



Entry-to-Practice Canadian Competencies for Dental Hygienists

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ABOUT THE FEDERATION OF DENTAL HYGIENE REGULATORS OF CANADA

The Federation of Dental Hygiene Regulators of Canada (FDHRC) is a federation of organizations which have a statutory responsibility to regulate the profession of dental hygiene within their respective provinces.

The Federation's mission is to provide national leadership in Dental Hygiene regulation for the protection of the public.

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- College of Dental Hygienists of British Columbia
- College of Dental Hygienists of Manitoba
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- College of Registered Dental Hygienists of Alberta
- New Brunswick College of Dental Hygienists
- Newfoundland and Labrador College of Dental Hygienists
- Ordre des hygiénistes dentaires du Québec
- Prince Edward Island Dental Council
- Saskatchewan Dental Hygiene Association

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The project was completed by a project team from CamProf Inc. with oversight from the FDHRC Steering Committee.

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INTRODUCTION

As autonomous health professionals, dental hygienists work in partnership with individuals, groups, and communities, as well as care providers, professionals, and others involved in a person's circle of care in order to provide safe, effective, and ethical oral health care services. They provide services that are founded on a reflective approach, to enhance knowledge and skills.

The dental hygienist competencies listed in this document provide a single, pan-Canadian entry-level benchmark for practitioners, educators, regulators, assessment and accreditation providers, other stakeholders, and the public. The competencies present a detailed description of the knowledge, skills, attitudes, behaviours, and judgment required at entry to practice, regardless of the practitioner's level of education or previous experience. The competencies integrate both clinical and non-clinical statements and are relevant to dental hygienists in all settings and contexts, including dental hygiene practices, dental offices, public health agencies, dental industries, and educational and research institutions. The 22 competencies are organized into seven domains.

The ADPIE (assessment, diagnosis, planning, implementation, and evaluation) process of care, a framework for professional dental hygiene practice and continuous learning in any practice setting or role, has been integrated throughout the competency profile. The systemic approach incorporates fundamental principles of critical thinking, person-centred approaches to care, goal-oriented tasks, and evidence-informed decision-making. It provides the basis for safe and effective dental hygiene care and overall practice by integrating the key behaviours defined in the ADPIE concept above. Documentation and continuous reflection and evaluation behaviours take place throughout the entire process (Bowen & Pieren, 2020).

HOW TO READ THE PERFORMANCE AND KNOWLEDGE CRITERIA

Each **competency** (A.1 - G.5) is defined using a short action statement describing what a dental hygienist must be able to perform to be considered competent at an entry-to-practice level. The verb used provides guidance as to the required level of performance.

The **performance criteria** for each competency detail the behaviours required for proficiency and to be assessed. Competence requires all performance criteria to be met.

The **clarification** section provides explanations or additional information on the range of context for the performance criteria. Words or phrases that are clarified are shown underlined throughout the document.

The **knowledge** section lists relevant areas, theories, and processes underpinning each competency (**See Appendix A**).

The **degrees of mastery** for knowledge and skills are specified separately for each competency, using Bloom's Trajectory (**See Appendix B**). They specify proficiency at entry-to-practice and continuing practice, and they support initial and continuing education and informal development and assessment by clarifying to learners, practitioners, educators, regulators, and assessors exactly what is expected. The degrees of mastery may evolve over time and when applied to different circumstances and contexts. For example, they allow for educational programs to expand or enhance their curriculum and add special areas of interest.

MOVING TOWARD RECONCILIATION

In December 2015, the Truth and Reconciliation Commission of Canada (TRC) published its report with a list of 94 Calls to Action by different stakeholders. To correct historical and social inequities, Canadians must strive to create a safe and inclusive society in which Indigenous peoples'¹ culture and world views are respected and valued. The competencies required to achieve this will not only support Indigenous peoples in achieving optimal health and wellness but non-Indigenous peoples as well. As such, the Entry-to-Practice Canadian Competencies for Dental Hygienists (EPCCoDH), including their associated performance criteria and knowledge statements, have been carefully formulated to reflect the relevant TRC Calls to Action.

With a person-, family-, and community-centred approach to care in a country as diverse as Canada, the dental hygiene competencies inevitably encompass many aspects that relate to a person's specific context. However, the TRC goes much further, highlighting that the Indigenous peoples in Canada have a unique position that needs to be acknowledged and reconciled. Of importance is the acquisition of knowledge of Indigenous peoples related to the following:

- Health practices, which include healing systems and cultural practices, including medicines, herbal remedies, ceremonies, and rituals that promote spiritual, mental, physical, and psychological well-being.
- Historical and contemporary political contexts, social structures, and resource distributions that have resulted in diminished life expectancy, disproportional burden of chronic and communicable illnesses, substance use, loss and narrowing of culture, dispossession of land, intergenerational traumas, and a need to regain harmony and balance (Greenwood et al., 2018).

As professionals, dental hygienists are committed to serving the public and maintaining competency by continuing reflection and professional development. This includes developing the competence to support the evolving and diverse health needs of the public, including Indigenous peoples, and taking action to challenge and address conditions that result in health inequities. The Federation of Dental Hygiene Regulators of Canada (FDHRC) recognizes that the process of truth and reconciliation within the profession requires more than simple inclusions in an entry-to-practice profile, and has made a commitment to ongoing dialogue and future actions.

