DHASNY Endorsement of ADHA’s Standards for Dental Hygiene Clinical Practice as the Standard of Clinical Dental Hygiene Practice in New York State

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**Issue Background and Significance**
Over the past two decades, the *dental hygiene process of care* has been proposed as the standard for professional practice to advance the practice of dental hygiene from a service-oriented model to a patient-centered care model (1,2). In contrast to the service-oriented model, the patient-centered care model partners with the patient to identify the individual needs of the patient (e.g., disease risk, values, belief, challenges), defines a strategy to meet these needs (e.g., preventive, therapeutic, referrals) and monitors the patient’s progress on achieving and maintaining optimum oral health (e.g. recare). This patient-centered care model is supported by the dental hygiene process of care.

The dental hygiene process of care is defined by five phases: (1,2,3)

<table>
<thead>
<tr>
<th>Phases of Care</th>
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<tbody>
<tr>
<td>Phase 1</td>
<td>Assess</td>
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<td>The organized, systematic collection and documentation of objective and subjective findings from a variety of sources to evaluate the health status of the patient</td>
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<td>Phase 2</td>
<td>Dental Hygiene Diagnosis</td>
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<td>Identification of an existing oral health problem or risk for a problem that may be treated within the scope of dental hygiene education and licensure. The dental hygiene diagnosis links the identified problem or risk for a problem to supporting evidence and factors contributing to the condition. This phase is the foundation for the subsequent phases.</td>
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<td>Phase 3</td>
<td>Plan</td>
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<td>The phase of care that defines patient care goals and evidence based intervention to achieve the desired health outcomes. Patient care goals and intervention strategies are based upon the supporting evidence and contributors to the identified oral health problem. A supportive appointment scheduled is determined at this phase.</td>
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<td>Phase 4</td>
<td>Implement</td>
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<td>To put the care plan into action</td>
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<td>Phase 5</td>
<td>Evaluate</td>
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<td>Although evaluation is the last phase of care, evaluation is a continuous process inherent in all phases of care. Evaluation represents the assessment of new evidence; during the implementation of the care plan to monitor progress in achieving patient care goals, at the conclusion of the care plan to recommend a supportive recare schedule, and at the recare to measure long term health outcomes and strategies to address continued care needs.</td>
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The process of care is represented as a continuous cycle of steps which provides a conceptual framework for addressing the comprehensive needs of a patient where each phase of care is dependent upon the previous phase to achieve a desired patient care outcome. The process of care supports a multidisciplinary approach to patient care and is applicable to both private dental practice and dental public health care environments. (1,3)
In 2005, the American Dental Hygienists’ Association (ADHA) published *Standards for Clinical Dental Hygiene Practice*. The Standards were modeled from the dental hygiene process of care and provide a structure for clinical practice which supports a *patient-centered and comprehensive professional practice model*. It is the position of the Dental Hygienists’ Association of the State of New York that this practice model more accurately represent the professional skills that registered dental hygienists possess upon entry into clinical practice. Therefore, the Dental Hygienists’ Association of the State of New York (DHASNY) endorses the ADHA’s Standards for Dental Hygiene Clinical Practice as the Standard of Clinical Dental Hygiene Practice in New York State.

**Discussion**

Inherent in this professional practice model, is that the dental hygiene practitioner;

- possesses a scope and depth of evidence-based theory and skill,
- applies critical thinking skills to patient care decision-making (e.g. assess, diagnose, plan), and
- monitors patient care outcomes (e.g. implement, evaluate).

Evidence of these aforementioned professional practice skills is demonstrated by the defined educational standards required of dental hygiene entry-level programs. The American Dental Education Association (ADEA) and the American Dental Association, Commission on Dental Accreditation (CODA) define the curriculum content required of entry-level dental hygiene education. *(4,5,6)*. Each of these professional organizations has defined dental hygiene curriculum guidelines for patient care according to the process of care, thus supporting the patient centered care practice model.

In 1998-99, the American Association of Dental Schools (AADS), now the American Dental Education Association (ADEA) developed and published *Competencies for Entry into the Profession of Dental Hygiene*. *(4, 5)*. ADEA *(2005)* published a revised document to reflect changes occurring in dental hygiene education. *(7)* These guidelines addressed foundational core competencies integral to dental hygiene professional practice (e.g. ethics, values, skills and knowledge) as well as competencies for;

- health promotion/disease prevention,
- patient care,
- community involvement, and
- professional growth and development).

The process of care is clearly defined within ADEA’s competencies for clinical dental hygiene.

The American Dental Association, Commission on Dental Accreditation (CODA), a state endorsed national agency that accredits entry level dental hygiene programs, mandates that a graduate of an entry-level dental hygiene program must be competent in applying the process of care to patient care. Standard 2, Educational Program, defines required patient care competencies, specifically 2-17 and 2-20, that address the process of care model; *(6)*

**Standard 2-17**: Graduates must be competent in providing the dental hygiene process of care which includes:

- comprehensive collection of patient care data to identify physical and oral health status;
- analysis of assessment findings and use of critical thinking in order to address the patient’s dental hygiene treatment needs;
- establishment of a dental hygiene care plan that reflects the realistic goals & treatment strategies to facilitate optimal oral health;
d) provision of patient-centered treatment and evidence-based care in a manner minimizing risk and optimizing oral health;

e) measurement of the extent to which goals identified in the dental hygiene care plan are achieved;
f) complete and accurate recording of all documentation relevant to patient care.

**Standard 2-20:** Graduates must be competent in assessing, planning, implementing and evaluating community-based oral health programs including, health promotion and disease prevention activities.

Although dental hygiene diagnosis is implied in the aforementioned CODA Standards, the revised accreditation standards effective January of 2013 recognizes and specifically defines the dental hygiene diagnosis as: “identification of an existing or potential oral health problem that a dental hygienist is qualified and licensed to treat.”(6)

Both the Commission on Dental Accreditation and the American Dental Education Association recognize that the process of care is necessary in preparing dental hygiene practitioners. Therefore, the ADHA’s Standards for Clinical Dental Hygiene Practice represents the knowledge and skills that dental hygienists’ possesses upon entering the workforce.

**Conclusion**

DHASNY’s endorsement of these well defined standards from ADHA will bring consistency to and reflect a complete and accurate description of the responsibilities of a registered dental hygienist practicing in the State of New York. This will:

- assist clinicians in patient-provider relationships in “patient-centered care in multidisciplinary teams of health professionals” and
- educate “other healthcare professionals/providers, policy makers, and the general public about the scope of dental hygiene education and clinical dental hygiene practice.”

This professional practice model is fundamental to the practice of dental hygiene and vital to providing dental care to all patients in all practice settings, collaboratively with other healthcare providers.

**References**

4. ADEA. “Exhibit 7 Competencies for Entry into the Profession of Dental Hygiene (as approved by the 2003 House of Delegates)”. *Journal of Dental Education* 68(7):745-749, July 2004.
5. ADEA. “Exhibit 9 Competencies for Entry into the Profession of Dental Hygiene (as approved by the 2010 ADEA House of Delegates)”. *Journal of Dental Education* 74(7):769-775, July 2010.
6. ADA. Accreditation Standards for Dental Hygiene Education Programs. [www.ada.org](http://www.ada.org)