

Call for Comments: Competencies for Entry into the Allied Dental Professions

In 1998-1999, the Section on Dental Hygiene Education of the American Association of Dental Schools (now ADEA) developed and presented *Competencies for Entry into the Profession of Dental Hygiene*. This document was widely used by the majority of accredited dental hygiene programs in defining specific program competencies. The document, containing five domains, has not been updated since.

In March 2007, the ADEA Council of Allied Dental Program Directors (CADPD) recommended that the ADEA Board of Directors establish a Task Force to determine the short, intermediate, long-range goals, and action plans for development and implementation of curriculum changes necessary to prepare the allied dental workforce of the future. The Task Force, named the ADEA CADPD Task Force on Collaboration, Innovation and Differentiation (CID), first met in August 2007. The Task Force's charge as approved by the ADEA Board of Directors included the evaluation of the existing dental hygiene competencies for current relevance and the development of competencies for the dental assisting and dental laboratory technology disciplines. The new document entitled, *Competencies for Entry into the Allied Dental Professions*, is a product of the Task Force's deliberations.

A summary of the revisions made to the 1999 document include:

The document is inclusive all three allied dental disciplines and indicates those competencies that are generic to all three disciplines;

The introduction has been updated and includes a purpose statement to serve as a guide to allied dental programs, indicating how the document should be used and additional components that should be developed by individual programs;

The five main domain area definitions have been updated to reflect all three disciplines;

Major competencies in each domain category indicate whether they apply to dental hygiene, dental assisting and/or dental laboratory technology, any two or all three disciplines;

Language has been updated to reflect current education and practice;

Supportive competencies from the 1999 document have been deleted/or combined with major competencies where deemed appropriate;

Major competencies have been added or revised to better reflect the necessary tenets of cross cultural and global health care, evidence based decision making and critical thinking, relationships between oral and general health, health promotion and disease prevention, population based dentistry, collaboration within and outside the profession of dentistry, including roles in policy and advocacy, and use of translational research and emerging technologies to achieve quality, cost-effective patient care.

This Call for Comments is the final step in seeking input from communities of interest about the usefulness and scope of the *Competencies for Entry into the Allied Dental Professions*. The document is a draft, a work in progress. All comments should be submitted by no later than November 28, 2008. Comments will go to the ADEA CADPD Task Force on Collaboration, Innovation and Differentiation and a revised document will be submitted to the ADEA Board of

Directors in December. The Task Force anticipates submitting a final document to the 2009 ADEA House of Delegates for approval.

The draft document is available on the ADEA website at
http://www.adea.org/about_adea/Documents/CallforComments.pdf

The ADEA CADPD Task Force welcomes your comments at CompetencyComments@adea.org, by fax at 202-289-7204 (to the attention of CEPR), or by mail to ADEA, 1400 K Street NW, Suite 1100, Washington, DC 20005 (to the attention of CEPR).

ADEA and the ADEA CADPD Task Force on Collaboration, Innovation and Differentiation look forward to hearing from you.

1 **Competencies for Entry into the Allied Dental** 2 **Professions**

4 **Introduction**

5 In 1998-99, the Dental Hygiene Section of the American Association of Dental Schools,
6 now the American Dental Education Association (ADEA), developed and presented
7 *Competencies for Entry into the Profession of Dental Hygiene*. These were widely used
8 by the majority of accredited dental hygiene programs in defining specific program
9 competencies.

