

**ACTION RESEARCH PROJECT:**

**Will my introduction of the WaterPik Water Flosser to my dental colleagues result  
in their personal use and/or recommendation to patients?**

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**APRIL 03 2016**

**WORD COUNT: 4038**

## **ABSTRACT**

### **Introduction**

Although the research on the WaterPik Water Flosser is plentiful, it is still regarded with some skepticism and is not well known or often recommended by many dental clinicians. A positive clinical experience with WaterPik Water Flosser effectiveness in a patient led me to investigate further into its efficacy, subsequently leading me into a position as a Professional Educator for WaterPik. In this way, I am able to provide product research and general information in a hands on presentation to dental clinicians. Through this project I am attempting to discover whether, as a Professional Educator and fellow clinician, my introduction of the WaterPik Water Flosser to my dental colleagues will result in recommendations to patients and possibly encourage use of the product by the clinicians themselves.

### **Methodology**

As a Professional Educator for WaterPik, I provided a “Lunch and Learn” Continuing Education (CE) presentation on WaterPik Water Flossers to my dental office colleagues, including dentists, hygienists, and dental assistants. The 12 dental clinicians were given two short surveys, 4 weeks apart, regarding their recommendations and use of the product both prior to and after the presentation.

### **Results**

Before the presentation, 83% of the participants neither recommended nor used the WaterPik Water Flosser. After the presentation, 92% of the participants used and/or

recommended the WaterPik Water Flosser, and 66% of the participants that do not use the product after the presentation are still more likely to recommend it.

## **Conclusion**

As a Professional Educator and fellow dental clinician, my introduction of the WaterPik Water Flosser to my colleagues effectively increased their recommendation to patients and their personal use of the WaterPik Flosser.

## **ACTION RESEARCH QUESTION**

Will my introduction of the WaterPik Water Flosser to my dental colleagues result in their personal use and/or recommendation to patients?

## **INTRODUCTION**

Having been in dentistry for almost 22 years, the last 12 of those years as a practicing dental hygienist, the foremost task is achieving or maintaining patient's oral health. We are always searching for easy and effective ways our patients can remove plaque at home. For years, my patients and I have run the gamut of everything from floss to picks that we could get our hands on, with, as any hygienist could tell you, very few success stories. Recently, I began hearing more about the Waterpik Water Flosser, a device I had heard about many years ago but had written off as simply a fancy "mouth rinsers", with no real efficacy at removing plaque biofilm or reducing gingivitis. In my hygiene practice I had an experience with a teenage boy in full orthodontic brackets and wires

that I had been seeing on a 3-month preventive maintenance schedule, trying to stay ahead of the rapid plaque build-up and compensate for his lack of home care despite me recommending everything I could think of to improve his oral care. On one of his regular appointments, I was very surprised to suddenly be presented with a virtually plaque free mouth, and pink, healthy gingiva. When I asked him what he was doing differently to keep his mouth clean, he told me that his orthodontist told his mom to get him a “water floss thingy” and that he was using it every day. His mom confirmed that she had purchased a WaterPik Water Flosser for her son only a couple weeks after his last hygiene appointment. I was thoroughly impressed - if a teenage boy in orthodontic treatment could get the hang of this product with these impressive results, then this was something worth taking notice of. I began looking into WaterPik online and started asking my colleagues what they knew about WaterPik and what, if any, their experiences were. I discovered that a trusted dental hygiene colleague was working for WaterPik as a Professional Educator, and she not only gave me my own Water Flosser to try, but also gave me all kinds of research to read. Once I had the Water Flosser in regular use for myself, I quickly began to see that it was definitely more than just a “mouth rinsers”, and the research I was reading was backing that up. I started regularly recommending the product to patients and talking more about it with the dentists, dental assistants, and hygienists in my large dental practice, encouraging them to recommend Water Flossing as well. Many were still skeptical, and expressed the same reservations about the possible inefficacy of Water Flossing that I also had before seeing the results for myself. Research shows that dental professionals’ knowledge, skills, beliefs, and

attitudes can affect choices in oral health prevention methods to be shared and recommend to patients (1).

