



COLLEGE OF
DENTAL HYGIENISTS
OF MANITOBA

PRACTICE COMPETENCIES

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ASSUMPTIONS

The following categories of assumptions are based on dental hygiene paradigm concepts.

Registered Dental Hygienists:

- have met the criteria for registration within Manitoba
- apply a dental hygiene process of care model.
- practice with a foundation of evidence-based knowledge and theory.
- practice collaboratively with clients, colleagues, and other health care professionals.
- provide client-centred services to prevent and treat oral disease and promote wellness.
- are involved in a variety of key responsibility areas related to dental hygiene practice (e.g., clinical, education, health promotion, administration, research, etc.).
- are legally, ethically, and professionally accountable for their practice and recognize personal limitations.
- maintain ongoing competence through a variety of means (e.g., goal setting, reflection, continuing education, research, etc.).
- possess required education, competencies and/or certification when performing advanced practice procedures.

Clients of Registered Dental Hygienists:

- may be individuals and/or their agents (i.e., guardian or caregiver), families, groups, institutions, communities, or populations.
- include all individuals across their life spans.
- are unique and diverse in needs, demands, motivations, resources (e.g., access to care), determinants of health, definition of wellness, and culture.
- are partners or potential partners with ownership/responsibilities related to the dental hygiene process of care.
- are consumers who expect effective dental hygiene care but may be unable to evaluate the quality of the services provided.
- have a right to recourse in the event of unsatisfactory dental hygiene care.

Practice Environments of Registered Dental Hygienists:

- include a variety of practice settings.
- are influenced by government, legislation, regulatory and professional bodies, the public, employment philosophies and practices, research, and technology.
- encompass physical, social, economic, and cultural factors that interact in predictable and unpredictable ways.
- are dynamic.

Oral Health & Wellness:

- exist on a continuum from wellness to illness.
- exist on a continuum from health to disease.
- fluctuate over time.
- are influenced by the determinants of health.
- influence and are influenced by each other.
- are achievable

Competency Categories

ASSESSMENT:

The dental hygienist determines data requirements and then collects and records the subjective and objective data on the health status of clients using professional judgment and methods consistent with medico-legal-ethical principles in order to complete the client profile.

The dental hygienist analyses and interprets data using problem solving and decision- making skills in order to synthesize information and formulate a dental hygiene diagnosis within the dental hygienist's scope of practice.

PLANNING:

The dental hygienist, in partnership with the client and/or agent and, if needed, in collaboration with other professionals, uses the assessment data and the dental hygiene diagnosis to formulate goals and objectives, select dental hygiene interventions or services, and determine evaluation methods in order to formulate a dental hygiene care plan.

The dental hygienist uses relevant information to develop plans related to practice management and ongoing professional competence.

IMPLEMENTATION:

The dental hygienist activates and/or revises the dental hygiene care plan in collaboration with the client and/or agent, and, if needed, in collaboration with other professionals.

The dental hygiene care plan may include educational, consultative, preventive, aesthetic, and therapeutic services, in order to achieve the planned oral and other health goals.

EVALUATION:

The dental hygienist appraises the effectiveness of the implemented care plan, objectively comparing actual outcomes to expected outcomes, in order to determine the extent to which oral health and wellness goals have been attained, to provide recommendations in regard to clients' ongoing care, and to evaluate the dental hygienist's own professional competence.

ASSESSMENT: (67 competencies)

The dental hygienist:

