

NDHCB COMPETENCIES

PROFESSIONALISM

Professionalism includes standards related to responsibility, accountability, knowledge application, continuing competence, relationships, health and safety, and practice management that define the practice and profession of dental hygiene.

1. RESPONSIBILITY

Dental hygienists have a responsibility to promote delivery of and access to quality dental hygiene services.

The entry-level dental hygienist:

1.1. Uses evidence-based decision making approaches.

***CLARIFICATION:** Emphasis is on the basic concepts of using evidence to inform practice, where to find evidence, hierarchies of evidence, etc.*

1.2. Uses a client-centred approach.

***CLARIFICATION:** Emphasis is on the basic concepts of using a client-centred approach in practice, the definition of client-centred, the importance of using a client-centred approach, etc.*

1.3. Adheres to current national jurisprudence requirements and recognizes the need to adhere to provincial/territorial jurisprudence requirements.

***CLARIFICATION:** Does **NOT** focus on practicing within the personal limitations of the individual dental hygienist (covered elsewhere, see competency 2.4) **OR** adhering to the Code of Ethics (covered elsewhere, see competency 2.1) **OR** documentation/record keeping (covered elsewhere, see competency 2.5).*

1.4. Acts as a knowledge source for clients, professionals and the public seeking information about oral health or access to oral health care.

1.5. Contributes to actions that will facilitate access to care, particularly for vulnerable populations.

1.6. Advocates for oral health programs and policies.

1.7. Promotes healthy behaviours of self, colleagues, clients and the public.

***CLARIFICATION:** Includes oral health and general health. Does **NOT** include ergonomics (covered elsewhere, see competency 7.4) **OR** oral self-care techniques (covered elsewhere, see competencies 11.1G and 11.1H)*

2. ACCOUNTABILITY

Dental hygienists are accountable to the client/public; responsible for ensuring that their practice and conduct meet legislative requirements and adhere to the accepted standards of the profession.

The entry-level dental hygienist:

2.1. Applies ethical principles in all endeavours.

CLARIFICATION: Does **NOT** include reporting requirements (covered elsewhere, see competencies 1.3 and 2.6).

2.2. Facilitates privacy and confidentiality in accordance with applicable legislation and ethical principles.

2.3. Facilitates informed choice in accordance with applicable legislation and ethical principles.

2.4. Practises within personal limitations.

CLARIFICATION: Does **NOT** focus on scope of practice (covered elsewhere, see competency 1.3).

2.5. Maintains documentation and records consistent with practice standards and applicable legislation.

2.6. Reports unethical, unsafe or incompetent services to the appropriate regulatory organizations.

CLARIFICATION: Includes reporting any regulated health professional to the appropriate regulatory organization.

3. KNOWLEDGE APPLICATION

Dental hygienists use current and relevant information for client care and dental hygiene practice decisions.

The entry-level dental hygienist:

3.1. Applies the behavioural sciences (e.g., psychology, sociology, etc.) to dental hygiene practice.

CLARIFICATION: Does **NOT** apply to behavioural change theory (covered elsewhere, see competency 10.5) **OR** educational theories/frameworks (covered elsewhere, see competency 11.3).

- 3.2. Applies the general biological sciences to dental hygiene practice. The entry-level dental hygienist applies knowledge of:
- 3.2.A anatomy, biology, histology, pathology, and physiology;
 - 3.2.B biochemistry and nutrition;
 - 3.2.C immunology and microbiology; and
 - 3.2.D pharmacology.
- 3.3. Applies the oral health sciences to dental hygiene practice. The entry-level dental hygienist applies knowledge of:
- 3.3.A periodontology;
 - 3.3.B head/neck anatomy and physiology;
 - 3.3.C oral/dental anatomy and physiology;
 - 3.3.D oral/dental embryology and histology;
 - 3.3.E oral pathology;
 - 3.3.F radiology;
 - 3.3.G orthodontics;
 - 3.3.H pedodontics;
 - 3.3.I gerodontics;
 - 3.3.J Endodontics;
 - 3.3.K Prosthodontics;
 - 3.3.L oral surgery; and
 - 3.3.M restorative dentistry.
- 3.4. Accesses relevant and credible resources through various information systems to inform client care decisions.
- CLARIFICATION:** *Includes paper or electronic systems and these systems are **NOT** to be used for the administrative tasks involved in managing a practice (covered elsewhere, see competency 8.1).*
- 3.5. Critiques literature findings to determine their potential value to client care.
- 3.6. Justifies conclusions with sound rationales based on a variety of resources.
- 3.7. Integrates new knowledge into practice environments.
- CLARIFICATION:** *Emphasis is on integrating knowledge that is new to the dental hygienist **OR** new to the practice environment, but, while current and relevant, may not necessarily be 'new' to the profession.*
- 3.8. Disseminates new knowledge to colleagues and other professionals.
- CLARIFICATION:** *Includes research, best practices, or evidence-based approaches that worked in a particular setting. The knowledge disseminated is new to the colleagues/other professionals, but may not necessarily be 'new' to the profession.*

