SECTION I

Orientation to Clinical Dental Hygiene Practice

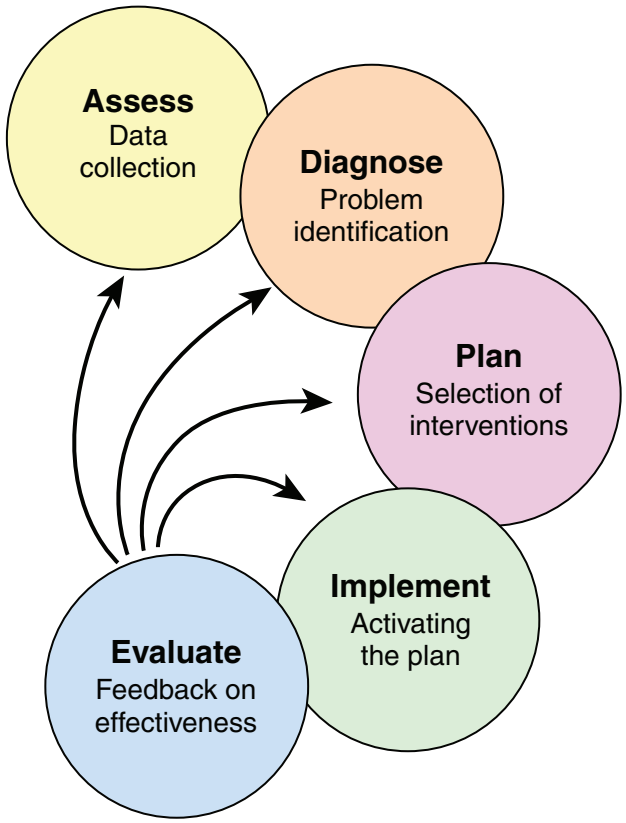

FIGURE I-1 The Dental Hygiene Process of Care

INTRODUCTION

Professional dental hygiene practice is not defined only by the clinical duties that are traditionally associated with private practice dental care settings. The dental hygienist is an educated and licensed primary health care provider who fills numerous roles that contribute to better oral health. In addition, the dental hygienist is concerned with the general health and wellbeing of both individual patients and population groups. This chapter outlines the professional roles and responsibilities of the dental hygienist as they apply in all practice settings.

The professional status of dental hygiene practice is dedicated to:

- Understanding the ethical standards and core values outlined in professional Codes of Ethics.
- Application of those values and standards to dental hygiene practice in every setting.
- Ability to communicate with individuals and groups across cultures.
- Application of the dental hygiene process of care in clinical practice.

THE DENTAL HYGIENE PROCESS OF CARE

The dental hygiene process of care is the basis for providing preventive, educational, and therapeutic dental hygiene services in a clinical setting. The process, illustrated by **Figure I-1**, as well as similar figures that are repeated on each section heading page, explains the series of interrelated steps that the dental hygienist follows to provide clinical patient care. The process of care makes a full cycle.

The overall process is explained in Chapter 1. Each step in the process is described more completely throughout the sections of the textbook.

ETHICAL APPLICATIONS

Basic ethical concepts are described in the introduction to each section of the textbook. Reference charts are included to summarize important ethical information. In each chapter, ethical decision making is illustrated in an Everyday Ethics scenario with questions that can be used to guide class discussions or individual reflection.

CHAPTER 1

The Professional Dental Hygienist

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Chapter Outline

The dental hygienist is a licensed primary healthcare professional, oral health educator, and clinician who provides preventive, educational, and therapeutic services supporting total health for the control of oral diseases and the promotion of oral health. Dental hygiene services are available for general and specialty dental practices, programs for research, professional education, community health, and hospital and institutional care of disabled persons, as well as for federal programs, the armed services, and dental product promotion in corporate industry. Key words relating to dental hygienists and their practice are defined in **Box 1-1**.

