



ADEA Competencies for Entry into the Allied Dental Professions

(As approved by the 2011 ADEA House of Delegates)

Introduction

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

Following the June 2006 Allied Dental Education Summit, a special task force of the ADEA Council of Allied Dental Program Directors was formed to advance the recommendations from the summit. One recommendation was to develop similar competency statements for the dental assisting and dental laboratory technology disciplines. Given that charge, the ADEA Task Force on Collaboration, Innovation, and Differentiation (ADEA CID) undertook a comparative review of the then-draft Competencies for the New General Dentist and the existing Competencies for Entry into the Profession of Dental Hygiene. Both documents were analyzed from the perspective of where the allied dental professions should be headed to support an overall health care team concept and a professional model of education and practice and, at the same time, address curriculum innovation and change and better address access to care issues in the spirit of collaboration with multiple health care partners. The final ADEA Competencies for Entry into the Allied Dental Professions includes the dental assisting, dental hygiene, and dental laboratory technology disciplines and serves as a companion to the final ADEA Competencies for the New General Dentist. The Competencies for Entry into the Profession of Dental Assisting and the Competencies for Entry into the Profession of Dental Hygiene were approved by the ADEA House of Delegates in 2010; the Competencies for Entry into the Profession of Dental Laboratory Technology were approved by the ADEA House of Delegates in 2011.

The purpose of this document is to

- Define the competencies necessary for entry into the allied dental professions.
- Serve as a resource for accredited allied dental education programs to promote change and innovation within their programs.
- Support existing and future curriculum guidelines.
- Serve as a resource for new and developing accredited programs in the allied dental professions.
- Serve as a mechanism to inform other health disciplines about curricular priorities in allied dental education.
- Enhance opportunities for intra- and interprofessional collaboration in understanding professional roles of oral health team members and other health care providers.
- Support developing new education models for accredited allied dental education programs.

The competencies delineated in this document are written for the three primary allied dental professions and apply to formal, accredited programs in higher education institutions. While some competencies are common to these disciplines, application would differ based on the discipline, type of program, length of program, graduate credentialing options, defined scopes of practice, and institutional mission and goals for the program. Program faculties should define actual competencies and how competence is measured for their programs. While the majority of allied dental professionals work within an oral health care team supporting private practice dentistry, other models have and will evolve. Accredited allied dental education programs have a responsibility to prepare their graduates for the highest level of practice in all jurisdictions.

The competencies describe the abilities expected of allied dental health professionals entering their respective professions. These competency statements are meant to serve as guidelines. It is important for individual programs to further define the competencies they want their graduates to possess, describing 1) the desired combination of foundational knowledge, psychomotor skills, communication skills, and professional behaviors and attitudes required; 2) the standards used to measure the student's independent performance in each area; and 3) the evaluation mechanisms by which competence is determined.

The five general domains described in this document should be viewed as themes or broad categories of professional focus that transcend specific courses and learning activities. They are intended to encourage professional emphasis and focus throughout the discipline-specific curriculum. Within each domain, major competencies expected of the program graduate are identified. Each major competency reflects the ability to perform or provide a particular professional activity, which is intellectual, affective, psychomotor, or all of these in nature. Supporting competencies needed to support the major competencies and specific course objectives delineating foundational knowledge, skills, and attitudes should be further developed by each program's faculty, and these should reflect the overall mission and goals of the particular college and program. Demonstration of supporting competencies related to a specific service or task is needed in order to exhibit attainment of a major competency.

This document is not intended to be a standalone document and should be used in conjunction with other professional documents developed by the professional agencies that support the disciplines. This document is not intended to standardize educational programs in allied dental education but rather to allow for future program innovation, growth, and expansion. This document is also not intended to serve as a validation for program content within allied dental education or for written or clinical licensing examinations.

Program faculties should adapt this document to meet the needs of their individual programs and institutions. Given the dynamic nature of science, technology, and the health professions, these competencies should be reviewed and updated periodically.

Domains

1. Core Competencies (C) reflect the ethics, values, skills, and knowledge integral to all aspects of each of the allied dental professions. These core competencies are foundational to the specific roles of each allied dental professional.
2. Health Promotion and Disease Prevention (HP) are a key component of health care. Changes within the health care environment require the allied dental professional to have a general knowledge of wellness, health determinants, and characteristics of various patient communities.

