Competencies for the Advanced Dental Hygiene Practitioner (ADHP)

American Dental Hygienists' Association

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Vision Statement

Extending primary oral healthcare to all.

Mission Statement

To improve the underserved public's health, the advanced dental hygiene practitioner provides access to early interventions, quality preventive oral healthcare and referrals to dentists and other healthcare providers.

Background

Oral Health in the United States

Although most oral diseases are preventable, untreated dental disease remains prevalent throughout the United States. Disparities in oral health are most evident among populations with low income and educational levels, special needs, and those who live in communities without access to oral health services. Populations with the greatest need often do not receive dental care negatively affecting their success in school, the workplace, and their overall quality of life. The Surgeon General's Report[1] referred to this problem as the "silent epidemic" and "oral health crisis."

Landmark reports suggest that the current dental care system in the United States is not effectively ensuring optimal oral health for all populations.[1-4] Multiple factors exacerbate oral health disparities: the current structure of the oral healthcare delivery system; maldistribution of providers; lack of diversity among providers; restrictive regulatory statutes; geographic, educational and cultural barriers; oral health literacy; and financing of care.[1,5,6] The provision of oral healthcare services has remained primarily a private sector entity, addressing the needs of a select population, while often remaining inaccessible to the populations with the highest prevalence of oral disease. However, considering the untreated oral disease in America, one goal is to ensure that underserved populations have a dental home, defined as a continuous relationship with a primary oral care provider who manages patient care.[1,3,7,8]

Oral diseases have been associated with a number of systemic conditions and chronic diseases such as diabetes, cardiovascular disease and preterm low birth weight babies, underscoring the importance of oral health services for all individuals. Oral health is an integral part of overall health; dental disease prevention, oral health

promotion and treatment of oral infection are essential elements of comprehensive, multidisciplinary healthcare. Prevention and early intervention are strategies long recognized across health disciplines as effective in terms of dollars spent and in minimizing or eliminating human pain and suffering.

With the changing healthcare system,[1] the role of an advanced practitioner becomes even more critical. Limited access to care, particularly among the disadvantaged, has received national focus due to a child's untimely death, resulting from untreated tooth decay that developed into a brain abscess.[9] By integrating the services provided by an Advanced Dental Hygiene Practitioner (ADHP) into the current healthcare system, easier access to oral healthcare services can be achieved. The ADHP can provide the first-line of care and refer to community dentists and healthcare providers when necessary. Further, with new research emphasizing the link between oral and systemic health,[1,10-12] advanced knowledge in wellness, prevention and health education takes on greater importance.[13] The comprehensive ADHP curriculum emphasizes the need for practitioners to address the systemic well-being of the patient, to recognize the correlations between oral and systemic conditions, and to possess the clinical judgment to refer accordingly.

Oral Health Disparities

Over 45.6 million Americans live in dental health profession shortage areas.[14] The Surgeon General's Report[1] states that oral health in the United States is rife with "profound and consequential disparities within the population." The population of racial and ethnic minority groups whose current oral health is already compromised will grow by almost 20% from 2000 to 2050.[15] About one in three adults living in poverty have untreated dental decay.[16] Further, the number of adults over the age of 65 will continue to increase.[15] This group of adults has retained more of their teeth than previous cohorts in the same age group.[16] It is logical to conclude that greater retention of natural teeth within this expanding population will stimulate demand for additional oral healthcare services.

Tooth decay remains the single most prevalent chronic disease of children. Children without access to regular preventive and restorative oral health services suffer needlessly from avoidable dental disease. Untreated decay is twice as prevalent in children and adolescents living in poverty when compared to their peers from families with higher incomes.[16]

In the United States, most adults exhibit some stage of periodontal disease as indicated by periodontal attachment loss.[17,18] In particular, the Hispanic population, elderly and those at the lowest socioeconomic status suffer with a greater prevalence of periodontal diseases than other populations.[17,19] Interestingly, most missing teeth are lost because of periodontal disease and dental caries; thus those

individuals living below the poverty level are more likely to be edentulous.[20,21]

Limited access to routine preventive and restorative dental services can result in chronic dental disease such as periodontal disease, dental decay, abscess, and toothaches leading to costly visits to hospital emergency rooms. Moreover, many children and adults with limited access to dental care, self medicate and postpone seeking dental care until conditions, such as toothaches and facial abscesses, become so debilitating that hospital emergency and operating room visits are their only source of care and relief. Hospital emergency and operating room visits are not cost-effective and most importantly do not address dental disease management, since few hospitals deliver comprehensive dental services. As an example, one tragic story that stemmed from unmet dental needs first appeared in the *Washington Post* and reported the untimely death of 12-year-old Deamonte Driver of Maryland, who died of complications associated with an acute dental infection that advanced to the brain.[9] Earlier preventive and restorative dental care would have cost about $80 and could have saved his life, yet Deamonte's hospitalization leading up to his death was estimated to cost $250,000.[22]

