic renovation to accommodate increase in student intake. Renovations will increase clinic operatories (9 chairs currently) with addition of a teaching suite. Projected to begin renovations in summer 2020.

VCC: At point of DQAB approval. Program is responding to DQAB feedback, with the goal of program intake in fall 2020. Program to be marketed 6 months prior to launching. Diploma exit will remain. Degree completion program has public health, policy and business-focused options for the future independent DH practitioner.

UBC: Relaunched Degree Completion Admission Option (Category 2) for DH's with diploma/certificate. Applicants receive credit for two years of previous post-secondary education and must complete the third and fourth year of the Degree Program at UBC. Applicant pool is strong.

11. Exemption from the BC Degree Quality Assessment Board (DQAB) process (M.Hayre) – 5 min

CC has applied for DQAB exemption. DQAB has specific institutional criteria to apply for exemption status. To obtain the exemption, DQAB evaluates institutional processes to determine if they are robust enough to allow exemption. If exception is granted, this will speed up the degree approval process for CC.

12. Students wanting to transfer between programs – institutional process (M.Hayre) – 5 min

CC: Receiving a higher number of transfer requests. Outlined the steps in the institutional process including fee payment and PLAR. CC is considering implementing a course-by-course fee for service as process to evaluate is time and resource consuming.

CNC: Requests are reviewed on case-by-case basis. Institution has Transfer Credit and Advanced Standing policies and procedures. Fee paid to Admissions for assessment; however, DH department is responsible for the assessment and is time consuming.

UBC: No history of transfers due to nature of 4-year degree credential. Consideration for transfer credit is given for core UT first year courses only (Bio, Chem, English, UT elective)

VIU: Receive 2-3 request yearly for transfer. Reasons for transfers vary. Evaluated on case-by-case basis.

VCC: Request for transfers are rare. Similar institutional process to CC and CNC. Time and resource consuming.

End goal is educational mobility.

13. Eligibility for UBC degree-completion category 1 pathway – (Z.Kanji) – 5 min

Provided background regarding history of student applications for admission UBC degree completion program pathways. Select cases where diploma grads are applying with insufficient pre-requisite electives and in some cases core foundational course pre-requisites. Students are ineligible for UBC program entry if first year requirements are not met. BC DH programs are committed to upholding program entry requirements. Requested that UBC inform BC public programs if issues arise with student application. All program directors have little to no involvement in the student admissions process.

14. CDHA's Program Directors' Meeting – Symposium on DH Education (Z.Kanji) – 5 min

CDHA's program Directors Symposium, May 2019 in Toronto. Over 90 % of Canadian DH program directors scheduled to attend, along with DH regulators. Participants will be challenged to rethink how DH programs can better prepare graduates to meet the needs of society. Expand roles of DH, beyond a clinical focus. Number of topics to be covered: CPEDH; 2018 AAP Classification System; pathways to baccalaureate degree

15. National Dental Hygiene Performance-Based Exam & Implications for programs (Z.Kanji) – 10 min

CPEDH is a two-staged exam with a heavy clinical focus. Part 1 comprises seven OSCE-based stations that assess communication, critical thinking, DH diagnosis, etc. Part 2 is application of clinical skills. Exam is designed to eliminate part 2 in the future, if data indicates success on part 1 of exam predicts candidate's success and therefore competency on part 2 of exam.

Discuss with CDHBC in pm session as to how CPEDH is being received in other provinces and the desire to have regulatory colleges work closely with educators to ensure CPEDH reflects the breadth and depth of DH educational outcomes. Questions regarding differences in infection control guidelines across provinces and standardization of evaluating these practices.

16. CDAC Requirement – Student Participation in Feedback & Evaluation of Program (K. Lange) – 5 min

Discussed CDAC requirement for student participation in the CDAC process, specifically collection and analysis of independent student survey for CDAC purposes. Goal is to provide discussion points for student forum at onsite CDAC visit. Most programs utilize template provided by CDAC and have independent program administrators assist students in uploading into survey format and collation of data. Recommended students choose select questions from template when designing survey.

