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**Level: 2 Date: January 17, 2025**

**Journal Number: 4 Competency: Collaboration (PLO4)**

**Graduates will collaborate with clients, their support networks, and other professionals to provide safe, effective, and ethical person-, family-, and community-centered approaches to care.**

**• Read the CDHO Interprofessional Collaboration guidelines.  
- Discuss – in detail – a situation in which you collaborated with community and/or interprofessional partners to ensure safe, effective, and ethical care was provided for one of your clients (Note: Refer to your Client Profile form and identify the client by number only).**

**Q1. Discuss – in detail – a situation in which you collaborated with community and/or interprofessional partners to ensure safe, effective, and ethical care was provided for one of your clients**

I believe an important part of being in health care is understanding you are part of a bigger social network. A network that allocates resources in providing the general public with optimal care, in hopes of preventing disease and promoting health outcomes. As a healthcare provider, self-reflection is key as it allows you to understand your strengths and weaknesses and bring in help when you are not as trained. “Successful collaboration occurs when healthcare professionals understand one another’s disciplines and embrace and support the roles of each profession toward patient/client health” (CDHO 2016). Prioritizing the client’s needs can help one understand their efficiency or inadequacies in meeting them. This is important to bear in mind when facing a difference in opinion. Showcasing humility when engaging in dialogue with other healthcare professionals will most benefit a life of continuous learning and patient outcomes. For example, while treating client number 7 I requested x-rays for exposure, and I communicated the need for an FMS for my client. My rationale was the client presented having furcation involvement, and tooth mobility on sextants 1,3,4, and 6, showing moderate subgingival deposits on more than 50% of teeth. The client also had missing molars and occlusal watch areas on most posterior teeth. I thought an FMS would allow me to understand the progression of her bone loss. I believed due to the severity of the client that an FMS would be merited however the dentist saw otherwise. The dentist prescribed 4 bitewings, 2 PAs, and a PAN. Acknowledging my inexperience but also being curious I engaged in conversation to understand the reasoning. The dentist believed that a broader look would be more beneficial to diagnose any underlying conditions. Another factor considered was radiation exposure, the dentist believed that an FMS would lead to excess exposure in this circumstance. Being aware that a dentist is trained to diagnose a wide range of health conditions and I am focused on assessing the patient through the view of periodontal disease the prescription given by the dentist would be more beneficial for the client. “Use this opportunity to educate about your scope of practice and be educated about the other health care professional’s scope of practice.” (CDHO 2016). I believe this interaction reflects an ongoing process of collaboration in the healthcare environment which allows a client to receive optimal care.

LITERATURE CITED

College of Dental Hygienists of Ontario. CDHO Guided: Interprofessional Collaboration [Internet]. 2016 Sept [cited 2025 Jan 17]. Available from:<https://cdho.org/wp-content/uploads/2023/10/GUI-Interprofessional-Collab.pdf>

| **Criteria** | **Meets Expectations - Successful (S)** | **Below Expectations - Unsuccessful (U)** | **Score** |
| --- | --- | --- | --- |
| **Content**  **/ 3** | ● Describes the topic with sufficient detail.  ● Usually focuses on important information and details.  ● Usually identifies key points / relationships between ideas.  ● Explanations are sufficiently focused and developed, and usually logical.  ● Usually supports ideas with sound rationales and/or relevant evidence (including references).  ● Demonstrates an adequate level of critical thinking ability.  ● Relates the topic to previous experiences and/or to dental hygiene theory and  /practice with adequate depth. | ● Does not describe the topic with sufficient detail.  ● Does not focus on important information or details.  ● Often fails to identify key points / relationship(s) between ideas.  ● Explanations are often tenuous and vague, not fully developed, and/or not logical.  ● Provides little or no support or rationales for ideas (including references).  ● Demonstrates some, but limited, critical thinking ability.  ● Does not relate the topic to previous experiences and/or to dental hygiene theory and /practice. |  |
| **Communication**  **/ 1** | ● Generally uses a fluid style of writing that informs and convinces.  ● Usually uses professional terminology.  ● Usually sequences ideas logically.  ● Satisfactorily uses English language conventions; may include some weaknesses, but no meaning is lost. | ● Demonstrates a lack of coherency and clarity in the writing.  ● Limited or no use of professional terminology.  ● Ideas not logically sequenced.  ● Often fails to integrate English language conventions and /or meaning is lost |  |
| **Referencing**  **/ 1** | ● Consistently uses credible information from reliable sources of literature to support information that is not considered common knowledge.  ● LITERATURE CITED page and citation(s) is/are accurately formatted using CADH’s Vancouver referencing style both in-text and on the LITERATURE CITED  page (no more than 1-2 minor errors). | ● Information that is not common knowledge is cited, but information is often not credible and/or sources are frequently not reliable.  ● Fair use of CADH Vancouver style, although some elements were missing or incorrect, either in-text or on the LITERATURE CITED page (multiple  errors). |  |
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| **Total** | | | **/ 5** |