LIFE SAFE MEDICAL TRAINING · BC EDITION 2026

Dental ACLS

Learning Reflection

Your record of the course, and the goal you set because of it — for your BCCOHP Quality Assurance Program learning journal.

WHAT YOU FILL IN

1. The activity record
2. What this course covered
3. The reflection — four questions
4. Your professional goals
5. Back in the operatory
6. Your Component A self-report entry

Fill it in while the day is still fresh. You keep this sheet; BCCOHP does not collect it. Nothing here is a BCCOHP form.

COMPONENT A | SELF-REPORTED CPD | NO HOURS, NO CREDITS

START HERE

What this reflection is for

This is your record of the Dental ACLS course: what you learned, what you are going to change in your own operatory, and the goal you are setting because of it. Fill it in while the day is still fresh — the detail you write here is the detail you will need later.

It is built to line up with the **BCCOHP Quality Assurance Program (QAP)**, which replaced the legacy college programs in April 2026. Nothing on these pages is a BCCOHP form, and BCCOHP does not collect this sheet. You keep it, and you carry the content across into your own QAP entries.

The three parts of the QAP, and where this fits

Component	What it is	Where this reflection fits
A	Guided self-reflection and goal setting. Annual, online. Component A asks for a self-inventory, a standards self-reflection, **two to three professional goals**, and a **self-report of your continuing professional development**.	**This is the one.** The sections that follow give you all four.
B	Standards-based education and knowledge application. Annual, online — BCCOHP's own scenario-based modules on its standards, no more than three a year.	Not here. You cannot log an outside course in Component B.
C	Individualized support, if you are selected — by audit, or by not completing A and B.	Not here.

✦ **THERE ARE NO HOURS AND NO CREDITS**

BCCOHP does not quantify continuing professional development by hours or credits. Your self-report links each activity to your learning needs and your practice context — that is, to the goals you set. So do not go looking for a credit value on your certificate. Write down what changed instead.

What completing this course does, and does not, do

Attending this course is a continuing professional development activity you **may self-report**. It is **not a substitute for the QAP**: Components A and B are completed in BCCOHP's own portal, by you, each year. Life Safe Medical Training is not a regulator and does not report anything to BCCOHP on your behalf.

THE REGULATORY HOOK

The standards this course speaks to

These are quoted from *Standards for the Oral Health Team*, April 1, 2026. Tick the ones that apply to your role, and keep them in mind when you write your goal on page 6.

Principle 2 — Provide safe and competent care

Clause	What it says
2.5.5	"You ensure that the environment in which you provide oral health care has a sufficient and properly maintained medical emergency kit that is available and accessible."
2.5.6	"You ensure that the environment in which you provide oral health care has appropriate emergency protocols in place. You participate with your team in regular emergency training and understand your role and responsibilities in the event of a medical emergency."
2.7	"You must maintain current knowledge, skills and abilities."
2.7.1	"You remain current and keep your knowledge, skills and abilities up to date throughout your professional career."
2.7.2	"You use your professional judgement and reflect on patient outcomes to identify potential gaps or deficiencies in your knowledge, skills and ability and take steps to address them."
2.7.3	"You fulfill your BCCOHP Quality Assurance requirements."

⚑ 2.5.6 IS THE ONE PEOPLE MISS

It is not enough that the office owns a kit and a protocol. The clause asks that **you participate with your team in regular emergency training** and that **you understand your own role** when it happens. A course you attended alone does not demonstrate that. Section 5 on page 7 is where you plan the team part.

How BCCOHP classifies this activity

In BCCOHP's *Continuing professional development* resource, this course falls under **"Courses, lectures, presentations, sessions, seminars"** — structured learning that is organized instruction delivered in person or online, and that "must be relevant to oral health practice and support ongoing professional development." Record it in that category when you self-report. If you want to broaden the entry, the other categories BCCOHP lists are Indigenous anti-racism, cultural safety and humility learning; self-study and directed study; independent research and publication authorship; study clubs; professional knowledge exchange and learning conversations; and other forms of CPD.

Sources, all published by BCCOHP and current at the date of this edition: *Standards for the Oral Health Team* (April 1, 2026); *Overview of BCCOHP's modernized Quality Assurance Program* (January 2026); *Continuing professional development (CPD)* and *Setting Professional Goals* (QAP resources, 2026). Quotations are verbatim. Check oralhealthbc.ca for the current versions before you rely on this page.

SECTION 1

The activity record

YOUR NAME

BCCOHP REGISTRATION NUMBER

PROFESSION / ROLE

PRACTICE OR CLINIC

COURSE

Dental ACLS — Provider Track

PROVIDER

Life Safe Medical Training™

ONLINE PORTION COMPLETED

IN-CLASS SKILLS DAY

INSTRUCTOR

LOCATION

SECTION 2

What this course covered

Tick what you actually practised. This is the raw material for your self-report — a reviewer wants to see specifics, not a course title.

