



College of
Dental Hygienists
of Ontario

Protecting your health and your smile

Self-Assessment Tool

Self-Assessment Tool

The Self-Assessment Tool is an integral part of the online System for Managing Individual Learning (SMILE Portal) and is designed to assist you in assessing your practice environment as it relates to the **CDHO Dental Hygiene Standards of Practice**. The Self-Assessment Tool will assist you in assessing your dental hygiene practice in order to determine your learning goals and to provide direction in the selection of appropriate continuing quality improvement activities. The online System for Managing Individual Learning (SMILE Portal) will use your assessment to assist you in drafting learning goals. In the audit process of your Quality Assurance submission, assessors will be looking for a relationship between your established learning goals, your dental hygiene practice and the **CDHO Dental Hygiene Standards of Practice**. If you are having difficulty in determining and defining your learning goals, suggested goals will be generated to assist you. You are under no obligation to use the suggested goals and are free to modify or delete them altogether and establish your own goals.

Instructions for Using the Self-Assessment Tool in the Online System for Managing Individual Learning (SMILE Portal)

The attached tool contains information identical to what you will find in the online system. This copy is for your information only.

- Completion of the tool is a **mandatory** annual requirement;
- Use this tool to assess your dental hygiene practice;
- Identify in the Self-Assessment Tool those areas of your dental hygiene practice that do not meet the standards;
- Establish learning goals for those areas that do not meet the standards or allow the system to set goals for you;
- Select and prioritize your learning goals for every year;
- Select the appropriate quality improvement activity or activities to address each learning goal; and
- Remember that there is a range of acceptable activities from which to choose.(see Guidelines for Continuing Competency)

This Self-Assessment Tool is for your use only. You are not ever required to submit this tool for assessment with your Quality Assurance information. However, since it is a requirement that the self-assessment be completed each year on-line within the System for Managing Individual Learning (SMILE Portal), the College will be notified by Skilsure if you have not met the mandatory requirement to complete the Self-Assessment Tool annually. Those who fail to complete the self-assessment by the January 31st deadline each year will be automatically selected to participate in the following year's Quality Assurance Peer and Practice Assessment.

Self-Assessment Tool

https://www.skilsure.net/skilsure_cdho_cpdl/Modules/assessments/assessment_entry_clinical_aerocaramel.php?id=423&emp_id=112429&years=2015

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QA Help

Year: 2015

Learning Hours: 2013, 2014, 2015
Total: 12 / 75
12 0

Required: 2015

Dashboard

✓ 1. Verify Employment Status and Practice Address(es)

✗ 2. Self-Assessment

Optional

Learning Portfolio

Practice Profile

Additional Documentation

Upload 2013 Portfolio Forms 6, 7 & 8

Upload 2014 Portfolio Forms 6, 7 & 8

Resources

CDHO Website

Overview of the Quality Assurance Program

Guide to the Online System for Managing Individual Learning (SMILE Portal)

Requirements of the Quality Assurance Program and Guidelines for Continuing Competency

Self-Assessment Tool

Quality Assurance Regulation and Registrants' Policies & Procedures Manual

Self-Assess Results

Self-Assess

Select 'I meet this standard' for areas that you believe you do well in, 'I partially meet this standard' or 'I do not meet this standard' for areas that you think could benefit from additional development or practice, and 'This does not apply to my practice' for areas that do not apply to you.

The suggested goal statements that you see below each Standard, when activated by selecting 'I partially meet this standard' or 'I do not meet this standard', will show up later in your Learning Portfolio as a choice for a Learning Goal. You may then choose to either use or delete the suggested goals.

Competency	I meet this standard	I partially meet this standard	I do not meet this standard	This does not apply to my practice
1. Responsibility				
1(a) I adhere to healthcare legislation, the CDHO regulations, Code of Ethics practice standards, professional guidelines and policies.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1(b) I honour the client's rights by obtaining informed consent, respecting privacy and maintaining confidentiality.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Suggested Goal</i> Learn about client's rights as they relate to informed consent, privacy and confidentiality.				
1(c) I use a client-centered approach that acts or advocates in the client's best interest.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1(d) I welcome and participate in interprofessional collaboration and consultation.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1(e) I provide information about oral health and access to oral health care for clients, other professionals and the public.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1(f) I promote and support healthy behaviours in the interest of oral and overall health.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1(g) I promote social responsibility by leading and/or supporting community partners in their efforts to advocate for oral health programs and policies.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1(h) I contribute to actions that will support change and facilitate access to care, particularly in vulnerable populations.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1(i) I assist in the prevention and management of outbreaks and emergencies.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1(j) I recognize gaps in knowledge and take the appropriate steps to acquire this knowledge.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1(k) I facilitate client referrals to appropriate health professionals, facilities, programs or government agencies.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Accountability				
2(a) I practise within personal limitations and legal scope of practice.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2(b) I recognize, acknowledge and seek advice/treatment for any physical or mental condition, or any substance abuse or addiction that may affect my ability to practise safely and effectively.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>