¹ Includes First Nations, Métis, and Inuit peoples

DEVELOPMENT AND FEEDBACK

The development of this document is the result of contributions from many sources and levels of consultation to ensure that the profile accurately captures the necessary competencies of dental hygienists in Canada, reflects current trends in the profession and society, is informed by evidence and professional expertise, and meets the needs of a broad group of stakeholders. In particular, these sources and levels of consultation include the following:

1. A pan-Canadian working group composed of sixteen practitioners, educators, and regulators
2. A subject-matter expert with experience in the clinical, education, regulatory, and association sectors
3. An advisory panel consisting of representatives from the regulatory and examining bodies, educational programs, and professional associations
4. A steering committee made up of representatives from the regulatory bodies, who oversaw the project
5. Individuals with diverse knowledge of Indigenous ways of knowing and Indigenous culture and history in Canada (in 1, 2 and 3 above)
6. A national survey, which solicited input from all registered dental hygienists across the country
7. A project consulting team from CamProf Inc. that has expertise in competency profile development

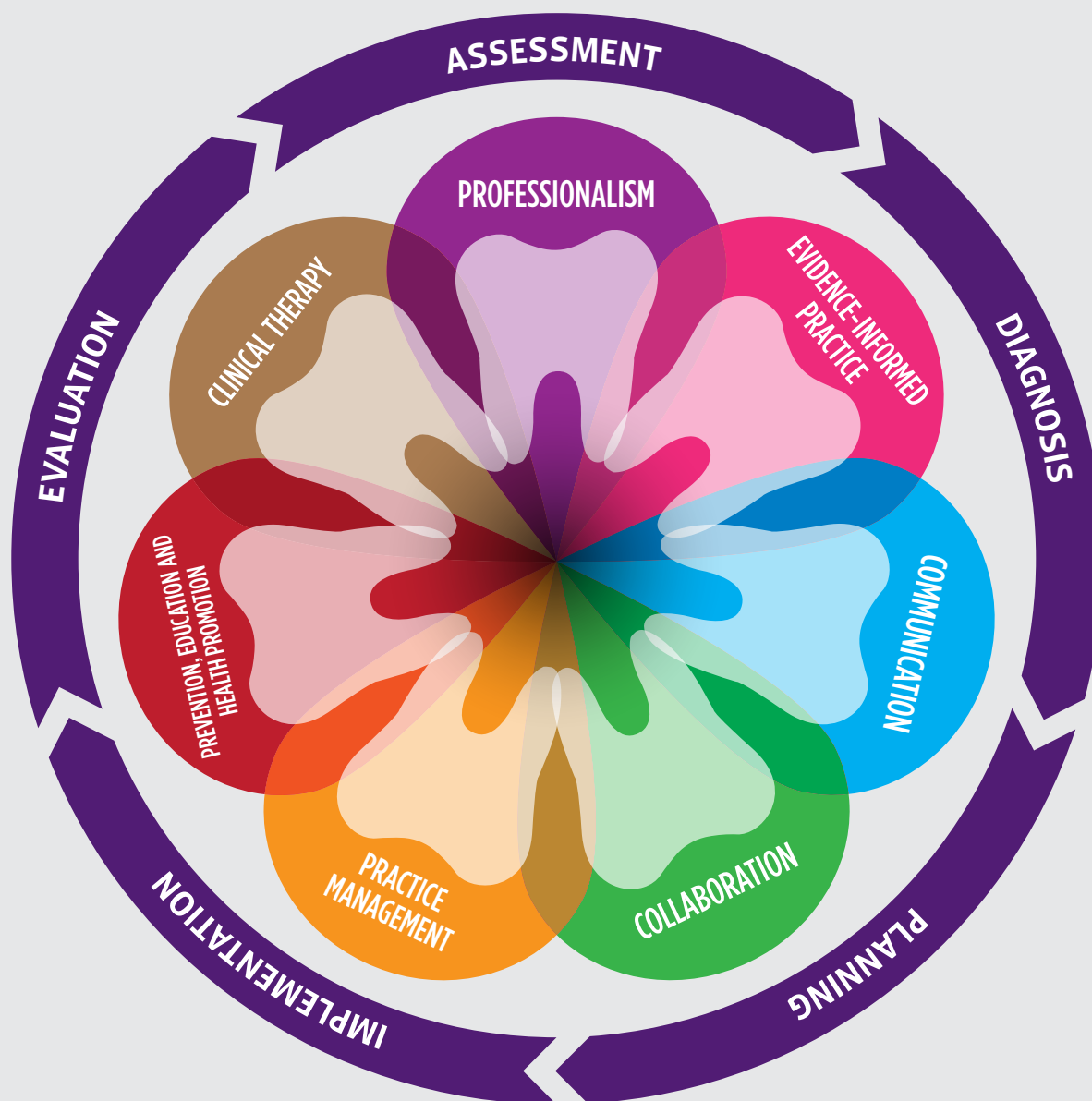
The profile was also informed by published national and international sources, as listed in the References/Bibliography of this document, and detailed mapping of the 2010 competencies, which were developed by a consortium of the following organizations and sources:

- Canadian Dental Hygienists Association
- Federation of Dental Hygiene Regulators of Canada²
- CDAC Commission on Dental Accreditation of Canada
- National Dental Hygiene Certification Board
- Dental hygiene educators

For more information about the project to develop this document, contact the Federation of Dental Hygiene Regulators of Canada. To subscribe for updates, please see [FDHRC Project: Entry to Practice Canadian Competencies for Dental Hygienists](#).

² When the 2010 competencies were published, the organization was known as the Federation of Dental Hygiene Regulatory Authorities (FDHRA).

DOMAINS OF EXPERTISE OF DENTAL HYGIENISTS IN CANADA







The domains of expertise are captured in the above image, which was adapted from the CanMEDS Physician Competency Diagram, with permission from The Royal College of Physicians and Surgeons of Canada (Frank et al., 2015). The image depicts a tooth for each of the seven domains, inspired by the standard purple associated with the profession. The overlapping colours in the centre of the diagram capture the complimentary nature of the domains, highlighting that a competent dental hygienist will continually draw from each of the domains, at times simultaneously. The ADPIE ring serves to highlight key behaviours contained within the process and their applicability to all domains of expertise.

COMPETENCIES, BY DOMAIN OF EXPERTISE

A Professionalism

As professionals, dental hygienists are committed to the health of the public and to the profession, by integrating high ethical standards, best practices, and legislative requirements.