17. CDAC Requirement – Interprofessional Ed. Experiences, theory and practice (Z. Kanji) – 5 min

CNC: Challenging due to time and scheduling across institutions. Overlap clinics with dental assisting students, Healthier You Fair working alongside nursing students taking vitals; Nutritionist and dietitian; Work alongside HCAP program to develop and deliver oral care plans for residents in LTC facilities; BC Cancer Agency;

CC: Multiple activities in the curriculum. Students work alongside DA program; Our Place program; work with CC nursing students in complex care facilities; community cases through the Community Child and Family program; Interdisciplinary Education Festival with CC School of Health and Human Services; **and more.**

VIU: Community health programs and BSN students; VIU Child Health Care program and DH work together to advocate and share resources for community targeted activities; share scope and practices; work to advocate for low income areas in the community; workshops for community members. CDA and DH students work together in clinic for selected activities.

VCC: Community health panel which involves first nations; screenings at seniors center; work with schools preschool to grade 12 assessments and mini lessons; Carnegie group (working with community health professionals to provide education and advocacy including oral health) Shake Out BC. CCC President has identified IPE as institutional priority.

UBC: Formed a Health Curriculum committee to coordinate and facilitate IPE activities across UBC health sciences programs. Suggested programs protect time across health science schedules for IPE activities. IPE integrated within curriculum over Years 2, 3, & 4 in the content areas: professionalism, ethical practice, Indigenous cultural safety, & resiliency.

18. New AAP Classification of Periodontal and Peri-Implant Diseases & NDHCE (Z. Kanji) – 5 min

UBC working group developing UBC adaptation for 2018 AAP guidelines. Working on roll out and calibration of dental faculty to implement in fall 2019. Zul will ask permission to share the results of the working group (visual algorithm) with the articulation group. New system will affect many aspects of the DH curriculum, including challenge of faculty calibration. All programs are working towards implementing. NDHCB will include 2017 AAP classification on 2020 NDHCE. Focus on the concepts rather than how the AAP statement is worded.

ACTION: All programs may share algorithms or resources for 2017 AAP classification system as they are developed.

19. AAP Statement Samples (M. Hayre) – 5 min

How programs are approaching construction of AAP statements with 2017 classification system? Should DH programs be developing continuity in statements?

Approach to formulation statements will vary. Focus on understanding the underlying concepts, risk and modifying factors; staging and grading of PD; localized/generalized/molar/incisor; risk of disease progression; critical thinking. The exact formulation of the status statement is less of a concern. VIU is using the same foundation for AAP statement with addition of staging, grading of PD and modifying disease factors.

20. New 2019 Canada's Food Guide (Z. Kanji) – 5 min NDHBC impacts and implementation for DH programs.

CC has enquired when NDHCB will be incorporating 2019 Canada Food Guide on NDHCE.

New food guide will not affect the nutritional aspects of DH curriculum (oral health risks and dietary adequacy), rather the approach to recommendations of servings etc.

ACTION: Mandy will ask Sylvie Martel when questions using the new food guide will be implemented.

Action complete.

21. Grading for Clinical Courses – do programs issue a letter grade upon completion or Satisfactory/Unsatisfactory or other? (K. Lange) - 10 min

CNC: Former program utilized S/US for progression. New program incorporated letter-grading system. Not satisfied with current system and looking to improve upon what we have currently.

CC: S/I/Not competent. Grading scales are assigned (numerical scale, must meet 70%). Numbers of errors with critical criteria identified for student evaluation. No letter grades issued for clinical courses.

VIU: Pass/Fail in preclinical. Letter grade issued in clinical courses based on mathematical percentage of graded procedures performed, along with meeting specific requirements for each course.

VCC: S/U. Students not graded each clinic; formative comments provided to ensure completion or improvement in areas; students must complete specific assessments that are graded. Completion of course requirements are necessary for S in the course. Students deemed at risk are issued learning contracts.

UBC: Grades issued but no standalone clinical courses exist; clinic grade is incorporated into a foundational course with didactic component (i.e. 15%). Students are graded on sliding scale and grade is averaged out over the course of the term. UBC **contemplating** a transition to Pass /Fail Complete or incomplete.

