



## **Entry-To-Practice Competencies and Standards for Canadian Dental Hygienists**

January 2010

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## Introduction

This document is divided into two main components:

**Part A** includes the national competencies, the abilities that dental hygienists require to practice competently and responsibly – examples are provided. Part A will be used primarily by educators to assist in the development of curricula. Various levels and emphasis on certain competencies may be created in response to the development of curricula for advanced levels of education. However, all dental hygiene educators are required to teach to the basic level of the competencies as outlined. Educators and researchers are free to enhance the competencies as required.

**Part B** includes the standards to which entry level dental hygienists must practice as delineated by the Federation of Dental Hygiene Regulatory Authorities. Elements of the *CDHA Definition and Scope* have been included to enhance the regulatory component of the standards.

Both parts are required for one complete document and while each component may be referenced for different purposes the two parts constitute the whole. Service organizations i.e. NDHCB and CDAC may use the combined document to evaluate educational programs and individual knowledge. Both components may be referenced for this purpose.

Evaluation of both components is required for evaluation of the whole; the process is circular and based on the Dental Hygiene Process of Care. As the profession of dental hygiene evolves along with other aspects of health care, periodic reflection will be required to ensure that the document accurately reflects both current and futuristic competencies and standards.

This was a collaborative project involving the major stakeholders responsible for the profession; Canadian Dental Hygienists Association (CDHA), Federation of Dental Hygiene Regulatory Authorities (FDHRA), Commission on Dental Accreditation of Canada (CDAC), National Dental Hygiene Certification Board (NDHCB) and dental hygiene educators. Now that the project is complete, these same stakeholders will become the users of the competency document. As users of the document it is understood that each organization will need to interpret the document in a manner that meets their unique needs without changing the overriding intent of having one national document.

## The Profession of Dental Hygiene Defined

Dental Hygienists ...

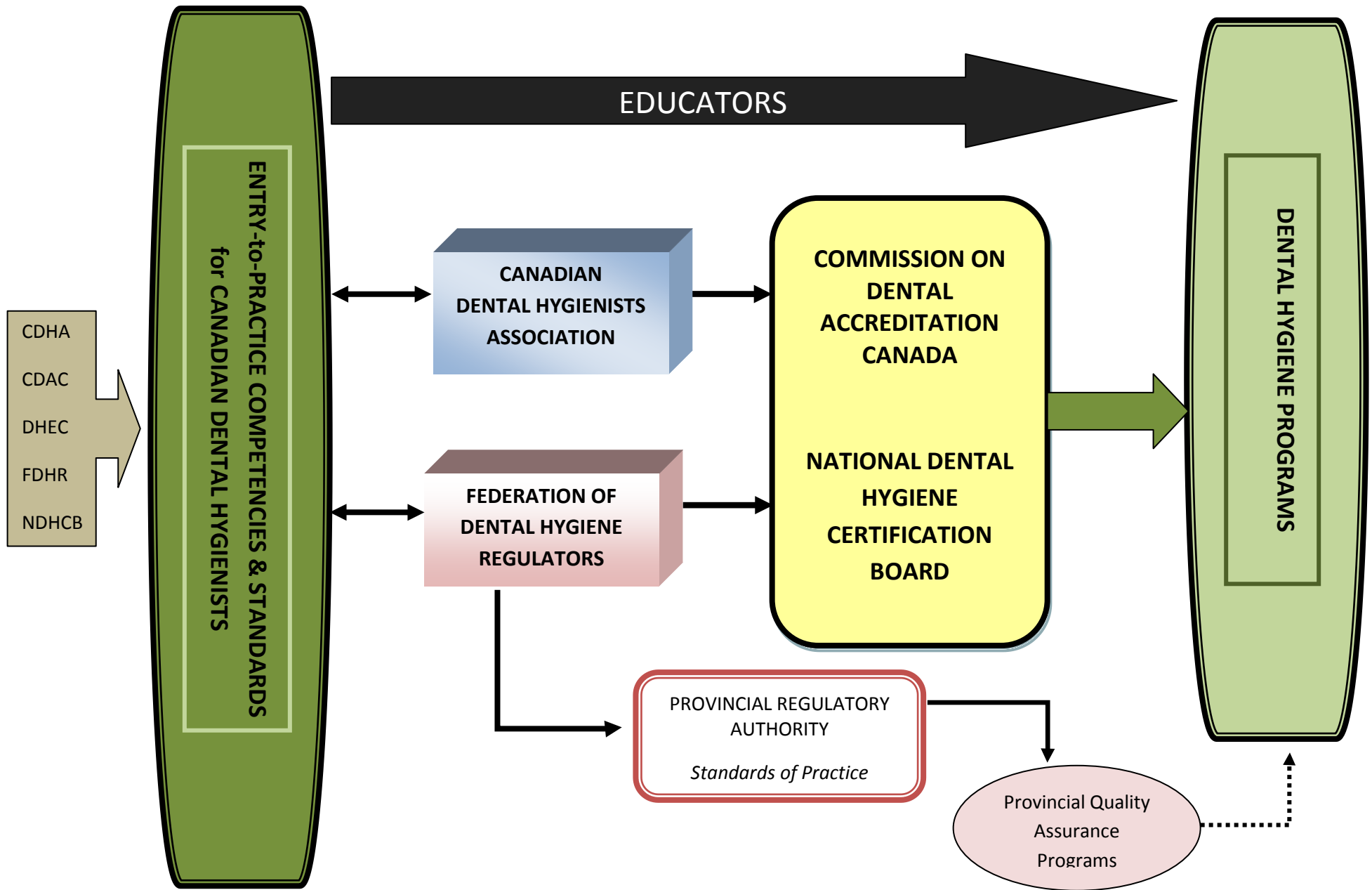
are primary oral health care providers guided by the principles of social justice who specialize in services related to:

- clinical therapy,
- oral health education and
- health promotion.

Dental hygienists provide culturally sensitive oral health services for diverse clients throughout their life cycle. They work collaboratively with clients, guardians and other professionals to enhance the quality of life of their clients and the public.

This definition draws attention to the legislative changes which have occurred in many jurisdictions to provide increased access to dental hygiene services for the public.

**N.B.** The diagram on page 5 of the document represents how the National Competencies were developed. The diagram does not indicate level of authority.



## Part A National Dental Hygiene Competencies

### What are national dental hygiene competencies?

Competencies are used to describe the essential knowledge, skills and attitudes important for the practice of a profession; in this particular document these competencies describe the foundation necessary for entry into the dental hygiene profession in Canada. They support the dental hygiene process of care by more clearly articulating the abilities inherent in the assessment, diagnosis, planning, implementation and evaluation of dental hygiene services.

### Organization of Competencies

Entry-to-practice competencies were developed by clustering ability statements under domain headings. Together the domains and their associated abilities form the entry-to-practice profile. The domains are divided into core abilities and abilities related to the client services provided by dental hygienists. The core category includes abilities which are common to the provision of all dental hygiene services and which are shared by other health care professions (see Table 1 yellow shading). The description of these core abilities is then followed by the client service abilities which articulate the specialized services provided by dental hygienists (see Table 1 mauve shading). The abilities include the following:

**Core Abilities:** The dental hygienist as a:

- A. Professional,
- B. Communicator and Collaborator,
- C. Critical Thinker,
- D. Advocate and
- E. Coordinator.

**Dental Hygiene Services:** The dental hygienist as a:

- F. Clinical therapist,
- G. Oral health educator and
- H. Health promoter.

This alignment of our competency profile with those of other health professionals helps to support interprofessional education. The need to educate professionals to work effectively within teams has become increasingly important for our health care system.<sup>11</sup> Such an approach is believed to contribute to increased client safety and quality of care as well as increased access to care.

This alignment is also anticipated to assist in communication with other health professionals as we identify our role in oral health and how our dental hygiene services contribute to the overall health of Canadians.

To facilitate a better understanding of the competencies a glossary of terms has been developed (see Appendix A) and the competencies are also supported by practice examples related to each competency; in some cases more than one example may be provided. The combination of the glossary and the examples are anticipated to assist readers in gaining a more comprehensive understanding of each ability statement.

**Table 1:** Comparison of domain frameworks to support interprofessional education

<b>PHAC Core<sup>8</sup></b>  <b>CAPHD</b> <b>Discipline<sup>10</sup></b> <b>Competencies</b>	<b>National Dental Hygiene</b> <b>Competencies</b>	<b>Harmonizing Model<sup>6</sup></b>
Diversity & Inclusiveness and Leadership	Professional	
Communication	Communicator and Collaborator	Communication, Cooperation, Collaborative Practice
Public Health Sciences	Critical thinker	
Partnerships, Collaboration and Advocacy	Advocate	Consultation, Cooperation
	Coordinator	Coordination
Assessment & Analysis Policy & Program Planning, Implementation and Evaluation	Clinical therapist Oral health educator Health promoter	



## A. The dental hygienist as a professional ...

“An occupation whose core element is work based upon the mastery of a complex body of knowledge and skills. It is a vocation in which knowledge of some department of science or learning or the practice of an art founded upon it is used in the service of others. Its members are governed by codes of ethics and profess a commitment to competence, integrity and morality, altruism, and the promotion of the public good within their domain. These commitments form the basis of a social contract between a profession and society, which in return grants the profession a monopoly over the use of its knowledge base, the right to considerable autonomy in practice and the privilege of self-regulation. Professions and their members are accountable to those served and to society.”<sup>12</sup>

### ***The entry level dental hygienist has reliably demonstrated the ability to:***

A1. Promote healthy behaviours of self, colleagues, clients and the public.

*Example: Assist dental hygienists in the practice to develop a goal surrounding regular exercising.*

A2. Apply Codes of Ethics in all endeavors while acting with personal integrity.

*Example: Respect the decisions of clients to select the care they receive.*

A3. Apply principles of risk reduction for client, colleague and practitioner safety, health and wellbeing.

*Example: Provide information to clients about cariogenic and high fat food choices.*

A4. Practice within personal limitations and legal scopes of practice including federal, provincial and territorial laws and regulations.

*Example: Gain ongoing consent from the client as clinical services are provided.*

A5. Report unethical, unsafe and incompetent services to the appropriate regulatory organizations.

