

Final Reflection

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Practice Environment DH 101

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Ms. Johnson

Part A

Reflecting on the course, I am able to analyze my progression in particular categories for each competency. There are certain characteristics which I think a dental hygienist should possess and throughout the course I have tried to embody, self assess and improve upon those areas. Given the seven program outcomes, Professionalism helped me develop a habit of taking accountability. A takeaway from this course is learning to take ownership of everything, the successes but more importantly the failures. I used each unsuccessful task as an opportunity for reflection. This made my weaknesses apparent to me and allowed me to find strategies on improving them. Looking to the future I will take this and build upon it during my professional career, wherein I will take ownership for all aspects of dental hygiene, inside and outside the office. Next outcome is Evidence Informed Practice which I demonstrated by taking initiative on clarifying concepts or ideas which I did not fully grasp. I was also able to get a good estimate of how well I understood certain material through conversing with classmates. It helped me identify ideas which I was able to conceptualize versus those that were vague. Following this is the outcome related to Collaboration, which I showcased by promoting teamwork and partnerships. Not only did I seek advice from instructors but also my peers. I was able to develop relationships which mutually benefited everyone involved in terms of their learning. The next outcome is Practice Management which I saw as an opportunity to work on my time management skills. Coming into each session I was cognisant of what I wanted to accomplish and reverted to that any time which was not allocated to learning new tasks. Over the duration of the course I was able to gain a greater appreciation for the responsibilities hygienists take on outside of debridement. This is because of the Prevention, Education, and Health Promotion outcome which opened my eyes to the varying hats a hygienist must wear. The health promotion aspect is something I am keen on learning about alongside practical skills. Lastly, Clinical Therapy outcome allowed me to group everything that was taught throughout the course. The dental care plan brought in different aspects of learning whether from health history, oral hygiene education, record of care documents and much more. It also helped me identify areas where I can take control and where I must advise clients to seek the advice of the dentist.

Part B

Upon self analysis there were certain tasks which showcased my strengths while others brought light to deficiencies. The areas which highlighted my competence included tasks that required articulation and ability to verbalize what I know. This included oral hygiene education, health history and others. The areas where I struggled were those relating to dexterity skills, particularly rolling. This was made evident due to the rate at which my classmates were progressing compared to me. Some strategies I implemented were using the FPI textbook exercise for rolling, rolling supragingival before going sub, and others. Self assessment helped me acknowledge where I needed to improve and I was able to allocate additional time to meet set standards.

LITERATURE CITED

Federation of Dental Hygiene Regulators of Canada. Canadian Competencies of Dental Hygienists. [Internet] 2021 Nov [Cited 2024, Sept 6]. Available from: https://www.fdhrc.ca/sites/files/EPCCoDH_FDHC_November_2021.pdf

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Final Self-Reflection

Final Self-Reflection for DH 201 Clinical Practice I

As outlined in the course outline for DH 201 Clinical Practice I, upon completion of the course, the student will be able to integrate professional and ethical behaviours during all phases of client care by self-assessing clinical performance and providing evidence-based care on an ongoing basis.

Throughout the academic level, students have been using directed journaling, based on the program outcomes to reflect on their clinical performance. This Final Self-Reflection for DH 201 Clinical Practice I assignment consists of two parts. Part A is the Final Reflection Journal in which students provide a summary of how they met the program outcomes, and Part B is a Final Self-Reflection in which students critically reflect on their performance in the course.

Reminder: Copy and paste the questions into your reflection paper.

Part A: Final Reflective Journal

As a summary, the student is expected to provide a critical analysis and reflect on how each of the seven program outcomes has been met. Discuss how you met each outcome and provide at least one (1) example from your clinical experiences to demonstrate how the outcome was met.

Note: Copy and paste each program outcome as a heading.

