



**POLICY FRAMEWORK
FOR DENTAL HYGIENE EDUCATION
IN CANADA
2005**

The Canadian Dental Hygienists Association

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INTRODUCTION

The Canadian Dental Hygienists Association (CDHA) has developed the *Policy Framework for Dental Hygiene Education in Canada, 2005* in partnership with the Allied Dental Educators' (ADE) Committee of the Association of Canadian Faculties of Dentistry (ACFD) with additional sponsorship from Dentistry Canada Fund. As well, a broad base of stakeholders from the professional associations, dental hygiene regulatory bodies, colleges, universities and the Commission on Dental Accreditation of Canada were represented in this development process. Appendix 1.

The Policy Framework affirms the document, *Dental Hygiene: Definition and Scope* while acknowledging the direct relationship between the outcomes of dental hygiene education and the evolution of dental hygiene practice. Future dental hygiene practice must respond to an expanding body of dental hygiene theory, changing demographics and oral disease patterns, and the increasing need for quality oral health services. This document will serve a variety of user groups including but not limited to: regulatory and accreditation bodies; educational institutions and dental hygiene education programs; dental hygiene educators and students; other health professions, and the public.

Social, economic, political, and technological forces will influence future dental hygiene practice. Dental hygiene education in Canada must respond to these changes by promoting and incorporating future developments in educational strategies, theory development and research. Dental hygiene education must be proactive and prepare graduates for increasing levels of responsibility and accountability in new and varied practice environments.

At the present time, CDHA supports all nationally accredited Canadian dental hygiene diploma programs and the three existing dental hygiene baccalaureate programs. However, CDHA also recognizes that entry-level education must adapt to remain commensurate with preparation for entry to an evolving health care system which demands greater independence, accountability and quality of services. Recognizing future needs, CDHA advocates that dental hygiene education in Canada develop a more comprehensive academic system of baccalaureate and graduate dental hygiene programs. Within this comprehensive academic system, there should be provisions with enhanced accessibility for all dental hygienists with appropriate credentials and all programs should provide credentials that accurately reflect the educational preparation of graduates.

GUIDING PRINCIPLES

The guiding principles of the *Policy Framework for Dental Hygiene Education in Canada, 2005* describe the basic elements and characteristics of this comprehensive dental hygiene education system.

Dental hygiene education must be:

- **accessible:** to all qualified Canadians;
- **accountable:** provide graduates with opportunities to be self-directed, critical thinkers, committed to the delivery of quality oral health services;
- **client-centred:** directed to societal needs, individual client needs, and expectations;²
- **collaborative:** provide an alliance between the client and health professionals working together to develop a single, integrated and comprehensive approach based on client needs and resources, and available health service resources. This collaborative relationship should be reflected in an inter-disciplinary education program which results in interaction between dental hygienists, client, and other health professionals;⁷
- **health and wellness focused:** with emphasis on the provision of primary care;
- **research-based:** provide evidence for dental hygiene theory. It is essential that dental hygiene services are evidence-based to meet quality assurance requirements. It is also imperative that continuing research is accomplished in order to address the future oral health needs of the public.
- **assure quality:** be subject to internal and external evaluation processes such as program review and accreditation. Dental hygiene education programs must be delivered in a comprehensive and integrated manner; and
- **articulated:** so that the dental hygiene education programs and their credentials facilitate accessibility from entry level to post doctoral qualifications.

Dental hygiene education has three basic elements: structure, process and outcomes. All elements impact on the students' acquisition of knowledge, skills and attitudes required for dental hygiene practice. These Guiding Principles are to be embedded in the design of dental hygiene education.

STRUCTURE OF DENTAL HYGIENE EDUCATION

Through structure, student and graduate mobility must be facilitated by appropriate credentialling and articulation arrangements. Appropriate resources (financial, physical and human) must be in place to support a comprehensive education system. Applicants to dental hygiene education programs must have access to prior learning assessment opportunities to support integration throughout the education system.