Fast forward several months and now that I am a Professional Educator for WaterPik, it's amazing being able to get the information about Water Flossing out to so many dental clinicians. In my own dental practice, while I felt that my colleagues trusted me to give them accurate information about WaterPik – in other words, I didn't just recommend it because I work for the company – I still felt some resistance and skepticism.

Continuing Education (CE) is required for dental clinicians to maintain licensure and in turn, it's their responsibility to stay abreast of current information for the best treatment and care of their patients. The "Lunch and Learn" presentation method, where the presenter sets up a short educational information session right in the dental clinic during the office lunch break, is used by many dental companies to provide information on products to dental staff in a quick, easy and fun manner. When participating in any CE it's important to know the source of the information – is the presenter and company reputable? If there is research, is it peer reviewed? In my personal experience attending CE courses, I know I place more value on information received from people or sources with professional clout, and my experience with WaterPik is no exception. When I began investigating WaterPik I was given a Water Flosser and the research information from a trusted colleague of mine, which definitely helped to form my opinion on the product from the start.

In the course of this project, I'm hoping to discover if my introduction of the WaterPik Water Flosser to my dental colleagues will result in their personal use and/or

recommendation to patients. As a Professional Educator for WaterPik providing the clinical staff with a presentation, they will have research and information to help with their decision making process in regards to recommending and/or using a Water Flosser. This is important to me not just because I represent the product professionally, but because I genuinely feel that implementing Water Flossing recommendations in our oral hygiene instruction can be truly beneficial to improving the oral health of many of our patients. The research on the efficacy of this product shows that it can be extremely effective in reducing gingivitis, bleeding, and plaque biofilm, and I have seen the results firsthand in my patients.

## **RESEARCH BACKGROUND**

### String Floss versus Water Floss

String flossing has always been considered the “gold standard” of interdental care, and has been pressed upon dental patients since it’s first notation in the history books during the late 1800’s, being patented by Johnson and Johnson in 1898. Fast forward to 2016, and still, string floss sits at the top of the list, even though there are many studies showing that gingival irrigation – Water Flossing – is far more effective at reducing gingival bleeding, reducing gingivitis, and removing plaque biofilm than string floss. Although there are no studies specifically addressing the efficacy of Water Floss and decay reduction, there are studies that show string flossing alone is not directly able to significantly reduce the incidence of dental caries (2,3).

When used in conjunction with either a manual or a power toothbrush, the WaterPik Water Flosser is up to 93% more effective at reducing gingival bleeding and up to 52% more effective at reducing gingivitis than a manual brush and string floss (4).

In a 2011 study comparing the efficacy of brushing manually and using a WaterPik Water Flosser, versus brushing manually and using string floss showed that after 14 days, the WaterPik Water Flosser group had twice the reduction in gingival bleeding than the string floss group, and after 30 days the WaterPik Water Flosser group was 17% more effective at reducing gingival bleeding than the string floss group (5).

Patients undergoing orthodontic treatment and those with dental implants can find it difficult to maintain their oral health as the orthodontic brackets and wires as well as the shape of dental implants can be problematic when it comes to removing plaque biofilm. When used by orthodontic patients, studies show the Water Flosser was far superior to string flossing for reduction in plaque and gingival bleeding, providing 3 times the plaque removal and 84.5% reduction in gingival bleeding (6). For implant patients, the results are just as impressive. At the end of a 30-day clinical trial, Magnuson B et al. found that using the Water Flosser in conjunction with manual brushing to be twice as effective at reducing gingival bleeding around implants than string floss and manual brushing (7).

