CDHO
COLLEGE OF DENTAL HYGIENISTS OF ONTARIO

# Dental Hygiene Standards of Practice

## HISTORY

In 1988, Health Canada published Clinical Practice Standards for Dental Hygienists in Canada as Part Two of the Report of the Working Group on the Practice of Dental Hygiene. These standards were generated and validated by practising Canadian dental hygienists.

The Clinical Practice Standards for Dental Hygienists in Canada was endorsed by the Canadian Dental Hygienists Association (CDHA). In 1993, the CDHA along with other groups identified the need to update, revise and expand the Clinical Practice Standards for Dental Hygienists in Canada to include all roles/areas of responsibility within dental hygiene practice.

In 1994, the CDHO ***Dental Hygiene Standards of Practice*** evolved from the CDHA Practice Standards for Dental Hygienists in Canada and was adapted to conform to provincial regulations. Even at that time, it was recognized that as the profession evolved it would be necessary to review these standards to ensure that they continued to meet the needs of changing practice environments, evolving healthcare practices, and the needs of stakeholders.

In January 2010, the Canadian Dental Hygienists Association released Entry-to-Practice Competencies and Standards for Canadian Dental Hygienists, a collaborative project involving the major stakeholders[1] responsible for the profession in Canada. This document defined a national perspective on the knowledge and abilities dental hygienists require to practise competently and responsibly.

In May 2010, the CDHO council adopted, the Entry-to-Practice Competencies and Standards for Canadian Dental Hygienists and began a revision of the current CDHO Dental Hygiene Standards of Practice to align them with national standards while ensuring that they conformed to provincial legislation and the regulatory responsibilities of the College. This resulting document amends and replaces the original CDHO Dental Hygiene Standards of Practice and becomes effective January 1, 2012. It articulates a shared national vision for dental hygiene practice and identifies values, knowledge and skills that the public of Ontario can confidently expect from dental hygienists. **These standards are intended to guide the professional judgment and actions of dental hygienists and inspire self-reflection and continuous professional development.** They reflect the CDHO mission to regulate the practice of dental hygiene in the interest of the overall health and safety of the public of Ontario.

[1] Canadian Dental Hygienists Association (CDHA), Federation of Dental Hygiene Regulatory Authorities (FDHRA), Commission on Dental Accreditation of Canada (CDAC), National Dental Hygiene Certification Board (NDHCB) and dental hygiene educators.

College publications, such as this, contain practice parameters and standards which should be considered by all **registrants** in the care of their **clients** and in the practice of the profession. College publications are developed in consultation with professional practice leaders and describe current professional expectations. It is important to note that these College publications may be used by the College or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained.

## DENTAL HYGIENIST'S SCOPE OF PRACTICE

The practice of dental hygiene is the **assessment** of teeth and adjacent tissues and treatment by preventive and therapeutic means and the provision of restorative and orthodontic procedures and services.

## USE OF THE CDHO DENTAL HYGIENE STANDARDS OF PRACTICE

As self-regulating professionals, dental hygienists are expected to:

- assure that their professional responsibility to the client prevails;
- apply the *CDHO Dental Hygiene Standards of Practice*, CDHO Code of Ethics and CDHO regulations and bylaws to their dental hygiene practice;
- maintain and improve their level of **competence** through the continuous upgrading of knowledge, skills and judgment;
- work effectively and collaboratively within interprofessional health care teams; and
- be accountable for their actions.

Through the continuing use of both the *CDHO Dental Hygiene Standards of Practice* and the Clinical Self-Assessment Package, dental hygienists will be able to monitor and assess their dental hygiene practice in order to determine the need for continuing quality improvement activities. The *CDHO Dental Hygiene Standards of Practice* provides a starting point for guidance, self-monitoring and assessment. Dental hygienists as self-regulated professionals are accountable and responsible for the provision of safe, effective and efficient dental hygiene services/programs.

The *CDHO Dental Hygiene Standards of Practice* and the Clinical Self-Assessment Package are designed primarily for dental hygienists to:

- monitor their dental hygiene practice and practice environment for consistency with the *CDHO Dental Hygiene Standards of Practice*;
- assess the quality of client services/programs using the *CDHO Dental Hygiene Standards of Practice*;
- identify topic areas for enhancement/upgrading;
- determine learning goals/objectives for a specific year; and
- access appropriate continuing quality improvement activities.

