



CDHBC PLAR Self-Assessment

GETTING STARTED

The first step in the portfolio process is to collect a chronological review of your education and experience; a template is provided for your convenience. The second step is to conduct a self-assessment of your abilities in relationship to the identified competencies and indicators of the CDHBC PLAR Portfolio. This will assist you in developing a better understanding of your strengths and limitations. You will gain insights into what you already do well and into areas you may need to learn more. Use the following self-assessment questions and complete the 'Evidence Planning Table' found at the end of each section to gain a realistic view of your knowledge and abilities as a primary care provider.

NAME _____

ADDRESS _____

PHONE _____ EMAIL ADDRESS _____

REASONS FOR CHOOSING THE CDHBC PLAR?

PROVINCE REGISTERED _____ CREDENTIAL _____

YEAR OF INITIAL REGISTRATION _____

EXPERIENCE

EXPERIENCE _____ TERM _____
(e.g. JULY 2011 - MAY 2016)

EXPERIENCE _____ TERM _____

EXPERIENCE _____ TERM _____

EXPERIENCE _____ TERM _____

EDUCATION

EDUCATIONAL INSTITUTION _____ DEGREE/DIPLOMA/CERTIFICATE _____
YEAR OF COMPLETION _____

EDUCATIONAL INSTITUTION _____ DEGREE/DIPLOMA/CERTIFICATE _____
YEAR OF COMPLETION _____

EDUCATIONAL INSTITUTION _____ DEGREE/DIPLOMA/CERTIFICATE _____
YEAR OF COMPLETION _____

EDUCATIONAL INSTITUTION _____ DEGREE/DIPLOMA/CERTIFICATE _____
YEAR OF COMPLETION _____

PUBLICATIONS

AFFILIATIONS

COMMUNITY SERVICE

EVIDENCE AND EVIDENCE PLANNING

In dental hygiene practice we often talk about 'evidence-based practice' (EBP). This term refers to the use of the best available information for our practice decisions. In particular, it refers to the use of research that is used to ensure that our decisions are based on credible and reliable information. In the PLAR process we also talk about the concept of 'evidence' and this means providing 'proof' of the statements that you are making about your learning.

The term 'evidence' from a PLAR perspective basically means supporting documentation or examples. Simosko¹ uses the following categories of evidence:

- narratives
- products or outcomes
- verification

The first type of evidence is the narrative component. A narrative piece of evidence must accompany each product or outcome or verification evidence. The narrative will focus on your experiences and the learning that those experiences have brought about. You will be discussing your abilities and learning experiences using the product or outcomes evidence to support your discussion. Please remember to focus on what you have learned; you will receive recognition for demonstrated knowledge and skills, but not for your experience alone.

The second type of evidence is the product or outcome evidence and pertains to examples of abilities expressed in multiple forms. The following are examples of product/outcome evidence. List any of these you will be including in your portfolio. This list is not intended to be all-inclusive; it provides product/outcome evidence examples to stimulate your thoughts.

- client records (include treatment plans, treatment records, photographs, radiographs, referral letters, etc.)
- lesson plans
- documentation related to an activity, program and/or initiative
- papers
- reports
- schematics
- pamphlets
- minutes of meetings
- audio tapes
- video tapes
- feedback from community groups

The third type of evidence, verification evidence, pertains to testimonials about the other evidence you have presented. A testimonial is a statement in support of a particular truth, fact or claim. Many candidates use letters of verification from colleagues or supervisors. However, you may also have other forms of evidence such as awards, cards and letters from clients. Verification evidence may pertain to solicited or unsolicited opinions.

Note: Evidence is not required in the Pre-application self-assessment, rather a list of the evidence and evidence types that will be provided in the PLAR Portfolio to meet all competency indicators.

HOW MUCH EVIDENCE IS ENOUGH?

