

QUALITY ASSURANCE PROGRAM

Why does the College have a Quality Assurance Program?

Several years ago, the Ministry of Health added a requirement for all Colleges designated under the *Health Professions Act*, to establish a quality assurance program to “promote high standards of practice amongst its registrants”. At that time, it was decided by government that a continuing education requirement alone does not satisfy the objective of ensuring continued quality improvement in the practice of a profession.

It is the College’s responsibility to implement a program so that those practicing a health care profession can demonstrate that they are taking steps to improve and enhance the provision of the health care which they are licenced to provide.

Quality Assurance Program Components

The College will continue to require each Dental Technician registrant to obtain a minimum 30 hours of Continuing Education Credits in each 3-year cycle and the second part of the new Quality Assurance Program is the Self-Assessment Questionnaire.

Self-Assessment Questionnaire

The Self-Assessment Questionnaire is designed as a tool for you to use to help you determine if you are providing a standard of care that meets or exceeds the College’s minimum requirements. You should use the results of the self-assessment to identify areas where you can focus your continuing education planning. An additional benefit of completing an honest self-assessment may be that it will have a positive impact on your business and/or practice.

Once you have finished the questionnaire, please deliver it to the College office either by mail at #900 – 200 Granville Street, Vancouver BC V6C 1S4, email: info@cdtbc.ca or fax: 604-899-0794. As part of this initial trial of the Self-Assessment Questionnaire, all RDT’s who complete and return their questionnaire will receive 2 CE credits. The Quality Assurance Committee will review your questionnaire and may provide you with feedback based on your responses in the assessment to complete the audit process.

Participation by all RDT’s is required in CDTBC’s Quality Assurance Program. CDTBC is mandated by the Ministry of Health to establish a QA Program that “promotes high standards of practice”. To ensure that British Columbians are receiving the highest quality of care, it is important that those professionals providing healthcare reflect on their knowledge and practice to identify areas of growth and learn about advancements that may be made in their field of practice.

Quality Assurance Program Vision Statement

The *Health Professions Act* requires all Regulatory Colleges established by Regulation to develop and administer a Quality Assurance Program to promote high practice standards amongst its registrants.

The CDTBC's Quality Assurance Program is based on the premise that Registered Dental Technicians in BC are competent professionals who are committed to providing dental technology services that meet or exceed current practice standards. The College is committed to supporting registrants in their efforts to maintain currency with the profession and to encourage them to engage in activities that improve their professional performance on a continuous basis.

The College is confident that registrants, their employers and clients, and the public of British Columbia will benefit from a Quality Assurance Program that helps ensure that dental technicians continue to provide safe, effective and ethical oral health care services.

Approved by the Board: July 10, 2010

This Self-Assessment Questionnaire is based on the College's standards of practice as noted in Section 50 of the Bylaws.

To better understand the answers, please provide the following information: **(Circle one)**

1. What is your role at your place of practice?
 - Lab Manager, self employed lab owner, employee

2. What is your preferred way of earning your 30 CE hours per cycle?
 - Web-based courses, conventions, study groups or other _____

3. What is your main area of practice?
 - Ceramics, Crown & Bridge, Ortho, Dentures, Other _____

Registrant Identification

Please provide the following contact information

| | |
|--------------------------------|------------------------------|
| NAME: (Please Print) | REGISTRATION NUMBER: |
| HOME ADDRESS | PRIMARY WORK ADDRESS |
| Address: | Lab Name: |
| City: | Address: |
| Postal Code: | Postal Code: |
| Cell #: | City: |
| Tel. #: Fax #: | Tel. #: Fax #: |
| Email: | Email: |

Quality Assurance Program

Self-Assessment Questionnaire

Review the statements in each section of this questionnaire and then reflect on your own practice as a dental technician. To what degree does each statement apply to you in your practice? Rate yourself on a scale from 1 to 5, with 1 being rarely or never, and 5 being almost always.

