Planning advanced skills workshops to promote Certified Dental Assistant retention in British Columbia - The autoethnography of an 'impostor'

EDUC 904

Simon Fraser University - Faculty of Education

MEd Post-Secondary, VCC Cohort

"Fieldwork"

Professor: Dr. Michael Ling

Student: Kathryn Truant

Student ID: 301414773

Date:

November 25, 2021

Table of Contents:

Abstract:

In considering the context and conditions of my vocational domain as a Certified Dental Assistant (CDA), this autoethnography offers evidence that CDA's are not finding sufficient *meaning* in their work. This self-study explores reasoning for professional attrition, employs evidence-based qualitative research (supportive literature, a case study, and a CDA survey), and proposes a solution: design advanced skills workshops to foster retention and sustainability from a solution-based approach. I use a *Self, Context & Conditions, and Practice*[1] model, as illustrated in *Figure 1*:

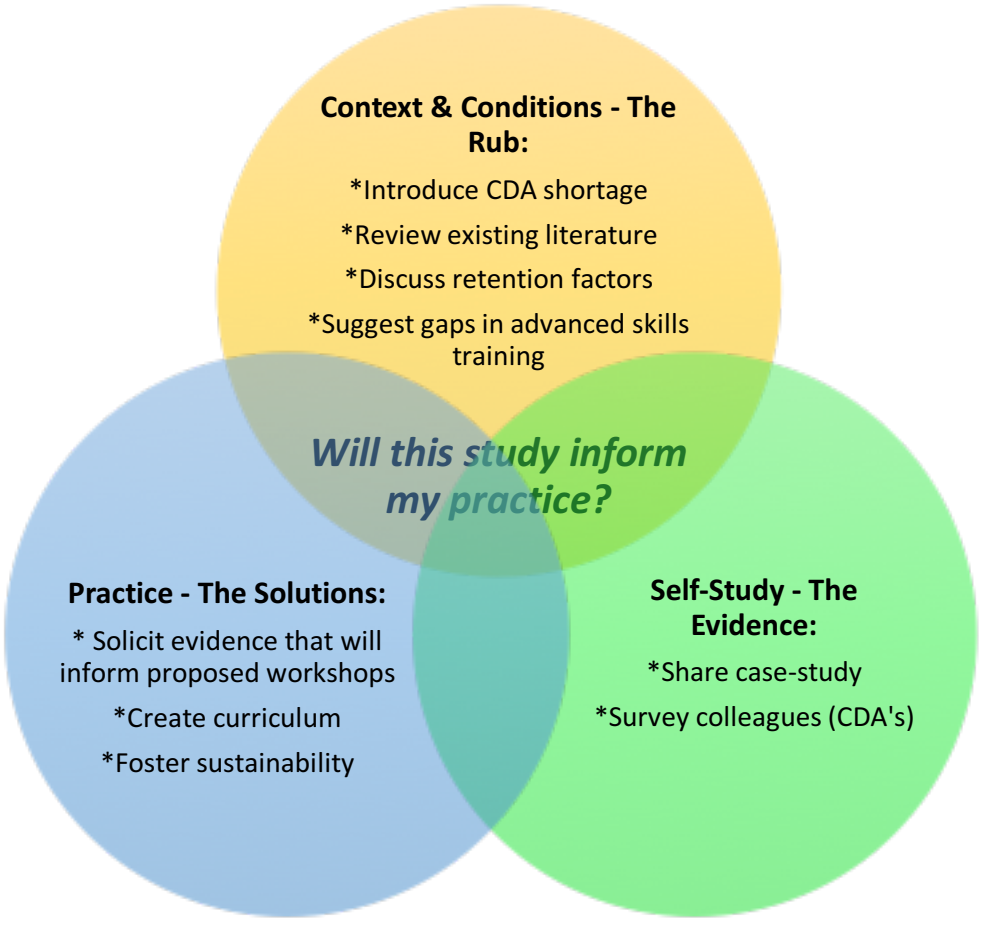


Figure 1

1 From Ling, EDUC 833 Course Outline, Fall 2021

Throughout this study, acronyms for the regulatory bodies and professional associations of the dentists and CDA's are used. For clarity, *Figure 2* illustrates the abbreviations and hierarchal structure:

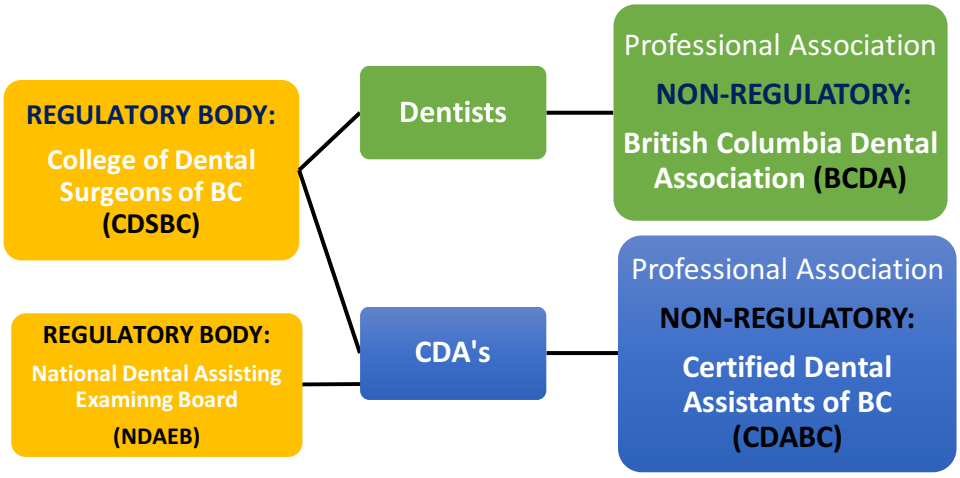


Figure 2

I am a CDA, and a CDA educator at Okanagan College. Great care was taken in this study to ensure integrity. In, *How to Write a Thesis* (2015), Umberto Eco does not fully endorse writing a thesis on "direct social experience" (p. 32), which he deems to be 'political,' as opposed to a 'scientific'. "But suppose the person who asks the question is a student in crisis, one who is wondering about the usefulness of [their] university studies" (p. 32). I share Eco's concerns in writing a political thesis for fear of supporting my own preconceived opinions. "A political thesis in particular risks superficiality for two reasons. First, unlike a historical or philological thesis that requires traditional methods of investigation, a thesis on a specific current social phenomenon often requires the student to invent [their] methodology . . . Secondly, a political thesis risks superficiality because . . . [of] purely theoretical statements" (p. 34). Eco purposefully suggests "consulting 'serious' works on similar topics" (p. 35) to validate research. I emphatically stand behind the research methods used to inform this study.

Introduction:

There is a documented shortage of CDA's in British Columbia (BC), and nationwide (Hunter, 2020). This autoethnography looks at the shortage in BC, through a *retention* lens. There are eight accredited institutions in the province that offer dental assisting programs, and waiting lists are common - the profession is "in-demand" (Government of BC, 2021). It is also important to note that the ratio of dentists to CDAs in BC is 3800:6600 - less that 1:2 (CDSBC, 2021). A productive dental practice employing a single dentist requires a *minimum* of two CDA's, and the skill level of the CDA's must be considered (Conrad, Lee, Milgrom, & Huebner, 2013).

I argue that while the institutions are adequately filling the void in educating CDA's with foundational skills, it is not a lack of training facilities, rather, it is the retention factor of practicing CDA's that accounts for the shortage. The point I highlight in this self-study, is that retention is accountable for the shortage, *in direct relation with individual skill level*: that is, the self-efficacy or advanced skills of the practicing CDA.

There is a paradox as well: dental practices that are experiencing a shortage of adequately skilled CDA's tolerate a lack of advanced skills in their current CDA's *because* of the shortage. Moreover, if dental assistants do not feel valued - or if they are not finding sufficient *meanin*g in their practice, they are leaving the profession (CDSBC, 2018). This study views retention factors, and addresses the CDA shortage[2] from a solution-based approach. I look at methods that improve the quality of a dental assistant's practice, and aim to advance the quality of services that the profession intends to provide.

[2] It is relevant to mention that there was a CDA shortage prior to the pandemic, and COVID-19 has acerbated it. Therefore, I will not discuss COVID's broad implications.