The *CDHO Dental Hygiene Standards of Practice* may also be used by:

Members of the public to:

- understand the dental hygienist's full scope of practice;
- gain insight into the role of a dental hygienist in the delivery of preventive and therapeutic oral health care and oral health care programs;
- familiarize themselves with quality dental hygiene practice so that they may assess dental hygiene services;

Dental hygiene educators to:

- design entry-to-practice education and continuing education programs;

Other health professionals to:

- understand the dental hygienist's full scope of practice;
- gain insight into the role of a dental hygienist, within the health care team, in the delivery of preventive and therapeutic oral health care and oral health care programs;
- appreciate the dental hygienist's commitment to inter-professional **collaboration** aimed at improving client outcomes through safe and effective practices;

The CDHO to:

- aid Committees such as Inquiries, Complaints and Reports (ICRC), Discipline, and Registration to determine whether appropriate standards of practice and professional responsibilities have been maintained;
- identify when Specific Education and Remediation Programs (SCERP) might be necessary;
- guide practice assessments as part of the quality assurance program.

## I. PROFESSIONALISM

Professionalism requires that dental hygienists demonstrate a commitment to their clients, profession and the public through ethical, effective, and safe practice. The expectations of this commitment are described within the standards and categorized by the following five domains: **Responsibility, Accountability, Knowledge Application, Continuous Competency**, and **Professional Relationships**.

### 1. RESPONSIBILITY

As health professionals, dental hygienists have the responsibility to practise within their scope of practice, practise safely and effectively, act in a professional manner, obey the law, avoid conflicts of interest, maintain competency and put the interests of clients ahead of their own interests. In addition, dental hygienists have a **social responsibility** to promote access to, and delivery of, quality dental hygiene services.

A dental hygienist demonstrates a commitment to professional responsibility by:

a) Adhering to healthcare legislation, the CDHO regulations, code of ethics, practice standards, professional guidelines and policies.

b) Honouring the client's rights and dignity by obtaining informed consent, respecting privacy and maintaining confidentiality.

c) Using a client-centered approach that acts or advocates in the client's best interest.

d) Welcoming and participating in interprofessional collaboration and consultation.

e) Providing **information** about oral health and access to oral health care for clients, other professionals and the public.

f) Promoting and supporting healthy behaviours in the interest of oral and overall health.

g) Promoting social responsibility by leading and/or supporting community partners in their efforts to advocate for oral **health programs** and policies.

h) Contributing to actions that will support change and facilitate access to care; particularly in vulnerable populations.

i) Assisting in the prevention and management of outbreaks and emergencies.

j) Recognizing gaps in knowledge and taking the appropriate steps to acquire this knowledge.

k) Facilitating client referrals to appropriate health professionals, facilities, programs or government agencies.

## 2. ACCOUNTABILITY

The dental hygiene profession and its members are accountable to their clients, regulatory authorities and the public. Dental hygienists are individually accountable for their own professional practice.

A dental hygienist demonstrates accountability by:

a) Practising within personal limitations and legal scope of practice.

b) Recognizing, acknowledging and seeking advice/treatment for any physical or mental condition, or any substance abuse or addiction that may affect one's ability to practise safely and effectively.

c) Taking responsibility for and the appropriate steps towards informing and correcting errors that occur in practice.

d) Reporting unethical, unsafe and incompetent services provided by one's self or another to the appropriate authority.

e) Fulfilling mandatory reporting requirements.

f) Facilitating informed decision making for all clients by being able to explain the **evidence** underpinning recommendations and the knowledge base of professional interventions.

g) Ensuring adequate policies and procedures are in place to protect the privacy of client health information.

h) Maintaining client records to ensure continuity of care and compliance with professional practice standards and the CDHO Records Regulation.

## 3. KNOWLEDGE APPLICATION

Dental hygienists use current and relevant information to inform client care and practice decisions. The successful application of knowledge requires dental hygienists to analyze, synthesize and evaluate all new knowledge before applying it to practice.

A dental hygienist demonstrates the successful application of current and relevant knowledge to practice by:

a) Consulting relevant and credible **resources** by verifying that the process and product of any clinical **research** is supported by ethical consideration and that the findings, interpretations and conclusions are supported by the **data**.

b) Using multiple sources in an **investigation** to produce a well-developed understanding of new knowledge.

c) Applying evidence-based decision-making approaches to the **analysis** of information and current practice.

d) Integrating new knowledge, services and/or technology into the appropriate practice environments only after a critical review process has been completed.

e) Ensuring that the application of new knowledge, services, and/or technology provides optimum client outcomes.

## 4. CONTINUING COMPETENCE

Dental hygienists acknowledge that continual inquiry and learning is paramount to professional practice and client-centered care. During their professional career, dental hygienists shall maintain continuous competency by participating in a process that continually verifies the individual dental hygienist's ability to perform and apply knowledge, skills, judgments and **attitudes** that contribute to the safety and quality of client outcomes and the evidence base for dental hygiene practice.

