

Community Fieldwork Service Report
ISS BC Vancouver
Team A

Jamie Jiang (17204158), Leona Sun (34051152), Meika Uy (27126151), Belinda Yip(30109145)
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Professor Diana Lin
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Executive Summary

The purpose of this program was to educate on the importance of oral health by teaching concepts and personal self care techniques that could be easily incorporated into the everyday life of new immigrants to Canada. The literacy level of the CLB-3 students surprised the University of British Columbia (UBC) presenters because it was lower than anticipated. However, the students were hospitable and curious to learn about the UBC Dental Hygiene program. Throughout the implementation, the presenters used various techniques to relay information to students in a way that could easily be understood while remaining professional. This included using simple terms, gestures, images, and physical props.

It was evident that certain students were more vocal compared to others and were stronger in certain aspects of the CLB criteria, such as speaking. The presenters asked quieter students to recite a dialogue in front of the class or repeat a word, which allowed these students to contribute to the class activity. Evaluation of the weaker students provided a more accurate picture of the class understanding as these students required more guidance with vocabulary words, and performing the corresponding actions in the activity. At the end of each session, the students were evaluated through activities in order to measure the effectiveness of the lesson and the comprehension of the students. Some of these activities included a multiple choice survey, fill in the blanks worksheet, dialogue practice and demonstrating proper personal self-care by using dentoforms, toothbrushes, and interdental aids.

Recommendations

1. Promote English learning by maintaining an English speaking environment.
2. Abstract terms should be avoided to accommodate the students and promote more conversational language.
3. Avoid using colloquial or childlike terms to maintain professionalism and build rapport.
 - a. The students are adults who do not have difficulties expressing themselves in their own native language. They must be respected accordingly.
4. Being prepared is very important and team rehearsals should be planned prior to every visit. This helps with overall adherence to the planned schedule.
 - a. Role clarification should be achieved at these sessions to help the presenters perform as a coherent group. Trust can also built in this manner.
5. Presenters should maintain a cheerful persona to increase rapport with the students.
6. Ensure the activities are relevant and engaging to maximize information retention.
7. If there is extra time at the end of a lesson, review material from previous lessons to reinforce learning.
8. Class instructors can organize table groups prior to the lesson so that there is an equal number of students at each table.
 - a. Students can be rearranged so that those at a lower English level can sit with stronger students. This ensures that there is no imbalance in skill level.
 - b. Students can be rearranged every session so that they are socializing with a wide variety of students and not just those they are familiar with. This could further enhance their skills and learn from their other peers.
9. Observers can also rotate between tables during the implementation period to ensure feedback is relevant to all members of the group, not just one presenter at one table.

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ASSESSMENT: *(See Appendix A for SWOT analysis)*

The Community:

The Immigrant Services Society (ISS) CLB-3 class was composed of adult students from various cultures and countries of origin, all seeking to gain English-speaking skills to better adapt to life in Canada. Through observation and conversation, the community appeared to have good social determinants of health as well as motivation to improve their oral health. Perceptions of oral health varied, with many disconnecting oral health and overall health. Due to their limited language skills, accessing health care appeared to be an issue; many students reported not having seen a dentist or hygienist since immigrating to Canada.

Assessment Strategies:

A survey was created that catered to the literacy level of the audience in order to determine their current oral health literacy, interests, and deficiencies in oral health knowledge. Images were used as many words were difficult to explain in simple English. The class was split into four focus groups to better organize the students and complete the assessment in the allotted time. Smaller groups also enabled the UBC presenters to explain questions more clearly. The survey was collected and answers were tallied to identify the most common concerns and narrow down the topics for the implementation process *(see Appendix B for survey results)*. To assess the space and learning style of the class, the UBC presenters spoke with the instructor of the class to determine the available resources and what strategies worked best when teaching English to this group.

Community Health Programs:

The UBC Dental Hygiene and Dentistry programs as well as the Canadian Medical Services Plan are major health programs influencing this community's oral health.

DIAGNOSIS:

Based on the survey and conversations with the students, the following gaps were identified in their knowledge of oral health and personal self-care: lack of knowledge about flossing and interdental aids, confusion about the frequency of daily brushing as well as the technique, lack of professional dental care, and bleeding when brushing as a sign of gingivitis or inflammation.

During the three sessions, the issue prioritized was to improve the level of personal self-care. This included introducing new vocabulary, techniques, and products for students to use outside of a classroom setting to effectively improve their oral health. Improvement of personal self-care was prioritized as many students indicated the lack of professional dental care. By enhancing the students' knowledge on personal self-care, they may also be motivated to seek professional care. Personal self-care was a topic the UBC presenters believed to be easily accepted and incorporated into the students' lifestyles. Some students had professional care in their home countries, therefore teaching adequate personal self-care would help maintain optimal oral health.

PLANNING: *(See Appendix C and D)*

Program Goal: To increase awareness about personal self care by introducing dental aids and how to choose them as well as instilling knowledge on the importance of oral hygiene.¹

LESSON 1: Introduction and Vocabulary - The objective of the first lesson was to introduce new oral health related vocabulary that could be used in conversation with friends, workers, and health care professionals. The activities to measure the success of this outcome were: a fill-in-the blank worksheet that reviewed new vocabulary, and dialogue practice.²

LESSON 2: Personal Self Care -Brushing & Toothbrushes - The objectives of this lesson were

to be able to identify between hard and soft toothbrushes, to describe which toothbrush is better, and demonstrate the modified bass toothbrushing technique.³ The activities used to measure the success of these outcomes were an interactive multiple choice activity and a demonstration of toothbrushing technique in front of the presenters who marked based on a criteria sheet.⁴

LESSON 3: Interdental Aids - The objective of this lesson was to introduce interdental aids and demonstrate how to use them. The activities used to measure the success of this objective were mini lessons of proper interdental cleaning techniques, step by step dialogues, and demonstrations by the students while the presenters marked them based on their performance.