*Example: Report billing of procedures which were not provided to the appropriate regulatory college.*

A6. Respect the autonomy of clients as full partners in decision-making.

*Example: Provide clients with enough information about alternative treatments to support their ability to make informed decisions.*

A7. Evaluate clients' health and oral health status using determinants of health and risk assessment to make appropriate referral(s) to other health care professionals.

*Example: Refer clients to a cancer center for suspicious lesions associated with smoking and alcohol consumption.*

A8. Promote social responsibility to advance the common good.

*Example: Volunteer to work at a community centre for street youths to help them with their oral self-care. Participate in a local health fair.*

A9. Respect diversity in others to support culturally sensitive and safe services.

*Example: Access language specific information from dental websites to support clients for who English is an additional language.*

A10. Design and implement services tailored to the unique needs of individuals, families, organizations and communities based on best practices.

*Example: Establish an individualized care plan for a young individual with quadriplegia and uncontrolled diabetes. Design an individualized oral care routine for a client who is homebound.*

A11. Self- assess professional performance in relation to standards of practice.

*Example: Review protocols related to antibiotic premedication to new published guidelines from regulatory organizations. Work with municipalities to promote ongoing fluoridation of water supplies.*

A12. Recognize political, social and economic health issues in the interests of population health.

*Example: Work with others to send letters to local Members of Legislative Assembly (MLAs) to inform them of oral health issues and solutions.*

A13. Create personal plans for continuing competence and professional development.

*Example: Identify personal learning needs that warrant further exploration. Participate fully in a quality assurance program.*

A14. Demonstrate ownership of the profession through community service activities and affiliations with professional organizations.

*Example: Present a table clinic at a local health fair or community center.*

A15. Prepare to assist in the prevention and management of outbreaks and emergencies.

*Example: Discuss possible roles dental professionals may assume in an inoculation program related to a pandemic outbreak.*

## **B. The dental hygienist as a communicator and collaborator ...**

“Communication involves an interchange of ideas, opinions and information. This category addresses numerous dimensions of communication including: internal and external exchanges, written, verbal, non-verbal and listening skills, computer literacy, providing appropriate information to different audiences, working with the media and social marketing techniques. Collaboration captures the abilities required to influence and work with others to improve the health and well-being of the public through the pursuit of a common goal. Partnership and collaboration optimizes performance through shared resources and responsibilities.”<sup>9</sup>

### ***The entry level dental hygienist has reliably demonstrated the ability to:***

B1. Use effective verbal, non-verbal, visual, written and electronic communication.

*Example: Develop a presentation for residential care attendants about oral health care.*

B2. Demonstrate active listening and empathy to support client services.

*Example: Gain information from clients about their oral health beliefs and values.*

B3. Select communication approaches based on clients' characteristics, needs, and linguistic and health literacy level.

*Example: Use a free internet translation service to develop post care instructions for a new immigrant from Latin America.*

B4. Consider the views of clients about their values, health and decision-making.

*Example: Recommend dental hygiene interventions that align with the clients' values and beliefs about their oral health.*

B5. Facilitate confidentiality and informed decision-making in accordance with applicable legislation and codes of ethics.

*Example: Ask clients to describe the care they believe they will receive.*

B6. Use computer technology to access electronic resources and enhance communication.

*Example: Search Pubmed to find recent studies about the effectiveness of ultrasonic instrumentation to present to colleagues.*

B7. Recognize the role of governments and community partners in promoting oral health.

*Example: Search the Health Canada website for recent reports related to oral and general health.*

- B8. Share information with other professionals about the dental hygienists' scope of practice while respecting their scope to promote interprofessional care.
- Example: Explain self-care needs with the caregiver of a client with quadriplegia. Work with nurses to develop standards for end of life care in residential care facilities.*
- B9. Work with clients, family members, substitute decision makers and stakeholders to assess, diagnose, plan, implement and evaluate services for clients.
- Example: Develop an oral care plan in consultation with the family of a client who is suffering from dementia. Develop a daily oral care plan that is incorporated into the long term care resident's overall care plan.*
- B10. Promote team relationships to support client services.
- Example: Organize an information session related to new self-care products for colleagues. Work with certified dental assistants to develop plain language post-surgical directions for clients.*
- B11. Function effectively within oral health and inter-professional teams and settings.
- Example: Attend a care session to help develop a daily care plan for a new resident. Work with the care attendant of a client who is homebound to support oral care.*
- B12. Apply knowledge of common health risks to inform public policy, and educate practitioners and the public.
- Example: Promote smoke free environments for children. Support the mandatory use of sports guards into the policies of a local sports team.*
- B13. Act as a knowledge source for clients, professionals and the public about oral health and access to oral health care.
- Example: Speak with parents from a pre-school about the selection of healthy snacks for their children. Inform clients with children about a local enamel sealant program.*
- B14. Seek opportunities to mentor colleagues and to access mentors for guidance.
- Example: Contact a former educator to ask them to meet with you to discuss your career plans. Assist a colleague to search the internet for degree completion opportunities.*

### C. The dental hygienist as a critical thinker ...

A critical thinker is “habitually inquisitive, well-informed, trustful of reason, open-minded, flexible, fair-minded in evaluation, honest in facing personal biases, prudent in making judgments, willing to reconsider, clear about issues, orderly in complex matters, diligent in seeking relevant information, reasonable in the selection of criteria, focused in inquiry, and persistent in seeking results which are as precise as the subject and the circumstances of inquiry permit.”<sup>13</sup>

#### ***The entry level dental hygienist has reliably demonstrated the ability to:***

- C1. Analyze the strengths and limitations of different research approaches and their contributions to the knowledge base of dental hygiene.

*Example: Identify the strengths and limitations of a survey conducted to assess the use of research by dental hygienists.*

- C2. Access relevant and credible resources through various information systems.

*Example: Conduct a literature search about tongue piercing using Pubmed. Search the internet for credible sites related to infection control guidelines.*

- C3. Differentiate between more and less credible types of information including written statements and other representations of data such as figures and tables.

*Example: Use Health of the Net web page to guide critique of internet websites. Assess an article from MacLean’s magazine about tooth whitening agents for possible misinformation.*

- C4. Explore complex issues from many points of view recognizing biases and assumptions.

*Example: Analyze local newspaper articles related to fluoridation of a new community to determine the arguments being made against fluoridation. Review existing literature to determine the credibility of evidence to support or refute community water fluoridation. Examine dental hygiene regulatory issues from the perspective of the dental hygiene profession, other health professionals and the public.*

- C5. Apply theoretical frameworks to the analysis of information to support practice decisions.

*Example: Apply human needs theory to the assessment of client information. Use the hydrodynamic theory of dentinal sensitivity to assess the potential value of a new desensitizing agent.*

C6. Support conclusions based on a variety of resources with sound rationales.

*Example: Develop recommendations for infection control protocols based on information from the Centers for Disease Control and professional associations.*

C7. Apply evidence-based decision making approaches to the analysis of information and current practices.

*Example: Use the best evidence available when formulating individualized treatment plans. Use reviews by the Cochrane Collaboration to make decisions about toothbrushing recommendations for clients.*

C8. Apply the principles of research ethics to the analysis of literature and practice issues.

*Example: Explain to participants how the collected information will be used when collecting information from well seniors for a national health database.*

*Review websites related to informed consent to determine issues to consider when documenting clients' refusal of radiographs.*

C9. Apply the behavioural, biological and oral health sciences to dental hygiene practice decisions.

*Example: Make decisions about supporting water fluoridation based on the evidence related to its safety and efficacy. Discuss clients' fears about breastfeeding leading to increased caries rates for their children.*

C10. Assess the appropriateness of study methods including common descriptive and inferential statistical tests to sets of data.

*Example: Explain why studies finding positive correlations between periodontal disease and low birth weight babies should not be framed into a statement that says periodontal disease causes low birth weight babies.*

C11. Compare and contrast the strength and limitation of studies pertaining to dental hygiene services and public policies regarding health care delivery.

*Example: Critically review the evidence to determine if self-initiation improves access to care. Review studies comparing full mouth debridement and quadrant debridement to determine the sample size of the studies and the possible factors which might have influenced the results.*

C12. Critique literature findings to determine their potential value to dental hygiene practice.

*Example: Try using surgical telescopes at a dental conference to personally assess their potential value relative to published evidence. Review the literature to determine if toothbrushing technique is significantly correlated with plaque control.*

C13. Integrate new knowledge into appropriate practice environments.

*Example: Use new oral cancer screening techniques supported by evidence to assess intra-oral tissues.*

C14. Convert findings in a manner relevant to clients using the principles of health literacy.

*Example: Use easy to understand terms when explaining periodontal conditions to clients. Use culturally relevant visual images when displaying health education material.*

C15. Disseminate findings to colleagues and other professionals.

*Example: Present literature findings related to creating culturally safe environments at a monthly meeting including dentists and dental assistants. Present a table clinic on end of life care to the nurses and care aids at a residential care facility.*

## **D. The dental hygienist as an advocate ...**

“Advocacy—speaking, writing or acting in favour of a particular cause, policy, individual or group of people. The focus is often aimed at reducing inequities in health status or access to health services.”<sup>9</sup>

### ***The entry level dental hygienist has reliably demonstrated the ability to:***

D1. Model good citizenship.

*Example: Vote in student, local, provincial and federal elections. Participate in class discussions related to the overall implementation of the educational program.*

D2. Identify how government organizations, non-governmental organizations and professionals operate within a community.

*Example: Identify how decisions about water fluoridation are made within your community. Conduct a needs assessment in a community women’s center.*

D3. Identify populations with high risk for disease including oral disease.

*Example: Review reports on the Health Canada website to identify groups who have been identified as priority groups in government programming. Conduct a literature search of Canadian data related to the oral health of children.*

D4. Analyze oral health issues in need of advocacy.

*Example: Speak with clients who are new immigrants and ask them about the barriers their members face in accessing care. Interview single mothers to identify the challenges they face in accessing oral care for their children.*

D5. Identify networks and alliances inside and outside the profession.

*Example: Work with nurses and dieticians to support new mothers in caring for the health of their infants. Provide clients with the telephone number of a regulatory organization to which they could register a concern about their past treatment.*

D6. Problem solve with key stakeholders.