The following structural elements are essential. Dental hygiene education programs must:

- **be located in recognized post-secondary institutions which have the mechanisms in place to develop articulation agreements or collaborative partnerships between dental hygiene programs and recognized degree-granting institutions;**
- be guided by an institutional mission statement which, in turn, guides the development of program goals and objectives as well as addressing the community's culture, and the changing needs of both the community and its health care system;
- have an organizational structure which reflects the needs of the changing social environment and promotes access, cost-effectiveness and accountability;
- support principles of inclusivity while recognizing the needs of diverse student populations;
- provide physical facilities which have sufficient resources to deliver a curriculum which meets the programs' goals and objectives; and where possible, utilize community based facilities to support student learning experiences;
- employ faculty who have the appropriate educational credentials and practice experience to carry out the programs' goals and objectives and serve as professional role models;
- structure the curriculum delivery system to support adult learners;
- be accessible to a diversity of learners through innovative delivery systems;
- provide access to educational opportunities through the integration of technology; and
- **offer a Baccalaureate degree in Dental Hygiene as the required credential for entry to dental hygiene practice for all new students commencing in the year 2005.**

PROCESS OF DENTAL HYGIENE EDUCATION

An educational system includes curriculum design, instructional design, course content, learning experiences and student evaluation. The educational environment should be flexible and capable of responding to ongoing changes within the health delivery system, consistent with professional goals and public need.

Dental hygiene education programs must:

- comply with accreditation standards;
- ensure that program length and credentialing are consistent so that students achieve the appropriate credential for their educational experience;
- collect and maintain data which will provide a basis for program review and revision;
- provide expanded learning opportunities through the development of inter-institutional agreements to enhance transferability of credits and contribute to making a Baccalaureate degree the basis of entry to practice;
- design a curriculum which enables the graduate of the education program to reliably demonstrate the required knowledge, skills and attitudes so that the graduates are competent; and
 - capable of meeting the public's needs;
 - prepared to practice in an increasingly complex and interdisciplinary health delivery system;
 - literate, capable of problem-solving and decision-making;
 - capable of life long learning, professional development and continuing education;
 - able to meet the needs of diverse client groups such as the elderly, the culturally diverse, the disadvantaged and the physically challenged;
 - capable of assuming all roles/areas of responsibility of dental hygiene practice to include those of clinician, educator, health promoter, administrator and researcher;
 - capable of applying moral and ethical reasoning for professional and competent practice; and
 - prepared for advanced educational opportunities.

OUTCOMES OF DENTAL HYGIENE EDUCATION

The purpose of a dental hygiene education system must be to graduate dental hygienists who can meet the public's evolving oral health needs and expectations through a multiplicity of roles in a multiplicity of practice environments. Central to the public's evolving needs are the key concepts of accessibility, choice of provider, cost, and accountability.³

Graduates who can meet future health needs should have the ability to:

- understand the determinants of health and oral health;
- ensure access to oral health services for individuals, families and communities;
- integrate theory into practice;
- willingly function in new practice environments within inter-disciplinary team arrangements;
- work effectively as a team member;
- incorporate and balance cost and quality in the decision-making process;
- ensure active collaboration with the client in making decisions about dental hygiene services and in evaluating the quality of these services;
- help clients (individuals, families and communities) maintain and promote healthy behaviours;
- apply increasingly complex technology in an appropriate manner;
- understand the determinants and operations of the health care system from a broad political, economic, social and legal perspective in order to continuously improve the operation and accountability of that system;
- manage and use large volumes of scientific, technological and client information;
- assess, prevent and mitigate the impact of environmental hazards on health;
- provide counselling for clients in situations where ethical issues arise and participate in discussions of ethical issues in health care as they affect health professions, communities and society;
- respond to increasing levels of public, government and third party participation and scrutiny of the shape and direction of the health care system;
- appreciate the growing diversity of the population, and the need to understand health status and health care through differing cultural values; and
- anticipate changes in health care and respond by re-defining and maintaining professional competence throughout practice life.³

CONCLUSION

The *Policy Framework for Dental Hygiene Education in Canada, 2005* reflects the transition from a health occupation to a health profession. This comprehensive system for dental hygiene education will facilitate

- improved public access to dental hygiene services;
- expanded practice opportunities;
- increased choice of practice environment; and
- restructured collaborative relationships with health and non-health service delivery organizations.