Program Outcomes:

1. ***Professionalism:*** Graduates will exhibit professional behaviour, practice with high ethical standards and professional responsibility, follow legislative requirements, and are committed to lifelong learning and serving society.
2. ***Evidence-Informed Practice:*** Graduates will practice using an evidence-informed approach by incorporating various methods of inquiry such as critical thinking, problem-solving, and reasoning skills to make informed practice decisions to optimize health outcomes.

3. ***Communication:*** Graduates who demonstrate effective verbal, non-verbal, and written communication skills with individuals, families, groups, and communities to facilitate culturally safe and relevant care.
4. ***Collaboration:*** Graduates will collaborate with clients, their support networks, and other professionals to provide safe, effective, and ethical person-, family-, and community-centred approaches to care.
5. ***Practice Management:*** Graduates will be involved in the management of their professional practice by being organized, using time and personnel efficiently, using evidence-informed decision-making, integrating legislative and professional responsibilities, and finding ways to enhance professional growth and satisfaction.
6. ***Prevention, Education, and Health Promotion:*** Graduates will foster an inclusive approach to health and wellness by supporting individuals, groups, and communities in achieving health literacy and optimal oral health through prevention, education, and health promotion activities, and engaging in advocacy efforts to address oral health inequities.
7. ***Clinical Therapy:*** Graduates will be competent clinical therapists that use the dental hygiene process of care to provide safe, comprehensive, person-centered, preventive, therapeutic, and supportive dental hygiene care.

Part B: Final Self-Evaluation

For the final self-reflection, critically reflect on your performance, and discuss each of the following topics:

- **Strengths**
- **Areas for improvement (weaknesses)**
- **Strategies for improvement to help support your own success in the program**

Part A: Final Reflective Journal

Professionalism: Graduates will exhibit professional behaviour, practice with high ethical standards and professional responsibility, follow legislative requirements, and are committed to lifelong learning and serving society.

The purpose of program outcomes is to allow students to understand the importance of maintaining the standards of practice and holding themselves in high regard for their actions as aspiring dental hygienists. A professional must show consistency, reliability, and devotion to the profession. “As professionals, dental hygienists are committed to the health of the public and the profession, by integrating high ethical standards, best practices, and legislative requirements”(CDHO 2021, p.8). One example that demonstrates my professionalism is having to manage an older client who was undertaking numerous medications. Due to the side effects of the medication, she became very hostile during longer appointments. Despite communicating with her and having her agree to the expectation of 4-hour appointments and the nature of the assessments she continually reverted back to her unfriendly behaviour. When she sat in the chair she immediately addressed her concern about only wanting a cleaning and getting there as soon as possible. She disregarded the entire process despite my attempts to convey to her the importance of each assessment. A strategy that served usefully was allowing her to take short breaks wherein some rest throughout the appointment helped regulate her mood. I understood that she lashed out due to fatigue and other conditions relating to her medication and carried out my tasks despite the comments directed at me. Although she continually consented to the treatment, it was difficult to complete the client due to her behaviour.

Evidence-Informed Practice: Graduates will practice using an evidence-informed approach by incorporating various methods of inquiry such as critical thinking, problem-solving, and reasoning skills to make informed practice decisions to optimize health outcomes.

Evidence-informed practice offers clinicians a framework to optimize their client care process. I demonstrated this through research conducted on extrinsic staining. Across patients, I observed different types of staining, moderate to light, brown to yellow, and more. This forced me to look at commonalities and disparities between the same stains and different stains. Reading research articles about the matter I came across new information which helped me find the causation of the stains and engage in health prevention. Educating the client on the process taking place and how to prevent it allowed me to better meet the client's goals in relation to overcoming tooth discoloration. “Dental hygienists are committed to excellence in practice through critical thinking, continuous learning, and application of evidence-informed decision-making” (CDHO 2021, p.9). As I see more clients and come across new types of staining I will revert to research articles to improve upon my understanding of the processes taking place in order to serve my client.