More evidence is not necessarily better. The amount of evidence you are required to present will depend on the strengths of each item. It is preferable to have strong evidence and use the same evidence to illustrate a number of abilities. You will require a minimum of one piece of product/outcome evidence to support that you have reliably demonstrated a competency. One strong piece of product/outcome evidence may address several competency indicators. You will also require one verification piece of evidence for each module or unit for a minimum total of two pieces of evidence for each module and/or unit authenticating your work. The number of product/outcome pieces will depend on the strength of the evidence that you have. As well, the same piece of evidence can support different modules. One piece of narrative evidence **MUST** accompany each product and verification evidence to link the product/outcome evidence to the competency indicator.

It is your decision as to how you can best demonstrate your competence. You may choose to use a case or client example for each module, or you may choose to use one client or case to demonstrate the abilities identified in several modules. The information on the CDHBC-TRU PLAR Learning platform will provide you with some examples for each module and/or unit to help stimulate your thoughts.

¹ Simosko S. Candidate workbook: Post-diploma assessor certificate. Vancouver, BC: Open Learning Agency, 1999.

After you conduct a self-assessment of your abilities in relationship to the identified competencies and indicators of each module, you can use the tables provided to organize your ideas about the evidence that would support your submission. These tables help direct attention to evidence/proof that you currently have and evidence that you may wish to generate. Please do not use evidence from your entry-to-practice diploma education as you have already been recognized for that learning. Evidence based on a project from your diploma education that you have developed further would be acceptable. You need to explain how you have refined and shaped the product since you entered practice.

MODULE 1: RESEARCH USE

1. How frequently do you perform the following tasks? Check the best answer for each item.

| | Rating Scale | | | |
|--|--------------|-----------|--------|-------|
| | Often | Sometimes | Rarely | Never |
| Module 1: Research Use Indicators | | | | |
| 1.1. Navigate through diverse databases related to oral and general health issues. | | | | |
| 1.2. Critique study methodology and conclusions for their relevance and application to dental hygiene services. | | | | |
| 1.3. Synthesize and extrapolate information from current and credible research to support evidence-informed decision making about oral health services. | | | | |
| 1.4. Systematically examine group data related to services provided against epidemiological data, the effectiveness and/or cost-effectiveness of care outcome. | | | | |

* The dental hygiene profession defines the term 'client' as including individuals, groups, communities and populations.

2. In what context(s) do you demonstrate these abilities?

3. What kind of evidence do you have, or could you develop to prove your ability in each of the above areas?
Use the *Evidence Planning Table* to document your ideas.

4. Which of the following conclusions best reflects your self-assessment of this module?

I am ready to move ahead with this module

I need to gain answers to the following questions:

MODULE 1: EVIDENCE PLANNING TABLE

Directions: Record the evidence that you currently have in Section A. Record the evidence/proof that you wish to develop in Section B. Identify the piece of evidence you wish to use for each competency indicator by labelling your evidence with a numeric prefix (e.g., 1.1 PICO question for PubMed Advanced Search Builder and Cochran Library Search).

Module 1: Section A: Items of Evidence/Proof Already in Place

Module 1: Section B: Items of Evidence/Proof to Develop (if applicable)

| Module 1: Research Use - Evidence Planning Check all that apply | Narrative Evidence | Product/ Outcome Evidence | Verification Evidence | No Evidence |
|--|--------------------|---------------------------|-----------------------|-------------|
| 1.1. Navigate through diverse databases related to oral and general health issues. | | | | |
| 1.2. Critique study methodology and conclusions for their relevance and application to dental hygiene services. | | | | |
| 1.3. Synthesize and extrapolate information from current and credible research to support evidence-informed decision making about oral health services. | | | | |
| 1.4. Systematically examine group data related to services provided against epidemiological data, the effectiveness and/or cost-effectiveness of care outcome. | | | | |