Educational and Health Promotional Models and Theories: *(See Appendix E)*

- Goals and plans were centered around the social cognitive theory and the transtheoretical model of change (TTM).⁵

Resources: *(See Appendix F)*

- Technology based resources and physical props were both utilized.

Budget: *(See Appendix G)*

- Estimated cost was \$100. All materials were donated by the UBC Faculty of Dentistry.

Strategies to Promote Fieldwork and Reinforcement in the Oral Health Program:

- Free toothbrushes and toothpaste were provided to reinforce the lesson on the importance of toothbrushing. Take home step by step dialogues reinforced the techniques used such that the students would be able to practice at home as well.

IMPLEMENTATION: *(See Appendix H for photographs)*

First implementation activities:

- Vocabulary lesson, flashcard review in focus groups, fill-in-the-blank worksheet given in focus groups, dialogue demonstration, and partner practice.

First implementation structure for gaining feedback for future lessons:

- The classroom instructor emailed feedback to the presenters.

Modifications made in the first implementation:

- Did not adhere to lesson plan for vocabulary introduction. More adlibs were used.

Second implementation activities:

- Vocabulary review from lesson one and new vocabulary lesson, toothbrushes with different bristle hardness were provided and students were asked to describe the texture of the bristles, demonstration of a brushing technique and consequences of aggressive brushing, dialogue demonstration and partner practice, and interactive SMARTboard multiple choice quiz in large group.

Second implementation structure for gaining feedback for future lessons:

- Debriefing from organization coordinator and feedback forms from class teacher.

Modifications made in the second implementation

- Team meeting to rehearse lesson and calibrate understanding.

Third implementation activities:

- Vocabulary review from Lesson 2 and new vocabulary lesson, lesson on why teeth need to be cleaned, brushing technique review, interdental aids dialogue demonstration and partner practice, and student demonstration of interdental aids technique.

Third implementation structure for gaining feedback for future lessons

- Debriefing from organization coordinator and feedback form from class teacher.

Modifications made in the third implementation:

- Called on specific students rather than vaguely asking for volunteers.

- Team meeting to rehearse lesson and calibrate understanding.

EVALUATION:

Formative evaluation was done through observation and communication between the presenters to manage the timing of the lesson and understanding of concepts. Presenters notified each other of completion of an activity to ensure consistent pacing. Multiple presenters helped explain difficult concepts together in different ways to ensure understanding.

Through summative evaluation, the presenters organized materials, and practiced before the second lesson after lack of practice was identified from the first lesson. Feedback given from instructors was used to improve the content and delivery of subsequent lessons such as balancing the number of students at each table, and breaking up difficult words into their syllables. To evaluate the success of a lesson, shared criteria created by the group was used to analyze a certain skill. Worksheets and verbal practice highlighted the students' understanding and fluency respectively. *(Please see Appendix I for copies of rubrics and feedback).*

Outcomes of the Program:

The students learned new vocabulary pertaining to the importance of proper oral self care, the correct tools for personal self-care, and how to use them. Worksheets outlining the steps for personal self-care were given to promote information retention and continued practice after program completion. The SMART goals for all three lessons were met. The students scored higher when action was involved with dentofoms as performed with proper toothbrushing technique and the use of interdental aids. *(Please see Appendix J for results).*

Future Goals: *(See Appendix K for team reflections)*

The presenters would simplify terms and shorten instructions to increase clarity. Future lessons pertaining to fluoride use and caries risk would be appropriate as many students

believed it was normal to have caries and not seek care.^{6,7} The students now have a better understanding of oral health to be able to learn about these more difficult concepts.

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APPENDIX A: Situational Analysis

Strengths:

- Students were enthusiastic, engaged and curious in learning.
 - They were very interested in learning about oral health and how to improve.
 - Observed students vocalizing their thoughts on changing their oral health habits after second lesson on toothbrushing. This indicates some students were in the precontemplation or contemplation stage of the TTM in regards to improving their brushing method.^a
- Currently enrolled in English lessons which indicates motivation and desire to improve their abilities to communicate with others in Canada where English is the main language.
 - The students are in the action phase of the TTM in regards to learning English.^a
 - Can improve access to care by being able to go to services where their main language is not used, better understand policies and labels at drugstores.
- Good social determinants of health: income, social support networks, physical environment, employment/working conditions, education.

Weaknesses:

- CLB-3 level literacy: these students are unable to understand abstract terms, have difficulty in pronunciation, and information retention.^b
 - May lack confidence to access services where English is the only language option available, may not be aware of low-cost dental clinics available to them.^c
- Low oral health literacy observed through discussion and survey.

- Culture: many students come from cultures that do not put emphasis on oral health or importance of maintaining good oral health as a way to be healthy.
 - Many students hold the belief that the mouth is disconnected from the body, that disease is caused holistically, and prefer traditional medicine versus professional treatment.^{d,e}
- Age: a majority of the students are older which may suggest a reluctance to change behaviours and dexterity issues may be present. The average age of the class is 48.
- Personal health practices: in the survey, students indicated that they did not know what floss was or that they only brush once a day. Some indicated they had never seen a dentist before.
- Due to the short amount of time they have lived in the country, some did not have appointed health care providers or have long periods of time where they do not see health care providers as they go back to their home country for treatments.^f
- Over half of recent immigrants to Canada are of working age.^g
 - May be more focused on work to provide a better life for their families rather than on their oral health or general health.