*Example: Develop the agenda for a staff meeting with the office manager, the dentists, dental assistants, dental hygienists and dental receptionist in the practice to discuss the implementation of a tobacco intervention program. Initiate a meeting with the nurse educator of a residential care facility to discuss plans for an in-service.*



D7. Apply principles and theories of political action.

*Example: Identify the barriers to the implementation of a tobacco intervention program in your clinical practice. Analyze the barriers to self-initiation by dental hygienists at a national level.*

D8. Apply appropriate theories to initiate change at an individual and community level.

*Example: Use the Transtheoretical Model of change to assess when clients are ready to initiate a change in their flossing frequency. Develop a plan for an in-service for residential care attendants based on the theory of reasoned action.*

D9. Contribute to actions that will support change and facilitate access to care.

*Example: Support legislation to provide self-initiation by dental hygienists. Develop a process to introduce a new procedure into your practice. Develop a proposal for the practice owner to vary the length of dental hygiene appointments based on the periodontal status of clients.*

D10. Negotiate the best outcomes possible in the current environment.

*Example: Discuss the need to provide care for people covered by provincial and federal insurance programs in your practice. Discuss lowering client fees for clients who become evaluation clients in educational programs. Work with staff of a community center to determine the fees for a dental sealant program.*

D11. Support community partners in their efforts to improve quality of life.

*Example: Provide workshops about oral self-care strategies at an HIV drop in centre. Develop a table clinic in consultation with college nurses for students and the public during dental health month.*

D12. Evaluate and reflect upon the processes and results of advocacy activities.

*Example: Gain feedback from new immigrants about their experiences with oral health care in Canada. Contact a client to learn about the outcomes of discussions with a regulatory college related to past treatment concerns.*

D13. Demonstrate a commitment to advocate for oral health including participation in the political process.

*Example: Write a letter to a local MLA about access to oral care for Canadians. Provide a new immigrant with the bus schedule and route to access a community care center.*

## **E. The dental hygienist as a coordinator...**

To organize complex undertakings which involve numerous individuals, to bring their contributions together to support client needs and outcomes. This involves the ability to harmonize contributions towards unified action or effort.

### ***The entry level dental hygienist has reliably demonstrated the ability to:***

E1. Promote actions that encourage shared values and work place respect.

*Example: Speak candidly about issues, not individuals, and welcome dissenting viewpoints during meetings.*

E2. Model the mission, vision and priorities of the organization in the practice context.

*Example: Offer to lead the team in composing mission statements and core values.*

E3. Use principles associated with strategic planning to support change.

*Example: Work with others to identify the strengths, limitations, opportunities and threats surrounding self-initiation by dental hygienists. Explore market and populations demographics to make informed decisions when choosing a site for a practice.*

E4. Work with budgets related to dental hygiene practice settings.

*Example: Determine the costs of self-care products to distribute to expectant mothers at a pre-natal class.*

E5. Support the financial aspects related to the provision of dental hygiene services.

*Example: Discuss costs associated with dental hygiene treatment with the client. Ensure that the fees generated meet, at the very least, the owner's financial obligations.*

E6. Apply quality assurance standards and protocols to ensure a safe and effective working environment.

*Example: Engage in the review of office protocols for emergencies and infection control. .*

E7. Manage time and other resources to enhance the quality of services provided.

*Example: Schedule time with the dental assistant for new client periodontal assessments. Schedule community meetings after school or in the evenings in order to accommodate community needs.*

E8. Manage dental hygiene services individually and as part of a team.

*Example: Develop scheduling parameters for clients to accommodate for their different periodontal conditions.*

E9. Protect the environment by responsible use of consumables and disposal of waste products including biohazardous wastes.

*Example: Dispose of needles in approved sharps containers. Choose supplies that can be re-sterilized and re-used rather than disposed of after each use. Follow product guidelines for the use and disposal of products.*

E10. Take responsibility for maintaining equipment used for services, including service records.

*Example: Use biological monitors on a regular basis to assess the efficacy of sterilizers. Maintain ultrasonic scaling equipment on a daily basis to clear lines and prolong the life of the equipment. Complete a chart audit.*

E11. Maintain documentation and records consistent with professional practice standards and applicable legislation.

*Example: Record clients' refusal of recommended radiographs in client records. Ensure that hard copy client records are stored in a locked area. Ensure that computer files are protected by security measures.*

E12. Contribute to a healthy work environment for individuals involved in the practice.

*Example: Encourage input into agendas prior to team meetings. Develop a plan to support teamwork within the practice.*

E13. Initiate positive change based on supporting literature and practice standards.

*Example: Discussion on practice standards and literature to support acceptance of ongoing comprehensive client assessments. Suggest changes to practice policies which are contrary to your practice standards or professional codes of ethics.*

## **F. The dental hygienist as a clinical therapist ...**

**“Clinical therapy:** The primary, interceptive, therapeutic, preventive, and ongoing care procedures that help to enable people to achieve optimal oral health that contributes to overall health.”<sup>4</sup>

### ***The entry level dental hygienist has reliably demonstrated the ability to:***

F1. Apply current knowledge regarding infection prevention and control.

*Example: Update the infection control guidelines for the practice.*

F2. Collect accurate and complete data on the general, oral, and psychosocial health status of clients.

*Example: Conduct client assessments including a health history, vital signs, and head and neck, intra-oral soft tissue, periodontal, dental and occlusal examinations as well as radiographic findings and other diagnostic tests as appropriate.*

F3. Use professional judgment and methods consistent with medico-legal-ethical principles to complete client profiles.

*Example: Use recognized abbreviations and terminology in recording client information consistent with office policies.*

F4. Identify clients for whom the initiation or continuation of treatment is contra-indicated based on the interpretation of health history and clinical data.

*Example: Refer clients to physician for high blood pressure based on guidelines from the Heart Associations.*

F5. Identify clients at risk for medical emergencies and use strategies to minimize such risks.

*Example: Request clients to place their ventilators on the counter within easy reach during appointments.*

F6. Formulate a dental hygiene diagnosis using problem solving and decision-making skills to synthesize information.

*Example: Identify clients' who have a human need related to freedom from pain and anxiety.*

F7. Discuss findings with other health professionals when the appropriateness of dental hygiene services is in question.

*Example: Consult with the client's physician with regard to antibiotic premedication for dental hygiene services.*

F8. Prioritize clients' needs through a collaborative process with clients and, when needed, substitute decision makers and/ or other professionals.

*Example: Work with the parents of a teenager with bulimia to help them understand the oral self-care issues. Discuss the need for self-care products with the residents' family.*

F9. Establish dental hygiene care plans based on clinical data, a client-centered approach and the best available resources.

*Example: Respect clients' wishes to avoid fluoride intake by recommending alternative products to support oral care.*

F10. Revise dental hygiene care plans in partnership with the client and, when needed, in collaboration with substitute decision makers and/ or other professionals.

*Example: Provide local anesthesia for pain control in deep periodontal pockets and areas with sensitivity.*

F11. Provide preventive, therapeutic and supportive clinical therapy that contributes to the clients' oral and general health.

*Example: Provide periodontal debridement for clients with advanced periodontal conditions. Place enamel sealants on permanent molars for a child with deep pits and fissures.*

F12. Respond to medical emergencies based on CPR and first aid standards.

*Example: Check to ensure a clear airway when a client becomes unconscious. Periodically renew level of training required for client population served. Assess the currency of drugs in the emergency kit.*

F13. Evaluate the effectiveness of the implemented clinical therapy.

*Example: Reevaluate periodontal probing depth and tissue characteristics four to six weeks after initial therapy.*

F14. Provide recommendations in regard to clients' ongoing care including referrals when indicated.

*Example: Refer clients to cancer agencies for suspicious lesions. Refer clients to a dietician to help them with weight control.*

F15. Integrate principles of body ergonomics to support clinician's health.

*Example: Avoid twisting and tipping of the torso during clinical services. Adjust client chair to support your individualized optimal working position. Incorporate exercise as part of wellness plan.*

## **G. The dental hygienist as an oral health educator ...**

“Education: The application of teaching and learning principles to facilitate the development of specific attitudes, knowledge, skills, and behaviours”<sup>4</sup> with particular emphasis on oral health and its relationship to general health.

### ***The entry level dental hygienist has reliably demonstrated the ability to:***

G1. Incorporate educational theories, theoretical frameworks and psycho-social principles to inform the educational process.

*Example: Provide client with a visual representation of the condition being discussed. Allow time for the client to practice a new skill with your guidance.*

G2. Assess the clients' motivation for learning new and for maintaining established health related activities.

*Example: Question clients about their current self-care habits and the challenges they face.*

G3. Include clients, family and care providers as appropriate in the education process.

*Example: Review the daily care plan with family members and residential care aids. Work with the parents of a teenager with schizophrenia to help them understand the oral self-care issues.*

G4. Elicit information about the clients' oral health knowledge, beliefs, attitudes and skills as part of the educational process.

*Example: Interview clients about their understandings of their oral conditions and what has caused them.*

G5. Assess clients' need to learn specific information or skills to achieve, restore, and maintain oral health and promote overall wellbeing.

*Example: Ask questions to determine a client's understanding of type 2 diabetes and weight control. Implement a true and false quiz about dental facts with expectant mothers in a prenatal class.*

G6. Elicit information about the clients' perceived barriers to and support for learning when planning clients' education.

*Example: Ask clients about the difficulties they perceive with regard to quitting smoking. Ask clients about the factors which affect their food choices. Work with cross-cultural brokers or translators to identify community members' issues.*

G7. Assess the individual client's learning style as part of the planning process.

*Example: Ask clients if they would appreciate a written version of the information discussed.*

G8. Negotiate mutually acceptable individual or program learning plans with clients.

*Example: Assist clients in developing realistic and measurable goals related to interproximal cleaning. Work with the nurse educator to determine the learning outcomes of an inservice program.*

G9. Develop educational plans based on principles of change and stages of behaviour change.

*Example: Identify the clients' interest in setting a date to quit smoking. Ask the client to identify a realistic goal for flossing frequency.*

G10. Create an environment in which effective learning can take place.

*Example: Provide the client with a private environment to discuss health issues. Seat clients at eye level to discuss treatment plan options.*

G11. Select educational interventions and develop educational materials to meet clients' learning needs.