Section One:

Context and Conditions - Part One:

"Sometimes I go about in pity for myself, and all the while, a great wind carries me across the sky"

(Ojibwe Saying[3])

At the onset of this Master of Education (MEd) program, I was struggling with self-worth and efficacy as a CDA, while at the same time, experiencing a personal and professional renaissance. I love what I do, but workplace circumstances were forcing me to consider a change in profession. A trusted colleague suggested I become a CDA educator. Here is a brief excerpt from the annotated bibliography that I wrote in the first semester of this MEd program:

> I believe the sole purpose of our existence is to help each another. I help people, and not only for intrinsic rewards; I help people because it is the right and decent thing to do. This is the reason I became a CDA. I will not go into detail regarding my 'workplace circumstances' because it is not helpful at this stage. I am *trying* to move forward, and I have a lot of unanswered questions. Specifically: *What can be done to improve workplace conditions for Certified Dental Assistants*? (Truant, 2020).

My example is not isolated, and I share my experience to provide authenticity. It is also important to note that the number one reason that people enter the CDA profession is to "help people" (CDABC, 2018).

[3] The Ojibwe are an indigenous tribe in Eastern Canada and the Eastern United States. I could not find the author of this quote.

In the Spring of 2019, when I decided to pursue an MEd, my goal when I wrote my letter of intent was to address the critical shortage of dental assistants in the province, by exploring effective ways of expanding dental assisting programs. I have since been afforded the opportunity to reflect on my own perceptions, particularly to confirm a qualitative and trustworthy study. My approach within my vocational and educational domains has shifted (or evolved) to address the culture and conditions that are *contributing* to the shortage, and offer concrete solutions based on research. A strong case in point is that our license to practice is not regulated by our own professional association[4]. CDA's are regulated by the dentists[5].

A conflict of interest occurs when employers regulate their employee's professional body. I believe that this is one reason that CDA's are not consistently finding meaning in their work, and many are not continuing in the profession. Dentistry cannot happen without dental assistants (the opposite is also true). The Canadian Dental Association[6] published a recent article about the 'real' reasons for the Certified Dental Assistant 'attrition' in the workplace stemming from the results of a 2018 Statistics Canada survey on harassment in Canadian workplaces (Hango & Moyser). The article discusses working conditions and acknowledges that the dentists need to, "create a healthy working environment that values all team members' contributions to oral health care, [and] ensure a collegial and kind culture that supports staff and reduces stress" (CDA Essentials, 2020, p. 12). This seems exceedingly obvious in any

[4] Certified Dental Assistants of British Columbia (CDABC) is a non-regulatory professional association. Membership is voluntary.

[5] College of Dental Surgeons of British Columbia (CDABC) is the regulatory body for CDA's and dentists. Membership is mandatory.

[6] Another CDA acronym. I refrain from digressing on the confusion this causes.

profession. The article concludes with the following statement, “it is less expensive to invest in the employees that you already have, and encourage retention, compared to having to replace them” (p. 12). This statement, again, offers no tangible or concrete solution in my opinion. Why are dental assistants not being given the safe and respectful work environments that they deserve? *What can we do differently*?

This autoethnography begins by considering the CDA shortage in Canada. There is also a shortage in other countries, however, I choose to look at domestic elements before I broaden my horizons. I liken it to looking at a micro-environment to determine if this is common only to Canada or if it is a global issue. I narrow my focus further by studying the critical provincial shortage, and will draw on Canadian statistics in the absence of provincial data. I use the word *critical* above because the ramifications of the shortage involve dentists hiring assistants ‘off the street[7]’ and training them, without formal education or certification. How would a patient know if the person taking their children’s x-rays, or assisting in their surgery is an educated professional? Other ramifications of the CDA shortage include lack of mentorship for new graduates in practice, and an increased workload.

The validity of this autoethnography demands that I view the CDA shortage from the perspective of CDA’s, while *briefly* considering the perspective of the dentists.
My licensing body, the CDSBC, is addressing the CDA shortage in questionable ways. The CDSBC is actively supporting the hiring of dental assistants (DA’s) that have NOT received formal education or training. They reason that, “most new graduates still have a lot to learn and require extensive onsite training in practice to really get up to speed,

[7] ‘Off the street’ is an idiom. In this context, it refers to a person that enters a profession without any prior knowledge.

so whether you hire a DA or a new CDA, you're committed to training time" (Wolanski, 2018, p. 21). I appreciate that the dentists in BC are addressing the shortage, although I do not agree with their documented stopgap methods to rectify the situation, specifically, hiring non-certified (un-trained) staff to fill the role, and training them on-the-job without crucial theory or background knowledge (BCDA, 2021).

The notion of hiring non-certified DA's goes beyond the CDSBC. The BCDA is the dentist's professional association. The BCDA publishes monthly journal articles in *The Bridge*[8]. As a CDA, I do not have access to *The Bridge* - it is for dentists only. I emailed the BCDA and requested access to any articles on the CDA shortage, and they kindly shared one entitled: *Could the shortage of CDAs have anything to do with dentists?* (Gould, 2017). I am frustrated that I cannot access a more current article from the BCDA to support my study, yet, Gould suggests that the dentists are concerned, and that the shortage has been going on for some time (see *Appendix 1*). Besides, this article is about CDA's and I will emphasize their experiences.

Contexts and Conditions Part Two:

> "The indexical rub of learning, that initial friction or resistance felt when meeting a new experience" (Campbell, 2016, p. 4).

So, what is my 'indexical rub'? This autoethnography has looked at the dentist's viewpoint regarding the CDA shortage. But, what does the shortage look like as a CDA? Two retention factors from a CDA perspective, that are highlighted and attributed to the shortage, are reported in a 2018 CDABC employment survey (CDABC, 2018); the factors are: poor climate in the workplace, and unsatisfactory working conditions (see

[8] The Wolanski, 2018 article is an example - I got access to it because a print copy was left on my employer's desk, and I asked permission to review it

Appendix 2). The results of the CDABC survey appear to corroborate with what the dentists are saying in the above-mentioned Canadian Dental Association article (CDA Essentials, 2020). I believe that it is poignant to note that the Canadian Dental Association claims that 99% of the CDA participants were female in the Statistics Canada survey.

Gender imbalance is not my entire rub - it is an important aside, and I am compelled to include the above-mentioned gender data from the Statistics Canada survey. The oppression of women in a historically male dominated profession cannot be omitted, so I will go off on a bit of a tangent - Nineteenth century philosopher, John Stuart Mill, wrote *The Subjection of Women* in 1869. His elegant prose does not disguise his contempt for "the principle which regulates the existing social relations between the two sexes - the legal subordination of one sex to the other" (Mill & Ryan, 2007, p. 133). Of course, it is no longer legal to regulate oneself over another based-on gender. However, this stage of my research teeters[9] on genderizing the issue of workplace conditions in the dental office. Perhaps the reason that dental assistants are struggling to find sufficient meaning in their work is because they have been de-valued by "deeply rooted . . . old institutions and customs" (Mill & Ryan, 2007, p. 134). The 'glass ceiling'[10] has been broken in many previously male dominated professions over

[9] I love the word 'teetering' because it is dynamic!

[10] The glass ceiling is an unofficially acknowledged barrier to advancement in a profession, especially affecting women. In 2019, as per the American Dental Association (ADA), 33.4% of dentists are female (I couldn't find Canadian statistics). In 2020, as per Canadian statistics, 99% of dental assistants are female. Interestingly, I have never met a male dental assistant, but I know they exist.

the past 150 years. For example, female dentists, while not the majority, have become the norm. Nonetheless, dental assisting remains a female profession.

Dental assistants are predominantly female; less than 1% are male (WorkBC, 2020). My extensive experience as a CDA taught me to 'be a good girl,' assist the dentist, and to never question the authority of the dentist. Historically, this was the culture. The CDA Essentials (2020) article mentioned above is proof that dentists are acknowledging an imbalance. The culture is improving *due* to a shortage of dental assistants. Dentists are recognizing the value of their individual assistants, and are shying away from the old culture with its customary top-down structure that enables oppression (Mill & Ryan, 2007).

My elocution on CDA gender imbalance explores workplace context and resulting unfavourable conditions - it is significant, and worthy of further exploration - but gender inequality is an entirely separate argument, and one that deserves more examination than this study can provide[11]. After all, an academic argument's aim is to "change the perspectives of a community of readers" (C. Campbell, Zoom communication, Feb 10, 2021), and once the argument has become generally accepted, we move on to avoid unnecessary redundancy. Many thanks to John Stuart Mill for so eloquently illuminating the oppression of women. Moreover, as explained in the introduction, the aim of this self-study is solution-based, and recruiting male CDA's is not the solution that my research solicits, nor is educating dentists to be kind to their employees.

[11] How much time do you have? Perhaps I will expound on this in print in the future, but for now, I cannot digress.