Opportunities:

- ISS helps immigrants and refugees learn English as a second language and focuses on practical topics necessary for settlement such as housing, banking, and transportation. The classes focus on behaviours that are considered appropriate in Canada while also accepting the multicultural nature of the class as a facet of Canadian culture.^h
 - ISS helps improve the quality of life for new immigrants and refugees by helping them adapt to a foreign place and building connections with others in the same situation.^h

- A partnership between ISS and the UBC Dental Hygiene Degree Program offers oral health sessions with students in the program.
- ISS is located near the Commercial-Broadway skytrain station, this made it easy for students to travel to the site, increasing class attendance. Students consistently attended classes with frequent new additions.
- BC medical service plan (MSP) offers coverage for certain health care services for all BC residents however, premiums must be paid.
 - Dental procedures requiring hospitalization are covered.
 - Government assisted and privately sponsored refugees to BC can apply for MSP immediately upon arrival.ⁱ
- UBC Dental Hygiene Degree Program offers dental hygiene services at greatly reduced rate, along with the DMD, and grad program services.^j
- Various clinics in the lower mainland offer services at reduced rate for those without dental insurance.^{k,l}

Threats:

- BC MSP does not cover routine dental/dental hygiene appointments, only treatments requiring hospitalization, such as surgeries, are covered.^m
 - Registration may pose fear of deportation due to insufficient documentation.
 - MSP requires premiums to be paid, this may prove to be a hardship for those with low income, or low socioeconomic status.ⁿ
 - Cost could be a threat due to their low prioritization of oral health. Some preferred dental tourism because treatment in other countries is offered at a lower price. However, the quality of care may be different and they may not see a dental professional for long periods of time.^o

- Many of the clinics that offer reduced rates all have specific criteria for their patients in order to be seen and some may not fit those categories.
 - Ex. Many clinics focus on treating high-risk children only or only serve residents in specific areas of Vancouver.^p
- 365-day rule: many students identified they did not have a dentist or have not seen a dentist in many years. This would restrict their access to certain dental hygiene services where the hygienists have a degree or are 365 exempt.^q
- Language barrier and low cultural competency of health care workers decreases effectiveness of treatment given, compliance of patient, and further access to care.^r

Gaps in Oral Health Services:

Dental services are not covered by the medical service plan that all Canadian citizens must pay for. This may suggest to the public that oral health is not important, or relevant to maintaining health. Language and cultural barriers may act as a gap within the oral health services provided. As English is the main language of services in Vancouver, many health care professionals may lack cultural competency when someone speaking a foreign language is trying to seek care. Often times ethnocentrism is exhibited and health care professionals are not considering the different practices of different cultures such that care is ineffective.^s These clients may be deterred from coming back because of the large difference from the practice they are familiar with.

Programs to improve oral health and quality of life:

1. A program delivered by UBC dental hygiene students focused specifically on seeking care from dental professionals. This is a large topic that may require multiple lessons

rather than one session as issues such as financial situations, location, and the criteria needed to be clients in certain offices need to be addressed. Accessing services appears to be a large issue especially for those who are not literate in English.

2. ISS Vancouver is located close to a Safeway supermarket. A program that could improve the community's oral health and quality of life would be a guided supermarket tour focusing on nutrition and its effects on oral health. Canadian supermarkets may be greatly different and unfamiliar compared to the places in other countries. This program may help guide immigrants to make better food choices that are beneficial to their overall health as well as their oral health with what is available in the lower mainland. This could be an initiative between ISS Vancouver, the UBC dental hygiene program, the UBC dietetics program, and Safeway.

Conclusion:

This community possesses strengths such as eagerness, interest, and strong social determinants of health that can be applied to the opportunities in the area to improve their oral health. However, low oral health literacy, the lack of professional dental care, English language literacy, financial costs, and cultural barriers may act as threats to the community in improving their oral health. The students may be ignorant to the importance of oral health in maintaining their overall health as the topic may not be addressed or valued in the country or culture they hail from. Through this situational analysis, the UBC team was able to focus on improving the oral health literacy of the students by improving their overall English literacy with new vocabulary relating to the improvement of oral health through personal self care.

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APPENDIX B: Needs Assessment Survey Results

Bracketed numbers indicate the number of responses for that particular answer.

Average age: 48

Country of Origin: China (10); Iran (2); Eritrea (2); Vietnam (1)

1. My teeth are healthy.

- a. Yes (7)
- b. No (6)
- c. Sometimes (2)

2. When did you see the dentist?

- a. This year
- b. Last year (7)
- c. Never (4)
- d. Other:(4) Answers included: 4 years old, 5 years ago
 - i. Was the dentist in Canada?
 - 1. Yes (3)
 - 2. No (8)

3. How many times do you brush your teeth a day?

- a. Once (4)
- b. Twice (9)
- c. Other: (2) Answers included: 3 times/day, and never.

4. Do you clean in between your teeth?

- a. Yes (7)
 - i. How many times per week?
 - ii. 7 times (1), 4 times (1), 3 times(1), 2 times (2), as needed (2)

iii. With what?

1. Floss (1), toothpick (2)

b. No (8)

5. Do you see bleeding when you brush or floss your teeth? (what is bleeding?)

a. Frequently

b. Sometimes (8)

c. Rarely (1)

d. Not at all (6)

6. Have you had cavities before?

a. Yes (7)

b. No (8)

c. I think so

7. I eat these foods more than twice a week:

Food community DOES NOT eat:

- Junk food (6)
- Meat fish chicken (2)
- Dairy (2)
- Grains (1)
- Soda (12)
- Tea/coffee (6)
- Vegetables (1)

8. Do you smoke or drink alcohol?

a. Yes

i.	Smoke	(2)	Alcohol	Both
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b. No (13)

9. What do you want to know about your mouth and teeth?

- How many times to brush a day
- Should I put toothpaste on with my finger?
- How often to go to the dentist
- Dental checkups in Vancouver
- Sensitivity
- How to floss and how to brush
- Teeth health

APPENDIX C: Planning of Activities

Program Goal Rationale: The study by Sniehotta *et. al* suggests that individuals are more likely to perform actions when they establish a cognitive link between situational cues and behavioural responses.¹ This was implemented into the lesson when the UBC presenters taught students about the consequences, such as gingivitis and recession, of not performing proper personal self-care. The study concluded that a one-minute intervention of flossing and brushing increased the flossing and brushing frequency of those who took part in the randomized controlled trial. Since the lessons were focused on personal self-care, the goal was to increase awareness of the benefits of proper technique and to spark enough interest to increase the frequency of implementing these routines at home.