1. assesses the determinants of health (e.g., age, gender, socioeconomic status, culture, environment, education, lifestyle, etc.).
2. assesses epidemiological data (e.g., DMFT, community fluoride levels, etc.).
3. assesses demographic data (e.g., information from individual clients and/or their agents, from public health screenings, based on needs assessments, community statistics, etc.).
4. assesses health history (i.e., comprehensive medical history).
5. assesses vital signs.
6. compares current to previous health history if available (i.e., comprehensive medical history).
7. assesses pharmacological actions/interactions based on the client's current health history (e.g., allergies, medications, natural health products [herbal remedies], etc.).
8. identifies clients at risk for medical emergency.
9. assesses contraindications for treatment based on the client's current health history (e.g., pharmacological, active TB, hypertension, etc.).
10. assesses risk factors for pathologies other than caries and periodontal diseases (e.g., systemic diseases, cancer, etc.).
11. identifies signs of abuse and/or neglect.
12. assesses client behavioural factors (e.g., motivation, beliefs, values, compliance, etc.).
13. assesses the client's ability to make an informed choice.
14. assesses oral health history.
15. assesses oral manifestations related to disease, pharmaceuticals and/or natural health products.
16. identifies clients' oral health concerns and goals.
17. assesses extraoral head and neck region.
18. assesses temporomandibular joint (e.g., ability to open, deviation, deflexion, etc.).
19. assesses intraoral soft tissues other than the periodontium.
20. selects and uses appropriate oral health indices (e.g., plaque indices, gingival bleeding, periodontal screening, and recording (PSR), etc.).

21. interprets appropriate oral health indices (e.g., plaque indices, gingival bleeding, periodontal screening, and recording (PSR), etc.).
22. Recommends, selects, or uses appropriate oral health diagnostic tests (e.g., microbiological tests, pulpal vitality, caries screening, etc.).
23. interprets appropriate oral health diagnostic tests (e.g., microbiological tests, pulpal vitality, caries screening, etc.).
24. assesses the need for radiographs for oral health care.
25. assesses the quality of dental radiographs (e.g., cone cut, overlap, poor developing, presence of artifacts, etc.).
26. interprets dental radiographs for the purpose of dental hygiene diagnosis.
27. assesses gingivae.
28. assesses and classifies periodontal status (e.g., full mouth periodontal probing, mobility, furcation involvement, attachment level, adjacent bone, presence of periodontal diseases, etc.).
29. assesses the health status of dental implants.
30. assesses hard and soft deposits.
31. assesses intraoral hard tissues (e.g., discolouration of teeth, possible caries, tori, etc.).
32. assesses occlusion (e.g., classification, overbites, overjets, crossbites, etc.).
33. assesses parafunctional habits (e.g., tongue thrusting, bruxism, grinding, thumb sucking, mouth breathing, etc.).
34. assesses the need for removable dental appliances (e.g., mouth protectors, bruxism appliances, etc.).
35. assesses client oral self-care.
36. assesses barriers to the attainment of oral health (e.g., economics, attitudes, habits, values, access, etc.).
37. assesses risk factors for caries.
38. assesses risk factors for periodontal diseases (e.g., systemic diseases, mouth breathing, tobacco use, etc.).
39. assesses the effect of personal manipulations of oral structures on oral health (e.g., piercings, intraoral tattooing, tooth shaping, tongue bifurcation, etc.).
40. assesses the effect of fixed and removable prosthodontics on oral health (e.g., implants, partial denture, complete denture, crown, bridge, etc.).
41. assesses the effect of existing restorative work on the periodontium (e.g., overhangs, open contacts, etc.).