BOX 1-1 Key Words

KEY WORDS AND ABBREVIATIONS: Professional Dental Hygienist

ADHA: American Dental Hygienists' Association.
CDHA: Canadian Dental Hygienists' Association.
CEU: continuing education unit; 1 unit commonly refers to 1 clock hour of instruction.
Competency: the skills, understanding, and professional values of an individual ready for beginning dental hygiene practice.
Continuing education: postlicensure short-term educational experiences for refresher, updating, and renewal; continuing education units may be required for relicensure.
Cotherapist: term used to describe the relationships between patient, dentist, and dental hygienist when coordinating the efforts to attain and maintain the oral health of the patient.
Dental hygiene care: the science and practice of the prevention of oral diseases; the integrated preventive and treatment services administered for a patient by a dental hygienist.
Dental hygiene care plan: the services within the framework of the total treatment plan to be carried out by the dental hygienist.
Dental hygiene diagnosis: identification of an existing or potential oral health problem that a dental hygienist is qualified and licensed to treat.
Dental hygiene process of care: an organized systematic group of activities that provides the framework for delivering quality dental hygiene care.
Dental hygienist: dental health specialist whose primary concern is the maintenance of oral health and the prevention of oral disease (see also opening paragraph, page 4).
Dentistry: the evaluation, diagnosis, prevention, and/or treatment (nonsurgical, surgical, or related procedures) of diseases, disorders, and/or conditions of the oral cavity, maxillofacial area, and/or the adjacent and associated structures and their impact on the human body, provided by a dentist, within the scope of his/her education, training, and experience, in accordance with the ethics of the profession and applicable law (American Dental Association).
Health: state of physical, mental, and social well-being, not only the absence of disease.
Health promotion: the process of enabling people to increase control and improve their health through self-care, mutual aid, and the creation of healthy environments.
Hygiene: the science of health and its preservation; a condition or practice, such as cleanliness, that is conducive to the preservation of health.
IFDH: International Federation of Dental Hygienists
Oral hygiene: procedures for preservation of health of the oral cavity; personal maintenance of cleanliness and other measures recommended by dental professionals.
Intervention: an action taken by a dental hygienist to maintain or restore a patient's optimal oral health.
License by credential: acceptance for licensure by a regulatory body (state, province) on the evidence from a license obtained in another state where equivalent standards and requirements are required; also called reciprocity, a mutual or cooperative exchange.
Primary healthcare: employs the techniques and agents to abort the onset of disease, to reverse the progress of the initial stages of disease, or to arrest the disease process before treatment becomes necessary.
Profession: occupation or calling that requires specialized knowledge, methods, and skills, as well as preparation, from an institution of higher learning, in the scholarly, scientific, and historic principles underlying such methods and skills; a profession continuously enlarges its body of knowledge, functions autonomously in formulation of policy, and maintains high standards of achievement and conduct; members of a profession are committed to continuing study, place service above personal gain, and are committed to providing practical services vital to human and social welfare.
Prognosis: a forecast of the probable course and outcome of the treatment of a condition or disease.
Supervision: term applied to a legal relationship between dentist and dental team members in practice. Each practice act defines the type of supervision required.
Collaborative Practice of Dental Hygiene: the science of the prevention and treatment of oral disease through the provision of educational, assessment, preventive, clinical, and other therapeutic services in a collaborative working relationship with a consulting dentist, but without general supervision.
Direct supervision: the dentist has diagnosed and authorized the condition to be treated, remains on the premises while the procedure is performed, and approves the work performed before dismissal of the patient.

KEY WORDS AND ABBREVIATIONS: Professional Dental Hygienist, continued

General supervision: the dentist has authorized the procedure for a patient of record but need not be present when the authorized procedure is carried out by a licensed dental hygienist. The procedure is carried out in accordance with the dentist's diagnosis and treatment plan.

Personal supervision: while the dentist is personally treating a patient, the dental hygienist is authorized to aid in the treatment by concurrently performing a supportive procedure.

ROLES OF DENTAL HYGIENE

- Within the wide span of dental hygiene practice areas, dental hygienists may serve in a variety of capacities.
- With the challenges brought about by the advances in scientific research and the changes in healthcare systems, the scope of practice has widened.
- Dental hygienists are found serving in several interrelated roles, including clinician, educator, researcher, administrator/manager, and advocate.
- All are interconnected through their common application to public health.
- Areas of responsibility in this variety of roles are defined in **Box 1-2** and illustrated in **Figure 1-1**.

DENTAL HYGIENE CARE

The term *dental hygiene care* is used to denote all integrated preventive and treatment services administered to a patient by a dental hygienist. This term is parallel to the commonly used term *dental care,* which refers to the services provided by the dentist.

- Clinical services, both dental and dental hygiene, have limited long-range probability of success if the patient does not understand the need for cooperation in daily procedures of personal care and diet and for regular appointments for professional care.
- Educational and clinical services, therefore, are mutually dependent and inseparable in the total dental hygiene care of the patient.

Dr. Alfred C. Fones, the "father of dental hygiene," emphasized the important role of education. In the first textbook for dental hygienists, he wrote:

> *"It is primarily to this important work of public education that the dental hygienist is called. She must regard herself as the channel through which dentistry's knowledge of mouth hygiene is to be disseminated. The greatest service she can perform is the*

BOX 1-2 The ADHA Roles of Dental Hygienists

PUBLIC HEALTH
All roles of the dental hygienist are considered to be **interrelated** within the context of improving the public's health by promoting oral health.

CLINICIAN
Assesses, diagnoses, plans, implements, and evaluates treatment for prevention, intervention, and control of oral diseases while practicing in collaboration with other professionals.

EDUCATOR
Uses educational theory and methodology to analyze health needs, develops health promotion strategies, and delivers and evaluates the results of attaining or maintaining oral health for individuals or groups.

RESEARCHER
Applies the scientific method to select appropriate therapies, educational methods, or content; interprets and applies findings and solves problems.

ADMINISTRATOR/MANAGER
Applies organizational skills, communicates objectives, identifies and manages resources, and evaluates and modifies programs of health, education, or healthcare.

ADVOCATE
Influences legislators, health agencies, and other organizations to bring existing health problems and available resources together to resolve problems and improve access to care. Analyzes barriers to change; develops mechanisms to effect change; implements processes and evaluates the success of programs that promote health for individuals, families, or communities; and promotes lifestyle changes for individual patients.

FIGURE 1-1 American Dental Hygienists' Association Professional Roles of the Dental Hygienist. This graphic represents the six interconnected roles of the dental hygienist and positions the role of public health as an integral component of the other roles of clinician, educator, researcher, administrator/manager, and advocate.

persistent education of the public in mouth hygiene and the allied branches of general hygiene."[1]

- Dental hygiene has been studied and the scope of practice has developed from Dr. Fones' original concept.
- Scientific information about the prevention of oral diseases has been advancing steadily.
- The public has become increasingly aware of the need for dental hygiene care and the importance of oral health instruction.
- The clinical practice of the dental hygienist integrates specific care with instructional services required by the individual patient.