LESSON 1: Introduction and New Vocabulary

SMART Objective: By the end of the session 80% of the students will be able to recognize and use all of the oral health related vocabulary in conversation. This will be measured by a

worksheet at the end of the lesson to see how much the students have retained. Speaking will be practiced in the small and larger groups and measured by our individual judgement and assessment.

- Project attached images on the smartboard and ask the class what they think the word is. Purpose of this is to introduce oral health vocabulary in order to implement the next two planned subjects. Bring realia (toothbrush/paste, floss, dentoforms) for additional visual aid
- After answers are given, the class will go through a repetition exercise. Words will be written on the whiteboard for the class to copy before moving on.
- After the activity, the presenters will review the words using flashcards and props in a verbal quiz to check understanding.
- Dialogue practice focused on using vocabulary learned in everyday conversation that would help students if they had questions they did not know how to express in English for store clerks, or their own dentists.
 - Rationale for dialogue practice: Mehrabi et al. found that through interactive speaking activities students were able to increase their accuracy and fluency in the English language as these activities helped replicate real communicative situations.² This was what the team aimed to create through the dialogue worksheets as CLB-3 students are learning basic English for everyday life activities.

LESSON 2 - PERSONAL SELF CARE: BRUSHING AND TOOTHBRUSHES

SMART Objective 1: By the end of the session, 70% of the student should be able to describe how different toothbrushes are used and distinguish between hard and soft toothbrushes. This will be measured through the interactive multiple choice activity displayed on the SMARTboard.

SMART Objective 2: By the end of the session, 70% of the students should be able to demonstrate proper toothbrushing method measured by the criteria below.

- Presenters will introduce the proper way of brushing versus aggressive brushing to promote health and comfort of gingiva.
- Emphasize on the importance of changing their toothbrush every 3 months, especially when they notice the bristles have frayed.
- Present different kinds of toothbrushes in the focus group
 - Ask students to feel the difference and what their opinion is on its effectiveness
 - “Good for brushing or bad for brushing?”
- In the collective group, each table will be asked to describe one of the toothbrushes and how it differs from the others on their table.
- Collective demonstration with a painted egg carton
 - Two sides of the carton demonstrates what happens when you use a soft toothbrush versus a hard toothbrush.
 - The egg carton acts as teeth: healthy gingiva and traumatized gingiva are painted on either side of the carton.
- Present a video of the modified bass technique of toothbrushing while a presenter explains what is occurring in the video in simpler terms.
 - Split into focus groups again to review the presentation at the same time, have the students demonstrate the technique using provided dentoforms. Presenters recorded how well they performed using a scorecard.

- Rationale for modified bass method: Poyata-Ferrera et al.'s study demonstrates the effectiveness of the modified bass method in removing supragingival plaque compared to the most common scrubbing technique.³ The study used participants aged 18-30 who were non-dental students, thus indicating a population similar to this community in which these participants are more likely to have a lower oral health literacy.
- Rationale for use of a video: The use of audiovisual methods such as vocal instructions and demonstrations may result in better retention of information.⁴ By playing a video and vocally explaining what is occurring in the video the presenters are using both audio and visual methods to explain toothbrushing.
- Created dialogues of how to choose proper toothbrush and when to change them.

LESSON 3 - INTERDENTAL AIDS

SMART Objective: By the end of the session 70% of students should be able to properly demonstrate how to use different interdental aids as measured by the criteria below.

1. Interdental aids taught: waxed floss, floss picks, soft pick.
2. Introduced each item in the same vocabulary learning technique as the first lesson in a collective group and split into focus groups to review.
3. Short lesson on why we need to clean in between the teeth in hopes to teach about the importance of cleaning between the teeth and going deep enough in the gingiva while minimizing tissue trauma.
4. Each presenter taught one interdental aid in front of the collective group
 - a. Other 3 presenters at their groups will mirror what lead student is doing so the table groups can see better

- b. Step bystep dialogue created for each method. Presenters used the same dialogue to teach. Students read and recited while performing proper interdental cleaning.
 - c. Students practiced in their focus groups for 10 min before moving on to next item.
- 5. Got students to demonstrate to each other while reading the dialogue.

APPENDIX D: Timeline of Key Program Events

- 1. 2 typed outlines of assessment strategies and two suggested oral health education topics due on **January 17, 2017**.
 - a. Email instructor **January 17 - 24 (before January 31, 2017, 1-2 weeks prior);**
Bullet outline of team's program goal and assessment strategies
 - i. Plan lesson #1 with SMART objective, how it will be measured, associating supporting activities and resources
- 2. 1st observation visit: **January 25, 2017**
- 3. After observation visit: 2 Forms: Team reflection of community visit and on organization site.
 - a. Revise lesson #1 to better reflect the needs of the community after the observation. Develop overall program goal.
 - b. Plan lesson #2 with SMART objective, how it will be measured, associating supporting activities and resources
- 4. 1st implementation visit: **February 14, 2017**
 - a. Add to team reflection
 - b. Plan lesson #3 with SMART objective, how it will be measured, associating supporting activities and resources

- c. Start working on community fieldwork service report
- 5. 2nd implementation visit: **March 7, 2017**
 - a. Add to team reflection
 - b. Add on to community fieldwork service report
- 6. 3rd implementation date: **March 29, 2017**
 - a. Add to team reflection
 - b. Finish community fieldwork service report
- 7. **April 5, 2017:** 10 minute professional team presentation (description, highlights/challenges, future recommendations related to program)
- 8. Community Fieldwork Service Report due **12 noon on April 7, 2017.**

APPENDIX E: Educational and Health Promotional Models and Theories

The program goal and plans were centered around the social cognitive theory that has the following key concepts:

- Reciprocal determinism: the interaction between the individual, behaviour and the environment.
 - The behaviours students consider normal from their country of origin were possibly not reflected in Canada as many students indicated they did not know what floss was or a dentist. This indicates how behaviours can change from being in different environments, students may adapt the new behaviours of those around them, which affects the individual as a whole.
- Behavioural capability
 - Lesson plans aimed at teaching students the correct vocabulary to use in everyday life to access care and physical actions to improve oral health.

