DHYG 310: Community Section 3: Community Practice
Fieldwork Service Report
Vancouver DDA Adults

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Executive Summary

The University of British Columbia (UBC) Faculty of Dentistry (FoD) sent a team of three third-year Dental Hygiene Entry to Practice (DH-ETP) student presenters to the Vancouver Developmental Disabilities Association (DDA), to educate adults living with cognitive and physical disabilities about relevant oral health topics and incorporate exercise components into their daily routine. There were three rotations to DDA, the first served as an observation visit to view how the clients interacted with each other and the instructor, client concept-capability, and overall facility environment. The presenters conversed with the clients in regards to their diet, personal self care (PSC) practices, and general health care knowledge. Based on the assessment data and observations, two implementation lessons were planned: dental consideration with diabetes and the importance of extra-oral (EO) exams, and the importance of healthy eating and reading nutrition labels. Activities in each lesson plan were developed based on the needs of the clients, considering previous knowledge, appropriate vocabulary and physical limitations. The presenters also created SMART objectives to ensure that the lessons were *specific*, *measurable*, *achievable* and *reasonable* to what the clients were being taught in a *time*-efficient manner. Lastly, the *assessment, development, planning, implementation* and *evaluation* (ADPIE) data were analyzed by the presenters and used as a method of self-evaluation for self-improvement. The overall program goal was to increase the client's comfort in addressing their own oral health concerns, both extra-orally and intra-orally, and to make healthier nutritional choices.

Recommendations

For Future Presenters:

1. Consider cognitive and physical abilities. Repeat concepts several times to allow the students to retain the information. Use simple language and speak loudly.
2. Do not ask the clients if they understand. Use interpersonal skills to assess their overall understanding.
3. Keep the class together rather than in small groups. The clients collaborate and support each other, encouraging more open communication.
4. Seek help from the Vancouver Coastal Health (VCH) coordinator in regards to lesson plans for difficulty level, specific vocabulary, and relevance to the clients.
5. Practice the lesson before the implementation day to ensure a mutual understanding of the material being taught.

Recommendations for Community:

1. Have a list of low cost clinics in close proximity to DDA in order to promote proper oral health care practices that are accessible.
2. Hand out pamphlets to the caregivers or family members of the clients so that they are also educated on proper PSC.

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Dental Hygiene Process of Care

Assessment:

The target population of the assessment was the 10-16 adults, with cognitive and physical disabilities, that attended the DDA drop-in program.[1] Refer to Appendix A. The presenters "conducted a needs assessment of the target population" based on observations and conversations.[2] The community demonstrated fair social determinants of health as impairment in one aspect led to increased motivation to improve other aspects of their overall health. Clients had varied perceptions of oral health as some were unclear between the relationship of their oral health and systemic health.

Presenters conducted the visit verbally, in order to build rapport, by asking the clients questions relating to both oral and systemic health in order to gauge their current oral and systemic health literacy. Refer to Appendix B1. Questions encompassed topics such as PSC habits, nutrition and exercise. The presenters also gave clients the opportunity to voice their personal concerns. The answers were collected to identify the most pertinent issues and topics for implementation. Refer to Appendix B2. To assess the space and learning style of the class, the presenters spoke with the VCH program coordinator, Jadina Yip, as well as the education assistant at DDA, Christine Dela Cruz, to determine available resources and strategies that worked best when instructing this group**.** Through secondary data analysis, the presentators found that UBC Dentistry programs, Canadian Medical Services Plan, Developmental Disabilities Mental Health Services, and Community Living British Columbia were major health programs influencing this community's health. Additionally, the Office of the Advocate for Service Quality was a resource for this group to better advocate for themselves. The presenters used this data to better formulate the community diagnosis and plan.[3-5]

Diagnosis:

Determining the importance and relevance of the implementation topic was acquired through primary and secondary data collected during the observation visit. From this primary data, it was discovered that the majority of the clients had some previous knowledge of PSC habits and how oral health affects diabetes and weight. The community diagnosis for this specific target population was low oral health literacy, type II diabetes, overweight, frequent snacking and high caries risk.

Planning:

The overall program goal for the implementation sessions was to teach DDA clients the importance of managing their diabetes, the significance of healthy eating, maintaining an active lifestyle, and how these factors related to oral health. This was determined from the primary and secondary data obtained in the observation visit. The SMART objectives planned for the two lessons were: (1) By the end of the session, 70% of the students will be able to demonstrate proper EO exam technique and state its importance, those with diabetes will explain one way that they can stop bleeding in their gums through both lifestyle changes and PSC and; (2) DDA clients will be able to correctly read food labels and identify sugar and fat content and finally, they will be able to correctly identify the four food groups. Refer to Appendix C. To garner feedback, the presenters planned to have a debriefing with the education assistant and program coordinator after each implementation session.