TYPES OF SERVICES

The clinical and educational responsibilities of the dental hygienist are divided into preventive and therapeutic services. Clinical and educational activities are inseparable and overlap as patient care is planned and accomplished.

I. PREVENTIVE SERVICES

Preventive services are the methods employed by the clinician and/or patient to promote and maintain oral health. Preventive services fall into three groups: primary, secondary, and tertiary.

- *Primary prevention* refers to measures carried out so that disease does not occur and is truly prevented.

  Example: An example of primary prevention is the use of fluorides.
- *Secondary prevention* involves the treatment of early disease to prevent further progress of potentially irreversible conditions that, if not arrested, can lead eventually to extensive rehabilitative treatment or even loss of teeth.

  Example: Removal of all calculus and dental biofilm while debriding a root surface in a relatively shallow periodontal pocket is an example of secondary prevention in that the treatment contributes to the prevention of continued attachment loss and the formation of a deep pocket.
- *Tertiary prevention* uses methods to replace lost tissues and to rehabilitate the oral cavity to a level where function is as near normal as possible after secondary prevention has not been successful.

  Example: An example of tertiary prevention is the replacement of a missing tooth using a fixed partial denture or implant and therefore restoring function.

II. EDUCATIONAL SERVICES

- Educational services are the strategies developed for an individual or a group to elicit behaviors directed toward health.
- Educational aspects of dental hygiene service permeate the entire patient care system.
- The preparation for clinical treatment, the outcomes of treatment, and the long-term success of both preventive and therapeutic services depend on the patient's understanding of each procedure and on the daily care of the oral cavity.

III. THERAPEUTIC SERVICES

- Therapeutic services are clinical treatments designed to arrest or control disease and maintain oral tissues in health.
- Dental hygiene treatment services are an integral part of the total treatment procedures.
- All scaling and root debridement along with the steps in posttreatment care are parts of the therapeutic phase in the treatment of periodontal infections.
- Placement of a pit and fissure sealant is an example of both a preventive and a therapeutic service.

DENTAL HYGIENE PROCESS OF CARE

The dental hygiene process of care includes assessment, dental hygiene diagnosis, planning, implementation, and evaluation.[2] As a process, the procedures performed are continual in nature and may overlap or occur simultaneously.

I. PURPOSES OF THE DENTAL HYGIENE PROCESS OF CARE

- To provide a framework within which individualized needs of the patient can be met.
- To identify the causative or influencing factors of a condition that can be reduced, eliminated, or prevented by the dental hygienist.

II. ASSESSMENT[3]

A. Definition

The assessment phase is the first component of the dental hygiene process. This phase provides a foundation for patient care by collecting both subjective and objective data.

B. Objectives

- Systematic collection of comprehensive data relative to the health status of the individual patient.
- Documentation of data in patient's record.

C. Subjective Data

- Obtained by observation and interaction with the patient
- Includes chief complaint, perception of health, care and the value placed on oral health.

D. Objective Data

- Includes physical and oral assessment.
- Records clinical and radiographic findings to show evidence of disease in teeth and periodontal tissues, including probing depths, loss of periodontal attachment, dental carious lesions, and defective restorations.

III. DENTAL HYGIENE DIAGNOSIS[4]

A. Definition

The dental hygiene diagnosis identifies the health behaviors of individuals as well as the actual or potential oral health problems that dental hygienists are educated and licensed to treat. The diagnosis provides the basis on which the dental hygiene care plan is designed, implemented, and evaluated. For preparation of the dental hygiene diagnosis, the data from the assessment phase are critically analyzed and interpreted.

B. Objectives

- Identify the health behaviors of individuals as well as the actual or potential health problems that dental hygienists are licensed to treat.
- Provide the basis on which the dental hygiene care plan is designed, implemented, and evaluated.
- Justify the treatment proposed to the patient.
- Challenge the dental hygienist to assume responsibility for patient care and to move beyond a rote system of clinical practice.

C. Data Processing

- Use critical thinking skills to collect and interpret information.
- Include the classification, interpretation and validation of information collected during the assessment phase.
  1. *Classification*. Classification of data involves the sorting of information into specific categories such as general systemic, oral soft tissue, periodontal, dental, and oral hygiene. As information is organized, pertinent data are interpreted according to the patient's needs.
  2. *Interpretation*. Data interpretation relies upon critical thinking to identify significance. The cognitive processes of analysis, synthesis, inductive reasoning, and deductive reasoning are the basis for determining a diagnosis.
- Compare findings with standards or norms.
- Recognize deviations or abnormalities
- Analyze abnormalities with respect to significance.
  3. *Validation*. Validation is an attempt to verify the accuracy of data interpretation. Validation can assist in recognizing errors, isolating discrepancies, and identifying the need for additional information.
- Direct interaction with the patient.
- Consultation with other healthcare professionals.
- Comparison of data with an authoritative reference.

D. Formulate the Dental Hygiene Diagnosis

- Focus on the patient's individual needs.
- Determine potential or actual problems that can be prevented, minimized, or resolved by independent or interdependent interventions.
- Identify the patient's condition or potential for risk.
- Specify the causative and contributing factors, such as environmental, psychological, sociocultural, and physiological factors, believed to be related to the health condition.
- Provide safe and effective care. Dental hygienists diagnose within the scope of dental hygiene.
- Express the problem and cause, for example, "Generalized brown tooth stains related to the use of cigars."
- Sample diagnostic statements are provided in **Table 1-1**.