22. Re-care for high caries risk (CAMBRA)/low perio risk clients. How are programs approaching client care? (K. Lange) - 5 min

What are programs doing for process of care and recall intervals for clients that are high caries risk and low perio risk? What is approach to process of care (i.e.: address caries risk only or provide full process of care)? All programs provide full process of care for all clients regardless of prior risk assessment.

23. Abscess/Fistula Management and Scope of Practice (Z.Kanji) – 5 min

What are programs doing for management of periodontal and gingival abscesses? All agree that programs encourage the assessment and treatment of gingival and periodontal abscesses and use of gutta percha points for imaging and differential diagnosis purposes. Will discuss and clarify with CDHBC in pm session.

24. Prescription/Standing order req'd for RDH to provide CHX pre-rinse? CDHBC Forum (L. Zaleski) – 5 min

2019 Pacific Dental Conference CDHBC forum, the Registrar stated RDHs use of CHX in practice requires a standing prescription order from a dentist. Reviewed CDHBC interpretation guidelines regarding CHX use. Guidelines are ambiguous and do not speak to a standing order for DH use. All programs currently do not have a prescription requirement for usage of CHX on a client. Will discuss and clarify with CDHBC in pm session.

25. Workplace BC Regulations on disposal of needles (use of tongs (M. Hayre) – 5 min

CC's Occupational Health and Safety officer reference Work Safe BC language for use of tongs to dispose of used needles. Guidelines state should not be picking up used needle with gloved hands. Recap needle end and use cotton pliers to dispose in sharps container. CC has implemented this practice. All other programs use of heavy nitrile gloves, scoop technique and recapping both ends to dispose of contaminated sharps.

26. Process for client records/RADs during summer closure (M. Hayre) – 5 min

CC has no summer staff to cover clinic enquires over the summer months. What are others doing?

CNC: Closed for summer. Phone messages are available

VIU: Summer staff with limited coverage

UBC: Open 12 months a year

VCC: Support staff take vacation over summer; no coverage during this time

27. Inventory Management Systems (software/hardware) (M. Hayre) – 5 min

CC: Investigating options for inventory management systems, what are others doing?

CNC: Med Supply system; all products are labeled with a bar code and scanned when removed for use.

System allows for clear labeling of product expiry dates and comparison pricing for reordering

VIU: Multiple systems used in past; currently manual, however open to adopt a new system

VCC: Manual system only

UBC: Manual system only

28. Lab/kit fees in addition to tuition (M. Hayre) – 5 min

UBC, VIU, VCC, CNC have lab kit, materials or clinic fees; CC does not.

29. Electronic charting – 100% use in clinic? (M. Hayre) – 5 min

20% of CC practicum partners are not fully digital. What are other programs teaching?

VCC: Students instructed in paper and electronic charting. Electronic charting utilized in clinic only.

Periodontal chart is electronic; CAL is automatically calculated but not always accurate if GM is above CEJ.

Students use critical thinking when using CAL to formulate AAP statement.

UBC: 100% electronic charting; paper charts utilized in community health settings

VIU: Jr students use paper charting; fall of Sr year students' transition to electronic charting, by graduation full use of electronic charting.

CNC: Fully electronic; students aware of paper charting (patients of record may have a paper chart record).

CAL is disabled to avoid inaccurate clinical attachment levels for periodontal charting as time consuming to identify position of GM relative to CEJ. Calibration issues with CAL as well.

30. Microbiology lab components – what specific activities are programs incorporating? (K. Lange) -5 min

CNC: No lab component; select hands on activities (glow germ; biological testing; caries testing)

CC: Has robust lab component in current curriculum; BIO faculty instructs. Curriculum revisions may include a reduced lab component.

VIU: No lab component; biological testing for sterilizers performed. Would like to incorporate waterline testing in the future.

VCC: Has lab component currently; new curriculum (fall 2020) will eliminating lab component

UBC: Striving to increase lab hours. Provides experiences necessary for employment opportunities for degree graduates in research and development fields.

31. Bacterial and saliva testing for caries risk management (K. Lange) – 5 min

CNC: Cannot locate microbiological tests for caries bacteria (*S. Mutans* and *Lactobacillus*) Currently using GC America Saliva-check Buffer test for saliva quality, pH and buffer capacity

UBC: Looking into bacterial tests this year; will share resources if a suitable test is found. Conducts salivary flow, pH, and buffering tests.