*Example: Access language specific phrasing and pamphlets to support delivery of the message in the client's first language.*

G12. Provide health advice and assist clients in learning oral health skills by coaching them through the learning process.

*Example: Suggest incremental changes to current home care techniques when the client indicates a readiness for change. Suggest ways in which clients can positively reinforce their behaviour.*

G13. Support clients in using community resources when needed.

*Example: Provide clients with a list of government health care services. Explain to new immigrants what services are covered through our health care system.*

G14. Evaluate the effectiveness of learning activities and revise the educational process when required.

*Example: Interview clients about the progress they have made with self-care and support them in making realistic goals. Interview mothers when their infants are 9-months old to determine the value, if any, of prenatal oral health sessions.*

G15. Support opportunities to provide oral and health education to diverse individuals and groups.

*Example: Participate in a community wellness fair. Initiate a mall display for National Dental Hygienists Week. Make a poster display about mouth protectors during the Stanley Cup Playoffs.*

G16. Bring educational opportunities into own practice settings.

*Example: Arrange for a social worker to come to your practice to discuss issues surrounding family violence. Arrange for your colleagues to attend a study club session directed to the measurements important for the selection of surgical magnification systems.*



## H. The dental hygienist as a health promoter ...

**Health promotion:** The process of enabling people to increase control over, and to improve their health. It not only embraces actions directed at strengthening the skills and capabilities of individuals, but also action directed towards changing social, environmental and economic conditions so as to alleviate their impact on public and individual health. The Ottawa Charter for Health Promotion (1986) describes five key strategies for health promotion: build healthy public policy; create supportive environments for health; strengthen community action for health; develop personal skills; and re-orient health services.<sup>9</sup>

### ***The entry level dental hygienist has reliably demonstrated the ability to:***

H1. Recognize the influence of the determinants of health on oral health status.

*Example: Identify the influence of cultural health beliefs on client oral health practices.*

H2. Use appropriate oral health indices for the identification and monitoring of high risk individuals and groups.

*Example: Use Folstein Mini mental status or similar cognitive tool to determine residents' ability to carry out oral self care.*

H3. Identify barriers to access to oral health care for vulnerable populations.

*Example: Review reports on the Health Canada website to identify issues facing different groups within our society. Provide clients with the maps and telephone contact numbers of low cost dental clinics.*

H4. Use information systems and reports for collection, retrieval and use of data for decision making.

*Example: Use data on children having dental work done under general anesthesia to support preventive measures to decrease early childhood caries.*

H5. Collaborate with community, interprofessional and intersectoral partners to achieve health promotion goals for individuals and communities.

*Example: Work with staff at a soup kitchen to integrate a self-care care program for clients. Work with parents and day care staff to integrate safe brushing after meals in day care centers.*

- H6. Select and implement appropriate health promotion strategies and interventions for individuals and communities.
- Example: Encourage clients to use products to substitute for decreased salivary flow. Encourage community elders to discuss smoking cessation strategies with community teenagers and the integration of healthy foods in school cafeterias.*
- H7. Apply principles of health protection through prevention and control of disease and injury.
- Example: Encourage parents to purchase sports guards for their children involved in sports. Support establishment of safe brushing strategies in schools and day care centers.*
- H8. Use a holistic and wellness approach to the promotion of oral health and optimal general health.
- Example: Assist seniors in accessing community programs which provide opportunities for social interaction. Work with school nurse, nutritionist, social worker and parents to promote self esteem.*
- H9. Strengthen individuals' abilities to improve health through strategies that focus on community development and capacity building.
- Example: Help teenagers understand the value of mouth protectors for sports activities. Provide clients with the telephone numbers of regulatory organizations with whom they can discuss their questions and concerns about their care.*
- H10. Contribute to actions that will facilitate access to care.
- Example: Provide clients with a list of emergency dental services.*
- H11. Participate in the development and delivery of social marketing messages.
- Example: Assist in the development of oral health slogans for National Dental Hygiene Week.*
- H12. Advocate for healthy public policy with and for individuals and communities.
- Example: Support smoke free environments through practice settings and community groups. Promote machine vendors with healthy snacks in school environments.*
- H13. Collaborate with others in providing, maintaining and advocating for oral health care programs.
- Example: Work with community nurses to support a sport guard clinic in the local community center. Participate in enamel sealant programs in the community.*

H14. Use measurable criteria in the evaluation of outcomes and solicit feedback from stakeholders regarding results.

*Example: Collect dmft scores from the children whose mothers participated in pre and post natal oral health programs. Document the care provided to residents in long-term care facilities in terms of services provided and the residents views of the services.*

H15. Communicate findings to stakeholders and the public.

*Example: Develop a report related to oral health services provided in the residential care facility. Identify the outcomes of studies related to sports guard use and the number of concussions suffered by players to youths in your practice.*

## Part B National Dental Hygiene Standards

### *Preamble*

While the competencies (**Part A**) reaffirm the profession's "support for the dental hygiene process of care by more clearly articulating the abilities inherent in the assessment, diagnosis, planning, implementation and evaluation of dental hygiene services" the standards (**Part B**) defines how dental hygienists must practice in accordance with their regulatory body.

Dental hygienists work with clients, families and groups using a problem-solving framework; basing all decisions, judgments and interventions on current dental hygiene standards, theory and research. How a dental hygienist demonstrates a standard will be influenced by the specific role, practice setting and situation. The competencies identified in the core abilities of Professional, communicator/Collaborator, Critical Thinker, Advocate and Coordinator are incorporated within the Standards for Professionalism. The competencies identified in Dental Hygiene Services are found within the Standards for Dental Hygiene Services and Programs, and represent the areas of specialization related to Therapeutic and Preventive Therapy, oral Health Education, and Health Promotion.

Where appropriate, standards are ranked in sequential order however, such ranking is more for organization rather than to denote any hierarchy of importance. Some will appear in *italics*; this is used to denote standards that should be aspired to but are not considered as critical in meeting the entry-to-practice requirements of the regulatory authorities' mandate. Where possible, performance indicators have been suggested to illustrate how the standards could be demonstrated within the dental hygiene practice. *These indicators do not represent a complete list or the only way to demonstrate the competencies within domain.*

### **Guiding Principles:**

The following explanations are provided to articulate critical concepts used to shape dental hygiene practice.

"Dental Hygiene Care promotes health and prevents oral disease over the human life span through the provision of educational, preventive and therapeutic services. To this end the dental hygienist is concerned with the whole person; applying specific knowledge about the client's emotions, values, family, culture, and environment as well as general knowledge about the body systems" (Darby & Walsh, 2010, p.13).

Dental hygiene care is based on a continuum of care that includes treatment of disease, disease prevention and health promotion. Clients may enter into dental hygiene care at any point along the continuum and it is the dental hygienist's role to address immediate needs and assist the client to move along the continuum toward health promotion (Darby & Walsh 2010).

**Safety:**

includes all steps and or actions by a dental hygienist that will prevent harm, and if harm is present reduce or minimize the harm. This includes such things as infection control procedures, risk management strategies and ensuring competent delivery of dental hygiene services. Safety goes beyond the direct relationship with the client and needs to include attention to personal wellbeing, and recognition of impaired abilities by the dental hygienists. Maintaining a culture of safety involves ensuring health and safety in the workplace, homes and communities. Safety is enhanced when professionals work cooperatively and communicate effectively. For dental hygiene educators, administrators and researchers, the obligation to ensure safety extends to students, employees, and research participants. However, safety incorporates more than the physical components associated with infection control and technical competence as it also incorporates an attitude that relies on the critical thinking abilities of the practitioner to place the client's wellbeing at the centre of the equation. If the dental hygienist does not practice with a collaborative mind-set or one that advocates for the client's access to health care then the client may be "in danger" of slipping back into an unsafe state of being.

**Quality of care:**

is more than ensuring basic safety. Quality of care strives for the best possible outcomes for individuals receiving dental hygiene services/programs. Quality of care is achieved when dental hygienists provide services, independently or in collaboration with other professionals, which are evidence-based, and respect the autonomy and unique needs of individuals and groups.