The teaching style that the UBC presenters used was motivational interviewing which was supported by giving positive appraisal to the clients. This helped clients build self-confidence, while supporting self-efficacy, adapted from the Theory of Planned Behavior

to facilitate change through education and demonstration.[6] Consequently, clients were encouraged to take initiative at home to increase their oral health. Budget was limited and most resources were provided by UBC FoD. Refer to Appendix D.

The plans incorporated an exercise component to begin each lesson for the DDA adults. The purpose of this component was to help facilitate long-term involvement with exercise and to reinforce the importance of 30 minutes of daily physical activity. By instructing the clients to physically exercise, it gave them the fundamental building blocks in becoming advocates for a healthier lifestyle within their social support network, targeting not only the sample population but expanding throughout the Vancouver region.

Implementation:

Each implementation visit was structured based on a SMART objective, including an exercise component and specific activities. Additionally, clients were kept in a large group to allow collaboration and support from each other during the hands on activities.

The first implementation session began with a compilation of SAIL exercises. Refer Appendix E1. Many clients elected to sit down instead of stand; therefore, modifications to the sequence and form of exercises were applied. Presenters incorporated music based on the interests of the clients. The lesson began with recognizing the importance of the EO and intra-oral (IO) exams. The presenters conducted a mini-lesson and demonstrated the proper palpation technique so that clients gained an understanding of the feeling and pressure applied. Presenters then instructed the clients to self-examine, offering the opportunity to don gloves and a mask. Presenters rotated between the clients to facilitate both knowledge and skill. The next activity involved a skit by the presenters demonstrating the correlation between diabetes and oral health. Refer to Appendix E2. One client was asked to volunteer

and act as an individual's *gingiva* while the presenters attached signs to themselves such as *high blood sugar, white blood cells* and *bacteria.* To evaluate the success of the activity, clients were verbally asked to reiterate the educative component of the skit and to elaborate on ways to control high blood sugar. Refer to Appendix F1.

The second implementation began with a ZUMBA® class video being used from YouTube. During the first circuit, the presenters demonstrated the exercises in the video and in the second circuit, the clients were given the opportunity to lead the class with their own exercises. This gave the clients increased motivation and helped build rapport between the presenters and the clients. Next, a pictionary activity was implemented where one presenter drew a food item on the whiteboard. Clients were asked to guess the item and subsequently sort the item into the proper food group. See Appendix E3. The time for this activity was shortened due to the session beginning late as clients were occupied with their last bingo activity. The last activity in our session was a lesson on nutrition labels where *sugar* and *fat* were highlighted on a prepared "nutrition label" chart paper. Refer to Appendix E4. Clients were given several food items to gain experience with looking at different nutritional labels. Presenters rotated between clients to facilitate learning. Refer to Appendix F2. After the clients were finished highlighting, the class was asked to share what the sugar content of their item was and to sort it in ascending order. Refer to Appendix G..

Evaluation:

Evaluations were discussed between the stakeholders including Jadina Yip, Christina Dela Cruz, Professor Diana Lin and the presenters. The presenters provided the feedback forms to Jadina and Christine as a form of self and implementation evaluation. Refer to Appendix H. Due to varied cognitive abilities, verbal evaluations in the form of general

questions regarding what was learned, was implemented. At the end of the sessions, it was concluded that verbal communication was the best evaluative strategy, as it worked well for the presenters and resulted in a higher learning curve, where the SMART objectives were met.

As previously discussed, the first implementation lesson consisted of SAIL exercises and two PSC related activities. It was important to implement daily physical activity and proper PSC as the majority of the clients have diabetes and lower systemic health. At the end of the lesson, the clients were questioned about the topics covered in the lesson, as a group, with majority of the high-functioning clients answering on behalf of the group.

During the second implementation lesson, a ZUMBA® exercise, a nutritional organization demo and a food labelling activity were done. This lesson was followed by having the clients identify sugar and fat content on food labels on popular healthy and unhealthy food items which acted as the evaluation component for the presenters.

Future evaluation process recommendations were to consider the physical and cognitive abilities and educational demands of the target population, encourage client participation, use stakeholders as a resource for lesson development, and work cohesively as a team of presenters. The presenters debriefed after every implementation as it was important to evaluate the quality of lessons as it was vital in determining areas of improvement as educators. Refer to Appendix I.