10
11 Following the June 2006 Allied Dental Education Summit, a special Task Force of the
12 ADEA Council of Allied Dental Program Directors was formed to advance the
13 recommendations from the 2006 Summit. One recommendation was to develop similar
14 competency statements for the dental assisting and dental laboratory technology
15 disciplines. Given that charge, the ADEA Task Force on Collaboration, Innovation, and
16 Differentiation (ADEA CID) undertook a comparative review of the draft *Competencies*
17 *for the New General Dentist* and the *Competencies for Entry into the Profession of*
18 *Dental Hygiene*. Both documents were analyzed from the perspective of where the allied
19 dental professions should be headed to support an overall health care team concept
20 and, at the same time, address curriculum innovation and change and better address
21 access to care issues in the spirit of collaboration with multiple health care partners. The
22 Task Force decided to focus its energy on updating and revising the Dental Hygiene
23 Competencies (DHC) document. The final revised document is to be inclusive of both
24 the dental assisting and dental laboratory technology disciplines and also serve as a
25 companion to the documents produced by the ADEA Commission on Change and
26 Innovation in Dental Education (ADEA CCI), which is defining the foundational
27 knowledge and competencies required of the new general dentist.

28
29 The purpose of this document is to:

- 30 • Define the competencies necessary for entry into the respective allied dental
31 professions
- 32 • Serve as a resource for accredited allied dental education programs to promote
33 change and innovation within their respective programs

- 34 • Support existing and future curriculum guidelines
- 35 • Serve as a resource for new and developing accredited programs in the allied
- 36 dental professions
- 37 • Serve as a mechanism to inform other health disciplines about curricular
- 38 priorities in allied dental education
- 39 • Enhance opportunities for intra- and interprofessional collaboration in
- 40 understanding professional roles in working together and in developing new
- 41 education models for allied dental education

42

43 The competencies describe the abilities expected of allied dental health professionals
44 entering their respective professions. *These competency statements are meant to serve*
45 *as guidelines.* It is important for individual programs to further define the competencies
46 they want their graduates to possess, describing (1) the desired combination of
47 foundational knowledge, psychomotor skills, communication skills, and professional
48 behaviors and attitudes required, (2) the standards used to measure the students'
49 independent performance in each area, and (3) the evaluation mechanisms by which
50 competence is determined. Since there is a great deal of variability in the structure,
51 length, pre-requisite course requirements, recognition given program graduates, and
52 individual state practice regulations, program faculty should adapt this document to meet
53 the needs of their individual programs and institutions. The following should serve as a
54 guide in viewing the competence of dental assisting, dental hygiene and dental
55 laboratory technology students and improving the program's curriculum. Given the
56 dynamic nature of science, technology, and the health professions, these competencies
57 should be reviewed and updated periodically.

58

59 This document is not intended to be a stand alone document and should be used in
60 conjunction with other professional documents developed by the professional agencies
61 that support the respective disciplines. These could include but are not limited to: the
62 Commission on Dental Accreditation Standards for Dental Hygiene, Dental Assisting and
63 Dental Laboratory Technology programs, the Joint Commission on National Boards, the
64 American Dental Hygienists' Association Standards for Clinical Dental Hygiene Practice,
65 the Dental Assisting National Board, the Dental Assisting National Board Task Analysis,
66 9th edition, National Association of Dental Laboratories and the National Board for
67 Certification of DLTs Standards for Certification, and other state and regional licensing

68 examinations. This document is not intended to standardize educational programs in
69 allied dental education but rather to allow for future program innovation, growth and
70 expansion. This document is also not intended to serve as a validation for program
71 content within allied dental education or for written or clinical licensing examinations.

72 The *five general domains* described later in this document should be viewed as themes
73 or broad categories of professional focus that transcend specific courses and learning
74 activities. They are intended to encourage consistency, professional emphasis, and
75 focus throughout the respective discipline-specific curriculum. Within each domain,
76 major competencies expected of the program graduate are identified. Each major
77 competency reflects the ability to perform or provide a particular complex professional
78 activity, which is intellectual, affective, psychomotor, or all of these in nature.

79 Supporting competencies and specific course objectives delineating foundational
80 knowledge, skills, and attitudes should be further developed by each program faculty,
81 and these should reflect the overall mission and goals of the particular college and
82 program(s). Mastery of supporting competencies related to a specific service or task is
83 needed in order to demonstrate mastery of a major competency.

