

QAP Bulletin, April 2014



2014 QAP Survey Results

400 out of 454 registrants (88%) in the 2014 QAP cohort completed an exit survey following completion of the Assessment Tool this January and February. Here are some results from the survey:

- Almost all registrants feel the **QAP Assessment Tool is user friendly.**
- The average QAP Assessment Tool score is 84% and the median is 85%, which is consistent with the results from 2013.
- Three-quarters of respondents feel that **2.5 hours is about the right amount of time** to complete the QAP Assessment Tool.
- Over half of registrants agree that the **QAP Assessment Tool is a fair representation of the fundamentals of dental hygiene practice.**

The exit surveys provide valuable feedback from registrants who have completed the Assessment Tool. The College is carefully reviewing the feedback and working hard to continue to enhance the usability of the tool, to improve clarity of questions and provide a positive overall experience with the QAP.

QAP Assessment Tool Results

| | 2014 Cohort | 2013 Cohort |
|--|--------------|-------------|
| Total Registrants who Completed the QAP | 454 | 471 |
| Number who Met the Threshold | 441 | 435 |
| Number who did not Meet the Threshold | 13 (3%) | 25 (5%) |
| Met Threshold On Second Attempt | 10 (to date) | 23 |
| Did Not Meet Threshold On Second Attempt | 1 (to date) | 2 |

What Registrants Say About the QAP Assessment Tool

"I felt this tool was effective in terms of navigating through. I actually enjoyed this method of testing. Next time additional study aides may be beneficial for preparation of the test. Overall, it was a good experience."

"I thought it was probably the best refresher I have done in years apart from my dental courses at UBC. The hours spent preparing were so enlightening and even though I was pleased to see how much I know and how I am doing most things right, it was a great reminder of how I can improve."

"I think the tool is a great way to assess our skill base and even though it was nerve racking and stressful going into it, I think the tool is necessary."



Let's Refresh...Why do Health Professions have to Develop a Quality Assurance Program?

- In 2005, the *Health Professions Act* (HPA) was amended to require **all** Health Colleges to revise their predominantly quantitative continuing competency programs to establish Quality Assurance Programs.
- These new QA programs were to include a form of objective assessment. While each College is at a different stage of research and development, all are mandated to eventually align with this legislation.

Following this amendment to the *HPA*, the CDHBC Quality Assurance Committee (QAC) and the Board began to consider which type of quality assurance model would be suitable. The first step was to set guiding principles - these principles have guided each decision made by the Committee and the Board in developing and implementing the QAP.

QAP Guiding Principles

1. The Goal of the Quality Assurance Program is public protection.
2. The Quality Assurance Program will be evidence-based and cost effective.
3. Maintaining and enhancing competence is the responsibility of the registrant.
4. All dental hygienists registered in practicing categories will be required to participate in the Quality Assurance Program.
5. The materials that inform registrants about the Quality Assurance Program will be clear, concise and accessible.
6. Participation in the Quality Assurance Program is intended to be reasonable and manageable for registrants.
7. The Quality Assurance Program will be evaluated regularly.

Choosing an Evidence-Based Process

Using these principles, the QAC and Board reviewed the literature and a variety of models of quality assurance - including options such as peer review and onsite inspection. The QAC and Board determined that a knowledge-based assessment (which would identify strengths and weakness and would then guide continuing education choices) struck the right balance between assuring the public that registrants maintain their standards throughout practice and ensuring that the program is reasonable and manageable for registrants.

More Comments from Registrants

"There are no suggestions for improvement as I found it extremely user friendly...and that is HUGE coming from me!"

"It was pretty straight forward; I felt all contingencies were addressed (support number if needed, tutorial beforehand, notepad, bookmark, ability to go back to a previous question)."

"I really enjoyed reviewing for this test. It's the best education! The test I found difficult. I have been out 30 years ."



'Assessment Tool' versus 'Exam'

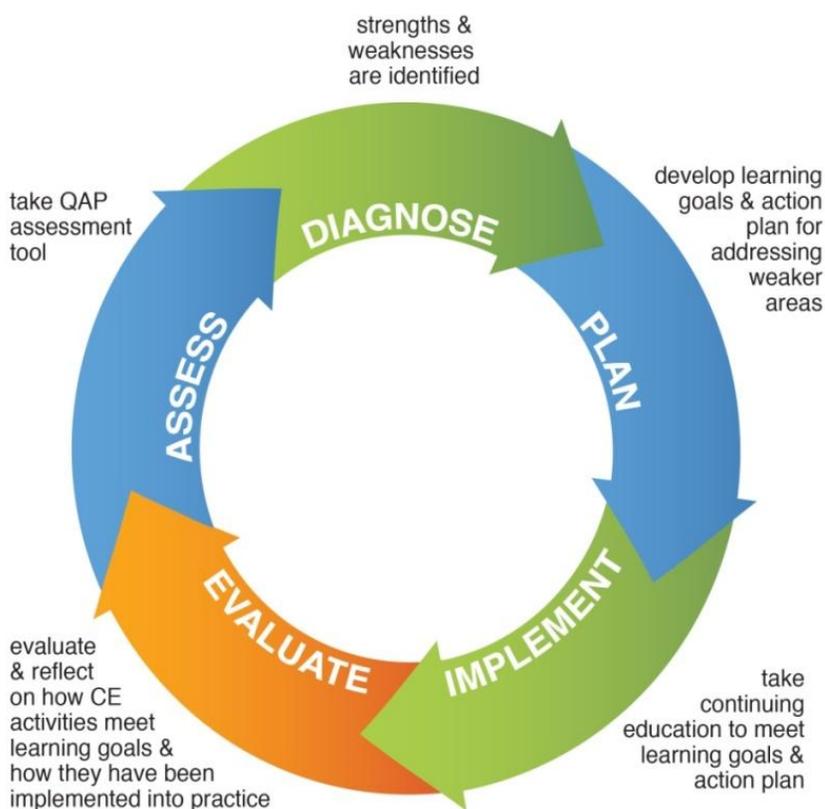
An assessment is defined as the *systematic collection, review, and use of information undertaken for the purpose of improving an individual's learning and development*¹. The QAP employs an online Assessment Tool to gather information from each registrant regarding their current knowledge of entry-level dental hygiene practice in order to further guide their continued learning experiences and professional development. This is in contrast to an exam which is based on a pass/fail philosophy rather than one of continuing education and professional enhancement.

