**Name: Vishav Sidhu**

**Level: 2 Dater: December 06, 2024**

**Journal Number: 3 Competency: Communication (PLO3)**

**Graduates who demonstrate effective verbal, non-verbal, and written communication skills with individuals, families, groups, and communities to facilitate culturally safe and relevant care.**

**• Read Chapter 5 of the *CDHO Registrants Handbook.* about obtaining informed consent for treatment.  
- Explain - in detail - how you incorporate the expectations communicated in this chapter with your  
clients and their care in the clinic when discussing periodontal debridement.**

**Q1. Explain in dental how you incorporate the expectations communicated in this chapter with your clients and their care in the clinic when discussing periodontal debridement**

Before obtaining consent, it is the clinician's responsibility to ensure that the client understands the parameters of the procedures so they can make an informed decision. I will start by introducing myself and my credentials so the client knows who is performing the treatment. I will explain the correlation between the nature of the procedure and the set goals the client and I have set together. The client should be aware of the benefits, risks, and alternatives of debridement. I will guide the client in conceptualizing the need for debridement and associated outcomes in accepting or declining treatment. Reiterating the purpose of treatment and the importance of the previously set goals. For example, if the set goal were to manage periodontal disease, then I would explain the rationale as to how calculus and plaque-biofilm contribute to its progression. I can showcase their current level of bone loss progression and relate it to the possibility of tooth loss if left untreated. If they deem this a priority in maintaining their health and wish to continue with care, then I will have them sign the consent form. Acknowledging the nature of the procedure wherein I will be positioned near the client, I will explain why they need to be positioned in specific ways to give them the most efficient debridement. I will also explain the rationale of instrumenting and why it requires me to place my hands on their face." The primary rationale is that in our society individuals have control over their bodies, You should not touch, examine, ask questions about or otherwise interfere with another person's body without true consent" (CDHO 2020). I will also inform the client about the appointment duration so they can know what they consent to and for how long. The client should also be aware of the specific instruments that will be used, such as ultrasonic and hand instruments. For example, I can tell the client the sequence that will be implemented, beginning with ultrasonic and finishing with a specific set of hand instruments. The client will have all appropriate information, including knowing they can withdraw anytime during treatment.

LITERATURE CITED

College of Dental Hygienists of Ontario. CDHO Registrants Handbook [Internet]. 2020 [cited 2024 Dec 06]. Available from: <https://cdho.org/wp-content/uploads/2023/07/RegistrantsHandbook.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). |  |
| ***\*\* NOTE: Including plagiarized content will result in grade penalties and/or other consequences as outlined in the CADH Student Handbook.*** | |  |
| **Total** | | | **/ 5** |