This study looks at tools: motivational tools, tools to advance skills for CDA's to be precise, and tools for the dentists to retain and motivate their employees by supporting opportunity for advanced skills education.

Okay; back to my real 'rub'. Oppression comes in different forms. Often, oppression occurs in the most subliminal ways; some of these 'ways' are based on assumption and canonical arrogance, while some are illuminated by individuals who have been oppressed. Paulo Freire, a philosopher of education, wrote *Pedagogy of the Oppressed* (1970) on the oppressive nature of education. Freire felt that true education should be a right for all and not just the elite classes. Freire reasons that lack of meaning is a form of oppression: "Whereas banking education anesthetizes and inhibits creative power, problem-posing education involves a constant unveiling of reality" (p. 62). His work is important to my educational journey because Freire signifies the 'banking culture' that exists in organizations, like professional domains, to maintain traditional hierarchy, much like Mill argued in 1869. I agree with Freire that oppressed people cannot expect generosity in the form of change from their oppressors. CDA's need to work with dentists; I have mentioned that one cannot exist without the other. This was another turning point in my process of finding meaning in my domain: "And this fight, because of the purpose given it by the oppressed, will actually constitute an act of love opposing the lovelessness which lies at the heart of the oppressors' violence, lovelessness even when clothed in false generosity" (p. 27). Freire suggests that people who perceive themselves as being oppressed need to *oversee their own liberation*; he argues that liberation on this level is a mutual process.

Remember, the ‘self-pity and big wind’ quote from the beginning of *Section One*? I feel a ‘big wind’ at my back, that I want to share with my colleagues. I believe that motivating CDA’s to remain in the profession can be accomplished by fostering a higher level CDA with greater responsibilities. The CDSBC is an important stakeholder in this process. They mandate continuing education as a requirement for annual licensure of dentists and CDA’s. I believe the CDSBC sees value in education, and if more advanced programs were planned, I believe the CDA’s would follow, especially because new advanced skills programs would facilitate their continuing education requirements: another mutual process.

The National Dental Assisting Examination Board (NDAEB) assures that CDA’s have “met the current national baseline standard in the knowledge and skills required by Canadian provincial or territorial regulatory authorities for recognition as an intra-oral dental assistant [CDA]” (2021, p. 1, para. 3). In 2019, the NDAEB did an occupational analysis. The NDAEB defines an occupational analysis as “the tasks (performance elements) that make up a job (employee role), conditions under which they are performed, and skills, knowledge, and attitudes (behaviour characteristics) that are required by the job” (2019). The *Additional Observations* section of the analysis highlight two factors that support this autoethnography. The first item is skills under-utilization: the use of street-hires to perform CDA duties on a regular basis, and the second item is the gap of advanced skills. After completing a 10-month vocational program, which is dense in foundational skills, new CDA graduates lack the advanced skills required to meet the demand for experienced dental assistants. Put a different way, each dental clinic typically employs an experienced CDA who has mastered

advanced skills. With the human resource shortage, many clinics struggle to employ even one experienced CDA that can perform regular duties, and adequately train new graduates. So, the new grads arrive into practice often without mentorship.

> With ongoing advances in dentistry technology and new products/materials, it's challenging for training institutions to account for every new innovation in the curriculum . . . [CDA's] should have an understanding that it's part of their responsibility to continue to advance their skills as they learn on-the-job and work alongside experienced staff in the workplace and through continuing education courses (2019, pp. x, xi).

This is the paradox I refer to in my *Introduction*. I see a direct correlation in program planning strategies, and the desired strategies to welcome a new CDA in practice. In Daffron and Caffarella's, *Planning Programs for Adult Learners - A Practical Guide* (2021) they explain: "One strategy that planners find helpful in addressing the needed tasks is to work collaboratively, either in actually planning programs with more experienced people or in a mentoring or coaching relationship with them" (p. 34), but if there aren't mentors in place, how do CDA's find deeper meaning?

So, where does this leave me, and how do I carry this forward as a legacy for positive change to pass on to my students and my profession? The work I have done throughout this MEd has been pragmatic - the assignments reflect my journey from feeling like an 'imposter' to becoming an aspiring program planner and an advocate for CDA's. Each course has provided tools to help me overcome my feelings of inadequacy. Besides, *I became an educator for a reason, and not as an alternative to clinical practice.*

When an individual seeks meaning in their chosen vocation, it can cause self-doubt. And, an important question to consider is: do I exist as a person outside of my professional domain? Learning theorist, Peter Jarvis (2018), presents his understanding of learning from an existential perspective. “We can describe this process as that of the human essence emerging from the human existent, a process that continues throughout the whole of life, and that essence is moulded through interaction with the world” (p. 24). Jarvis continues by arguing that the fundamental process of learning is the “understanding of the whole person in the social situation - it is a philosophical anthropology but also a sociology and psychology” (p. 24). An individual becomes who they are through the process of lifelong learning (interaction and experiences), and adjustments can be made along the way. Jarvis gives me a lot to reflect on in the sense that, ‘I am not *done* yet’, nor are my students. Jarvis’, and Daffron and Caffarella’s theories encourage me to seek educational collaboration with colleagues - the intended participants of my proposed workshops.

In seeking ways to foster higher education, I canvas provincial learning institutions to determine if advanced programs exist for CDA’s. Of the eight schools in BC, only three offer the Orthodontic module, only one offers the Prosthodontic module, and only one institution offers the Sedation module. Okanagan College offers both the Orthodontic and Prosthodontic modules. None of the CDA institutions in BC offer programs in other advanced skills (for example, oral surgery, implantology, and sterile technique). *Section Two* of this autoethnography, focuses on facilitating formative ‘needs assessments’ intended to inform advanced skills programs for CDA’s.

Section Two:

Self-Study - The Evidence (that I belong here):

"I will always feel like an impostor and will never lose the sense of amazement I feel when people treat me as if I have something to offer"

(Brookfield, 2015, p. 9).

Esteemed adult educator Stephen Brookfield is known for the value he places on critical reflection as an educational practitioner. In, *The Skillful Teacher* (2015), Brookfield shares his struggle to use critical reflection to promote professional growth. He candidly talks about *imposter syndrome*: "We wear an external mask of control but beneath it we know that really we are frail figures, struggling not to appear totally incompetent to those around us" (p. 58). Brookfield's admission gives me solidarity, hope, and motivation to create change. I appreciate his vulnerability.

a. A Case Study:

"Change entails moving into the unknown"

(Brookfield, 2005, p. 219).

In the fall of 2020, I created a formative case study[12] at the Oral & Maxillofacial Surgery (OMS) clinic where I work. I am an educator, and I also practice in the community as a CDA. OMS is a dental specialty, and there is no associated extra-curricular module[13] for CDA's. I am a mentor in the practice and a Subject Matter Expert

[12] I base this case study on Richard Kiely's Nominal Group Technique:
Kiely. R. (2003). What works for you? A group discussion approach to programme evaluation. *Studies in Educational Evaluation*, 29, 293-314. doi: 10.1016/S0191-491X(03)00045-2

[13] The dental specialties that have extra-curricular training modules are Orthodontics and Prosthodontics. There is a Sedation module associated with OMS, but it is not specific to OMS, and therefore, advanced skills are learned on-the-job.

(SME). It is a new practice, and the oral surgeon[14] has a vision of creating a *supportive culture* among his employees, who are composed of relatively new CDA graduates with no formal training in OMS. It is my goal to ensure that the surgeon's vision is enacted. As a facilitator in this study, I use a solution-based approach.

My evaluation plan:

1. Determine if the staff members believe that they are part of a *supportive culture.*
2. Determine exactly what the surgeon means by *supportive culture*.
3. Determine ways (activities) to maintain a *supportive culture* within the organization.

It is important to demonstrate an example of why I initiated this evaluation: the surgeon delivers monthly education meetings to his staff - this narrative is entitled: *You Are Not Preaching to the Choir:*

> Once a month, the surgeon schedules a two-hour education session in which he expounds on the various specialty procedures that we provide in our clinic. The problem is that he delivers the information far above the level of some of the newer (and less experienced) staff members, and he does not provide time for questions. I have also observed that my coworkers seem intimidated by the information, and do not want to interrupt by requesting clarification. The surgeon is lecturing at an advanced level; my coworkers often leave these sessions feeling confused. The only learning assessment that I witness is the CDA's subsequent performance in clinic.

[14] The oral surgeon in this case study will be referred to as 'the surgeon' to respect and ensure privacy.

Why does the surgeon feel that he is creating a supportive culture when he does not consider iteration from his staff? He has excellent intentions, but is not sharing his vision.

