



CDHBC PLAR Self-Assessment **EXAMPLE**

Introduction

This Pre-Application Self-Assessment houses an example of one possible way to complete the application form. There is no one way to fill in the required sections. All that is asked is that information submitted be:

- Communicated in a clear and concise manner that provides clarity;
- Linked to the Competency Indicators and BC MoAE Foundational Abilities;
- Fulsome and of sufficient depth to allow the PLAR Assessor to understand to what level the applicant demonstrates/incorporates the Competency Indicators in practice; and
- Able to demonstrate knowledge and abilities gained since graduating from a diploma dental hygiene program at a baccalaureate level.

This Pre-Application Self-Assessment has examples for the following sections only:

1. Reason for Choosing the CDHBC-PLAR
2. Experience
3. Publications
4. Affiliations
5. Community Service
6. Module 1: Research Use
7. BC Ministry of Advance Education (MoAE) Foundational Abilities
8. Overall conclusion
9. Limitations
10. Action Plan

Recommendations for completing the Pre-application Self Assessment Form:

- Take a minimum of 1 week to complete the Pre-application Self Assessment Form.
- Complete one Section at a time (e.g., 1st complete Getting started/Experience/Education, then complete the Module 1 section then the Module 2 section etc.)
- Use the “Evidence Planning Table” to brainstorm any and all evidence you might be able to produce once in PLAR
- Then select the strongest most fulsome 3-4 examples from the “Evidence Planning Table” to include in #3 for each Module “What kind of evidence do you have or could you develop to prove your ability in each of the above areas?”
 - **DO NOT SUBMIT EVIDENCE WITH THE PRE-APPLICATION. You are only providing a description of what you could provide that show your abilities related to the competency indicator since you diploma graduation.**
- Once you have completed a section revisit it in a few days to ensure it represents your practice knowledge and abilities

CDHBC PLAR Self-Assessment **EXAMPLE**

GETTING STARTED

The first step in the portfolio process is to collect a chronological review of your education and experience; a template is provided for your convenience. The second step is to conduct a self-assessment of your abilities in relationship to the identified competencies and indicators of the CDHBC PLAR Portfolio. This will assist you in developing a better understanding of your strengths and limitations. You will gain insights into what you already do well and into areas you may need to learn more. Use the following self-assessment questions and complete the 'Evidence Planning Table' found at the end of each section to gain a realistic view of your knowledge and abilities as a primary care provider

NAME	Example		
ADDRESS			
PHONE		EMAIL ADDRESS	

REASONS FOR CHOOSING THE CDHBC-PLAR?

I would like to pursue the CHDBC PLAR for several reasons.

1. **Having the ability to provide care for clients without the restriction of having first been examined by a dentist will open up greater opportunities and reduce barrier that I find currently prevent some of my clients from seeking and complying with dental hygiene care.**
2. **Pursuing and being successful in completing PLAR will open more opportunities/settings where I would be able to practice dental hygiene. Having the flexibility of practice in alternative settings (such as mobile practice for those who are not able to access care in a traditional dental practice) increases the opportunities to ensure those who are unable to access dental hygiene care have decreased barriers.**
3. **I want to keep my options open and possibly start to work in a residential care setting as I feel there is a great need for oral health care for those who are not able to access care in a traditional office setting.**
4. **I am pursuing PLAR is because I feel I have sufficient experience since my dental hygiene diploma that has increased my knowledge and abilities to a greater level especially when working with clients with complex needs. Personally, completing PLAR will be a step towards myself being recognized as a primary care provider by others involved in collaborative care.**

PROVINCE REGISTERED BC CREDENTIAL Diploma in Dental Hygiene

YEAR OF INITIAL REGISTRATION 2011

EXPERIENCE

I am currently practicing clinical dental hygiene 5 days a week in two settings: a periodontal practice and a general dental practice. The demographics of the clients includes pre-teens to retired clients with a large % of these clients in my general practice coming from immigrant populations, mainly East Indian, Filipino and Chinese.