MODULE 2: ADPIE FOR CLIENTS WITH LIMITATIONS AND IMPAIRMENTS

1. How frequently do you perform the following abilities? Check the best answer for each item.

| Module 2: ADPIE for Clients with Limitations and Impairments Indicators | Rating Scale | | | |
|---|--------------|-----------|--------|-------|
| | Often | Sometimes | Rarely | Never |
| 2.1 Perform needs assessments grounded in evidence-based approaches for clients* with multifaceted medical histories, and complex and long term medical treatments including those living with limitations and impairments. | | | | |
| 2.2 Prioritize oral and general health issues grounded in oral health literature for clients* living with limitations and impairments. | | | | |
| 2.3 Develop diagnostic statements based on comprehensive knowledge of pathophysiology. | | | | |
| 2.4 Incorporate epidemiological, social and environmental data into planning of oral health interventions for clients with limitations and impairments living in diverse environments. | | | | |
| 2.5 Provide evidence based dental hygiene services for clients* across the life stages including those with limitations and impairments. | | | | |
| 2.6 Mentor families, coworkers and/or other professionals on issues and protocols related to oral care. | | | | |
| 2.7 Manage primary oral health care for clients* effectively and safely with an emphasis on risk assessment, prevention, education, therapeutic services and referrals. | | | | |

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2. In what context(s) do you demonstrate these abilities?

3. What kind of evidence do you have, or could you develop to prove your ability in each of the above areas?
Use the *Evidence Planning Table* to document your ideas.

4. Which of the following conclusions best reflects your self-assessment of this module?

I am ready to move ahead with this module

I need to gain answers to the following questions:

MODULE 2: EVIDENCE PLANNING TABLE

Directions: Record evidence you already have in Section A. Record evidence/proof that you wish to develop in Section B. Identify the piece of evidence you wish to use for each competency indicator by labelling your evidence with a numeric prefix (e.g., 2.3 Anonymized client chart for medically compromised client showing relevant assessment data and dental hygiene diagnosis).

Module 2: Section A: Items of Evidence/Proof Already in Place

Module 2: Section B: Items of Evidence/Proof to Develop (if applicable)

| Module 2: ADPIE for Clients with Limitations and Impairments - Evidence Planning Check all that apply | Narrative Evidence | Product/ Outcome Evidence | Verification Evidence | No Evidence |
|--|--------------------|---------------------------|-----------------------|-------------|
| 2.1. Perform needs assessments grounded in evidence-based approaches for clients* with multi-faceted medical histories and complex and long term medical treatments including those living with limitations and impairments. | | | | |
| 2.2. Prioritize oral and general health issues grounded in oral health literature for clients* living with limitations and impairments. | | | | |
| 2.3. Develop diagnostic statements based on a comprehensive knowledge of pathophysiology. | | | | |
| 2.4. Incorporate epidemiological, social and environmental data into planning of oral health interventions for clients* with limitations and impairments living in diverse environments. | | | | |
| 2.5 Mentor families, care workers and/or other professionals on issues and protocols related to oral care. | | | | |
| 2.6. Manage primary oral health care for clients* and groups effectively and safely with an emphasis on risk assessment, prevention, education, therapeutic services and referrals. | | | | |
| 2.7 Manage primary oral health care for clients* effectively and safely with an emphasis on risk assessment, prevention, education, therapeutic services and referrals. | | | | |

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MODULE 3: INTER-PROFESSIONAL PRACTICE TO SUPPORT SAFER AND BETTER ORAL HEALTH OUTCOMES

This competency is organized into two units. The first unit directs attention to the use of practice standards to support client safety and better health outcomes. The second unit directs attention to the collaborative aspects associated with interprofessional practice and effective referrals that support client safety and better health outcomes.

Module 3-Unit A: Integrating Best Practice Standards to Support Safer and Better Oral Health Outcomes.

1. How frequently do you perform the following abilities? Check the best answer for each item.

| Module 3-Unit A: Integrating Best Practice Standards Indicators | Rating Scale | | | |
|---|--------------|-----------|--------|-------|
| | Often | Sometimes | Rarely | Never |
| 3.A.1. Address the safety issues pertinent to the provision of dental hygiene services for vulnerable individuals or populations, including those in independent and dependent living situations. | | | | |
| 3.A.2. Collaborate in the development of policies to promote client's* safety and better health outcomes. | | | | |
| 3.A.3. Implementation of policy protocols and/or standards of practice related to client* safety and better health outcomes (including infection control, medical emergencies, referrals, dental hygiene services and program protocols as appropriate for practice context). | | | | |
| 3.A.4. Create and/or integrate systems to manage information within the practice context. | | | | |

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2. In what context(s) do you demonstrate these abilities?