Competent dental hygienists are able to:

COMPETENCY	PERFORMANCE CRITERIA
<p>A.1 Exhibit professional behaviour</p> 	<p>A.1.1 Demonstrate accountability.</p> <p>A.1.2 Manage their biases, perspectives, and world views.</p> <p>A.1.3 Demonstrate a professional presence.</p> <p>A.1.4 Manage conflicts of interest.</p> <p>A.1.5 Maintain public trust in the profession.</p> <p>A.1.6 Respect professional distance.</p> <p>A.1.7 Engage in mentorship activities.</p> <p>A.1.8 Maintain their wellness and fitness to practice.</p> <p>A.1.9 Enhance effective and sustainable practice through self-care and lifestyle strategies.</p>
<p>A.2 Demonstrate a commitment to serving society</p> 	<p>A.2.1 Put the interests of society above their own.</p> <p>A.2.2 Engage in community service activities.</p> <p>A.2.3 Apply a social justice lens to promote equity.</p> <p>A.2.4 Fulfill the profession's social contract.</p> <p>A.2.5 Assist in the prevention and management of community incidents, outbreaks, and emergencies.</p>
<p>A.3 Integrate professional responsibilities into practice</p> 	<p>A.3.1 Exhibit capacity for governability through professional regulation.</p> <p>A.3.2 Maintain privacy, confidentiality, and security.</p> <p>A.3.3 Manage their strengths and limitations.</p> <p>A.3.4 Take appropriate action when signs of abuse or neglect are identified.</p> <p>A.3.5 Report unethical, unsafe, and incompetent services to the appropriate regulatory organizations.</p> <p>A.3.6 Ensure services provided are within the scope of dental hygiene practice.</p>
<p>A.4 Demonstrate a commitment to lifelong learning</p> 	<p>A.4.1 Reflect on opportunities for improvement through continual evaluation.</p> <p>A.4.2 Formulate specific, measurable, and realistic learning goals.</p> <p>A.4.3 Implement strategies to achieve learning goals.</p> <p>A.4.4 Integrate new knowledge and skills into practice.</p>

B Evidence-Informed Practice

Dental hygienists are committed to excellence in practice through critical thinking, continuous learning, and application of evidence-informed decision-making. The integration of evidence-informed practice optimizes oral health care.



Competent dental hygienists are able to:

COMPETENCY	PERFORMANCE CRITERIA
<p>B.1 Demonstrate critical thinking, problem-solving, and reasoning skills</p> 	<p>B.1.1 Explore complex issues from many points of view.</p> <p>B.1.2 Apply a systematic approach to solving problems.</p> <p>B.1.3 Develop approaches for managing ambiguities, incomplete information, and uncertainty.</p> <p>B.1.4 Use evidence and other knowledge sources to draw conclusions.</p>
<p>B.2 Apply an evidence-informed approach to decision-making</p> 	<p>B.2.1 Access reliable sources of information.</p> <p>B.2.2 Evaluate information using relevant tools.</p> <p>B.2.3 Explore how research findings might impact practice.</p> <p>B.2.4 Make practice decisions informed by evidence, professional judgment, and the client's experience.</p> <p>B.2.5 Evaluate outcomes of decisions.</p>
<p>B.3 Use various methods of inquiry</p> 	<p>B.3.1 Understand how knowledge is constructed.</p> <p>B.3.2 Assess gaps in current knowledge and evidence.</p> <p>B.3.3 Participate in research activities.</p> <p>B.3.4 Transfer knowledge to others.</p>

C Communication

As communicators, dental hygienists form relationships with individuals, families, groups, and communities to facilitate the gathering and sharing of essential information for culturally safe and relevant care.

Competent dental hygienists are able to:



COMPETENCY	PERFORMANCE CRITERIA
<p>C.1 Demonstrate effective oral and non-verbal communication</p> 	<p>C.1.1 Communicate in an open, honest, clear, and timely manner.</p> <p>C.1.2 Demonstrate oral proficiency in an official language*.</p> <p>C.1.3 Demonstrate active listening and empathy.</p> <p>C.1.4 Adjust their communication approach based on the needs of the recipient.</p> <p>C.1.5 Work with cultural brokers or interpreters when indicated.</p> <p>C.1.6 Practise cultural humility.</p> <p>C.1.7 Promote cultural safety, diversity, equity, and inclusion.</p> <p>C.1.8 Evaluate the effectiveness of communication approaches.</p>
<p>C.2 Use written communication effectively</p> 	<p>C.2.1 Demonstrate proficiency in reading comprehension and written expression in an official language.</p> <p>C.2.2 Prepare comprehensive and accurate health records.</p> <p>C.2.3 Use electronic technologies appropriately and responsibly.</p>

*In addition to proficiency in an official language, oral proficiency in an Indigenous language may be a supplementary competence for dental hygienists who offer services to First Nations, Métis, and Inuit peoples.

D Collaboration

As collaborators, dental hygienists are integral members of the health care team, working in partnership with others to provide safe, effective, and ethical person-, family-, and community-centred approaches to care.




Competent dental hygienists are able to:

COMPETENCY	PERFORMANCE CRITERIA
<p>D.1 Collaborate with people accessing dental hygiene services</p> 	<p>D.1.1 Apply person-, family-, and community-centred approaches to care.</p> <p>D.1.2 Promote individual and community autonomy and self-determination.</p> <p>D.1.3 Develop relationships based on mutual trust, integrity, and respect.</p> <p>D.1.4 Share knowledge, resources, and responsibilities with others.</p> <p>D.1.5 Collaborate with people's support networks as indicated.</p> <p>D.1.6 Assist people in accessing community resources.</p>
<p>D.2 Collaborate with oral health professionals and others</p> 	<p>D.2.1 Work together to address clients' needs.</p> <p>D.2.2 Promote teamwork and partnerships.</p> <p>D.2.3 Maintain mutually supportive working relationships.</p> <p>D.2.4 Consult with others as appropriate.</p> <p>D.2.5 Encourage others to apply organizational policies.</p> <p>D.2.6 Share client information with others, consistent with informed consent and/or as required by legislation.</p> <p>D.2.7 Engage in joint decision-making with others.</p> <p>D.2.8 Use conflict management strategies as required.</p>

E Practice Management

Participating in the management of one's professional practice involves organization, administration, and decision-making that facilitate high-quality care, efficient use of time and personnel, and enhanced professional and personal satisfaction (adapted from Bowen & Pieren, 2020).