- Lesson 2 and 3 incorporated the practice of physically brushing and cleaning interdentally such that students gain the motor skills to perform these behaviours on their own.
- Expectations
 - Set up expectations for actions of brushing and interdental aids by introducing the differences between a healthy and an unhealthy mouth, teeth, and gums as a result of good and poor oral self-care.
- Self-efficacy
 - Ensured students were practicing the proper technique for the respective oral self-care aids. Students were encouraged to continue practicing throughout the lesson as it was evident they were improving. Most students were able to perform the actions themselves without having to refer to the step by step worksheets.
- Observational learning
 - Demonstrations of techniques were done in a large group as well as smaller groups. The students worked together within smaller groups to encourage helping each other especially when there were large differences in the level of understanding within the group. Students were able to refer to each other and the presenter to observe the proper technique.
- Reinforcements
 - Samples of products were given out at the end of the lesson to encourage personal self-care with the proper tools.
 - Handouts of step by step instructions were given to help with information retention and to allow students to recite and follow at home.

Using the constructs of the social cognitive theory, the implementations aimed to help students move through the stages of the TTM. Most students appeared to be at the precontemplation stage at the beginning of the lessons as they were unaware of the implications of poor oral health and their current status. Through practice, step by step instructions, and free samples it was evident that some students had moved towards the contemplation stage through vocalized change talk such as “I am going to brush like this at home.” Students were able to understand the differences between a healthy mouth and an unhealthy mouth, relating what they learned in the lesson to their own situations. This may promote students to better consider changing their behaviours to move towards what is considered healthy as they are now aware of what a healthy mouth means and looks like.

APPENDIX F: Resources Required for Activities

- Toothbrushes
- Dentoforms and egg carton teeth
- Floss
- Soft picks
- Floss picks
- SMART Board

APPENDIX G: Budget

ITEM DESCRIPTION	ESTIMATED COST	ACTUAL COST	SUPPLIER
Toothbrushes	\$3-4	N/A	Donated by UBC Faculty of Dentistry
Dentoforms	\$70-80	N/A	
Floss	\$1-5	N/A	
Soft picks	\$5	N/A	

Floss picks	\$3-4	N/A	
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APPENDIX H: Photographs of Activities from Implementation Dates



I: Rubrics used to evaluate students

Name:	Brushing
	Properly performed modified bass on dentoform using “step by step” technique.
	Is able to paraphrase the benefits of toothbrushing (must mention removal of

	bacteria after eating/drinking)
	Is able to brush on correct areas as observed by UBC students
	Brushed on gum line and the lingual and buccal surfaces
	Was not aggressive
Total: /5	

Name:	Criteria
	Slowly went interproximally; was not aggressive; minimized tissue trauma
	Cleaned both mesial and distal aspects of adjacent teeth.
	Went 1-2 mm beneath the gums.
	Was able to perform correct step by step motions with respective aid accordingly
	Was able to tell which aid was appropriate to which situation.
Total: /5	

Feedback form given by class Instructor Scott for lesson 2.

Feedback: Community Site Personnel

Your feedback will help the UBC dental hygiene degree students to better serve your community needs. This information will be shared with the students and faculty involved. Please use back of paper if needed. Thank you.

Circle session/activity type:	Assessment	Session #1	Session #2	Other
Date: <u>March 7/17</u>				
Community reviewer: <u>Scott Kelly</u>			Site: <u>ISS of BC</u>	

Area	Strengths	Suggestions
Information & delivery (e.g. appropriateness, quality)	reviewed previous lessons vocab.	"bristle" was a difficult word for some to pronounce. Could use backward build up on board (see back of paper)
Engagement of audience	excellent	
Use of visuals and realia (e.g. supportive)	video was good model teeth at tables were also good.	
Communication style (e.g. eye contact, tone, voice, body language, clarity)	excellent	
Management of time, environment, questions		final quiz - see back of paper
Professionalism (e.g. conduct, attire)	completely professional	use correct grammar "Me and Belinda" → "Belinda and I" you did really good well
Preparedness/Organization	well organized	
Other (e.g. teamwork, feedback incorporated, etc)	Students shared presentation duties. No confusion about who would present each segment.	

Please direct questions/concerns to Diana Lin, UBC Clinical Associate Professor, Faculty of Dentistry, dianalin@dentistry.ubc.ca 604-827-0561

Dec 2016

UBC Dental Hygiene Degree Program

backward build up

istle
ristle
bristle

suggestion for

final quiz

Show question only (without answers) on first slide. Show questions and answers together on second slide.

This would make it easier to manage the activity, so that you wouldn't have students answering the question before it had been read aloud.

Feedback form given by Professor Lin for lesson 2.

Balint, Jamie
Loo, Maken

Feedback: Community Site Personnel

Your feedback will help the UBC dental hygiene degree students to better serve your community needs. This information will be shared with the students and faculty involved. Please use back of paper if needed. Thank you.

Circle session/activity type:	Assessment	Session #1	Session #2	Other
Date: March 7/17				
Community reviewer: D Lin			Site: ISSBC Van Level 3 Scott	

Area	Strengths	Suggestions
Information & delivery (e.g. appropriateness, quality)	Good information Much improvement from lesson 1 - more confident!	Good baseline Correct pronunciation so needed Try not to promote one product over the other Clarify it is just one way to brush. Many ways Provide key pts on power brushing - correct ppt - circle & roll (avoid down)
Engagement of audience	Good engagement - table by table Stations worked well Ind + gp + table responses	
Use of visuals and realia (e.g. supportive)	Good pics Good visual - video - clear MacKays egg cartons; demo brushes	↓ toothpaste amount - incorrect on video? - use pink & red on egg carton
Communication style (e.g. eye contact, tone, voice, body language, clarity)	Attentive, encouraging, smiling - Singling out individuals to participate - directed	Be careful of identifying personal info of people eg. who has dentures.
Management of time, environment, questions	- able to self-correct misinformation miscommunication eg. manual register - round. - Good review	Balance # of people on tables Avoid blocking screen Keep = similar vocabulary
Professionalism (e.g. conduct, attire)	Good	
Preparedness/Organization	Good coordinated	
Other (e.g. teamwork, feedback incorporated, etc)	Good teamwork in correcting misinformation about power vs regular → technique GOOD implementation!	Keep up the good work!