3. Community Involvement (CM). Allied dental professionals must appreciate their roles as health professionals at the local, state, and national levels. While the scope of these roles will vary depending on the discipline, the allied dental professional must be prepared to influence others to facilitate access to care and services.
4. Patient Care (PC). Allied dental professionals have different roles regarding patient care. These are reflected in the competencies presented for each discipline. The roles of the allied dental disciplines in patient care are ever-changing, yet central to the maintenance of health. Allied dental graduates must use their skills following a defined process of care in the provision of patient care services and treatment modalities. Allied dental personnel must be appropriately educated in an accredited program and credentialed for the patient care services they provide; these requirements vary by individual jurisdiction.
5. Professional Growth and Development (PGD) reflect opportunities that may increase patients' access to the oral health care system or may offer ways to influence the profession and the changing health care environment. The allied dental professional must possess transferable skills (e.g., in communication, problem-solving, and critical thinking) to take advantage of these opportunities.

Competencies for Entry into the Profession of Dental Assisting

Entry-level dental assistants work within a private practice or other clinical setting and assist the dentist in providing patient care. They may be certified but have no uniform state licensing requirements. These competencies assume a supervisory relationship.

Core Competencies (C)

- C.1 Apply a professional code of ethics in all endeavors.
- C.2 Adhere to state and federal laws, recommendations, and regulations in the provision of oral health care.
- C.3 Use critical thinking skills and comprehensive problem-solving to identify oral health care needs.
- C.4 Use evidence-based decision making to evaluate emerging technologies and materials to assist in achieving high-quality, cost-effective patient care.
- C.5 Assume responsibility for professional actions and care based on accepted scientific theories, research, and the accepted standard of care.
- C.6 Continuously perform self-assessment for lifelong learning and professional growth.
- C.7 Integrate accepted scientific theories and research into educational, preventive, and therapeutic oral health services.
- C.8 Promote the values of the dental assisting profession through service-based activities, positive community affiliations, and active involvement in local organizations.
- C.9 Apply quality assurance mechanisms to ensure continuous commitment to accepted standards of care.
- C.10 Communicate effectively with diverse individuals and groups, serving all persons without discrimination by acknowledging and appreciating diversity.
- C.11 Record accurate, consistent, and complete documentation of oral health services provided.
- C.12 Facilitate a collaborative approach with all patients when assisting in the development and presentation of individualized care plans that are specialized, comprehensive, culturally sensitive, and acceptable to all parties involved in care planning.
- C.13 Facilitate consultations and referrals with all relevant health care providers for optimal patient care.

- C.14 Manage medical emergencies by using professional judgment, providing life support, and utilizing required CPR and any specialized training or knowledge.

Health Promotion and Disease Prevention (HP)

- HP.1 Promote positive values of overall health and wellness to the public and organizations within and outside the profession.
- HP.2 Respect the goals, values, beliefs, and preferences of all patients.
- HP.3 Identify individual and population risk factors, and develop strategies that promote health-related quality of life.
- HP.4 Evaluate factors that can be used to promote patient adherence to disease prevention or health maintenance strategies.
- HP.5 Utilize methods that ensure the health and safety of the patient and the oral health professional in the delivery of care.

Community Involvement (CM)

- CM.1 Assess the oral health needs and services of the community to determine action plans and availability of resources to meet the health care needs.
- CM.2 Provide educational services that allow patients to access the resources of the health care system.
- CM.3 Provide community oral health services in a variety of settings.
- CM.4 Facilitate patient access to oral health services by influencing individuals or organizations for the provision of oral health care.
- CM.5 Evaluate reimbursement mechanisms and their impact on the patient's access to oral health care.
- CM.6 Evaluate the outcomes of community-based programs, and plan for future activities.
- CM.7 Advocate for effective oral health care for underserved populations.

Patient Care (PC)

Assessment

- PC.1 Systematically collect, analyze, and record diagnostic data on the general, oral, and psychosocial health status of a variety of patients, using methods consistent with medicolegal principles.
- PC.2 Recognize predisposing and etiologic risk factors that require intervention to prevent disease.
- PC.3 Recognize the relationships among systemic disease, medications, and oral health that impact overall patient care and treatment outcomes.
- PC.4 Identify patients at risk for a medical emergency, and manage the patient care in a manner that prevents an emergency.