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

From my time in the clinic I have learned a large part of being a clinician is possessing good interpersonal skills, one of which includes being a good communicator. Possessing knowledge is only one part of the equation; the other part involves being able to articulate it in a manner that resonates with the client. “As communicators, dental hygienists form relationships with individuals, families, groups, and communities to facilitate the gathering and sharing of essential information for culturally safe and relevant care”(CDHO 2021, p.10). Being receptive to the client's ability to comprehend information is a big part of being able to communicate

information. For example, being able to understand the concepts learned in theoretical classes such as DH 204 Periodontics allows for a thorough understanding of periodontal disease.

However, communicating that information verbatim does not benefit the client in any fashion. A more effective approach is to simplify the information and explain it in layman's terms. This will increase retention and allow clients to ask further questions.

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

Another important facet I learned about being in the clinic is the importance of teamwork and acknowledging you are a part of a team. The interactions you have on a day-to-day basis with reception, administration, faculty, and classmates give you insight into how everyone plays an important role in client care. As an aspiring dental hygienist, I can acknowledge that as a clinician you are taking on one role within a larger dental team. In the context of treating clients, the clinician must be cognizant of the influence the client's social networks have on their health. Discussing ways of health promotion is important to not only the client but also their immediate circle of family and friends. "As collaborators, dental hygienists are integral members of the health care team, working in partnership with others to provide safe, effective, and ethical person-, family-, and community-centered approaches to care"(CDHO 2021, p.11). For example, as I attempted my child client, she would look to her mother for reassurance before she took any actions including demonstrating brushing. So as I implemented my oral health education, I would communicate to the client and mother so they both understood how my client could better her health.

***Practice Management:* Graduates will be involved in the management of their professional practice by being organized, using time and personnel efficiently, using evidence-informed decision-making, integrating legislative and professional responsibilities, and finding ways to enhance professional growth and satisfaction.**

A big challenge in client care was adhering to the client's availability given the discrepancies between the clinic's schedule and the client's schedule. This forced me to rely on classmates and administration to allow clinic switches to accommodate my client. "Participating in the management of one's professional practice involves organization, administration, and decision-making that facilitate high-quality care, efficient use of time and personnel, and enhanced professional and personal satisfaction" (CDHO 2021, p.12). Organizing the clinic around the client increases client satisfaction and willingness to return for continuing care appointments. The client appreciated the effort I took to be flexible to their work schedule or important events. Maintaining ongoing communication with clients helped prevent any missed chairs as I was able to book them ahead of time to avoid any scheduling conflicts.

***Prevention, Education, and Health Promotion:* Graduates will foster an inclusive approach to health and wellness by supporting individuals, groups, and communities in achieving health literacy and optimal oral health through prevention, education, and health promotion activities, and engaging in advocacy efforts to address oral health inequities.**

During my time in the clinic I was able to see the difference between client's oral status based on social determinants of health. I found there to be a relationship between job status and a client's ability to receive oral health services. There was a difference between Canadian-born clients,

immigrants, and refugees. It was disheartening to see the effects social inequality has on an individual's health. For example, I had one client who was 40 years old and presented with 4 missing teeth, 2 root stumps, and cavities on 70% of her teeth. She had never been to a dental office before treatment at CADH. “Through health promotion, education, and disease and injury prevention activities, dental hygienists help support others’ ability to achieve and maintain optimal oral health” (CDHO 2021, p.13). Upon completion of the treatment, I informed my client about the available options she has as a refugee. I referred her to an office that treats clients similar to her as she would not seek dental care otherwise.

Clinical Therapy: Graduates will be competent clinical therapists that use the dental hygiene process of care to provide safe, comprehensive, person-centered, preventive, therapeutic, and supportive dental hygiene care.