84
85 The competencies delineated in this document are written for the three allied dental
86 professions and are grouped by discipline. While many competencies are common to all
87 three disciplines, the level of mastery and application would differ based on the allied
88 discipline, type of program, length of the program, graduate credentialing options, and
89 institutional mission and goals for the program. Program faculty should define actual
90 competencies, the level of mastery and how competence is measured for their program
91 (s).

92

93

94 **Domains**

- 95 (1) *Core Competencies (C)* reflect the ethics, values, skills, and knowledge integral to all
96 aspects of the allied dental professions. These core competencies are foundational
97 to all the roles of the allied dental professional.
- 98 (2) *Health Promotion and Disease Prevention (HP)* is a key component of health care.
99 Changes within the health care environment require the allied dental professional to
100 have a general knowledge of wellness, health determinants, and characteristics of
101 various patient or client communities.
- 102 (3) **Community (CM)**: Allied dental professionals must appreciate their roles as health
103 professionals at the local, state, and national levels. While the scope of these roles
104 will vary depending on the discipline, the allied dental professional must be prepared
105 to influence others to facilitate access to care and services.
- 106 (4) *Patient/Client Care (PC)*: The three primary allied dental professionals have different
107 roles regarding patient or client care. These are reflected in the competencies
108 presented for each discipline. The roles of the allied dental disciplines in patient or
109 client care are ever changing, yet central to the maintenance of health. Allied dental
110 graduates must use their skills to assess, diagnose (DH), plan, implement, and
111 evaluate treatment or services provided. Allied dental personnel must be
112 appropriately educated in an accredited program and credentialed for the patient or
113 client care services they provide, and these requirements vary by individual
114 jurisdictions.
- 115 (5) *Professional Growth and Development (PGD)* reflect opportunities that may increase
116 patients' or clients' access to the oral health care system or may offer ways to
117 influence the profession and the changing health care environment. The allied dental
118 professional must possess transferable skills (e.g., in communication, problem
119 solving, and critical thinking) to take advantage of these opportunities.

120

121 **Competencies for Dental Assisting**

122

123 **Core Competencies (C)**

124

125 C.1 Apply a professional code of ethics in all endeavors.

126 C.2 Adhere to state and federal laws, recommendations, and regulations in the provision
127 of oral health care.

128 C.3 Use critical thinking skills, comprehensive problem solving, and evidence-based
129 decisionmaking to identify oral health care strategies that promote patient or client
130 health and wellness.

131 C.4. Use evidence based decisionmaking to evaluate and incorporate emerging treatment
132 modalities.

133 C.5 Assume responsibility for professional actions and care based on accepted scientific
134 theories and research as well as the accepted standard of care.

135 C.6 Continuously perform self-assessment for lifelong learning and professional growth.

136 C.7 Integrate accepted scientific theories and research into educational, preventive, and
137 therapeutic oral health services.

138 C.8 Promote the values of the profession through service-based activities, positive
139 community affiliations, and active involvement in local organizations.

140 C.9 Apply quality assurance mechanisms to ensure continuous commitment to high
141 standards of care.

142 C.10 Communicate effectively with diverse individuals and groups, serving all persons
143 without discrimination by acknowledging and appreciating diversity.

144 C.11 Provide accurate, consistent, and complete documentation for assessment,
145 diagnosis, planning, implementation, and evaluation of oral health services.

146 C.12 Initiate a collaborative approach with all patients or clients when developing
147 individualized care plans that are specialized, comprehensive, culturally sensitive,
148 and acceptable to all parties involved in care planning.

149 C.13 Integrate emergent technologies and valid scientific research to achieve high-quality,
150 cost-effective patient or client care.

151 C.14 Initiate consultations and collaborations with all relevant health care providers to
152 facilitate optimal treatments.

153 C.15 Manage medical emergencies by using professional judgment, providing life support,
154 and utilizing required CPR and any specialized training or knowledge.

155 **Health Promotion and Disease Prevention (HP)**

156 HP.1 Promote positive values of overall health and wellness to the public and
157 organizations within and outside the profession.