### AirFloss versus Water Floss

Sonicare, a sonic power toothbrush company since the late 1980's, introduced the AirFloss interdental cleaning aid in 2011. This product is often compared to the WaterPik Water Flosser, but 2 recent studies have shown that the Sonicare AirFloss is

not as effective in reducing gingivitis as the Water Flosser. In 2012, Sharma, Lyle, Qaqish and Schuller found the WaterPik Water Flosser to be 80% more effective than AirFloss in reduction of gingivitis and 70% more effective at removing plaque (8). In 2015, when the Water Flosser and the AirFloss Pro were compared, researchers found that the Water Flosser reduced bleeding 54%, reduced gingivitis 32%, and reduced plaque 28% more than the AirFloss Pro (9).

### Efficacy of Continuing Education for Clinicians

By providing Continuing Education (CE) to dental clinicians, studies show that this can greatly improve the efficacy of the clinicians' practice, in turn improving the quality of care their patients receive. In presenting dental clinicians the information on WaterPik Water Flossers that prove the WaterPik theories on improving oral health are evidence-based, this information is more likely to improve the clinicians approach regarding WaterPik recommendations to their patients (10).

Use of an interactive information sharing experience for CE, such as a "Lunch and Learn", is more likely to incite positive change in dental clinical practice and subsequently, by clinicians recommending WaterPik Water Flossers, increase patients overall health. As a fellow clinician, my being there to present the evidence-based information in an interactive setting with the dental clinical staff is more likely to positively change their practice in regards to WaterPik Water Flosser use, as opposed to having the clinicians read an article or similarly presented information about WaterPik Water Flossers on their own (11). In providing an interactive continuing education presentation with PowerPoint slides, short video clips, and hands-on demonstration units, my impact and effect is greater within a small clinical group (12).



## Colleagues as Reliable Resources

In acquiring information, dental clinicians have multiple ways they can access credible sources and their colleagues are often relied upon to provide this information. Dental hygienists rely on discussions with colleagues, journals and continuing education courses as ways to enhance professional development and get information, relying on personal experience, journal credibility and colleague discussions to evaluate the professional information (13).

In their study on the *Information Needs of Practicing Dentists*, Strother, Lancaster and Gardiner reported that “Responses indicated that dentists need information on new techniques in dentistry and that preferred sources are professional colleagues and personal journal collections.” (14).

## **METHODOLOGY**

- I posted a notice informing my clinical staff co-workers at the Semiahmoo Dental Centre of a free presentation on WaterPik Water Flossing in the office lunchroom. Clinical staff members were invited voluntarily to sign up to attend the presentation. Presentation attendance would give them access to CE credits, reduced pricing on WaterPik Water Flosser units for personal use, as well as free lunch. The notice was posted 3 weeks prior to the presentation.
- I conducted a 45-minute presentation on the WaterPik Water Flosser to the clinical staff in the dental office. As a Professional Educator on behalf of WaterPik, I have access to a Power Point presentation, product samples, product

research, and general information pertaining to WaterPik Water Flossers use and efficacy.

- 12 dental clinicians attended the presentation, including 4 Certified Dental Assistants, 4 Registered Dental Hygienists, 3 Dentists, and 1 Denturist.
- After the presentation, I opened the floor to the attendees for a question/answer period.
- I obtained signed permission from the owners of the dental practice to conduct my Action Research Project in their dental clinic. (Appendix 1)
- The 12 dental clinicians who attended the WaterPik Water Flosser presentation were invited to participate in the Action Research Project. All 12 clinicians individually agreed to participate by signing an Ethics Statement and Action Research Project Consent form. (Appendix 2)
- 4 weeks after the presentation, an initial questionnaire consisting of 2 questions (Appendix 3) was given to each clinician. The completed questionnaires were all returned within 3 days. A follow up questionnaire of 2 further questions (Appendix 4) was given to each attendee\* 3 weeks after the initial questionnaire.
- I was able to connect and communicate with each dental clinician in person throughout the project, as we are all employed in the same dental practice.

\*The single attendee who had already indicated they own and currently use a WaterPik Water Flosser prior to the presentation was not given the follow up questionnaire as it pertained directly to those attendees who did not previously own/use a WaterPik Water Flosser prior to attending the presentation.

