



March 15, 2011

Doris Lavoie, Executive Director, NDHCB

Sent by e-mail to dlavoie@ndhcb.ca

Dear Doris,

Thank you for the opportunity to respond to your survey on the entry-level-competencies found in your on-line survey. We commend you for working collaboratively with dental hygiene stakeholders on this important project. It is an onerous task to take the *Entry to Practice Competencies and Standards for Canadian Dental Hygienists* document, which is divided into 2 sections, and to develop an interpretation document - *NDHCB Competencies* - reflecting both sections, without changing the overriding intent of having one national document for the profession.

We responded to your on-line survey, which is an excellent method to gather a large amount of input in an efficient manner. However, we have some additional information that we would like to share with you, for your consideration. We felt that the *NDHCB Competencies* document provided excellent coverage for issues pertaining to inter-professional collaboration, clinical practice, and the dental hygiene process of care. However, we felt that there were some areas that were either missing in the survey, or warrant a greater emphasis. These issues are listed below:

- The ETP Competencies identified 15 competencies pertaining to critical thinking and we believe that it is important to include a broader range of these issues in the NDHCB Competencies document.
- The ETP Competencies document identifies the following issue: “Prepare to assist in the prevention and management of outbreaks and emergencies” (from the ETP Competencies section) and “Reviewing emergency response plans of the community and regulatory authority” (from the ETP Standards section. However, the question in the survey was rephrased to imply that the dental hygienists have a significant impact on outbreaks. This re-wording will influence how individuals respond to the two scales (crucial and frequency) and may cause individuals to give it a lower rating on both scales. We believe that it is important to use the original wording on this issue, as it better reflects the dental hygienists involvement in this issue. There are other instances where the wording from the ETP document is changed, so that the issue is not as clearly described and therefore misinterpretation may occur. We feel it would be better to use original wording where ever possible.

- There should be a greater emphasis on ethics, and infection control, especially given that these are legislated issues.
- We would like to see a question pertaining to the determinants of health and social responsibility e.g. Recognize the influence of the determinants of health on oral health status and Promote social responsibility to advance the common good.
- One of the questions early on in the survey asked “What area do you primarily work in?” CDHA responded with Ontario; however, we represent a national focus, due to the mandate of our organization.
- We would have liked to see an open ended question that called for additional information, that was missing from the survey.

In the process of completing the survey some questions arose about the process for the development of the *NDHCB Competencies*. Your response to these questions will help us to better understand how the document was developed and what the next steps are. We would like to become more familiar with your process, in order to better understand it. This will help us to be better prepared to provide input to you.

The forward section of the ETP Competencies and Standards document suggests: “Service organizations i.e. NDHCB and CDAC may use the combined document to evaluate educational programs and individual knowledge NDHCB will use both the Standards section and the Competencies section to evaluate individual knowledge.” We are wondering if you could share the development process with us, so that we can better understand if the process incorporated both sections of the ETP document - the Competencies and Standards. If there was an intention to place an increased emphasis on one of these sections, could you please describe the rationale for this?

When CDHA responded to the survey questions, we responded as a national organization representing all types of dental hygiene practices, including clinical practice, public health, and alternative dental hygiene practice settings. It is not clear how your analysis of the data will take into account the different practice settings. There were quite a few competency statements that were difficult to rate when trying to keep in mind the varied practice settings of a dental hygienist. The rating would certainly change if the statement was interpreted more from a community health perspective versus a clinical perspective. Performing the ratings on these items was problematic and we are concerned with how others will interpret them and rate accordingly.

CDHA would like to inquire about the process that you will use to analyze the data and the information from the two scales. We would like to suggest two methods of analysis that may be incorporated into the process. It might be useful to use a weighted average of each critical nature and frequency score for each question. This would provide additional useful information for further decision making about the exam questions. In addition, all of the questions that deal with issues that are legislated should be given an increased weight for critical nature. For example, we noticed that there were not many questions pertaining to infection control; however, this is a highly critical issue that warrants additional questions, and increased weighting.

We look forward to working collaboratively with you to ensure the best possible outcome for the dental hygiene profession.

Sincerely,

A handwritten signature in black ink that reads "Ann Wright". The signature is written in a cursive, flowing style.

Ann Wright

(Acting) Executive Director