**Part 1: Overview of QI in Dental Settings**

**Part 2: Application of QI Methodologies in Dental Settings**

**Training Evaluation**

**Items marked by an asterisk (\*) are required for continuing education credits.**

**\***NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **\***E-MAIL ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*DATE TRAINING COMPLETED (CHECK ALL THAT APPLY)  10/13/2020  10/20/2020

OVERALL MEETING

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Please rate the statements below on a scale of*  *(1)=strongly disagree to (4)=strongly agree* | | | | |
| The presentation(s) met my educational needs. | (1) | (2) | (3) | (4) |
| The presentation(s) provided usable information to improve my practice. | (1) | (2) | (3) | (4) |
| The format and timing of presentations, Q&A, and practice exercises (if applicable) were appropriate. | (1) | (2) | (3) | (4) |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Please rate the presenters on a scale of*  *(1)=not at all informative to (4)=extremely informative* | | | | |
| Jay Kumar | (1) | (2) | (3) | (4) |
| CB Wohl | (1) | (2) | (3) | (4) |
| Jennifer Byrne | (1) | (2) | (3) | (4) |

MEETING OBJECTIVES: PART 1 – OVERVIEW OF QI IN DENTAL SETTINGS

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| --- | --- | --- | --- | --- | --- |
| *Please rate the statements below on a scale of (1)=strongly disagree to (4)=strongly agree;*  *mark (N/A) if the statement doesn’t apply to you* | | | | | |
| I feel able to explain why quality improvement in dental clinics is essential, with a special focus on improving access and services for pregnant women, infants and young children. | (1) | (2) | (3) | (4) | (N/A) |
| I feel able to distinguish the difference between quality assurance and quality improvement. | (1) | (2) | (3) | (4) | (N/A) |
| I feel able to identify the key elements of an effective quality improvement team. | (1) | (2) | (3) | (4) | (N/A) |
| I feel able to recognize the stages of change and how to manage change so that my quality improvement projects are successful. | (1) | (2) | (3) | (4) | (N/A) |
| I feel able to explain the three foundational questions to the Model for Improvement so that I can plan my Plan-Do-Study-Act cycles at the core of QI. | (1) | (2) | (3) | (4) | (N/A) |
| I feel able to describe the principles of Lean methodologies. | (1) | (2) | (3) | (4) | (N/A) |
| I feel able to create a community-of-practice with local safety-net dental providers to learn from one another, share best practices and provide support. | (1) | (2) | (3) | (4) | (N/A) |

MEETING OBJECTIVES: PART 2 – APPLICATION OF QI METHODOLOGIES IN DENTAL SETTINGS

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| --- | --- | --- | --- | --- | --- |
| *Please rate the statements below on a scale of (1)=strongly disagree to (4)=strongly agree;*  *mark (N/A) if the statement doesn’t apply to you* | | | | | |
| I feel able to Develop SMARTIE quality improvement goals. SMARTIE stands for: Specific, Measurable, Achievable, Relevant, Time-bound, Inclusive, and Equitable. | (1) | (2) | (3) | (4) | (N/A) |
| I feel able to create process maps using Lean methodology. | (1) | (2) | (3) | (4) | (N/A) |
| I feel able to critically analyze process maps to identify improvement opportunities. | (1) | (2) | (3) | (4) | (N/A) |
| I feel able to test small process changes using a plan-do-study-act cycle. | (1) | (2) | (3) | (4) | (N/A) |
| I feel able to identify, develop, and interpret data metrics to determine if a small change resulted in an improvement. | (1) | (2) | (3) | (4) | (N/A) |
| I feel able to explain how others have successfully applied a quality-improvement approach to achieve measurable improvements. | (1) | (2) | (3) | (4) | (N/A) |
| I feel able to share the QI approach, tools, and resources with my dental teams. | (1) | (2) | (3) | (4) | (N/A) |

TAKING IT HOME

|  |
| --- |
| **\*What do you plan on doing differently as a result of what you learned?**  Please list at least one concrete step you will take: |
| **Do you need any follow-up information or material in order to use what you learned today?**  If yes, please specify below: |

ADDITIONAL DETAILS

|  |
| --- |
| **What was the most effective part of the conference?** |
| **Any additional comments**: |

IN SUMMARY

**I am inspired to make a difference to improve:**

 Oral health integration in prenatal care

 Oral health integration in well-child visits

 Oral health literacy

CONTINUING DENTAL EDUCATION CREDITS

**\***CDE Credits Required (type):  Dentist  Other Dental Professional (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\***CDE Credits You will Claim (amount): \_\_\_\_\_\_\_\_\_\_\_\_ (Total available: 4.0 Credits – 2.0 for each Part)

\*Submit your completed form to [DentalInfo@sonoma-county.org](mailto:DentalInfo@sonoma-county.org) no later than Friday, October 23, 2020.