I survey the surgeon and his staff with a short questionnaire; my goal is to create an educational design that evolves formatively, builds confidence in the surgeon's efforts to educate, and fosters the CDA's ability to communicate. *Figure 3* suits the evaluation model, that I present to the surgeon:

Figure 3

I encourage the participants to be candid and honest, and I inform them that their responses are essential, and play a critical role in reflection as practitioners.

Case Study Survey Questions:

1. In your own words, define *supportive*.
2. In your own words, define *culture*.
3. Can you suggest ways to contribute to a *supportive culture*?

The responses are anonymous - this is vital. Anonymity cultivates critical and honest reflection. The next step is to collectively share and amalgamate responses. The analysis phase is the melding of ideas, and a cultural theme will (hopefully) emerge. I cannot predict exactly what the vision will be; it is ultimately up to the surgeon to decide how to assimilate the results of the survey, and the subsequent collaborative recommendations, educational design and application. Further, as the owner of the practice, the surgeon must decide how often a reflective evaluation should be conducted. The survey will need to evolve and reflect the implementation of results from

previous surveys. The process will be maintained by the surgeon's commitment to form successive survey instruments.

This evaluation is dynamic in that the intended results will evolve over time. Initially, the evaluation is being conducted to determine what the surgeon means by creating a supportive culture in his clinic. I believe that this collaborative, dialogue generating evaluation signifies a supportive culture: questionnaires and the formative dialogue will enact positive change driven by the CDA's. I think it is also important to speak on the unintended results of this evaluation: the participants express a combined appreciation - personally, I like having a voice. It is empowering to know that my opinion is valued, and that I can be involved in enacting positive change. I share this case study to embrace my own vulnerability.

It has been almost a year since the initial evaluation, the surgeon's team continues to grow, and my facilitator role is no longer crucial to the success of the practice. However, upon receipt of my recommendations, the surgeon, knowing that I am a CDA educator at Okanagan College, and knowing that I am in an MEd program, has suggested that I facilitate an OMS module at OC. Offering extra-curricular advanced skills training at OC is welcomed by the institution's Continuing Studies department: the CDA program recently moved into a new 'state of the art' facility, and our institution is looking for ways to expand and share our space with the dental community. My focus is to foster highly-skilled employees, while at the same time increasing a CDA's retention factor and self-efficacy in dentistry. I decide to survey CDA colleagues in my community to generate another collaborative and dialogue generating evaluation, which will inform my proposal to Continuing Studies.

b. The Survey:

The case study reminds me of the importance of reflection and sharing ideas. I mention throughout this autoethnography that offering advanced skills workshops will foster CDA retention. Originally, my research was going to be directed toward the dental offices - the dentists - and I realize that this notion is oppressive: why ask the dentists about courses directed for CDA's?

I understand that with any questionnaire or survey, a pre-conceived idea is typically a subconscious presence. Questions are asked to confirm what one already knows, or *thinks* they know. At this stage, I have already determined that advanced skills workshops are a solution to fostering CDA retention, by increasing their value in dental practices, and building self-efficacy. So, why conduct a survey? Brookfield argues that when people feel they have a say in determining the curricular focus, and specific content, they will feel a deeper connection to learning. As a mentor, "consulting with my students about how the course will be run can also reduce the fear of the unknown and increase the chances that [my] teaching will have some meaning for them" (2015, p. 231). Brookfield continues in this vein: "As teachers we see clearly the value of learning and we all too easily assume students can see this too" (2015, p. 234). Before I administer a survey, I need to create a plan of what to do with the information shared by my participants.

Course Proposal Plan: Continuing Studies at OC requires a formal application for all proposed course offerings. I design a framework plan, as illustrated in *Figure 4* below, with help from Daffron and Caffarella's interactive program planning model (2021, pp. 447-450):

Course:
Certified Dental Assistant Refresher & Advanced Skills Workshops at Okanagan College - Offered through Continuing Studies

Course Objectives:
To provide continuing education opportunities for Certified Dental Assistants

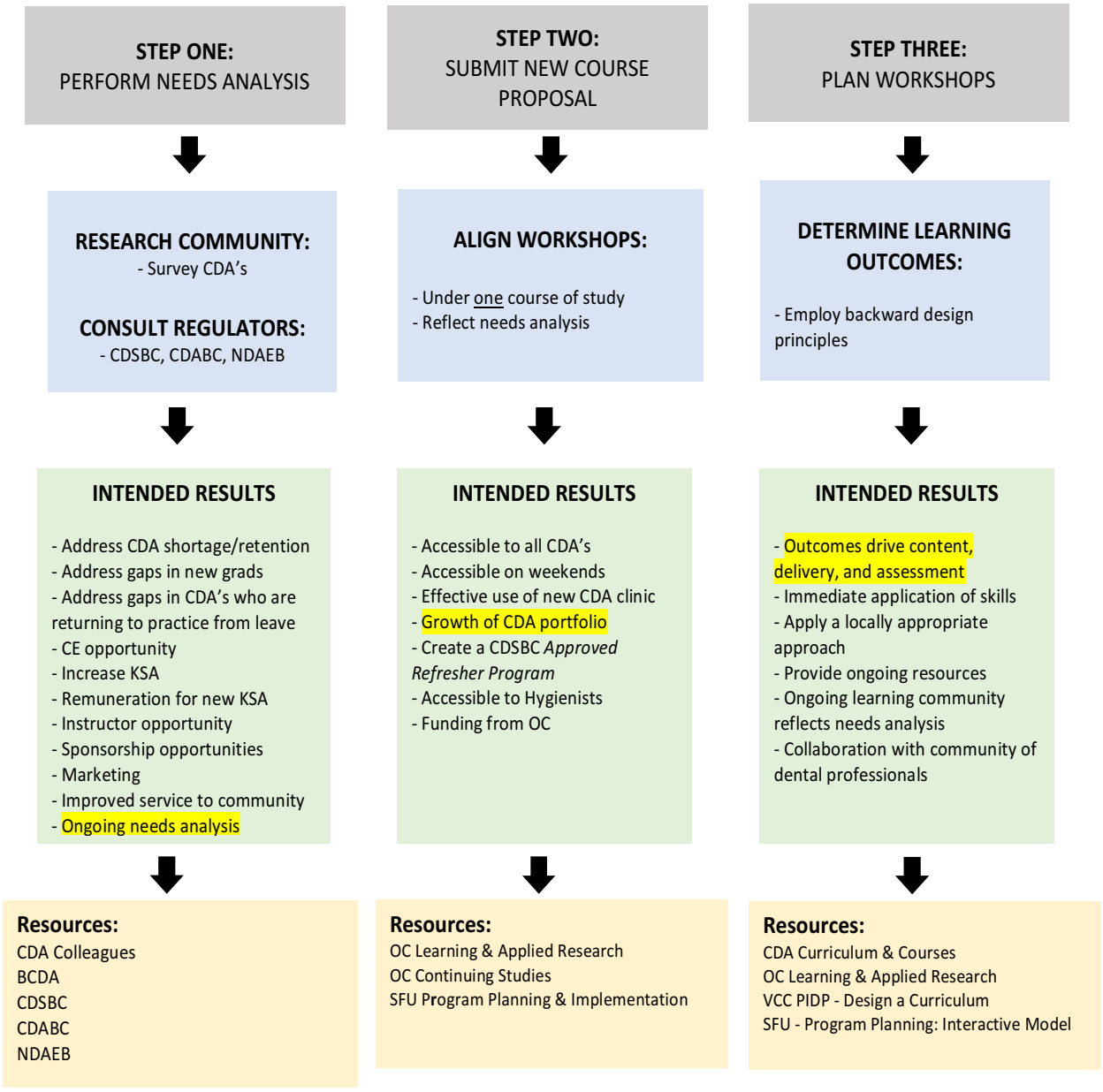


Figure 4: This template was kindly shared with me by my colleague and classmate Joanne-Gibbons-Smyth CDA

Step One of my plan is to conduct a needs analysis. I administer the survey on September 23 via a personal email to sixty CDA's, with a link to an anonymous questionnaire. The email:

Hello!

I hope all is well in your world. As part of a research project that I am doing for my Master of Education degree at Simon Fraser University, I am surveying Certified Dental Assistants. The focus of my research is retention as a CDA in our profession. I argue that advanced education, and the opportunity to master our skills will enhance our motivation and self-worth as a CDA, thus increasing our value as integral members of the dental team.

I plan to develop Refresher & Advanced Skills Clinical Workshops for CDA's at Okanagan College. The workshops will be eligible Continuing Education credits.