Competent dental hygienists are able to:

COMPETENCY	PERFORMANCE CRITERIA
<p>E.1 Fulfill administrative responsibilities</p> 	<p>E.1.1 Coordinate appointments.</p> <p>E.1.2 Manage practice resources effectively.</p> <p>E.1.3 Make appropriate use of current technologies.</p> <p>E.1.4 Use effective organizational and time management skills.</p> <p>E.1.5 Work within a budget.</p> <p>E.1.6 Recognize the importance and roles of contractual agreements.</p>
<p>E.2 Integrate legislative and professional responsibilities within organizational policies</p> 	<p>E.2.1 Remain current with relevant organizational policies.</p> <p>E.2.2 Exercise judgment when applying policies or when practising in their absence.</p> <p>E.2.3 Integrate evidence and best practices when developing organizational policies.</p> <p>E.2.4 Implement current infection prevention and control measures.</p> <p>E.2.5 Advocate for safe and respectful working conditions, where necessary.</p> <p>E.2.6 Participate in quality improvement initiatives.</p> <p>E.2.7 Recognize when there is a need to consult with legal professionals.</p>
<p>E.3 Engage in entrepreneurial activities</p> 	<p>E.3.1 Evaluate their own potential for entrepreneurialism.</p> <p>E.3.2 Develop a business plan based on a chosen service delivery model.</p> <p>E.3.3 Implement the business plan.</p> <p>E.3.4 Resolve issues facing the business.</p>

F Prevention, Education, and Health Promotion

Dental hygienists embrace an inclusive and intercultural approach to health and wellness. Through health promotion, education, and disease and injury prevention activities, dental hygienists help support others' ability to achieve and maintain optimal oral health. Dental hygiene actions are also directed toward reducing inequities. While the ADPIE framework is associated with each of the domains within this profile, it is at the core of dental hygiene services directed toward individuals, groups, and communities.






Competent dental hygienists are able to:

COMPETENCY	PERFORMANCE CRITERIA
<p>F.1 Lead the development of health literacy and oral self-care abilities</p> 	<p>F.1.1 Provide oral and overall health education to others.</p> <p>F.1.2 Assess people's circumstances and readiness to learn.</p> <p>F.1.3 Develop learning plans based on identified needs.</p> <p>F.1.4 Support others in addressing their health needs.</p> <p>F.1.5 Contribute to the enhancement of others' knowledge, skills, and oral self-care habits.</p> <p>F.1.6 Assist persons with special health care needs in providing their own self-care.</p> <p>F.1.7 Educate care providers in supporting the oral health of others.</p> <p>F.1.8 Use social marketing techniques appropriately.</p> <p>F.1.9 Provide constructive, timely, and appropriate feedback on self-care techniques.</p> <p>F.1.10 Adjust learning plans according to evaluation of outcomes.</p>
<p>F.2 Engage in prevention, education, and health promotion activities</p> 	<p>F.2.1 Conduct a community needs assessment.</p> <p>F.2.2 Assess the influence of the determinants of health on oral health.</p> <p>F.2.3 Monitor those at risk, using oral health indices and current evidence.</p> <p>F.2.4 Develop activities and programs that promote health and wellness.</p> <p>F.2.5 Use knowledge of culture and history for goal attainment.</p> <p>F.2.6 Promote the oral health and general well-being of others.</p> <p>F.2.7 Evaluate the outcomes of prevention, education, and health promotion interventions.</p>
<p>F.3 Engage in advocacy to address oral health inequities</p> 	<p>F.3.1 Explore advocacy approaches for oral health issues in need of advocacy.</p> <p>F.3.2 Participate in advocacy activities that promote oral and overall health.</p> <p>F.3.3 Promote social issues and policies that reduce inequities.</p> <p>F.3.4 Facilitate change and innovation.</p>

G Clinical Therapy

Clinical therapy involves the provision of preventive, therapeutic, and supportive dental hygiene care. As clinicians, dental hygienists use the ADPIE framework to support safe and comprehensive person-centred care for diverse people, across the lifespan.

Competent dental hygienists are able to:

COMPETENCY	PERFORMANCE CRITERIA
G.1 Assess oral and general health status 	G.1.1 Determine clients' chief concerns. G.1.2 Obtain a comprehensive personal , health, and oral health history. G.1.3 Evaluate clients' vital signs as they relate to dental hygiene practice. G.1.4 Determine contraindications to dental hygiene care. G.1.5 Evaluate risk factors for disease . G.1.6 Assess oral hygiene practices. G.1.7 Perform comprehensive oral health examinations . G.1.8 Obtain radiographs as needed. G.1.9 Differentiate between normal and abnormal findings.
G.2 Formulate a dental hygiene diagnosis 	G.2.1 Develop diagnostic statements . G.2.2 Discuss the diagnosis with others as appropriate.
G.3 Create a dental hygiene care plan 	G.3.1 Determine needs that can be met through dental hygiene care. G.3.2 Design the care plan using a collaborative process and based on examination data. G.3.3 Discuss the care plan with appropriate people. G.3.4 Develop realistic and measurable goals related to oral health. G.3.5 Provide information on dental hygiene services. G.3.6 Refer to the appropriate professional or agency.
G.4 Implement the dental hygiene care plan 	G.4.1 Prevent and manage medical emergencies. G.4.2 Adapt service delivery for persons with special health care needs . G.4.3 Use instruments and equipment safely and effectively. G.4.4 Promote comfort during care through behavioural and pain management strategies. G.4.5 Monitor responses to care. G.4.6 Perform periodontal therapy . G.4.7 Use caries prevention and management strategies and tools. G.4.8 Fabricate sports mouthguards and whitening trays*. G.4.9 Address dentin hypersensitivity. G.4.10 Perform orthodontic procedures in accordance with provincial and territorial regulations. G.4.11 Remove extrinsic stain.
G.5 Evaluate effectiveness of dental hygiene care 	G.5.1 Obtain feedback on services provided and outcomes achieved. G.5.2 Evaluate the effectiveness of care. G.5.3 Evaluate and revise goals as needed. G.5.4 Provide recommendations for continuing care or alternate services. G.5.5 Identify the need for referral and coordination of care.

