

April 26, 2002

Dental Hygiene: Definition, Scope and Practice Standards

The following is a report of the CDHA members' web site consultation on the draft Dental Hygiene: Definition, Scope and Practice Standards, March 25, 2002. A draft copy of the Dental Hygiene: Definition, Scope and Practice Standards along with four questions were posted on the CDHA web site from April 8th 2002 until April 26th 2002 and an e-mail broadcast was sent out to CDHA members inviting them to provide input on this document.

The following is a summary of members' comments:

1. Are there any specific items you feel should be modified or deleted?

- Two respondents indicated "no".
- In the key responsibility section, research should come before change agent, since research is more frequently practiced. Dental Hygienists do research in their practice on a daily basis when they assess and compare the information they see with the research that drives their practice.
- An excellent job. The document is thorough, and gives a very good view to show our intelligence, responsibility and integrity.

2. Are there any items you believe should be added to the document?

- Two respondents indicated no.
- Informed consent and criteria for informed consent should be added to the planning section.
- Ongoing evaluation should be added to ensure a rounded tx plan.
- In the last consultation someone stated that duties should be more defined, but I think an umbrella descriptor covers a variety of duties currently performed and leaves an opening for future skills and services.

3. Does the document meet the needs of your practice setting? If no, please explain.

- Three respondents indicated yes.
- The development of policies and protocols will become far more common and should be mentioned under "Responsibilities". It is touched on in the beginning but needs to be emphasized.
- The document should be revised every year, in case something else needs to be added.
- I am in Public Health and this should allow for any future duties that may be needed in my job.

4. General Comments.

- A definition of “Collaborative Practice” should be included under Dental Hygiene Defined. One suggestion is “Collaborative Practice is the process of working together with the client and other professionals to achieve effective client outcomes”.
- Lobbyist is not a practice environment perhaps it might fit as an example under government.
- Pet dental hygiene: “pet” is not a practice environment and should be replaced by veterinary dental hygiene”.
- All practice environments must support quality dental hygiene practice consistent with the CDHA Standards of Practice.
- Add the following to the Assessment section: maintain client confidentiality
- Perhaps 3.3 and 3.4 could be combined to read, “Identify appropriate resources and dental hygiene interventions dependent on client need”.
- I do not understand the intent of 3.9 in the Planning section, particularly following 3.8. To my way of thinking, 3.9 is redundant. However, if it is addressing a separate issue it needs to be revised.
- The methodology of the document development should be better articulated.
- Ensure consistency and accuracy in the references.
- Formatting inconsistencies, such as semi-colons and brackets, should be corrected.
- Point 3.9, “Make decisions that support...” needs clarification.
- The list of practice environments looks contrived, like protesting. Find another expression to reflect the category "pet dental hygiene".
- Format and look of the document is good. It looks more integrated and professional than the last time.
- Excellent! Improves on the previous document by meeting the objectives of the revision process: more user friendly and more reflective of modern practice.
- It is an ongoing evolution and will need review every few years. I can see DH as the triage role in community health care centres and our scope should allow and prepare for this aspect of our practice.
- I think this is an exciting time for us right now especially in regards to updating our definition, scope and practice standards. This certainly shows how our profession is evolving and moving forward.
- It would be useful.
- It is a complete document, I am very happy to see that we have such an outstanding organization, that provides support, and continuous educational sessions, that makes us more valuable and respected within the dental team, great job.
- I think this document is terrific! Easy to read and easy to use.

- There has been an enormous amount of work done and I hope that all hygienists will be supportive.
- I believe this document shows our caring and concern for our clients needs rather than a cavalier attitude to get our needs meet.
- I like the new format with appendices and other changes.
- Multi-Disciplinary bodies could be added as another category to user groups.
- Pet settings could be added as a bracket to clinical practice or better yet omitted all together. It appears incongruous to me. This is just clinical practice on a different species.
- Forensic Odontology is the term used in BC.
- The diagram should be set on a base that is described as research or evidence-base. The Code of ethics and client should both be together at the core or heart of the diagram.
- On the reference list indicate the date that the material was retrieved from each website.
- Darby and Walsh was published in 1995 not 1994.
- The reference list is much more clarified in this draft. The following is an excellent reference Mueller-Joseph, I. and Petersen, M. Dental Hygiene Process: Diagnosis and Care Planning. Delmar Publishers. 1995.
- I feel very strongly that the model should include diagnosis as a separate area making the model an ADPIE model of care. I strongly believe that the group needs to re-think this. I understand that diagnosis is acknowledged in the assessment area already but it seems lost there and closes the rich and literary conversation around dental hygiene diagnosis and prognosis that is wonderful to explore in discussions in dental hygiene scope of practice dialogue.