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Graphic Designer: Katherine Keates

The figures represent dental hygienists from across Canada; they are generic to represent both male and female dental hygienists who stand individually, yet part of a group, and form a supportive and nurturing circle around a core of building blocks representing the competencies. Each of the blocks is distinct, yet connected, and forms a solid structure that is grounded and united.
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Introduction

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.

Why do we need national dental hygiene competencies?

While the dental hygiene profession has several national documents pertaining to entry-to-practice issues, we did not have a common national standard. The need for such a standard became increasingly important with the divergence of entry-to-practice educational models across Canada, programs being implemented in new jurisdictions, and the entrance of multiple post secondary organizations into the educational sector.

These competencies were developed to provide one national standard for Canadian dental hygiene education, accreditation, examination, and regulation. This is the first time that our national organizations have come together to work collaboratively towards a common standard; it represents a milestone in the evolution of our profession.

How were these competencies developed?

The development of the competencies began with a search of the literature to explore documents and outcome statements being generated in other health professions. It was then furthered by the implementation of a workshop in February 2007 involving twenty-one key dental hygiene informants to generate the initial competency statements. The workshop participants generated a profile which was then shaped through the implementation of a national web based survey (n=215) in the fall of 2007 and regional focus groups (n=15 participants) in the spring of 2008. Over this time, the February workshop participants were involved in ongoing feedback loops; this supported the further refinement and clarification of the competency statements.

How do these competencies compare to other national documents?

A new profile has been generated for dental hygiene entry-to-practice competencies based on the literature in interprofessional education and the input of Canadian dental hygienists across the country. It has many similarities as well as some differences with the previous CDHA Definition and Scope document.

The roles related to health promotion, clinical therapy, and education have been reaffirmed as they have been for many years in the CDHA document. However, the CDHA role related to “administration” has now been shaped into abilities related to “coordination.”
of “researcher” has been changed to that of a “critical thinker.” The concept of “change agent” is now being described through abilities focusing on advocacy. As well, the role of the dental hygienists in the area of communication and collaboration has been emphasized through the creation of a new domain for this area.

These changes align well with the themes arising from the ability statements in other health professions, both nationally and internationally, as well as the recently developed competencies for public health professionals developed by the Public Health Agency of Canada (PHAC) and the associated Discipline Competencies for Dental Public Health developed by the Canadian Association of Public Health Dentistry. See Table 1 for a comparison of the domains found in the literature and this competency document. The shared domains within the health professions are highlighted in yellow. The dental hygiene services are highlighted in mauve.

Table 1: Comparison of domain frameworks to support interprofessional education

| PHAC Core 8  |
| CAPHD Discipline 10 |
| Competencies       |
| National Dental Hygiene Competencies       |
| Harmonizing Model 6 |

| Diversity, Inclusiveness, and Leadership | Professional |
| Communication                          | Communicator and Collaborator |
| Public Health Sciences                  | Critical thinker |
| Partnerships, Collaboration, and Advocacy | Advocate |
| Assessment and Analysis Policy and Program Planning Implementation and Evaluation | Clinical therapist |
| Oral health educator                   |
| Health promoter                        |
| Coordinator                            | Coordination |

This alignment of our competency profile, with those of other health professionals, helps support interprofessional education. The need to educate professionals to work effectively within teams has become increasingly important for our health care system. 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.
National Dental Hygiene Competencies

The Profession of Dental Hygiene Defined

Having a clear definition of the dental hygiene profession was an integral component of this project. The following definition emerged:

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.

Organization of Competencies

The workshop participants developed the entry-to-practice competencies 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.
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; these are found in Appendix B. The combination of the glossary and the examples are anticipated to assist readers in gaining a more comprehensive understanding of each ability statement.
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.”¹²

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


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

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

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

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

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

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.

A8. Promote social responsibility to advance the common good.

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

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


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

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

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

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

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

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

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

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

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

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

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

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

B8. Share information with other professionals about the dental hygienists’ scope of practice while respecting their scope to promote interprofessional care.

B9. Work with clients, family members, substitute decision makers and stakeholders to assess, diagnose, plan, implement, and evaluate services for clients.

B10. Promote team relationships to support client services.

B11. Function effectively within oral health and interprofessional teams and settings.

B12. Apply knowledge of common health risks to inform public policy and educate practitioners and the public.

B13. Act as a knowledge source for clients, professionals, and the public to gain knowledge about oral health and access to oral health care.

B14. Seek opportunities to mentor colleagues and to access mentors for guidance.
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”.13

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

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

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

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

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

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

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

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

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

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

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

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

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

C13. Integrate new knowledge into appropriate practice environments.

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

C15. Disseminate findings to colleagues and other professionals.
D. The dental hygienist as an advocate ...

“Advocacy—speaking, writing or acting in favour of a particular cause, policy or group of people—often aims to reduce inequities in health status or access to health services.”

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

D1. Model good citizenship.

D2. Identify how government organizations, nongovernmental organizations, and professionals operate within a community.

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

D4. Analyze oral health issues in need of advocacy.

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

D6. Problem solve with key stakeholders.

D7. Apply principles and theories of political action.