The Oral Health Workforce

In the United States, the numbers of graduating dentists are declining while the numbers of licensed dental hygienists are continuing to increase. As of January 2008, there are 293 accredited dental hygiene programs and 56 accredited dental schools.[23] According to the American Dental Education Association,[24] the number of graduates from dental hygiene programs continues to outpace those of dental schools. The U.S. Department of Labor, Bureau of Labor Statistics reported in 2007[25] that the employment of dentists is projected to grow "about as fast as average" for all occupations through 2016 and that most of the available jobs will be the result of replacing the large number of retired dentists in the nation. In contrast, dental hygiene employment is expected to grow "much faster than average" for all occupations through 2016.[26] The rate of growth for dental hygienists from 2006-2016 is projected at 30% while the predicted growth rate for dentists is 9%. The Bureau of Labor Statistics Report[25] concluded that employment of dentists is not expected to keep pace with the escalating demand for dental services.

In addition, geographic maldistribution of dentists remains problematic in the United States. In large metropolitan areas, the dentist to population ratio was 61 per 100,000 as compared to 29 dentists per 100,000 in rural areas of the United States. A real concern in the rural areas is the expected increase in the number of retired dentists. With the reported decline in the number of new dental graduates, a decrease in rural dental care may result.[27]

Effectiveness of Non-Dentist Providers

Internationally, non-dentists have provided direct dental care to patients for many years. As early as 1922, programs were established in New Zealand to prepare non-dentists to provide oral healthcare to children in school systems. Today, the role of the New Zealand Dental Therapist has expanded to include the delivery of care to those with limited access. The New Zealand as well as the Canadian and British dental therapist professionals serve as models for others seeking solutions to improve access to care and to improve the oral health of the public.

In the 1960s and 1970s, studies were conducted in the United States to compare the effectiveness and quality of dentist and non-dentist providers in the delivery of irreversible and reversible procedures traditionally performed by dentists. These studies clearly demonstrated the effectiveness of using non-dental providers to increase the public's access to select oral health services. Studies supporting these findings employed sound research designs and were funded through federal and foundation grants, conducted by respected institutions.[28-31]

These pioneering programs, many still in operation, have shown that formally educated non-dentist providers can deliver quality, oral healthcare to underserved populations.[28-36] Furthermore, investigators concluded that the cost of educating these providers was less than the cost of dental education and that gains in clinical productivity outweighed costs.

Direct access can be a pipeline to bring people who need dental care into the healthcare system. Direct access to care allows dental hygienists to plan and initiate dental hygiene treatment primarily in nursing homes and schools without the specific authorization of a dentist. As of 2008, 22 states allow direct access to dental hygiene practitioners and services; only ten states permitted this just eight years ago. In addition, as of 2008, 40 states allow dental hygienists to administer local anesthesia; 26 states allow the administration and monitoring of nitrous oxide analgesia; and 12 states reimburse dental hygienists for providing Medicaid services. These legislative developments in dental hygiene practice provide a foundation for the advanced dental hygiene practitioner. Further, these changes in oral healthcare delivery have been market-driven as the need for care intensifies among unserved populations.

The Community

The relationship between the ADHP and the community will be instrumental in directing access for unserved populations. Research has shown that healthcare workers indigenous to the community foster positive relationships and health behavior compliance. ADHPs

will target their efforts and work with community leaders and families in developing and implementing appropriate healthcare interventions.

The ADHP will understand and respect the cultural identity of underserved communities to effectively assess and address their oral health needs. Understanding a community's cultural identity, the ADHP will examine the differences and similarities in cultural perceptions of communities so that planned interventions are appropriate for that particular cultural context. This appropriateness, often referred to as cultural sensitivity, insures that interventions are developed "in ways that are consistent with a community's cultural framework".[37] In practice, the ADHP will address the unmet oral health needs of underserved communities and be vested in the community to build relationships, gain trust and garner the respect needed to influence healthcare decision-making and behaviors.

Advanced Dental Hygiene Practitioner (ADHP)

The National Call to Action to Promote Oral Health[3] identified the need to enhance oral health workforce capacity in the United States. The ADHP is proposed as a potentially cost-effective response to the oral health crisis. The ADHP will be a clinical provider with the skills necessary to practice in public health. The ADHP will work in partnership with dentists to advance the oral health of patients and other healthcare providers. This new practitioner will provide diagnostic, preventive, therapeutic and restorative services to the underserved public in a variety of settings and will refer those in need to dentists and other healthcare providers. In June 2004, the membership of the American Dental Hygienists' Association (ADHA) adopted the ADHP resolution calling for development of a curriculum to prepare dental hygienists who will practice at an advanced level. This master's degree curriculum builds upon the foundation of existing dental hygiene education.

Given the extent of unmet oral healthcare needs, the projected increased demand for oral healthcare services and the declining numbers and maldistribution of dentist providers, a natural niche for a collaborative care model between dentists and dental hygienists exists. The dental hygiene profession with its continuing growth offers a cadre of competent providers who can deliver comprehensive primary care services where they are most needed. In this collaborative model, the ADHP can serve as the liaison to the dentist for patient treatment that requires a higher level of expertise.