I am surveying CDA's to discover gaps in advanced skills specifically: implantology and sterile technique, and plan to offer refresher courses for the intra-oral duties of a CDA (e.g. radiography, dental dam, etc.). When our students complete the program, there is still a lot to learn in individual practices, as we only teach the foundational courses. Also, the workshops would be excellent for CDA's re-entering the profession following an extended leave. I will be compiling the data this fall, and plan to move forward with some course offerings in 2022.

I believe that collaboration is key to any successful venture, and I would love for you to participate, because your input is greatly valued. There are only 2 questions, and I welcome ALL comments. The survey is anonymous and confidential. Here is the link: https://www.surveymonkey.com/r/ZBP7LSJ

I sincerely appreciate your time, and your thoughts. If you want to respond to me directly, I would love to hear from you. Thank you, in advance, for taking time out of your busy schedules to advance the quality of the services our profession provides.

Most respectfully,
Kathryn Truant, CDA, ID
MEd Candidate, Simon Fraser University

The Questionnaire:

Advanced Skills & Refresher Workshops for CDA's

1. Please list any advanced skills workshops that you would like to see offered at Okanagan College. Example: Implantology, Sterile Technique, Surgical Assisting, etc.

2. Please list any refresher workshops that you would like to see offered at Okanagan College. The foundational skills of a CDA include:

- Applying acid etch
- Applying and adjusting pit & fissure sealants
- Applying prime and bond
- Applying topical anesthetic
- Applying topical fluoride/desensitizing agents
- Applying treatment liners
- Exposing radiographs
- Fabricating and maintaining coronal whitening systems (trays)
- Fabricating sports guards
- Obtaining impressions and occlusal records
- Performing pulp vitality tests
- Placing and removing dental dam
- Placing and removing matrixes and wedges
- Polishing clinical crowns
- Removal of retraction cord
- Removal of sutures and periodontal dressings

3. Please share any additional thoughts or comments.

The demographic of my chosen participants is diverse and includes novice, intermediate, advanced, and expert level CDA's. I did not offer an incentive to complete the survey. I closed the questionnaire after 2 weeks. I received 37 responses (a 62% response rate).

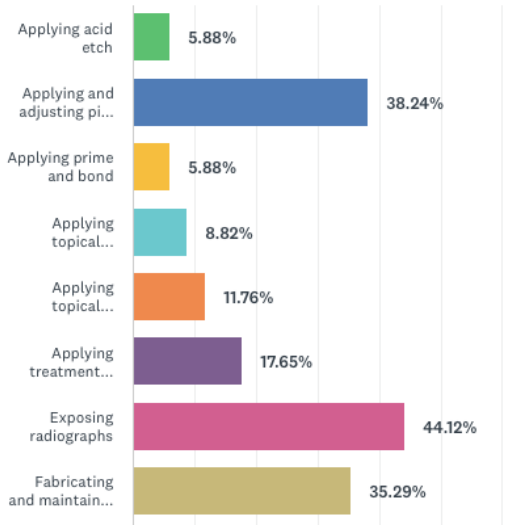
Survey Responses & Comments:

1. Please list any advanced skills workshops that you would like to see offered at Okanagan College. Example: Implantology, Sterile Technique, Surgical Assisting, etc.

- Surgical Assisting
- All the Above!
- Surgical Assisting, Implantology, Sedation,
- Implants, Surgical Assisting
- Implantology
- Implantology, Sterile Technique, General Skills Refresher
- Surgical Assisting, Implantology
- Implantology, Digital Scanning
- Professional Patient Care
- Implantology, Sterile Technique, Surgical Assisting, Digital Radiography & CBCT Imaging, CADI image file transfer, Intra Oral Camera Imaging

- Implantology, Sterile Technique, CBCT Radiography
- Dental Photography (for Ortho & Cosmetic Dentistry), Surgical Assisting, Sterile Technique
- Implantology, Surgical Assisting
- Implantology, Sterile Technique
- Surgical Assisting and Instrument Review
- Implantology, Matrixes
- Implantology, Surgical Assisting, Oral Surgery, Digital Radiography, IO Scanning & CAD/CAM Software, Bone Grafting, Orthognathic Surgery in OR
- Implantology, Surgical Assisting
- Implantology, Sterile Technique, Digital Radiography, Sterilization Procedures (Let's do it right!)
- All the above, Anatomy of the head, Temp Crowns
- Implantology, Surgical Assisting
- Implantology!
- Endo Assisting, Surgical Assisting, Dentrix and Digital Programming, Pans
- Implantology
- Surgical Assisting
- Implantology
- Surgical Assisting
- Implantology and Sterile Technique
- Surgical Assisting, Implantology
- Sterile Technique, Surgical Assisting
- Surgical Assisting, Implantology, Sterile Technique, Pathology
- Implantology, Sterile Technique, Surgical Assisting
- Surgical Assisting
- Implantology, Sterile Technique, Surgical Assisting, Periodontics, Pathology
- Implantology, Cerec Training, Intra-Oral Scanning

2. Please list any refresher workshops that you would like to see offered at Okanagan College (see *Figure 5* below):



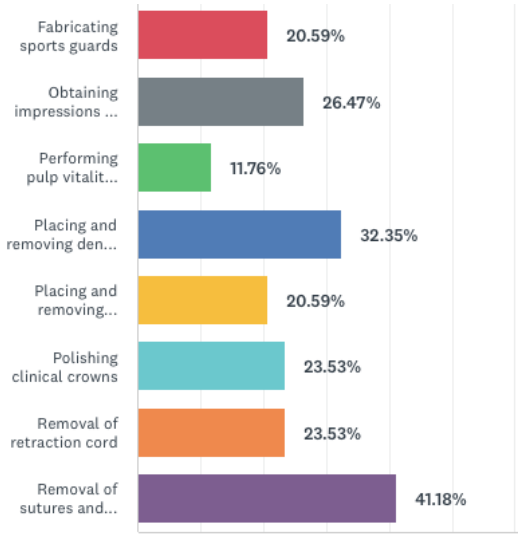


Figure 5

3. Please share any additional thoughts or comments.

- I'm so excited to see this! Good for you!!
- Thank you!
- I love this idea and would love to attend advanced skills courses.
- Great idea! I have been struggling with dental dams!
- You go girl! I support any courses you will offer.
- Kathy is amazing!
- This is a great survey! Thanks for including me!
- This is so awesome!
- I think refresher courses would be a great idea! Keeps you feeling brushed up on all your skills.
- It is always beneficial to update existing skills as products and techniques change. Any additional courses that can improve patient care and gain continuing education credits is always welcomed. Thanks for initiating these programs.
- Refresher courses are very important for CDA's that have been out of the workforce for a period of time as dentistry is constantly changing with technology and societal needs. There are many advanced skills that are needed as well to work in the growing field of implantology.
- Thanks.
- A course/booster in planning/completing treatment across multiple platforms would have been immensely helpful.
- I would love to see refresher courses offered at OC. They would be an amazing benefit to our profession and our growing community.
- I am pleased to see more options offered but concerned that the cost of taking upgrades may prohibit CDA's from advancing. In the past the fees for the Prostho and Ortho modules were difficult to come up with unless the dentist offered to pay some or all. The fees for such courses seemed out of sync with the wages CDA's were getting and I don't know if wages increased for those with advanced skills.
- CDA skill set depends on the office they are employed.
- I think these workshops would be a great addition to the education I've already. received because they would go more into depth than what we covered in the program.
- I think this is such a great idea. After being in the program I would love to be able to stay in Kelowna to further my education.

Section 3:

Practice - The Proposed Solution:

In academic standards, a 62% survey response rate is respectable (Research Gate, 2021). When considering response rates, the employment survey generated by the CDABC that I refer to in *Section One - Context & Conditions Part Two*, is distributed to CDA's every two to three years. Completion of the survey is voluntary. The response rate in 2016 was 28% and increased to 44% in 2018 (p. 2): I believe that this statistic signifies a change in attitude within my profession. CDA's are voluntarily collaborating for change. Surveys are quantitative; however, my email and subsequent questionnaire was directed to familiar colleagues only, and the *quality* of their responses is what drives my proposed solution to increase CDA retention.

The self-study informs me, and confirms my opinion that offering advanced skills workshops is a sound solution. Further, the generous and thoughtful comments from my participants in *Question 3*, indicate that my colleagues support the notion, and resoundingly support my suggestion to offer surgical skills courses, and refresher courses of foundational skills. I decide to take 'the surgeon's' advice from the *Case Study,* and opt to design an OMS module as a prototype.