Planning

- PC.5 Select and assemble the appropriate materials and armamentarium for general and specialized patient care.
- PC.6 Collaborate with the patient and other health professionals as required to assist in the formulation and presentation of a comprehensive care plan that is patient-centered and based on the best scientific evidence and professional judgment.

Implementation

- PC.7 Utilize universal infection control guidelines for all clinical procedures.
- PC.8 Provide, as directed, restorative procedures that preserve tooth structure, replace missing or defective tooth structure, maintain function, are esthetic, and promote soft and hard tissue health.
- PC.9 Provide clinical supportive and intraoral treatments within the parameters of general and specialized patient care.
- PC.10 Prevent, identify, and manage medical and dental emergencies.

Evaluation

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

Professional Growth and Development (PGD)

- PGD.1 Pursue career opportunities within health care, industry, education, research, and other roles as they evolve for the dental assistant.
- PGD.2 Develop practice management and marketing strategies to be used in the delivery of oral health care.
- PGD.3 Access professional and social networks to pursue professional goals.

Competencies for Entry into the Profession of Dental Hygiene

Dental hygienists must complete an accredited educational program and qualify for licensure in any state or jurisdiction. They practice in collaboration with dental and other health care professionals in a variety of settings.

Core Competencies (C)

- C.1 Apply a professional code of ethics in all endeavors.
- C.2 Adhere to state and federal laws, recommendations, and regulations in the provision of oral health care.
- C.3 Use critical thinking skills and comprehensive problem-solving to identify oral health care strategies that promote patient health and wellness.
- C.4 Use evidence-based decision making to evaluate emerging technology and treatment modalities to integrate into patient dental hygiene care plans to achieve high-quality, cost-effective care.
- C.5 Assume responsibility for professional actions and care based on accepted scientific theories, research, and the accepted standard of care.
- C.6 Continuously perform self-assessment for lifelong learning and professional growth.
- C.7 Integrate accepted scientific theories and research into educational, preventive, and therapeutic oral health services.
- C.8 Promote the values of the dental hygiene profession through service-based activities, positive community affiliations, and active involvement in local organizations.
- C.9 Apply quality assurance mechanisms to ensure continuous commitment to accepted standards of care.
- C.10 Communicate effectively with diverse individuals and groups, serving all persons without discrimination by acknowledging and appreciating diversity.
- C.11 Record accurate, consistent, and complete documentation of oral health services provided.

- C.12 Initiate a collaborative approach with all patients when developing individualized care plans that are specialized, comprehensive, culturally sensitive, and acceptable to all parties involved in care planning.
- C.13 Initiate consultations and collaborations with all relevant health care providers to facilitate optimal treatments.
- C.14 Manage medical emergencies by using professional judgment, providing life support, and utilizing required CPR and any specialized training or knowledge.

Health Promotion and Disease Prevention (HP)

- HP.1 Promote positive values of overall health and wellness to the public and organizations within and outside the profession.
- HP.2 Respect the goals, values, beliefs, and preferences of all patients.
- HP.3 Refer patients who may have physiological, psychological, or social problems for comprehensive evaluation.
- HP.4 Identify individual and population risk factors, and develop strategies that promote health-related quality of life.
- HP.5 Evaluate factors that can be used to promote patient adherence to disease prevention or health maintenance strategies.
- HP.6 Utilize methods that ensure the health and safety of the patient and the oral health professional in the delivery of care.

Community Involvement (CM)

- CM.1 Assess the oral health needs and services of the community to determine action plans and availability of resources to meet the health care needs.
- CM.2 Provide screening, referral, and educational services that allow patients to access the resources of the health care system.
- CM.3 Provide community oral health services in a variety of settings.
- CM.4 Facilitate patient access to oral health services by influencing individuals or organizations for the provision of oral health care.
- CM.5 Evaluate reimbursement mechanisms and their impact on the patient's access to oral health care.
- CM.6 Evaluate the outcomes of community-based programs, and plan for future activities.
- CM.7 Advocate for effective oral health care for underserved populations.