3. What kind of evidence do you have, or could you develop to prove your ability in each of the above areas?
Use the *Evidence Planning Table* to document your ideas.

4. Which of the following conclusions best reflects your self-assessment of this module?

I am ready to move forward with this module

I need to gain answers to the following questions:

MODULE 3-A: EVIDENCE PLANNING TABLE

Directions: Record the evidence that you currently have in Section A. Record the evidence/proof that you wish to develop in Section B. Identify the piece of evidence you wish to use for each competency indicator by labelling your evidence with a numeric prefix (e.g. 3.A.3 Office Policy: Process for medical consultations/referral letter template).

Module 3-A: Section A: Items of Evidence/Proof Already in Place

Module 3-A: Section B: Items of Evidence/Proof to Develop (if applicable)

| Module 3-A: Integrating Best Practice Standards - Evidence Planning Check all that apply | Narrative Evidence | Product/ Outcome Evidence | Verification Evidence | No Evidence |
|--|--------------------|---------------------------|-----------------------|-------------|
| 3.A.1. Address the safety issues pertinent to the provision of dental hygiene services client/s* with complex needs or disabling conditions (including vulnerable populations). | | | | |
| 3.A.2. Collaborate in the development of policies to promote client's* safety and better health outcomes. | | | | |
| 3.A.3. Implementation of policy protocols and/or standards of practice related to client* safety and better health outcomes (including infection control, medical emergencies, referrals, appropriate for practice context). | | | | |
| 3.A.4. Create and/or integrate systems to manage information within the practice context. | | | | |

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MODULE 3-UNIT B: INTER-PROFESSIONAL PRACTICE TO SUPPORT CLIENT SAFETY AND BETTER HEALTH OUTCOMES

1. How frequently do you perform the following abilities? Check the best answer for each item.

| Module 3-Unit B: Interprofessional Practice Indicators | Rating Scale | | | |
|---|--------------|-----------|--------|-------|
| | Often | Sometimes | Rarely | Never |
| 3.B.1. Use strategies related to coaching, mentoring and networking to promote collaborative problem solving and decision making. | | | | |
| 3.B.2. Incorporate activities to solicit peer feedback to assess outcomes of services. | | | | |
| 3.B.3. Use strategies to communicate effectively with diverse clients* including those with learning disabilities and/or cognitive impairments. | | | | |
| 3.B.4. Work with others to advocate for access to oral care. | | | | |
| 3.B.5. Demonstrate knowledge of the roles and responsibilities of personnel involved in the delivery of dental hygiene services for individuals with complex needs or disabling conditions. | | | | |

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2. In what context(s) do you demonstrate these abilities?

3. What kind of evidence do you have, or could you develop to prove your ability in each of the above areas?
Use the *Evidence Planning Table* to document your ideas.

4. Which of the following conclusions best reflects your self-assessment of this module?

I am ready to move forward with this module

I need to gain answers to the following questions:

MODULE 3-B: EVIDENCE PLANNING TABLE

Directions: Record evidence that you currently have in Section A. Record evidence/proof that you wish to develop in Section B. Identify the piece of evidence you wish to use for each competency indicator by labelling your evidence with a numeric prefix (e.g., 3.B.1 Meeting minutes: PAC Policy on Healthy Lunches Working Group).

Module 3-B: Section A: Items of Evidence/Proof Already in Place

Module 3-B: Section B: Items of Evidence/Proof to Develop (if applicable)

| Module 3-B: Interprofessional Practice - Evidence Planning Check all that apply | Narrative Evidence | Product/ Outcome Evidence | Verification Evidence | No Evidence |
|---|--------------------|---------------------------|-----------------------|-------------|
| 3.B.1. Use strategies related to coaching, mentoring and networking to promote collaborative problem solving and decision making. | | | | |
| 3.B.2. Incorporate activities to solicit peer feedback to assess outcomes of services. | | | | |
| 3.B.3. Use strategies to communicate effectively with diverse clients* including those with learning disabilities and/or cognitive impairments. | | | | |
| 3.B.4. Work with others to advocate for access to oral care. | | | | |
| 3.B.5. Demonstrate knowledge of the roles and responsibilities of personnel involved in the delivery of dental hygiene services for individuals with complex needs or disabling conditions. | | | | |

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BC MINISTRY OF ADVANCED EDUCATION (MoAE) FOUNDATIONAL ABILITIES

It is also important to reflect on the abilities from the BC Ministry of Advanced Education that underpin the CDHBC required competencies. Reflecting on these abilities will help you better understand your strength and areas you may need to develop further.