In preparation to submit a new course proposal to Continuing Studies at OC (this is *Step Two* of my *Course Framework Plan*), I recall a meeting I had earlier this year with Dr. Beverlie Dietze, director of Learning and Applied Research at the college. Dr. Dietze's philosophy is: "Learning outcomes drive content, delivery, and assessment" (personal interview, June 15, 2021). *Figure 6* illustrates this process:

Figure 6

Dr. Dietze suggests that I start with one or two 4-hour workshops, and evaluate participation before advancing to a module. The module I present is hypothetical, and will guide me when proposing less robust course offerings to Continuing Studies. *Step Three* of my *Course Framework Plan* illustrates a curriculum design to categorize objectives and outcomes, as illustrated in *Figure 7* below, followed by the *Course Outline*.

Framework for Curriculum Design:

ORAL & MAXILLOFACIAL SURGERY MODULE FOR CERTIFIED DENTAL ASSISTANTS

A DEMONSTRATE PERIOPERATIVE CARE OF A PATIENT	A1 IDENTIFY PREOPERATIVE PHASE	A2 PREPARE PATIENT FOR SURGERY	A3 IDENTIFY INTRAOPERATIVE PHASE	A4 MONITOR PATIENT DURING SURGERY	A5 IDENTIFY POSTOPERATIVE PHASE	A6 RECOVER PATIENT AFTER SURGERY
B PREVENT SURGERY ASSOCIATED INFECTIONS	B1 DEFINE THE 3 TECHNIQUES OF OPERATORY SET-UP	B2 IDENTIFY SET-UP BASED ON SURGICAL PROTOCOL	B3 PERFORM CLEAN TECHNIQUE SET-UP	B4 PERFORM ASEPTIC TECHNIQUE SET-UP	B5 PERFORM STERILE TECHNIQUE SET-UP	
C ASSIST IN THE EXTRACTION OF TEETH	C1 DETERMINE OPERATORY SET-UP PROTOCOL FOR EXTRACTION	C2 SELECT EXTRACTION INSTRUMENTS AND EQUIPMENT	C3 SET UP FOR EXTRACTION	C4 ASSIST IN EXTRACTION	C5 FOLLOW PERIOPERATIVE PROCEDURES FOR EXTRACTION	
D ASSIST IN BIOPSIES	D1 DETERMINE OPERATORY SET-UP PROTOCOL FOR BIOPSIES	D2 SELECT BIOPSY INSTRUMENTS AND EQUIPMENT	D3 SET UP FOR BIOPSY	D4 ASSIST WITH BIOPSY	D5 PROCESS SPECIMEN	D6 FOLLOW PERIOPERATIVE PROCEDURES FOR BIOPSY
E ASSIST IN GRAFTS	E1 DETERMINE OPERATORY SET-UP PROTOCOL FOR GRAFTS	E2 SELECT GRAFTING INSTRUMENTS AND EQUIPMENT	E3 SET UP FOR GRAFTING	E4 ASSIST WITH GRAFTING	E5 RECORD GRAFTING MATERIALS	E6 FOLLOW PERIOPERATIVE PROCEDURES FOR GRAFTS
F ASSIST IN IMPLANTOLOGY	F1 DETERMINE OPERATORY SET-UP PROTOCOL FOR IMPLANTS	F2 SELECT IMPLANT INSTRUMENTS AND EQUIPMENT	F3 SET UP FOR IMPLANTS	F4 ASSIST WITH IMPLANTS	F5 RECORD DEVICE(S) PLACED	F6 FOLLOW PERIOPERATIVE PROCEDURES FOR IMPLANTS

Figure 7

Course Outline:

CDA - OMS
Oral and Maxillofacial Surgery Module for Certified Dental Assistants at Okanagan College

---

This advanced training program in the dental specialty of Oral and Maxillofacial Surgery (OMS) enables Certified Dental Assistants regulated by the College of Dental Surgeons of BC (CDSBC) to learn and master the skills required for Oral Surgery. Although the course is optional for employment, successful completion of this 30-hour course will allow a CDA to receive an OMS designation with their licensure. The OMS Module offered through Continuing Studies at Okanagan College provides the advanced knowledge and skills necessary for a CDA to enter the specialty, and to provide a professional development opportunity for CDA's currently working in an Oral Surgery clinic. The instructor is a CDA and an educator with many years of experience in Oral and Maxillofacial Surgery.

Topics Covered
An OMS Assistant will have advanced expertise in patient assessment and monitoring, surgical asepsis, specialized instrumentation and surgical procedures such as:
- Perioperative Care
- Prevention of Surgically Associated Infections
- Assist in the Surgical Extraction of Teeth (includes Exposures and Transplants)
- Assist in the Removal of Oral Pathologies
- Assist in Grafting and Orthognathic Procedures
- Assist in Implantology

Prerequisites
- Certified Dental Assistant with current CDSBC licensure, and current CPR-BLS
- Minimum of 1-year of clinical experience in a dental or OMS practice
Please note that preference will be given to CDA's who have successfully completed the Sedation Module.

The Intended Student
- Will enjoy the challenge of working on a surgical team.
- Will possess an inclination towards acute patient care

Format & Assessment
- The OMS Module consists of a 10-hour online theory component. There is a final examination on the theory component with a 70% or higher passing grade.
- The OMS Module consists of a 20-hour in-person clinical component. Peer assessment and self-assessment during the clinical component requires a professional and respectful attitude at all times.

- Upon successful completion of the clinical component, successful students will be eligible to apply to the CDSBC for their OMS Assistant designation.

Course Sessions
The clinical component of the OMS Assistant course takes place in at the dental clinic at Okanagan College clinic on simulated patients, and is delivered over two, 2-day weekends.

Course Resources, Supplies, and Equipment
- A syllabus and an online textbook is provided to registrants.
- Gloves, masks, and gowns are provided in clinic
- Students must supply their own uniform, head covering, eye protection, and duty shoes to clinic each day

Course Policies
- Attendance is mandatory in the clinical component of the OMS Assistant course.
- Students will be working in groups during the clinical component.

Educational Credits: 30 hours of continuing education
Cost: TBD

FAQ's
Q: Would my certification as a Dental Assistant provide employability in an OMS clinic?
A: Yes. However, Certified Dental Assisting programs provide a broader curriculum and covers only a small amount of information and instruction on Oral and Maxillofacial Surgery.

Q: If I've completed the Sedation Module, would the CDA-OMS course provide me with new information and abilities?
A: Yes. The CDSBC requires CDA's who work in sedation facilities to complete a Sedation Module to be a part of the sedation team. The Sedation Module has a narrow focus on body systems, and pharmacology, but the foundational competencies of the OMS specialty that are highlighted in the CDA-OMS Module are not covered in the Sedation Module.

Student success, career growth, and a positive learning experience in the CDA-OMS Module are the absolute goals of the program!

To register or for further information please contact Continuing Studies at Okanagan College

---

Lastly, in answer to two unexpected comments that I receive in *The Questionnaire, Question 3,* and because this autoethnography reflects communication

and collaboration from my solicited community, I use this information to further inform my practice:

- I am pleased to see more options offered but concerned that the cost of taking upgrades may prohibit CDA's from advancing. In the past the fees for the Prostho and Ortho modules were difficult to come up with unless the dentist offered to pay some or all. The fees for such courses seemed out of sync with the wages CDA's were getting and I don't know if wages increased for those with advanced skills.

- CDA skill set depends on the office they are employed.

These comments are important. They reflect meaning. Meaning should be pragmatic; why else would we leave our homes and our families to 'practice' simply because we want to 'help people'? I create a *Wage Proficiency Scale* (see below) as a tool that CDA's can use when communicating with their employers. Moreover, if a dentist visualizes the advances in their CDA's skills, perhaps offering an increased wage or, sponsoring their employee to take advanced courses would be more likely to occur. The template reflects an OMS Module: skillsets can be adjusted to reflect individual dental practices. It is important to mention that dentistry is a private enterprise - there is no union or standardized wage scale in place for CDA's.

CDA Wage Proficiency Scale:

Level 1: Novice (fundamental awareness)
You are a recent grad with an understanding of basic techniques and concepts.
You are expected to need help when performing this skill.
You have limited experience.

- Focus on learning

Level 2: Intermediate (practical application)
You can successfully complete the skill as requested with minimal guidance.
You can usually perform the skill independently.
You are expected to occasionally seek help from an expert.