TABLE 1-1 Examples of Dental Hygiene Diagnostic Statements

Problem		Cause (Risk Factors and Etiology)
Halitosis	*Related to*	Dental biofilm accumulation on the tongue
Cervical abrasion	*Related to*	Incorrect toothbrushing
Potential for dental caries	*Related to*	Deep occlusal pits and fissures
Bleeding on probing	*Related to*	Marginal dental biofilm accumulation
Anxiety	*Related to*	Dental phobia

IV. DENTAL HYGIENE CARE PLANNING[5]

A. Definition

Dental hygiene care planning is the selection of interventions to be performed by the patient, dental hygienist, or others to meet the needs of the patient in attaining oral health.

B. Objectives

- Develop strategies to meet the individual needs of the patient as identified by the dental hygiene diagnosis.
- Incorporate priorities, goals, interventions, and expected outcomes.

C. Establishing Priorities

- Priorities are determined by the immediacy of the condition, the severity of the problems, and available resources.
- Patients are active participants in the identification of priorities.

D. Setting Goals

- Each problem is accompanied by a goal.
- Goals are directly related to the problem and represent the anticipated level of achievement.

E. Determining Interventions

- Interventions are dental hygiene therapies or patient educational activities that reduce, eliminate, or prevent the cause of the problem.

  Example: For the prevention of halitosis, dental hygiene interventions may include tongue cleaning and patient instruction about the papillae on the tongue that trap biofilm.

F. Identifying Expected Outcomes (Prognosis)

- Expected outcomes represent measurable criteria for each intervention.
- Selected according to the anticipated effectiveness of the interventions.
- Provide a way to evaluate the results of the intervention.

  Example. An expected outcome following a patient education intervention about tongue anatomy might be that the patient is now able to perform a self-evaluation of tongue cleanliness.

G. Presenting the Dental Hygiene Care Plan

- To the dentist for integration with the comprehensive care plan.
- To the patient for complete understanding of the interventions needed and the appointment requirements.

H. Obtaining Informed Consent (page ____)

- Demonstrates that the care plan has been thoroughly explained to the patient.
- Determines the willingness of the patient to participate.

V. IMPLEMENTATION

A. Definition

The implementation phase is the activation of the care plan. This is where the dental hygiene services are performed and personal daily oral care instructions are given.

B. Objectives

- Put care plan into action.
- Perform identified activities. These activities may be performed by the patient, dental hygienist, or others depending on patient needs.

VI. EVALUATION

A. Definition

At this point, the process of care comes full circle. The evaluation phase is used to determine if the patient needs to be re-treated, referred, or placed on maintenance.

B. Objectives

- Compare current health status with baseline data.
- Assess progress or lack thereof toward the stated goal.
- Determine change or modification of the care plan.
- Determine maintenance interval according to the patient's health status and adherence to personal oral hygiene protocols.

C. Maintenance Phase

- The maintenance phase of care has also been termed "continuing care" or "supportive therapy" and may be scheduled at intervals of 3, 4, or 6 months depending on the patient's health status and adherence to personal care.
- All patients need to be placed on a maintenance program to prevent progression or recurrence of disease and to maintain their current level of health.

VII. APPLICATIONS FOR THE PROCESS OF CARE

The five components of the dental hygiene process of care serve as the foundation for clinical practice of the dental hygienist. Chapter 22, *The Dental Hygiene Care Plan*, further illustrates the process through the utilization of the Patient-Specific Dental Hygiene Care Plan (Figure 22-1). The plan provides a framework for completing and recording the details of the various components of the process.

CULTURAL CONSIDERATIONS

Culturally sensitive delivery of dental hygiene services can make a positive difference in oral health outcomes for all patients. Key words related to cultural considerations in dental hygiene care are found in **Box 1-3**.

I. CULTURE AND HEALTH

A. Effects of Culture on Oral Health Status

The increasing diversity of ethnic/racial communities and linguistic groups in the United States presents a challenge to the delivery of oral health services.

- Health disparities related to cultural and ethnic background exist in the healthcare system.[6]
- Each individual patient presents with learned patterns of health knowledge and behaviors that "must be transcended to achieve equal access and quality health care."[7]
- Ignoring culture can lead to negative health consequences and/or poor clinical outcomes.[8]

Culture and language can influence:[7]

- Beliefs and behaviors related to health, healing, and wellness.
- Perceptions of illness, diseases, and their causes.
- Attitudes of patients toward accessing health services or attitudes toward health care providers.
- Attitudes and behaviors of providers who may have learned a set of values that are different from those of their patients.

B. Culturally Effective Oral Care

- Meeting each patient's individual oral care needs is the hallmark of dental hygiene practice.
- The ability to provide effective oral health education and dental hygiene services for culturally diverse patients requires the ability to assess, be sensitive to, and respect each patient's cultural differences.
- Culturally effective dental hygiene care includes each patient's health beliefs, practices, values, customs, and traditions in the plan for dental hygiene care.

II. CROSS-CULTURAL COMMUNICATION

Communication with patients from other cultures is enhanced when the dental hygienist develops knowledge about and avoids stereotyping traditional behaviors and values of a patient's cultural group. Knowing some general principles can enhance communication.

A. Nonverbal Communication

Some culturally related differences in nonverbal communication are identified in **Box 1-4**. To communicate successfully the dental hygienist will:

- Follow the patient's lead for touching or personal space.
- Use hand and arm gestures with caution.
- Be careful interpreting facial expressions.
- Follow the patient's lead for making eye contact.