A dental hygienist demonstrates a commitment to continuous competency by:

a) Self-assessing professional knowledge and performance regularly.

b) Creating personal plans for continuing competence and professional learning.

c) Assuming responsibility for her or his own learning by investing time, effort and other resources to improve knowledge, skills and judgment.

d) Seeking out quality educational activities relevant to her/his area of practice.

e) Collaborating with other health professionals and participating in interprofessional learning opportunities.

f) Incorporating current knowledge, interventions, technology and new practice guidelines into practice.

g) Using incidences that occur within the practice setting as triggers for further investigation and learning.

h) Supporting colleagues in demonstrating, developing and maintaining competence.

i) Seeking opportunities to participate in mentorships.

j) Meeting the requirements of the CDHO Quality Assurance Program.

## 5. PROFESSIONAL RELATIONSHIPS

Dental hygienists develop and maintain professional relationships with colleagues, other health professionals, employers, and the CDHO to ensure optimal client care, safety, mutual respect and trust. Each dental hygienist ensures client-centered care by establishing and maintaining positive, professional relationships with clients, families and significant others that are focused on client needs and based on respect, empathy and trust.

A dental hygienist encourages and honours **intra-profession and inter-professional collaboration** by:

a) Sharing information with other health professionals about the dental hygienist's scope of practice and areas of knowledge.

b) Clarifying her/his role in interprofessional client care.

c) Being available in a timely manner for consultation.

d) Using effective and secure communication techniques when requesting or replying to a consultation.

e) Respecting and acknowledging the expertise and contributions of all health care professionals.

f) Providing relevant oral health information to colleagues and other health professionals.

g) Practising co-operatively and effectively within oral health and inter-professional health teams and settings.

h) Collaborating with community, heath care professionals, and other partners to achieve **health promotion** goals for individuals and communities.

i) Demonstrating a commitment to the profession through community service activities and affiliations with professional organizations.

A dental hygienist ensures **positive and professional relationships** are established and maintained with **clients** by:

a) Respecting the autonomy of clients as full partners in dental hygiene care and the decision making process.

b) Demonstrating active listening and empathy to support client services.

c) Using appropriate and effective communication techniques using the principles of **health literacy** when working with clients, substitute decision makers, families and agents of the client.

d) Educating clients about the dental hygienist's scope of practice and areas of knowledge.

e) Clarifying her/his role in interprofessional client care.

f) Being available in a timely manner for consultation.

g) Recognizing and avoiding conflicts of interest.

h) Protecting the integrity, privacy and security of client records.

i) Ensuring an informed consent is obtained on an on-going basis during the delivery of dental hygiene care and services.

j) Respecting **diversity** in others.

k) Supporting clients by referring to other health professionals, community resources and government agencies that could improve client health outcomes.

# II. PROFESSIONAL PRACTICE

As primary oral health care providers, dental hygienists provide a variety of services in a variety of settings, for the purpose of improving the oral health of the client and the public. The delivery of dental hygiene services/programs requires dental hygienists to work with their clients to determine individual or community oral health needs, select and implement the most appropriate services/programs and evaluate outcomes. The **dental hygiene process**, a problem solving, critical thinking framework, is the accepted professional standard for decision making by dental hygienists. The remaining domains, **Practice Environment, Practice Management**, and **Dental Hygiene Services and Programs** reflect the professional standards associated with the professional practice of dental hygiene both inside and outside the clinical setting.

## 6. PRACTICE ENVIRONMENT

Dental hygiene is practised in a variety of settings. Regardless of the practice setting, dental hygienists have an obligation to their clients to establish and maintain practice environments that have organizational structures, policies and resources in place that are consistent with legal, professional and ethical responsibilities and promote safety, respect, and support for all persons within the practice setting.

A dental hygienist meets this practice standard by:

a) Ensuring that all legislative requirements for the practice environment are met such as workplace health and safety, workplace violence, accessible client services for those with disabilities, and human rights.

b) Ensuring that written policies and protocols are in place for health and safety, infection prevention and control, managing hazardous waste, emergency response, obtaining client consent, workplace violence, use of personal health information and privacy.

c) Promoting a work environment that is free from workplace violence, sexual harassment and other forms of discrimination and as an employer, providing employees with written human resource policies, job descriptions and employment contracts that comply with legislation and respect human rights.

d) Maintaining facilities, equipment, supplies and technology sufficient to provide a full scope of practice safely and effectively and securing and maintaining appropriate service schedules and service records.

e) Ensuring that emergency medical equipment, supplies and drugs are current, stored according to manufacturers' directions and readily accessible for use in a medical emergency.

f) Ensuring that current scientifically accepted infection control practices are in place.

## 7. PRACTICE MANAGEMENT

Dental hygienists are responsible for ensuring their practice environments support the efficient and ethical delivery of dental hygiene services.