4. CONTINUING COMPETENCE

Dental hygienists maintain and continually improve their competence in response to changes in health care, scientific information, technology, and professional standards.

The entry-level dental hygienist:

- 4.1. Self-assesses professional performance in relation to standards of practice.
- 4.2. Creates personal plans for continuing competence and professional development.
- 4.3. Initiates required changes in own practice based on supporting literature and practice standards.

5. PROFESSIONAL RELATIONSHIPS

Dental hygienists establish and maintain relationships with colleagues, other professionals, employers, and regulatory authorities.

The entry-level dental hygienist:

- 5.1. Uses effective verbal, non-verbal, visual, written and electronic communication.

CLARIFICATION: Does **NOT** include selecting communication approaches based on clients' characteristics, needs, and linguistic and health literacy level (covered elsewhere, see competency 6.3).

- 5.2. Collaborates with communities, health care professionals and other partners in providing, maintaining, and advocating for oral health care programs.
- 5.3. Functions effectively within oral health and interprofessional teams and settings.

CLARIFICATION: Includes sharing information with other professionals about the dental hygienist's scope of practice; clarifying her/his role in interprofessional care; promoting team relationships to support client services; and promoting actions that encourage shared workplace values and respect.

6. DENTAL HYGIENIST- CLIENT RELATIONSHIP

Dental hygienists provide client-centred care by establishing and maintaining positive, professional relationships with clients, families and others.

The entry-level dental hygienist:

- 6.1. Demonstrates respect for diversity (e.g., culture, language, disability, religion, creed, lifestyle, etc.).

- 6.2. Respects the autonomy of clients as full partners in decision-making.
CLARIFICATION: *Includes acknowledging the views of clients about their values, health and decision making.*
- 6.3. Selects communication approaches based on clients' characteristics, needs, and linguistic and health literacy.
CLARIFICATION: *Includes tailoring communications to specific clients and converting health information in a manner that is relevant to clients.*
- 6.4. Supports clients in using community resources when needed.
CLARIFICATION: *Does **NOT** include providing information about **OR** access to oral health services (covered elsewhere, see competency 1.4).*

7. HEALTH & SAFETY:

Dental hygienists are responsible for ensuring that their practice environments meet accepted standards for client safety and infection prevention & control, and also for promoting the well-being of clients, other team members, and themselves.

The entry-level dental hygienist:

- 7.1. Applies current knowledge regarding infection prevention and control.
- 7.2. Applies principles of risk reduction for client, colleague and practitioner safety, health and well-being.
CLARIFICATION: *Includes WHMIS, injury prevention strategies, contributing to safety protocols, etc. Does **NOT** include: assisting in the prevention of large scale outbreaks and emergencies (covered elsewhere, see competency 7.8), infection control (covered elsewhere, see competency 7.1), ergonomics (covered elsewhere, see competency 7.4), **OR** medical emergencies (covered elsewhere, see competencies 7.7, 9.4 and 10.3).*
- 7.3. Applies quality assurance standards and protocols to support a safe and effective working environment.
CLARIFICATION: *Includes all aspects of applying quality assurance standards and protocols, not just limited to health and safety issues (**effectiveness** aspect of competency). Does **NOT** include assessing principles of risk reduction (covered elsewhere, see competency 7.2).*
- 7.4. Integrates principles of ergonomics to support the practitioner's health.
- 7.5. Takes responsibility for the use and maintenance of equipment and materials involved in the delivery of dental hygiene care.
- 7.6. Uses consumables and disposes of waste products, including biohazardous wastes, in an environmentally responsible manner.
- 7.7. Responds to medical emergencies.