- Focus on applying and enhancing knowledge or skill
- Focus on understanding and discussing the application and implications of improvements to processes, policies and procedures in this skill

Level 3: Advanced (applied theory)
You can perform the actions associated with this skill without assistance.
You are recognized as a 'go to' person in the practice regarding this skill.

- Focus on broad organizational issues as it applies to this skill
- Focus on consistently providing practice improvements which can be easily understood and implemented
- Focus on coaching others in the application of this skill
- Focus on developing reference and resource material as it applies to the practice in this skill

Level 4: Expert (recognized authority)
You are a known expert in this area.
You can provide guidance, and troubleshoot related issues with ease.
You have demonstrated consistent excellence in applying competency across multiple organizations.
You are considered the 'go to' person in this skill within the practice and outside organizations.

- Focus on creating improved applications that lead to the development of reference and resource material in this skill
- Focus on fostering relationships and a greater understanding of this skill among internal and external colleagues

Skills	Level 1	Level 2	Level 3	Level 4
Op Set Up & Take Down				
Sterilization				
Surgical Assisting				
Acquiring Radiographs				
Acquiring CT Scans				
Acquiring Intra- Oral Scans				
Perioperative Patient Care: Pre-op Intra-op Post-op				
Sterile Technique				
Implantology Flow				
Treatment Planning				
Ordering & Inventory				

Resources:
Heitzman, A. (2016, March 29). 5 Tips to Determine a Salary Scale for Employees. Inc. Retrieved from https://www.inc.com/adam-heitzman/5-tips-to-determine-a-salary-scale-for-employees.html

NIH. (n.d.). Office of Human Resources - Competencies Proficiency Scale. National Institute of Health. Retrieved from https://hr.nih.gov/working-nih/competencies/competencies-proficiency-scale

Legacy:

I have three goals for my students. The first and most obvious is *competency*: a level of mastery must be met prior to performance in one's profession. Competency is achieved through linking theory to practice: Praxis. Praxis is meaning-making. When I consider my students, they are oppressed; it is my role to mediate their learning, and to guide them. Competency is accomplished using established and proven methodologies. For example, 'this is the *reason* we take x-rays, and this is *how* to expose a diagnostic x-ray.' This method requires scaffolding using the principles of Bloom's Taxonomy in the cognitive domain to give advanced meaning to a skill (see *Appendix 3*).

My second goal as an educator, and the purpose of this study, is *retention*. Research confirms that the shortage of CDA's is due (in large part) to retention in the profession (CDA Essentials, 2020). There are many reasons to account for the lack of retention, and because I am focusing on a solution-based approach to achieving my goals, I have a rudimentary formula in mind to address this issue: Meaning = Joy. Simply put, if you love what you do, you will do it well, and you will want to continue to do it.

My next statement ties into my third goal as an educator, and that is to create a *legacy* of meaning-making in a vocational domain. I lump retention and legacy together in discovering a solution-based approach: Joy = Longevity = Retention = Legacy. My equation starts with one question: Aside from becoming competent, how does one find higher meaning in their chosen vocation? In other words, as an educator, how do I hone instinctive truths to mediate my student's evolution into higher ways of thinking? What tools of understanding will I use? I want to go a bit deeper into Bloom's to examine the cultivation of meaning: The psychomotor, and affective domains complement the

cognitive domain - applying them in combination while delivering instruction empowers our learners to remember what we teach, perform what we demonstrate, and change the way that they think (Truant, 2018). I believe that my proposed workshops, informed by my colleagues, is *one* valid solution to the CDA shortage in BC.

Final Words:

I am educator and an SME in a vocational domain. Collaborating with colleagues and documenting a collective vision has secured my confidence in offering workshops that aim to foster retention. For me, feeling like an impostor means that I will remain authentically vulnerable, and open to direction from my learners - I thank Stephen Brookfield for this important sentiment. In the process of this MEd, I am amid a personal renaissance. I talk about feeling like an imposter and identifying with Brookfield, but this journey goes much deeper than that: I need to secure a safe place for myself in my scholarly pursuits. I never want to feel oppressed again, and, I do not want my colleagues and students to experience oppression or lack of deeper meaning either. As a CDA, it is important to me to uphold the highest of standards, to continue to consult with my professional community, and to never lose sight of why we became CDA's - essentially, to make it all worthwhile. Stephen Brookfield has the last word in this autoethnography: "A degree of impostorship is not totally negative; indeed, properly controlled it can be productively troubling. It stops us becoming complacent and ensures that we see our practice as being in constant flux and evolution" (p. 60).

References:

BCDA. (2021). Dental assistants. *British Columbia Dental Association*. Retrieved from https://www.bcdental.org/careers-in-dentistry/dental-assistants/

Brookfield, S. D. (2015). *The Skillful Teacher* (3rd ed.). San Francisco: Jossey-Bass.

Campbell, C. (January 01, 2016). Indexical Ways of Knowing: An Inquiry into the Indexical Sign and How to Educate for Novelty. *Philosophical Inquiry in Education, 24,* 1, 15-36

CDA Essentials (2020). The dental assistant workforce - Two surveys that reveal reasons for attrition from the profession. *CDA Essentials*, 7(1), 10-12.

CDABC. (2016). Employment Survey 2016. *Certified Dental Assistants of BC*. Retrieved from https://www.cdabc.org/media/19095/2016emplomentsurveyreport_cdabc_proof_v4.pdf

CDABC. (2018). Employment Survey 2018. *Certified Dental Assistants of BC*. Retrieved from https://www.cdabc.org/media/25072/2018-employment-survey-cdabc.pdf

CDSBC. (2021). About CDSBC. *College of Dental Surgeons of BC*. Retrieved from https://www.cdsbc.org/about-cdsbc

Conrad, D. A., Lee, R. S., Milgrom, P., & Huebner, C. E. (2013). Estimating determinants of dentist productivity: new evidence. *Journal of public health dentistry* vol. 70,4 (2010): 262-8. doi:10.1111/j.1752-7325.2010.00180.x

Daffron, S. R., & Caffarella, R. S. (2021). *Planning programs for adult learners - A practical guide* (4th ed.). Hoboken: Jossey-Bass.

Eco, U. (2015). *How to Write a Thesis*. MIT Press: Cambridge.

Freire, P. (1970). *Pedagogy of the Oppressed*. Toronto: Penguin Books.

Gould, C. (2017). CDA Shortage - Could the shortage of CDAs have anything to do with dentists? *The Bridge* (Spring 2017), pp. 9-10.

Government of BC. (2021, October 1). BC Students have more opportunities to train for In-demand health-care jobs. *BC Gov News*. Retrieved from https://news.gov.bc.ca/releases/2021AEST0059-001867

Hango, D., & Moyser, M. (2018, December 17). Harassment in Canadian workplaces. S*tatistics Canada - Insights on Canadian Society*. Retrieved from https://www150.statcan.gc.ca/n1/pub/75-006-x/2018001/article/54982-eng.htm

Hunter, T. (2020, June 30). Covid-19 contributing to already short supply of dental assistants. How to stop the departure? *DentistryIQ*. Retrieved from https://www.dentistryiq.com/dental-assisting/staff-relations/article/14178749/covid19-contributing-to-already-short-supply-of-dental-assistants-how-to-stop-the-departure

Jarvis, P. (2018). Chapter Two Learning to be a Person in Society - Learning to be me. In K. Illeris (Ed.), *Contemporary Theories of Learning: Learning Theorists... In Their Own Words* (2nd ed.) New York: Routledge.

Mill, J. S., & Ryan, A. (2007). *On Liberty and The Subjection of Women*. Penguin Classics. New York: Penguin Group.

