

Clinical Competency Evaluation

GENERAL INFORMATION

The Clinical Competency Evaluation (CCE) gives you the opportunity to demonstrate that you are practising safely and competently and within the Scope of Practice for Dental Hygienists in Ontario.

CLINICAL COMPETENCY EVALUATION FEES

If you are taking the CCE for **Registration purposes**, please note that there is a [fee associated with the evaluation](#). Fees are due once your application is approved and must be paid before the evaluation through the [Self-Service Portal](#). Failure to make payment may result in the cancellation of your application and loss of your reserved space for the evaluation. If you have any questions, please contact the Manager, Registration at registration@cdho.org or by calling 1-800-268-2346 (press 1).

If you are taking the CCE for **Quality Assurance purposes**, there is no fee associated with the evaluation. If you have any questions, please contact the Manager, Quality Assurance at qualityassurance@cdho.org or by calling 1-800-268-2346 (press 2).

PROOF OF PROFESSIONAL LIABILITY INSURANCE AND CPR

You will need to provide proof of [current CPR certification](#) (see page 3 of the link) and professional liability insurance that meets the requirements of [CDHO's Bylaws](#) when submitting your application for the CCE.

DATE AND TIME

The evaluation is currently scheduled to take place on a weekday; however, this may be subject to change based on clinical availability. Your evaluator will contact you directly to arrange a mutually convenient time for your evaluation. Please do not contact the evaluation site as all scheduling will be coordinated through your evaluator.

EVALUATION SITE

Oxford College of Arts Business and Technology
670 Progress Avenue
Scarborough, ON M1H 3A4

WHAT TO BRING

Identification: Please present photo identification issued by a federal or provincial authority (e.g., passport, driver's licence) upon arrival at the evaluation site. You will not be permitted to participate in the evaluation if you do not bring suitable identification.

CLINICAL COMPETENCY EVALUATION

Clinical attire: Please bring appropriate clinical attire, including scrubs and/or clinical uniform, and shoes that are closed-toe, closed-heel, and easily cleaned. Please change into and out of your clinical attire on site.

Instruments and supplies: Please bring properly packaged and sterilized instruments. Instruments must be wrapped, labelled and have appropriate indicators as described in [CDHO's Infection Prevention and Control \(IPAC\) Guidelines](#).

Instruments must be sharp and safe throughout the evaluation. Sharpening cannot be conducted chairside. Post treatment sterilization will be available as time permits. Hand pieces and consumable supplies will be provided by the facility. You must bring your own PPE, including latex-free gloves, gowns and lab coats, and facial protection (i.e., protective glasses, masks, face shields).

You must also bring your own Daisy Chain, client safety glasses and Vaseline. If you require a left-handed unit, please indicate this on your application form and discuss with your evaluator when booking the evaluation date. Instruments can be rented from the facility; however, Oxford College and CDHO are not responsible for the condition, sharpness or contents of the rented equipment. Rented equipment may not have what you are accustomed to using in practice. If you need to rent some equipment, please discuss this with your evaluator when booking the evaluation date.

Scaling may be completed by hand or mechanical instrumentation. Ultrasonic scalers will be available for your use if needed. Except where noted, all other supplies will be provided by the facility.

CLIENT SELECTION

You must bring your own client to the evaluation. A maximum of two clients may be presented for screening, and your evaluator will determine if the client meets the published acceptance criteria (see below). You are strongly encouraged to bring a back-up client in case the first client is not accepted. Only clients who meet the selection criteria below and have completed a health and dental history form and a consent form will be screened for eligibility (see below).

Client Criteria

The ability to select a client that meets the selection criteria is an integral part of the CCE. If you do not bring a suitable client, that will count as an unsuccessful attempt.

Clients must meet the following criteria. They:

- Cannot be a romantic partner. Your spouse/partner can be an acceptable client if they meet the following criteria:
 - They are your spouse (i.e., you are married to each other).
 - They have lived with you in a conjugal relationship outside of marriage continuously for at least three years.
- Must be over the age of 18
- Must have a minimum of 20 teeth, with some anterior and posterior teeth present in each arch
- Should have an uncomplicated health history and [no contraindications to treatment](#).

