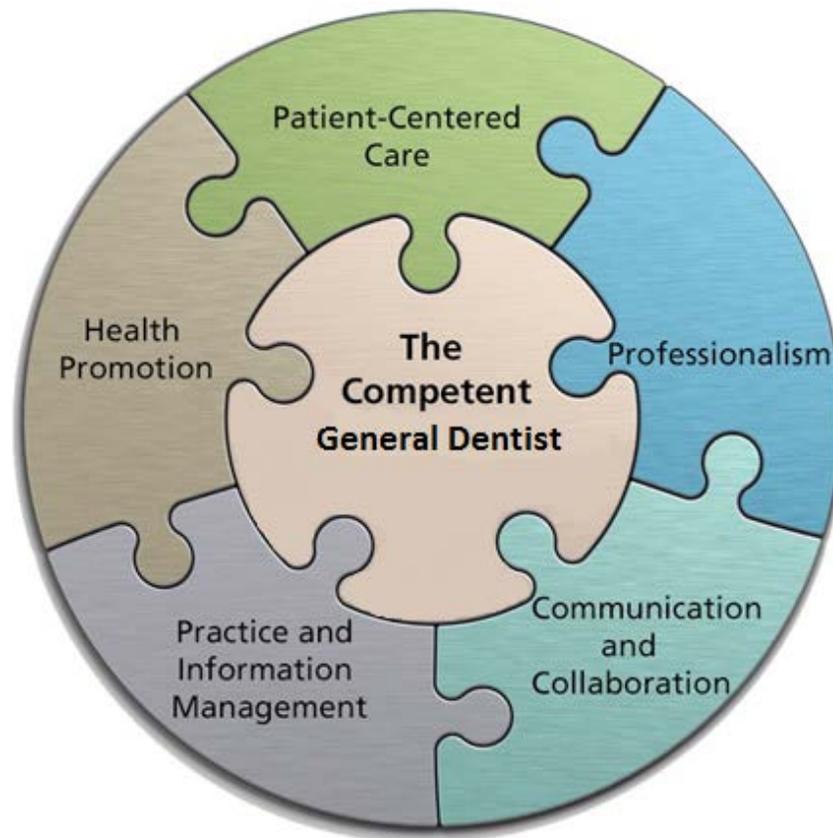


**College of Dental Surgeons of Saskatchewan
(CDSS)
Professional Practice Standard (Bylaw 3.2)
(PPS)**



****The diagram is not proportionate****

April 4, 2016 edits

This document has been Adapted from the “ACFD educational framework for the development of competencies in dental programs” (ACFD-EF, Appendix II)

This document utilizes the following definitions and acronyms:

Competency: A global statement of the complex knowledge, skills and attitudes required of a general dentist. Component: Aspects of a Competency that help elaborate and illustrate its meaning.
Indicator: Specific knowledge, skills and behaviors that can be measured as steps towards developing competence. Rather than an exhaustive list of Indicators, this document provides examples for illustration. It is anticipated that each dental program will add to these examples to develop their own Indicators.

NDEB: National Dental Examining Board of Canada
KSAs: NDEB ‘Knowledge, Skills and Abilities’
ACFD: Association of Canadian Faculties of Dentistry

Introduction

A competent dentist in Saskatchewan must be able to independently provide oral health care for the benefit of individual patients and communities in a culturally sensitive manner through the habitual and judicious use of knowledge, skills, abilities, values and reflection in daily practice for the benefit of the individuals and communities being served.