The concept of an advanced practitioner is well accepted in medicine and integrated into the healthcare arena. For example, the nursing profession developed advanced practice nurses in response to unmet public health needs. Thus, precedent has been set with providers that include nurse practitioners, certified nurse midwives, clinical nurse specialists and certified registered nurse anesthetists. The successful nurse practitioner paradigm is being used as the basis for the ADHP model.

While implementation of the ADHP allows dental hygienists to build upon their education and experience, the registered dental hygienist will remain an integral part of the dental team in private practice. Advanced practitioners focus on collaboration within a multidisciplinary network of health and social care providers to ensure a consistent oral health component in comprehensive healthcare. Advanced dental hygiene practice merges the dental hygiene sciences with aspects of general dentistry. Because general dentistry is more comprehensive in nature, advanced practitioners must have collaborative partnerships with general dentists and specialists for referral and consultations. Using a collaborative framework, the ADHP can serve populations in settings where the number of practicing dentists is limited.

Summary

The challenge of delivering primary oral care to persons outside of the traditional oral healthcare system can be met with a multidisciplinary, collaborative approach that centers on eliminating the untreated oral diseases prevalent in various populations. The advanced practice model, with its emphasis on dentist and ADHP collaboration, has the potential to serve populations characterized as low-income, underserved, and unserved. Internationally, non-dentists successfully have provided, and continue to provide, quality primary dental care directly to children and adults in Canada, New Zealand, and Great Britain. The ADHP in the United States is positioned to:

- Increase the effectiveness and efficiency of the dental workforce;
- Potentially reduce the cost of dental services by providing primary oral healthcare within the scope of advanced dental hygiene practice;
- Extend primary dental care to disadvantaged and remote populations outside of the traditional private practice setting;
- Expand the capacity of community-based health personnel and facilities to meet the oral care needs; and
- Collaborate with dentists and other healthcare providers.

This plan builds on the strengths of the existing dental workforce and emphasizes the belief that advanced education is essential for delivering quality and safe oral healthcare. Ultimately education, prevention, early diagnosis, early intervention, and daily communication among dentists and advanced dental hygiene practitioners could be the foundation for managing untreated dental disease and improving oral health for the entire United States population.

Educational Framework

Advanced dental hygiene practice must be grounded in science and guided by research evidence, sound theories, best practices, and professional ethics. The ADHP master's degree curriculum allows for the acquisition of competencies that build upon the fundamental knowledge and skills achieved at the baccalaureate level. A rigorous graduate curriculum that fosters independent thinking and learning prepares individuals for a level of evidence-based clinical decision-making, scope of practice and responsibility required of the ADHP. Moreover, the ADHP must hold an academic credential comparable to other practitioners in the primary care marketplace; e.g., nurse practitioners, occupational therapists, physician assistants, and physical therapists.

As a graduate level professional, the ADHP will exhibit refined analytical skills, broad-based perspectives, and enhanced abilities to integrate theory, research and practice. The ADHP will employ sound clinical judgment and evidence-based decision making to determine within their scope of practice when patients can be treated, when they require further diagnosis or treatment by a dentist, or referral to another other healthcare provider.[38]

The foundation of the ADHP educational framework is organized by general domains (themes) and more specific competencies. Domains represent broad categories of professional responsibilities, knowledge and skills that define the ADHP. Five domains provide a logical structure for curriculum development:

I. Provision of Primary Oral Healthcare
II. Healthcare Policy and Advocacy
III. Management of Oral Care Delivery
IV. Translational Research
V. Professionalism

Competencies describe the knowledge, skills and attitudes expected of the ADHP. They establish benchmarks for outcomes assessment and guide the development of relevant curriculum content.[39] Institutions of higher education will develop the ADHP graduate curriculum based on this framework.

Domains and Competencies

DOMAIN I: Provision of Primary Oral Healthcare
The advanced dental hygiene practitioner demonstrates competence in providing primary oral healthcare and case management for diverse populations. Practitioners use the process of care and target the underserved including those with special needs using a multidisciplinary approach.

COMPETENCIES:

1. Health Promotion and Disease Prevention

1-1 Apply health education, counseling and promotion theories to achieve positive health behaviors in individuals, families, and communities.

1-2 Recognize health conditions and provide interventions that prevent disease and promote healthy lifestyles for individuals, families, and communities.

1-3 Design care plans to reduce risk and promote health that are appropriate to age, developmental stage, culture, health history, ethnicity and available resources.

1-4 Partner with patients to enhance informed decision-making, positive lifestyle change, and appropriate self-care.

2. Provision of Primary Care

2-1 Demonstrate cultural competence in the process of care.

2-2 Use a comprehensive approach to assess risk and health status throughout the process of care.

2-3 Provide evidence-based diagnostic services to identify oral diseases/conditions.

2-4 Formulate an ADHP diagnosis, prognosis and an individualized care plan in collaboration with the patient and multidisciplinary healthcare team based on assessment data, standards of care, and practice guidelines.

2-5 Implement effective strategies for disease prevention and risk reduction.

2-6 Provide non-surgical periodontal therapy for patients with gingival and periodontal diseases.