A dental hygienist takes responsible action to ensure her/his practice complies with this standard by:

a) Scheduling the appropriate time for client care.

b) Promoting actions that encourage shared workplace values, respect and communication.

c) Ensuring the practice follows established business principles and relevant business legislation.

d) Establishing and maintaining communication with other health professionals who are part of the individual client's circle of care.

e) Providing dental hygiene services only in environments that are able to support safe, quality care.

f) Facilitating transparent billing practices and completing regular audits of billing practices related to her/his dental hygiene services.

g) Keeping detailed client records that meet the College's requirements for recordkeeping and support the continuity of client care.

h) Ensuring that others are not compromised in their ability to meet professional standards because of her/his actions.

## 8. DENTAL HYGIENE SERVICES AND PROGRAMS

Dental hygiene services include all interventions performed within the dental hygiene scope of practice directed toward attaining and maintaining optimal oral health for individuals and communities. In this context the Dental Hygiene Process of Care is utilized to assess, diagnose, plan, implement and evaluate policies, processes, interventions and outcomes. The utilization of each step, in progression, of the dental hygiene process of care, is essential to the safe and effective delivery of dental hygiene services and programs.

### *8.1 Assessment*

As the initial step in the dental hygiene process of care, an assessment involves the systematic **collection**, **documentation** and **analysis** of data to identify oral health risks and client needs. In the context of **public health** and health promotion, a dental hygiene assessment uses relevant data collection methods, **surveillance**, and analysis to quantify the probability of a harmful effect to individuals or populations from certain human activities. For a dental hygienist as an educator, assessment is the process of documenting in measurable terms, knowledge, skills, attitudes, and beliefs of the individual client, the learning community, the institution, or the educational system as a whole.

A dental hygienist demonstrates ethical and effective assessment practices by:

a) Using appropriate assessment strategies, techniques, tools, and indices to collect and record relevant data.

b) Using professional judgment and collection methods consistent with legal and ethical principles associated with accepted health care practice.

c) Using appropriate oral health indices for the identification and monitoring of high-risk individuals and groups.

d) Including client interview and feedback as part of the assessment process.

e) Including the client's oral health knowledge, beliefs, attitudes, skills and perceived barriers into the needs analysis.

f) Recognizing the political, social and economic issues affecting the individual and the community.

g) Recognizing and incorporating the **determinants of health** and oral health into the analysis phase of the assessment process.

h) Identifying clients for whom the initiation or continuation of dental hygiene interventions and/or programs are contra-indicated.

i) Collaborating with other health professionals or knowledge experts in the collection and/or analysis of client data.

### *8.2 Dental Hygiene Diagnosis*

An integral component in the dental hygiene process of care, the dental hygiene diagnosis involves the use of critical thinking skills and the analysis of the assessment data to reach **conclusions** about the client's or community's **dental hygiene needs**. The dental hygiene diagnosis is a statement that ties the assessment findings to the dental hygienist's planned interventions.

A dental hygienist demonstrates competence in forming a dental hygiene diagnosis by:

a) Actively conceptualizing, applying, analyzing, synthesizing, and evaluating information generated by observation, experience, reflection, reasoning, and communication, as a guide to belief and action.

b) Using available literature and/or visuals and/or audio materials to aid in the discussion of the assessment findings and/or oral conditions present.

c) Communicating the determinants of health and oral health with the client.

d) Interviewing clients about their understanding of their oral conditions, what has caused them and how that relates to the determinants of health and oral health.

e) Consulting with other health professionals and knowledge experts, if appropriate, to inform conclusions about the client's or community's needs.

f) Facilitating referrals to other health care providers if the determination of needs is inconclusive or self-determined to be outside the dental hygienist's area of knowledge.

### *8.3 Planning Interventions*

As part of the dental hygiene process of care, the planning phase involves the **establishment** of realistic, **client-centered goals** and **selection of interventions** that can move clients and/or communities closer to **optimal oral health**.

A dental hygienist demonstrates competence in the planning of client- or community-centered interventions by:

a) Determining and prioritizing the client's needs through a collaborative process with clients and, when needed, in collaboration with substitute decision makers and/or other health professionals.

b) Developing measurable long- and short-term goals and objectives with the client.

c) Designing a dental hygiene care plan or program based on assessment data, a client-centered approach, best practices and the best available resources.

d) Collaborating with other health professionals, if appropriate, to ensure an integrated plan or program.

e) Selecting and including in the plan or program appropriate health promotion strategies and interventions for individuals and communities.

f) Providing the client with information on the risks and benefits of planned interventions, alternative interventions, and the sequencing and cost of mutually agreed upon interventions or programs.

g) Including in the dental hygiene care plan or program a mechanism for **evaluation** post implementation.

h) Revising the dental hygiene care plan or program in **partnership** with the client as needed.

i) Recognizing the role of governments and community partners in promoting oral health

### *8.4 Implementation*

The implementation of dental hygiene interventions involves the **process of carrying out** the dental hygiene care plan or program designed **to meet the oral health needs** of the individual client or community.

