
 Council on Licensure, Enforcement and Regulation
2011 Annual Educational Conference




Implementing Scope Changes: Lessons Learned

Pittsburgh Pennsylvania

Presenters: Stacy Mackie, RDH
Ann Eshenaur Spolarich, RDH, PhD
Presented on behalf of the
College of Registered Dental Hygienists
of Alberta (CRDHA)


Promoting Regulatory Excellence

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Learning Objectives

1. Understand how to work within existing legislative framework to extend the scope of practice.
2. Utilize regulatory guidelines in the formation of an innovative credentialing program, including curriculum development, certification and licensure, and continued competence.
3. Learn how to identify and define the necessary competencies that define safe and prescribing behaviour and risk assessment/management.

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Learning Objectives

4. Formulate a curriculum model that facilitates self-study and independent learning.
5. Discuss various forms of evaluation used to measure related outcomes, including process, product and program evaluation.
6. Appreciate the importance of developing a data collection plan at the onset of the project to ensure ongoing program evaluation to modify the curriculum as needed; process evaluation to improve program management; and product evaluation to assess the impact of this service on the community.

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PROGRAM OVERVIEW
Stacy Mackie, Deputy Registrar


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Terminology

- “College” of Registered Dental Hygienists of Alberta (CRDHA) is not a “school of dental hygiene”
- CRDHA is a “regulatory organization”
- Dental hygienists who want to practice dental hygiene in Alberta must be registered with us
- Registered dental hygienist (RDH) is the title we use in Alberta = licensed or certified


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Alberta Legislation “Advantage”

- Government involves other health professions (dentistry, medicine, pharmacy), educational institutions, industry, members of the profession
- No “exclusive scopes of practice” - a specific task (use of stethoscope) cannot be limited to only one profession
- Government authorizes Councils to determine criteria for testing, credentials and certification of their own profession


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Alberta Legislation “Advantage”

- Each profession determines its own “competencies” (defined “knowledge, skills, attitude & judgment”)
 - Must be reliable, valid, and evidence-based
- Competencies must be part of formal education
 - Without these competencies, government would have said prescribing status is an **expansion** of existing scope of practice, which needs a different approval
- Dental hygiene, like all health professions, has input on the minimum standards for education in Alberta (both public and private)


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What would happen if dental hygienists could open their own practices?

- If dental hygienists could open up independent practices or provide services in nursing homes ⇒ increase access to dental hygiene care
- What changes would need to be made to allow dental hygienists to provide the same services to clients in these new practice settings?


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Legislation Change

- Dental hygienists would need the authority to prescribe the drugs routinely used in dental hygiene practice
- Dental hygienists have the fundamental knowledge and experience to identify the need for drug therapy and identify appropriate agents
- Adding prescription authority is a natural extension of what was already occurring in practice


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Legislation Change Process

- Worked with government and stakeholders to help them recognize that dental hygiene education prepared dental hygienists to safely make all the decisions around prescribing these drugs — *stakeholders included the regulatory bodies of the Physicians & Surgeons and the Pharmacists*
- All the decision making processes were in place: what was necessary was to ensure that they were aware of the regulatory requirements for issuing prescriptions

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Legislation Change

- Therefore, it was logical to include prescribing authority in the new regulations
- A list of prescription drugs used to support dental hygiene practice was identified
- These drugs are used for the prevention and treatment of oral disease and managing medical emergencies that occur in the dental setting


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Drugs listed in the Regulation

- (i) antibiotics
- (ii) antifungal agents
- (iii) anti-infective agents
- (iv) antiviral agents
- (v) bronchodilators (for medical emergencies)
- (vi) epinephrine
- (vii) fluoride
- (viii) pilocarpine (for dry mouth)
- (ix) topical corticosteroids


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CRDHA's Role

- Once in the regulations, CRDHA was able to determine the procedure that dental hygienists must complete to be authorized to prescribe drugs
- The final result — the dental hygienist would be issued a Prescriber's ID number from CRDHA

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Components of the Credentialing Program

52 Competencies previously identified led to ↓

- Curriculum development
- Certification and Licensure Process
- Continued Competence


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What are the goals?