I have gained a greater appreciation for the ADPIE process since my time in the clinic. This is because ADPIE addressed overall health alongside oral health. This is done through giving appropriate referrals to clients based on the findings from assessments. For example, I had a client who had a pustule superior to her left maxillary canine, this finding allowed me to refer her to a dentist. Meanwhile, on the same client, I also located multiple enlarged lymph nodes and she was given a referral to a physician. “As clinicians, dental hygienists use the ADPIE framework to support safe and comprehensive person-centred care for diverse people, across the lifespan.”(CDHO 2021, p.14). This showcased the interconnectedness between different healthcare professionals to optimize a client's care. It also emphasizes the importance of assessing the client to ensure the client's health status before implementing any interventions.

Part B: Final Self-Evaluation

Strengths

Looking at my clinical experience in retrospect, some areas that highlight my skills include building lasting client-clinician relationships, following IPAC, facilitating change within clients, extracting relevant information to do a thorough health history, and being able to differentiate between normal, and variations of normal and pathogenicity. According to my experience building trust with your client sets the tone for the following appointments. This is because your clients must believe you want the best health outcome for them as you conduct your assessments. I think when you acknowledge that you owe your client a sense of responsibility for their health you must provide them the best care possible. My strengths also lie in following IPAC protocols as I take necessary precautions to ensure the safety of my clients. My operatory is always sanitized and all tools are in their designated location. I also instruct my client to not touch potentially contaminated areas to prevent cross-contamination. A role I take pride in as a clinician is that of an educator. I find it rewarding when a client takes the information you provide them and makes changes to their lifestyle. This I attribute to my ability to motivate clients to make necessary changes albeit small changes. I think I do a good job in engaging in dialogue where the client feels heard as advice is tailored specifically for them. In regards to the assessments I believe I do a good job, particularly in health history and EOE/IOE. I think asking follow-up questions or framing the question differently allows the client to answer the questions more thoroughly. When conducting examinations I believe I can differentiate between what is normal and abnormal based on certain parameters. I hope to expand on these strengths as I gain more experience during my time in the clinic.

Areas of improvement

I think an area that I continually need to work on is time management. I have trouble following a consistent pace throughout the entire appointment. Some assessments I can move through more efficiently than others. I also think trying to multitask reduced my efficiency, considering if I were to prioritize one task over another it would be done faster. Constantly going back and forth leads to wasted time that could be allocated elsewhere. Another area of improvement includes my inability to follow a consistent sequence when conducting a hard tissue assessment. For example, going from client to client I constantly alter how I will assess the dentition, for some clients I start in quadrant 4 and move to quadrant 3 while in others I start in quadrant 1 and move to quadrant 4. This unnecessarily complicates the assessment as it would be easier to adhere to one sequence which would be followed for all clients. Another area of improvement is auditing, this is because, at the end of the treatment, there are many missing initials needed related to corrections. The last area of improvement includes a lack of detailed documentation. I need to do a better job of completing the ROC in a manner that reflects every detail of the appointment. I understand this is a tool that helps communicate to other health care professionals which is why it needs to be well organized and neat.

Strategies

The way to address the problem of time management consists of creating two schedules, one which includes a plan on how much time to devote to each assessment and another which

measures the time taken to complete each assessment. This will allow me to view the differences between expectations and reality. It also gives me the ability to pinpoint which assessment consumes the greatest amount of it and work on improving upon it. A strategy to overcome the problem of lack of consistent sequencing consists of following clockwise patterns beginning with quadrant one, this way I can complete the maxillary assessment followed by the mandible. To ensure a successful audit I can implement the use of sticky notes where signatures need to be signed so I am not chasing faculty at the end of treatment. Lastly, to overcome insufficient documentation I can implement a strategy where I must review the ROC of the last appointment before starting a new one. During this time I must analyze if the last ROC encapsulated the important details of the last appointment. This way I will know which information I am leaving out and I can prevent repeated mistakes on the next ROC. Despite the areas that require improvement, my time in the clinic has been a great learning experience and I will continue to make efforts to develop myself as a clinician by working through my strengths and weaknesses.

LITERATURE CITED

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