NDAEB. (2019). 2019 National Occupational Analysis Canadian Dental Assisting. *National Dental Assisting Examination Board*. Retrieved from https://www.cdabc.org/media/33611/noa-2019-final-report-dec-8-2020.pdf

NDAEB. (2021). Mission. *National Dental Assisting Examination Board*. Retrieved from https://ndaeb.ca

Research Gate. (2021). What is the acceptable response rate for survey research? *Research Gate*. Retrieved from https://www.researchgate.net/post/What-is-the-acceptable-response-rate-for-survey-research

Truant, K. (2018). Reflection on the PIDP. *Kathryn Truant CDA ID - A CDA's Role in Education and Oral & Maxillofacial Surgery*. Retrieved from https://kathryntruant.com/pidp-3270-capstone/reflection-on-the-pidp/

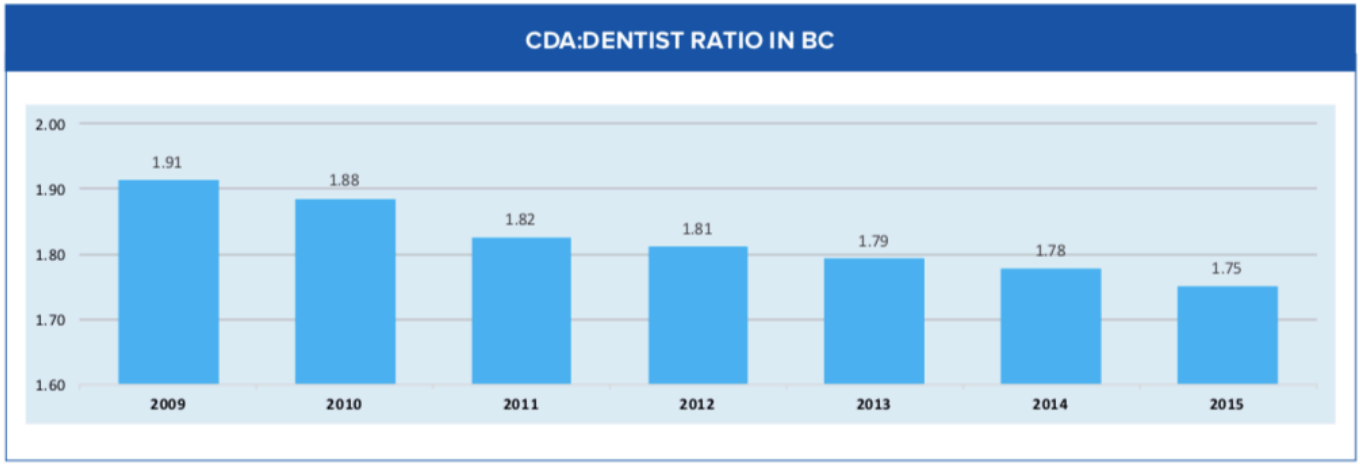
Truant, K. (2020). An inquiry into the culture and conditions of the dental assisting profession - A hybrid annotated bibliography. *EDUC 823*. Simon Fraser University. Faculty of Education. MEd Curriculum and Instruction Post-Secondary.

Wolanski, R. (2018). Using dental assistants in your office: Stop-gap measure, or new frontier? *The Bridge - BC Dental Association the Voice of BC Dentists,* (Fall 2018), 20-21.

WorkBC. (2020). Dental assistants. *WorkBC*. Retrieved from https://www.workbc.ca/careers/3411#view-full-profile

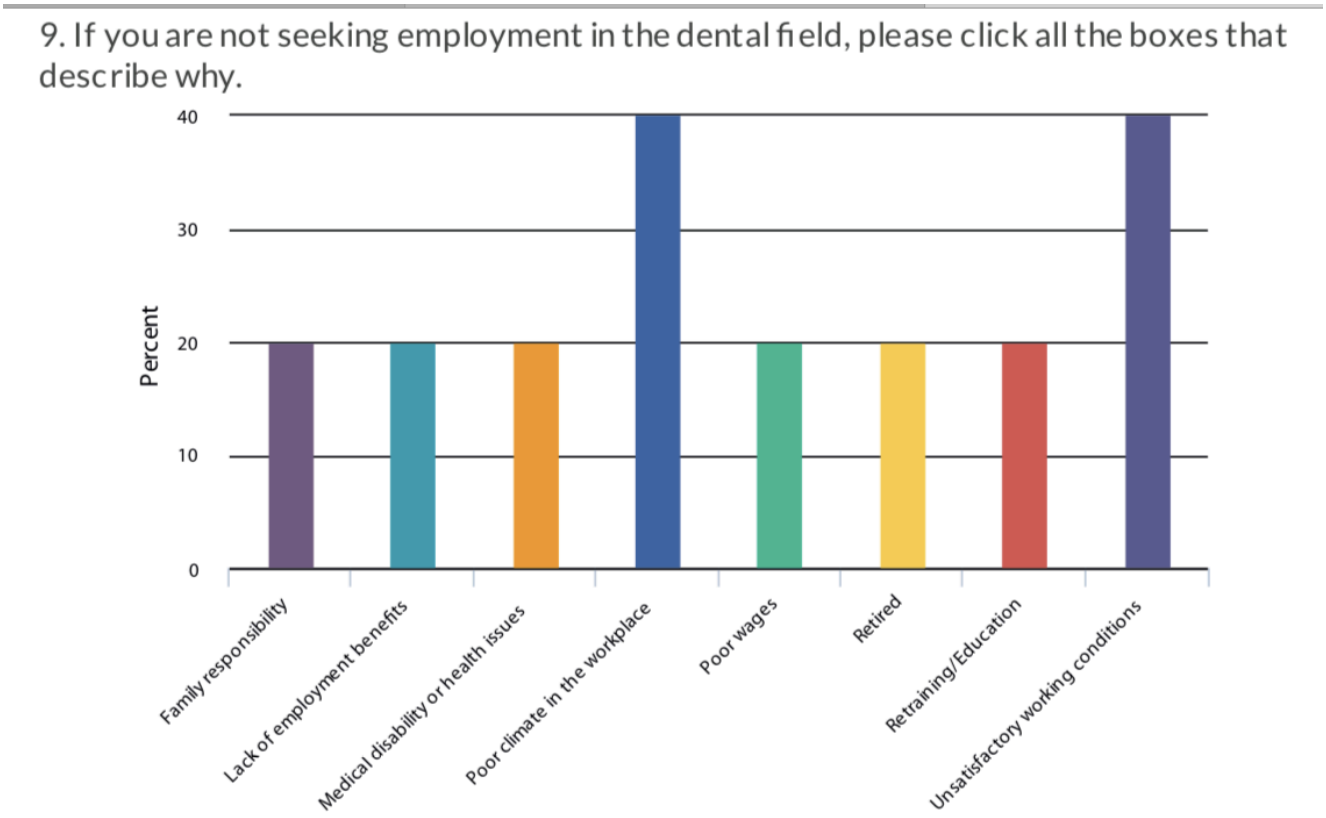
Appendix:

1.



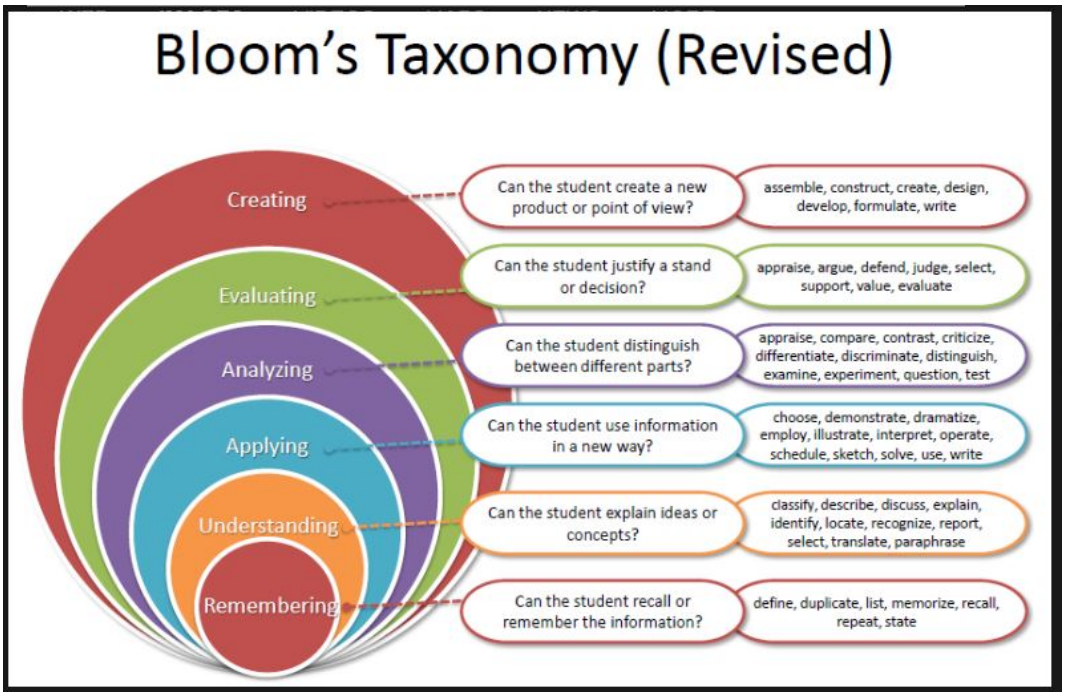
Gould, 2017

2.



CDABC employment survey (CDABC, 2018)

3.



Bloom's Taxonomy: Cognitive Domain