Patient Care (PC)

Assessment

- PC.1 Systematically collect, analyze, and record diagnostic data on the general, oral, and psychosocial health status of a variety of patients using methods consistent with medicolegal principles.
- PC.2 Recognize predisposing and etiologic risk factors that require intervention to prevent disease.
- PC.3 Recognize the relationships among systemic disease, medications, and oral health that impact overall patient care and treatment outcomes.
- PC.4 Identify patients at risk for a medical emergency, and manage the patient care in a manner that prevents an emergency.

Dental Hygiene Diagnosis

- PC.5 Use patient assessment data, diagnostic technologies, and critical decision making skills to determine a dental hygiene diagnosis, a component of the dental diagnosis, to reach conclusions about the patient's dental hygiene care needs.

Planning

- PC.6 Utilize reflective judgment in developing a comprehensive patient dental hygiene care plan.
- PC.7 Collaborate with the patient and other health professionals as indicated to formulate a comprehensive dental hygiene care plan that is patient-centered and based on the best scientific evidence and professional judgment.
- PC.8 Make referrals to professional colleagues and other health care professionals as indicated in the patient care plan.
- PC.9 Obtain the patient's informed consent based on a thorough case presentation.

Implementation

- PC.10 Provide specialized treatment that includes educational, preventive, and therapeutic services designed to achieve and maintain oral health. Partner with the patient in achieving oral health goals.

Evaluation

- PC.11 Evaluate the effectiveness of the provided services, and modify care plans as needed.
- PC.12 Determine the outcomes of dental hygiene interventions using indices, instruments, examination techniques, and patient self-reports as specified in patient goals.
- PC.13 Compare actual outcomes to expected outcomes, reevaluating goals, diagnoses, and services when expected outcomes are not achieved.

Professional Growth and Development (PGD)

- PGD.1 Pursue career opportunities within health care, industry, education, research, and other roles as they evolve for the dental hygienist.
- PGD.2 Develop practice management and marketing strategies to be used in the delivery of oral health care.
- PGD.3 Access professional and social networks to pursue professional goals.

Competencies for Entry into the Profession of Dental Laboratory Technology

Dental laboratory technicians provide laboratory services as prescribed by a dentist within a laboratory setting. These competencies assume this prescriptive authority of the dentist. Dental laboratory technicians may be certified but have no licensing requirements.

Core Competencies (C)

- C.1 Apply a professional code of ethics in all endeavors.
- C.2 Adhere to state and federal laws, recommendations, and regulations in the provision of prosthetic laboratory services.

- C.3 Use critical thinking skills, comprehensive problem-solving, and evidence-based decision making to evaluate emerging technology that can be applied to achieve high-quality, cost-effective patient care.
- C.4 Assume responsibility for professional actions and care based on accepted scientific theories, research, and the accepted standard of care.
- C.5 Continuously perform self-assessment for lifelong learning and professional growth.
- C.6 Integrate accepted scientific theories and research into prosthetic laboratory services.
- C.7 Promote the values of the dental laboratory technology profession through service-based activities, positive community affiliations, and active involvement in local organizations.
- C.8 Apply quality assurance mechanisms to ensure continuous commitment to accepted standards of care.
- C.9 Communicate effectively with diverse individuals and groups, serving all persons without discrimination by acknowledging and appreciating diversity.
- C.10 Provide accurate, consistent, and complete documentation for prosthetic laboratory services.
- C.11 Manage medical emergencies by using professional judgment, providing life support, and utilizing required CPR and any specialized training or knowledge.

Health Promotion and Disease Prevention (HP)

- HP.1 Respect the goals, values, beliefs, and preferences of patients and oral health professionals in the delivery of care.
- HP.2 Promote factors that can be used to enhance patient adherence to disease prevention or health maintenance strategies.
- HP.3 Utilize methods that ensure the health and safety of the patient and the oral health professional in the delivery of care.

Community Involvement (CM)

- CM.1 Facilitate patient access to oral health services by influencing individuals or organizations for the provision of oral health care.
- CM.2 Evaluate the outcomes of community-based programs and plan for future activities.
- CM.3 Advocate for effective oral health care for underserved populations.