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Appendix A: Situational Analysis

Strengths:

- Clients were enthusiastic, engaged, and curious in learning.
    - They were interested in learning how to improve their oral health. Clients vocalized knowledge deficits during the assessment visit and asked questions about specific topics (e.g. extractions). This indicated that some clients were in the contemplation stage of the transtheoretical model (TTM) in regards to their oral health knowledge.[a]
    - Clients vocalized PSC habits (eg. minimize soda/juice consumption). This indicated that clients were in the action or maintenance stage of the TTM in regards to improving their systemic health.[a]
- Most clients possessed fair social determinants of health.[b]
    - Social support networks, physical environment, social environment and culture.
    - Personal health practices: most clients had visited a dental professional recently and were aware of proper PSC habits.

Weaknesses:

- Due to cognitive disability, clients may have had a short attention span and therefore, be easily distracted if activities are not engaging.[c]
- Clients seemed aware of proper PSC habits but were unable to verbalize the reason for certain treatment options.
- **Disability:** all clients had a disability, which suggested lowered functional status, and exacerbation of perceived symptoms. Clients may be overconcerned with certain

conditions and may seek self-directed treatment without professional guidance.[d] People with developmental disabilities (DD) are likely to experience social exclusion.[b]

    - Physical disability: Dexterity and mobility issues present may inhibit the proper technique from being adapted.
    - Cognitive disability: Clients may not understand the didactic portion of activities.

- **Age:** Most clients were older which suggested a reluctance to change existing habits. The average age of the class was 55 years old.
- **Working environment:** Those with disabilities are often unemployed and even when employed, earn less than those without disabilities. As a result, individuals are forced to rely on social assistance benefits; therefore, they may not prioritize oral health.[b]
    - All clients were of working age. They may be frustrated as many employers may decline employment for this group based on their impairment.[e]
    - Low socioeconomic status (SES) may limit opportunities to improve oral health literacy, by not having access to books, products and other resources. Low SES plays a big role on their susceptibility to oral health issues and risks.
    - Canada ranks 27th of 29 in the Organisation for Economic Co-operation and Development in terms of disabilities assistance.

Opportunities:

- DDA was an agency that helps those with DD by creating extended networks of support, investing in individual needs and striving for an inclusive and safe community. Classes and resources helped them maximize their potential and quality in life.[f]

    - Extensive assistive technology was available to help clients adapt and rehabilitate.
    - Jobs West and Starworks were employment divisions at DDA that helped clients find community based work placements.[f]
    - Charter of Rights helped build connections with others by highlighting acceptable behaviours.[f]
    - Sustainability: DDA incorporates current events such as reducing their ecological footprint into the curriculum.[f]
    - Bus stop offering HandyDART services in front of DDA drop-in centre was convenient and encouraged clients to travel to the site, increasing class attendance. Student attendance increased throughout the program.
- Disability assistance is available for those designated as a Person with Disabilities.[g]
    - Simplified application process is available if one receives benefits from Community Living BC (CLBC), which is associated with DDA.
- BC Medical Services Plan (MSP) offers coverage for basic medical services for all BC residents, although premiums must be paid.[h]
    - Dental procedures requiring hospitalization are covered.
    - Income assistance recipients are eligible for supplementary benefits.
- UBC FoD offers services at reduced rates, including the DHDP, Doctor of Medicine in Dentistry and other specialty graduate program services.[i]
    - Various clinics in the lower mainland offer services at a reduced rate for those without dental insurance.[j,k]

- The Developmental Disabilities Mental Health Services (DDMHS) provides a specialty program for the mental health community for individuals over the age of twelve living with co-existing developmental disabilities and mental illness.[l]
    - Behavioural, counselling, consultation, education and group services offered.
    - Services available upon referral.
- Community Living BC (CLBC) supports adults with DD and their families to achieve their goals in life. Funded supports include: housing options and independence encouragement, family support, community service connections and community inclusion supports that focus on employment, social and life skills.[m]
    - The Office of the Advocate for Service Quality (OASQ) helps adults with DD get quality service from CLBC, the government and community agencies. The Advocate is a neutral third party to find solutions.[n]

Threats:

- MSP does not cover routine dental services, only hospitalized treatments are covered.[h]
    - Premiums must be paid, which may prove to be difficult for those with low income or SES.
    - Dental visits may be avoided.
- Many low cost clinics have specific criteria and some may not fit those categories.
    - Some clinics only treat high-risk children or residents of specific areas.[p]
    - Some clinics may refuse to treat individuals with DD as more time is usually necessary for these individuals.
- Clients who have not seen a dentist in the last 365 days would not be able to access certain dental hygienists if hygienists are not exempt from the 365-day rule.[q]

- Language barrier and low cultural competency for healthcare professionals may result in lowered efficacy in treatment, compliance of patient, and further access to care.[r]
- DDHMS treats those with co-existing developmental disabilities and mental illnesses. However, a referral is required and not all clients are able to navigate to the referral form. Furthermore, those that are cognitively impaired may not have the ability to fill out the form, in conjunction with mental illness.
- The OASQ works as a neutral third party, not an advocate for those who have DD. Therefore, OASQ cannot regulate CLBC if there are discrepancies in client communication.[n]

Gaps in Oral Health Services:

Dental services are not covered by the MSP that Canadian citizens pay for. This suggests that oral health is not a priority in maintaining systemic health. Language and cultural barriers may occur between individuals with DD and professionals, deterring them from accessing care. Bodies like DDHMS and OASQ may not offer easy communication for those with cognitive disabilities.[l,n]

Programs to Improve Oral Health and Quality of Life:

1. A program presented by the UBC Dental Hygiene students can focus on the importance of professional dental visits. This may require multiple lessons to discuss financial situations, locations and treatment options. It is imperative to identify offices where the clinicians have an understanding of developmental disabilities.
2. Inclusion BC is a program for those with DD seeking employment. This program helps advocate, educate and train individuals for specific career opportunities. This may help individuals gain employment benefits, which will help increase their oral health literacy.[s]

Conclusion:

The community was eager, interested, motivated and had fair social determinants of health. These strengths can be applied to opportunities on improving oral and systemic health. However, low oral health literacy, financial costs and DD weaken one's ability to access care, ultimately threatening the community's ability to change. Clients may not be aware of available oral health treatments for maintaining their systemic health as they have not been previously educated on its importance. Through the situational analysis, the presenters were able to improve the community's oral health literacy by focusing on oral health related anomalies and nutrition.

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Appendix B1 - List of Questions

List of question to be asked during the observation phase & assessment strategies

Who to ask?	Questions to be asked?
Jadina Yip: Program coordinator Christine Dela Cruz: Education assistant	· How many adults usually drop-in per day? · How many males/females? · What is the average age of clients? · Any language barriers? · What are the typical limitations? · What are the learning disabilities/special needs? · What are the writing/reading abilities? · Is there a snack/break time? · Are snacks/drinks provided?
The adults attending DDA	· Who brushes with a toothbrush? o How many times a day? · Who has used the following items? (show different interdental aids) o Floss o Soft Pick o Floss Pick o Toothpick o How many times a day? · Who has been to the dentist/dental hygienist before? · Who drinks soda/juice? · Who is diagnosed with diabetes? · Who eats sugary snacks like chocolate, cookies, candy almost every day? · What do you have for lunch today? · Who exercises at least 3 times a week? · What kind of questions do you have for us? · Who brushes your teeth for you - this can tell us if they live with family or a care aid and then we could possibly make some pamphlets for them to take home to them. · Who do you live with?

Assessment Strategies for Observation Session:

- Introduce ourselves: give personal antidotes in order to build rapport with clients.
- Wear and give out name tags so that we can address the clients by name.
- Ask clients to raise hands when they have a question or are answering questions.
- Keep the clients in a group so that they can facilitate discussion.

Appendix B[2] - Observations

Observations of classroom:

- Total number of clients varies as it is a drop-in program. There were 11 clients on observation day; however, we were told it would vary between 10-16 clients.
- Tight space: we will have to adapt our lessons to fit everyone in the space and have enough room to move.
- Methods of learning that worked best for the clients: hands on activities, loud clear voices and interaction with the presenters.
- Well-lit area with mirrors that could be incorporated into lessons.
- Very cluttered area

Answers from DDA students:

One client was non-verbal and deaf so we did not document her response and not all clients responded to each question.