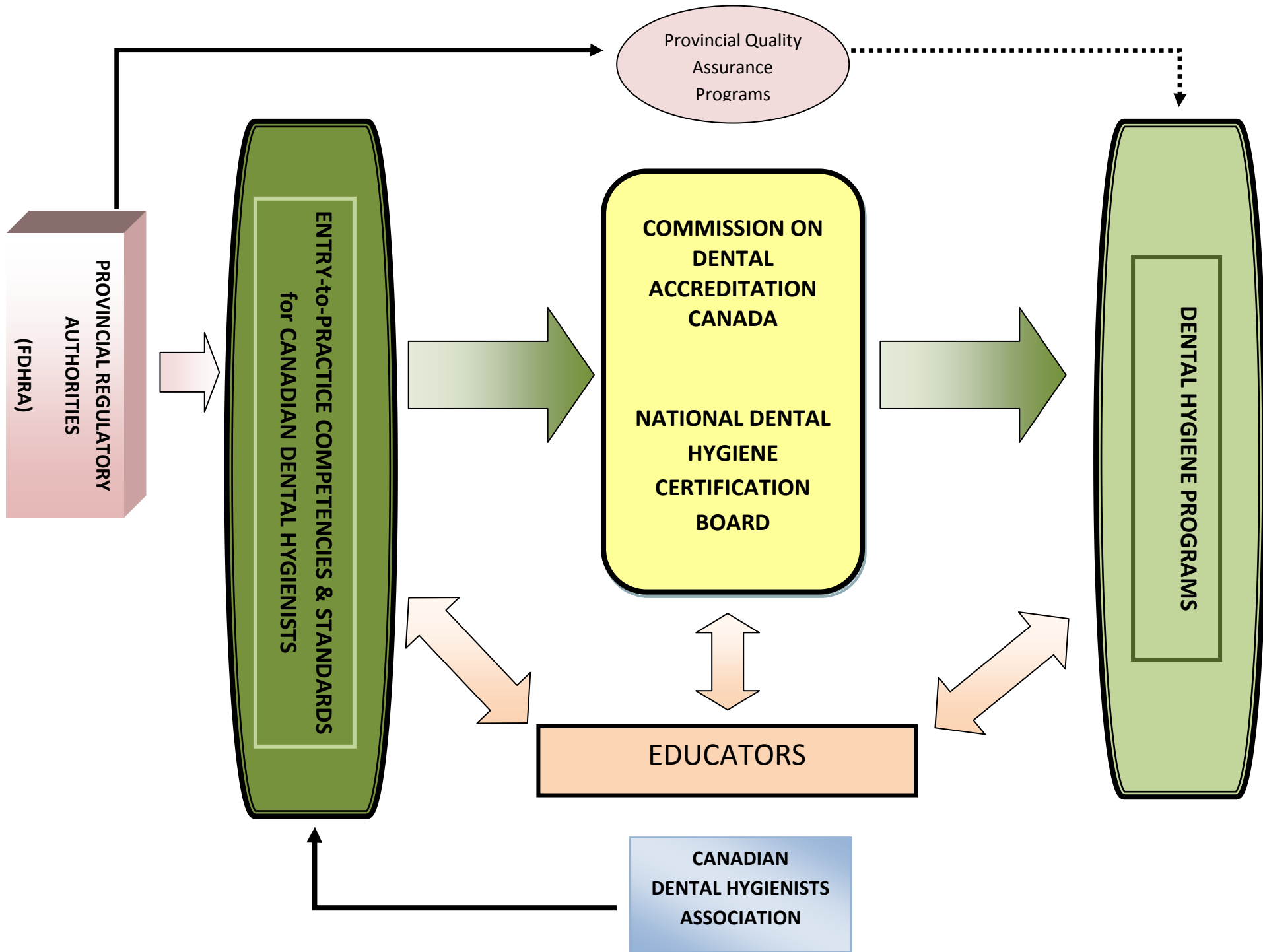
**Professional autonomy:**

is the ability of the dental hygienist to practice in compliance with regulations, standards of practice and ethical principles of the profession and acknowledges the primary relationship between the dental hygienist and client and accountability to the regulatory authority.

**Dental Hygiene Process:**

"The dental hygiene process is the foundation of professional dental hygiene practice and provides a framework for delivering high-quality dental hygiene care to all types of clients in any environment. The dental hygiene process requires decision making and assumes that dental hygienists are responsible for identifying and resolving client problems within the scope of dental hygiene practice" (Darby & Walsh, 2010 p. 2). The dental hygiene process involves dental hygiene diagnosis/assessment, planning, implementation and evaluation. The process can be applied in all settings. However, reference to the Dental Hygiene Process of Care refers specifically to direct client care and incorporates the critical thinking process in determining interventions to achieve the desired outcomes.

**N.B.** The diagram on page 30 is representative of the level of authority related to the Standards of Practice.



## PROFESSIONALISM

Professionalism within dental hygiene encompasses those abilities required of all dental hygienists. Dental hygienists demonstrating professionalism will maintain the confidence of the public and promote respect for the profession. This domain reflects standards related to responsibility, accountability, knowledge application, continuing competence and relationships that define the practice and profession of dental hygiene.

### RESPONSIBILITY

Each dental hygienist has a responsibility to promote delivery of and access to quality dental hygiene services.

Competencies related to *Responsibility* include the ability to:

- Apply evidence-based decision making approaches to the analysis of information and current practices.
- Apply the behavioural, biological and oral health sciences to dental hygiene practice decisions.
- Promote healthy behaviours of self, colleagues, clients and the public.
- Act as a knowledge source for clients, professionals and the public seeking information about oral health and access to oral health care.
- Contribute to actions that will support change and facilitate access to care; particularly for vulnerable populations.
- Assist in the prevention and management of outbreaks and emergencies.
- Advocate for oral health programs and policies.
- *Promote social responsibility to advance the common good.*
- *Support community partners in their efforts to improve quality of life.*
- Adhere to current jurisdictional legislation, regulations, codes of ethics, practice standards, guidelines, and policies relevant to the profession and practice setting.
- Recognize client rights and the inherent dignity of the client by obtaining informed consent, respecting privacy, and maintaining confidentiality.
- Use a client-centred approach, always acting or advocating in the client's best interest.

## Examples of Performance Indicators

(example indicators are provided as suggestions and are not considered an exhaustive list)

A dental hygienist demonstrates competence by:

- Knowing how to access relevant and credible information;
- Incorporating current theory in practice;
- Providing information to increase awareness of oral health and dental hygiene services;
- Reducing barriers to access to oral health care;
- Participating in initiatives to increase access;
- Reviewing emergency response plans of the community and regulatory authority;
- Managing personal health
- Ensuring her/his practice is based in theory and evidence and meets all relevant standards and guidelines;
- Providing, facilitating, advocating and promoting the best client care possible;
- Sharing dental hygiene knowledge and expertise with others;
- Supporting legislation meant to increase access.
- Recognizing gaps in knowledge and taking steps to acquire this knowledge.



## **ACCOUNTABILITY**

Each dental hygienist is accountable to the client/public; responsible for ensuring that her/his practice and conduct meets legislative requirements and adheres to the accepted standards of the profession.

Competencies related to *Accountability* include the ability to:

- Practice within personal limitations and legal scopes of practice including federal, provincial and territorial laws and regulations.
- Apply Codes of Ethics in all endeavors while acting with personal integrity.
- Report unethical, unsafe and incompetent services to the appropriate regulatory organizations.
- Facilitate confidentiality and informed decision-making in accordance with applicable legislation and codes of ethics.
- Maintain documentation and records consistent with professional practice standards and applicable legislation.

### **Examples of Performance Indicators**

(example indicators are provided as suggestions and are not considered an exhaustive list)

A dental hygienist demonstrates competence by:

- Identifying her/himself and explaining her/his role to clients, family, and other health care providers;
- Seeking assistance appropriately and in a timely manner;
- Fulfilling mandatory reporting requirements;
- Taking responsibility for errors when they occur;
- Reporting billing procedures which were not provided to the appropriate authorities;
- Gaining ongoing consent from the client as clinical services are provided;
- Providing clients with information on how to contact regulatory organizations to discuss their questions and concerns about their care;
- Taking action to resolve ethical dilemmas in a timely manner;
- Avoiding situations that create a conflict of interest;
- Conducting regular audits of her/his practice;
- Ensuring computer files are protected by security measures;
- Ensuring paper copies of client records are stored in locked area;
- Recording clients' refusals of recommended radiographs in client records;
- Recording recommended referrals and self-care sessions.

## **KNOWLEDGE APPLICATION**

Each dental hygienist uses current and relevant information to inform client care and practice decisions.

Competencies related to *Knowledge Application* include the ability to:

- Access relevant and credible resources through various information systems.
- Apply evidence-based decision making approaches to the analysis of information and current practices.
- Critique literature findings to determine their potential value to dental hygiene practice.
- Support conclusions based on a variety of resources with sound rationales.
- Integrate new knowledge into appropriate practice environments.
- Disseminate findings to colleagues and other professionals.
- Apply critical thinking to decision-making process and make choices to ensure optimum client outcomes.

### **Examples of Performance Indicators**

(example indicators are provided as suggestions and are not considered an exhaustive list)

A dental hygienist demonstrates competence by:

- Analyzing the strengths and limitations of different research approaches and their contributions to the knowledge base of dental hygiene;
- Differentiating between more and less credible types of information;
- Exploring complex issues from many points of view recognizing biases and assumptions;
- Comparing and contrasting the strength and limitations of studies pertaining to dental hygiene services and public policies regarding health care delivery;
- Conducting a literature search about an oral health question;
- Accessing databases that provide profiles of different populations;
- Using web-based 'Point of Care' resources to support informed and efficient clinical decisions;
- Acting as a knowledge broker for dental hygiene and oral health information;
- Sharing relevant information to support collaborative care and interprofessional relationships;
- Practicing critical thinking and displaying information literacy skills;
- Using information ethically.

## **CONTINUING COMPETENCE**

Each dental hygienist maintains and continually improves her/his competence in response to changes in health care, scientific information, technology, and professional expectations.

Competencies related to ensuring *Continuing Competence* include the ability to:

- Initiate positive change based on supporting literature and practice standards.
- Self- assess professional performance in relation to standards of practice.
- Create personal plans for continuing competence and professional development.
- Seek opportunities to mentor colleagues and to access mentors for guidance.
- Bring educational opportunities into own practice settings.

### **Examples of Performance Indicators**

(example indicators are provided as suggestions and are not considered an exhaustive list)

A dental hygienist demonstrates competence by:

- Incorporating new practice guidelines into practice;
- Investing time, effort and other resources to improve knowledge, skills and judgment;
- Participating fully in quality assurance programs;
- Assuming responsibility for her/his own learning;
- Identifying personal learning needs that warrant further exploration;
- Setting measurable goals for professional development;
- Providing colleagues with feedback that encourages professional growth;
- Role modelling lifelong learning;
- Incorporating self-reflection into professional practice;
- Creating learning opportunities in the workplace;
- Promoting continuing competence in others.

## **PROFESSIONAL RELATIONSHIPS**

Each dental hygienist establishes and maintains relationships with colleagues, other health professionals, employers and the regulatory authority to ensure improved client care and safety, mutual respect and trust.

Competencies related to establishing *Professional Relationships* include the ability to:

- Share information with other professionals about the dental hygienists' scope of practice
- Clarify her/his role in interprofessional care.
- Use effective verbal, non-verbal, visual, written and electronic communication.
- Promote team relationships to support client services.
- Function effectively within oral health and inter-professional teams and settings.
- Promote actions that encourage shared workplace values and respect.
- Disseminate oral health information to colleagues and other professionals.
- Collaborate with community, health care professionals and other partners in providing, maintaining and advocating for oral health care programs.
- *Collaborate with community, health care professionals and other partners to achieve health promotion goals for individuals and communities.*
- *Demonstrate commitment to the profession through community service activities and affiliations with professional organizations.*

### **Examples of Performance Indicators**

**(example indicators are provided as suggestions and are not considered an exhaustive list)**

A dental hygienist demonstrates competence by:

- Working with other care providers to develop daily care plans which include oral health needs for homebound or hospitalized individuals;
- Sharing information with other health care providers on the impact of oral health on general health;
- Resolving conflicts within the practice setting;
- Recognizing the contributions of each team member;
- Communicating openly and effectively;
- Discussing possible roles dental hygienists may assume related to a pandemic outbreak;
- Assisting a colleague to search for information to inform practice;
- Responding appropriately and in a timely manner to requests from the regulatory body;
- Role modelling collaborative relationships;
- Promoting mutual respect and effective interpersonal relationships;
- Encouraging shared decision-making;
- Recognizing the abilities of individuals within the team.