*Fabrication of whitening trays is a reserved act in Quebec. As such, the dental hygienist must demonstrate competence.

CLARIFICATIONS

The following are definitions and explanatory notes specifying how the underlined terms are used in this document.

accountability	Accept responsibility for one's actions, including to those served and to society.
adapt	Appointment modifications, alternate therapies or approaches to care.
assess	Using indices, examination techniques, client feedback, and other evaluation methods.
business plan	Aims and objectives, activities, resources, responsibilities, program, risk assessment, sustainability, and succession.
care plan	"Statement of goals, evidence-based interventions, and appointment schedule supporting the diagnosis" (Bowen & Pieren, 2020, p. 363), informed by the dental hygiene diagnosis, the best available evidence, and the needs and preferences of those accessing dental hygiene services.
care providers	Individuals, caregivers, and professionals involved with supporting the oral health of others.
caries prevention and management	Individualized caries-prevention education, application of anticariogenic agents, application of pit and fissure sealants, and placement of temporary and permanent restorative materials, in accordance with provincial and territorial legislation.
circumstances	Needs, desires, abilities, motivations, emotional intelligence.
client(s)	"An individual, family, group, organization, or community accessing the professional services of a dental hygienist" (CDHA, 2002, p. 3). Dental hygienists engage with clients' support networks, as appropriate.
conflicts of interest	Both real and perceived.
continuing care	For example, periodontal maintenance program, fluoride varnish application intervals.
contractual agreements	For example, employment or insurance contracts, lease agreements.
coordinate	Scheduling, referrals, interprofessional communications, records management.
cultural broker	A person who offers support by working alongside of professionals and clients to interpret cultural issues and deliver culturally relevant services.
cultural humility	A process of self-reflection to understand personal and systemic conditioned biases and to develop and maintain respectful processes and relationships based on mutual trust (FNHA, 2020).

cultural safety	An outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the health care system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care (FNHA, 2020).
determinants of health	Include social, cultural, biological, physical, and economic environments.
diagnosis	“The use of critical decision-making skills to reach and communicate conclusions about the client’s dental hygiene needs based on all available assessment data and evidence in the literature (includes referrals to a dentist or other medical professionals)” (Bowen & Pieren, 2020, p. 2).
diagnostic statements	Informed by assessment findings and unmet needs, professional knowledge, and the best available evidence.
disease	A condition that impairs normal function.
evaluate	Obtain, document, and interpret.
evaluation	Obtain feedback, observe others, identify areas of concern, and reflect on successes, errors, and omissions.
evidence	For example, quantitative, qualitative, and mixed methods research, systematic reviews and meta-analyses, practice guidelines.
evidence-informed approach	A formalized process which involves identifying, searching for, and interpreting the result of the best available evidence to inform decision-making processes.
examinations	Extraoral (head and neck), intraoral soft and hard tissues, periodontal, dentition, oral hygiene, diagnostic tests (e.g., microbiological, pulp vitality, and host response tests, swab/brush biopsies).
fabricate	Take impressions, prepare appliance, assess fit.
fitness to practice	The qualities and capabilities of dental hygienists relevant to their capacity to practise. This includes, but is not limited to, freedom from any cognitive, physical, psychological, or emotional conditions, or from dependence on substances, that impair or could impair their ability to practise (adapted from CRNBC, 2008; CRNNS, 2020).
governability	the ability to govern oneself as an autonomous professional while complying with regulatory standards and expectations.
health literacy	A person’s ability to gather and interpret information in ways that promote health.
health promotion	The Ottawa Charter for Health Promotion (1986) describes five key strategies for health promotion: build healthy public policy; create supportive environments; strengthen community action; develop personal skills; and re-orient health (World Health Organization, 1986; Public Health Agency of Canada, 2008).

history	For example, the impact of colonialism and intergenerational trauma for Indigenous peoples.
informed consent	The act of providing the person with information about the proposed treatment, including risks and side effects of the proposed treatment, alternative treatments, and the consequences of not having the treatment, in order to support the person's ability to make informed decisions. In the case of a minor or others who cannot self-determine, the agreement must come from a legal guardian or substitute decision-maker.
Jordan's Principle	A child-first principle that ensures there is substantive equality and that there are no gaps in publicly funded health, social, and education programs, services, and supports for First Nations children (Assembly of First Nations, 2018).
manage	Identify, develop, correct, seek assistance when required.
needs	Values, preferences, health literacy, language.
official language	In accordance with provincial and territorial requirements.
organizational policies	Rules, protocols, parameters, and courses of action by which an organization conducts its business.
others	Those within the person's circle of care, including health and social work professionals, administrative personnel, cultural brokers, and those directly or indirectly involved in supporting the health and well-being of a client. The term may also include representatives from private, voluntary, and non-profit groups, and government sectors.
outcomes	Effectiveness, intended and unintended effects, costs, quality, acceptability.
pain management	Local anaesthesia, non-injectable anaesthetics, nitrous oxide–oxygen analgesia, and other pain management strategies and treatment approaches.
periodontal therapy	Nonsurgical periodontal therapy, periodontal debridement, application and removal of periodontal dressing, suture removal, management of peri-implant tissues, irrigation, use of chemotherapeutic agents.
person-, family-, and community-centred	Focuses on the whole person as a unique individual and not just on their illness or disease (RNAO, 2015). The term "community-centred approaches to care" relates to centralizing the community in all aspects.
personal	Demographic information, social history, and other determinants of health.
persons with special health care needs	Physical, developmental, mental, sensory, behavioural, cognitive, or emotional impairment (AAPD, 2016).
points of view	Values, biases, assumptions, preferences, world views.