There is a great need for preventative care and collaborative care, especially in relation to caries reduction in the young and oral health education related to the effects of beetle nut and smoking cessation in the older males. I am seeing more clients with cardiovascular diseases, diabetes, cancers, rheumatoid arthritis and I have a child and one adult client with Downs Syndrome. I am noticing a trend of multi-pharmacy causing intra-oral side effects in many of my clients. I did not grow up in a culturally diverse community so have had to research and take CE on communication techniques and cultural competency, so I am more effective with my communications during client interactions.

I have volunteered with Immigrant Services Society in my city to provide education on basic oral health information for immigrants and to assist them in understanding our dental system.

I have also volunteered at Special Olympics BC Healthy Athletes Screening Day and Gift from the Heart. With these volunteer opportunities I have developed educational resources targeting specific oral health needs.

The periodontal office I work in has incorporated a few new technologies in the past few years. This is always a great time to refresh my database searching skills to look up reliable literature on the topics, so I am up-to-date on how to incorporate these with my clients in practice. Some of the new technology/topics include: VELScope, digital radiography, digital charting, and The Wand (a computer regulated LA system). I look forward to demonstrating my prior learning as equivalent to the degree level RDH through the PLAR process.

EXPERIENCE Clinical DH practice, in X city, BC TERM Sept 2011-present

(e.g. JULY 2011-MAY 2016)

EXPERIENCE Clinical DH in a periodontal practice, X city, BC TERM July 2013- present

EXPERIENCE Health Care Aide Assistant TERM April 1998- April 2008

Level 3/4 care LTC facility, X city, BC

EDUCATION

EDUCATIONAL INSTITUTION DEGREE/DIPLOMA/CERTIFICATE Diploma DH

DH Diploma Program Name here YEAR OF COMPLETION 2011

EDUCATIONAL INSTITUTION DEGREE/DIPLOMA/CERTIFICATE Health Care Assistant

School name here YEAR OF COMPLETION 1998

PUBLICATIONS

Local City Advertiser, Oral Health Education Article, May 2013.
Elementary School Newsletter, Articles during Dental Hygiene Week/Oral Health Month in April 2014, 2015 and 2016.
Elementary School PAC News, Article on Healthy Lunch Ideas, November 2017.

AFFILIATIONS

CDHBC Full Registrant
BCDHA/CDHA Member
Member of Executive (Secretary) Parent Advisory Council, local Elementary School
My daughters figure skating fundraiser committee (chair)

COMMUNITY SERVICE

Immigrant Services Society of BC - Oral health education and dental system education
Oral Health Presentation to Grad 2 class at Local Elementary School, October 2016 and October 2017
Volunteer Fundraiser for the United Way in my community

EVIDENCE AND EVIDENCE PLANNING

In dental hygiene practice we often talk about 'evidence-based practice' (EBP). This term refers to the use of the best available information for our practice decisions. In particular, it refers to the use of research that is used to ensure that our decisions are based on credible and reliable information. In the PLAR process we also talk about the concept of 'evidence' and this means providing 'proof' of the statements that you are making about your learning.

The term 'evidence' from a PLAR perspective basically means supporting documentation or examples. Simosko¹ uses the following categories of evidence:

- Narratives
- Products or outcomes
- Verification

The first type of evidence is the narrative component. A narrative piece of evidence must accompany each product or outcome or verification evidence. The narrative will focus on your experiences and the learning that those experiences have brought about. You will be discussing your abilities and learning experiences using the product or outcomes evidence to support your discussion. Please remember to focus on what you have learned; you will receive recognition for demonstrated knowledge and skills, but not for your experience alone.

The second type of evidence is the product or outcome evidence and pertains to examples of abilities expressed in multiple forms. The following are examples of product/outcome evidence. List any of these you will be including in your portfolio. This list is not intended to be all-inclusive; it provides product/outcome evidence examples to stimulate your thoughts.