42. assesses the effect of orthodontic therapy on oral health.
43. assesses the effects of dietary practices on oral health (e.g., nutrition, eating disorders, etc.)
44. assesses exposure to fluoride (e.g., community levels, prescriptions, mouthrinses, dentifrice use, etc.).
45. determines the need for fluoride (e.g., for caries, desensitizing, etc.).
46. determines the need for non-fluoride caries prevention agents (e.g., chlorhexidine mouthrinses, pit and fissure sealants, etc.).
47. assesses the client's need for pharmacotherapeutic agents required during the provision of dental hygiene services (e.g., premedication antibiotics, anti-fungal agents, etc.).
48. assesses the need for desensitization therapy.
49. assesses the need for management of client pain, anxiety, and discomfort (e.g., local anaesthetic, anti-anxiety medication, nitrous oxide/oxygen conscious sedation, support, etc.).
50. identifies clients' oral health education needs.
51. compares current oral health findings to previous oral health history if available.
52. interprets data to determine clients' oral health status and needs.
53. determines oral health status of a population (i.e., a defined group of individuals).
54. assesses the need for consultation and referrals within the health care delivery system.
55. demonstrates sensitivity to client diversity throughout the dental hygiene process of care (e.g., culture, language, disability, religion/creed, lifestyle, etc.).
56. determines and uses appropriate communication channels throughout the dental hygiene process of care (e.g., verbal, nonverbal, written, visual, electronic, interpreter, etc.).
57. applies principles of effective communication throughout the dental hygiene process of care (e.g., active listening, reflective responding, etc.).
58. documents all records accurately, legibly, comprehensively, and in compliance with privacy legislation throughout the dental hygiene process of care (i.e., during assessment and diagnosis, planning, implementation, and evaluation).
59. assesses practice environment for safety risks (i.e., for clients, the dental hygienist, and others).
60. assesses practice environment for emergency measures (i.e., for clients, the dental hygienist, and others).
61. identifies/obtains scientific/professional information (e.g., relevant to clients, self, practice, etc.).
62. critiques scientific/professional information.
63. applies relevant scientific/professional information to own practice.

64. assesses own continuing competence/quality assurance (e.g., through reflective practice, formalized self-assessment, mentor relationships, peer review, supervisor feedback, etc.).
65. demonstrates knowledge of and compliance with the CDHM Standards of Practice throughout the dental hygiene process of care (e.g., Practice Standards, Code of Ethics, guidelines, etc.).
66. demonstrates knowledge of and compliance with applicable federal and/or provincial legislation throughout the dental hygiene process of care (e.g., in regard to protecting personal information, caring for those who are dependent, protecting children, radiation protection, etc.).
67. demonstrates awareness of and compliance with the policies of the practice environment (e.g., infection control procedures, safety guidelines, emergency preparedness, etc.).

PLANNING: (24 competencies)

The dental hygienist:

1. facilitates the client's and/or agent's participation in the planning of services/programs.
2. develops priorities with the client and/or agent based on the client's needs and values.
3. provides information to the client and/or agent to make an informed choice among interventions (e.g., risks, costs, benefits, prognosis, timelines, etc.).
4. establishes short-term and long-term goals with the client and/or agent and other health care providers as required.
5. establishes expected outcome measures related to oral health care goals and the diagnosis.
6. selects evidence-based clinical intervention options based on the assessment data.
7. selects evidence-based health promotion intervention options based on the assessment data.
8. identifies required resources to attain established goals (e.g., human, financial, material, etc.).
9. collaborates with relevant others in planning services/programs (e.g., family members, agents, health care providers, community members, service clubs, other professionals, etc.).
10. develops a sequence for interventions based on the dental hygiene diagnosis.
11. selects appropriate pharmacotherapeutic agents based on assessment and dental hygiene diagnosis.
12. selects appropriate pain management strategies (e.g., local anaesthesia, support, etc.)
13. selects appropriate local anaesthetic agents.
14. selects injection techniques to provide appropriate and adequate local anaesthesia.

15. communicates the plans of services/programs to relevant others in accordance with privacy guidelines (e.g., health care providers, client's agent or family, administrative staff, etc.)
16. obtains informed consent for the dental hygiene care plan from the client and/or agent (e.g., therapy, pharmacotherapeutic agents, anaesthetics, etc.).
17. records the dental hygiene care plan (e.g., in writing, electronically, etc.).
18. supports the client and/or agent in their informed decision among interventions (e.g., emotional support, availability, etc.).
19. selects principles from change theories to facilitate adaptive behaviours (e.g., behaviour modification, social change theory, etc.).
20. revises the plans of services/programs when necessary (e.g., based on the input of clients, relevant others, or information gained during implementation or evaluation, etc.).
21. develops a written plan to address continuing competence/quality assurance goals.
22. establishes expected outcome measures related to the goals of the practice (e.g., resource allocation, etc.).
23. collaborates with others in creating a positive work environment (e.g., mutual respect, conflict resolution, team building, etc.).
24. markets the practice and/or own services in accordance with applicable legislation and guidelines (e.g., marketing plans, business cards, referral programs, etc.).