## **DENTAL HYGIENIST-CLIENT RELATIONSHIP**

Each dental hygienist ensures client-centred care by establishing and maintaining positive, professional relationships with clients, families and significant others which are focused on client needs and based on respect, empathy, and trust.

Competencies related to maintaining *Dental Hygienist-Client Relationships* include the ability to:

- Assess, diagnose, plan, implement and evaluate services for clients.
- Use effective verbal, non-verbal, visual, and written communication when working with clients, family members, substitute decision makers and stakeholders.
- Demonstrate active listening and empathy to support client services.
- Respect diversity in others; to support culturally sensitive and safe services.
- Respect the autonomy of clients as full partners in decision-making.
- Select communication approaches based on clients' characteristics, needs, and linguistic and health literacy level.
- Accept the views of clients about their values, health and decision-making.
- Convert oral health information in a manner relevant to clients using the principles of health literacy.
- Support clients in using community resources when needed.
- Communicate with clients in an open, honest, clear and timely way.

### **Examples of Performance Indicators**

**(example indicators are provided as suggestions and are not considered an exhaustive list)**

A dental hygienist demonstrates competence by:

- Promoting a philosophy of client-centred care and collaborative relationships;
- Maintaining boundaries between professional relationships and non-professional personal relationships;
- Demonstrating respect, empathy and interest for the client;
- Respecting the rights of clients to select the care they receive;
- Adjusting communication strategies to ensure clients understand information provided;
- Recognizing when clients need to be directed to community agencies for services and or information;
- Using culturally relevant visual images when displaying oral health education material;
- Using easy to understand terms when explaining periodontal conditions to clients;
- Accessing language specific information to support clients for who English is an additional language;
- Providing clients with enough information about alternative treatments to support their ability to make informed decisions;
- Providing clients with a private environment to discuss health issues;
- Providing clients with a list of government health care services;
- Working with families to address the oral health needs of children and dependent adults;
- Working with the community to promote oral health.

## **PRACTICE ENVIRONMENT**

Dental hygiene is practiced in a variety of settings. Regardless of the practice setting, each dental hygienist must ensure that she/he has the autonomy to practice dental hygiene consistent with legal, professional, and ethical responsibilities.

### **HEALTH & SAFETY:**

Each dental hygienist is responsible for ensuring her/his practice environment meets or surpasses accepted standards for client safety and infection control and supports the wellbeing of self, clients and other team members.

Competencies related to workplace *Health and Safety* include the ability to:

- Apply current knowledge regarding infection prevention and control.
- Respond to medical emergencies based on CPR and first aid standards.
- Apply principles of risk reduction for client, colleague and practitioner safety, health and wellbeing.
- Integrate principles of body ergonomics to support clinician's health.
- Apply quality assurance standards and protocols to ensure a safe and effective working environment.
- Take responsibility for maintaining equipment used for services, including service records.
- Protect the environment by responsible use of consumables and disposal of waste products including biohazardous wastes.
- Contribute to a healthy work environment for individuals involved in the practice.

### **Examples of Performance Indicators**

**(example indicators are provided as suggestions and are not considered an exhaustive list)**

A dental hygienist demonstrates competence by:

- Engaging in a review of office protocols for emergencies;
- Updating CPR recertification based on recognized timeline for the population served;
- Following product guidelines for the use and disposal of products;
- Using biological monitors on a regular basis to assess the efficacy of sterilizers;
- Following best practice guidelines for infection control;
- Maintaining equipment service logs in accordance with regulations;
- Suggesting changes to practice protocols that are contrary to practice standards or professional ethics;
- Assessing the currency of drugs in emergency kits;
- Encouraging discussions about breaches of safety protocols;
- Conducting a safety assessment before providing care in a client's home;
- Collaborating with other professionals to promote a culture of safety in all practice settings;
- Incorporating environmental values in the practice environment;
- Establishing practice protocols that reflect best practices for infection control;
- Supporting wellness in the workplace;

## **PRACTICE MANAGEMENT:**

Each dental hygienist is responsible for ensuring her/his practice environment supports the efficient and appropriate delivery of dental hygiene services.

Competencies related to the *Management* of a dental hygiene practice include the ability to:

- Manage dental hygiene services individually and as part of a team.
- Manage time and other resources to enhance the quality of services provided.
- Use computer technology to access electronic resources and enhance communication.
- Use information systems and reports for collection, retrieval and use of data for decision making.
- Initiate positive change based on supporting literature and practice standards.
- Support the financial aspects related to the provision of dental hygiene services.
- Work with budgets related to dental hygiene practice settings.
- Promote actions that encourage shared workplace values and respect.
- *Model the mission, vision and priorities of the organization in the practice context.*
- *Use principles associated with strategic planning to support change.*

## **Examples of Performance Indicators**

**(example indicators are provided as suggestions and are not considered an exhaustive list)**

A dental hygienist demonstrates competence by:

- Developing a process to introduce a new procedure into the practice;
- Developing scheduling parameters for clients to accommodate for their different periodontal conditions;
- Completing regular audits of billing practices related to dental hygiene services;
- Rescheduling clients as needed to complete treatment;
- Working with co-workers to identify necessary resources;
- Refusing to provide services in an environment that is not able to support quality care;
- Using computer technology to manage client records and financial records;
- Weighing the evidence to support different approaches for specific dental hygiene services.
- Encouraging team members to provide feedback on the management of the practice for the purpose of improvement;
- Supporting the use of technology in the clinical environment;
- Ensuring peers and colleagues are not compromised in their ability to meet professional standards because of the actions of the dental hygienist;
- Establishing protocols for appropriate use of technology;
- Ensuring the practice follows established business principles and relevant business laws.

## DENTAL HYGIENE SERVICES & PROGRAMS

As primary oral health care providers, dental hygienists provide a variety of services for the purpose of improving the oral health of the client and the public. The delivery of dental hygiene services/programs requires the ability to determine the needs of the client/public, select and implement the most appropriate services/programs and evaluate the outcomes achieved. The Dental Hygiene Process, a problem solving, critical thinking framework is the accepted professional standard for decision making by dental hygienists.

**Dental Hygiene Services** include all interventions performed within the dental hygiene scope of practice directed toward attaining and maintaining optimal oral health. In this context the Dental Hygiene Process of Care is utilized to assess, diagnosis, plan, implement and evaluate client care. In the provision of these services the dental hygienist provides therapeutic/preventive therapy, oral health education, and health promotion interventions.

- **Therapeutic/preventive therapy:**

- The primary, interceptive, therapeutic, preventive, and ongoing care procedures that help to enable people to achieve optimal oral health that contributes to overall health (CDHA Scope & Definition).
- Methods used to arrest or control oral disease; prevent oral disease; and promote oral health (Darby & Walsh 2010).

- **Oral health education:**

- The application of teaching and learning principles to facilitate the development of specific attitudes, knowledge, skills, and behaviours with particular emphasis on oral health and its relationship to general health (CDHA Scope & Definition).
- Methods used in both preventive and therapeutic aspects of clinical dental hygiene care to explain concepts regarding oral disease and health; to demonstrate self-care techniques; to reinforce learning; to evaluate understanding; and to determine ability to perform desired behaviours (Darby & Walsh, 2010, p.2).

- **Health promotion:**

- The process of enabling people to increase control over, and to improve their current and future health. It not only embraces actions directed at strengthening the skills and capabilities of individuals, but also action directed towards changing social, environmental and economic conditions so as to alleviate their impact on public and individual health (Darby & Walsh, 2010).



## **ASSESSMENT**

Definition: assessment involves the systematic collection and analysis of data to identify client needs, and oral health problems involving medical and dental histories, vital signs, extraoral and intraoral examinations, radiographs, indices, and risk assessment (Darby & Walsh, 2010, p. 15).

Competencies related to a ***Dental Hygiene Assessment*** include the ability to:

### *Therapeutic/Preventive Therapy*

- Collect accurate and complete data on the general, oral, and psychosocial health status of clients.
- Use professional judgment and methods consistent with medico-legal-ethical principles to complete client profiles.
- Identify clients for whom the initiation or continuation of treatment is contra-indicated based on the interpretation of health history and clinical data.
- Identify clients at risk for medical emergencies and use strategies to minimize such risks.
- Use appropriate oral health indices for the identification and monitoring of high risk individuals and groups.
- Recognize the influence of the determinants of health on oral health status.
- Discuss findings with other health professionals when the appropriateness of dental hygiene services is in question.

### *Oral Health Education*

- Elicit information about the clients' perceived barriers to and support for learning when planning clients' education.
- Elicit information about the clients' oral health knowledge, beliefs, attitudes and skills as part of the educational process.
- Assess the clients' motivation for learning new and for maintaining established health related activities.
- Assess clients' need to learn specific information or skills to achieve, restore, and maintain oral health and promote overall wellbeing.
- Assess the individual client's learning style as part of the planning process.

### *Health Promotion*

- Use information systems and reports for collection, retrieval and use of data for decision making.
- Identify barriers to access to oral health care for vulnerable populations.
- Identify populations with high risk of diseases including oral diseases.
- Analyze health issues in need of advocacy.
- *Recognize political, social, and economic issues in the interest of the public.*

## Examples of Performance Indicators

(example indicators are provided as suggestions and are not considered an exhaustive list)

A dental hygienist demonstrates competence by:

- Using new oral cancer screening techniques supported by evidence to assess intra-oral tissues;
- Speaking with the client's physician or primary health care provider about the client's health concerns;
- Interviewing clients about their understandings of oral conditions and what caused them;
- Questioning clients about their current self-care habits and the challenges they face;
- Identifying the influence of cultural health beliefs on client oral health practices;
- Conducting client assessments including health history, vital signs, and head and neck and intra-oral soft tissue, periodontal, dental and occlusal examinations, including radiographs and other diagnostic tests as appropriate;
- Using recognized abbreviations and terminology in recording client information consistent with office policies and records regulations;
- Referring client for assessment of conditions outside the dental hygiene scope of practice or personal abilities;
- Investigating trends within the community that require oral health promotion strategies;
- Collecting demographic information to gain a better understanding of community groups;
- Facilitating communications with other professionals;
- Working with cross-cultural brokers or translators to identify community needs;
- Supporting best practices for client assessments;
- Working with community stakeholders to complete a needs assessment prior to program planning;
- Investigating the efficacy of new technology to support assessments.