Question:	**Answer:**
Who brushes with a toothbrush? How many times a day?	· 3x/day – 2 clients · 2x/day – 5 clients · 1x/day – 3 clients · All clients said they try and brush their teeth everyday
Who has used the following items? · Floss · Soft pick · Floss pick · Toothpick How many times a day?	· Soft picks: 1x/day – 2-3 clients · Floss picks: 1x/day – 2-3 clients · Floss: 2x/day – 1 client
Who has been to the dentist or dental hygienist before?	· The more vocal clients spoke up and said they try and see the dentist 2x/year. · Other clients said they see the dentist 1x/year. · Most clients (8) did not say if they have seen the dentist at all
Who drinks soda or juice?	· Fruit juice – 6-8 clients · Ice tea – 3-4 clients · Root beer – 2 clients · Cola – 4 clients · Water – most clients drank water

Who eats sugary snacks like chocolate, cookies or candy? How frequently?	· Most of the clients said they enjoy candy often, however, they understand that it is not healthy to eat sweets every day. · They have good nutritional health literacy.
What do you like to have for lunch?	· Hot foods: chili, macaroni · Coffee and tea · Sandwiches
Who exercises regularly?	· ZUMBA® on Friday · Home exercise – Walking and hiking · Camping in summer cabins · Dance videos · Dancing to music. They like Top 40, Latin and Jazz music.
What kind of questions do you have for us?	· Brushing teeth and bleeding gums? (We noticed that those who suffered from bleeding gums also had diabetes) · Do I have to get my teeth extracted? · Why do I need to get my teeth extracted? · I am scared to go to the dentist, what can I do? · How do I know the food is healthy?
Who is diagnosed with diabetes?	· 5-6 clients had diabetes (of those that answered the question.) · It was not identified why type of diabetes these clients had.
Who brushes your teeth for you?	· Brushes by themselves – 8 students · 5 use electric toothbrushes · 5 use manual toothbrushes · Many told us that they live with family, other DDA clients or in group homes.

Appendix C – Summary of SMART Objectives

Lesson:	**SMART Objective:**
Overall Program Goal	- To teach the clients at DDA the importance of managing their systemic health, diabetes and weight loss, the significance of healthy eating, maintaining an active lifestyle, and how it all relates to good oral health.
Lesson 1	1. By the end of the session, 70% of the clients will be able to demonstrate proper EO exam technique and state why it is important. 2. By the end of the session, 70%, of those with diabetes, will explain one way that they can stop bleeding in their gums (Whether that be lifestyle changes or oral hygiene techniques)
Lesson 2	1. By the end of the session, 70% of the clients will be able to correctly read food labels and correctly identify sugar and fat content. 2. By the end of the session, 85% of the students will be able to correctly identify the four food groups and healthy and unhealthy foods.

Appendix D - Budget

Expense	Quantity	Detail	Price
Name tags	30	For the presenters to put on the students during the observation and implementation.	Supplied by Professor Lin at UBC
Food items	10-15	For the presenters to use during the implementation	0.00$ The presenters had the items already
Flip Chart paper	1 sheet	To develop a nutrition guide for the implementation	Supplied by Professor Lin at UBC
Printed script and handouts	50 pages	A printed script for one of the clients who is non-verbal. Handouts for the diabetes implementation	0.00$ The presenters used the UBC printers
SAIL exercises	Level 1, 2 & 3 booklets	For the presenters to use with the students in implementation #1.	Supplied by Jay Yip at VCH
Music	5-6 songs	To play during the exercises	0.00$ The presenters had the items already
Adult toothbrushes and toothpaste and floss picks	16	To allow the students to practice good oral hygiene at home	0.00$ Supplied by Professor Lin at UBC
Masks & gloves	1 box of each	For the presenters to use during the EO portion of implementation.	0.00$ Supplied by UBC

ZUMBA® class video	5-minute video	For the presenters to use during the exercise portion of implementation	0.00$ Found on Youtube
Healthy Food presentation board & Nutritional items	1 Board & 30 food items	For the presenters to use during implementation 2	0.00 $ Students already had the board and items
Sample electric toothbrush and demo toothbrushes	1 electric & 4 demo toothbrushes	For the presenters to demonstrate to the students.	0.00$ Supplied by Professor Lin at UBC
Total			$0.00

Appendix E[1] – SAIL Exercises

(ON WORD DOC - not able to be transferred here)

Appendix E2 - Diabetes Skit

Script for Diabetes Skit:

Carly: When you have diabetes, your body has a hard time fighting off the bad bacteria that like to live under your gums and in the mouth. When you have diabetes, you have high blood sugar levels. High blood sugar levels do not like white blood cells.

Hana: Who here knows what your white blood cells do? They keep your body and mouth from getting sick. Your blood sugar likes to fight with your white blood cells making them very weak and tired. If your White blood cells are tired and weak they cannot protect your mouth and gums/teeth from the bad germs. This is why your gums can get infected with germs and bleed when you floss/brush. You are moving the bad bacteria around and they do not like that.