2-7 Provide restorative services that treat infection, relieve pain, promote function and oral health:

a) Preparation of cavities and restoration of primary and permanent teeth using direct placement of appropriate dental materials.
b) Placement of temporary restorations.
c) Placement of pre-formed crowns.
d) Temporary recementation of restorations.
e) Pulp capping in primary and permanent teeth.
f) Pulpotomies on primary teeth.
g) Referral.

2-8 Perform extractions of primary teeth and uncomplicated extractions of permanent teeth (Appendix A).

2-9 Place and remove sutures.

2-10 Provide simple repairs and adjustments for patients with removable prosthetic appliances.

2-11 Recognize and refer patients with pathological conditions for diagnosis and treatment.

2-12 Prevent potential orthodontic problems by early identification and appropriate referral.

2-13 Prescribe pharmacologic agents for prevention, control of infection, and pain management utilizing established protocols or in consultation with a dentist or physician (Appendix B).

2-14 Utilize local anesthesia and nitrous oxide analgesia during the provision of care as appropriate.

2-15 Prevent, identify, and manage dental and medical emergencies and maintain current basic life support certification.

3. Case Management

3-1 Develop care plans that reflect an integration of patient assessment data and evidence-based knowledge to achieve desired outcomes.

3-2 Coordinate care so patients receive appropriate services in a timely manner within the healthcare system.

3-3 Use information technology and management systems to evaluate care outcomes.

3-4 Establish effective telehealth and referral networks to ensure case completion and continuity of care.

4. Multidisciplinary Collaboration

4-1 Establish partnerships with dentists and other healthcare providers for management of patients with conditions requiring services beyond the scope of advanced dental hygiene practice.

4-2 Promote oral health as an integral component of multidisciplinary healthcare systems.

4-3 Use current technology to transfer patient data when collaborating with dentists and other health professionals.

DOMAIN II: Healthcare Policy and Advocacy
The advanced dental hygiene practitioner contributes to health policies that address disparities in oral health and access to care for the underserved. The practitioner supports and applies health policy at the institutional, local, state, regional, and national levels.

COMPETENCIES:

1. Healthcare Policy

1-1 Articulate health policies and advocate change from the perspectives of the underserved and other stakeholders.

1-2 Integrate oral healthcare within other health and social services organizations.

1-3 Promote the role of the advanced dental hygiene practitioner in the healthcare system.

2. Advocacy

2-1 Identify community resources to increase access to care (e.g., transportation, interpretation, translation).

2-2 Advocate for the underserved through community-based committees, boards, or task forces.

2-3 Support legislative and regulatory efforts that enhance the access to effective oral healthcare.

2-4 Advocate for quality, cost-effective oral healthcare for the underserved.

DOMAIN III: Management of Oral Healthcare Delivery
The advanced dental hygiene practitioner integrates practice management, finance principles, and health regulations to analyze, design and develop initiatives that will improve clinical outcomes and the quality and safety of care. The practitioner demonstrates effective business skills for healthcare and practice environments.

COMPETENCIES:

1. Practice Management

1-1 Create business plans for oral healthcare delivery that enhance the fiscal viability of a practice.

1-2 Integrate principles of human and material resource management to create an efficient, effective, and equitable practice environment.

1-3 Adhere to reimbursement guidelines and regulations.

2. Quality Assurance

2-1 Implement protocols for records management, occupational and environmental safety, and periodic systems review.

2-2 Maintain accountability for quality to ensure patient safety and minimize liabilities.

2-3 Implement principles of continuous quality improvement.

3. Fiscal Management

3-1. Design and implement methods to monitor cost-effectiveness of care.

3-2 Partner with dentists, third-party providers and the government to establish fee schedules, preauthorization protocols, and direct reimbursement strategies.

3-3 Seek financial advice and sources of funding for operational expenses in the delivery of oral healthcare.

DOMAIN IV: Translational Research

The advanced dental hygiene practitioner uses sound scientific methods and accesses evidence-based information when making decisions and providing patient care. The ADHP translates research findings into practical applications during patient care.

COMPETENCIES:

1. Evidence-based Practice

1-1 Utilize scientifically sound technologies and protocols during the process of care.

1-2 Evaluate professional literature related to advanced dental hygiene practice.

1-3 Analyze and interpret information to guide clinical problem solving and decision making.

2. Clinical Scholarship

2-1 Evaluate the outcomes of ADHP practice using appropriate methods and analyses such as benchmarking and utilization review.

2-2 Contribute to the development of best practices.

2-3 Disseminate findings of ADHP practice to all stakeholders.

DOMAIN V: Professionalism

The advanced dental hygiene practitioner demonstrates professional behaviors consistent with dental hygiene parameters of care, legal regulations and the ADHA Code of Ethics. The advanced dental hygiene practitioner possesses the values and exhibits behaviors that embody service to the public, professional involvement, and lifelong learning.

COMPETENCIES:

1. Ethics and Professional Behavior

1-1 Demonstrate a professional and ethical consciousness by utilizing standards of practice that best serve the public.

1-2 Demonstrate professional, legal and ethical behavior by maintaining confidentiality of patient information and using secure information technology and communication networks.