- *Safe, effective prescribers*
- *Ensure a standard level of knowledge regardless of educational background or years of experience*
- CRDHA Council determined that dental hygienists "must pass a Council approved Pharmacy Course"


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Prescriber's ID Program

- Self-paced, self-study course includes:
 - Mandatory Assignments
 - Final Examination
- Once successfully completed - apply for Prescriber's ID number through the CRDHA
- CRDHA issues a Prescriber's ID number and informs Alberta College of Pharmacists (ACP)

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Course Development: Project team

- To do this project well, we required many experts
 - instructional designer
 - content experts
 - graphic designer and illustrator
 - reviewers (dentists, pharmacists, dental hygienists, addiction specialist, educators)
 - psychometricians and exam writing experts
 - faculty support (pharmacologist)


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Design and Development: Who will take this course?

- Open to all registered (certified) dental hygienists **anywhere** in Alberta
- New graduates to 50+ years experience
- Variety of practice settings: community or public health, private practice, long-term care facilities (nursing homes), stand-alone dental hygiene clinics, home health care


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Design and Development:
What is their knowledge level?


- Must assume a basic background knowledge in pharmacology, physiology, anatomy, communications, etc.
- Course CANNOT teach the entire dental hygiene undergraduate curriculum again
- Certain individuals may require review before taking the course ⇒ requires self-assessment

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Design and Development:
What are the necessary competencies?

- Looked at the Alberta specific competency profile for practicing dental hygienists
- Looked at competency profiles for other prescribers e.g., physicians, nurse practitioners, dentists, affiliate prescriber programs in the UK

 *Competence is the “combined knowledge, skills, attitude, and judgment” required to provide professional (dental hygiene) services.*


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Design and Development


- Competencies led to the content of the modules and the learning objectives
- All the critical competencies and learning objectives are tested in the final examination
- Examination Blueprint developed
 - provides explicit instructions and guidelines on how the competencies are expressed within the examination

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PROCESS EVALUATION


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Process Evaluation

- Scope of the project
- Accuracy of the content
 - Method of developing content
 - Ongoing review process
- Instructional design elements
 - Key educational strategies that foster learning


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Scope of the Project


- Determining the project components
 - Self-paced course
 - Assignments (included in the course)
 - Examination (separate from the course)
- Scope of the course
 - Modules
 - Learning objectives
 - Key learning points (goals)

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Prescriber's ID Program

- Self-paced, self-study course includes:
 - 7 Modules
 - Mandatory Assignments
 - Final Examination
 - Offered electronically and on paper
 - 85 questions = supplied response and case-based questions
 - Assess *knowledge, application* and *critical thinking* skills on 52 competencies from Alberta's dental hygiene competency profile
 - Score of 80% required to pass

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Self-Study Modules


Module 1	Professional Accountability, Collaboration, and Communication
Module 2	Decision-Making Related to Medication Use
Module 3	Principles of Pharmacology
Module 4	Drugs Used in Dental Hygiene
Module 5	Risk Management, Drug Errors, and Medical Emergencies
Module 6	Issuing a Prescription
Module 7	Storage, Disposal, and Labelling

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Scope Challenges

- Topics are interrelated
- Level of detail
- Cannot teach entire dental hygiene program


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Method for Developing Content

- **Content experts** ⇒ write and review first draft of contents (one module at a time)
- **Instructional designer** ⇒ edit and restructure content; ensure accuracy; deal with changes in the content
- **Content experts** ⇒ review and edit
 - Cycle continues until content is approved


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Method for Developing Content

- **Graphic designer** ⇒ layout content
- **Content experts/instructional designer** ⇒ review and edit
- **Graphic designer** ⇒ make changes
 - Cycle continues until content is approved
- **Printer** ⇒ print multiple copies of final version for learners


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Instructional Design Elements

- The course is designed to be printed (not delivered as web-based training), and it must act as both the teacher and resource material
- Requires a unique instructional design approach ⇒ self-paced learning
 - Learners control the pace of the learning ⇒ self-motivated, active, and responsible for their learning
 - New learning format ⇒ most learners may not have learned this way before


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Design Elements


- How does the instructional designer restructure content?
- Must restructure the content to provide the learner with **action** and **reflection**
- Used eight different design elements

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Facts and informational text

2. Health History Questionnaire




Direct Client Observation
The health history questionnaire is a legal document that the client completes during the initial dental hygiene visit. The questionnaire is used to obtain further information regarding the client's physical and oral health status, the drug profile (pharmacologic history), determinants of health, and risk factors.


Health History Questionnaire
Note: The health history questionnaire (which is completed in the assessment phase of the *Dental Hygiene Process of Care*) does not reflect the client's consent to receive dental hygiene services. Informed consent for the proposed dental hygiene services (care plan) is obtained from the client during the planning phase.