- 7.8. Assists in the prevention or management of large scale outbreaks and emergencies.

CLARIFICATION: Does **NOT** include principles of risk reduction (covered elsewhere, see competencies 7.2, 9.4 and 10.3) **OR** individual client care (covered elsewhere, see competency 7.7).

8. PRACTICE MANAGEMENT:

Dental hygienists are responsible for ensuring the practice environment supports the efficient and appropriate delivery of dental hygiene services.

The entry-level dental hygienist:

- 8.1. Uses electronic information systems for the collection, retrieval, and use of data to inform dental hygiene practice.

CLARIFICATION: Emphasis is on using technology (e.g., computers, smart phones, tablets, databases, etc.) in dental hygiene practice.

- 8.2. Manages dental hygiene services individually and as part of a team.

CLARIFICATION: Emphasis is on managing rather than providing dental hygiene services. Includes managing time, administrative processes (e.g., audits), and other resources (e.g., human, inventory, etc.). Does **NOT** include financial resources (covered elsewhere, see competency 8.3).

- 8.3. Works with budgets related to dental hygiene practice settings.

DENTAL HYGIENE SERVICES

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

9. ASSESSMENT & DIAGNOSIS

The entry-level dental hygienist:

- 9.1. Assesses the general, oral, and psychosocial health status of clients (individuals, families, groups, communities or populations). The entry-level dental hygienist assesses:
 - 9.1.A demographic data;
 - 9.1.B epidemiological data;
 - 9.1.C the determinants of health;
 - 9.1.D health history including the use of pharmaceuticals;
 - 9.1.E vital signs;
 - 9.1.F dental/oral health histories;
 - 9.1.G the head & neck region;
 - 9.1.H the periodontium;
 - 9.1.I the intraoral soft tissues other than the periodontium;
 - 9.1.J intraoral hard tissues;
 - 9.1.K hard and soft deposits;
 - 9.1.L oral self-care;
 - 9.1.M the need for radiographs;
 - 9.1.N and interprets radiographs;
 - 9.1.O the need for photographs, dental impressions, pulpal testing, microbiological testing, caries screening, etc;
 - 9.1.P risk factors for diseases including dental, oral and periodontal pathologies;
 - 9.1.Q dietary practices; and
 - 9.1.R the need for referrals to other healthcare professionals (including dental specialists).
- 9.2. Uses oral health indices.
- 9.3. Assesses the need for consultation with other health professionals.
- 9.4. Identifies clients at risk for medical emergencies.

CLARIFICATION: *Emphasis is on identifying those at risk. Does **NOT** include responding to actual emergencies (covered elsewhere, see competencies 7.2 and 7.7).*

- 9.5. Identifies clients for whom the initiation or continuation of treatment is contraindicated based on the interpretation of health history and clinical data.
- 9.6. Assesses clients' perceived barriers to, and support for, learning.

- 9.7. Assesses the clients' oral health knowledge, beliefs, attitudes, motivation, and skills as part of the educational process.

CLARIFICATION: *Emphasis is on the collection of information. Does **NOT** include analysis (covered elsewhere, see competency 9.8).*

- 9.8. Identifies clients' health education needs.

CLARIFICATION: *Emphasis is on the analysis of information. Does **NOT** include the collection of information (covered elsewhere, see competency 9.7).*

- 9.9. Identifies barriers to accessing oral health care.

- 9.10. Identifies health issues in need of advocacy.

- 9.11. Formulates a dental hygiene diagnosis using problem solving and decision-making skills.

10. PLANNING

The entry-level dental hygienist:

- 10.1. Prioritizes clients' needs through a collaborative process involving clients and others as needed.