Please direct questions/concerns to Diana Lin, UBC Clinical Associate Professor, Faculty of Dentistry, dianalin@dentistry.ubc.ca 604-827-0561

Feedback form given by class instructor Scott for lesson 3.

Feedback: Community Site Personnel

Your feedback will help the UBC dental hygiene degree students to better serve your community needs. This information will be shared with the students and faculty involved. Please use back of paper if needed. Thank you.

Circle session/activity type:	Assessment	Session #1	Session <u>3</u>	Other _____
Date: <u>March 29/17</u>				
Community reviewer: <u>Scott Kelly</u>	Site: <u>ISS of BC - LINC class</u>			

Area	Strengths	Suggestions
Information & delivery (e.g. appropriateness, quality)		The information sheet (explaining the different types of floss) may have been a little dense - a lot of information and vocabulary for Level 3 students.
Engagement of audience	Students were engaged	
Use of visuals and realia (e.g. supportive)	pictures on smartboard were good. model teeth, toothbrushes, floss - good	
Communication style (e.g. eye contact, tone, voice, body language, clarity)	good - friendly and engaging	
Management of time, environment, questions	good	
Professionalism (e.g. conduct, attire)	very professional	
Preparedness/Organization	See below	
Other (e.g. teamwork, feedback incorporated, etc)	all the UBC students understood which part of the lesson they were to deliver - There was no confusion about roles.	

Please direct questions/concerns to Diana Lin, UBC Clinical Associate Professor, Faculty of Dentistry, dianalin@dentistry.ubc.ca 604-827-0561

Dec 2016 UBC Dental Hygiene Degree Program

APPENDIX J: Evaluation Results

LESSON 1:

The SMART objective of having 80% of the students being able to recognize and use the vocabulary words in conversation was met. All students were able to complete the worksheet with some assistance from the presenters. It was identified by presenters that only three students appeared to struggle with the worksheet when correcting the worksheet together as a large group. The worksheet was not formally corrected by presenters or collected as the purpose of the worksheet was to also help students become more familiar with the words and to have something to review at home. All students were given the opportunity to practice the dialogues within their small groups and then present to the larger group. At the subsequent

lesson, when reviewing the words from lesson 1 many of the students were able to shout out the words without being prompted.

LESSON 2:

The SMART objective of having 70% of the students be able to describe and distinguish the difference between hard and soft toothbrushes was met through the initial activity of feeling the toothbrushes to differentiate which was hard and which was soft; all students were able to do this. The interactive multiple choice activity reinforced the success of this SMART goal as all students were eager to answer the questions right away and all students got the answers correct.

The second SMART objective for lesson 2 was also met, as seen in the criteria sheet below, all students were able to properly demonstrate the modified bass method of toothbrushing.

A score of 1 or 0 was given for each criteria. Scores for each criteria were added together and then averaged by the number of students. Averages were added to give a total score out of 5. The total number of students participating was 15.

Name:	Brushing	Number of Students
1	Properly performed modified bass on dentoform using "step by step" technique.	15
1	Is able to paraphrase the benefits of toothbrushing (must mention removal of bacteria after eating/drinking)	15
1	Is able to brush on correct areas as observed by UBC students	15
1	Brushed on gum line and the lingual and buccal surfaces	15
1	Was not aggressive	15
Total: 5/5		15

LESSON 3:

The SMART objective of having 70% of students be able to properly demonstrate the use of floss, floss picks, and soft picks was met. As seen in the criteria sheet below, all students were able to demonstrate correctly the use of both floss picks and soft picks. In regards to flossing, less than 70% were able to demonstrate the first criteria correctly, however, overall more than 70% of students were able to demonstrate all criteria correctly.

The criteria sheet was used to evaluate on the technique of flossing as through observation it was obvious to all presenters that the students were able to use both the floss picks and soft picks with ease and confidence after reading the instructions and watching a demonstration.

A score of 1 or 0 was given for each criteria. Scores for each criteria were added together and then averaged by the number of students. Averages were added to give a total score out of 5. The total number of students participating was 14.

Name:	Criteria	Number of Students
0.64	Slowly went interproximally; was not aggressive; minimized tissue trauma	9
0.71	Cleaned both mesial and distal aspects of adjacent teeth.	10
0.93	Went 1-2 mm beneath the gums.	13
0.79	Was able to perform correct step by step motions with respective aid accordingly	11
0.93	Was able to tell which aid was appropriate to which situation.	13
Total: 4/5		11.2

APPENDIX K: Team Reflections

Community Facility location: ISS of BC Vancouver

Community Audience: CLB 3 Students

Student Team Members: Jamie Jiang, Leona Sun, Belinda Yip, Meika Uy

NEEDS ASSESSMENT:

Did the assessment or lesson implementation go according to plan?

The lesson went according to plan in some aspects but did not in others. The students were quite interested in the topic of oral health care and were engaged and answering the questions on the survey. The survey was fully completed however many students struggled with comprehending certain questions as the vocabulary was too difficult. Words such as 'sometimes', 'frequently', 'never', and 'rarely' were hard to explain to the students as these are relative words that can vary in meaning from person to person. More concrete terms such as actual numbers, for example: 'two times a week', may have been a better choice. Many students were also unaware of what cavities were, however those that did have fillings understood due to the images provided. We wanted to implement a program that was catered to the interests of the class and thus a blank box for students to write down their interests was provided, however, many did not know what to inquire about as their oral health literacy was quite low.

What was the team's biggest surprise? What was the biggest challenge?