- client records (include treatment plans, treatment records, photographs, radiographs, referral letters, etc.)
- lesson plans
- documentation related to an activity, program and/or initiative
- papers
- reports
- schematics
- pamphlets
- minutes of meetings
- audio tapes
- video tapes
- feedback from community groups

The third type of evidence, verification evidence, pertains to testimonials about the other evidence you have presented. A testimonial is a statement in support of a particular truth, fact or claim. Many candidates use letters of verification from colleagues or supervisors. However, you may also have other forms of evidence such as awards, cards and letters from clients. Verification evidence may pertain to solicited or unsolicited opinions.

¹ Simosko S. Candidate workbook: Post-diploma assessor certificate. Vancouver, BC: Open Learning Agency, 1999

Note: Evidence is not required in the Pre-application self-assessment, rather a list of the evidence and evidence types that will be provided in the PLAR Portfolio to meet all competency indicators.

HOW MUCH EVIDENCE IS ENOUGH?

More evidence is not necessarily better. The amount of evidence you are required to present will depend on the strengths of each item. It is preferable to have strong evidence and use the same evidence to illustrate a number of abilities. You will require a minimum of one piece of product/outcome evidence to support that you have reliably demonstrated a competency. One strong piece of product/outcome evidence may address several competency indicators. You will also require one verification piece of evidence for each module or unit for a minimum total of two pieces of evidence for each module and/or unit authenticating your work. The number of product/outcome pieces will depend on the strength of the evidence that you have. As well, the same piece of evidence can support different modules. One piece of narrative evidence **MUST** accompany each product and verification evidence to link the product/outcome evidence to the competency indicator.

It is your decision as to how you can best demonstrate your competence. You may choose to use a case or client example for each module, or you may choose to use one client or case to demonstrate the abilities identified in several modules. The information on the CDHBC-TRU PLAR Learning platform will provide you with some examples for each module and/or unit to help stimulate your thoughts.

After you conduct a self-assessment of your abilities in relationship to the identified competencies and indicators of each module, you can use the tables provided to organize your ideas about the evidence that would support your submission. These tables help direct attention to evidence/proof that you currently have and evidence that you may wish to generate. Please do not use evidence from your entry-to-practice diploma education as you have already been recognized for that learning. Evidence based on a project from your diploma education that you have developed further would be acceptable. You need to explain how you have refined and shaped the product since you entered practice.

MODULE 1: RESEARCH USE

1. How frequently do you perform the following tasks? Check the best answer for each item.

Module 1: Research Use Indicators	Rating Scale			
	Often	Sometimes	Rarely	Never
1.1 Navigate through diverse databases related to oral and general health issues.	X			
1.2 Critique study methodology and conclusions for their relevance and application to dental hygiene services.	X			
1.3 Synthesize and extrapolate information from current and credible research to support evidence-informed decision making about oral health services.		X		
1.4 Systematically examine group data related to services provided against epidemiological data, the effectiveness and/or cost-effectiveness of care outcome.	X			

2. In what context(s) do you demonstrate these abilities?

1.1 -1.4: When the periodontist I work for considers incorporating new products and new technologies into our practice setting I would research the products and bring information back to our staff meetings. I usually use PubMed and/or Google Scholar to search my question. I have researched information on the following: VELscope, Oraqix, Clinpro 5000, MI Paste, Perodex vs Paroex, Enamel Pro-Varnish vs Vanish NaF Varnish, Pro-relief vs. Protect.

I do not limit my literature searches to dental hygiene scientific journals but look for information in credible and current peer reviewed journals. I have found that the psychology journals have enhanced information I have obtained from dental and dental hygiene journals in regard to effective communication and cultural competency when providing education for clients of all ages.

I also researched information on cultural sensitivity/competence, and effective communication with immigrants (East Indian, Filipino and Chinese), and looked up information for systemic diseases, and complex client needs and oral health care needs. These include: Down Syndrome, cardiovascular diseases (heart attack, high blood pressure, arrhythmias, angina), Type I and II diabetes, rheumatoid arthritis, and some cancers (oral, thyroid, breast and colon). Researching these, has allowed me to understand the diseases and ensure I make the correct modifications for dental hygiene care when appropriate.