158 HP.2 Respect the goals, values, beliefs, and preferences of all patients or clients.

159 HP.3 Refer patients or clients who may have physiologic, psychological, or social
160 problems for comprehensive evaluation.

161 HP.4 Identify individual and population risk factors and develop strategies that promote
162 health related quality of life.

163 HP.5 Evaluate factors that can be used to promote patient or client adherence to disease
164 prevention or health maintenance strategies.

165 HP.6 Utilize methods that ensure the health and safety of the patient or client and the
166 oral health professional in the delivery of care.

167 **Community Involvement (CM)**

168 CM.1 Assess the oral health needs and services of the community to determine action
169 plans and availability of resources to meet the health care needs.

170 CM.2 Provide screening, referral, and educational services that allow patients or clients
171 to access the resources of the health care system.

172 CM.3 Provide community oral health services in a variety of settings.

173 CM.4 Facilitate patient or client access to oral health services by influencing individuals
174 or organizations for the provision of oral health care.

175 CM.5 Evaluate reimbursement mechanisms and their impact on the patient or client's
176 access to oral health care.

177 CM.6 Evaluate the outcomes of community based programs and plan for future
178 activities.

179 CM.7 Advocate for effective oral health care for underserved populations.

180

181 **Patient/Client Care (PC)**

182 **Assessment**

183 PC.1 Systematically collect, analyze, and record diagnostic data on the general, oral,
184 and psychosocial health status of a variety of patients and clients, using methods

185 consistent with medico-legal principles.

186 PC.2 Recognize predisposing and etiologic risk factors that require intervention to
187 prevent disease.

188 PC.3 Recognize the relationship between systemic disease, medications, and oral
189 health that impact overall patient or client care and treatment outcomes.

190 PC.4 Identify patients or clients at risk for a medical emergency and manage the
191 patient/client care in a manner that prevents an emergency.

192 **Planning**

193 PC.5 Select and assemble the appropriate materials and armamentarium for general
194 and specialized patient or client care.

195 PC.6 Collaborate with the patient or client, and other health professionals as indicated,
196 to formulate a comprehensive care plan that is patient or client-centered and
197 based on the best scientific evidence and professional judgment.

198 **Implementation**

199 PC.7 Utilize universal infection control guidelines for all clinical procedures.

200 PC.8 Collaboratively manage restorative procedures that preserve tooth structure,
201 replace missing or defective tooth structure, maintain function, are esthetic, and
202 promote soft and hard tissue health.

203 PC.9 Provide clinical supportive and intra-oral treatments within the parameters of general
204 and specialized patient care.

205 PC.10 Prevent, identify, and manage medical and dental emergencies.

206 **Evaluation**

207 PC.11 Evaluate the effectiveness of the provided services and modify as needed.

208 PC.12 Compare actual outcomes to expected outcomes, reevaluating goals, diagnoses,
209 and services when expected outcomes are not achieved.

210 **Professional Growth and Development**

211 PGD.1 Pursue career opportunities within health care, industry, education, and research.

212 PGD.2 Develop practice management and marketing strategies to be used in the
213 delivery of oral health care.

214 PGD.3 Access professional and social networks to pursue professional goals.

215

216 **Competencies for Dental Hygiene**

217 **Core Competencies (C)**

218 C.1 Apply a professional code of ethics in all endeavors.

219 C.2 Adhere to state and federal laws, recommendations, and regulations in the provision
220 of oral health care.

221 C.3 Use critical thinking skills, comprehensive problem solving, and evidence-based
222 decisionmaking to identify oral health care strategies that promote patient or client
223 health and wellness.

224 C.4. Use evidence based decisionmaking to evaluate and incorporate emerging treatment
225 modalities.

226 C.5 Assume responsibility for professional actions and care based on accepted scientific
227 theories and research as well as the accepted standard of care.

228 C.6 Continuously perform self-assessment for lifelong learning and professional growth.

229 C.7 Integrate accepted scientific theories and research into educational, preventive, and
230 therapeutic oral health services.