BOX 1-3 Key Words

KEY WORDS: Cultural Considerations in Oral Health Care

Culture: refers to a learned set of beliefs, values, attitudes, convictions, and behaviors that are common to a group (especially an ethnic group) of people and usually passed down from generation to generation.

Cultural competence: a set of congruent attitudes, skills, behaviors, and policies that enable effective cross-cultural communication for delivery of oral health services.

Culturally effective oral health care: refers to a dynamic relationship between provider and patient that results in culturally relevant and culturally specific oral healthcare recommendations; delivery of oral healthcare services in a way that is respectful of and responsive to the cultural norms and linguistic needs of individual patients.

Cultural sensitivity: refers to making an effort to understand the language, culture, and behaviors of diverse individuals and groups.

Linguistic competence: refers to providing culturally appropriate oral and written health information for persons with limited proficiency in English (or other dominant local language).

Oral health disparities: significant differences in oral health status and/or access to oral health services between one population and another; populations affected by disparities include racial and ethnic minorities, the elderly, and persons with disabilities.

Plain language publication: written health information that uses simplified terminology, pictures, or any other method that can enhance understanding for patients with limited language proficiency.

Stereotype: refers to seeing individuals from a population group as having no individuality, as though all have the same (often perceived as negative) characteristics.

BOX 1-4 Nonverbal Cross-Cultural Communication

Facial Expression	■ Smiling, winking, and blinking may not signify the same intent in all cultures. ■ People from some cultures point at an object by shifting eyes or pursing lips because pointing with a hand or finger is inappropriate. ■ Expressions of pain and discomfort may differ among cultures or according to family experiences. Some cultures value stoicism while others seem to emote effusively.
Gestures	■ Hand signs can be interpreted in many ways among cultures. ■ Some commonly used gestures, such as the "OK" finger-thumb circle shape or the "thumbs-up" gesture have vulgar connotations for members of some cultures.
Head Movements and Physical Postures	■ Head movement signs for "yes" and "no" vary greatly in some cultures. ■ Some cultures nod head (as in "yes") to indicate attention to or respect for the speaker—even if the answer to the question is not yes or if they do not understand what is being said. ■ Standing with hands on hips might indicate a challenge to members of some cultures. ■ Many cultures consider slouching or poor posture as a sign of disrespect. ■ Showing the bottom of the shoe (resting foot on top of knee while sitting) is considered impolite in some cultures.
Personal Space and Touching	■ Individuals from some cultures are accustomed to standing or sitting very close and sometimes touching, even during casual interactions; others may express alarm if the provider stands or sits too close. ■ A light touch, a brief kiss on the cheek, or warm handshake is common in some cultures, even among people who have just met or individuals of the same gender. ■ In some cultures, such physical contact may be extremely inappropriate. ■ In some cultures, touching or accepting an article with the left hand is considered unclean.
Eye Contact	■ In some cultures making direct eye to eye contact is a sign of respect; in others, it is a sign of disrespect especially if done by a child or toward an authority figure such as a healthcare provider. ■ The "languid" or half-closed eyes of individuals from some cultures in not necessarily a sign of disrespect or inattention.

Adapted from: Management Sciences for Health (MSH), U.S. Department of Health and Human Services, Health Resources and Services Administration, and Bureau of Primary Health Care: Non-Verbal Communication. The Provider's Guide to Quality and Culture website. Available at: *http://erc.msh.org/mainpage.cfm?file=1.0.htm&module=provider&language=English* (accessed July, 2006).

B. Language Proficiency

- Simplify language as much as possible without speaking down to the patient.
- Eliminate professional jargon.
- Use pictures, diagrams, and demonstrations to help increase understanding.
- Provide "plain language" health information publications to reinforce and support compliance with oral health recommendations.

C. Using an Interpreter

When the patient's skills in the dominant language are not sufficient to assure informed consent or compliance with recommendations, a professional interpreter can be used to enhance communication. Family members or friends are not the same as a professional interpreter.

- A professional interpreter will have proficiency in both languages as well as an ability to convey complex information completely and accurately. Informal interpreters are more likely to modify important information or interject their own opinions, beliefs, or prejudices.
- It is particularly inadvisable to ask children to interpret sensitive health information.
- Focus on and direct all communication to the patient, with pauses to allow the interpreter to translate.

D. Family Decision Making

- In many cultures, an individual's health problem is considered to be a family problem.

- Involvement of certain family members in the treatment planning process may be a key factor in assuring compliance with recommendations.
- It is also important to be sensitive about involving certain family members (such as children) in the discussion.

III. ATTAINING CULTURAL COMPETENCE

Cultural and linguistic competence is the ability of health care providers and organizations to understand and respond to the needs of culturally diverse populations for whom they provide care. Achieving cultural competence in providing healthcare is a process[9] that requires a commitment to cultural awareness, a motivation to engage in cultural encounters, and an ongoing acquisition of cultural knowledge and communication skills. The dental hygienist who strives to become adept at providing culturally effective care:

- Values (and not simply tolerates) diversity.
- Conducts honest self-assessment to determine how personal health beliefs, traditions, and biases influence ability to relate to culturally different individuals.
- Actively acquires knowledge about patients' health beliefs, behaviors, and cultural norms.
- Is nonjudgmental regarding cultural traditions and beliefs.
- Avoids stereotypes.
- Routinely adapts delivery of dental hygiene care in a way that reflects understanding of each patient's diversity and unique oral health needs.