A dental hygienist shows competence when providing dental hygiene services and programs by:

a) Ensuring that current scientifically accepted infection prevention and control procedures are in place and practised.

b) Ensuring that she/he is prepared to effectively respond and manage a medical emergency by being able to recognize the signs and symptoms of a medical emergency, knowing the practice environment's emergency protocols, knowing the location of, and the protocols for the delivery of, emergency supplies, medications, equipment and oxygen.

c) Maintaining certification in CPR and basic first aid.

d) Ensuring the safe management of hazardous waste.

e) Verifying that an informed consent is present before providing any intervention.

f) Providing interventions and applying products and techniques that are supported by sound scientific principles and have been evaluated for safety and effectiveness.

g) Managing client pain and/or anxiety by discussing options for the control or pain and anxiety with the client, selecting and providing clinical techniques for the control of pain and anxiety and evaluating the effectiveness of the pain control method selected.

h) Providing clients with appropriate pre- and post-intervention advice to include pain management, oral self-care, use of therapeutic and preventive agents, and follow-up/recare appointments.

i) Providing oral health and health advice, dental hygiene services and programs that are within the defined scope of practice and avoiding unnecessary interventions, inappropriate interventions or those refused by the client.

j) Using current health promotion techniques to implement and monitor strategies that promote health and self-care.

k) Applying educational theories, theoretical frameworks, communication and mediation techniques, and psycho-social principles to initiate change at an individual and community level.

### *8.5 Evaluation*

All dental hygiene intervention plans and programs include an evaluation framework. The evaluation framework is a plan within a plan or program that **measures the outcomes** using a set of key indicators that have been established based on the initial assessment and the client's identified needs. This phase of the dental hygiene process of care measures the extent to which the client and the dental hygienist have achieved the goals specified in the care plan or program. The evaluation process also allows the dental hygienist to modify dental hygiene intervention plans and programs based on outcome measures, changing needs, and new information.

A dental hygienist uses an evaluation framework effectively by:

a) Using appropriate assessment strategies, techniques, tools, indices and observations to collect and record relevant data to assess the effectiveness and efficacy of the dental hygiene interventions according to the specified goals and objectives.

b) Assessing the impact of dental hygiene interventions against baseline data.

c) Discussing the relevant findings with the client and including their perceptions of changes in individual oral health or community oral health in the discussion.

d) Measuring client satisfaction with services provided and outcomes achieved.

e) Using the assessment data, client interview, and determinants of oral health, to support decisions in the continuation, termination, revision, or modification of dental hygiene services or programs.

f) Using the evaluation results to establish the most appropriate interval for on-going preventive care based on the client's needs and ability to access oral health care.

g) Using the evaluation results to establish the need for consultation or referral to another health professional.

## GLOSSARY OF TERMS

This Glossary of Terms is, in part, adapted from the 1996, Ontario Ministry of Education and Training, *College Standards and Accreditation Council, Dental Hygiene Program Standards*. In addition, some of the definitions in this glossary were compiled by Dr. John M Last in October 2006 and revised and edited by Peggy Edwards in July 2007 as a part of the development of Core Competencies by the Public Health Agency of Canada (PHAC).*

**accountability:** dental hygienists' obligation to accept responsibility for their professional knowledge, skills, attitudes and judgment. Accountability includes self-evaluation, compliance with legislation, standards and codes.

**advocacy:** intervention such as speaking or writing in favour of a particular issue or cause, policy, individual or group of people. In the health field, advocacy is assumed to be in the public interest and directed towards good or desirable ends, whereas lobbying by a special interest group may or may not be in the public interest. Advocacy often aims to enhance the health of disadvantaged groups such as First Nations communities, people living in poverty or persons with HIV/AIDS.

**analysis:** the examination and evaluation of relevant information in order to select the best course of action from among various alternatives. This requires the integration of information from a variety of sources.

assessment: a formal method of evaluating a system or a process, preferably quantitative but sometimes necessarily qualitative, often with both qualitative and quantitative components.

**attitude:** a relatively stable belief or feeling about a concept, person or object. Attitudes can often be inferred by observing behaviours. Related to definition of values.

**client:** a recipient of oral health services. This term is broad and inclusive and may refer to an individual of any age or gender, a family, a group and/or a community. The client, as a consumer of oral health services, will be unique with diverse needs, demands, and definitions of wellness, motivations, and resources. The client is assumed to be seeking out a broad range of oral health services that are effective and efficient.

**client-centered service:** the provision of dental hygiene services for which the client's goals, expectations, needs and abilities direct the selection of all preventive and **therapeutic interventions**.

**collaborate:** to work together and refers to the dental hygienist and the client and/or other health professionals working together to achieve a common goal(s).

**collaboration:** the process of the dental hygienist working together with the client and/or other health professionals to achieve common goals.