VIU: Uses salivary volume and buffer tests.

VCC: Collects saliva volume only

CC: Questioned if litmus test would be sufficient. Requires testing of several strips at multiple time intervals for accurate buffering capacity.

32. 365-day examination – how programs utilize the 365-day exempt faculty in clinical setting (K. Lange) – 5 min

CNC has select DH faculty whom are not 365-day exempt. If 365-day rule is not satisfied, 365 day exempt RDH must supervise all care provided to patient. For all subsequent appointments, a 365-day exam and oversight by a 365 day RDH is necessary. Will discuss with CDHBC at pm session for clarification.

33. Reading & interpretation of rad images for conditions outside of RDH scope (K. Lange) -5 min

CNC CDAC recommendation: All dental images be read and interpreted by a dentist and diagnosis outside of DH scope is documented and shared with patient. Current process: findings outside the range of normal are

documented and appropriate referrals made. Images are sent to home dentist with notation to evaluate for findings outside of DH scope, however there is no obligation to close the loop and have DDS report dental diagnosis. Current CDHBC regulatory guidelines do not speak to this. All programs interpret rad images (VCC has DDS do all interpretation), and findings outside of DH scope are appropriately referred. Image findings are utilized to determine risk assessment (example caries risk) and inform the DH care plan. Will clarify with CDHBC at pm session.

34. Presentation of Institutional Reports (20 mins)

All shared highlights of institutional reports circulated amongst committee members and provided opportunity for Q and A

- a. Camosun College
- b. College of New Caledonia
- c. University of British Columbia
- d. Vancouver Community College
- e. Vancouver Island University
- f. Vancouver College of Dental Hygiene (verbal report)

35. Guest Report/Presentations

a. 1:00pm, Carole-Anne Mrsic (VCDH)

- i. Carole provided a brief verbal program report to the committee regarding Vancouver College of Dental Hygiene.

b. 1:30 - 2:30pm, Jennifer Lawrence and Heather Biggar - CDHBC

- i. **Harry Cayton, CDSBC report** released April 11, 2019. Part 1 of report: CDHBC received twenty-one recommendations that address governance, conduct and probity; performance of the College and external relationships. Part 2 of the report deals with the HPA and makes recommendations for the wider reform of the statutory framework for health professional regulation in British Columbia. Part 2 has implications for the future of health care regulation. There is much to ponder as we move forward to ensure regulation in the interest of public protection.
- ii. **Update on bylaw proposal.** There appears to be some movement on the part of the Ministry regarding CDHBC's regulation and bylaw renewal submission; however nothing concrete to report at this juncture.
- iii. **Update on Performance-Based Exam, field questions.** Brief overview regarding BC position and involvement in development of the Canadian Performance Examination in Dental Hygiene (CPEDH). CPEDH uses performance-based assessments. Candidates apply and demonstrate their knowledge in simulation-based settings with standardized clients (Part 1) and in authentic clinical contexts with actual clients (Part 2). Determination of competence is made using the overall performance across all ten stations from both Parts 1 and 2. Alberta, Ontario and BC agreed to alternate hosting the examination at minimum once per year. At the national level, regulators continue to dialogue with NDHCB regarding the CPEDH. NDHCB is supportive of the exam as the original intent was to develop a part A written alongside of a part B national practice examination. The Federation of Dental

Hygiene Regulators is supportive of CPEDH and will be presenting to Canadian program directors at the CDHA educators conference in May 2019.

Current testing mechanisms are geared to the diploma level graduate and are clinically focused; however part 1 of the CPEDH tests on a range of domains including professionalism, communication and critical thinking. Ideally as data on examination is collected the goal is to provide evidence that success on part 1 or exam, equates to success in part 2 of exam with phasing out of part 2.