Belinda: This is why it is very important to make sure your diabetes is controlled and your blood sugar is not too high.

- You can do this by: going for dental checkups
- Eat good and healthy foods (which will be discussed next session)
- Taking your diabetes medicine everyday
- Being active
- Checking your Blood sugar levels
- Rinsing your mouth with water throughout the day
- Using fluoride toothpaste and flossing 2x a day
- If you wear dentures be sure to clean them every night

Appendix E3

Appendix E4

Appendix F[1] – Summary of Lesson 1

Appendix F[2] – Summary of Lesson

Appendix G – Pictures of Observation

Appendix H – Feedback Forms

Appendix I – Team Reflections and Evaluation

Team Reflections of Organization Site

1. **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.**

   During the activities, there were clients who were more comfortable with us and some who were not. For those who were more comfortable, they were happy and excited that we were there. From the client's perspective, seeing younger students from a university could mean more fun and engaging activities. However, some clients were more apprehensive towards us as they may not have felt comfortable around us. These clients may have thought that we were strangers and we do not know about the challenges they face in their daily life. They might see us doing the exercises or speaking too quickly and may feel discouraged or uncomfortable as they may think they are not doing the activities correctly.
2. **Explore the world through the eyes of someone working in this community or organization. What might you be seeing and thinking?**

   If we were facilitators of this organization, we would probably be nervous about whether the clients will warm up to the UBC students. Those who work at the facility know the clients well, and know what strategies to use in order to communicate with them. The clients also know the facilitators so they would be more

comfortable telling them if they do not understand a concept. However, the UBC students may have difficulty communicating more abstract concepts to the clients.

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

   At DDA, the adult clients relied on each other for support. There was a dominant sense of togetherness and closeness within the clients. The clients were close in age and their bond was strong. This was exemplified during our lessons when we had trouble understanding what one client was saying; another high functioning client helped us understand what the client was saying. Also, because the clients were so close, they heavily depended on each other as their emotions and engagement was affected based on which members were present during the lessons.

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

   During the community implementation, the UBC students were not introduced to any specific rules or protocols for DDA. However, the students made sure to implement basic social skills with the clients, such as encouraging raising hands to speak and not interrupting others when it was their turn to speak. The students also found it important, when speaking to the clients, to use strong loud voices and often work one-on-one with them. By doing this, the UBC students were better able to understand the client's needs.

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

   The DDA community was very tight-knit and they relied heavily on each other. The UBC students noticed that when one of the clients did not show up it changed the whole group dynamic of the group. There were specific clients who were "pillars" in DDA as they facilitated communication and encouraged others to be involved in the activities. At times when the UBC students did not understand what one of the clients was saying, other DDA clients would help rephrase or interpret what they said. The UBC students also noticed that when one of the DDA clients would speak up it would spark conversation among the quieter clients. All the clients support one another in making sure they are being heard by other DDA clients and the UBC students.

Team Reflections of Community Visit
Community/Facility Location: DDA Vancouver
Student Team Members: Carly Charbonneau, Hana Haxhiavdija, Belinda Yip
Fieldwork Activity: Observation visit
Date: October 18th, 2017

1. **Did the assessment or lesson implementation go according to plan? Why or why not?**

   Yes, we believe that our assessment went according to plan because we got to introduce ourselves and got to know the clients. We arrived early so we got to see how the clients interacted with each other as well as the DDA staff. During our assessment, we, the UBC student-presenters, introduced ourselves. We had the clients say their name and a fun fact about themselves (ie. what their favourite movie was). We were originally going to present via powerpoint; however, the facility did not have WiFi access. In addition, we asked the clients questions pertaining to oral and systemic health and also what they would like to learn about. We learned that we had to be very patient and listen to everyone thoroughly, as well as cater to certain clients' needs (ie. provide written instructions, provide visual representations, etc.).

2. **What was the team's biggest surprise? What was the biggest challenge?**

   We were surprised at how open and verbal many of the clients were. We went into DDA not knowing the various abilities of the clients and were surprised at how much they wanted to share and tell us. We were also surprised with how many people took part in the "healthy living" component. Quite a few of the clients started sitting on the outskirts of the group but slowly made their way into the circle when they felt more comfortable.

   A challenge that we faced was the spacing of the room; it was quite small and there is a lot of furniture that needs to be moved for future implementation. We had 11 clients attend and it was quite crowded. We are worried that during our implementation sessions, clients would collide with each other or their surroundings. Another challenge for our team was the verbal communication with some of the clients. We had trouble understanding what they wanted to say and we did not want to seem rude or negligent to their opinions.