**collaborative relationship:** an alliance of the dental hygienist with the client and/or health professionals to develop a single, integrated and comprehensive approach based on the client's needs, resources and barriers, respective oral health requirements and health services and programs.

* Public Health Agency of Canada (PHAC). *Core Competencies for Public Health in Canada: Release 1.0*. Ottawa: PHAC, 2007. Available on line at www.phac-aspc.gc.ca/core_competencies.

**communication skills:** the skills required by health professionals to transmit and receive ideas and information to and from involved individuals and groups. Communication skills include the ability to listen, and to speak and write in plain language (i.e., verbal skills often reinforced by visual images).

**community participation:** procedures whereby members of a community participate directly in decision-making about developments that affect the community. It covers a spectrum of activities ranging from passive involvement in community life to intensive action-oriented participation in community development (including political initiatives and strategies). The Ottawa Charter for Health Promotion emphasizes the importance of concrete and effective community action in setting priorities for health, making decisions, planning strategies and implementing them to achieve better health.

**competence:** the knowledge, skills, attitudes and judgment required of the dental hygienist in order to provide quality oral health services and programs. Competence is verified through the practitioner's performance in the practice environment.

**competent:** the dental hygienist behaves in a manner that is consistent with the knowledge, skills, attitudes and judgment required to provide quality oral health services and programs.

**comprehensive dental hygiene care:** the selection of particular service components, based on client needs, that have been ascertained through a careful assessment process and includes scheduling of appointments and services provided. It integrates the concept of client learning, self-care and responsibility.

**continuing competency:** maintaining and improving competence over time through a variety of activities; for example, performance, continuing education courses, participation in professional associations and reading.

**consultative process:** a process of deliberation where the dental hygienist confers with the client and/or health professionals to achieve a common goal.

**culturally-relevant (and appropriate):** recognizing, understanding and applying attitudes and practices that are sensitive to and appropriate for people with diverse cultural socioeconomic and educational backgrounds, and persons of all ages, genders, health status, sexual orientations and abilities.

**data:** factual information, such as measurements or statistics, used as a basis for reasoning, discussion, or calculation.

**dental hygienist:** a registered oral health professional who performs a variety of roles including clinical therapy, health promotion, education, administration and research in a variety of practice environments. In all roles and practice environments, the dental hygienist works collaboratively with the client and other health professionals and, using a problem-solving framework, bases all decisions, judgments and interventions on current evidence-based research and theory. As a registrant of a self-regulated profession, a dental hygienist must practise safely, ethically and effectively for the promotion of the oral health and well-being of the public in Ontario.

**dental hygiene diagnosis**: involves the use of critical thinking skills and the analysis of the assessment data to reach conclusions about the client's or community's dental hygiene needs. The dental hygiene diagnosis is a statement that ties the assessment findings to the dental hygienist's planned interventions.

**dental hygiene process:** refers to the assessment of the client needs, a dental hygiene diagnosis, formulation of a dental hygiene services/program plan, implementation of the plan, and the subsequent evaluation of dental hygiene services/program.

**Dental Hygiene Standards of Practice:** are published by the College and other authorities to clarify the roles/responsibilities of the dental hygienist and to provide a framework for measuring the quality of dental hygiene services/programs. The *CDHO Dental Hygiene Standards of Practice* outlines the knowledge, skills, attitudes and judgment that are essential for quality dental hygiene practice.

**dental hygiene treatment plan:** is a written blueprint that directs the dental hygienist and the client as they work together to meet the client's goals for oral health. The plan increases the likelihood that the health professionals will work collaboratively to deliver client-focused, goal-oriented, individualized services/programs to the client. The treatment plan facilitates the monitoring of client progress and ensures continuity of services/programs and communication among health professionals.

**determinants of health:** definable entities that cause, are associated with, or induce health outcomes. Public health is fundamentally concerned with action and advocacy to address the full range of potentially modifiable determinants of health – not only those which are related to the actions of individuals, such as health behaviours and lifestyles, but also factors such as income and social status, education, employment and working conditions, access to appropriate health services, and the physical environments. These, in combination, create different living conditions which impact on health.

**disease and injury prevention:** measures to prevent the occurrence of disease and injury, such as risk factor reduction, but also to arrest the progress and reduce the consequences of disease or injury once established. Disease and injury prevention is sometimes used as a complementary term alongside health promotion.

**diversity:** the demographic characteristic of populations attributable to perceptible ethnic, linguistic, cultural, visible or social variation among groups of individuals in the general population.