231 C.8 Promote the values of the profession through service-based activities, positive
232 community affiliations, and active involvement in local organizations.

233 C.9 Apply quality assurance mechanisms to ensure continuous commitment to high
234 standards of care.

235 C.10 Communicate effectively with diverse individuals and groups, serving all persons
236 without discrimination by acknowledging and appreciating diversity.

237 C.11 Provide accurate, consistent, and complete documentation for assessment,
238 diagnosis, planning, implementation, and evaluation of oral health services.

239 C.12 Initiate a collaborative approach with all patients or clients when developing
240 individualized care plans that are specialized, comprehensive, culturally sensitive,
241 and acceptable to all parties involved in care planning.

242 C.13 Integrate emergent technologies and valid scientific research to achieve high-quality,
243 cost-effective patient or client care.

244 C.14 Initiate consultations and collaborations with all relevant health care providers to
245 facilitate optimal treatments.

246 C.15 Manage medical emergencies by using professional judgment, providing life support,
247 and utilizing required CPR and any specialized training or knowledge.

248 **Health Promotion and Disease Prevention (HP)**

249 HP.1 Promote positive values of overall health and wellness to the public and
250 organizations within and outside the profession.

251 HP.2 Respect the goals, values, beliefs, and preferences of all patients or clients.

252 HP.3 Refer patients or clients who may have physiologic, psychological, or social
253 problems for comprehensive evaluation.

254 HP.4 Identify individual and population risk factors and develop strategies that promote
255 health related quality of life.

256 HP.5 Evaluate factors that can be used to promote patient or client adherence to disease
257 prevention or health maintenance strategies.

258 HP.6 Utilize methods that ensure the health and safety of the patient or client and the
259 oral health professional in the delivery of care.

260 **Community Involvement (CM)**

261 CM.1 Assess the oral health needs and services of the community to determine action
262 plans and availability of resources to meet the health care needs.

263 CM.2 Provide screening, referral, and educational services that allow patients or clients
264 to access the resources of the health care system.

265 CM.3 Provide community oral health services in a variety of settings.

266 CM.4 Facilitate patient or client access to oral health services by influencing individuals
267 or organizations for the provision of oral health care.

268 CM.5 Evaluate reimbursement mechanisms and their impact on the patient or client's
269 access to oral health care.

270 CM.6 Evaluate the outcomes of community based programs and plan for future
271 activities.

272 CM.7 Advocate for effective oral health care for underserved populations.

273 **Patient/Client Care (PC)**

274 **Assessment**

275 PC.1 Systematically collect, analyze, and record diagnostic data on the general, oral,
276 and psychosocial health status of a variety of patients or clients using methods

277 consistent with medico-legal principles.

278 PC.2 Recognize predisposing and etiologic risk factors that require intervention to
279 prevent disease.

280 PC.3 Recognize the relationship between systemic disease, medications, and oral
281 health that impact overall patient/client care and treatment outcomes.

282 PC.4 Identify patients or clients at risk for a medical emergency and manage the
283 patient/client care in a manner that prevents an emergency.

284 **Diagnosis**

285 PC.5 Use diagnostic technologies and critical decisionmaking skills to determine a
286 dental hygiene diagnosis and reach conclusions about the patient or client's dental
287 hygiene needs based on all available assessment data.

288 **Planning**

289 PC.6 Utilize reflective judgment in developing a comprehensive patient or client dental
290 hygiene care plan.

291 PC.7 Collaborate with the patient or client, and other health professionals as indicated,
292 to formulate a comprehensive dental hygiene care plan that is patient or client-
293 centered and based on the best scientific evidence and professional judgment.

294 PC.8 Make referrals to professional colleagues and other health care professionals as
295 indicated in the patient or client care plan.

296 PC.9 Obtain the patient or client's informed consent based on a thorough case
297 presentation.

298 **Implementation**

299 PC.10 Provide specialized treatment that includes preventive, therapeutic, and
300 maintenance services designed to achieve and maintain oral health. Partner with
301 the patient or client in achieving oral health goals.