The biggest challenge met was teaching and explaining words at a much lower English level. The students were sitting in groups at tables and within each group there were students of varying English literacy within the CLB-3 category. We had to individually explain questions

instead of one explanation to the small group which was not as efficient. Another challenge faced was not speaking in the native language of the students when they struggled to understand some words. Many of the students are from China and we also speak Chinese so it was very tempting to simply translate the words so that they would understand instead of explaining differently in English. The class was composed of adults, and teaching in very simplified English was difficult as we had to remain professional and respect the students as adult English learners versus children learning English for the first time. The lack of props was also a challenge. We failed to bring more supplies for the observation and assessment and saw that when we used the props we did have they were helpful as the students instantly recognized a physical toothbrush and floss but not the words.

What was the most important thing your team learned from the session?

We learned two main things from this assessment session. The first being the choice of vocabulary used in the worksheets. As this was an assessment we wanted to gauge the level of both oral health literacy as well as their grasp of the English language in general. The results indicated that a much lower level should be used to create an effective program. The second lesson learned was the importance of preparing and explaining instructions to the whole class first before moving to the small groups. This makes the lesson more efficient

What would your team do differently next time?

As mentioned earlier, we would come more prepared with more physical props rather than relying solely on images to explain something. Physical items are more recognizable and may help students remember vocabulary better by connecting the English word to a physical object. If the observation assessment were to be done again more research could be done on

the level of English of CLB-3 learners to create a survey that better reflected their level to ensure more accurate responses.

What has your team learned about teamwork and community work through this specific visit experience?

Teamwork is very important to ensure the completion of the activity because we really relied on each other when someone was unable to get an idea across. By having multiple perspectives and ideas the students were able to hear the same concept explained in different ways that could help with their understanding. This was our first experience teaching a group of adults and knowing that someone else would be there to help when you are struggling helps calm feelings of nervousness and anxiety when in front of the class.

COMMUNITY/ORGANIZATION SITE:

If your team was a participant in this community organization, what might you be seeing and thinking? Explore the world through their eyes and reflect on their perspective.

(Clearly identify who the community or organization is).

If our team was a participant in the Immigrant Services Society, we might be thinking that the UBC presenters are sophisticated as UBC has the reputation of being a prestigious university. We might feel surprised that the UBC presenters were so fluent in English despite their cultural appearance and that they might feel nervous because they are students giving a lesson to older adults.

Explore the world through the eyes of someone working in this community or organization. What might you be seeing and thinking?

If we were to work in this community, we would want to make sure that the UBC presenters are teaching in a way that students can understand while still respecting them as adults and maintaining professionalism and not use childish words to aid us in explanations. If we were not familiar with other lesson plans, we would review previous lessons taught by other instructors to gauge the level of language used for different classes and also to calibrate the amount of information being taught in each lesson.

Based on your team observations in this community/organization, what are the key elements of the organization's philosophy of care (ie. principles that guide this community/organization)?

Our team observed that the teachers build relationships with their students through interacting with them rather than just teaching in front of the class. We noticed that even when the class conjugates as one and the teacher starts teaching the whole group, he also focused on individuals who might not be as strong in the class. When that particular individual was struggling, we also noticed that the teacher was not harsh in correcting that student. Instead, he simply repeated the content and the student knew to correct him or herself. The instructor also helps build the students' confidence in speaking English by asking for volunteers as well as encouraging interaction between students so they can help each other when a problem arises.

What are your team observations about important protocols in this community/organization (i.e rules of conduct)?

Some important protocols that we have noticed during our assessment period was that the teachers really want to control the language environment by encouraging the students to

speak English only. We also noticed that they encourage the class to be quiet while a student is speaking to respect that individual and also to give that student a chance to be more vocal and gain more confidence in class.

What evidence does your team see of the culture of this community/organization and people within it? (ie. specific learned behaviours of this community/organization).

Evidence of the culture in this community seen is that students repeat after their instructor when asked and that they take pictures or write notes that the teacher writes on the board. Some students are also confident to answer questions when there is a class discussion.

LESSON 1 IMPLEMENTATION:

Did the lesson implementation go according to plan? Why or why not?

No, this lesson did not go according to plan. The lesson was unrehearsed by the team and thus resulted in a messy presentation that involved more improvisation. We were unsure of when to speak, often speaking over each other and unsure of where to stand, often clumping together in the front rather than spacing ourselves out throughout the classroom. One part of the lesson was skipped due to poor time management and unfamiliarity with the plan. The team was quite nervous for their first lesson and as a result was not as assertive as they could be when giving directions to the class to follow or respond to. Intervention by the coordinator was necessary to get a response from the class.

What was the team's biggest surprise? What was the biggest challenge?

The biggest surprise for this implementation period was the response from the audience as they were engaged to the lesson, which was a good thing, however due to this, it was a little

challenging to control the class. It was difficult to keep everyone focused on the task at hand and to prevent personal conversations in their native language. It was also surprising how hard it was to explain things in simpler English terms while maintaining professionalism and respect as the students are adults. We also found it a little challenging to gain the confidence in repeating concepts and words multiple times to ensure the audience understand and were able to recall and pronounce the words introduced. This was something we were not used to doing and the fact that the students did not understand fully the first time decreased our confidence as we related this to our skills rather than theirs.

What was the most important thing your team learned from the session?

The most important thing learned would be the importance of practice and pre-lesson meetings. The team should debrief the order of the lesson beforehand so that every member knows their role and the schedule. Rehearsal is important so that no one is talking over each other and this helps with the time management as well. Rehearsal ensures that nothing is repeated or left out during the lesson.

What would your team do differently next time?

Next time handouts should be handed out one at a time according to the activity. This will ensure that the students are focusing on the current activity rather than one that is planned for later. The lesson focuses on teaching within small groups and often team members are not fully aware of what the other groups are doing. For next time more communication between team members will help ensure the timing is consistent within each small group. Larger and clearer gestures are needed to emphasize what the team members want the class to do. The team must sound more clear, assertive, and confident in order to have an adult audience be

engaged. Team members should also ask individual students to participate; when the instructor notices someone is not quite as engaged to the topic than other stronger students, they can help them gauge their interest on the topic.

What has your team learned about teamwork and community work through this specific visit experience?