**empowerment:** a process through which people gain greater control over decisions and actions affecting their health. Empowerment may be a social, cultural, psychological or political process through which individuals and social groups are able to express their needs, present their concerns, devise strategies for involvement in decision-making, and achieve political, social and cultural action to meet those needs. (See definition – health promotion)

**equity/equitable:** equity means fairness. Equity in health means that people's needs guide the distribution of opportunities for well-being. Equity in health is not the same as equality in health status. Inequalities in health status between individuals and populations are inevitable consequences of genetic differences and various social and economic conditions, or a result of personal lifestyle choices. Inequities occur as a consequence of differences in opportunity which result, for example in unequal access to health services, nutritious food or adequate housing. In such cases, inequalities in health status arise as a consequence of inequities in opportunities in life.

**ethics:** the branch of philosophy dealing with distinctions between right and wrong, with the moral consequences of human actions. Much of modern ethical thinking is based on concepts of human rights, individual freedom and autonomy, on doing good and not harming. The concept of equity, or equal consideration for every individual, is paramount. Finding a balance between the public health requirement for access to information and the individual's right to privacy and to confidentiality of personal information may also be a source of tension.

**evaluation:** efforts aimed at determining as systematically and objectively as possible the effectiveness and impact of health-related (and other) activities in relation to objectives, taking into account the resources that have been used.

**evidence:** information such as analyzed data, published research findings, results of evaluations, prior experience, expert opinions, any or all of which may be used to reach conclusions on which decisions are based.

**evidence-based practice:** is dental hygiene practice supported by a scientific body of knowledge that facilitates clinical decision making and evaluation of dental hygiene services/programs using objective outcome measures.

**health literacy:** ability of individuals to access and use health information to make appropriate health decisions and maintain basic health.

**(health) planning:** a set of practices and procedures that are intended to enhance the efficiency and effectiveness of health services and to improve health outcomes. This important activity commonly comprises short-term, medium-term, and long-range planning. Important considerations are resource allocation, priority setting, distribution of staff and physical facilities, planning for emergencies and ways to cope with extremes of demand and unforeseen contingencies, and preparation of budgets for future fiscal periods.

**health policy:** a course or principle of action adopted or proposed by a government, party, organization, or individual; the written or unwritten aims, objectives, targets, strategy, tactics, and plans that guide the actions of a government or an organization. Policies have three interconnected and ideally continually evolving stages: development, implementation and evaluation. Policy development is the creative process of identifying and establishing a policy to meet a particular need or situation. Policy implementation consists of the actions taken to set up or modify a policy, and evaluation is assessment of how, and how well, the policy works in practice. Health policy is often enacted through legislation or other forms of rule-making, which define regulations and incentives that enable the provision of, and access to, health services and programs.

**health program:** a description or plan of action for an event or sequence of actions or events over a period that may be short or prolonged. More formally, an outline of the way a system or service will function, with specifics such as roles and responsibilities, expected expenditures, outcomes, etc. A health program is generally long term and often multifaceted, whereas a health project is a short-term and usually narrowly focused activity.

**health promotion:** the process of enabling people to increase control over, and to improve their health. It not only embraces actions directed at strengthening the skills and capabilities of individuals, but also action directed towards changing social, environmental and economic conditions so as to alleviate their impact on public and individual health. The Ottawa Charter for Health Promotion (1986) describes five key strategies for health promotion: build healthy public policy; create supportive environments for health; strengthen community action for health; develop personal skills; and re-orient health services. (A public health system core function.)

**health protection:** a useful term to describe important activities of public health, specifically in food hygiene, water purification, environmental sanitation, preventing and managing infectious and communicable diseases, drug safety and other activities that eliminate as far as possible the risk of adverse consequences to health attributable to environmental hazards.

**information:** facts, ideas, concepts and data that have been recorded, analyzed, and organized in a way that facilitates interpretation and subsequent action.

**interprofessional practice:** to improve client outcomes within healthcare, two or more professions working as a team, with a common purpose, commitment and mutual respect.

**intra-profession**: collaboration to improve client outcomes by two or more individuals belonging to the same profession.

**investigation:** a systematic, thorough and formal process of inquiry or examination used to gather facts and information in order to understand, define, and resolve a public health issue.

**leadership:** leadership is described in many ways. In the field of health it relates to the ability of an individual to influence, motivate, and enable others to contribute toward the effectiveness and success of their community and/or the organization in which they work. It involves inspiring people to craft and achieve a vision and goals. Leaders provide mentoring, coaching and recognition. They encourage empowerment, allowing other leaders to emerge.

**legislation:** refers to relevant laws enacted by the provincial and federal governments.

**lifelong learning:** a broad concept where education that is flexible, diverse and available at different times and places is pursued throughout life. It takes place at all levels — formal, non-formal and informal — utilizing various modalities such as distance learning and conventional learning.

**mediate:** a process through which the different interests (personal, social, economic) of individuals and communities, and different sectors (public and private) are reconciled in ways that promote and protect health. Facilitating change in people's lifestyles and living conditions inevitably produces conflicts between the different sectors and interests in a population. Reconciling such conflicts in ways that promote health may require considerable input from health promotion practitioners, including the application of skills in advocacy for health.