1.2, 1.3 and 1.4: I have had to determine if the research method and source were valid and then decide if the information met the needs of the client(s) prior to making a decision to purchase this for our office.

Credible research is not the only determining factor on whether we incorporate a product into the practice. We also discuss the effectiveness based on clients needs, ease of use and how

cost effective the product is. I then work with the periodontists and office manager to develop protocols for use in the office and/or information sheets we could provide to the clients.

1.1 and 1.4: Being efficient with search engines has also assisted me when I need to provide information on the spot to clients. I have a computer in my operatory and often find resource to print at the front desk then share relevant details with the client.

3. What kind of evidence do you have, or could you develop to prove your ability in each of the above areas? Use the *Evidence Planning Table* to document your ideas.

I will need to re-create my research questions for the following: beetle nut/oral health, smoking cessation, smoking oral cancer, oral cancer self exams, motivational interviewing, cultural competence/sensitivity, systemic disease and oral health, Down Syndrome and oral manifestations and oral health needs, nutrition and oral health just to name a few, VELScope, Oraqix, Clinpro 5000, MI Paste, Perodex vs Pareox, Enamel Pro-Varnish vs Vanish, and Pro-relief vs. Protect.

I have pamphlets for client education that I developed: nutrition and oral health, oral cancer self screening, smoking cessation, beetle nut and oral health, home self care techniques, what to expect at my dental hygiene appointment, post fluoride varnish instructions, desensitizing and post local anesthetic information.

Office policies in our office manual VELScope use documentation and follow up, dental hygiene chart documentation, sterilization of dental hygiene instrument process, purging of H₂O lines, disinfecting solution use/storage. I would be able to provide the office policy and information sheets developed for some of the above listed topics.

I have used research as I developed my presentation for the the second-grade class at Appleside elementary school during dental hygiene week. As well as the published articles in the PAC newsletter and the Elementary school newsletter.

I have my research papers that I referenced when developing my presentation for the Immigrant Services Society as well as my presentation notes and the Power Point I created. I have a digital video of both of the above presentation so could provide this as evidence.

To provide evidence of how this research has been applied into practice I have notes in the client charts outlining discussion related to client centered education, along with documentation of the technologies and products incorporated during client care.

My employer and co-workers would also be able to write a verification letter stating my responsibility for researching these topics and how I was involved in developing office protocols and pamphlets.

4. Which of the following conclusions best reflects your self-assessment of this module?

- I am ready to move ahead with this module
- I need to gain answers to the following questions:

If you have any questions include them here

MODULE 1: EVIDENCE PLANNING TABLE

Directions: Record the evidence that you currently have in Section A. Record the evidence/proof that you wish to develop in Section B. Identify the piece of evidence you wish to use for each competency indicator by labelling your evidence with a numeric prefix (e.g., 1.1 PICO question for PubMed Advanced Search Builder and Cochran Library Search).

Module 1: Section A: Items of Evidence/Proof Already in Place

This section is a working box to collect your ideas for they type of examples you might already have. This section does not need to be organized, as it is more of a brainstorming box. Once you have them listed here you can take those that are most fulsome and include them in Box 3 above "What kind of evidence do you have..."

1.3, 1.4 Lesson Plan, handouts and digital video for Appleside Elementary Grade 2 Oral Health Presentation

1.2, 1.3, 1.4 Speaker notes, Power Point presentation and digital video of presentation at Immigrant Services Society

1.3, Thank you letter from the grade school and the Immigrant society

1.1, 1.2 Research papers from database searches for: beetle nut/oral health, smoking cessation, smoking oral cancer, oral cancer self exams, motivational interviewing, cultural competence/sensitivity, systemic disease and oral health, Down Syndrome and oral manifestations and oral health needs, nutrition and oral health just to name a few, VELScope, Oraqix, Clinpro 5000, MI Paste, Perodex vs Paroex, Enamel Pro-Varnish vs Vanish, and Pro-relief vs. Protect.