1-3 Use the ADHA Code of Ethics to identify, analyze, and resolve dilemmas arising in the healthcare setting.

1-4 Assume responsibility for decisions made that affect the patient's health and welfare.

1-5 Apply leadership principles within groups and organizations to enhance community innovation and planned change.

1-6 Develop strategic relations with community stakeholders to optimize resources.

1-7 Promote diversity in the dental hygiene workforce.

2. Lifelong Learning

2-1 Foster lifelong professional development in self and others.

2-2 Participate in self-assessment and implement changes necessary to improve professional effectiveness.

Appendix A*: Extractions and Procedures that Require Referral

**The choice to perform an extraction will be a result of emergent needs.*

It is not possible or appropriate to describe an exhaustive list of situations that will require ADHPs to consult or refer to a dentist in a timely and appropriate manner. However, examples may include:

- If the infection has spread to deeper facial spaces or is in close proximity to vital structures.
- Ankylosis seen in retained primary molars.
- Multi-rooted teeth with divergent roots.
- Dense or necrotic bone.
- Periapical pathology.
- American Society of Anesthesiologists classifications III-V.
- Impacted teeth.
- Elective extractions.

Appendix B: Prescriptive Authority

Prescription drugs may be non-controlled or controlled substances. Non-controlled substances are prescription drugs that have very little potential for abuse, but still require professional authorization in order to be dispensed. Common examples of non-controlled substances include antibiotics and fluoride. Controlled substances are substances that have the potential for abuse and must be regulated more closely. Controlled substances are ranked in five categories called schedules. A Schedule I (C-I) controlled substance is an illegal drug that cannot be issued under any circumstances except for experimental research. These drugs would include cocaine, heroin, marijuana, etc. The remaining Schedules II through V (C-II- C-V) are all ranked by their potential for abuse, but are common prescription drugs that can be provided by a professional when they are required. The tables below identify examples of pharmacologic agents that would be within the prescriptive authority of the ADHP. This document is a general reference and not a comprehensive list.

Non-Controlled Prescription Drugs[40]

Drug Class	Generic Name	Brand Name
Antibiotics Tetracylcline anti-infective Anti-infective oral rinse	Penicillin Minocycline Chlorhexidine Gluconate	Amoxicillin Arestin Peridex
Fluoride Ion	Sodium Fluoride Fluoride Ion, topical	Flura-Drops, Luride Lozi Tabs, Prevident Plus 5000, Perio-Med, Gel-Kam
Antifungal	Fluconazole	Diflucan
Glucocorticoid, intermediate acting	Triamcinolone	Kenolog in Orabase
Nicotine Replacement Therapy	Nicotine Inhaler Nicotine Spray	Nicotrol Inhaler Nicotrol NS
Non-Nicotine Adjunctive Therapies	Bupropion SR Varenacline	Zyban Chantix

Controlled Prescription Drugs[41,42]

Schedule	Generic	Brand
C-I*	N/A	N/A
C-II	Oxycodone	Percocet
C-III	Codeine combination product 90 mg/du (dosing unit)	Tylenol Acetaminophen (APAP) w/Codeine
C-IV	Diazepam	Valium
C-V**	N/A	N/A

* Illegal and experimental drugs
** Anti-tussive and anti-diarrheal drugs

Appendix C: Examples of ADHP Community-based Practice Settings

Acute and long-term care facilities
Age-related development centers
Ambulatory Care Clinics
Alternative living situations
(i.e. group homes, retirement centers, hospice, and shelters)
City and county clinics
Community Health Centers
Correctional facilities
Day care facilities
Dental and Medical practices
Federally Qualified Health Centers (FQHC)
Head Start
Home healthcare agencies
Hospitals
Indian Health Service (IHS)
Migrant Health Centers
Mobile dental clinics
Ob-gyn practices
Pediatric practices
Rural health clinics
School and after school programs
School-based clinics
Women, Infants and Children (WIC) Programs/Centers

Appendix D: Sample ADHP Masters Degree Curriculum

Application Requirements

Applicants must be graduates of a dental hygiene program accredited by the ADA Commission on Dental Accreditation. They also must hold a baccalaureate degree in dental hygiene or related field, and a valid license to practice dental hygiene in at least one U.S. jurisdiction. In addition, applicants must meet the individual admission requirements of the degree-granting institution.

Information for Applicants

The total program consists of approximately 37 graduate credits. The curriculum includes didactic and clinical courses required of all graduate students.

Depending upon the institution, students who have previously taken dental hygiene courses that are part of the advanced curriculum or applicants who might be eligible for experiential learning may have the ability to test out of a specific course or waive specific courses or requirements. Furthermore, students who seek admission with existing graduate degrees in dental hygiene are eligible to pursue the ADHP curriculum.

A course in local anesthetic agents and nitrous oxide-oxygen analgesia administration may be required if the applicant is not certified for these procedures.