## RESULTS

### Initial Questionnaire

4 weeks after the WaterPik Lunch and Learn presentation, participants were asked to indicate their recommendation and use of the WaterPik Water Flosser on a scale of 1-5, (Never being 1 and Always being 5) both prior to and after my presentation of the product, and to briefly explain their answer.

“Indicate below on your recommendation/use of the WaterPik Water Flosser **prior** to my presentation to the dental office clinical staff on the product, and briefly explain your answer.”

Never recommend	1	2	3	4	5	Always recommend
Participant response	7	3	0	1	1	

Never use	1	2	3	4	5	Always use
Participant response	11				1	

According to my survey, 83% of the clinicians in my practice were not recommending the WaterPik Water Flosser to their patients prior to my presentation.

In explaining their responses, some of the participants who indicated either [1], [2], or [3] (never recommend) reported that they “don’t know anything about WaterPik”; “didn’t think it really worked”; “don’t know enough about it to know who needs it”; and “I’ve never tried one”. The participants who indicated either [4] or [5] (always recommend) commented “I already have a WaterPik and I love it so I recommend it all the time”; and “it’s great for ortho(dontic) patients”.

Only 1 of the 12 clinicians in attendance previously owned and regularly uses a WaterPik Water Flosser.

“Indicate below on your recommendation/use of the WaterPik Water Flosser **after** my presentation to the dental office clinical staff on the product and briefly explain your answer.”

Never recommend	1	2	3	4	5	Always recommend
Participant response	0	0	1	4	7	

Never use	1	2	3	4	5	Always use
Participant response	6	0	0	3	3	

The post-presentation responses show the percentage of participants that indicated “Always recommend” the WaterPik Water Flosser by choosing [4] or [5] on the survey was 92%, compared to only 17% previously. In their brief descriptions explaining their responses, some of the participants wrote “the information and research you (the presenter) provided convinced me to recommend this to my patients”; “now I can see that it (Water Flossing) really works”; “this looks so much easier than string flossing”; “I’m using it everyday and I’m recommending it all the time”; and “great presentation with lots of good info and research on the Water Flosser”.

After the presentation, 5 attendees purchased a WaterPik product for personal use, 1 attendee already owned a WaterPik Water Flosser. These 6 participants indicated they “Always use” the product (chose [4] or [5] on the questionnaire) after the presentation. Alternatively, of the 6 participants who indicated [1] “Never use” the WaterPik Water Flosser after the presentation, 4 had added a handwritten note on the questionnaire

indicating that they currently did not own a WaterPik Water Flosser, and 2 of those 4 also noted they were planning to get one in future.

### Follow-up Questionnaire

3 weeks after the Initial Questionnaire, a Follow-up Questionnaire (Appendix 5) was given to 11 of the 12 participants to determine any relationship between personal use and recommendation of the WaterPik Water Flosser among the dental clinicians who attended the presentation. The single attendee who had already indicated they own and currently use a WaterPik Water Flosser prior to the presentation was not given the Follow-up Questionnaire as it pertained directly to those attendees who did not previously own/use a WaterPik Water Flosser prior to attending the presentation.

5 participants indicated they had purchased and were now using a WaterPik Water Flosser after the presentation. All 5 indicated they were “more likely” to recommend the WaterPik Water Flosser to their patients. 100% of the participants that now use the WaterPik Water Flosser after the presentation also recommend it to their patients.

6 participants indicated they had not purchased a WaterPik Water Flosser after the presentation. Of these 6, 2 indicated they were “somewhat likely” and 4 indicated they were “more likely” to recommend the WaterPik Water Flosser to their patients. Even though these clinicians did not personally use the product, they indicated they were still recommending the Water Flosser to their patients after the presentation. 66% of the participants that do not use the product after the presentation are still more likely to recommend it.

None of the 11 participants indicated they were “Not likely” to recommend the product, whether they were using it personally or not.

3 non-clinical staff (administration) who did not attend the presentation verbally informed me that they had also purchased personal units, as they were eligible for the attendee pricing simply by being employees of the dental office attending the presentation.