1. How frequently do you perform the following abilities? Check the best answer for each item.

| BC MoAE Foundational Abilities | Rating Scale | | | |
|---|--------------|-----------|--------|-------|
| | Often | Sometimes | Rarely | Never |
| <p>F.1. Depth and Breadth of Knowledge Knowledge and critical understanding that builds on post-secondary education to apply to and continuously improve practice decisions. This includes collaboration of the roles and practice of allied health professionals. The ability to evaluate information from multiple sources with an open-minded, inquisitive, logical, and inquiring perspective to seek conclusions that are as precise as the information and the content allow.</p> | | | | |
| <p>F.2. Knowledge of Methodologies and Research Ability to understand a variety of qualitative and quantitative methods of research and discern appropriateness of approaches to answer practice questions and/or solve a practice problem. Ability to assess currency and relevance of research to inform dental hygiene practice.</p> | | | | |
| <p>F.3. Application of Knowledge Ability to observe, analyze, critique, consolidate and integrate evidence-based information to inform practice decisions. Ability to make judgements and critique information and concepts. Ability to frame problems in order to find a solution.</p> | | | | |
| <p>F.4. Communication Skills Use varied dimensions of communication to elicit, clarify and share information with diverse individuals, groups and other health care professionals in a clear, structured, effective and professional manner. Ability to incorporate communication that is empathetic, trauma informed and includes cultural safety and humility.</p> | | | | |
| <p>F.5. Awareness of Limits of Knowledge Understand limits of personal knowledge, skills and abilities that might impact client safety and care.</p> | | | | |
| <p>F.6. Professional Capacity/Autonomy Exhibit the ability to be self-directed in making autonomous decisions while having the interpersonal awareness and self-awareness to recognizing personal and professional limits of knowledge and abilities. Exhibit academic integrity, work effectively in a team environment and accountability for actions. Ability to apply good judgment and ethical decision making. Compassion, concern for others, interpersonal skills, interest and motivation are essential skills and abilities.</p> | | | | |

2. In what context(s) do you best demonstrate these abilities?

3. How will your evidence from Modules 1 - 3 demonstrate your application of the BC MoAE Foundations Abilities?

4. Which of the following conclusions best reflects your self-assessment of these BC MoAE Foundational Abilities:

I am ready to move forward with this module

I need to gain answers to the following questions:

OVERALL CONCLUSION

Now is the time to make a decision about your application for the CDHBC PLAR Portfolio Assessment related to the 365-Day Rule Exempt category.

In summary, my areas of strength and limitations related to the module competencies, competency indicators and BC MoAE's include the following:

STRENGTHS

LIMITATIONS

Which of the following conclusions best reflects your self-assessment of the abilities described in the previous pages?

- I am ready to apply to become a PLAR Candidate and gain answers to the questions I have documented.
- I am not ready to apply for PLAR Candidacy but will develop a learning plan (see next steps section) to further develop the areas identified in the limitations section.
- I am not ready to apply for PLAR Candidacy but will explore other pathways to the new registration category (see information at www.cdhbc.com).
- I am not ready to apply for PLAR Candidacy and will continue to practice under my current registration.

ACTION PLAN

Next Steps: If you have decided to pursue the new registration category list some concrete steps you can take over the next one to three months towards your goal.

ACTIVITIES TO COMPLETE

ACTIVITIES TO BE COMPLETED
WITHIN THE NEXT MONTH

ACTIVITIES TO COMPLETE WITHIN
THE NEXT THREE MONTHS

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Timeframe _____