Part 1

| Practice Management | 1 | 2 | 3 | 4 | 5 | N/A |
|---|----------|----------|----------|----------|----------|------------|
| I am confident that I provide my clients and patients with quality dental technology services. | | | | | | |
| I am aware of each of my client's individual preferences and requirements and meet these to the best of my ability. | | | | | | |
| I take full responsibility for my practice as a dental technician. | | | | | | |
| I follow-up with my clients to ensure they are satisfied with my services. | | | | | | |
| I am willing to discuss any concerns or recommendations with respect to treatment planning with my clients. | | | | | | |
| I refer any services I do not feel confident in doing to another dental technician. | | | | | | |
| I keep complete records for the dental technology services I provide, including prescriptions, and I document each interaction with clients and patients. | | | | | | |
| Professional Goals / General Comments | | | | | | |
| | | | | | | |

Part 2

| Self-Evaluation / Critical Analysis | 1 | 2 | 3 | 4 | 5 | N/A |
|---|----------|----------|----------|----------|----------|------------|
| I evaluate the value and effectiveness of the continuing education courses I have taken. | | | | | | |
| I evaluate the effectiveness of the laboratory techniques and materials I use. | | | | | | |
| I am open to learning about new materials and new techniques. | | | | | | |
| I do not stereotype (characterize a person based on race, gender, social-economic position, etc.) colleagues, clients, or patients. | | | | | | |
| I reflect on my professional development on a regular basis. | | | | | | |
| I conduct myself in a professional manner when interacting with colleagues, clients, and patients. | | | | | | |
| I have good time-management skills | | | | | | |
| Professional Goals / General Comments | | | | | | |
| | | | | | | |

Part 3

| Communication | 1 | 2 | 3 | 4 | 5 | N/A |
|--|----------|----------|----------|----------|----------|------------|
| I provide my clients and patients with all relevant information related to their dental technology services when asked. | | | | | | |
| I communicate effectively with colleagues, clients, and other individuals. | | | | | | |
| I am honest and respectful when communicating with others. | | | | | | |
| I demonstrate compassion and understanding when dealing with colleagues, clients, and other individuals. | | | | | | |
| I am aware that I must immediately notify the Registrar of any change of address, name, or any other information previously provided to the College. | | | | | | |
| I respond in a timely manner to requests for information or other communications from the College. | | | | | | |
| Professional Goals / General Comments | | | | | | |
| | | | | | | |

Part 4

| Laboratory Management | 1 | 2 | 3 | 4 | 5 | N/A |
|--|----------|----------|----------|----------|----------|------------|
| I take pride in the appearance of my laboratory. | | | | | | |
| I ensure that the laboratory is regularly cleaned and disinfected. | | | | | | |
| I ensure that all staff are aware of, and follow, proper infection control procedures in the laboratory and these procedures meet the requirements of the College. | | | | | | |
| I have a clear understanding of what is required to create a positive and safe work environment. | | | | | | |
| The patient / reception areas of my laboratory present a professional image. | | | | | | |
| My laboratory has implemented a Workplace Hazardous Materials Information System (WHMIS) as required by WorkSafe BC. | | | | | | |
| I employ good business skills and am aware of my financial management requirements and obligations. | | | | | | |
| I know and comply with the supervision requirements of the Bylaws. | | | | | | |
| I ensure that any advertisements for dental technology services comply with the College Bylaws. [Section 54] | | | | | | |
| Professional Goals / General Comments | | | | | | |
| | | | | | | |

Part 5

| Professional Development | 1 | 2 | 3 | 4 | 5 | N/A |
|---|----------|----------|----------|----------|----------|------------|
| Based on my practice needs, I recognize the benefit of diversity in my continuing education choices. | | | | | | |
| I am willing to share my knowledge and experience with others, including colleagues, students, and clients. | | | | | | |
| I continue to educate myself in order to provide better dental technology services and options to clients. | | | | | | |
| I try to remain current with new techniques, materials, and advances in dental technology. | | | | | | |
| I network with my professional colleagues to share knowledge and advance the profession. | | | | | | |
| I take courses that relate directly to my daily practice as a dental technician. | | | | | | |
| I take courses and participate in other learning opportunities to improve my business skills. | | | | | | |
| Professional Goals / General Comments | | | | | | |
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General Statements and Professional Development Objectives

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| <p>1. Thinking about the past year, identify one area of your dental technology practice that you have improved upon.</p> |
| <p>2. In the past year, what is one thing you have learned that will benefit your future practice as a health care professional?</p> |
| <p>3. What are your professional development goals for next year?</p> |

By signing below I declare that the statements made in this questionnaire are true and correct and I understand that making false statements to the College of Dental Technicians of BC may be considered as unprofessional conduct.

Signature: _____

Date: _____