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

   The most important thing we learned was that the clients heavily support one another. They helped each other when speaking and even regulated when someone was talking too much. There were times when we could not understand a client fully, so another client would help us to interpret them correctly. Another skill our team learned was to be open and patient when clients spoke. There were many times when we opened the floor to the clients to see what they wanted to learn about or answer any questions they had. It was important, when building client rapport, to let the clients know they were being heard and had our full attention.

4. **What would your team do differently next time?**

   Next time, we would wear our name tags and print out the questions we wanted to ask instead of putting them on the computer. We initially had the questions prepared on slides, but because of the more open/conversational setting, we decided not to use them altogether. Trying to improvise the assessment questions at first made it seem disorganized as we were jumping around between the nutrition questions and the dental related questions. We were also unaware of that one of the clients could

only communicate through writing, so next time we would bring printouts to show her and others needing written clarification, what we were focusing on for the day.

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

   We learned to improvise and to build upon each other's words. Jay helped greatly because she was more familiar with the clients. The clients also helped us by facilitating themselves and making sure others were quiet when someone else was talking. It was easier to go on with the activity with every client's participation. During this session, two of us spoke and led the group while one was the note-taker and typed any information we would need for future visits. This was effective as having three people lead the class was just too many for simple conversation. The clients were apprehensive at first since they did not know us but, from conversing, we were able to build rapport and they were more open to discussion. In the end, although we were able to converse freely with most of the members of the group, some clients were still doubtful of the situation. We learned that in the community setting, we have to respect everyone's comfort levels and move on if an individual does not wish to participate. We later learned that there had been a death in the group which also contributed to certain member's unease.

Team Reflections of Community Visit
Community/Facility Location: DDA Vancouver
Student Team Members: Carly Charbonneau, Hana Haxhiavdija, Belinda Yip
Fieldwork Activity: Lesson 1
Date: November 8th, 2017

1. **Did the assessment or lesson implementation go according to plan? Why or why not?**

   Yes, we believe our lesson went according to plan; we got through every task on our lesson plan as we were on time throughout. We started the lesson by re-introducing ourselves and giving each client a name tag. Then we proceeded to the exercise portion. The clients really enjoyed the playlist; however, the sitting down exercises were less stimulating for them. The EO portion went well as everyone participated and asked questions. For the lesson on diabetes correlating to bleeding gums, we realized that the concept may be more challenging, and we noticed that the clients lost interest halfway through the lesson. However, we did get volunteer participation. As well, for Christina, giving her the step-by-step lessons on paper so she could follow along was highly successful because she was included throughout the lessons and knew what to expect during the activities. Overall, the lesson as a whole was successful, but we will be making changes for our next lesson accordingly.

2. **What was the team's biggest surprise? What was the biggest challenge?**

We were surprised at the lack of participation from some of the DDA clients. From our first visit, they seemed very enthusiastic and we thought they would enjoy our exercise component. We found it very tough to get some of the clients up and out of their chairs to participate. This would also be one of our challenges. We wanted the clients to be involved and excited about the activities planned, but we found some of them seemed bored. Another challenge that we faced was the client understanding of the topics that we presented. We found that after explaining some of our topics, the clients seemed confused so we explained the topics again, in a different manner. One client asked us what the importance of the EO exam was when we look inside the mouth. It was a good learning opportunity for them; however, we are not sure the concept of checking for "lumps and bumps" was gained. Going forward, for complicated topics like bleeding gums and diabetes, we want to spend more time on this so that clients truly understand the importance of the topics. We could see that some clients understood through their facial expressions, although several did not. We tried to dissect the topic down as simple as we could but it was difficult to do that on the spot.

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

We learned to take control of the class by encouraging participation and praising clients that were actively participating. Some concepts that were more abstract, like the correlation between diabetes and bleeding gums, required more explanation; therefore, we needed to reinforce the lesson by repeating the message a few times. Also, it was important that we brought in music that the clients knew and liked. When we played a specific song that they knew it got them excited about the activity.

4. **What would your team do differently next time?**

For the exercise portion in next lesson, we would incorporate more arm movements in order to work the big muscles. The exercises got repetitive as most of them only involved foot movement. Also, it was difficult for some clients to hear the music if they are far away from the laptop, especially those with hearing aids. We would improve this next time by bringing our own speakers. Lastly, for the skit on the connection between diabetes and bleeding gums, we printed out signs for "white blood cell," "high blood sugar" and "gum disease" but they were all black and white. This led to difficulty for the clients in making a distinction between the "good" and "bad" characters. Next session, if we are presenting a concept that includes different roles, we would colour-code these roles to make the concept visually clear.