CLINICAL COMPETENCY EVALUATION

Evaluation facilities do not have the capability to administer local anesthetic. Clients requiring local anesthetic for pain management cannot be accepted. You may choose to use a topical anesthetic if it benefits the client and there are no medical contraindications.

The following criteria are in accordance with the DD2-DD3 category outlined in the client classification system agreed upon by CDHO and the Ministry of Colleges, Universities, Research Excellence and Security:

- evidence of removable stain is not required;
- supragingival calculus must be present on at least 30% of the teeth;
- subgingival interproximal calculus must be present on most posterior teeth;**
- periodontal status to include periodontitis with 4–6 mm sulcus depth in three or more areas.

Clients must meet the qualifications of a definite DD2 (Class 2) or a light DD3 (Class 3) category to provide an appropriate experience in which you can demonstrate debridement and evaluation skills. (A client that is too difficult or too easy may not allow you to demonstrate your skills. Therefore, the evaluator may not accept a client that presents as a DD1 or a DD4.)

Degree of Difficulty Categories

	DD1	DD2	DD3	DD4
STAIN	<ul style="list-style-type: none"> None or minimal 	<ul style="list-style-type: none"> Stain in 1-2 areas (2-3 teeth/area) 	<ul style="list-style-type: none"> At least 2-3 areas 	<ul style="list-style-type: none"> More than 2-3 areas
SUPRAGINGIVAL CALCULUS	<ul style="list-style-type: none"> Less than 30% of teeth 	<ul style="list-style-type: none"> Present on 30-40% of teeth covering 1/3 of tooth surface 	<ul style="list-style-type: none"> Present on 30-50% of teeth, covering at least 1/3 of tooth surface 	<ul style="list-style-type: none"> Present on more than 50% of teeth and covering 1/3 of tooth surfaces
SUBGINGIVAL CALCULUS	<ul style="list-style-type: none"> Less than 30% of teeth 	<ul style="list-style-type: none"> Present on at least 30% of teeth 	<ul style="list-style-type: none"> Present on 50-75% of teeth 	<ul style="list-style-type: none"> Present on more than 75% of teeth
PERIODONTAL STATUS	<ul style="list-style-type: none"> Within normal limits (1-3 mm) No bleeding 	<ul style="list-style-type: none"> 4 mm pockets in 2-3 areas (including pseudo) Bleeding on probing (bop) 	<ul style="list-style-type: none"> 4-6 mm pockets in 3 or more areas (2 or more teeth per area) BOP 	<ul style="list-style-type: none"> Moderate to advanced periodontal disease, 6 mm+ pockets BOP

Client Consent Form

All clients must complete the [consent form](#). Clearly explain the nature and purpose of the CCE and the procedures to be performed. The evaluator may discuss the evaluation with your client to ensure they clearly understand and have given informed consent.

CLINICAL COMPETENCY EVALUATION

Health and Dental History Form

Please complete the client's [health and dental history](#) before arriving for the evaluation.

- **Health History:** The health history questionnaire must be completed before the examination for each client and presented to the evaluator at the time of the evaluation. Please note that the health history must reflect the client's health as of the day of the evaluation. You must explore all positive responses with the client and adequately explain these on the form. A screening blood pressure reading should be taken when the client is selected and must be retaken and recorded on the day of the evaluation. On the day of the evaluation, you must also update all medications or supplements taken within the last 24 hours. This medical history update must be recorded in the progress notes.

Client Record Forms

The client record forms (consisting of a Hard Tissue and Periodontal Assessment form, an Extra-Oral and Intra-Oral Assessment form, and a Progress Notes form, which can be found on page 6 of this document) **must** be completed as part of the CCE. Candidates **must** use the forms supplied by the evaluator and return these to the evaluator as part of the evaluation. Please let clients know that they can request that a copy of their record be transferred to their Dental Hygienist following the assessment. Samples of forms to be used during the assessment can be viewed at the end of this document. **Do not complete these forms in advance.**

TREATMENT EXERCISE

You are expected to follow the full Process of Care (A.D.P.I.E), which includes conducting a comprehensive assessment, formulating a Dental Hygiene diagnosis, and developing an appropriate treatment plan. Your responsibilities also include implementing the treatment plan—typically involving a full debridement—providing oral hygiene instructions, and performing any necessary evaluations of the treatment provided.