- ☐ Recognizing the deteriorating sedated patient, and the decision to stop the procedure
- ☐ Acute coronary syndrome in the chair — aspirin, nitroglycerin, and when not to give either
- ☐ Bradycardia with a pulse — hypoxia first, then atropine, then pacing
- ☐ Tachycardia with a pulse — narrow against wide, stable against unstable, synchronized cardioversion
- ☐ Cardiac arrest — the shockable and non-shockable branches, and the two-minute cycle
- ☐ Defibrillation in the dental chair — getting the patient flat, pad placement, clearing the team
- ☐ Epinephrine and amiodarone — dose, timing, and the order they go in
- ☐ Airway rescue and capnography in the sedated patient
- ☐ Local anaesthetic systemic toxicity, and lipid emulsion
- ☐ Return of spontaneous circulation — oxygenation, blood pressure, and the handover to EMS
- ☐ Team roles, closed-loop communication, the recorder, and the sedation record
- ☐ The emergency kit and the defibrillator — what is in them, where they are, who checks them
- ☐ Other: _____

SECTION 3

The reflection

Standard 2.7.2 asks you to use your professional judgement, reflect, identify gaps, and take steps to address them. These four questions are that clause, in order. Write in plain language.

1 · Think of a real moment in your own practice. A patient who went grey in the chair, a syncope, a sedation case that got away from you, a near miss — or the fact that you have never had one.

2 · What could you not have done confidently before this course? Be specific. “I could not have told you whether that rhythm needed a shock” is useful. “I learned a lot” is not.

3 · What can you do now? Name the skill, not the topic.

4 · What is still a gap? What would still go badly in your operatory tomorrow? This is the honest one, and it is the one that becomes your goal.

SECTION 4

Your professional goals

Component A asks for two to three goals for the year. At least one should come out of question 4 on the previous page. BCCOHP does not require any particular framework — GROW, SMART/SMARTER, the Golden Circle and a narrative or reflective approach are all offered as options. The structure below is a plain version that satisfies all of them.

GOAL 1

THE GOAL — WHAT I WANT TO BE ABLE TO DO

WHY — WHAT IN MY PRACTICE MADE ME CHOOSE IT

WHAT I WILL ACTUALLY DO, AND BY WHEN

HOW I WILL KNOW IT WORKED

REVIEW DATE

GOAL 2

THE GOAL — WHAT I WANT TO BE ABLE TO DO

WHY — WHAT IN MY PRACTICE MADE ME CHOOSE IT

WHAT I WILL ACTUALLY DO, AND BY WHEN

HOW I WILL KNOW IT WORKED

REVIEW DATE

✦ **A GOAL DOES NOT HAVE TO BE CLINICAL**

BCCOHP is explicit that goals may relate to communication, teamwork, documentation, leadership, cultural safety or improving practice systems. “Get our emergency drills onto the schedule and make sure every new hire is briefed in their first week” is a strong goal.

SECTION 5

Back in the operatory

This section is standards **2.5.5** and **2.5.6** — the kit, the protocol, and **regular team training in which you know your own role**. Walk the room before you fill it in.

WHAT I CHECKED, OR WILL CHECK, THIS WEEK

- [ ] Where the emergency kit is, and that every member of the team can say so without looking
- [ ] Kit contents against our list; expiry dates; who owns the monthly check
- [ ] Where the defibrillator is, that it powers on, and that the pads are in date — adult and pediatric
- [ ] Oxygen: where it is, how much is in it, how to turn it on, and how long it will last
- [ ] The emergency drugs this course covered — that we stock them, and that they are in date
- [ ] Our written emergency protocol — that it exists, and that it matches how we would really work
- [ ] My own role in that protocol, and who takes it when I am not in
- [ ] The route the paramedics will walk, and who meets them at the door

ACTIONS WE AGREED — EACH ONE WITH A NAME AND A DATE

Action	Owner	By when

DATE OF OUR NEXT TEAM EMERGENCY DRILL

WHO IS ORGANIZING IT

⚑ WRITE THE DRILL DOWN WHEN YOU RUN IT

Keep a dated note of who took part and what scenario you ran. It takes a minute, and it is the only thing that shows the **regular team training** in 2.5.6 actually happened.

SECTION 6

Your Component A self-report entry

Draft the entry here, then type it into your Component A self-report. Keep it to a few lines, and make sure it names **the activity**, **the goal it serves**, and **what changed in your practice**. That link is what BCCOHP asks for — not a number of hours.

ACTIVITY — WHAT I DID

THE GOAL IT SUPPORTS — FROM SECTION 4

MY PRACTICE CONTEXT — WHY IT WAS THE RIGHT LEARNING FOR ME

WHAT CHANGED, OR WILL CHANGE, AS A RESULT

✦ A WORKED EXAMPLE

"Completed a two-part Dental ACLS course with Life Safe Medical Training — online modules plus a hands-on day. I chose it because we sedate three days a week and I had never had to read a rhythm under pressure. It supports my goal of being able to lead the first four minutes of a cardiac emergency in the chair. Since the course I have moved the defibrillator to where both operatories can reach it, added a rhythm check to our monthly kit check, and booked a team drill for the first Friday of each quarter."

Keep a copy

Keep this sheet and your completion record together. BCCOHP self-reports CPD rather than collecting certificates, but if you are selected for Component C you will want to be able to show your own working.

SIGNATURE

PRINTED NAME

DATE

This reflection is a Life Safe Medical Training™ resource. It is **not issued, reviewed or endorsed by BCCOHP**, and completing it does not discharge your Quality Assurance Program requirements — Components A and B are completed by you, annually, in BCCOHP's portal. Requirements change; confirm the current wording at oralhealthbc.ca.