1.2, 1.3 Client charts notes to illustrate application of technologies and research when providing direct client care.

1.1, 1.2, 1.3 Policies in office manual of protocol for: VELScope use documentation and follow up, dental hygiene chart documentation, sterilization of dental hygiene instrument process, purging of h2o lines, disinfecting solution use/storage.

1.2, 1.3 Information pamphlets for clients. These related to: nutrition and oral health, oral cancer self screening, smoking cessation, beetle nut and oral health, home self care techniques, what to expect at my dental hygiene appointment, post fluoride varnish instructions, desensitizing and post local anesthetic information.

1.1, 1.2, 1.3, Published articles in the following (all have reference list attached): 1) Appleside Elementary School Newsletter - Articles during Dental Hygiene Week/Oral Health Month 2) Appleside Elementary School PAC News - Article - Healthy lunch ideas

Module 1: Section B: Items of Evidence/Proof to Develop (if applicable)

Narrative to accompany presentations, articles, pamphlets, research papers to outline the search engines, research question, search-able words and the critical information I pulled from the literature.

Notes: PLAR applicants will not have access to the TRU Learning Platform (Moodle) until accepted into the PLAR Portfolio. The Learning Platform houses information related to grading and grading criteria (rubrics). Only after a review of the rubrics and having a good understanding of the Competency Indicators and BC MoAE Foundational Abilities will a registrant be able to develop fulsome Narrative evidence. As such, Narrative evidence would not yet be in place and would need to be developed once in PLAR.

Module 1: Research Use – Evidence Planning Check all that apply	Narrative Evidence	Product/ Outcome Evidence	Verification Evidence	No Evidence
1.1 Navigate through diverse databases related to oral and general health issues.		X		
1.2 Critique study methodology and conclusions for their relevance and application to dental hygiene services.		X		
1.3 Synthesize and extrapolate information from current and credible research to support evidence-informed decision making about oral health services.		X	X	
1.4 Systematically examine group data related to services provided against epidemiological data, the effectiveness and/or cost-effectiveness of care outcome.		X		

MODULE 2: ADPIE FOR CLIENTS WITH LIMITATIONS AND IMPAIRMENTS

Example is not included for Modules 2 & 3 as the same principles apply for these as was included in the module 1 example. Include a description of how you meet the competency indicators.

BC MINISTRY OF ADVANCED EDUCATION (M_oAE) FOUNDATIONAL ABILITIES

It is also important to reflect on the abilities from the BC Ministry of Advanced Education that underpin the CDHBC required competencies. Reflecting on these abilities will help you better understand your strength and areas you may need to develop further.

1. How frequently do you perform the following abilities? Check the best answer for each item.

BC MoAE Foundational Abilities	Rating Scale			
	Often	Sometimes	Rarely	Never
<p>F.1. Depth and Breadth of Knowledge</p> <p>Knowledge and critical understanding that builds on post-secondary education to apply to and continuously improve practice decisions. This includes collaboration of the roles and practice of allied health professionals. The ability to evaluate information from multiple sources with an open-minded, inquisitive, logical, and inquiring perspective to seek conclusions that are as precise as the information and the content allow.</p>	✓			
<p>F.2. Knowledge of Methodologies and Research</p> <p>Ability to understand a variety of qualitative and quantitative methods of research and discern appropriateness of approaches to answer practice questions and/or solve a practice problem. Ability to assess currency and relevance of research to inform dental hygiene practice.</p>		✓		
<p>F.3. Application of Knowledge</p> <p>Ability to observe, analyze, critique, consolidate and integrate evidence-based information to inform practice decisions. Ability to make judgements and critique information and concepts. Ability to frame problems in order to find a solution.</p>	✓			
<p>F.4. Communication Skills</p> <p>Use varied dimensions of communication to elicit, clarify and share information with diverse individuals, groups and other health care professionals in a clear, structured, effective and professional manner. Ability to incorporate communication that is empathetic, trauma informed and includes cultural safety and humility.</p>	✓			