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

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

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

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

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

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

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

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


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

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

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

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

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

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

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

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

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

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

F1. Apply current knowledge regarding infection prevention and control.

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

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

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

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

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

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

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

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

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

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

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

F13. Evaluate the effectiveness of the implemented clinical therapy.

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

F15. Integrate principles of body ergonomics to support clinician’s health.
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,\textsuperscript{5} with particular emphasis on oral health and its relationship to general health.

\textit{The entry level dental hygienist has reliably demonstrated the ability to:}

G1. Incorporate educational theories, theoretical frameworks, and psychosocial principles to inform the educational process.

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

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

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

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

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

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

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

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

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

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

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

G13. Support clients in using community resources when needed.

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

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

G16. Bring educational opportunities into own practice settings.
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.  

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

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

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

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

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

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

H6. Select and implement appropriate health promotion strategies and interventions for individuals and communities.

H7. Apply principles of health protection through prevention and control of disease and injury.

H8. Use a holistic and wellness approach to the promotion of oral health and optimal general health.

H9. Strengthen individuals’ abilities to improve health through strategies that focus on community development and capacity building.

H10. Contribute to actions that will facilitate access to care.

H11. Participate in the development and delivery of social marketing messages.


H13. Collaborate with others in providing, maintaining and advocating for oral health care programs.

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

H15. Communicate findings to stakeholders and the public.
Conclusion

The adoption of national dental hygiene entry-to-practice competencies requires acceptance and commitment from a variety of groups. At the beginning of this project the members of the consortium agreed to integrate these competencies into the work of their respective organizations. We have established this commitment, and it will help us move forward.

We need to expand that commitment to include not only the organizations within the profession but the individual members of the profession. We all have an individual responsibility to support these competencies and help to move them forward. This may involve additional refinements and shaping of the ability statements and this is expected.

Education has often been described as the cornerstone of our profession. The blocks you see on the title page represent the core elements of our education; with these blocks we will help construct a solid foundation for our profession to meet the oral health needs of Canadians in the 21st century.
References


Appendix A

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 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.9

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.9

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

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.9

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.9

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.5

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.9

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

**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.  

**Data:** A set of facts, usually quantitative. (See definition—information.)  

**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 http://www.phac-aspc.gc.ca/ph-sp/phdd/determinants/index.html#determinants.  

**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.  

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

**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)  

**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.  

**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.
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.  

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.  

(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.  

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.  

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.  

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.)  

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.  

Information: Facts, ideas, concepts and data that have been recorded, analyzed, and organized in a way that facilitates interpretation and subsequent action.  

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.
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.

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.

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.

Mission: The purpose for which an organization, agency, or service, exists, often summarized in a mission statement.

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.

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.

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.

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.

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.⁹

**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.⁹

**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.⁹

**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.⁹

**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.⁹

**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.⁹

**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.⁹

**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.⁹
**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.⁹
Appendix B

Practice Examples of the National Dental Hygiene Competencies

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.”

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

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

A2. Apply Codes of Ethics in all endeavours 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. Practise 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 centre for suspicious lesions associated with smoking and alcohol consumption.
   Refer client with poor food/fluid habits and high caries incidence to a dietitian related to obesity issues.
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 whom 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.

     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 centre.

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.”

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.
   Provide self care instructions for a senior with hearing and vision difficulties.

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: Interview the elders of a community group to gain their views about the community’s needs.
   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. Contact the physician to determine the need for antibiotic premedication for a client. 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. Work with residential care aids to evaluate the outcomes of the daily oral care plans.

B11. Function effectively within oral health and interprofessional 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 to gain knowledge about oral health and access to oral health care.
Example: Speak with parents from a preschool 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.”

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 Collaborative to make decisions about tooth brushing 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 healthy 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:* Support community water fluoridation based on the evidence related to its safety and efficacy.  
Allay 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 or group of people—often aims to reduce inequities in health status or access to health services.”

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, nongovernmental 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 centre.

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.
            Work with the staff in a community home to assist a client with schizophrenia to receive a powered toothbrush as a birthday present from his parents.
            Speak with a client’s physician about the client’s health concerns.
            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 inservice program.

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 inservice program 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 centre 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 dental 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 centre.
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 workplace 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.

   Example: Determine the costs of self care products to distribute to expectant mothers at a prenatal 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: Place the review of infection control policies on the monthly meeting agenda. Engage in the review of office protocols for emergencies. Update CPR recertification based on recognized timeline for the population served.

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 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 resterilized and reused 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 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: Ground 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.”

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 centred 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.
   Evaluate the integrity of enamel sealants at subsequent appointments.

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" 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 psychosocial 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. Ask a client to demonstrate her/his method of toothbrushing. 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:* Telephone clients who have set a date to quit smoking to support them in this endeavour.  
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.9

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. Interview single, pregnant women from a local community shelter. 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 program for clients. Work with parents and day care staff to integrate safe brushing after meals in day care centres.

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. Encourage 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 centres.
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.
   Exercise gingival tissues with oral health aids to decrease inflammation and the potential of heart disease for senior in care facilities.
   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.

   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 centre.
   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.