IV. CULTURAL COMPETENCE AND THE DENTAL HYGIENE PROCESS OF CARE

Respect for each patient's cultural differences, healthcare practices, health beliefs, and values can be integrated into all areas of the dental hygiene process of care.[10]

A. Assessment

The ability to collect accurate, complete assessment data is the key to providing dental hygiene interventions that meet patient needs.

- Culturally effective nonverbal communication and listening skills help build trust and patient rapport that can facilitate the transfer of important personal health information.
- Skillful, nonjudgmental questioning can help elicit cultural specific data such as health beliefs and values, as well as avoid misunderstandings about a patient's culturally related health practices.
- Asking permission prior to touching a patient during the extra- and intraoral examination procedures can avoid problems with cultural differences in personal space.

B. Diagnosis

A dental hygiene diagnosis is predicated on a clear understanding of the patient's history, medical status, symptoms, and current treatment modalities. The culturally competent dental hygienist will prepare diagnostic statements that take into consideration the individual patient's:

- Culture-specific health risks that are related to oral status.
- Cultural practices that may impact the patient's oral health status.

C. Planning

The dental hygiene care plan formulates oral health goals that realistically meet the needs of each individual patient. The goals identified in the plan are based on a synthesis of needs determined by the dental hygienist and those expressed by the patient.

- A culturally sensitive dental hygiene care plan respects and takes into consideration the patient's current health practices and beliefs.
- With the patient's input, the plan may be devised to accept, modify, or eliminate current culturally relevant healthcare practices.
- The plan is sensitive to the practices, products, or substances that the patient's culture prohibits, such as mouthrinses containing alcohol for patients in some cultures.
- A culturally and linguistically sensitive approach to communicating the dental hygiene care plan can facilitate informed consent for dental hygiene interventions.

D. Implementation

Cultural appropriate communication can enhance the patient's cooperation during treatment.

- Knowledge of culturally determined expressions of pain and discomfort during treatment can help the dental hygienist determine appropriate pain control measures during treatment.
- Language appropriate instructions before, during, and after each procedure can enhance patient compliance with treatment.
- "Plain language" oral health materials can enhance patient compliance with recommendations.

E. Evaluation

A dental hygienist who is sensitive to cultural differences evaluates treatment success based on the goals determined in a previously prepared culturally relevant care plan.

- Feedback provided for the patient respects culturally diverse beliefs and values related to oral health. Self-evaluation regarding the cultural effectiveness of the

practitioner's approach can provide insight for planning modifications to the patient's continuing care plan.

DENTAL HYGIENE ETHICS

The ethics of a profession provide the general standards of right and wrong that guide the behavior of the members in that profession. Key words relating to ethics and ethical principles are defined in **Box 1-5**.

The members of a profession:

- Have extensive specialized education.
- Possess an intellectual body of knowledge from study and research.
- Provide services important for the common good of society, for example, dental hygienists provide preventive, educational, and therapeutic services that protect and enhance the overall health of the public.
- Maintain an organization of members that sets professional standards.
- Exercise autonomy and judgment.
- Prepare their own code of ethics.

THE CODE OF ETHICS

- Describes professional conduct.
- Outlines responsibilities and duties of each member toward patients, colleagues, and society in general.

I. PURPOSES OF THE CODE OF ETHICS

- To increase the awareness of, and sensitivity to, ethical situations in practice.
- To define a standard of conduct that will give each individual a strong sense of ethical consciousness in professional practice as well as in all phases of life.

II. DENTAL HYGIENE CODES

- The Codes of the American Dental Hygienists' Association, the Canadian Dental Hygienists' Association, and the International Federation of Dental Hygienists can be read in Appendices I, II, and III (pages ____).
- Each dental hygienist is responsible for the study and application of the code of the particular association in which membership is held.

CORE VALUES

"Core Values" are selected principles of ethical behavior that can be considered the heart of the code of a profession.

I. CORE VALUES IN DENTAL HYGIENE

- Individual autonomy and respect for human beings.
- Confidentiality.

BOX 1-5 **Key Words**

KEY WORDS: Ethics

Autonomy: the act of self-determination by persons with the ability to make a choice or decision. Autonomy exists for both the dental hygienist and the patient.
Beneficence: doing good for a benefit or enhanced welfare.
Confidentiality: involves the rights of patients to privacy; a duty of dental hygienists is to protect privileged communication.
Core values: basic values of a profession; guide to choices or actions by implying a preference for what is deemed to be acceptable in the profession.
Ethical dilemma: a problem that involves two morally correct choices or courses of action. There may not be a single answer and, depending on the choice, the outcomes can differ.
Ethical issue: a common problem wherein a solution is readily grounded in the governing practice act, recognized laws, or acceptable standards of care. Decisions involving ethical issues are generally more clearly defined than are dilemmas.
Ethics: a sense of moral obligation; a system of moral principles that governs the conduct of a professional group, planned by them for the common good of people; principles of morality.
Justice/fairness: fair treatment according to an equitable distribution of benefits and burdens; impartiality; a core value.
Moral: a principle or habit with respect to right or wrong behavior.
Nonmaleficence: avoidance of harm to others; a core value.
Rights: expectations by the patient that correlate with the duties of a professional person when providing care.
Societal trust: maintaining a bond of trust in the relationships between the dental hygienist and patients, other professional persons, and the public.
Veracity: a duty to tell the truth when information is disclosed to patients about treatment.
Virtue: character trait; one must intend to act virtuously as a professional. Examples include honesty, compassion, care, and wisdom.