IMPLEMENTATION: (72 competencies)

The dental hygienist:

1. applies principles of teaching and learning to the education of clients (e.g., clinical practice, schools, wellness fairs, etc.).
2. provides information regarding the relationship between general health and oral health (e.g., lung disease, heart disease, diabetes, low birth weight, etc.).
3. teaches the client and/or agent about the range of available oral care products and their proper selection (e.g., powered toothbrushes, pharmacotherapeutic agents, mouthrinses, tongue scraper, etc.).
4. teaches the client and/or agent oral care techniques and strategies.
5. teaches oral self-examination techniques.
6. provides nutritional counselling related to oral health.

7. provides information and/or counselling regarding tobacco use cessation.
8. provides information regarding the effects of recreational drug and alcohol abuse on oral health.
9. teaches oral health related injury prevention strategies.
10. provides information regarding dental treatment (e.g., dental implants, prosthodontics, orthodontics, restorative, endodontics, etc.).
11. provides instructions and/or teaches post-operative oral self-care (e.g., implant care, surgery, periodontal debridement, effects of anaesthesia, etc.).
12. provides information regarding the pathophysiology of oral conditions (e.g., agent-host interactions in infectious disorders, clinical manifestations and physiological alterations of organs and systems involved in acute and chronic diseases).
13. provides information regarding the microbiology of oral conditions.
14. provides information regarding immunology of oral conditions (e.g., relation of aphthous ulcers to immune system, etc.).
15. provides information regarding histology and embryology of oral and dental structures (e.g., cleft palate, hypoplasia, fluorosis, etc.).
16. provides information regarding anatomy and physiology of oral and dental structures.
17. provides information regarding eruption patterns and related anomalies.
18. provides information regarding actions, interactions, and oral manifestations of pharmaceuticals (i.e., prescription and non-prescription drugs including natural health products).
19. provides information regarding available social, health, and oral health services (e.g., financial, transportation, community resources, etc.).
20. promotes wellness in the community (e.g., lobbying for healthy public policies, board/committee membership, education, etc.).
21. uses knowledge of general sciences throughout the dental hygiene process of care (e.g., knowledge of anatomy, chemistry, pathology, psychology, sociology, etc.).
22. applies principles of infection control.
23. applies principles of ergonomics.
24. manages client pain, anxiety and discomfort using supportive measures and/or administering local anaesthetic.
25. adapts and applies clinical techniques for clients with special needs (e.g., mobility aids, operator/client positioning, etc.).
26. adapts and applies clinical techniques to community settings (e.g., aseptic technique, operator/client positioning, etc.).

27. exposes and processes intra and extra-oral radiographs.
28. possesses knowledge of digital radiography.
29. exposes intra and extraoral photographs.
30. uses knowledge of tooth anatomy and periodontium during periodontal debridement.
31. applies principles of hand instrumentation (e.g., instrument selection, etc.).
32. performs non-surgical periodontal therapy by hand instrumentation while maintaining soft tissue integrity.
33. applies principles of powered instrumentation (e.g., instrument selection, etc.).
34. performs non-surgical periodontal therapy by powered instrumentation while maintaining soft tissue integrity.
35. manages continuing care/supportive periodontal therapy/maintenance.
36. applies and removes periodontal dressings.
37. removes sutures.
38. applies appropriate debridement techniques for dental implants and related oral structures.
39. removes deposits from fixed and removable prostheses and appliances.
40. applies appropriate coronal polishing and/or stain removal techniques (e.g., selective polishing, Prophy Jet, etc.).
41. applies fluoride (e.g., topical, subgingival irrigation, etc.).
42. applies appropriate pharmacotherapeutic agents (e.g., subgingival irrigation, desensitizing agents, chlorhexidine mouthrinses, etc.).
43. applies pit and fissure sealants.
44. monitors the client for adverse reactions to interventions.
45. recontours and finishes restorations (e.g., overhangs, margination, etc.).
46. places temporary restorations.
47. takes dental impressions.
48. fabricates study casts/models.
49. applies knowledge of bite registration.
50. fabricates mouth protectors.