- 10.2. Establishes dental hygiene care plans/programs based on assessment data and a client-centred approach.

CLARIFICATION: *Does **NOT** include educational interventions (covered elsewhere, see competency 10.6)*

- 10.3. Identifies strategies to minimize the risk of a medical emergency.

CLARIFICATION: *Emphasis is on identifying strategies. Does **NOT** include responding to actual emergencies (covered elsewhere, see competency 7.7).*

- 10.4. Negotiates mutually acceptable individual or program learning plans with clients and others as needed.

- 10.5. Uses behavioural change theories and principles of change in planning.

- 10.6. Selects, modifies, or develops educational interventions/materials to meet clients' learning needs.

CLARIFICATION: *Does **NOT** include behavioural change theories **OR** principles of change (covered elsewhere, see competency 10.5).*

- 10.7. Selects appropriate health promotion strategies and interventions.

CLARIFICATION: *Does **NOT** include educational interventions (covered elsewhere, see competency 10.6).*

10.8. Considers the roles of governments and community partners in relation to oral health.

11. IMPLEMENTATION

The entry-level dental hygienist:

- 11.1. Provides dental hygiene services that contribute to oral and general health for individuals, families, groups, communities or populations. The entry-level dental hygienist:
 - 11.1.A Applies principles of instrumentation.
 - 11.1.B Provides non-surgical periodontal therapy using hand instrumentation.
 - 11.1.C Provides non-surgical periodontal therapy using powered instrumentation.
 - 11.1.D Uses periodontal debridement techniques for dental prostheses.
 - 11.1.E Adapts interventions for clients with diverse needs.
 - 11.1.F Counsels clients regarding tobacco cessation strategies.
 - 11.1.G Teaches clients self-examination techniques.
 - 11.1.H Provides coaching/advice to clients when teaching oral self-care.
 - 11.1.I Provides clients with information regarding dietary practices.
 - 11.1.J Implements strategies to manage client pain, anxiety and discomfort.
 - 11.1.K Applies appropriate chemotherapeutics/pharmacotherapeutics excluding fluoride.
 - 11.1.L Applies anticariogenic agents.
 - 11.1.M Provides tooth whitening services.
 - 11.1.N Applies and removes periodontal dressings and removes sutures.
 - 11.1.O Takes impressions and fabricates study models, mouthguards, and sportsguards.
 - 11.1.P Exposes and processes intraoral and extraoral radiographs (conventional/digital).
 - 11.1.Q Produces intraoral and extraoral photographs.
- 11.2. Applies educational theories, theoretical frameworks, and psychosocial principles to the educational process.

CLARIFICATION: Does **NOT** include principles of change and stages of behaviour change (covered elsewhere, see competency 10.5).
- 11.3. Applies appropriate theories to initiate client change (individuals, families, groups, communities or populations).

CLARIFICATION: Does **NOT** include educational plans/processes (covered elsewhere, see competencies 10.5 and 11.3).
- 11.4. Includes family and care providers as appropriate in the client's educational interventions.
- 11.5. Creates an environment in which effective learning can take place.

12. EVALUATION

The entry-level dental hygienist:

12.1. Uses measurable criteria to evaluate outcomes.

CLARIFICATION: *Emphasis is on the types of measurable criteria, etc.*

12.2. Evaluates the effectiveness of dental hygiene services.

CLARIFICATION: *Includes clinical therapy, health promotion, public health, etc. Does **NOT** include educational activities (covered elsewhere, see competency 12.3).*

12.3. Evaluates the effectiveness of educational activities.

CLARIFICATION: *Does **NOT** include making revisions (covered elsewhere, see competency 12.6).*

12.4. Communicates evaluation outcomes to clients, stakeholders and the public as appropriate.

12.5. Provides recommendations to clients regarding their ongoing care.

CLARIFICATION: *Includes any appointment interval. Does **NOT** include referrals (covered elsewhere, see competency 12.7).*

12.6. Revises dental hygiene care plans/programs as necessary in partnership with clients, and others as needed.

12.7. Evaluates clients' health and oral health status to make appropriate referrals to other health care professionals.

12.8. Obtains feedback from the client and other stakeholders.