Patient Care (PC)

Assessment

- PC.1 Ensure that adequate information has been supplied by the dentist for the manufacture of custom-made dental restorations and dental prostheses.
- PC.2 Provide information on the advantages, limitations, and appropriateness of various designs of custom-made dental restorations and dental prostheses relevant to proposed treatment plans.

Planning

- PC.3 Demonstrate interpretation of the dentist's prescription accurately.
- PC.4 Facilitate in the design of custom-made dental restorations and dental prostheses
- PC.5 Help guide selection of appropriate materials for manufacture of custom-made dental restorations and dental prostheses.

PC.6 Demonstrate an understanding of the manufacturing requirements for dental restorations and dental prostheses.

Implementation

PC.7 Use effective infection control procedures.

PC.8 Manufacture dental restorations and dental prostheses in a broad range of areas to an acceptable level adhering to the standards of appropriate regulatory agencies.

PC.9 Recognize and institute procedures to minimize hazards related to the practice of dental laboratory technology.

Evaluation

PC.10 Ensure that the dental restoration or dental prosthesis follows the prescription, and obtain dentist feedback on meeting clinical acceptance.

PC.11 Determine whether manufactured dental restorations and dental prostheses meet established industry standards.

PC.12 Recognize the importance of quality assurance systems and standards in the manufacturing processes.

PC.13 Demonstrate efficient handling, storage, and distribution of dental restorations and dental prostheses.

Professional Growth and Development (PGD)

PGD.1 Pursue career opportunities within health care, industry, education, research, and other roles as they evolve for the dental laboratory technician.

PGD.2 Develop practice management and marketing strategies related to the management of a dental laboratory.

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

GLOSSARY OF TERMS

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

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

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

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

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

Dental assistant (DA). An allied dental health professional who assists the dentist in practice and may choose to specialize in any of the following areas of dentistry: chairside general dentistry, expanded functions dental assisting (restorative) in general or pediatric dentistry, orthodontics, oral surgery, periodontics, assisting in dental surgery at area hospitals, endodontics, public health dentistry, dental sales, dental insurance, dental research, business assisting, office management, or clinical supervision.

Dental hygiene care plan. An organized presentation or list of interventions to promote health or prevent disease of the patient's oral condition; plan is designed by the dental hygienist based on assessment data and consists of services that the dental hygienist is educated and licensed to provide.

Dental hygiene diagnosis. The dental hygiene diagnosis is a component of the overall dental diagnosis. It is the identification of an existing or potential oral health problem that a dental hygienist is educationally qualified and licensed to treat. The dental hygiene diagnosis utilizes critical decision making skills to reach conclusions about the patient's dental hygiene needs based on all available assessment data.

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

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

Dental laboratory technician (DLT). An allied dental professional who manufactures custom-made dental restoration and dental prostheses according to the prescriptive authorization from licensed dentists using a variety of materials, equipment, and manufacturing techniques in the specialty areas of complete dentures, removable partial dentures, orthodontics, crown and bridge, and ceramics.

Dental prosthesis. An artificial replacement (prosthesis) of one or more teeth (up to the entire dentition in either arch) and associated dental/alveolar structures. Dental prostheses usually are subcategorized as either fixed dental prostheses or removable dental prostheses and include maxillofacial prostheses.

Evaluate. The process of reviewing and documenting the outcomes of treatment and interventions provided for patients.

Evidence-based care. Provision of patient care based on the integration of best research evidence with clinical expertise and patient values.

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

Medicolegal. Pertains to both medicine and law; considerations, decisions, definitions, and policies provide the framework for many aspects of current practice in the health care field.

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

Outcome. Result derived from a specific intervention or treatment.

Patient. Potential or actual recipients of health care, including oral health care, and including persons, families, groups, and communities of all ages, genders, and sociocultural and economic states.

Patient-centered. Approaching services from the perspective that the patient is the main focus of attention, interest, and activity and that the patient's values, beliefs, and needs are of utmost importance in providing care.

Practice. To engage in patient care activities.

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

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

Reflective judgment. A construct that merges the mental capabilities of critical thinking and problem-solving and represents a higher level clinical decision making skill.

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

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

RESOURCES

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