## **BUSINESS ASPECT**

Considering that I'm currently employed by WaterPik as a Professional Educator, I can definitely see business potential for my project. WaterPik Water Flosser marketing/educating specifically for dental professionals and dental students is fairly new in Canada, with the "Lunch and Learn" program here still in it's infancy, having only been operating for about two years. I'm one of only five Professional Educators across the country, and there are approximately 120 educators in the United States. I can see how important it would be to learn what affects the potential market for this product in regards to dental professionals, knowing what they recommend to patients and why could greatly affect sales and influence marketing. As a practicing clinician myself, we (dental clinicians) could possibly be the biggest advocates with the most ability to reach the intended WaterPik consumer. However, if dental clinicians don't know enough about this product to recommend it, why would they? I believe we recommend what we use ourselves and what we know works for others, so understanding how we come to use certain products and why is important information from a business perspective. Granted, television and Internet certainly have their place in advertising WaterPik Water Flossers

on a grand scale to a large general audience, but research shows that most people would primarily follow the advice of their dental professional over any other source. When searching for answers to health care questions, patients will combine the information they find online with what they are told by their health care practitioner, although the practitioner is still considered to be the primary source of information and advice (15).

Knowing what dental professionals recommend and why they may choose the WaterPik Water Flosser over string floss for their patients may be important not only for helping fellow clinicians improve our patients' oral health but, from a business standpoint, for WaterPik to possibly increase their product sales. There is a cost associated with implementing the WaterPik Professional Educator program, so knowing that the education being provided is encouraging product recommendations to patients and colleagues would likely increase consumer purchasing of the products.

## **CONCLUSION**

Outside research supports that my professional credibility and association with the clinicians attending the WaterPik Continuing Education presentation may have positively influenced their acceptance of the credibility of the presentation, encouraging practitioner compliance and affecting their recommendations to patients and/or personal use of the product (16). It's also possible that simply by recognizing the brand name of WaterPik contributed to the results. When evaluating the impact of branded drug samples on clinical recommendations in a dental education setting, Hujoel and Gillette,

found that exposure to the branded sample resulted in clinicians being twelve times more likely to recommend that particular brand name (17). The brand name “WaterPik” is commonly used to describe the product itself, similarly to the household name brand “Kleenex” being used to describe tissue. This effect may have affected the choice of which device to recommend, although the only similar product available here in Canada is the Sonicare AirFloss, which is not a Water Flosser but specifically an Air Flosser, although the AirFloss Pro does have a small reservoir for liquid (2 tablespoons) it does not work as an oral irrigation system.

I did not include the front office staff in my project but in hindsight, a broader spectrum of results might have been achieved by including the non-clinical staff in the dental office. They were exposed to the information shared with the clinical staff simply by being in proximity of the presentation and from social sharing of the product information. I realized that product recommendations to patients are not necessarily limited to clinical staff alone, the office staff often fields questions on what they themselves use and/or recommend. Also, patients frequently look to the front desk staff after their appointment to confirm what they may have been told by the clinical staff, even if they have been provided with a sample or pamphlet to take with them.

Although there is plenty of research currently available showing the significant efficacy of the WaterPik Water Flosser to reduce gingival inflammation, bleeding, and plaque biofilm over traditional string floss, it’s important to understand that changes in oral health recommendations can be challenging to implement, both in the dental office and for the patient. The transition from knowledge to implementation can have several steps to climb and simply having the research out there isn’t enough to instigate broad



changes. Keeping abreast of the current clinical research is part of responsible practice and sharing that information amongst colleagues is instrumental in making positive changes for both clinicians and patients. Being involved in CE such as “Lunch and Learn” programs from both the position of educator and student, dental practitioners like myself can hope to improve on their patient care and assist patients in improving their own personal care by recommending products with evidence-based proof in oral health improvement. As a dental clinician, being part of the CE instruction lends credibility to the research being shared and this can help colleagues accept and implement new information and products more readily.