<p>F.5. Awareness of Limits of Knowledge Understand limits of personal knowledge, skills and abilities that might impact client safety and care.</p>		✓		
<p>F.6. Professional Capacity/Autonomy Exhibit the ability to be self-directed in making autonomous decisions while having the interpersonal awareness and self-awareness to recognizing personal and professional limits of knowledge and abilities. Exhibit academic integrity, work effectively in a team environment and accountability for actions. Ability to apply good judgment and ethical decision making. Compassion, concern for others, interpersonal skills, interest and motivation are essential skills and abilities.</p>	✓			

*The dental hygiene profession defines the term 'client' as including individuals, groups, communities and populations.

2. In what context(s) do you demonstrate these abilities?

F.1. Depth and Breadth of Knowledge: I feel that during my first 4-5 years since graduating from my diploma in dental hygiene I was able to solidify my clinical skills. However, since my diploma DH education, I have built on the solid foundation I was given in school and had been able to expand my knowledge by continuing to ask questions about what I am seeing and doing in practice.

I reflect on my day and often need to look up a practice questions. I often engage other colleagues and some friends who are health professionals (not all are in the dental field) and we have great discussions on approaches to care and how to frame ethical dilemmas to come to a resolution that will best serve the client and still remain within my RDH regulations. All conversations are completed ensuring confidentiality of client information.

F.2. Knowledge of Methodologies and Research: I use credible databases (e.g., Pubmed. & Google Scholar) to research practice questions. I ensure the research I review is not biased and that it is from current literature. I try to gain answers to my practice questions from the “gold-standard” systematic review. For example, last week I had to looked up the research on air polishing and subgingival air polishing as the office I work in is looking to purchase a machine, and I wanted to know how effective it is and the types of clients that would most benefit from this.

F.3. Application of Knowledge: Dental hygiene care is more than quick assessments and debriding. I always ensure that all assessment data is considered and consolidated when developing the DHD, referral/consultation needs, and the care plan. I am seeing more clients with complex systemic disease and a few with anxiety and PTSD. The care is not straightforward and requires some research and then applying aspects based on the varying needs for that client.

F.4. Communication Skills: I completed the San’yas Indigenous Cultural Safety Training course as well as the Trauma Informed Care course. These both have provided great insight on what I did not realize may have been personal beliefs, values and unrecognized prejudices. I am more aware of being inclusive in my communications and speaking with more empathy.

I work on paraphrasing what I think the client has told me to ensure I am not misunderstanding. This is going a long way to creating a trusting relationship that is benefiting the client's oral health.

F.5. Awareness of Limits of Knowledge: I recognize that there needs to be a collaborative approach to client care. As such I have worked to develop relationships with other allied health professionals that I am able to consult with (given permission from the client). I have consulted with a nutritionist for a client who is periodontally involved and is undergoing chemotherapy. We were able to develop a meal plan had a low cariogenic potential and still provided nutrient dense and healing foods for this client. I also worked collaboratively with the Diabetes Education center for one of my clients who has swings of control with their glucose levels and was having some troubles with monitoring. The Education Center provided them with support that was outside of my Scope.

F.6. Professional Capacity/Autonomy: I keep the code of ethics at the forefront when making clinical decisions for each client. I ensure confidentiality of information as well as providing the client with all the information they need to make an informed decision about their dental hygiene care. I have updated my knowledge on motivational interviewing as this is allowing me to move actively involve the client in their care rather than me making the decision and the client just agreeing.

3. How will your evidence from Module 1 – 3 demonstrate your application of the BC MoAE Foundations Abilities?

I will submit redacted charts that show the complex clients I work with and how I interpreted the data to develop client specific care plans. These will also demonstrate how I have applied research from a practice question into decisions made for some of my complex clients.

I am able to include communications I have had from consultations showing the communication skills I use and also the awareness of limits and my professional capacity and autonomy.