## **DIAGNOSIS**

Definition: a dental hygiene diagnosis involves the use of critical thinking skills to reach conclusions about clients' dental hygiene needs based on all available assessment data (Darby & Walsh, 2010, p.15).

Competencies related to a ***Dental Hygiene Diagnosis*** include the ability to:

### *Therapeutic/Preventive Therapy*

- Formulate a dental hygiene diagnosis using problem solving and decision-making skills to synthesize information.

## **Examples of Performance Indicators**

(example indicators are provided as suggestions and are not considered an exhaustive list)

A dental hygienist demonstrates competence by:

- Providing clients with a visual representation of the condition being discussed
- Interviewing clients about their understanding of their oral conditions and what has caused them;
- Communicating expected outcomes of treatment options;
- Answering client questions to ensure full understanding of condition;
- Recommending involvement of other oral health care providers when dental hygiene services are not the only services required;
- Ensuring a dental hygiene diagnosis is based on an appropriate assessment;
- Facilitating referrals to other oral health care providers.

## **PLANNING**

Definition: planning involves the establishment of realistic goals and selection of dental hygiene interventions that can move a client closer to optimal oral health (Darby & Walsh, 2010).

Competencies related to ***Planning Dental Hygiene interventions*** include the ability to:

### *Therapeutic/Preventive Therapy*

- Prioritize clients' needs through a collaborative process with clients and, when needed, substitute decision makers and/ or other professionals.
- Establish dental hygiene care plans based on clinical data, a client-centered approach and the best available resources.
- Design and implement services tailored to the unique needs of individuals, families, organizations and communities based on best practices.
- Revise dental hygiene care plans in partnership with the client and, when needed, in collaboration with substitute decision makers and/ or other professionals.

### *Oral Health Education*

- Negotiate mutually acceptable individual or program learning plans with clients.
- Develop educational plans based on principles of change and stages of behaviour change.
- Create an environment in which effective learning can take place.
- Select educational interventions and develop educational materials to meet clients' learning needs.

### *Health Promotion*

- Select and implement appropriate health promotion strategies and interventions for individuals and communities.
- Recognize the role of governments and community partners in promoting oral health.

## Examples of Performance Indicators

(example indicators are provided as suggestions and are not considered an exhaustive list)

A dental hygienist demonstrates competence by:

- Recommending dental hygiene interventions that align with the client's values and beliefs about their oral health;
- Using the best evidence available when formulating individualized care plans;
- Assisting clients in developing realistic and measurable goals related to oral self-care;
- Reviewing the daily care plan with family members and other personal care providers;
- Consulting with the client's primary health care provider with regard to antibiotic premedication for dental hygiene services;
- Ensuring the appropriate equipment and materials are available to support implementation of the proposed plan;
- Presenting more than one option for treatment if appropriate;
- Ensuring the client understands the personal commitment required to achieve the best outcomes of treatment;
- Providing client with information on the sequencing of care and cost of care;
- Achieving informed consent prior to initiating care;
- Planning health promotion events in the community;
- Developing resources to support tobacco use cessation programs;
- Planning oral health promotion strategies to address oral health trends of groups or a community;
- Establishing project timelines and identifying necessary human and other resources to support community initiatives.

## **IMPLEMENTATION**

Definition: implementation of dental hygiene interventions involves the process of carrying out the dental hygiene care plan designed to meet the assessed needs of the client (Darby & Walsh, 2010, p.2).

Competencies related to ***Implementation of Dental Hygiene services*** include the ability to:

### *Therapeutic/Preventive Therapy*

- Provide preventive, therapeutic and supportive clinical therapy that contributes to the clients' oral and general health.

### *Oral Health Education*

- Incorporate educational theories, theoretical frameworks and psycho-social principles to inform the educational process.
- Include clients, family and care providers as appropriate in the education process.
- Provide health advice and assist clients in learning oral health skills by coaching them through the learning process.

### *Health Promotion*

- Use a holistic and wellness approach to the promotion of oral health and optimal general health.
- Apply appropriate theories to initiate change at an individual and community level.
- Apply principles of health protection through prevention and control of disease and injury.
- *Advocate for healthy public policy with and for individuals and communities.*
- *Apply knowledge of common health risks to inform public policy and educate practitioners and the public.*
- *Strengthen individuals' abilities to improve health through strategies that focus on community development and capacity building.*
- *Participate in the development and delivery of social marketing message.*

## Examples of Performance Indicators

(example indicators are provided as suggestions and are not considered an exhaustive list)

A dental hygienist demonstrates competence by:

- Allowing time for the client to practice a new skill with your guidance;
- Using pain management strategies during dental hygiene treatments;
- Providing services that are supported by evidence and/or practice guidelines;
- Monitoring client's response to care during service delivery;
- Modifying approach in response to changing needs;
- Recognizing when client has withdrawn consent and postponing treatment until consent is re-established;
- Working with other health professionals, family and personal care providers to implement daily oral care;
- Working with community partners to increase public awareness of oral health;
- Taking immediate steps to stop a procedure if there is possible risk to client;
- Working with other professionals and community partners to provide programs targeting specific oral health needs.

## **EVALUATION**

Definition: Evaluation is the measurement of the extent to which the client has achieved the goals specified in the plan of care (Darby & Walsh, 2010, p. 2).

Competencies related to the ***Evaluation of Dental Hygiene Care*** include the ability to:

### *Therapeutic/Preventive Therapy*

- Evaluate clients' health and oral health status using determinants of health and risk assessment to make appropriate referral(s) to other health care professionals.
- Evaluate the effectiveness of the implemented clinical therapy.
- Provide recommendations in regard to clients' ongoing care including referrals when indicated.

### *Oral Health Education*

- Evaluate the effectiveness of learning activities and revise the educational process when required.

### *Health Promotion*

- Use measurable criteria in the evaluation of outcomes and solicit feedback from stakeholders regarding results.
- Communicate findings to stakeholders and the public.

## **Examples of Performance Indicators**

(example indicators are provided as suggestions and are not considered an exhaustive list)

A dental hygienist demonstrates competence by:

- Re-evaluating periodontal probing depth and tissue characteristics four to six weeks after initial therapy;
- Evaluating integrity of enamel sealants at subsequent appointments;
- Measuring client satisfaction with services provided and outcomes achieved;
- Identifying when treatment was not effective and providing a different treatment or making the appropriate referral;
- Assessing the ability of the client to maintain oral health over time;
- Establishing the most appropriate interval for ongoing preventive care based on client abilities and oral presentation;
- Assessing the impact of community oral health programs.
- Establishing clinical practices that reinforce the need for evaluation of dental hygiene services;
- Using self-reflect on the dental hygienist's role in the process and developing goals for improvement;



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## Glossary of Terms

Almost all of the definitions in this glossary were compiled by Dr. John M Last in October 2006 and revised and edited by Peggy Edwards in July 2007 as a part of the development of Core Competencies by the Public Health Agency of Canada (PHAC). Citations are included with the definitions which are quotes from the PHAC document.

**Advocacy:** Intervention such as speaking or writing in favour of a particular issue or cause, policy, individual or group of people. In the health field, advocacy is assumed to be in the public interest and directed towards good or desirable ends, whereas lobbying by a special interest group may or may not be in the public interest. Advocacy often aims to enhance the health of disadvantaged groups such as First Nations communities, people living in poverty or persons with HIV/AIDS.<sup>9</sup>

**Analysis:** The examination and evaluation of relevant information in order to select the best course of action from among various alternatives. ... This requires the integration of information from a variety of sources.<sup>9</sup>

**Assessment:** A formal method of evaluating a system or a process, preferably quantitative but sometimes necessarily qualitative, often with both qualitative and quantitative components.<sup>9</sup>

**Attitude:** A relatively stable belief or feeling about a concept, person or object. Attitudes can often be inferred by observing behaviours. Related to definition of values.<sup>9</sup>

**Collaboration:** A recognized relationship among different sectors or groups, which have been formed to take action on an issue in a way that is more effective or sustainable than might be achieved by the public health sector acting alone.<sup>9</sup>

**Client:** Is an individual, family, group, organization, or community accessing the professional services of a dental hygienist. The term “client” may also include the client’s advocate such as the parent of a young child.<sup>5</sup>

**Communication skills:** These are the skills required by ... health professionals to transmit and receive ideas and information to and from involved individuals and groups. Communication skills include the ability to listen, and to speak and write in plain language i.e., verbal skills often reinforced by visual images.<sup>9</sup>

**Community participation:** Procedures whereby members of a community participate directly in decision-making about developments that affect the community. It covers a spectrum of activities ranging from passive involvement in community life to intensive action-oriented participation in community development (including political initiatives and strategies). The Ottawa Charter for Health Promotion emphasizes the importance of concrete and effective community action in setting priorities for health, making decisions, planning strategies and implementing them to achieve better health ([www.phac-aspc.gc.ca/phsp/phdd/pdf/charter.pdf](http://www.phac-aspc.gc.ca/phsp/phdd/pdf/charter.pdf)).<sup>9</sup>

**Culturally-relevant (and appropriate):** Recognizing, understanding and applying attitudes and practices that are sensitive to and appropriate for people with diverse cultural socioeconomic and educational backgrounds, and persons of all ages, genders, health status, sexual orientations and abilities.<sup>9</sup>

**Data:** A set of facts, usually quantitative. (See definition --information.)<sup>9</sup>

**Determinants of health:** Definable entities that cause, are associated with, or induce health outcomes. Public health is fundamentally concerned with action and advocacy to address the full range of potentially modifiable determinants of health – not only those which are related to the actions of individuals, such as health behaviours and lifestyles, but also factors such as income and social status, education, employment and working conditions, access to appropriate health services, and the physical environments. These, in combination, create different living conditions which impact on health. For more details, please visit [www.phac-aspc.gc.ca/ph-sp/phdd/determinants/index.html#determinants](http://www.phac-aspc.gc.ca/ph-sp/phdd/determinants/index.html#determinants).<sup>9</sup>

