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**Level: 2 Date: January 31, 2025**

**Journal Number: 5 Competency: Practice Management (PLO5)**

**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.**

* **Self-assess your time management skills in the following areas:**
* **Treatment area set-up**
* **Providing comprehensive client care (i.e., in all phases of ADPIE)**
* **Recordkeeping**
* **Cleaning and disinfecting treatment area after client care, and preparing instruments for reprocessing /sterilization. i.e., post-care IPAC protocols and PRAM model**
  + **Based on your assessment, identify areas where time is managed well and those areas requiring improvement.**
  + **Identify and discuss strategies for improvement.**

**1. Treatment area set-up**

Upon entering my op, I turn on the dental chair and place the rheostat and foot control on the floor. Following IPAC protocols at each step I run the lines, purge the air-water syringe, and begin disinfecting. I start with the dental light and then follow the same process of disinfecting from the back of the top towards the front, at the base of the dental chair. Starting at the back, I begin with a faucet, desktop, cupboards, clinician’s chair, suction lines, chair tray, and dental chair. I then move to the next phase where I put up barriers as I conduct risk assessment. I place barriers on the switches of low-and high volume suctions, buttons of air/water syringe, computer keyboards, mouse, monitor screen, headrest, overhead light and switches (CDHO, 2012). By this time I have 15 minutes remaining until my client is due so I go to the dispensary and sign out appropriate kits. I put on a suction tip, air water, a syringe, make over gloves, hang a client bib and clip on a dental chair, and prepare mouthwash. To ensure all protocols are being followed I step out of my op to ensure everything is disinfected and has appropriate barriers. At this time I have 10 minutes until my client will present themselves so I familiarize myself with their chart and review the previous appointment’s ROC.

**Identifying strengths and areas of improvement**

My efficiency lies in my routine, I set up my op the same way every time which allows me to think one step ahead. Areas of improvement include being aware of the assessment tools I require and signing them out from the dispensary ahead of time to save time during the appointment. This can be done by reviewing the rubrics of the assessments and checking off the needed armamentarium.

**2. Providing comprehensive client care**

Upon commencement of the ADPIE process I explain to the client what the appointment will entail. “The utilization of each step, in progression, of the dental hygiene process of care, is essential to the safe and effective delivery of dental hygiene services and programs” (CDHO, 2012). Starting with extra oral examination and intra oral examination I look for variations of normal, benign lesions and malignant lesions. Following I do PSR to determine the need for radiographs based on clinical findings. Having the x-rays mounted and on the monitor, I commence with completing the odontogram which includes hard tissue assessment and occlusion. I progress to period charting, once that is finalized I commence with gingival and period assessment. The remaining assessments are done in the following order staining, BFS, calculus detection, and diet and caries. Throughout the assessment process I am looking for deficits the client presents with so that later the client and I can determine appropriate goals. I then set the treatment plan based on the client's needs and evaluate accordingly at the end of the appointment. The ADPIE process is carried out throughout 4 appointments wherein the need for care is determined at the last appointment.

**Identifying strengths and areas of improvement**

I do a good job of including my clients in the ADPIE process as they are not surprised by any actions I take as I verbalize as I go along. Areas of improvement include maintaining a good pace as some assessments consume a bigger portion of appointments than they should. A way to overcome this is to keep a clock tab open on the monitor to be mindful of the time. Checking the start time and end time of each assessment can help me understand where I am being slowed down.

**3. Recording Keeping**

I begin each appointment by reviewing the client's chart. If it's a second appointment then I review the ROC and look for what I want to reassess. I also devote 10 minutes at the end of each appointment to fill out an ROC which includes the assessments, diagnosis, planning, intervention, and evaluation done for the appointment. I ensure all signatures are present, all documents are in the correct order and dated.

**Identifying strengths and areas of improvement**

I think my strength lies in utilizing past ROC to improve the following appointment. I can link the last appointment to the next appointment fairly well. Areas of improvement lie in being more detail-oriented in my record keeping, especially my handwriting. I can do this by being aware of the fact that ROCs are ways of communicating with other health care professionals and spending appropriate time writing neatly.

**4. Cleaning and disinfecting treatment area after client care, and preparing instruments for reprocessing/sterilization**

Upon dismissal of the client, I begin by disinfecting the cassette and taking the bib clip and cuspidor to the dispensary to be disinfected. As my cassette is to be sterilized I return to my op to treat down the barriers and disinfect. I run the lines and purge the air/water syringe after which I return to the dispensary to refill the disinfecting solution. At this time I remove my instruments from the ultrasonic and repackage them with the appropriate labels. This process takes me 30 minutes.

**Identifying strengths and areas of improvement**

My strength lies in ensuring everything is disinfected after the client has been dismissed. This is because as a clinician you are responsible for the condition of your dental op after you have treated your client. Areas of improvement include being more time efficient in tearing down considering there is a considerable difference in my setup time and tear down time. A way to improve this is compartmentalizing the appointment until the tear-down is complete. Upon completing the ROC I begin ruminating on the appointment which takes away from my efficiency.

LITERATURE CITED

College of Dental Hygienists of Ontario. Dental Hygiene Standards of Practice [Internet]. 2012 Jan [cited 2025 Jan 31] 8. Available from:<https://cdho.org/wp-content/uploads/2024/10/SOP-DH-Standards.pdf>

College of Dental Hygienists of Ontario. Infection Prevention and Control (IPAC) Guidelines [Internet]. 2024 Feb [cited 2025 Jan 31] 35. Available from: <https://cdho.org/wp-content/uploads/2024/02/GUI-IPAC.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** |