**mission:** the purpose for which an organization, agency, or service, exists, often summarized in a mission statement.

**partnership:** collaboration between individuals, groups, organizations, governments or sectors for the purpose of joint action to achieve a goal. The concept of partnership implies that there is an informal understanding or a more formal agreement (possibly legally binding) among the parties regarding roles and responsibilities, as well as the nature of the goal and how it will be pursued.

**performance standards:** the criteria, often determined in advance, e.g., by an expert committee, by which the activities of health professionals or the organization in which they work, are assessed.

**population health assessment:** population health assessment entails understanding the health of populations and the factors that underlie health and health risks. This is frequently manifested through community health profiles and health status reports that inform priority setting and program planning, delivery and evaluation. Assessment includes consideration of physical, biological, behavioural, social, cultural, economic and other factors that affect health. The health of the population or a specified subset of the population can be measured by health status indicators such as life expectancy and hospital admission rates.

**preventive interventions:** are actions performed by the dental hygienist to promote and maintain the client's optimal oral health. Preventive interventions include educating clients about oral health, oral health practices and oral health services and programs, by using current knowledge and teaching and learning methodologies.

**professional behaviour:** describes behaviour that is consistent with the knowledge, skills and attitudes required to provide quality oral health care that is consistent with the legal, ethical and accepted practices of dental hygiene.

**public health:** an organized activity of society to promote, protect, improve, and when necessary, restore the health of individuals, specified groups, or the entire population. It is a combination of sciences, skills, and values that function through collective societal activities and involve programs, services, and institutions aimed at protecting and improving the health of all people. The term "public health" can describe a concept, a social institution, a set of scientific and professional disciplines and technologies, and a form of practice. It is a way of thinking, a set of disciplines, an institution of society, and a manner of practice. It has an increasing number and variety of specialized domains and demands of its practitioners an increasing array of skills and expertise.

**public health sciences:** a collective name for the scholarly activities that form the scientific base for public health practice, services, and systems. Until the early 19th century, scholarly activities were limited to natural and biological sciences sometimes enlightened by empirical logic. The scientific base has broadened to include vital statistics, epidemiology, environmental sciences, biostatistics, microbiology, social and behavioural sciences, genetics, nutrition, molecular biology, and more.

**registrant:** a person who registers or is registered with the College of Dental Hygienists of Ontario.

**research:** activities designed to develop or contribute to knowledge, e.g., theories, principles, relationships, or the information on which these are based. Research may be conducted simply by observation and inference, or by the use of experiment, in which the researcher alters or manipulates conditions in order to observe and study the consequences of doing so. Qualitative research aims to do in-depth exploration of a group or issue, and the methods used often include focus groups, interviews, life histories, etc.

**resources:** available and feasible supports that enable dental hygiene care to be delivered.

**scientific method:** the systematic, orderly procedures that, while not infallible, seek to limit the possibility for error and minimize the likelihood that any bias or opinion by the researcher might influence the results.

**social justice:** the concept of a society that gives individuals and groups fair treatment and an equitable share of the benefits of society. In this context, social justice is based on the concepts of human rights and equity. Under social justice, all groups and individuals are entitled equally to important rights such as health protection and minimal standards of income.

**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.

**social responsibility:** an ethic of service that involves undertaking actions that advances the common good.

**surveillance:** systematic, ongoing collection, collation, and analysis of health-related information that is communicated in a timely manner to all who need to know which health problems require action in their community. Surveillance is a central feature of epidemiological practice, where it is used to control disease. Information that is used for surveillance comes from many sources, including reported cases of communicable diseases, hospital admissions, laboratory reports, cancer registries, population surveys, reports of absence from school or work, and reported causes of death.

**therapeutic interventions:** actions performed by the practitioner to assist the client to regain and maintain optimal oral health.

**values:** the beliefs, traditions and social customs held dear and honoured by individuals and collective society. Moral values are deeply believed, change little over time and are often grounded in religious faith. They include beliefs about the sanctity of life, the role of families in society, and protection from harm of infants, children and other vulnerable people. Social values are more flexible and may change as individuals undergo experience. These may include beliefs about the status and roles of women in society, attitudes towards use of alcohol, tobacco and other substances. Values can affect behaviour and health either beneficially or harmfully.

**vision:** if a strategic plan is the "blueprint" for an organization's work, then the vision is the "artist's rendering" of the achievement of that plan. It is a description in words that conjures up the ideal destination of the group's work together.

**working environment:** a setting in which people work. This comprises not merely the physical environment and workplace hazards, but also the social, cultural and psychological setting that may help to induce harmony among workers, or the opposite — tension, friction, distrust and animosity which can interfere with well-being and aggravate risks of injury.

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