The tool does not have a pass/fail mark. Instead, a threshold has been established that determines whether further assessment is needed. That threshold is unique to each tool due to the 'on the fly' selection of questions for each tool. If a registrant scores above the threshold, they proceed to the Online Learning Plan (OLP). That Registrant uses their professional judgment to select appropriate CE in response to the guidance that the tool provides. If a registrant scores below the threshold then it is determined that further assessment is needed to ascertain if there truly is a gap related to practice standards, and if so, what that gap may be and to what level. The first level of further assessment is for the registrant to write the assessment tool a second time. If the threshold is not met after the second attempt, the second level of further assessment is an interview and documentation review which is suited to the registrant's area of practice and done by a dental hygiene mentor. The registrant and mentor work collaboratively to put together a monitored learning plan that is then considered by the Quality Assurance Committee.

It is important to note that the QAP process does not provide a pathway for CDHBC to suspend a registrant's license to practice nor does it have any other punitive outcomes. In fact, *Section 26.2(1)* of the HPA prevents information gathered about a registrant through the QAP to be the basis of an Inquiry investigation.

The QAP Process

The QAP was purposely modeled after a process that dental hygienists use everyday to ensure quality client care. This graphic illustrates how the QAP mirrors the ADPIE process of care.





What are Other Colleges Doing?

Other Canadian dental hygiene Regulators are also showing interest in the QAP Assessment Tool established by the CDHBC.

- The CDHO is developing a “flex” approach in their CE portfolio which allows RDH’s to complete the online QAP Assessment Tool.
- Alberta is employing the QAP Assessment Tool as a part of the re-entry process for dental hygienists who have been out of practice and wish to re-enter practice.

Here in BC, a number of other health professional Colleges are developing similar knowledge assessments within their Quality Assurance Programs.

- The Physical Therapists, Occupational Therapists and Massage Therapists are all either currently using or in the development stages of knowledge-based online written assessments followed by guided learning as appropriate.

The Nurse Practitioners in BC must complete a series of activities including self-assessment, peer feedback, professional development activities and onsite peer review. The Registered Nurses complete self-assessments, peer review and professional development but must also maintain 1125 practice hours in 5 years. In addition, many nursing professionals are also further subjected to institutional quality assurance measures.

The College of Pharmacists began their QAP with a knowledge-based assessment and guided CE. However they have made a proposal to the BC Ministry of Health to remove their knowledge based assessment in favour of increasing onsite inspections. These inspections take place outside the QAP, therefore the information can be passed onto the Inquiry Committee and is not protected under section 26.2(1) of the HPA.

Feedback?

Do you have feedback about the QAP? If so, we want to hear from you! The College is constantly evaluating the program and striving to ensure it meets the guiding principles. Registrant feedback is part of that process. You can contact the College via email at cdhbc@cdhbc.com.

BC Physicians and Surgeons

The College of Physicians and Surgeons of BC has recently circulated a document entitled “The Physician Performance Enhancement System²” for consultation. This document was created by the Federation of Medical Regulatory Authorities of Canada as a starting point to establish a quality improvement and assurance system. That document embraces the following concepts:

Physicians are responsible for enhancing their practice by:

- (a) engaging in assessment activities related to their practice;
- (b) identifying and/or validating areas for practice improvement opportunities;
- (c) undertaking learning and other activities to address those opportunities; and
- (d) demonstrating improvement in their practice.

While the assessment method for the Physician Performance Enhancement System has not been determined as this document is in the consultation phase, physicians and surgeons across the country are moving towards Quality Assurance Programs that includes assessment activities. It should be noted that in addition to this document, the College of Physicians and Surgeons of BC has had a medical practice assessment program for more than two decades and is expanding this program to include office inspections and multi-source survey tools.

References:

1. Assessment Essentials: planning, implementing, and improving assessment in higher education. Palomba and Banta, 1999.
2. The Physician Performance Enhancement System. The Federation of Medical Regulatory Authorities of Canada, April, 2014.