I have developed a few resources/pamphlets for the office that consolidate information from credible research I have reviewed. I will submit these.

During the narrative evidence within the PLAR Portfolio I will be able to demonstrate my communication skills by clearly drawing the link between the product evidence I provide and how the specific portion of the evidence aligns with the competency indicator.

4. Which of the following conclusions best reflects your self-assessment of these BC MoAE Foundational Abilities:

- I am ready to move ahead with this module
- I need to gain answers to the following questions:

Include any question you may have here

OVERALL CONCLUSION

Now is the time to make a decision about your application for the CDHBC PLAR Portfolio Assessment related to the 365-Day Rule Exempt category.

In summary, my areas of strength and limitations related to the module competencies, competency indicators and BC MoAE's include the following:

STRENGTHS

My strengths are greatest for Module 2: Safely and effectively perform a needs assessment, develop a dental hygiene diagnosis and plan, implement and evaluate dental hygiene services for clients with complex needs and/or disabling conditions. Especially for:

- 2.1 Perform needs assessments grounded in evidence-based approaches for clients* with multifaceted medical histories and complex and long- term medical treatments including those living with limitations and impairments.
- 2.2 Prioritize oral and general health issues grounded in oral health literature for clients living with limitations and impairments.
- 2.3 Develop diagnostic statements based on a comprehensive knowledge of pathophysiology.
- 2.7 Manage primary oral health care for clients effectively and safely with an emphasis on risk assessment, prevention, education, therapeutic services and referrals.

For module 3 I definitely collaborate with a wide range of health and allied health professionals to better reach “better oral health outcomes” for my client’s.

I feel confident in my research abilities and applying credible research to practice decisions.

LIMITATIONS

I feel my limitation may be articulating/framing the problem to find a solution. I need to be more succinct with this, as this will expedite the process for finding a solution.

Under communication I am still working to be consistent with including a variety of communication techniques to ensure I am more effective in sharing information with clients. I sometimes find myself in a hurry (behind) and fall back on providing all the information but not allowing open ended responses from the client. This is getting better...however this is a work in progress and with reflection and growth I will keep improving.

Which of the following conclusions best reflects your self-assessment of the abilities described in the previous pages?

- I am ready to apply to become a PLAR Candidate and gain answers to the questions I have documented.
- I am not ready to apply for PLAR Candidacy but will develop a learning plan (see next steps section) to further develop the areas identified in the limitations section.
- I am not ready to apply for PLAR Candidacy but will explore other pathways to the new registration category (see information at www.cdhbc.com).
- I am not ready to apply for PLAR Candidacy and will continue to practice under my current registration.

ACTION PLAN

Next Steps: If you have decided to pursue the new registration category list some concrete steps you can take over the next one to three months towards your goal.

ACTIVITIES TO COMPLETE	ACTIVITIES TO BE COMPLETED WITHIN THE NEXT MONTH	ACTIVITIES TO COMPLETE WITHIN THE NEXT THREE MONTHS
<p>Collect and organize product evidence</p> <p>Obtain consent from clients to redact and use charts for my portfolio</p> <p>Set aside time each week to work on portfolio</p> <p>Ask colleague for a verification letter for the manual I worked on</p>	<p>Re-create my practice question search</p> <p>Develop narratives for product and verification evidence</p> <p>Organize All evidence on the Submission forms which will be available to me once I have access to the Learning Platform:</p> <ul style="list-style-type: none"> • Form A (Catalogue of Evidence) and • Form B (Portfolio Evidence Submission form) 	<p>Continue to consolidate product outcome evidence as I move forward with each module.</p> <p>Apply feedback from assessor on the 1st mentorship module as I will need to then be self directed on the remaining modules.</p>

Timeframe: Upon being accepted into PLAR my timeframe is as follows (I would like to be completed within 5 months): 1st module completed within the first 2 months, 2nd module completed the 3rd month, Module 3A completed the 4th month and Module 3B completed the 5th month.