Domain III Patient-Centred Care

As described in the recently updated ADEE curriculum documents (Field 2017), this approach is becoming increasingly prominent within the literature and within policy documents. Patient-centred care is defined by the Institute of Medicine (2011) as “Providing care that is respectful of and responsive to individual patient preferences, needs and values, and ensuring that patient values guide all clinical decisions”.

Dental hygienists must be aware of the scientific basis that underpins the treatment they provide. The process of planning and evaluating treatment also requires dental hygienists to be able to listen, collate, and record pertinent information effectively. Dental hygienists should be able to synthesise patient information, scientific knowledge and current best practice to diagnose and manage patients within the scope of their practice.

The degree to which a dental hygienist can assess and discriminate patient emotion will undoubtedly affect the quality and accuracy of history-taking. The ability to read and manage emotions is therefore considered to be an important skill for any health care professional (Birks & Watt 2007).

In addition, the ability to account for a patient’s social, cultural and linguistic needs (cultural competence), will result in a practitioner who is able to provide patient-centred care (Scambler 2016). This often results in patients being more satisfied and more likely to actively participate in their treatment (Cuevas et al. 2017, Brunett & Shingles 2016).

The areas of competence that underpin Patient-Centred Care are described below. They include:

3.1 Applying the Scientific Basis of Oral Health Care
3.2 Clinical Information Gathering
3.3 Diagnosis and Treatment Planning
3.4 Establishing and Maintaining Oral Health

Area of competence: 3.1: Applying the scientific basis of oral health care

Learning outcomes:
A graduating Dental Hygienist must be able to apply the scientific knowledge base relating to:

<table>
<thead>
<tr>
<th>3.1.1</th>
<th>The aetiology, pathology, diagnosis and management of i) caries, ii) tooth surface loss, iii) gingival, periodontal and peri-implant diseases iv) pulpal disease and v) salivary pathology</th>
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<tbody>
<tr>
<td>3.1.2</td>
<td>The aetiology and general management strategies for i) temporomandibular joint or occlusal disharmony ii) mucosal conditions iii) odontogenic cysts and tumours iv) dental trauma v) oro-facial pain</td>
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<tr>
<td>3.1.3</td>
<td>Anatomy and physiology relevant to the clinical practice of the dental hygienist</td>
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<td>3.1.4</td>
<td>Tooth development, tooth eruption and occlusal development of the primary, transitional and permanent dentition</td>
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<td>3.1.5</td>
<td>Social and behavioural sciences, with an emphasis on behaviour change</td>
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<td>3.1.6</td>
<td>Communication and acclimatisation in relation to children and adolescents, and those with special needs</td>
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<td>3.1.7</td>
<td>Principles and methods of imaging relevant to oral health care</td>
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<td>3.1.8</td>
<td>Diagnostic radiography, including hazards and regulations relating to its use</td>
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<td>3.1.9</td>
<td>The relationship between systemic health and oral health and disease</td>
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</table>
3.1.10 Pharmacology and therapeutics relevant to the clinical practice of the dental hygienist
3.1.11 Impact of oral health on 'Quality of Life'
3.1.12 Effects of tobacco, alcohol and substance abuse, on general and oral health and appropriate methods of intervention and referral
3.1.13 Sterilisation, disinfection and decontamination, and the core principles of infection prevention and control
3.1.14 Immediate management of medical emergencies
3.1.15 Risks, benefits and limitations of relevant dental materials, including environmental/political issues regarding their use
3.1.16 Risks, benefits and limitations of products available to their patients
3.1.17 Abuse, neglect and non-accidental injury, and safeguarding of individuals at risk of harm, including appropriate referral mechanisms

Area of competence: 3.2: Clinical information gathering and diagnosis

Learning outcomes:

A graduating Dental Hygienist must be able to effectively gather, record and interpret information relating to:

3.2.1 Patient presenting complaints, including a comprehensive history
3.2.2 Concerns, ideas and expectations of the patients or their carers
3.2.3 Medical, family, social and dental history
3.2.4 Common oral diseases and disorders including (but not necessarily limited to): gingivitis, periodontitis, dental caries, tooth surface loss and peri-implant diseases
3.2.5 Extra-oral and intra-oral soft and hard tissues of the oro-facial region, including radiographic assessment
3.2.6 Individual patient risk factors for caries, tooth surface loss, gingival, periodontal and peri-implant diseases
3.2.7 Individual patient risk factors for oral health and the relation to general health
3.2.8 Dietary and behavioural analysis (particularly relating to oral hygiene practice and the use of tobacco, alcohol and drugs)
3.2.9 Factors that increase the risk of medical emergency within the oral health setting
3.2.10 Appropriate investigations and diagnostic tests

3.2.11 A graduating Dental Hygienist must be able to synthesise the information obtained, in order to diagnose and manage patients within the scope their practice.

Area of competence: 3.3: Treatment planning

Learning outcomes:

A graduating Dental Hygienist must be able to:

3.3.1 Communicate effectively with the patient, in order to jointly select and prioritise appropriate treatment options that are sensitive to each patient’s individual needs, goals and values, compatible with contemporaneous methods of treatment
3.3.2 Consider the needs of the very young and/or anxious patient, the elderly, the medically-compromised patient, or any other patient with special needs
3.3.3 Use behavior and lifestyle analysis, identifying individual risk factors for oral health to develop a comprehensive prevention programme to maintain good oral health

3.3.4 Consider the implications of existing systemic disease and polypharmacy in relation to treatment planning

3.3.5 Identify and consider relevant psychological and social factors that may complicate treatment planning, the delivery of care and appropriate maintenance/follow-up

3.3.6 Consider patient expectations, capacity, desires and attitudes in relation to treatment planning

3.3.7 Effectively engage with the wider medical and dental team in relation to treatment planning

3.3.8 Participate in the prompt and proper referral of patients with life-threatening conditions

**Area of competence: 3.4: Establishing and maintaining oral health**

Learning outcomes:

A graduating Dental Hygienist must be able to:

<table>
<thead>
<tr>
<th>3.4.1</th>
<th>Develop a comprehensive and effective preventive programme in order to establish and maintain good oral health</th>
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<tr>
<td>3.4.2</td>
<td>Develop strategies that i) evaluate and improve a patient’s oral hygiene regime, and ii) control habits that impact negatively on their oral health (including, but not limited to, tobacco use, alcohol consumption and substance abuse)</td>
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<td>3.4.3</td>
<td>Prescribe and apply fluoride (and other relevant products, where appropriate), provide dietary advice and carry out non-operative procedures that prevent hard tissue disease</td>
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<td>3.4.4</td>
<td>Perform periodontal therapy (including prophylaxes, stain removal, biofilm removal, supragingival and subgingival root surface debridement) using both powered and manual instrumentation to promote periodontal and soft tissue health</td>
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<td>3.4.5</td>
<td>Assess indications and contraindications for the use of local anaesthetic in the oral cavity for non-surgical periodontal procedures</td>
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<td>3.4.6</td>
<td>Effectively administer infiltration and block anaesthesia where appropriate, managing any complications that may arise</td>
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<td>3.4.7</td>
<td>Perform procedures designed to alter the colour of teeth</td>
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<td>3.4.8</td>
<td>Manage medical emergencies</td>
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<td>3.4.9</td>
<td>Longitudinally evaluate their interventions, and establish a maintenance and monitoring programme, involving the wider oral health team where appropriate</td>
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<td>3.4.10</td>
<td>Fit, maintain and remove fixed and removable orthodontic appliances in collaboration with orthodontists, when this falls within the Dental Hygienist’s scope of practice</td>
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</table>


Cuevas A, O'Brien K, Saha S. What is the key to culturally competent care: Reducing bias or cultural tailoring? Psychology & Health. 2017. 32(4) 493-507