The purpose of this *Policy Framework* is to outline the boundaries, parameters, and essential elements of dental hygiene education in Canada. The *Policy Framework* articulates the need for dental hygiene education to be an evolving and comprehensive academic system which is accessible to meet the needs of the learners, the environment and the public. This *Policy Framework* incorporates a systems approach which promotes the analysis of the elements which comprise the educational phenomenon of structure, process and outcomes. A systems approach is necessary to assure accountability, since the exploration of the individual elements within a system is limiting.

HISTORY

- the *Policy Framework* has evolved from the national competency profiles for dental hygiene developed in 1987 by the Canadian Dental Association, Council on Education and Accreditation (CDA) to support the dental hygiene program accreditation process. In 1991, the CDA identified the need to review and revise the competency profiles for both dental hygiene and dental assisting.
- the Allied Dental Educators' Committee (ADE) of the Association of Canadian Faculties of Dentistry (ACFD) formulated proposals for two strategic planning sessions. At that time, a broader approach was planned to ensure that the final product would be valuable to a variety of stakeholders associated with dental hygiene and dental assisting education.
- at the same time, CDHA had been pursuing initiatives related to national certification and the development of national dental hygiene education standards. To maximize resources and meet similar needs, CDHA and ADE embarked on a collaborative relationship.
- In March, 1993, at a strategic planning session in Vancouver sponsored by ACFD/CFDE (Canadian Fund for Dental Education - now Dentistry Canada Fund) participants identified the need to revise the 1988 Dental Hygiene Clinical Practice Standards to include all aspects of dental hygiene practice.⁴
- In June, 1993, CDHA organized a workshop in Ottawa to revise the dental hygiene clinical practice standards. The initial draft of *Dental Hygiene: Definition and Scope* was produced at this meeting.
- ACFD/ADE received funding to assist with the development of education standards to complement the revised practice standards. A CDHA/ACFD workshop was held in Winnipeg, October 1994.
- the Winnipeg education standards document was circulated to the stakeholder organizations for review. CDHA reaffirmed the need for these standards to be generic and futuristic.
- the CDHA Task Force on National Dental Hygiene Education Standards met in Winnipeg, October 1996 to create a Policy Framework building on the 1994 document.

REFERENCES

1. “Learning Outcomes”. Centre for Curriculum and Professional Development Newsletter. British Columbia Ministry of Education, Skills and Training, Volume 8, Number 2. August 1996. For more information about systems thinking, *The Fifth Discipline* by Peter Senge (Doubleday, 1990) is a helpful reference.
2. “Report of the Task Force on Dental Hygiene Education”. American Association of Dental Schools Standing Committee of Dental Hygiene Directors, 1988-92.
3. “Healthy America: Practitioners for 2005”. Pew Health Professions Commission. October, 1991.
4. “Strategic Planning Session for Dental Assisting and Dental Hygiene Education Standards”. Vancouver: ACFD/ADE Committee. March, 1993.
5. “Moving the Profession of Dental Hygiene Towards the Year 2000”. Niagara Falls: ACFD/ADE Committee. October, 1993.
6. “The Practice of Dental Hygiene in Canada. Description, Guidelines and Recommendations”. Report of the Working Group on the Practice of Dental Hygiene, Part I. Health and Welfare Canada. 1988.
7. Dental Education at the Crossroads - Summary. Institute of Medicine. Journal of Dental Education, Volume 59, Number 1, 1995.

Other reference materials used in developing the Framework include:

- “Dental Hygiene Definition and Scope”. Canadian Dental Hygienists Association. August, 1995.
- “Report of the Post-Diploma Advisory Group”. Canadian Dental Hygienists Association. April, 1996.
- “Dental Hygiene Accreditation Process and Education Requirements”. Commission on Dental Accreditation of Canada, 1994.
- “Dental Hygiene Program Standard”. College Standards and Accreditation Council, Ontario Ministry of Education and Training. June, 1996.