



## CDHO Clinical Competency Evaluation

Candidate/ID: \_\_\_\_\_

Evaluator: \_\_\_\_\_

Date of Evaluation: \_\_\_\_\_

Location of Evaluation: \_\_\_\_\_

### 1. Process of Care: Medical History

Item	Yes	No		Yes	No
Did the candidate complete the medical/dental history in ink?			Did the candidate fully complete the medical/dental history?		
Did the candidate accurately complete the medical/dental history?			Did the candidate and client both sign the medical/dental history?		
Did the candidate explore all positive responses with the client?			Did the candidate take vital signs (BP, Resp, Pulse)?		
Was the systolic blood pressure accurate to within 10 mm Hg?			Was the diastolic blood pressure accurate to within 10 mm Hg?		
Was the respiratory rate accurate to within 5 respirations?			Was the pulse rate accurate to within 5 bpm?		
Were modifications to dental hygiene treatment related to medical/dental history noted?					
<b>Comments:</b> _____					
_____					

### 2. a) Process of Care: Assessment (Extra and Intraoral)

Did the candidate accurately and thoroughly assess the following areas and recognize/document all normal, abnormal and atypical conditions?

Item	Yes	No		Yes	No
Skin and face			Hard and soft palate		
Lymph nodes			Oral pharynx including tonsillar pillars		
Thyroid and salivary glands			Tongue and floor of mouth		
Temporomandibular joint (TMJ)			Gingival condition		
Mucosa/lips/cheeks			Hard tissue		
<b>Comments:</b> _____					
_____					

### 2. b) Process of Care: Assessment (Perio and Deposits)

Item	Yes	No		Yes	No
Did the candidate accurately and thoroughly measure all probing depths at a level that would support the development of an acceptable dental hygiene diagnosis?			Did the candidate accurately record the plaque index?		
Did the candidate accurately and thoroughly measure furcations and mobilities?			Did the candidate accurately record the calculus index?		
Did the candidate accurately and thoroughly identify bleeding sites?			Did the candidate accurately record the staining present?		
Did the candidate record all recession and calculate CAL at a level that would support the development of an accurate dental hygiene diagnosis?			Did the candidate assign the proper AAP classification?		
<b>Comments:</b> _____					
_____					

### 3. Process of Care: Case Presentation and Screening

Item	Yes	No		Yes	No
Did the client meet all of the following criteria? <ul style="list-style-type: none"> <li>• Not a romantic partner</li> <li>• Over the age of 18</li> <li>• Minimum of 20 teeth</li> <li>• Some anterior and posterior teeth</li> <li>• Have an uncomplicated health history</li> <li>• Deposit must be removable in one appointment (completed during the evaluation)</li> </ul>			Did the candidate present a client who met the qualifications of a definite DD2 or DD3 as per the Degree of Difficulty Categories as set out in the candidate guide (calculus calculations below)?  <b>If "No" candidate cannot proceed to the remainder of the evaluation and will be recorded as a "Unsuccessful".</b>		
% <u>subgingival calculus</u> calculation $= \frac{\# \text{ surfaces with sub } \times 100}{4 \text{ surfaces } \times \# \text{ of teeth }} = \underline{\hspace{2cm}} \%$ $= \frac{\hspace{2cm}}{4 \times \hspace{2cm}} \times 100$ $= \underline{\hspace{2cm}} \%$			% <u>supragingival calculus</u> calculation $= \frac{\# \text{ surfaces with supra } \times 100}{4 \text{ surfaces } \times \# \text{ of teeth }} = \underline{\hspace{2cm}} \%$ $= \frac{\hspace{2cm}}{4 \times \hspace{2cm}} \times 100$ $= \underline{\hspace{2cm}} \%$		
<b>Comments:</b> _____					
_____					

## 4. Process of Care: Dental Hygiene Diagnosis

Item	Yes	No		Yes	No
Has the candidate synthesized and analyzed the assessment data within the dental hygiene diagnosis?			Has the candidate accurately classified gingival and periodontal conditions based on data collected?		
Has the candidate identified contributing factors (i.e. pregnancy, habits, OH, etc.)?			If applicable, has the candidate identified conditions that require referral?		
<b>Comments:</b> _____					
_____					

## 5. Process of Care: Treatment Plan

Item	Yes	No		Yes	No
Is there evidence of client-centered goal statements?			Is there evidence of client participation in the creation of the treatment plan?		
Are all planned dental hygiene interventions and sequence of activities listed?			Is there written evidence that informed consent or refusal has been given (i.e. after options, risks and benefits also explained verbally)?		
Are planned dental hygiene interventions appropriate given the assessment findings?			Are self-care information, techniques and devices included in treatment plan?		
<b>Comments:</b> _____					
_____					

## 6. a) Process of Care Implementation: Provision of Interventions

Item	Yes	No		Yes	No
Did the candidate provide services within the scope of practice?			Did the candidate provide oral health and health advice using appropriate educational theories, theoretical frameworks, communication/mediation techniques and/or psycho-social principles to initiate change at an individual level?		
Did the candidate select appropriate instruments?			Did the candidate consistently use a stable fulcrum?		
Did the candidate appropriately use indirect and direct vision?			Did the candidate adapt and activate instruments properly as well as use the proper pressure (i.e. to avoid tissue trauma/scale effectively, etc.)?		
Did the candidate work in a systematic sequence?			Did the candidate maintain a clear working area (i.e. rinse and suction as needed)?		
Did the candidate effectively manage client pain and/or anxiety?			Did the candidate provide appropriate pre- and post-intervention advice to include pain management, oral self-care, use of therapeutic and preventive agents and follow-up/recare appointments?		
Did the candidate avoid using unnecessary or inappropriate interventions or interventions that had been refused by the client?					
<b>Comments:</b> _____ _____ _____					