Communication is very important and every detail should be discussed between all team members to ensure everyone is aware of their roles and the schedule to successfully complete a lesson. Information should be organized to reduce confusion among team members and to optimize time management.

LESSON 2 IMPLEMENTATION:

Did the lesson implementation go according to plan? Why or why not?

Yes, the session went according to plan as our team practiced the lesson prior to the actual session. During the rehearsal, we clarified each group members' role in the lesson to ensure the session would progress smoothly. Formative evaluation was done throughout to ensure all focus groups were engaged in the same activity. The students were very engaged in the activity and eager to demonstrate their newly learned skills. Some student personal information was announced during the lesson. The student was okay with it being released but the presenters should have consulted with him first before announcing it as it could have been a very sensitive topic that he may have wanted to keep confidential.

What was the team's biggest surprise? What was the biggest challenge?

We were surprised by how engaged the students were despite the difficulty level of the lesson. We felt that the amount of information given that day was quite dense and we introduced a few more difficult terms. It was also surprising that the students retained a lot of information from the first implementation day. We had a little bit of difficulty giving answers to some questions due to minor ambiguous concepts such as manual versus electric toothbrushes and which one is better. We also found it challenging to control the class and allowing just one student to speak and having everyone else to just listen. At this point, it was evident who the stronger students were, and these particular students were harder to control. We had hoped to give the more challenged students an opportunity to speak, however some students would just shout out answers without even listening to us.

What was the most important thing your team learned from the session?

We learned that teamwork is critical in teaching a lesson and that each group member can contribute a different method in conveying a lesson. Some information was difficult to relay due to the abstract nature of the content and it was through teamwork that these ideas were understood. An example of this is when asked which brushes are better when discussing manual and power toothbrushes.

What would your team do differently next time?

To control the class, we would call the specific student's name to speak instead of just saying 'could somebody...' when asking for student responses. When we were not specific, the class got out of control and answers were shouted over each other and it just insinuates chaos throughout the room. This is because our group had difficulty getting the students to practice their reading by reading out the questions first and having one student give out an answer.

Another way that might have made this situation easier was suggested by the classroom teacher. This would be to create slides or images with just the question first and then offer some possible answers just so the students don't get too overwhelmed and to keep them focused on one thing at a time.

What has your team learned about teamwork and community work through this specific visit experience?

We learned that nonverbal communication is important to maintain professionalism as well as increase information retention for the students. This also ensures the lesson improves during implementation, as when one presenter notices an issue during the session, it can be corrected immediately.

LESSON 3 IMPLEMENTATION:

Did the lesson implementation go to plan? Why or why not?

Yes, the implementation went according to plan because the group rehearsed adequately prior to the session, therefore all team members were prepared. Formative evaluation was used to determine when to move on to the next activity. There was good communication between group members to help describe difficult concepts when one member was not successful. Although the lesson went according to plan, the step by step worksheet may have been too difficult for the level of English literacy present and may need to be adjusted if the lesson were to be repeated. The steps may have been too repetitive as many students were unable to distinguish the difference between some of the steps.

What was the team's biggest surprise? What was the biggest challenge?

The students were unusually quiet that day which made it difficult to know if they were really engaged. The stronger students were loud and more confident as usual, but due to the difficulty of the lesson the quieter students appeared even more quiet. One big challenge that we faced was that the last handout where all the instructions for using interdental aids may have been too difficult for some students to recite. We also noticed that the dialogues were a little too long, and there were many words that were harder to explain in simpler terms. Flossing is not an easy technique and many students were not able to correctly demonstrate it the first time, compared to the toothbrushing lesson. Many female students had long manicured nails which made the action even more difficult.

What was the most important thing your team learned from the session?

The most important thing our team learned from the session is to use more simple language as well as concise instructions. We realized that our interdental aids instructions were slightly too complicated and long for the students to fully understand. They may not need all the steps to be able to perform the actions.

What would you team do differently next time?

We would simplify the instructions for the interdental aids and shorten the number of steps required so that the most important information is clearly communicated to the students.

What has your team learned about teamwork and community work through this specific visit experience?

Based on this visit experience our team learned that it is advantageous to meet prior to implementation in order to organize our materials and clarify each member's role. This lesson

required more materials than previous so determining when and who would distribute the different interdental aids was key to maintaining the flow of the lesson and managing our time.

TEAM EVALUATION

Community Audience: CLB-3 Students

Community Location: ISSBC -Vancouver

Date: 5 April 2017

Team Member Names:

1. Jamie Jiang 2. Leona Sun 3. Meika Uy 4. Belinda Yip

Instructions:

Using the provided outline, evaluate your team and the way your team functioned by writing the number (1-7) that best describes your team.

Criteria	Score
Goals and Objectives	6
Utilization of Resources	7
Trust and Conflict	7
Control and Procedures	6.5
Interpersonal Communication	5.5
Problem Solving/Decision Making	7
Experimentation/Creativity	5
Evaluation	6
Listening	7

1. The item number on the assessment that we need to discuss most is: _____. This item needs attention because...

Experimentation would be the item that requires the most discussion because we mostly followed the lesson we observed by Scott and did not try to create new ways to teach the students. Due to the many past student groups that had taught at ISS, we followed the advice of Lisa the coordinator, Scott the teacher, and Professor Lin to determine what would be appropriate. None of the team members had ever taught an adult learner class before, thus we were unsure of what would be effective. For example, the dialogues we created for our program modelled the dialogue use that Scott used to teach how to order food at a restaurant. Our activities were very similar to what the students would normally do in a normal classroom, with the exception of the hands on oral health brushing and flossing activities.

2. Our best idea for helping teammates work together more effectively is...

To help teammates work together more effectively we would recommend setting meeting times to work on the lesson plans together. This will help promote discussions on how to implement lessons and improve upon feedback given from others. By collaborating to create the lesson, role clarification and trust is able to be developed more easily. Guidelines should be set so that each member knows what is expected of them both in creating the lesson and presenting it as well. Team members can help keep each other accountable for their assigned tasks.