302 **Evaluation**

303 PC.11 Evaluate the effectiveness of the provided services and modify care plans as
304 needed.

305 PC.12 Determine the outcomes of dental hygiene interventions using indices,
306 instruments, examination techniques, and patient or client self-reports as specified
307 in patient/client goals.

This document was approved for external review by the ADEA Board of Directors on September 25, 2008.

308 PC.13 Compare actual outcomes to expected outcomes, re-evaluating goals, diagnoses,
309 and services when expected outcomes are not achieved.

310 **Professional Growth and Development**

311 PGD.1 Pursue career opportunities within health care, industry, education, and research.

312 PGD.2 Develop practice management and marketing strategies to be used in the
313 delivery of oral health care.

314 PGD.3 Access professional and social networks to pursue professional goals.

DRAFT FROM CADPD TASK FORCE

315

316 **Competencies for Dental Laboratory Technology**

317 **Core Competencies (C)**

318 C.1 Apply a professional code of ethics in all endeavors.

319 C.2 Adhere to state and federal laws, recommendations, and regulations in the provision
320 of oral health care.

321 C.3 Use critical thinking skills, comprehensive problem solving, and evidence-based
322 decisionmaking to identify oral health care strategies that promote patient or client
323 health and wellness.

324 C.4. Use evidence based decisionmaking to evaluate and incorporate emerging treatment
325 modalities.

326 C.5 Assume responsibility for professional actions and care based on accepted scientific
327 theories and research as well as the accepted standard of care.

328 C.6 Continuously perform self-assessment for lifelong learning and professional growth.

329 C.7 Integrate accepted scientific theories and research into educational, preventive, and
330 therapeutic oral health services.

331 C.8 Promote the values of the profession through service-based activities, positive
332 community affiliations, and active involvement in local organizations.

333 C.9 Apply quality assurance mechanisms to ensure continuous commitment to high
334 standards of care.

335 C.10 Communicate effectively with diverse individuals and groups, serving all persons
336 without discrimination by acknowledging and appreciating diversity.

337 C.11 Provide accurate, consistent, and complete documentation for assessment,
338 diagnosis, planning, implementation, and evaluation of oral health services.

339 C.12 Integrate emergent technologies and valid scientific research to achieve high-quality,
340 cost-effective patient or client care.

341 C.13 Manage medical emergencies by using professional judgment, providing life support,
342 and utilizing required CPR and any specialized training or knowledge.

343 **Health Promotion and Disease Prevention (HP)**

344 HP.1 Respect the goals, values, beliefs, and preferences of all patients or clients.

345 HP.2 Evaluate factors that can be used to promote patient or client adherence to disease
346 prevention or health maintenance strategies.

347 HP.3 Utilize methods that ensure the health and safety of the patient or client and the
348 oral health professional in the delivery of care.

349 **Community Involvement (CM)**

350 CM.1 Provide community oral health services in a variety of settings.

351 CM.2 Facilitate patient or client access to oral health services by influencing individuals
352 or organizations for the provision of oral health care.

353 CM.3 Evaluate the outcomes of community based programs and plan for future
354 activities.

355 CM.4 Advocate for effective oral health care for underserved populations.
356

357 **Patient/Client Care (PC)**

358 **Assessment**

359 PC.1 Ensure that adequate information has been supplied by the dentist for the
360 manufacture of custom made prosthetic dental devices.

361 PC.2 Determine treatment options based on the evaluation of relevant data.

362 PC.3 Collaborate and advise on the advantages, limitations, and appropriateness of
363 various designs of custom made dental devices relevant to proposed treatment
364 plans.

365 **Planning**

366 PC.4 Design or facilitate in the design of custom made dental devices.

367 PC.5 Recognize the application of radiological imaging methods to support prognosis
368 and the planning of treatment.