## 6. b) Process of Care / Implementation: Debridement

Item	Yes	No		Yes	No
Did the candidate remove at least 95% of the subgingival calculus? See calculation below.			Did the candidate remove at least 95% of the supragingival calculus? See calculation below.		
<b>Subgingival</b> calculus remaining:  = $\frac{\text{\# of surfaces with sub remaining}}{\text{\# of surfaces in scaling assignment}} \times 100$  = _____%			<b>Supragingival</b> calculus remaining:  = $\frac{\text{\# of surfaces with supra remaining}}{\text{\# of surfaces in scaling assignment}} \times 100$  = _____%		
<b>Subgingival</b> removed:  = 100 – <b>Subgingival</b> Calculus remaining  = _____%			<b>Supragingival</b> removed:  = 100 – <b>Supragingival</b> Calculus remaining  = _____%		
<b>Comments:</b> _____					
_____					

## 7. Infection Control

Item	Yes	No		Yes	No
Did the candidate use proper hand hygiene and/or put on gloves properly prior to and following touching client?			Are items packaged according to CDHO Infection Prevention and Control (IPAC) Guidelines?		
Did the candidate <i>and</i> client wear protective eyewear during all clinical treatment procedures?			Did the candidate open sterilized bags/unwrap instruments in front of the client?		
Did the candidate change gloves and masks as needed?			Did the candidate use all available tools to minimize splatter?		
Did the candidate maintain asepsis throughout the appointment as described in the CDHO Infection Prevention and Control (IPAC) Guidelines?			Did the candidate wear an overgown for procedures where splatter was anticipated?		
Did the candidate dispose of sharps and contaminated items safely and appropriately according to the CDHO Infection Prevention and Control (IPAC) Guidelines?					
<b>Comments:</b> _____					
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## 8. Health & Safety / Case Management

Item	Yes	No		Yes	No
Did the candidate ensure that nothing was passed over the client's face (i.e. adjusting overhead light with instruments in hand)?			Is the candidate's equipment, instruments and supplies sufficient to support the selection and implementation of appropriate dental hygiene services?		
Did the candidate maintain the sharpness, integrity and original design of her/his instruments?			Did the candidate ensure that the environment supported safe, quality care?		
<b>Comments:</b> _____ _____					

## 9. Record Keeping

Item	Yes	No		Yes	No
Did the candidate label all records with client's name and date?			Did the candidate provide full details about every controlled act performed including the source of the authority to perform the controlled act?		
Did the candidate record full details about the examination/clinical findings/assessment?			Did the candidate record details of informed consent to any/all aspects of care obtained and have it documented and signed by candidate and client?		
Did the candidate record full details about the treatment plan?			Did the candidate record recommendations regarding the next steps (i.e. referrals, next visit, etc.)?		
Did the candidate provide full details about services provided including pain control methods used?			Were candidate entries legible, in ink, signed and were corrections made appropriately?		
Did the candidate record full details about any advice given including any pre-treatment or post-treatment instructions?			Did candidate take appropriate steps to ensure that the integrity, privacy and security of the client record was protected?		
<b>Comments:</b> _____ _____					

## 10. Tissue Care / Instrumentation

The following definitions apply:

**Minor tissue trauma:** Any mild injury that is inconsistent with the procedure. Examples of mild trauma include small lacerations, tissue fraying, tissue tags, slight/minor bruising or burning, soft tissue abrasion.

**Major tissue trauma:** Any moderate to severe injury that is inconsistent with the procedure or three or more avoidable surfaces of minor tissue trauma. Examples of moderate and severe injury include moderate to severely lacerated soft tissue, moderate to excessive bruising/abrasion/burning, amputated papilla, trauma to teeth and restorations, an unreported broken instrument tip found in the sulcus.

**Choose ONE only.**

Item	Yes
No minor or unavoidable trauma	
2 minor avoidable tissue traumas	
Major tissue trauma or 3+ minor avoidable	
<b>Comments:</b> _____ _____	

## 11. Professionalism, Ethics & Jurisprudence

(Demonstration of a professional demeanour, which includes conduct, behaviour, and performance.)

**Choose ONE only.**

Item	Yes
<b>Incompetent:</b> Blatantly unprofessional, breaches privacy, disregards client needs, discriminatory, <i>or</i> disregards workplace values	
<b>Unsatisfactory:</b> Unprofessional, disregards privacy, client-centered care not implemented, <i>or</i> disregards diversity in others	
<b>Borderline incompetent:</b> Somewhat unprofessional, disrespects privacy, infrequently implements client-centered care, <i>or</i> disrespects diversity in others or workplace values	
<b>Minimally Competent:</b> Somewhat professional, maintains privacy, occasionally implements client-centered care, <i>and</i> respects diversity in others and workplace values	
<b>Satisfactory:</b> Professional, maintains privacy, implements client-centered care, <i>and</i> respects diversity in others and workplace values	
<b>Highly Competent:</b> Consistently professional, maintains privacy, consistently implements client-centered care, <i>and</i> respects diversity in others and workplace values	
<b>Comments:</b> _____ _____	

General Comments
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**Evaluator:**

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**Evaluator's Signature:**