BOX 1-6 Value Self-Assessment

1. When do you first remember learning the meaning of right and wrong?
2. Which individuals have been role models in your life and why?
3. Explain any rules that taught you to be a "morally good" adult in society.
4. Which character traits are important to provide patient care and/or be a member of a dental team?
5. Describe what you value most in life, and why.

- Societal trust.
- Beneficence.
- Nonmaleficence.
- Justice and fairness.
- Veracity.

II. PERSONAL VALUES

- Value development begins at an early age and is influenced by familial, social, and economic factors.
- Life experiences, grounded in previous successes and failures, serve as a foundation for professional virtues.
- Members of a health profession can benefit from periodic self-assessment of individual values, attitudes, and responsibilities. The questions for thought in **Box 1-6** can provide a personal review or may be used in a group discussion.

III. THE PATIENT FIRST

- The responsibility to put the patient first is foremost.
- Dental hygienists are ethically, morally, and legally responsible to provide oral care for all patients without discrimination.
- Ethical decision making and professional behavior are reflected in every aspect of dental hygiene practice.

IV. LIFELONG LEARNING: AN ETHICAL DUTY

- To ensure optimal care for each patient.
- To maintain competency.
- To learn scientific advances from new research.
- To provide evidence-based patient care.
- To apply consistent ethical reasoning.
- To ensure fulfillment of each patient's rights.

ETHICAL APPLICATIONS

A dental hygienist may be involved in a variety of moral, ethical, and legal situations as part of the daily routine. In ethics, a problem situation is considered either an *ethical issue* or an *ethical dilemma*.

I. ETHICAL ISSUE

- More clearly defined than a dilemma.
- A common problem wherein a solution is grounded in the governing practice act, recognized laws, or accepted standards of care.
- May be resolved on decisions based on the standard rules of practice.

II. ETHICAL DILEMMA

- A problem that involves two morally correct choices or courses of action.
- May not have a single answer and, depending on the choice, the outcomes can differ.
- To resolve a dilemma, the facts are gathered, ethical principles and theories are applied, and options are explored.

When a dilemma or an issue arises, the four steps in **Table 1-2** provide a reasonable approach. Consider each step in a logical sequence.

- Identify the problem and the individuals involved.
- Gather the facts from all persons concerned.
- Determine which ethical principles may apply.
- List alternative solutions or outcomes as they are proposed by each participant.
- Consider the benefits and disadvantages of all possible outcomes.
- Compare the anticipated action with acceptable professional standards.

III. SUMMARY: THE FINAL DECISION

- Only after addressing the items in each box of the decision framework can the dental hygienist take action and make a decision.
- Many factors can be used to solve a dilemma.
- All dental healthcare providers involved in the decision process can participate in a follow-up evaluation of the action taken.
- Once a decision has been made, the concluding assessment should be: Is the decision/action that is selected morally defensible? In essence, can the choice be defended to solve the dilemma?
- A professional person may need to defend it to the patient, the dentist, members of the dental team, a state board, or even a court of law.
- Most importantly, the decision must be defensible based on standards of practice established for the dental hygiene profession.

IV. APPLICATIONS

Various ethical issues and dilemmas are presented throughout this book for discussion and consideration. The examples are found in special boxes called "Everyday

TABLE 1-2 A FRAMEWORK FOR MAKING DECISIONS IN THE DENTAL SETTING

Step 1. Dental Hygiene Situation
- Is this situation an ethical issue or a dilemma?
- What is the chief concern/problem?
- Summarize the history of the patient or situation.
- List all the facts in the case.
- Who is involved in making this decision?
- What guidelines exist that apply to this situation?

Step 2. Individual Preferences
- What are the rights of the individuals involved in the case?
- What are the duties of the dental hygienist?
- In a clinical case:
  - Has informed consent been obtained?
  - How has the choice for care been communicated by the patient and explained by dental professionals?

Step 3. Choices vs. Alternatives
- Which core ethical values apply to the case?
- What are the benefits of care?
- Are there short-term vs. long-term options for this situation/treatment?
- Describe the realistic alternatives that exist.
- Has patient education been provided?
- Explain benefits and burdens to the patient or the dental professional.

Step 4. Case Parameters
- Does the "scope of practice" apply to this situation? If so, explain.
- What financial, legal, or cultural factors need consideration?
- Is there a conflict of interest between a patient, dental providers, or other individuals?
- Should an outside source be consulted in this case?

Ethics" and usually appear at the end of the chapter where the problem may apply.

LEGAL FACTORS IN PRACTICE

- The law must be studied and respected by each dental hygienist practicing within the state, province, or country.
- Although the various practice acts have certain basic similarities, differences in scope and definition exist.
- Terminology varies, but each practice act regulates the patient services that may be practiced by the licensed dental hygienist. Changes may be made from time to time.
- A frequent review of the practice acts and/or regulations will keep the dental health professional up to date.

PERSONAL FACTORS IN PRACTICE

- Each dental hygienist represents the entire profession to the patient being served.
- The dental hygienist's expressed or demonstrated attitudes toward dentistry, dental hygiene, and other health professions, as well as toward health services and preventive measures, will affect the subsequent attitude of the patient toward other dental hygienists and dental hygiene care in general.
- Members of health professions who exemplify the traits they hold as objectives for others enhance probability of positive response and cooperation from their patients.