51. applies knowledge of whitening techniques and related products.
52. fabricates whitening trays.
53. uses isolation techniques (e.g., Dri-angles, rubber dams, Garmer's clamps, etc.).
54. acts as a client advocate (e.g., assisting the client to find treatment, communicating the client's needs to other health professionals, etc.).
55. reports signs of abuse and/or neglect in accordance with applicable federal/provincial legislation and guidelines.
56. applies principles of risk management for client health and safety (e.g., universal precautions, considering latex allergies, etc.).
57. applies principles of risk management for practitioner health and safety (e.g., universal precautions, etc.).
58. ensures provision of care in emergency situations.
59. documents health and safety incidents.
60. collaborates with others in providing, maintaining, and advocating for oral health care programs.
61. facilitates the integration of interventions into the organizational structure for residents of facilities (e.g., long term care, correctional, etc.).
62. applies principles of time management.
63. manages resources (e.g., budget allocation, project management, etc.).
64. uses materials and equipment according to manufacturer's specifications.
65. maintains instruments and equipment (e.g., care of air polishing equipment, ultrasonic scaler and tips, instrument sharpening, etc.).
66. manages hazardous substances and wastes.
67. advocates for practice policies that enhance safety and optimal provision of dental hygiene services (e.g., improved infection control protocols, zero tolerance, etc.).
68. advocates for the profession of dental hygiene (e.g., within own practice, in the community, provincially, nationally, etc.).
69. performs orthodontic procedures including fabricating and/or placing or removing orthodontic appliances (in collaboration with dentists, orthodontists, etc.).
70. fabricates and/or places periodontal appliances (in collaboration with dentists, periodontists, etc.).
71. places any necessary intermediary materials (e.g., varnishes, bases, liners, etchant, bonding agents, etc.). (in collaboration with a dentist)

72. places, condenses and carves direct restorative materials (e.g., amalgams, composites, etc.) (in collaboration with a dentist)

EVALUATION: (20 competencies)

The dental hygienist:

1. verifies the client has received the planned services.
2. uses measurable criteria in the evaluation of client outcomes (e.g., clinical attachment, plaque scores, etc.).
3. evaluates the progress of interventions throughout the dental hygiene process of care (e.g., effectiveness of strategies to manage pain, anxiety, and discomfort, etc.).
4. evaluates oral biological and physiological outcomes of interventions.
5. evaluates the client's behavioural responses to interventions.
6. evaluates changes in the client's knowledge and perception of oral health.
7. evaluates the short and long-term effectiveness of interventions by comparing actual outcomes to expected outcomes (e.g., conducting interim evaluations related to periodontal therapy interventions, reassessing the effectiveness of a community program, etc.).
8. modifies interventions based on interim evaluations and discussions with the client and/or agent.
9. modifies goals based on interim evaluations and discussions with the client and/or agent.
10. evaluates the need for further dental hygiene interventions.
11. evaluates the need for further consultation and referrals within the health care delivery system.
12. evaluates client and/or agent satisfaction (e.g., through direct client feedback, community health surveys, etc.).
13. establishes the continuing care interval based on evaluation outcomes.
14. reviews past documentation to ensure accuracy, legibility, comprehensiveness, and compliance with privacy legislation.
15. evaluates own professional performance in relation to the CDHM standards of practice and code of ethics to facilitate successful dental hygiene interventions
16. evaluates own professional performance in relation to the CDHM standards of practice to enhance continuing competence/quality assurance.

17. evaluates actual versus expected outcomes related to the goals of the practice (e.g., time and resource management, etc.).
18. monitors and evaluates the orthodontic work completed by the dental hygienist (e.g., extended wires, broken brackets, closure, etc.).
19. monitors and evaluates the effectiveness of the periodontal appliances fabricated and/or placed by the dental hygienist.
20. evaluates the restorative work completed by the dental hygienist prior to discharge (e.g., overhangs, contacts, occlusion, etc.).