potential	Knowledge, skills, attitudes, financial position, network of contacts and support, reputation, inputs, facilities, equipment, licences, regulatory approval.
prevention	measures taken to prevent diseases instead of curing or treating the symptoms. Includes three levels of prevention: primary (avoid development), secondary (early detection), and tertiary (reduce the negative impact of established disease).
professional distance	An obligation to ensure that a professional relationship with a client isn't compromised by putting one's needs before the client's or by a lack of impartiality or any action that may compromise the client's trust in the professional.
professional presence	Behaviour and presentation in accordance with professional standards and expectations, including verbal and non-verbal communication—including on social media—and articulation of a positive role and professional image.
proficiency	According to regulatory standards; using standard terminology.
realistic	According to client acceptance, accessibility, availability, and determinants of health.
reliable sources	For example, practice standards, scholarly peer-reviewed journals, clinical and best practice guidelines, grey literature.
research	"A process of steps used to collect and analyze information to increase our understanding of a topic or issue" (Creswell, 2008).
resources	Consumables/sundries, time, equipment, technologies.
revise goals	Based on outcomes and according to clients' circumstances and motivations to achieving and maintaining oral health.
risk factors	For example, commercial tobacco use, recreational drug use, vaping, diet and nutrition, oral hygiene, systemic disease, and socio-economic and demographic factors.
social contract	To practise in alignment with societal expectations of health professionals.
social justice	Fair and equitable distribution of resources, including health services and other determinants of health, among groups in society (CNA, 2009).
social marketing	"The design and implementation of health communication strategies intended to influence behaviour or beliefs relating to the acceptability of an idea such as desired health behaviour, or a practice such as safe food hygiene, by a target group in the population" (Public Health Agency of Canada, 2008, p. 14).
strategies	Informal learning opportunities, mentorship, workshops, conferences, webinars, advanced education.
support networks	Family members, substitute decision-makers, powers of attorney, interpreters.

technologies	For example, dental software management programs, digital radiographs, intraoral cameras, inventory databases.
trauma- and violence-informed care	An approach to care that seeks to create safe environments for people based on understanding the impact of trauma and the intersecting effects of systemic and interpersonal violence on one's life, health, and behaviours (Ponic et al., 2018).
vital signs	Blood pressure, pulse, respiratory rate, body temperature.
wellness	Personal health and well-being, including physical, mental, emotional, and spiritual health.

APPENDIX A: KNOWLEDGE BY DOMAIN

A Professionalism

The **Knowledge** column lists relevant areas, theories, and processes underpinning each **Competency**.

COMPETENCY	KNOWLEDGE
A.1 Exhibit professional behaviour	<ul style="list-style-type: none"> Professionalism Professional values Legislation and standards of practice Conflicts of interest Professional boundaries Mentorship
A.2 Demonstrate a commitment to serving society	<ul style="list-style-type: none"> Professional responsibility and accountability Professional values, including altruism and promotion of public good Ethical practice Privilege of self-regulation Community service Social responsibility Social justice and equity Culture of safety Management of incidents, outbreaks, and emergency response
A.3 Integrate professional responsibilities into practice	<ul style="list-style-type: none"> Self-regulation Legislation, practice standards, and codes of ethics Ethical practice Ethical reasoning and application of ethical decision-making frameworks Mandatory reporting
A.4 Demonstrate a commitment to lifelong learning	<ul style="list-style-type: none"> Self-awareness and critical reflection Quality assurance, professional development, and continuing competency Setting learning goals Implementation and change management strategies Lifelong learning Ergonomics and strategies that support ergonomic practice Occupational health and safety Prevention of occupational injuries Self-care strategies Fitness to practice

B Evidence-Informed Practice

COMPETENCY	KNOWLEDGE
B.1 Demonstrate critical thinking, problem-solving, and reasoning skills	<ul style="list-style-type: none"> Critical thinking and reflection Problem-solving Evidence-informed decision-making Ways of knowing, such as Indigenous and Western world views Knowledge-based practice
B.2 Apply an evidence-informed approach to decision-making	<ul style="list-style-type: none"> Evidence-informed decision-making and practice Ways of knowing, such as Indigenous and Western world views Knowledge-based practice, research use Theoretical perspectives Database navigation Critical appraisal tools Research literacy Inductive and deductive reasoning Sources of evidence Knowledge translation, implementation, and mobilization
B.3 Use various methods of inquiry	<ul style="list-style-type: none"> Research paradigms Qualitative and quantitative research methodologies Informed consent Research ethics Research instruments Data collection Data and thematic analysis Descriptive and inferential statistics Knowledge translation, dissemination, and mobilization frameworks Research protocol and manuscript development

C Communication

COMPETENCY	KNOWLEDGE
C.1 Demonstrate effective oral and non-verbal communication	<ul style="list-style-type: none"> Principles of health literacy Communication principles and strategies Principles of diversity and acceptance Emotional intelligence Electronic information systems including electronic dental records management systems
C.2 Use written communication effectively	<ul style="list-style-type: none"> Legislation and standards of practice Ethical practice Health care privacy and confidentiality laws Cultural brokers Role clarification and scope of practice of other professions Knowledge translation and dissemination Diversity, cultural awareness, and acceptance Communication principles and strategies Professional codes of ethics Cultural safety and humility Conflict resolution Human rights Bridging knowledge systems

D Collaboration

COMPETENCY	KNOWLEDGE
D.1 Collaborate with people accessing dental hygiene services	Person-, family-, and community-centred approaches to care Team functioning, group dynamics and processes Conflict resolution and negotiation techniques Role clarification Health system navigation <u>Trauma- and violence-informed care</u> Relational practice
D.2 Collaborate with oral health professionals and others	Person-, family-, and community-centred approaches to care Interprofessional communication and collaborative practice Team functioning, group dynamics and processes Role clarification and scope of practice of other professionals Professional standards of practice Conflict resolution strategies Collaborative leadership

