AFTER THE SKILLS DAY · BC EDITION 2026

Dental BLS

Learning Reflection

The last piece of the course — what you would change in your own operatory, written down while the day is still fresh.

LEARNING REFLECTION | BC EDITION 2026 | LIFE SAFE MEDICAL TRAINING

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START HERE

What this reflection is for

This is your record of the Dental BLS 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.	**This is the one.** Component A asks for a self-inventory, a standards self-reflection, **2–3 professional goals**, and a **self-report of your CPD activities**. The sections that follow give you all four.
B	Standards-based education and knowledge application. Annual, online.	Not here. Component B is BCCOHP's own scenario-based modules on its standards — no more than three a year. You cannot log an outside course in it.
C	Individualized support, if you are selected.	Not here. Selection is by audit, or by not completing A and B.

⚠ **IF YOU HAVE SEEN AN OLDER VERSION OF THIS SHEET**

Earlier Life Safe Medical Training handouts told you to log this course under "Component B (Professional Learning)." **That was wrong.** Continuing professional development is self-reported in **Component A**. Component B is BCCOHP's own standards modules and takes nothing from you but the modules themselves.

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

BCCOHP does not quantify CPD 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."* One of the examples BCCOHP gives in that category is:

> *"Attending an accredited basic life support (BLS) or First Aid course focused on emergency response and patient safety."*

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 & humility learning; self-study & directed-study; independent research & publication authorship; study clubs; professional knowledge exchange & 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 BLS — Health Care Provider

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.

- ☐ Recognition of cardiac arrest and activation of the emergency response system
- ☐ High-performance CPR on the adult — rate, depth, recoil, minimal interruption
- ☐ Compressions in the dental chair — flatten the back, pull the patient onto the firm seat
- ☐ AED use, pad placement and the two-minute rhythm check
- ☐ Airway and oxygen — bag-valve-mask, two-person ventilation
- ☐ Child and infant resuscitation, and the ratios that change
- ☐ Choking — foreign body airway obstruction in the responsive and unresponsive patient
- ☐ Cardiac arrest in pregnancy, including left uterine displacement
- ☐ Team roles, closed-loop communication and the role of the recorder
- ☐ The emergency kit — what is in it, where it is, and who checks it
- ☐ 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 pale in the chair, a syncope, a sedation case, 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 did not know where the AED pads went on a child” 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/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 standard 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 AED 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
- [ ] 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 BLS course for health care providers with Life Safe Medical Training — online modules plus a hands-on skills day. I chose it because our practice sedates and I had never managed an arrest in the chair. It supports my goal of being able to lead the first four minutes of a medical emergency. Since the course I have taken over the monthly emergency kit check, moved the AED to the hallway where both operatories can reach it, 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.

SIGN OFF

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.