The Action Research Project allowed me to see how positively influential I can be in sharing valuable information with my colleagues that helps improve our clinical practice as a whole, which in turn makes us better at helping our patients. It has also given me great feedback going forward as a Professional Educator in the dental field.

“Continuing professional educators must do more than merely understand the technical aspects of their work. To become a critically reflective educator one must explore one's practice. This exploration must take place not only through one's own eyes but also through the eyes of others. The critically reflective educator explores practice through his or her own eyes, the eyes of one's peers, the eyes of one's students, and the literature on educational practice” (18).

## BIBLIOGRAPHY

1. Autio-Gold JT and Tomar SL. Dental Students' Opinions and Knowledge About Caries Management and Prevention. *Journal of Dental Education*. 2008 Jan; Vol 72(1) 26-32.
2. Hujoel PP, Cunha-Cruz J, Banting DW, Loesche WJ. Dental flossing and interproximal caries: A systematic review. *Journal of Dental Research*. 2006; Vol 85(4) 298-305.
3. Sambunjak D, Nickerson JW, Poklepovic T, Johnson TM, Imai P, Tugwell P, Worthington HV. Flossing for the management of periodontal diseases and dental caries in adults. *Cochrane Database of Systematic Reviews*. 2011. Issue 12, Art No. CD008829. DOI:10.1002/14651858.CD008829.pub2.
4. Barnes CM, Russell CM, Reinhardt RA et al. Comparison of irrigation to floss as an adjunct to toothbrushing: effect on bleeding, gingivitis and supragingival plaque. *J Clin Dent*. 2005. Vol 16(3), 71-77.
5. Rosema NAM, Hennequin-Hoenderdos NL, Berchier CE et al. The effect of different interdental cleaning devices on gingival bleeding. *J Clin Dent*. 2011. Vol 13(1), 2-10.
6. Sharma NC, Lyle DM, Qaqish JG et al. The effect of a dental water jet with orthodontic tip on plaque and bleeding in adolescent orthodontic patients with fixed orthodontic appliances. *Am J Orthod Dentofacial Orthop*. 2008. Vol 133(4), 565-571.
7. Magnuson B, Harsono M, Stark PC, et al. Comparison of the effect of two interdental cleaning devices around implants on the reduction of bleeding: a 30-day randomized clinical trial. *Compend Contin Ed Dent*. 2013. Vol 34 (special issue 8), 2-7.
8. Sharma NC, Lyle DM, Qaqish JG, Schuller R. Comparison of two power interdental cleaning devices on the reduction of gingivitis. *J Clin Dent*. 2012. Vol 23(1), 22-26.
9. Goyal CR, Lyle DM, Qaqish JG, Schuller R. Efficacy of two interdental cleaning devices on clinical signs of inflammation: a four-week randomized control trial. *J Clin Dent*. 2015. Vol 26, 55-60.

10. Smith WR. Evidence for the Effectiveness of Techniques To Change Physician Behavior. *Chest*. 2000;118(2\_suppl):8S-17S.
11. Forsetlund L, Bjørndal A, Rashidian A, Jamtvedt G, O'Brien MA, Wolf FM, Davis D, Odgaard-Jensen J, Oxman AD. Continuing education meetings and workshops: effects on professional practice and health care outcomes. *Cochrane Database of Systematic Reviews* 2009, Issue 2. Art. No.: CD003030. DOI: 10.1002/14651858.CD003030.pub2.
12. Mansouri M, Lockyer J. A meta-analysis of continuing medical education effectiveness. *The Journal of Continuing Education in the Health Professions*. 2007 Dec; Vol 27(1)
13. Gravois SL, Fisher W, and Bowen DM. Information-seeking practices of dental hygienists. *Bull Med Libr Assoc*. 1995 Oct; 83(4): 446–452.
14. Strother EA, Lancaster DM, and Gardiner J. Information needs of practicing dentists. *Bull Med Libr Assoc*. 1986 Jul; 74(3): 227–230.
15. Sillence E, Briggs P, Harris PR, Fishwick L. How do patients evaluate and make use of online health information? *Social Science & Medicine*. 2007 May; Vol 64 (9): 1853-1862.
16. Fireworker R and Friedman H. The effects of endorsements on product evaluation. *Decision Sciences* 1977 Jul; Vol 8(3).
17. Hujoel P and Gillette J. The Impact of Drug Samples on Clinical Recommendations in Dental Education. *Journal of Dental Education*. 2011 Oct; Vol 75 (10) 1323-1328.
18. Brookfield SD. *Becoming a critically reflective teacher*. San Francisco, CA: Jossey-Bass. 1995. Quoted in *Academy of Human Resource Development (AHRD) Conference Proceedings (Tulsa, Oklahoma, February 28-March 4, 2001)*. Volumes 1 and 2.