Follow-Up on Health History Questionnaire

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Did You Know?




Researchers studying medication errors in special populations, such as children and seniors, have found that the frequency and severity of adverse drug reactions are higher for these populations than for the general public.

- Shown in the margin beside text
- Acts as a stop sign about something in the text
- Used to draw special attention to a fact

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Practice Tip




Advise your clients to request a personal medication list from their pharmacist. This is beneficial for their own use, but is also helpful for completing the health history questionnaire.

- Shown in the margin beside text
- Suggests how the learner can apply the information on the job
- Guides the learner to take action

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Tip and Text




Advise your clients to request a personal medication list from their pharmacist. This is beneficial for their own use, but is also helpful for completing the health history questionnaire.

2. Health History Questionnaire


The health history questionnaire is a legal document that the client completes during the initial dental hygiene visit. The questionnaire is used to obtain further information regarding the client's physical and oral health status, the drug profile (pharmacologic history), determinants of health, and risk factors.

Note: The health history questionnaire (which is completed in the assessment phase of the *Dental Hygiene Process of Care*) does not reflect the client's consent to receive dental hygiene services. Informed consent for the proposed dental hygiene services (care plan) is obtained from the client during the planning phase.

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Pause & Reflect #1




In the last month, can you recall clients who:

- Demonstrated unhealthy behaviour that may affect their process of care?
- Asked you about natural health products?

- Shown in the margin beside text
- Used to draw attention between the text and the learner's current practice
- Asks the learner to consider and reflect

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Pause & Reflect #2


- Not in the margin
- Provides lines for the learner to write notes
- Answers are not provided

Does your work setting have a drug error management program? If not, explain why. If you have a program, where is the information about the program located?

PAUSE

REFLECT


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Persona

- Fictional people who represent the variety of learners
 - Age; Personal situation; Education; Job experience; Job description; Expertise; Work environment; Telling quotes; Scenario
- Four personas are used in this course
- Used to relate to the learner
- Learners can see themselves doing the job

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DENTAL HYGIENIST: MAUREEN O'MALLEY

Age: 57

Personal situation: Married; 2 grown children; one grandchild.

Education: 1973 AB dental hygiene diploma graduate. 1999 I.a. from U of A. 2007 – successfully completed prescriber's course and received prescriber's ID number.

Job experience: 27 years of experience (took some time off to raise kids); worked as a dental assistant for five years prior to entering into the dental hygiene program (no formal training, on-the-job only).

Job description: Provides dental hygiene therapy to a total of 110 residents of two continuing care facilities. Maureen also provides denture labelling to all residents who require it upon entering the facility. Upon entry, each resident is provided with an individualized oral care plan. Maureen also provides staff in-services to the nurses (RN) and licensed practical nurses (LPN) that will be providing the residents with their care. Maureen is part of an interdisciplinary team that includes nurses, geriatricians, dentists, occupational therapists and physical therapists to help ensure that all residents receive optimal overall health care. In addition to working at the facilities, Maureen also works at a private practice two days per month.


Expertise: 1973 AB dental hygiene diploma graduate. Local anaesthetic 1999 U of A. Dental hygiene prescriber.

Work environment: Two continuing care facilities in small town east central Alberta. One dental office.

Telling quote from Maureen: "I am very fortunate to have terrific working relationships with the geriatricians and nurses of these residents; however, I feel my ability to prescribe will allow me to provide necessary treatment adjuncts, such as chlorhexidine, to my clients in a more timely manner, without




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Scenario

- Move learners from comfort (what they know) to discomfort (what they don't know)
- Applies the knowledge in a realistic situation
- Must apply the new knowledge and use critical thinking to solve a problem
- Answers are provided at the back of each module

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95% of glaucoma cases are open-angle. Narrow-angle (angle-closure) cases have contraindications for certain drugs. When in doubt, check it out!

Assessing Mr. Rossini's Adverse Reaction

Maureen's client, Mr. Rossini, is 67 years old. The following are stated on Mr. Rossini's health history:


- glaucoma (open-angle)
- eye drops for glaucoma (Isopto® Carpine 1%) 3 to 4 times per day in each eye
- BP: 126/85
- 220 lbs.
- No known allergies

Maureen administers 1 carpule citanes® forte to her client Mr. Rossini. While scaling, she notices that Mr. Rossini is starting to break out in a red rash on his arms and neck. He also complains of itchiness.