E Practice Management

COMPETENCY	KNOWLEDGE
E.1 Perform administrative responsibilities	Practice administration, financial, and personnel management Dental software programs Continuing care programs and their reporting requirements Inventory systems Time management Contracts Billing practices
E.2 Integrate legislative and professional responsibilities within organizational policies	Organizational theory Legislative requirements Workplace policies, procedures, and manuals Best practices and sources of evidence Continuous quality improvement Performance monitoring and evaluation Performance appraisals Organizational change
E.3 Engage in entrepreneurial activities	Service delivery models Business concepts Bookkeeping and accounting used in financial records for small business Marketing and advertising Entrepreneurship Practice standards, codes of ethics, and relevant legislation

F Prevention, Education, and Health Promotion

COMPETENCY	KNOWLEDGE
F.1 Lead the development of health literacy and oral self-care abilities	<ul style="list-style-type: none"> Teaching and learning principles Educational theories and theoretical frameworks Principles of change and stages of behaviour change Person-, family-, and community-centred approaches to care Methods of assessment Learning styles Health literacy Biofilm control Commercial tobacco cessation and nutritional counselling Persons with special health care needs Trauma- and violence-informed care Communication techniques Social marketing
F.2 Engage in prevention, education, and health promotion activities	<ul style="list-style-type: none"> Population health Determinants of health Health promotion and disease prevention Policy use Community development Capacity building Health system navigation Strengths-based approach Cultural sensitivity, culturally relevant approach Epidemiology and incidence and prevalence rates Indigenous peoples' health experiences History and legacy of residential schools United Nations Declaration on the Rights of Indigenous Peoples Treaties and Aboriginal rights, Indigenous law, and Aboriginal–Crown relations Indigenous teachings and practices
F.3 Engage in advocacy to address oral health inequities	<ul style="list-style-type: none"> Determinants of health Epidemiology and incidence and prevalence rates Principles of social justice, equity, and substantive equality <u>Jordan's Principle</u> Public policy development Community development Capacity building Principles of political action Policy use Structural competency Stigma Priority populations and persons with special health care needs

G Clinical Therapy

COMPETENCY	KNOWLEDGE
G.1 Assess oral and general health status	<ul style="list-style-type: none"> Medico-legal-ethical principles Vital signs Informed consent Examinations (as defined within the profile) Oral health indices Risk factors (as defined within the profile) Caries risk assessments Periodontal classifications Oral-systemic link Instrumentation Periodontal probing Clinical attachment levels Radiography Impressions, study casts, and oral appliances
G.2 Formulate a dental hygiene diagnosis	<ul style="list-style-type: none"> Maslow's Hierarchy of Human Needs Dental Hygiene Human Needs Conceptual Model Other diagnostic models Periodontal classifications Oral-systemic link Interpretation of assessment data Communication skills Knowledge-based practice Clinical reasoning
G.3 Create a dental hygiene care plan	<ul style="list-style-type: none"> Current evidence and best practices Health literacy Determinants of health Cultural sensitivity and culturally relevant approaches History and legacy of residential schools Indigenous people's health experiences Jordan's Principle Informed consent Knowledge-based practice Evidence-informed treatment modalities to prevent, arrest, or control oral disease and promote oral health Sequencing and prioritizing of care Person- and family-centred care Referral networks

G Clinical Therapy (continued)

COMPETENCY	KNOWLEDGE
G.4 Implement a dental hygiene care plan	<ul style="list-style-type: none"> Primary, interceptive, therapeutic, preventive, and ongoing care procedures Local anaesthesia, nitrous oxide–oxygen analgesia, and pain management strategies Infection prevention and control guidelines Cardiopulmonary Resuscitation (CPR) and Basic Life Support (BLS) First aid standards Clinical judgment and reasoning Autonomous practice Ethical and knowledge-based practice Persons with special health care needs Strategies for responsive behaviours Person- and family-centred care Inflammation, immunology, microbiology, periodontology, and cariology Biofilm control Periodontal debridement Hand and powered instrumentation Peri-implant care Oral irrigation and chemotherapeutic agents Adjunctive therapies Anticariogenic agents Pit and fissure sealant Temporary and interim stabilization therapies Nutritional counselling Xerostomia management Lab procedures Dentin hypersensitivity management Orthodontics
G.5 Evaluate effectiveness of dental hygiene care	<ul style="list-style-type: none"> Monitoring and evaluation Continuing care Collaboration and coordination Clinical judgment and reasoning Continuous learning, self-reflection

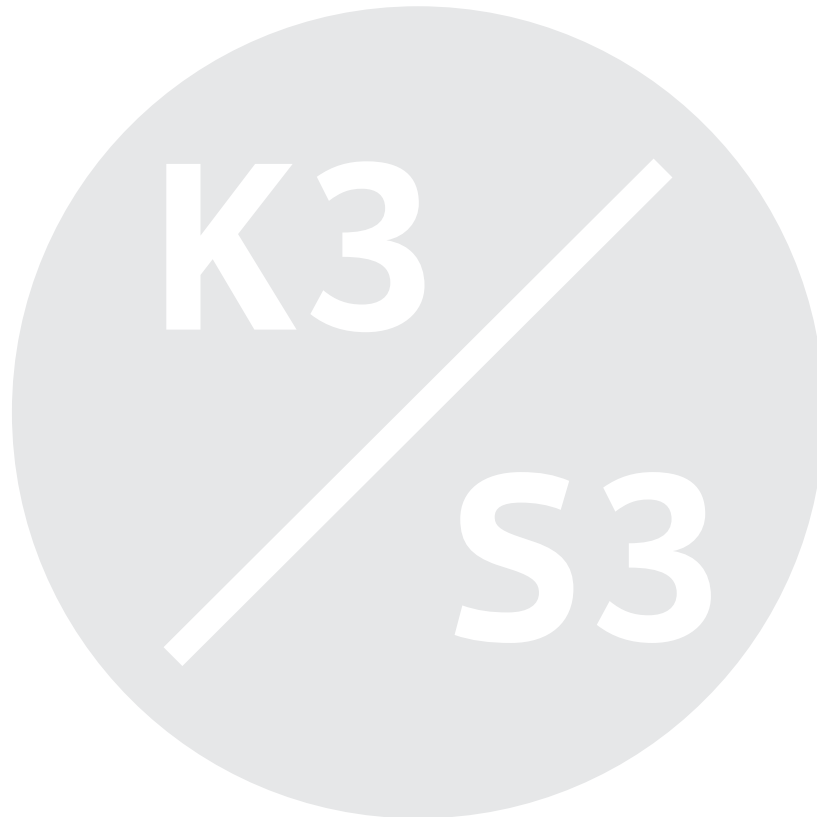
APPENDIX B: BLOOM'S TRAJECTORY[©]