369 PC.6 Select appropriate materials for manufacture of custom made dental devices.

370 PC.7 Demonstrate an understanding of the manufacturing requirements for the dental
371 device.

372 **Implementation**

373 PC.8 Use effective infection control procedures.

374 PC.9 Manufacture dental devices in a broad range of areas to a clinically acceptable
375 standard adhering to the standards of appropriate regulatory agencies.

376 PC.10 Recognize and institute procedures to minimize hazards related to practice of
377 dental laboratory technology.

378 **Evaluation**

379 PC.11 Identify appropriate form of custom made dental devices.

380 PC.12 Determine functionality of manufactured dental devices according to established
381 industry standards.

382 PC.13 Recognize the importance of quality assurance systems and standards in the
383 manufacturing processes.

384 PC.14 Demonstrate efficient handling, storage, and distribution of dental devices.

385 **Professional Growth and Development**

386 PGD.1 Pursue career opportunities within health care, industry, education, and research.

387 PGD.2 Develop practice management and marketing strategies to be used in the
388 delivery of oral health care.

389 PGD.3 Access professional and social networks to pursue professional goals.

DRAFT FROM CADPD TASK FORCE

390 **Glossary**

391 **Access.** Mechanism or means of approach into the health care environment or system.

392 **Assessment.** Systematic collection, analysis, and documentation of the oral and
393 general health status and patient/client needs through a variety of methods, including
394 radiographs, diagnostic tools, and instruments.

395 **Client.** Potential or actual recipients of health care, including oral health care, and
396 including persons, families, groups, and communities of all ages, genders, sociocultural,
397 and economic states.

398 **Client-centered.** Approaching services from the perspective that the patient or client is
399 the main focus of attention, interest, and activity and the patient or client's values,
400 beliefs, and needs are of utmost importance in providing care.

401 **Critical thinking.** The disciplined process of actively conceptualizing, analyzing, and
402 applying information as a guide to action; ability to demonstrate clinical reasoning,
403 diagnostic thinking, or clinical judgment.

404 **Community.** Group of two or more individuals with a variety of oral health needs
405 including the physical, psychological, cognitive, economic, cultural, and educational and
406 compromised or impaired people. The community also includes consumers and health
407 professional groups, businesses, and government agencies.

408 **Cultural sensitivity.** A quality demonstrated by individuals who have systematically
409 learned and tested awareness of the values and behavior of a specific community and
410 have developed an ability to carry out professional activities consistent with that
411 awareness.

412 **Dental Assistant (DA).** An allied dental health professional who may choose to
413 specialize in any of the following areas of dentistry: chairside general dentistry,
414 expanded functions dental assisting (restorative) in general or pediatric dentistry,
415 orthodontics, oral surgery, periodontics, assisting in dental surgery at area hospitals,
416 endodontics, public health dentistry, dental sales, dental insurance, dental research,
417 business assisting, office management, or clinical supervision.

418 **Dental Hygiene Care Plan.** An organized presentation or list of interventions to promote
419 health or prevent disease of the patient or client's oral condition; plan is designed by the
420 dental hygienist based on assessment data and consists of services that the dental

421 hygienist is educated and licensed to provide.

422 **Dental Hygiene Diagnosis.** The dental hygiene diagnosis is a component of the overall
423 dental diagnosis. It is the identification of an existing or potential oral health problem
424 that a dental hygienist is educationally qualified and licensed to treat. The dental
425 hygiene diagnosis utilizes critical decisionmaking skills to reach conclusions about the
426 patient or client's dental hygiene needs based on all available assessment data.

427 **Dental Hygiene Process of Care.** There are five components to the dental hygiene
428 process of care: assessment, dental hygiene diagnosis, planning, implementation, and
429 evaluation. The purpose of the dental hygiene process of care is to provide a framework
430 within which individualized needs of the patient or client can be met and to identify the
431 causative or influencing factors of a condition that can be reduced, eliminated, or
432 prevented by the dental hygienist.