Sample Curriculum

The ADHP sample curriculum is designed to build upon and extend the body of knowledge and competencies of baccalaureate dental hygiene education. The purpose of the sample curriculum is to provide course guidelines for program development. Generally, one credit is equal to one hour of didactic (classroom) instruction while one hour of clinical credit is equal to about 3 hours of clinical instruction.

Didactic Courses (21 credits)

Theoretical Foundations of Advanced Dental Hygiene Practice (3)
Translational Research (3)
Healthcare Policy, Systems and Financing for Advanced Practice Roles (3)
Management of Oral Healthcare Delivery (3)
Cultural Issues in Health and Illness (3)
Advanced Health Assessment and Diagnostic Reasoning (3)
Pharmacological Principles of Clinical Therapeutics (3)

Advanced Practice Clinical Courses (16 credits)

Community-based Primary Oral Healthcare I-IV (12)
Management of Dental Emergencies and Urgent Care (1)
Capstone Community Practice (3)

Course Descriptions and Competencies:

Didactic Courses:

Theoretical Foundations of Advanced Dental Hygiene Practice
3 credit hours

This course focuses on knowledge of primary dental care as the supporting framework for advanced professional practice. Emphasis is placed on the application of both dental and dental hygiene knowledge focusing on community of diverse patient populations and practice settings. Topics selected in this course are intended to provide dental hygienists with an understanding of the role of the advanced dental hygiene practitioner in disease prevention, treatment and referral. This course will introduce the theory and research related to the concepts of health promotion and risk reduction providing the student with the opportunity to incorporate strategies of risk analysis and reduction, screening, lifestyle change, and disease detection and prevention in the family oral healthcare.

Competencies:

Domain I: Provision of Primary Oral Healthcare

Health Promotion and Disease Prevention: 1-1, 1-3, 1-4
Multidisciplinary Collaboration: 4-2

Domain V: Professionalism

Ethics and Professional Behavior: 1-3, 1-7
Lifelong Learning: 2-1, 2-2

Translational Research
3 credit hours

This course focuses on critical reading, understanding, and evaluation of the professional literature. Students learn how to access information electronically in order to make evidence-based decisions that contribute to the development of best practices.

Competencies:

Domain IV: Translational Research

Evidence-Based Practice: 1-1, 1-2, 1-3
Clinical Scholarship: 2-1, 2-2, 2-3

Healthcare Policy, Systems and Financing for Advanced Practice Roles
3 credit hours

This course prepares the practitioner to influence and interpret public health policy and recognize its role as a determinant of health. Students develop skills, participate in health policy development and political action, healthcare financing and delivery, and in the

measurement of care delivery and practitioner effectiveness. This course focuses on the political, ethical, societal, and professional issues in advanced practice.

Competencies:

Domain I: Provision of Primary Oral Healthcare

Case Management: 3-4, 3-5

Domain II: Healthcare Policy and Advocacy

Healthcare Policy: 1-1, 1-3

Advocacy: 2-1, 2-3, 2-4

Domain III: Management of Oral Healthcare Delivery

Fiscal Management: 3-1, 3-2,l 3-3

Management of Oral Healthcare Delivery

3 credit hours

Theories will be used to develop skills in negotiation and conflict resolution. The student examines current and emerging advanced practice issues including entrepreneurship, fundamentals of tax laws, overhead costs, benefit packages, billing and negotiation with third party payers and facilities. Principles of management and community partnerships in clinical settings will be emphasized with focus on leadership skills, coalition building, and constructive use of power, influence, and politics.

Competencies:

Domain I: Provision of Primary Oral Healthcare

Case Management 3-1, 3-3

Multidisciplinary Collaboration: 4-1, 4-2, 4-3

Domain II: Healthcare Policy and Advocacy

Healthcare Policy: 1-1, 1-2

Advocacy: 2-1, 2-2

Domain III: Management of Oral Healthcare Delivery

Practice Management: 1-1, 1-2, 1-2

Quality Assurance: 2-1, 2-2, 2-3

Domain V: Professionalism

Ethics and Professional Behavior: 1-5, 1-6

Cultural Issues in Health and Illness

3 credit hours

This course explores cultural issues in healthcare delivery that are designed to enhance the delivery and quality of healthcare offered to diverse and disadvantaged communities. Topics will include how patient and provider ethnicity, socioeconomic status, education, and cultural competence affect health, illness and the delivery of care.

Competencies:

Domain I: Provision of Primary Oral Healthcare

Health Promotion and Disease Prevention: 1-1, 1-2, 1-3

Provision of Primary Care: 2-1

Advanced Health Assessment and Diagnostic Reasoning
3 credits hours

The course focuses on the significance of oral and systemic diseases in patients, and will include assessment, diagnosis, planning, treatment, referral and evaluation in advanced dental hygiene practice. Assessment of the patient in the context of the community will be stressed with focus on prevention, early intervention and management of common oral health problems.

Competencies:

Domain I: Provision of Primary Oral Healthcare

Health Promotion and Disease Prevention 1-2, 1-3, 1-4
Provision of Primary Care 2-2, 2-3, 2-4, 2-5
Multidisciplinary Collaboration: 4-2

Pharmacological Principles of Clinical Therapeutics
3 credit hours

This course is designed to expand advanced dental hygiene practitioner knowledge of pharmacological principles. Knowledge, selection and application of pharmacologic agents based on patient assessment and prescriptive authority will be emphasized.