The more one uses a competency, the more proficient one becomes. At entry to practice, practitioners are expected to be at a low level of proficiency for many of the competencies, but after time and use in the workplace, proficiency grows.

We use Bloom's Trajectory to describe the level of proficiency. Bloom's Trajectory specifies the proficiency separately for:

- Knowledge domain (including facts, ideas/theories/concepts)
- Skills domain:
 - Physical skills (requiring dexterity—for example, giving an injection or driving a car) and
 - Mental skills (requiring thinking—for example, using a spreadsheet, speaking a language, or following a protocol)
- Attitudes and values: these will be at a single level of proficiency for all practice, applying equally to all competencies, so this domain is not presented separately in the profile.

The levels of proficiency are listed in the following tables.



KNOWLEDGE DOMAIN

LEVEL NAME	LEVEL DESCRIPTORS
K0	Awareness "Conscious incompetence."
K1	Remembering "Know what." Recall data or information; quote rules, definitions, laws.
K2	Understanding "Know why." Understand the meaning, translate, interpolate, and interpret instructions and problems. State a problem in one's own words.
K3	Applying Know how to use a concept in a new situation or unprompted use of an abstraction. Apply what was learned in the classroom into novel situations in the workplace. Put a theory into practical effect; demonstrate, solve a problem, manage an activity.
K4	Analyzing Know how to examine information in order to understand, explain, or predict. Separate material or concepts into component parts so that the organizational structure of the whole may be understood. Distinguish between facts and inferences. Interpret elements, organizational principles, structure, construction, and internal relationships. Determine quality, reliability of individual components.
K5	Evaluating Know how to weigh up ideas and make a judgment. Make judgments about the value of ideas or materials. Assess effectiveness of whole concepts, in relation to values, outputs, efficacy, and viability. Exercise critical thinking. Conduct strategic comparison and review; make judgments relating to external criteria.
K6	Creating Know how to bring information together in order for something to be decided or acted upon. Build a structure or pattern from diverse elements. Put parts together to form a whole, with emphasis on creating a new meaning or structure. Create new patterns/concepts, structures, systems, models, approaches, ideas.

SKILLS DOMAIN (INCLUDING MENTAL SKILLS AS WELL AS PHYSICAL DEXTERITY)

LEVEL NAME	LEVEL DESCRIPTORS
S0	Awareness "Conscious incompetence."
S1	Readiness Know and be ready to act upon a sequence of steps in a process. Recognize one's abilities and limitations (health and safety).
S2	Attempting Imitation: Observe and pattern behaviour after someone else, following instructions and practising. Performance may be of lower quality. Guided response: Learn a complex skill (early stages), including imitation and trial and error. Adequacy of performance is achieved by practising.
S3	Basic proficiency "Conscious competence." Learned responses have become habitual, and movements can be performed with some confidence, precision, and proficiency. A few minor errors are apparent.
S4	Full proficiency Skilful performance involves complex patterns. Proficiency is indicated by a quick, accurate, and highly coordinated performance, requiring a minimum of energy. Coordinate and integrate a series of actions, achieving harmony and internal consistency. This category includes performing without hesitation and with automatic performance.
S5	Expert proficiency "Unconscious competence." A high-level performance becomes natural, without needing to think much about it. Skills are well developed, and the individual can modify movement patterns to fit special requirements. Respond effectively to unexpected experiences. For example, modify instruction to meet the needs of learners. Use equipment to perform a task it was not originally intended to perform (equipment is not damaged and there is no danger in performing the new task).
S6	Creative proficiency Create new routines to fit a particular situation or specific problem. Learning outcomes emphasize creativity based upon highly developed skills. Develop new techniques and/or procedures.

There is a similar trajectory for most learning. For some people, certain competency stages appear to be omitted. For example, some people have learned their interpersonal skills unconsciously without being taught, without any theory, so with neither “remembering” (K1) nor “understanding” (K2). On the contrary, others have had to be explicitly taught these skills, either in school or in the workplace. With sufficient practice, most will progress to “basic proficiency” (S3) or beyond.

The level of proficiency (using Bloom's Trajectory) at entry to practice for each competency is specified, so that:

- The educator knows what is expected by the end of the training/education program;
- Examiners can assess the candidate's learning precisely;
- The learner/candidate knows what level of proficiency is required;
- Employers know what they can expect in a newly qualified dental hygienist;
- The regulatory bodies' expectations are clearly expressed.

For each competency, this document indicates the minimum level of proficiency that someone must achieve to become registered, both for knowledge and for skills (see image below, which illustrates the minimum level established for competency D.2).

D.2 Collaborate with oral health professionals and others

K3
S3

- D.2.1 Work together to address clients' needs.
- D.2.2 Promote teamwork and partnerships.
- D.2.3 Maintain mutually supportive working relationships.
- D.2.4 Consult with others as appropriate.
- D.2.5 Encourage others to apply organizational policies.
- D.2.6 Share client information with others, consistent with informed consent and/or as required by legislation.
- D.2.7 Engage in joint decision-making with others.
- D.2.8 Use conflict management strategies as required.

**Minimum knowledge and skills
required at entry-to-practice**

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APPENDIX C: COLLABORATORS

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