433 **Dental Hygienist (DH).** A preventive oral health professional who has graduated from
434 an accredited dental hygiene program in an institution of higher education, licensed in
435 dental hygiene to provide educational, clinical, research, administrative, and therapeutic
436 services supporting total health through the promotion of optimum oral health.

437 **Dental Laboratory Technician (DLT).** An allied dental professional who manufactures
438 custom made dental devices according to written authorization from licensed dentists
439 using a variety of materials, equipment, and manufacturing techniques in the specialty
440 areas of complete dentures, removable partial dentures, orthodontics, crown and bridge,
441 and ceramics.

442 **Evaluate.** The process of reviewing and documenting the outcomes of treatment and
443 interventions provided for patients or clients.

444 **Evidenced-based care.** Provision of patient or client care based on the integration of
445 best research evidence with clinical expertise and patient/client values.

446 **Intervention.** Oral health services rendered to patients or clients as identified in the care
447 plan. These services may be clinical, educational, or health promotion related.

448 **Medico-legal.** Pertains to both medicine and law; considerations, decisions, definitions,
449 and policies provide the framework for many aspects of current practice in the health
450 care field.

451 **Occupational model.** Suggests technical training for a trade or occupation.

452 **Outcome.** Result derived from a specific intervention or treatment.

453 **Patient.** See client.

454 **Practice.** To engage in patient or client care activities.

455 **Professional model.** Suggests formal academic education and qualification for entry
456 into a profession through prolonged education, licensure, or regulation, and adherence
457 to an ethical code of practice.

458 **Refer.** Through assessment, diagnosis, or treatment, it is determined that services are
459 needed beyond the practitioner's competence or area of expertise. It assumes that the
460 patient or client understands and consents to the referral and that some form of
461 evaluation will be accomplished through cooperation with professionals to whom the
462 patient or client has been referred.

463 **Reflective judgment.** A construct that merges the mental capabilities of critical thinking
464 and problem solving and represents a higher level clinical decisionmaking skill.

465 **Risk assessment.** Qualitative and quantitative evaluation gathered from the
466 assessment process to identify the risks to general and oral health. The data provides
467 the clinician with the information to develop and design strategies for preventing or
468 limiting disease and promoting health.

469 **Risk factors.** Attributes, aspects of behavior, or environmental exposures that increase
470 the probability of the occurrence of disease.

471

472 **References**

- 473 1. ADHA Standards for Clinical Dental Hygiene Practice (draft), ADHA, June 2007.
474
475 2. Accreditation Standards for Dental Hygiene Education Programs, Commission on
476 Dental Accreditation, 1998, revised January 2006.
477 3. Accreditation Standards for Dental Assisting Education Programs, Commission
478 on Dental Accreditation, 1998, revised January 2006.
479 4. Accreditation Standards for Dental Laboratory Technology, Commission on
480 Dental Accreditation, 1998, revised January 2006.
481 5. Chambers, D.W. and Gerrow, J.D.: Manual for developing and formatting
482 competency statements. J Dent Educ, 58(5):559-564, 1994.

- 483 6. Competencies for the General Dentist (draft). ADEA, Commission on Change
484 and Innovation, June 2007.
- 485 7. Competencies for Entry into the Profession of Dental Hygiene, ADEA, March
486 1999.
- 487 8. Competencies for the Baccalaureate Degree in Dental Hygiene Program. Old
488 Dominion University, College of Health Sciences, School of Dental Hygiene,
489 accessed 8-6-07, <http://hs.odu.edu/dental/academics/bs/competencies.shtml>.
- 490 9. Darby, ML, Walsh MM: Dental Hygiene Theory and Practice, 2nd Edition. WB
491 Saunders, St. Louis, 2003.
- 492 10. Hendricson, W. D., et. al.: Educational strategies associated with development
493 of problem-solving, critical thinking, and self-directed learning. J Dent Ed, 70 (9):
494 925-936, 2006.
- 495
496

DRAFT FROM CADPD TASK FORCE