Competencies:

Domain I: Provision of Primary Oral Healthcare

Provision of Primary Care: 2-13, 2-14

Advanced Practice Clinical Courses:

Community-Based Primary Oral Healthcare I
3 credit hours

This laboratory/clinical-based course is the first in a series of courses throughout the curriculum that provide opportunities for advanced dental hygiene clinical practice across the lifespan. Focus on assessment, medical emergencies prevention and planning, diagnosis, treatment planning and beginning instrumentation.

Competencies:

Domain I: Provision of Primary Oral Healthcare

Provision of Primary Care: 2-1, 2-2, 2-3, 2-4, 2-5, 2-6, 2-11, 2-14, 2-15
Case Management: 3-2
Multidisciplinary Collaboration: 4-2

Domain V: Professionalism

Ethics and Professional Behavior: 1-1, 1-2, 1-4

Community-Based Primary Oral Healthcare II
3 credit hours

Continuation of Community-Based Primary Oral Healthcare I. This laboratory/clinical-based course is the second in a series of courses throughout the curriculum that provide opportunities for advanced dental hygiene clinical practice across the lifespan. Focus on assessment, medical emergencies prevention and planning, diagnosis, treatment planning, instrumentation, restorative procedures and dental material selection.

Competencies:

Domain I: Provision of Primary Oral Healthcare

Provision of Primary Care: 2-1, 2-2, 2-3, 2-4, 2-5, 2-6, 2-7, 2-8, 2-9, 2-10, 2-11, 2-12, 2-13, 2-14, 2-15
Multidisciplinary Collaboration: 4-2

Domain V: Professionalism

Ethics and Professional Behavior: 1-1, 1-2, 1-4

Community-Based Primary Oral Healthcare III
3 credit hours

This course is a continuation of Community-Based Oral Healthcare II. It is the third in a series of courses throughout the curriculum that provide opportunities for advanced dental hygiene clinical practice across the lifespan. Focus on assessment, medical emergencies prevention and planning, diagnosis, treatment planning, instrumentation, restorative and surgical procedures, dental material selection and evaluation.

Competencies:

Domain I: Provision of Primary Oral Healthcare

Provision of Primary Care: 2-1, 2-2, 2-3, 2-4, 2-5, 2-6, 2-7, 2-8, 2-9, 2-10, 2-11, 2-12, 2-13, 2-14, 2-15

Multidisciplinary Collaboration: 4-2

Domain V: Professionalism

Ethics and Professional Behavior: 1-1, 1-2, 1-4

Community-Based Primary Oral Healthcare IV

3 credit hours

This clinical-based course is a continuation of Community-Based Oral Healthcare III. It is the fourth in a series of courses throughout the curriculum that provide opportunities for advanced dental hygiene clinical practice across the lifespan. Focus on assessment, medical emergencies prevention and planning, diagnosis, treatment planning, instrumentation, restorative and surgical procedures, dental material selection and evaluation.

Competencies:

Domain I: Provision of Primary Oral Healthcare

Provision of Primary Care: 2-1, 2-2, 2-3, 2-4, 2-5, 2-6, 2-7, 2-8, 2-9, 2-10, 2-11, 2-12, 2-13, 2-14, 2-15

Multidisciplinary Collaboration: 4-2

Domain V: Professionalism

Ethics and Professional Behavior: 1-1, 1-2, 1-4

Management of Dental Emergencies and Urgent Care

1 credit hour

The focus of this course is on the diagnosis, treatment and referral of dental emergencies.

Competencies:

Domain I: Provision of Primary Oral Healthcare

Provision of Primary Care: 2-14, 2-15

Domain V: Professionalism

Ethics and Professional Behavior: 1-1

Capstone Community Practice

3 credit hours

This course provides the opportunity for concentrated clinical practice in a variety of settings. Students may complete their advanced dental hygiene practice in settings which may include family, pediatric, women's, special needs or geriatric populations.

Competencies:

Domain I: Provision of Primary Oral Healthcare

Health Promotion and Disease Prevention: 1-1, 1-2, 1-3, 1-4

Provision of Primary Care: 2-1, 2-2, 2-3, 2-4, 2-5, 2-6, 2-7, 2-8, 2-9, 2-10, 2-11, 2-12, 2-13, 2-14, 2-15

Multidisciplinary Collaboration: 4-2

Domain III: Management of Oral Healthcare Delivery

Quality Assurance: 2-3

Domain V: Professionalism

Ethics and Professional Behavior: 1-1, 1-2, 1-4

Appendix E: Development and Validation Process for the Competencies for the Advanced Dental Hygiene Practitioner

In June 2004, the ADHA House of Delegates adopted policies regarding the development of the advanced dental hygiene practitioner; this included support for the creation of a standardized educational curriculum to be developed by the association. The Council on Education recommended that a task force be established to develop the curriculum. The ten-member task force, composed of curriculum experts from across the United States, were approved by the Board of Trustees. Beginning in November 2005 and through February 2007, a series of task force meetings were held in Chicago, along with meetings by telephone, and through electronic communications.

