



Provincial Dental Board of Nova Scotia Dental Practice Review 2018

Self-assessment Document

All licensed dentists selected to complete a self-assessment document must complete, sign and return the self-assessment document to the Dental Practice Review Committee.

If you are an associate of a practice you may require the assistance of the practice owner to complete the document.

SECTION 1 GENERAL INFORMATION

Name _____

Contact Information

Practice Address:

Incorporation Status

Is your practice incorporated? Yes _____ No _____

If you answered **YES** please answer the following questions to confirm your compliance with the Professional Corporations Regulations:

Do you have a current year Incorporation permit? Yes _____ No _____

Are the majority of the directors and officers of the corporation licensed dentists? Yes _____ No _____

Are the majority of voting shares of the corporation beneficially owned by one or more licensed dentists? Yes _____ No _____

Staff

Please provide the number of staff and indicate their current licensure status:

Number Licensed dental hygienists _____ License verification Yes _____ No _____

Number Licensed dental assistants _____ License verification Yes _____ No _____

Number Non-licensed dental assistants _____

Reviewer Comments (To be completed by Dental Practice Review committee member only)

SECTION 2 FACILITY REVIEW

Infection Control

- 1. Is Office Protocol for Sterilization / Disinfection consistent with the NSDA Guidelines? Yes No
- 2. Is infection control and asepsis procedure resource information readily available to staff? Yes No
- 3. Are appropriate barriers used? Yes No
- 4. Is there a system in place to prevent cross contamination? Yes No
- 5. Is sterilization equipment properly maintained / monitored? Yes No

Radiographic Safety

- 1. Are all staff who take radiographs licensed to do so? Yes No
- 2. Is gonadal shielding routinely used? Yes No
- 3. Is thyroid shielding routinely used? Yes No

SECTION 3 – LICENSEE SPECIFIC REVIEW

Record Review

Refer to PDBNS Recordkeeping Guidelines

Patient Information	Sufficient Information	Yes	No
Medical Information	Sufficient Information	Yes	No
	Signed by dentist	Yes	No
	Dated	Yes	No
	Evidence of updates	Yes	No
Dental History	Sufficient Information	Yes	No
Intra Oral Charting	Sufficient Information	Yes	No
Extra Oral Charting	Sufficient Information	Yes	No
Periodontal Charting	Sufficient Information	Yes	No
Radiographs	Diagnostic quality	Yes	No
	Labeled and dated	Yes	No
	Evidence that ordering radiographs is patient specific	Yes	No

Diagnosis

- | | | |
|--|-----|----|
| 1. Is diagnosis recorded in the chart? | Yes | No |
| 2. Is diagnosis substantiated by recorded clinical findings? | Yes | No |

Treatment Plan

- | | | |
|--|-----|----|
| 1. Is treatment plan recorded in chart and dated? | Yes | No |
| 2. Is there a protocol in place in the office to ensure that patients are provided with sufficient information to give informed consent? | Yes | No |

Clinical Progress Notes

- | | | |
|--|-----|----|
| 1. Are local / other anesthetics / sedatives recorded? | Yes | No |
| 2. Are materials / techniques used recorded? | Yes | No |
| 3. Is any advice given to patient recorded? | Yes | No |
| 4. Is commentary from patient relating to treatment (s) recorded ? | Yes | No |
| 5. Are entries attributable to treating professional? | Yes | No |
| 6. Are chart entries legible? | Yes | No |
| 7. Are chart entries dated? | Yes | No |
| 8. Is treatment explained by chart entries? | Yes | No |