**Disease and injury prevention:** Measures to prevent the occurrence of disease and injury, such as risk factor reduction, but also to arrest the progress and reduce the consequences of disease or injury once established. Disease and injury prevention is sometimes used as a complementary term alongside health promotion.<sup>9</sup>

**Diversity:** The demographic characteristic of populations attributable to perceptible ethnic, linguistic, cultural, visible or social variation among groups of individuals in the general population.<sup>9</sup>

**Empowerment:** A process through which people gain greater control over decisions and actions affecting their health. Empowerment may be a social, cultural, psychological or political process through which individuals and social groups are able to express their needs, present their concerns, devise strategies for involvement in decision-making, and achieve political, social and cultural action to meet those needs. (See definition – Health Promotion)<sup>9</sup>

**Equity/equitable:** Equity means fairness. Equity in health means that people's needs guide the distribution of opportunities for well-being. Equity in health is not the same as equality in health status. Inequalities in health status between individuals and populations are inevitable consequences of genetic differences and various social and economic conditions, or a result of personal lifestyle choices. Inequities occur as a consequence of differences in opportunity which result, for example in unequal access to health services, nutritious food or adequate housing. In such cases, inequalities in health status arise as a consequence of inequities in opportunities in life.<sup>9</sup>

**Ethics:** The branch of philosophy dealing with distinctions between right and wrong, with the moral consequences of human actions. Much of modern ethical thinking is based on concepts of human rights, individual freedom and autonomy, on doing good and not harming. The concept of equity, or equal consideration for every individual, is paramount. ... Finding a balance between the public health requirement for access to information and the individual's right to privacy and to confidentiality of personal information may also be a source of tension.<sup>9</sup>

**Evaluation:** Efforts aimed at determining as systematically and objectively as possible the effectiveness and impact of health-related (and other) activities in relation to objectives, taking into account the resources that have been used.<sup>9</sup>

**Evidence:** Information such as analyzed data, published research findings, results of evaluations, prior experience, expert opinions, any or all of which may be used to reach conclusions on which decisions are based.<sup>9</sup>

**(Health) planning:** A set of practices and procedures that are intended to enhance the efficiency and effectiveness of health services and to improve health outcomes. This important activity ... commonly comprises short-term, medium-term, and long-range planning. Important considerations are resource allocation, priority setting, distribution of staff and physical facilities, planning for emergencies and ways to cope with extremes of demand and unforeseen contingencies, and preparation of budgets for future fiscal periods.<sup>9</sup>

**Health policy:** A course or principle of action adopted or proposed by a government, party, organization, or individual; the written or unwritten aims, objectives, targets, strategy, tactics, and plans that guide the actions of a government or an organization. Policies have three interconnected and ideally continually evolving stages: development, implementation and evaluation. Policy development is the creative process of identifying and establishing a policy to meet a particular need or situation. Policy implementation consists of the actions taken to set up or modify a policy, and evaluation is assessment of how, and how well, the policy works in practice. Health policy is often enacted through legislation or other forms of rule-making, which define regulations and incentives that enable the provision of and access to health services and programs.<sup>9</sup>

**Health program:** A description or plan of action for an event or sequence of actions or events over a period that may be short or prolonged. More formally, an outline of the way a system or service will function, with specifics such as roles and responsibilities, expected expenditures, outcomes, etc. A health program is generally long term and often multifaceted, whereas a health project is a short-term and usually narrowly focused activity.<sup>9</sup>

**Health promotion:** The process of enabling people to increase control over, and to improve their health. It not only embraces actions directed at strengthening the skills and capabilities of individuals, but also action directed towards changing social, environmental and economic conditions so as to alleviate their impact on public and individual health. The Ottawa Charter for Health Promotion (1986) describes five key strategies for health promotion: build healthy public policy; create supportive environments for health; strengthen community action for health; develop personal skills; and re-orient health services. (A public health system core function.)<sup>9</sup>

**Health protection:** A useful term to describe important activities of public health, specifically in food hygiene, water purification, environmental sanitation, drug safety and other activities that eliminate as far as possible the risk of adverse consequences to health attributable to environmental hazards.<sup>9</sup>

**Information:** Facts, ideas, concepts and data that have been recorded, analyzed, and organized in a way that facilitates interpretation and subsequent action.<sup>9</sup>

**Investigation:** A systematic, thorough and formal process of inquiry or examination used to gather facts and information in order to understand, define and resolve a public health issue.<sup>9</sup>

**Leadership:** Leadership is described in many ways. In the field of ... health it relates to the ability of an individual to influence, motivate, and enable others to contribute toward the effectiveness and success of their community and/or the organization in which they work. It involves inspiring people to craft and achieve a vision and goals. Leaders provide mentoring, coaching and recognition. They encourage empowerment, allowing other leaders to emerge.<sup>9</sup>

**Lifelong learning:** A broad concept where education that is flexible, diverse and available at different times and places is pursued throughout life. It takes place at all levels - formal, non-formal and informal - utilizing various modalities such as distance learning and conventional learning.<sup>9</sup>

**Mediate:** A process through which the different interests (personal, social, economic) of individuals and communities, and different sectors (public and private) are reconciled in ways that promote and protect health. Facilitating change in people's lifestyles and living conditions inevitably produces conflicts between the different sectors and interests in a population. Reconciling such conflicts in ways that promote health may require considerable input from health promotion practitioners, including the application of skills in advocacy for health.<sup>9</sup>

**Mission:** The purpose for which an organization, agency, or service, exists, often summarized in a mission statement.<sup>9</sup>

**Partnerships:** Collaboration between individuals, groups, organizations, governments or sectors for the purpose of joint action to achieve a goal. The concept of partnership implies that there is an informal understanding or a more formal agreement (possibly legally binding) among the parties regarding roles and responsibilities, as well as the nature of the goal and how it will be pursued.<sup>9</sup>

**Performance standards:** The criteria, often determined in advance, e.g., by an expert committee, by which the activities of health professionals or the organization in which they work, are assessed.<sup>9</sup>

**Population health assessment:** Population health assessment entails understanding the health of populations and the factors that underlie health and health risks. This is frequently manifested through community health profiles and health status reports that inform priority setting and program planning, delivery and evaluation. Assessment includes consideration of physical, biological, behavioural, social, cultural, economic and other factors that affect health. The health of the population or a specified subset of the population can be measured by health status indicators such as life expectancy and hospital admission rates.<sup>9</sup>

**Public health:** An organized activity of society to promote, protect, improve, and when necessary, restore the health of individuals, specified groups, or the entire population. It is a combination of sciences, skills, and values that function through collective societal activities and involve programs, services, and institutions aimed at protecting and improving the health of all people. The term “public health” can describe a concept, a social institution, a set of scientific and professional disciplines and technologies, and a form of practice. It is a way of thinking, a set of disciplines, an institution of society, and a manner of practice. It has an increasing number and variety of specialized domains and demands of its practitioners an increasing array of skills and expertise.<sup>9</sup>

**Public health sciences:** A collective name for the scholarly activities that form the scientific base for public health practice, services, and systems. Until the early 19th century, scholarly activities were limited to natural and biological sciences sometimes enlightened by empirical logic. The scientific base has broadened to include vital statistics, epidemiology, environmental sciences, biostatistics, microbiology, social and behavioral sciences, genetics, nutrition, molecular biology, and more.<sup>9</sup>

**Research:** Activities designed to develop or contribute to knowledge, e.g., theories, principles, relationships, or the information on which these are based. Research may be conducted simply by observation and inference, or by the use of experiment, in which the researcher alters or manipulates conditions in order to observe and study the consequences of doing so. ... Qualitative research aims to do in-depth exploration of a group or issue, and the methods used often include focus groups, interviews, life histories, etc.<sup>9</sup>

**Social justice:** Refers to the concept of a society that gives individuals and groups fair treatment and an equitable share of the benefits of society. In this context, social justice is based on the concepts of human rights and equity. Under social justice, all groups and individuals are entitled equally to important rights such as health protection and minimal standards of income.<sup>9</sup>

**Social marketing:** The design and implementation of health communication strategies intended to influence behaviour or beliefs relating to the acceptability of an idea such as desired health behaviour, or a practice such as safe food hygiene, by a target group in the population.<sup>9</sup>

**Social Responsibility:** An ethic of service that involves undertaking actions that advances the common good.

**Surveillance:** Systematic, ongoing collection, collation, and analysis of health-related information that is communicated in a timely manner to all who need to know which health problems require action in their community. Surveillance is a central feature of epidemiological practice, where it is used to control disease. Information that is used for surveillance comes from many sources, including reported cases of communicable diseases, hospital admissions, laboratory reports, cancer registries, population surveys, reports of absence from school or work, and reported causes of death.<sup>9</sup>

**Sustainable development:** The use of resources, investments, technology and institutional development in ways that do not compromise the health and well-being of future generations. There is no single best way of organizing the complex development-environment-health relationship that reveals all the important interactions and possible entry points for public health interventions.<sup>9</sup>

**Values:** The beliefs, traditions and social customs held dear and honoured by individuals and collective society. Moral values are deeply believed, change little over time and are often grounded in religious faith. They include beliefs about the sanctity of life, the role of families in society, and protection from harm of infants, children and other vulnerable people. Social values are more flexible and may change as individuals undergo experience. These may include beliefs about the status and roles of women in society, attitudes towards use of alcohol, tobacco and other substances. Values can affect behaviour and health either beneficially or harmfully.<sup>9</sup>

**Vision:** If a strategic plan is the "blueprint" for an organization's work, then the vision is the "artist's rendering" of the achievement of that plan. It is a description in words that conjures up the ideal destination of the group's work together.<sup>9</sup>

**Working environment:** A setting in which people work. This comprises not merely the physical environment and workplace hazards, but also the social, cultural and psychological setting that may help to induce harmony among workers, or the opposite – tension, friction, distrust and animosity which can interfere with well-being and aggravate risks of injury.<sup>9</sup>