## **APPENDICES**

Permission letter	APPENDIX 1
Ethics Statement and Research Project Consent Form	APPENDIX 2
Action Research Project Questionnaire	APPENDIX 3
Follow-up Questionnaire for Action Research Project	APPENDIX 4

**APPENDIX 1**

Dr. E. Gregoriou and Dr. M. Rumm  
Semiahmoo Dental Centre  
1711 152<sup>nd</sup> Street Surrey BC

Dear Effie and Marit,

I am hoping to undertake an action research project investigating the use and recommendation of WaterPik water flossers by dental clinicians. I would be grateful if you would grant permission for my research to proceed.

Two copies of this letter are enclosed. Please sign and date both, keeping one copy for your records and returning the second copy to me.

Thanks,

Kryssi McKiel, RDH                      February 15<sup>th</sup>, 2016

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I hereby give permission for Kryssi McKiel, RDH to undertake her research project at Semiahmoo Dental Centre.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Dr. Effie Gregoriou, DMD

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Dr. Marit Rumm, DMD

## APPENDIX 2

### Ethics Statement and Research Project Consent Form

Dear Colleague,

I am undertaking an Action Research Project investigating the use and recommendation of WaterPik Water Flossers by dental clinicians, and I am requesting your participation in my research.

I will give priority to your interests at all times. I promise the following:

- Your identity will remain anonymous and your responses will only be used for the purposes of this research unless your specific permission is given to share this information beyond this project.
- You are free to withdraw from the research at any time, whereupon I will destroy all data pertaining to you.
- A copy of my research project will be made available to you upon its completion.

Two copies of this statement are enclosed. Please sign and date both, keeping one copy for yourself and returning one copy to me.

Thank you.

Kryssi McKiel, RDH

February 15<sup>th</sup>, 2016

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I have received an ethics statement and am giving consent to participate in the Action Research Project regarding the use and recommendation of WaterPik Water Flossers by dental clinicians from Kryssi McKiel, RDH.

Signed \_\_\_\_\_ Date \_\_\_\_\_

### APPENDIX 3

#### Action Research Project Questionnaire

Please answer the following questions:

1. Indicate below on your recommendation/use of the WaterPik® Water Flosser **prior** to my presentation to the dental office clinical staff on the product and briefly explain your answer.

Never recommend

1    2    3    4    5

Always recommend

Never use

1    2    3    4    5

Always use

2. Indicate below on your recommendation/use of the WaterPik® Water Flosser **after** my presentation to the dental office clinical staff on the product and briefly explain your answer.

Never recommend

1    2    3    4    5

Always recommend

Never use

1    2    3    4    5

Always use

## APPENDIX 4

### Follow-up Questionnaire for Action Research Project

1 - Please indicate which statement applies to you:

After attending the WaterPik Water Flosser presentation, I purchased and now currently use the WaterPik Water Flosser.

After attending the WaterPik Water Flosser presentation, I have not purchased and currently do not use the WaterPik Water Flosser.

2 - How likely are you to recommend the WaterPik Water Flosser to your patients?

Not likely

Sometimes likely

More likely