In the summer of 2005, an ADHP advisory committee was established and included representation from 15 organizations. Participation in the advisory committee did not indicate endorsement in the ADHP concept, nor did it indicate endorsement of the competencies; however, it was a process to ensure that as an association and task force, we heard all perspectives regarding the benefits, the concerns, and the alternatives in defining and developing the competencies for this practitioner. The first meeting of the advisory committee occurred on October 7, 2005 in Philadelphia, PA during the conduct of the American Dental Association meeting. The second meeting was March 9, 2006 in Orlando, FL during the conduct of the American Dental Education Association meeting.

As part of the validation process, the draft competencies were presented at various forums during the 2006 and 2007 ADHA Annual Sessions. The sessions were led by the chair of the task force; she presented the draft competencies to the attendees, responded to questions, and requested written and verbal feedback regarding the direction of the document. The draft competencies were posted on the ADHA website prior to the annual meetings and for a period of time following, in order to solicit feedback from the membership and other communities of interest. In August 2007, the draft document was mailed directly to the various communities of interest, which included a pool of approximately 200 organizations. Communities of interest were specifically requested to provide their comments regarding the competencies so they could be considered by the task force prior to finalization.

Throughout the development process, the task force researched and considered the competencies for advanced practice from other professions. Following the collection of feedback from all interested parties, the task force considered all feedback and met by conference call in order to finalize the document. The final document was submitted to the ADHA Board of Trustees in March 2008 for their consideration and adoption.

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Academy of General Dentistry (participated in one meeting)
American Academy of Pediatrics
American Academy of Public Health Dentistry
American Dental Education Association
Association of State and Territorial Dental Directors
Hispanic Dental Association
Indian Health Service
Medicaid/SCHIP Dental Program Association
National Association of Community Health Centers
National Association of Dental Plans
National Association of State Health Policy
National Dental Association
National Dental Hygienists' Association
National Rural Health Association
Special Care Dentistry Association

Observers:

American Academy of Periodontology
American Dental Association

GLOSSARY

ADHP Diagnosis:
identification of the patient's oral health condition or problem that an ADHP is educated to treat; diagnosis is part of the ADHP process of care that includes: assessment, diagnosis, planning, implementation, and evaluation within the ADHP scope of practice.

Advanced Dental Hygiene Practitioner (ADHP):
a dental hygienist who has graduated from an accredited dental hygiene program and has completed an advanced educational curriculum approved by the American Dental Hygienists' Association, which prepares the dental hygienist to provide diagnostic, preventive, restorative and therapeutic services directly to the public.

Care Plan:
an organized presentation or list of interventions to promote the health or prevent disease of the patient's oral condition; the plan is designed by the advanced dental hygiene practitioner and consists of services that the advanced dental hygiene practitioner is educated and licensed to provide.[43]

Case Management:
Process of coordinating an ongoing course of treatment to assure that it occurs in the most appropriate setting and that the best forms of services are selected and followed.
(Adapted from: www.healthinsurecoverage.com/health_care_terms_glossary.html)

Cultural Competence:
set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables that system, agency, or those professionals to work effectively in cross-cultural situations.[44,45]

Evidence-based Care:
the integration of best research evidence with clinical expertise and patient values.[46]

Indigenous:
refers to having originated in, being born or innate to a particular region or environment. Indigenous qualities include, in the most general terms, the possession of the social, environmental, and ethnic qualities of a subculture and, in more specific terms, a sharing with a client of a verbal and nonverbal language, an understanding of a community's health beliefs and barriers to healthcare services, and an enhanced empathy with, and responsibility toward a community and its health service needs.[47]

Palliative Therapy:

Palliative care is any form of dental care or treatment that concentrates on reducing the severity of the symptoms of a disease or slows its progress rather than providing a cure. It aims at improving quality of life, and particularly at reducing or eliminating pain.[48]

Process of Care:

The process of care includes assessment, diagnosis, planning, implementation and evaluation.[49]

Pulp cap (direct):

procedure in which the exposed pulp is covered with a dressing or cement that protects the pulp and promotes healing and repair.[50]

Pulp cap (indirect):

procedure in which the nearly exposed pulp is covered with a protective dressing to protect the pulp from additional injury and to promote healing and repair via formation of secondary dentin.[50]

Pulpotomy:

the surgical removal of a portion of the pulp with the aim of maintaining the vitality of the remaining portion by means of an adequate dressing; to be performed on primary or permanent teeth; this is not to be construed as the first stage of root canal therapy.[50]

Quality Assurance:

The formal and systematic monitoring and reviewing of healthcare delivery and outcomes; designing activities to improve healthcare and overcome identified deficiencies in providers, facilities, or support systems; and carrying out follow-up steps or procedures to ensure that actions have been effective and no new problems have been introduced.[51]

Telehealth:

the use of advanced telecommunication technologies to exchange health information, consult and provide healthcare services across geographic, time, social, and cultural barriers.[52]

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