CLINICAL COMPETENCY EVALUATION SCHEDULE

Candidates should plan to be at the evaluation site for approximately four hours, and the evaluation itself is three hours.

The pre-examination setup period is one hour and includes presenting identification, changing into clinical attire, orientation to the facility and review of emergency protocols, as well as operator orientation and setup. During the three-hour examination, candidates are expected to present completed consent and medical history forms, record blood pressure readings, and perform extra- and intra-oral assessments, hard tissue and periodontal assessments, and debridement.

Before beginning the CCE, present the client's signed consent form and completed medical history to the evaluator. The evaluator will provide all other client record dental assessment forms. **Client assessment cannot be completed in advance.** Mounted radiographs may be brought to the evaluation (if available); however, radiographs are not mandatory. A dentist will be available to prescribe radiographs if needed and if they determine they are necessary and indicated by the client's condition/history as per RCDSO Guidelines.

CLINICAL COMPETENCY EVALUATION

You are expected to self-evaluate and complete the client record, including the location of any remaining calculus deposits and the condition of the client's tissues. All procedures must be completed within the allotted three hours. You will be asked to wait in the reception area while the evaluator completes their evaluation of your clinical performance. You will be asked to remain in the reception area until you are notified to return to the clinic to dismiss your client and clean your work area.

There are no scheduled breaks during the CCE. You may take a few minutes away from the client to use the washroom or for light refreshment. You must notify your evaluator before leaving the clinic.

Once the client has been dismissed, please make sure that the unit is clean, the chair and countertop have been sprayed with disinfectant and wiped, all barriers have been removed, garbage has been emptied, and the walls are free of splatters. The lines need to be flushed and the line cleaner needs to be turned off before leaving. It is expected that you leave the unit spot-free, disinfected, and ready for use. This will be assessed as part of the CCE.

CLINICAL COMPETENCY EVALUATORS

CCE evaluators have at least three years' clinical Dental Hygiene experience and have experience in teaching and evaluating the performance of Dental Hygiene students in an accredited program. All evaluators participate in training sessions and participate in calibration exercises conducted by CDHO. All evaluators are calibrated to recognize entry-to-practice competency.

EVALUATION PROCESS AND CLIENT RECORDS

You will be evaluated on your ability to demonstrate entry-to-practice competency in the following areas:

- Client selection
- Case management
- Infection control
- Record keeping
- Adherence to the process of care

You may review the [Clinical Competency Evaluation report template](#), which provides details of the criteria used to complete the evaluation of the work environment and chart audit. Treatment must be provided in a manner that complies with all CDHO Standards, Regulations, Guidelines and the Code of Ethics as described in the relevant documents. The evaluator will retain the complete client record from the evaluation and submit it with their report. Following processing of the report, the record will be transferred to a healthcare provider if requested in writing by the client. Otherwise, the client record will remain as part of the applicant's registration file.

RESULTS

The evaluator's report will be emailed to you within four weeks of the CCE. CDHO **will not** release results over the phone. Following receipt of the evaluation report, your results, along with any written submissions you may choose to make, will be reviewed by the relevant CDHO department or committee.

HEALTH AND SAFETY INFORMATION

Oxford College maintains all required safety equipment, and policies, procedures and protocols for medical emergencies and infection control. Please familiarize yourself with these [policies, procedures and protocols](#).

PRIVACY

All records created during the CCE are retained by CDHO in accordance with its [Privacy Policy](#) and applicable retention schedules.

CLINICAL COMPETENCY EVALUATION FORMS

The following forms are exact duplicates of those to be used during the Clinical Competency Evaluation. Feel free to print and use the health and dental history form and the client consent form. All other forms will be provided by the evaluator during the evaluation.

- [Health and dental history form](#)
- [Consent form](#)
- [Hard tissue and periodontal charting guide](#)
- [Hard tissue and periodontal assessment form](#)
- [Extra- and intra-oral assessment form](#)
- [Record of deposits](#)
- [Progress notes](#)
- [Clinical Competency Evaluation report template](#)
- [Verification Checklist and Functionality of Unit Consent](#)