Many personal factors of general physical health, oral health, cleanliness, appearance, and mental health are to be considered. A few of these are included here:

- *General Physical Health*. Optimum physical health depends to a great extent on a well-planned diet, a sufficient amount of sleep, and an adequate amount of exercise.

  Because of the occupational hazards of dental personnel, routine examinations at least annually need to include tests for hearing, sight, urinary mercury, and certain communicable diseases. Immunizations are described on page ____.
- *Oral Health*. The maintenance of a clean, healthy mouth demonstrates by example that the dental hygienist follows the teachings of the dental and dental hygiene professions relative to prevention and control of oral disease.
- *Mental Health*. The mental health of the dental hygienist is reflected in interpersonal relationships and the ability to inspire confidence through a display of professional and emotional maturity. Adequate physical health, recreation, and participation in professional and community activities contribute to optimum mental health.

SPECIAL PRACTICE AREAS

A wide range of settings is available for the practice of a dental hygienist. Likewise, a wide range of patient problems requires specialized knowledge and skills.

I. DENTAL SPECIALTIES

There are nine areas of dentistry in which a dentist may conduct an ethical limited practice. They are the following:[11]

- Dental Public Health
- Endodontics
- Oral and Maxillofacial Pathology
- Oral and Maxillofacial Surgery
- Orthodontics and Dentofacial Orthopedics
- Pediatric Dentistry

- Periodontics
- Prosthodontics
- Oral and Maxillofacial Radiology

Education and training for certification in the dental specialties require a minimum of 2 or 3 years of graduate or postdoctoral study and the successful completion of written and practical examinations. Masters and postdoctoral specialty degrees require 3 or more years beyond basic dental education.

II. DENTAL HYGIENE SPECIALTIES

Although licensure is not required universally for dental hygienists to practice within a specialty, educational curricula exist for certain areas. For example, advanced degree programs to prepare for dental hygiene education and public health have been available for many years. Other dental hygienists with masters or doctoral degrees have majored in nutrition and dietetics, business and administration, and law, as well as a variety of sciences.

In other special areas, short-term courses have been developed, such as for instruction in the care of patients with disabilities. In-service training may be available in long-term care institutions, hospitals, and skilled nursing facilities. Other dental hygienists have learned to practice in a specialty through private study, special conferences, and personal experience.

Dental hygienists practice in specialty areas, particularly public health, orthodontics, pediatric dentistry, and periodontics. Others are involved in special clinics with a variety of health specialists, where patients with dental deformities such as cleft lip and/or palate or with oral cancer are under care. In other facilities, dental hygienists serve with a combined medical and dental team in the treatment of patients with severe systemic diseases; patients with physical, mental, or emotional handicapping conditions; or patients with combinations of any of the problems mentioned.

Objectives for Professional Practice

I. OVERALL GOALS

- A dental hygienist's self-assessment is essential in attaining goals of perfection for service to each patient and in collaboration with the dentist in a total dental and dental hygiene care program.
- Personal objectives are outlined and reviewed frequently in a plan for continued self-improvement.
- The overall professional goals of the dental hygiene profession relate to health promotion and disease prevention.
- The goal of each dental hygienist with respect to patient care is *to aid individuals and groups in attaining and maintaining optimum oral health*. Other personal objectives are related to this primary one.

II. PERSONAL GOALS

The professional dental hygienist will:

- Exemplify the highest degree of professional ethics and conduct.
- Plan and carry out effectively the dental hygiene services essential to the total care program for each individual patient.
- Apply evidenced-based knowledge and understanding of the basic and clinical sciences in the recognition of oral conditions and the prevention of oral diseases.
- Apply evidenced-based scientific knowledge and skill to all clinical and instructional procedures.
- Recognize each patient as an individual and adapt care planning and interventions accordingly.
- Identify and care for the needs of patients who have unusual general health problems that affect dental hygiene procedures.
- Demonstrate interpersonal relationships that permit attending the patient with assurance and presenting dental health information effectively.

Everyday Ethics

The first term of the dental hygiene curriculum has just finished. The instructor asks for student volunteers to help at the college's health fair to provide basic routine brushing and flossing directions to people who stop at the dental hygiene information table. Three students, Alice, Annette, and Josephine, sign up to volunteer for this community service. The day before the health fair, which takes place on a Saturday, Annette is asked to work in the dental office where she is employed part-time. Since she really needs the money, she decides not to attend the health fair and instead goes to work without telling anyone.

Questions for Consideration

1. In general, would this situation be described as a professional issue or an ethical dilemma? Why?
2. Discuss Annette's actions in terms of the core ethical values.
3. What aspects of the Dental Hygiene Code of Ethics can you use to support your choice of action?

- Provide a complete and personalized instructional service to help each patient become motivated toward changes in oral health behavioral practices.
- Practice safe and efficient clinical routines for the application of standard precautions for infection control.
- Apply a continuing process of self-evaluation in clinical practice throughout professional life.
- Recognize the need for lifelong learning to acquire updated knowledge through reading professional literature and enrolling in continuing education programs.
- Maintain membership and participate actively in the local, national, and international dental hygiene professional associations.

Factors To Teach The Patient

- The role of the dental hygienist as a cotherapist with each patient and with members of the dental profession.
- The moral and ethical nature of becoming a dental hygiene professional.
- The scope of service of the dental hygienist as defined by various practice acts.
- The interrelationship of instructional and clinical services in dental hygiene patient care.
- The patient's potential state of oral health and how it can be improved and maintained.

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