

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.

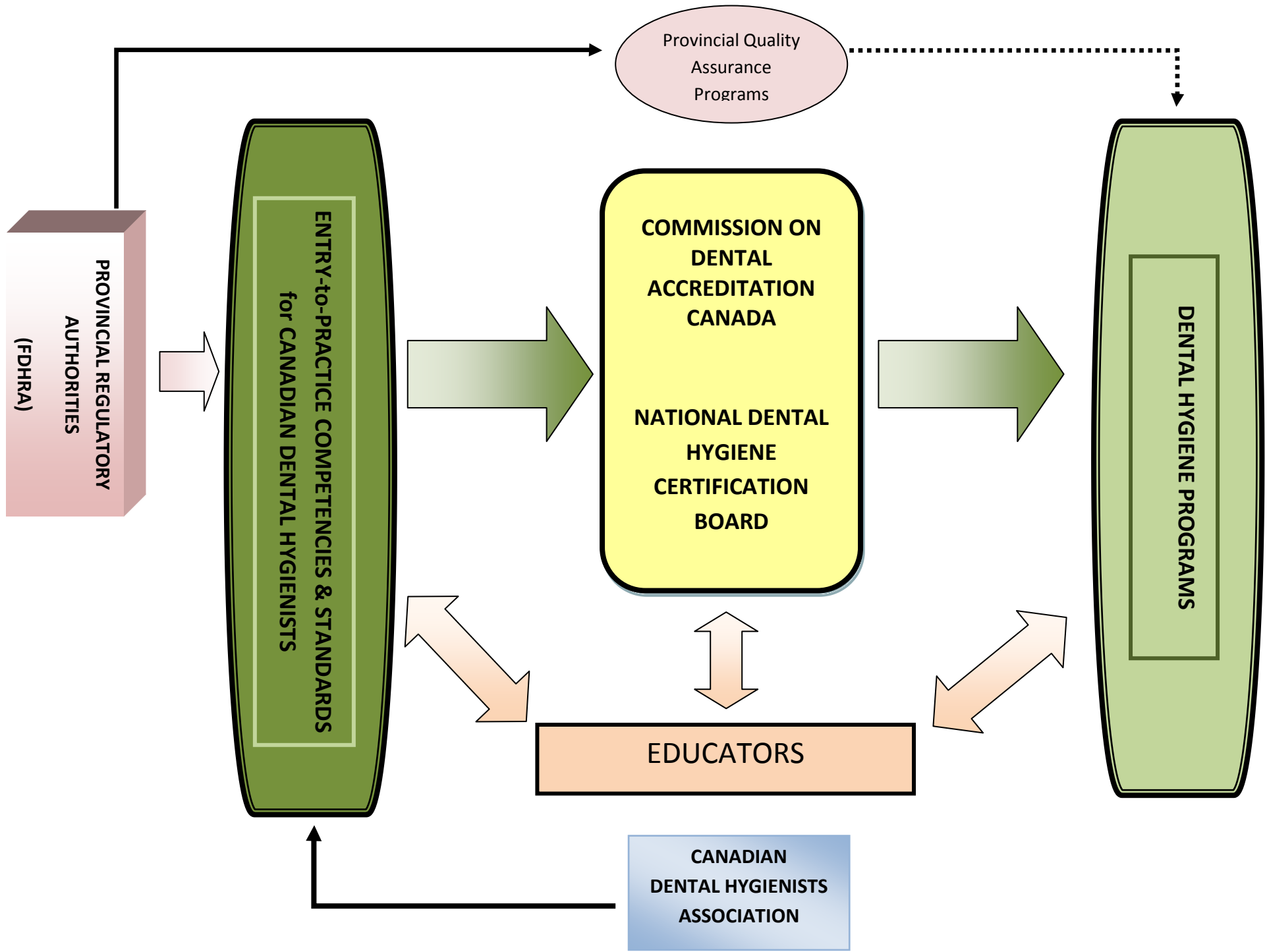
Professional autonomy:

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.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 implementing them to achieve better health (www.phac-aspc.gc.ca/phsp/phdd/pdf/charter.pdf).⁹

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.⁹

Data: A set of facts, usually quantitative. (See definition --information.)⁹

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.⁹

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.⁹

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

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)⁹

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.⁹

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.⁹

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.⁹

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.⁹

(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.⁹

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.⁹

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.⁹

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.)⁹

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.⁹

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

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.⁹

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.⁹

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.⁹

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.⁹

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

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.⁹

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.⁹

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.⁹

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.⁹

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