Discussed costs of education program accreditation, NDHCE, and CPEDH.

iv. Clarification around scopes of practice (abscess management; CHX pre-rinse; 365 day exempt RDH in the educational settings; reading of dental images and dx outside of DH scope)

1. Abscess management for gingival and periodontal abscesses.

DH have the ability to differentiate between gingival, periodontal, and periapical/other types of abscesses. Use of gutta percha for assessment purposes is within DH scope. If DH determines the abscess to be gingival or periodontal (through visual exam, rads, etc), DH can treat including direct drainage of a fistula to alleviate client discomfort. A DH is required to make the appropriate referral for diagnosis and treatment of conditions outside of scope of DH practice.

2. CHX pre-rinse; CHX and use by RDH in practices. CDHBC requires that RDHs are in line with current regulation. DH use of CHX (i.e. PPR and sub gingival irrigation) requires a written order from a dentist. A dentist is obligated to meet CDSBC regulatory requirements, and provide a written standing order for CHX for each client prior to DH implementation. The order can be prescribed over a wide period of time (example 2 years). CDHBC will be updating the Chlorhexidine Interpretation Guideline in the near future.

3. 365 day exempt RDH in the educational settings

A RDH whom is not 365-day exempt cannot provide patient care unless 365 day examination by a DDS is satisfied. A 365 exempt RDH exam does not satisfy or substitute for a dentist's examination.

4. Reading and interpretation of rad image findings outside scope of DH practice

DH is responsible for identifying findings outside the range of normal and making the appropriate referral, as indicated. There is no requirement to ensure a dentist reads and interprets radiographic images taken for dental hygiene purposes. The dentist has a professional responsibility to read, interpret and diagnose conditions within dentist's scope of practice.

v. Student registration: Continues to be option available to students or graduates from a dental hygiene program. Student registrant must be supervised by a RDH and list of duties provided by the educational institution and approved by CDHBC. Student registration options may be removed with the next bylaw update.

c. 2:30 - 3:30pm, Wendy Jobs (via teleconference) – BCDHA

Highlights of BCDHA report submitted were reviewed:

- Employment opportunities for RDH's in BC are abundant

- Limited number of RDHs have employment contracts. BCDHA has employment contract resource available on their website and encourage faculty to share with students
- BCDHA has provided several PD opportunities over the last year
- Employee and Family Assistance Program: Available from BCDHA; Homewood Heath is provider; a wide variety of resources and access levels available
- BCDHA grant to educational intuitions: No revisions or realignments necessary.
- BCDHA Awards: Award of Excellence \$500.00; Presentation Award \$250.00
Discussion regarding revision of award criteria to promote DH leadership; educator; advocacy

ACTION: BCDHA to draft revised awards language and circulate amongst articulation members.

ACTION UPDATE April 30_19: BCDHA has indicated they will draft their new awards criteria once a permanent ED has been appointed and will circulate that draft to us when ready later this year.

- Discussion of how can BCDHA promote and advocate for employment opportunities in non-traditional DH practice settings (example employment opportunities suitable for DH with a degree credential).
- Summary of CDHA Health and Respectful Workplace survey results. Statistics of bullying and harassment in the workplace; mistreatment by office managers and staff. Relate to release of CDSBC Cayton report and link to findings regarding respectful workplace.
- BCDHA is undertaking a review and update of its refresher modules
- Programs citation styles: All utilize Vancouver Style with exception of CC and VCDH who utilizes APA. Camosun uses Ref works as a referencing resource; others have option of manual or use of a referencing program (Zotero at VIU). Wendy suggested use of Mandalay as a referencing resource.

d. 3:30 pm, Ruth from BCCAT for an update

Ruth provided a verbal review of 2019 BCCAT report. See report circulated to committee members, and published on BCCAT website. Ruth requested committee members submit any program updates to the BC Transfer Guide to BCCAT for publishing

BCCAT Moodle platform site is available for committee to organize and update meeting documents.

All members must set up a Moodle account with Kwantlen Polytechnic (KPU)

ACTION: Ruth to initially set up platform for committee and inform chair as to when this is organized

36. Next meeting:

Location: BCIT Downtown Campus, 555 Seymour St, Vancouver BC V6B 3H6 (Room 711)

Date: April 17, 2020, 9:00am – 4:00 pm

Meeting adjourned at 3:59 pm

BCCAT Contact: Ruth Erskine, Committee Coordinator

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