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Patchwork Reflection Summary

Throughout my second year in the UBC Dental Hygiene Entry-to-Practice program, I have learned and grown a lot. Documented by my weekly patchwork journals, I have developed a greater understanding of the importance of continuous practice of techniques throughout my learning. There were times where I learned a skill but did not attempt to do it in the clinic, and this was reflected in my work later in the term.

I have come to treasure clinic time, as more practice is always needed to gain more expertise in each instrument. While time with my own partner was valuable, I also learned exposure to other students’ practices also increased learning. This is supported by a study conducted by Joynes, which examined the informal workplace learning in primary healthcare for professional development.1 In the study, “triggers for informal workplace learning included patients presenting challenging or unusual conditions [and] exposure to others’ professional practice.” The study concluded that maximizing informal learning styles should be a priority for practitioners, managers and educators. In the most recent year, I have experienced both in my developing practice. I have experienced many unusual conditions in the short time I have been practicing, both from clients I personally treated and from cases given to my colleagues. One case that I personally found difficult was a client with heavy supra gingival calculus. Previously, I felt that my probing was at a satisfactory level as in my assessment in first term; there were no aspects that needed improvement. However, upon examination of this client, I was at loss, as I could not insert the probe at the angulation that I would normally. Without additional practice time, I would not have been able to experience this case. Other cases included clients with exudate in their pockets, or abscess formation. I had a chance to look at these while in the role of clinic support. Also, in the beginning of second term I was still very unsure as to how to identify a composite filling. The students in my clinical team did not have many of these therefore I could not experience it. It was only through collaboration with other teams that I was able to get more exposure to identifying these types of fillings.

Another aspect I learned is to build rapport with my clients. Although some aspects I did not think were necessary previously (such as some infection control aspects), I learned that these protocols are necessary to uphold professionalism to the client. In a study done by Tishelman, it was discovered that the patients’ “sense of being valued, and of being able to maintain contacts with one’s daily life and sense of identity appear supported or hindered by features of the care surroundings.”2 This has taught me that even though it appears that I have a good relationship with my clients, I should always follow the protocols to ensure that my clients know that I am giving them the best possible care.

Work Cited

1. Joynes V, Kerr M, Treasure-Jones T. Exploring informal workplace learning in primary healthcare for continuous professional development. Education for Primary Care. 2017;:1-7.

2. Tishelman C, Lindqvist O, Hajdarevic S, Rasmussen B, Goliath I. Beyond the visual and verbal: Using participant-produced photographs in research on the surroundings for care at the end-of-life. Social Science & Medicine. 2016;168:120-129.