What steps should Maureen take to handle this reaction? On the lines that follow each paragraph, identify the step for managing the adverse reaction. (Hint: See page 5-23.)


1. "Mr. Rossini, I'm just going to sit you up slowly and see if I can determine what's going on." Maureen discontinues providing further dental hygiene services and evaluates the adverse reaction. She assesses the ABCs (Airway, Breathing, Circulation). Mr. Rossini doesn't report any problem with breathing.

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Resources

- Requires the learner to use other materials (e.g., Drug Reference Handbook) to answer questions
- Guides the learner to take **action** as they would need to do on the job




Adverse Drug Effects (Question 2)

Kristen refers to a drug reference guide to identify the more common adverse effects for the medications that Mrs. Ascott is taking.

Now it's your turn! Use one of your drug reference guides and write down the more common adverse effects for the following medications.

Drug and Classification	Adverse Effects
nifedipine (Adalat®XL) [®] (calcium channel blocker)	

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Hand-In Assignment


- Always shown how to complete the task (e.g., in a scenario)
- Marked by CRDHA course administrator
- Required for course completion (mandatory)

REQUIRED ASSIGNMENTS FOR COURSE COMPLETION

IMPORTANT: In order to receive permission to write the exam for this course you must first submit the following to CRDHA:

1. **Completed Canadian Adverse Drug Reaction Monitoring Program form for Health Canada:**
Complete the form in the Hand-In Assignments tab based on the following client information:
Client Information: Male, 13 years old; 60 kg, 5'6"
Chart #4A41ZZ
Health History: Penicillin Allergy
Heart valve replacement (at 10 years of age)
Prone to infections
Physician recommends premedication due to client's high risk for bacterial endocarditis. Has taken Azithromycin before without incident.
Prescription: Azithromycin 2 - 250 mg tabs to be taken 1 hour before dental appointment. NovoAzithromycin 2 - 250 mg tablets (LOT #345) was dispensed at pharmacy. (Hint: Use the Health Canada Drug Product Database to find the name of the manufacturer).
Reaction: Angioedema, stridor → occurred during dental hygiene appointment SEVERE ALLERGIC REACTION.


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EVALUATION

Ann Eshenaur Spolarich, RDH, PhD


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3 Components to Evaluation

- Process Evaluation
- Product Evaluation
- Program Evaluation


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Process Evaluation

- Process evaluation is a *dynamic* activity that is *ongoing* throughout the development of the project
- Allows for continuous feedback to ensure that the project is proceeding as planned
- We reviewed the key aspects of process evaluation for this project
- Now I will address other relevant aspects of evaluation


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What types of evaluation are used during and after project implementation?

- Product evaluation
- Program evaluation
- Planning to conduct these aspects of evaluation actually begins at the conceptualization of the project:
 - What do we want to know about this project and its participants when the project is complete?


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Product Evaluation


- This aspect of evaluation uses specific *metrics* that reflect *outcomes* of the program
 - Characteristics of participants
 - Time needed to complete the self-study course
 - Success rates for passing the assignments and examination
- These outcomes are measured *longitudinally* to gather and track data that support the program
- Data is used to identify specific program components that may require modification at re-evaluation
 - Data will be shared at Conference

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Setting Defensible Passing Scores


- The bar has been set high (80% pass mark for final exam)
- Must pass all written assignments to be eligible to sit for the exam (75% pass; alternate assignments are given if unsuccessful first attempt)

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Program Evaluation

- Assesses the overall value and impact of the program on dental hygiene practice and the quality of care provided to the community served
- Encompasses many aspects of evaluation:
 - Quantitative assessment
 - Qualitative assessment


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Program Evaluation — Quantitative Assessment Examples

- Patterns of behaviors of dental hygienist prescribers
 - What drugs are most frequently prescribed?
 - Does the setting influence the type of drugs that dental hygienists prescribe?
 - How do characteristics of the client population influence types and numbers of drugs prescribed?
- Access to care issues
 - In what settings are dental hygienist prescribers most frequently employed?
 - How many clients received services from a dental hygienist prescriber?
 - What services did clients receive?


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Program Evaluation —
Qualitative Assessment Examples

- Prescriber evaluation after successful completion of the program
 - Do they value their new prescribing responsibilities?
 - Do they feel adequately prepared to prescribe?
 - Do they have confidence in their skill level?
 - Are they still practicing the way they were taught?
 - Are there any areas in which they feel inadequately or improperly prepared?