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

For this specific visit experience, our team learned that it was important to

come prepared and arrive early to the site to set up. We also learned how to adapt to changes from lessons due to client cooperation and participation. We learned that it was very important to carry out lessons sensitive to time as the clients needed to tend to other appointments after class. We noticed that the clients really appreciated the name tags as that helped everyone remember each other's names; which in turn, helped build rapport. This was also evident as the clients were really happy and excited to see us again! As a team, we believed that we worked well together and will continue to prepare for lessons prior to the lesson day, so we can continue to teach as a unit.

Team Reflections of Community Visit
Community/Facility Location: DDA Vancouver
Student Team Members: Carly Charbonneau, Hana Haxhiavdija, Belinda Yip
Fieldwork Activity: Lesson 2
Date: November 15th, 2017

1. **Did the assessment or lesson implementation go according to plan? Why or why not?**
   The implementation session went accordingly as we were able to cover the activities we planned for. The activities had to be shortened because many clients came late due to the bingo activity they were previously attending. The session started about 15 minutes late, therefore the "pictionary" activity was shortened. Only about half of the clients were able to have a turn participating in that activity. Also, more clients dropped in than we expected so it was a little bit difficult to manage. Clients were asked to pair up during the "nutrition label" activity since there were not enough items for each person. The last portion of our lesson detailing dental anxiety was omitted due to lack of time.

2. **What was the team's biggest surprise? What was the biggest challenge?**
   The biggest surprise for this session was the amount of clients who decided to drop in. This group was significantly larger than the group from the first implementation session. In the beginning, it was crowded during the exercise portion and some clients may have felt that the space was too small to participate in with the big muscle exercises. Also, because of the limited space, it was difficult for clients sitting on the sides to see the visuals of what was being taught. As educators, it was difficult to find a place to stand in order to allow everyone to see what was going on. For example, during the "pictionary" portion, Hana was initially standing on the side, drawing the picture. However, students sitting behind her could not see and could not participate. To accommodate, Hana crouched under the board to draw, adapting to the needs of the clients.

3. **What was the most important thing your team learned from the session?**
   The most important thing we learned this session is how much the clients love to participate, especially when they each got a turn to lead the class during our ZUMBA® portion. Giving the clients a chance to lead gave them more confidence to participate in class lessons, and gave them the opportunity to show their talents. As well, client participation increased morale and made the lessons, overall, more memorable.

4. **What would your team do differently next time?**
   For the nutrition label activity, we would bring more food items so that clients can work at their own pace. As well, when there was a lack of time due to client arrival, we believed that it was important to keep the exercise portion the same length; we cut down our lesson plans, delivering the main message to the clients. This way, the clients still got physical exercise and learned the main lesson topics for the day.

5. **What has your team learned about teamwork and community work through this specific visit experience?**
   We have realized that we need to work as a team and adapt to the different situations that arise during implementations. There were several times during the implementations when we realized clients were not understanding the concepts being presented so we had to think quickly in order to keep their attention. We also learned that we need to be more flexible with our schedule. There were times when the clients were slow coming into the healthy living session and we lost time for our implementation. We then had to alter our plan for the class and cut some of our activities short. This resulted in less comprehension from the DDA clients.

Team Evaluation
Community Audience: 10-16 DDA adult drop-in members
Community Location: DDA Vancouver
Team Member Names: Carly Charbonneau, Hana Haxhiavdija, Belinda Yip

Ratings from 1-7 (1= poor, 7= good):

1. Goals and Objectives	7
2. Utilization of Resources	7
3. Trust and Conflict	6
4. Leadership	6
5. Control and Procedures	7
6. Interpersonal Communication	7
7. Problem solving/ Decision Making	6
8. Experimentation/ Creativity	6
9. Evaluation	6
10. Listening	7

Questions:

1. The item number on the assessment that we need to discuss most is #3 Trust and Conflict. This item needs attention because we need to work cohesively as a team, and if any issues surface it is beneficial for everyone to discuss together in person.

2. Our best idea of helping teammates work together more effectively is to make sure to have assigned meeting times so that work is completed for that time together. It allows for any discrepancies to be discussed and make sure everyone is on the same page.

3. Supporting evidence for future teams
- Lesson plans (condensed)
- Pictures of activities

- Lists of resources