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Program Evaluation —
Qualitative Assessment Examples

- What effect have dental hygienist prescribers had on the community that they serve?
- What are the perceptions of other healthcare providers about dental hygienist prescribers?
- How do dental hygienist prescribers actually comply with the regulations that define this aspect of dental hygiene practice?


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What makes this program so different?

- No teacher — instructional materials must be written as both the resource and as the teacher
- Quality Assurance — every aspect of the program is based upon the practice standards and competencies set forth by the regulatory organization (CRDHA)
- Practical — program is designed to meet the needs of actively practicing dental hygienists


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What makes this program so different?

- Program allows participants to address their fears and to ask questions in a safe environment
 - Create learning activities that create discomfort for learners by placing them in real world “feared/uncomfortable” situations, which allow participants to safely explore, confront and overcome their fears through active learning
 - Influences design of activities and evaluation strategies
- Program design challenges participants and allows them to succeed, so that they are held “capable” versus simply accountable


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Issues of Continued Competency

- Ongoing support throughout the program and afterwards is critical for maintaining success
 - Learning activities in the modules
 - Resources: texts, drug databases, website support
 - Workshops
 - Articles in professional publications
 - Teleconferencing
 - Guidance from project personnel


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Factors for Consideration

- Changes in political arena and legislation may require changes in the program
- Participants accept the increased responsibility as a dental hygienist prescriber
- Paper or electronic course format
- Flexibility of learners, experts, and organization
- Coordination of the work effort of many people on one project
- Communication with all experts; distance
- How do we keep the momentum going after the initial novelty of the program wanes?


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What can we learn from this project?

- Success requires careful planning from the beginning - project conceptualization
- Using a team of individuals with diverse areas of expertise brings greater quality to the program
- Allies from other health disciplines and regulatory organizations help to ensure success

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CURRENT DATA

More data from both the exit survey (product evaluation) and the annual survey (program evaluation) will be shared at the CLEAR Conference

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Participant Profile n = 64 (as of Aug 17, 2011)

Sex: 96.87% are female (n = 62)

Average age: 40.17 years

- range = 25 - 60 years
- median = 40 years

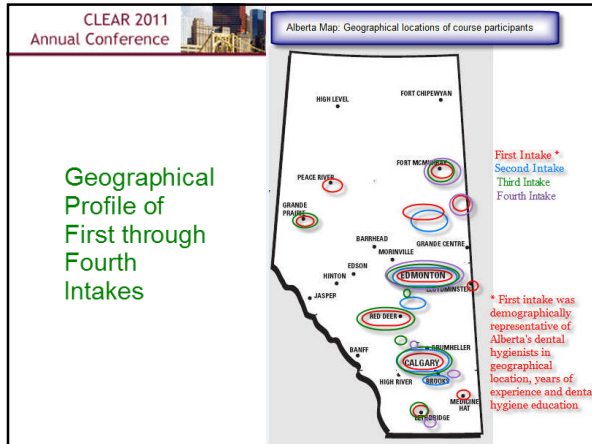
Average number of years in practice: 13.86 years

- range = 2 - 38 years
- median = 13 years
- mode = 6 years

Average time to complete program: 10 months

- range = 5 - 14 months
- median = 10 months
- mode = 12 months

Note: 3 graduates no longer hold a prescriber's ID — moved out of province or are no longer practicing as a dental hygienist



Geographical Profile of First through Fourth Intakes

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Annual Survey Results n = 25

- All dental hygienist prescribers who had been prescribers for at least 5 months were invited to participate in completing the annual survey to assess their practice behaviours
- 46.29% response rate


Details on the survey analysis will be provided at the CLEAR Conference

Richelle Beasley, RDH, Dental Hygienist, prescriber, LACAZDA, RCHM

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Graduates from the Program

July 2008 – start of 1st intake	As of Aug 17, 2011
March 2009 – 2nd intake	<ul style="list-style-type: none"> 70 have successfully completed the course 64 dental hygienists have been issued their prescriber's ID number <ul style="list-style-type: none"> 3 people moved or retired and no longer hold Prescriber's ID 3 had not yet applied for prescriber's ID
March 2010 – 3rd intake	
May 2011 – 4th intake	

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Practice Settings of Current Prescribers
(n = 64)

- 100% are employed in practice
- 77% practice in an urban setting (n=49)
- 64% work solely in a private dental office (n = 41)
 - 8 educational institution
 - 9 own stand alone dental hygiene practice
 - 3 owns mobile dental hygiene practice
 - 1 community health setting
 - 2 hospital setting



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