The CDSS Professional Practice Standard identifies five areas of competence to best ensure that members are competent to practice. [DDA s15(2)(c)(d)(e)(n)(o)(u)(v)(w)]

The 5 Competencies

A competent general dentist in Saskatchewan must be able to consistently and successfully integrate and apply the knowledge, skills, abilities and values inherent in each of the following five competencies:

COMPETENCY 1 – PATIENT-CENTERED CARE

COMPETENCY 2 – PROFESSIONALISM

COMPETENCY 3 – COMMUNICATION and COLLABORATION

COMPETENCY 4 – PRACTICE AND INFORMATION MANAGEMENT

COMPETENCY 5 – HEALTH PROMOTION

Beyond Competence

The ‘Chambers Continuum’ illustrates professional practitioner growth as follows:

Beginner	–	Novice	–	Competent	–	Proficient	–	Expert
^		^		^		^		^
1st year student	-	clinical student	-	grad/new dentist	-	experienced dentist	-	specialist dentist

Components of Competency 1

Patient-Centered Care	Indicators of Components	Knowledge, Skills and Abilities (KSAs)
<p>1.1 Ability to apply knowledge of the clinical, socio-behavioural, and fundamental biomedical sciences relevant to Dentistry.</p>	<p>a. Ability to evaluate the scientific literature and justify management recommendations based on the level of evidence available.</p> <p>b. Ability to interpret the findings from the patient's chief complaint, medical, psychosocial, and dental histories, along with the clinical and radiographic examinations, and diagnostic tests.</p> <p>c. Ability to develop treatment options based on the evaluation of all relevant data. (i.e., obtained from the patient's chief complaint, medical, psychosocial, and dental histories, along with the clinical and radiographic examinations, and diagnostic tests).</p> <p>d. Ability to recognize the relationship between general health and oral health.</p>	<ul style="list-style-type: none"> • Evaluate the scientific literature and justify management recommendations based on the level of evidence available. • Interpret the findings from the patient's chief complaint, medical, psychosocial, and dental histories, along with the clinical and radiographic examinations, and diagnostic tests. • Develop treatment options based on the evaluation of all relevant data. (i.e., obtained from the patient's chief complaint, medical, psychosocial, and dental histories, along with the clinical and radiographic examinations, and diagnostic tests).
<p>1.2 Perform a complete and appropriate assessment of patients.</p>	<p>a. Ability to obtain the patient's chief complaint, medical, psychosocial and dental histories.</p> <p>b. Ability to interpret the findings from the patient's chief complaint, medical, psychosocial, and dental histories, along with the clinical and radiographic examinations, and diagnostic tests.</p> <p>c. Ability to perform a clinical examination.</p> <p>d. Ability to differentiate between normal and abnormal hard and soft tissues of the maxillofacial complex.</p> <p>e. Ability to Prescribe, make and interpret radiographs.</p> <p>f. Ability to assess patient-specific risk factors for oral disease or injury.</p> <p>g. Ability to prescribe and obtain the required diagnostic tests, considering their risks and benefits.</p>	<ul style="list-style-type: none"> • Obtain the patient's chief complaint, medical, psychosocial and dental histories. • Interpret the findings from the patient's chief complaint, medical, psychosocial, and dental histories, along with the clinical and radiographic examinations, and diagnostic tests. • Perform a clinical examination. • Differentiate between normal and abnormal hard and soft tissues of the maxillofacial complex. • Prescribe, make and interpret radiographs. • Assess patient-specific risk factors for oral disease or injury.
<p>1.3 Apply appropriate diagnostic and treatment planning skills.</p>	<p>a. Ability to develop a problem list and establish diagnoses.</p> <p>b. Ability to develop treatment options based on the evaluation of all relevant data. (i.e., obtained from the patient's chief complaint, medical, psychosocial, and dental histories, along with the clinical and radiographic examinations, and diagnostic tests).</p> <p>c. Ability to develop an appropriate comprehensive, prioritized and sequenced treatment plan.</p> <p>d. Ability to Modify the treatment plan as required during the course of</p>	<ul style="list-style-type: none"> • Develop a problem list and establish diagnoses. • Develop treatment options based on the evaluation of all relevant data. (i.e., obtained from the patient's chief complaint, medical, psychosocial, and dental histories, along with the clinical and radiographic examinations, and diagnostic tests). • Develop an appropriate comprehensive, prioritized and sequenced treatment plan.

Components of Competency 1	Indicators of Components	Knowledge, Skills and Abilities (KSAs)
	<p>treatment.</p> <p>e. Ability to Recommend appropriate non-surgical and surgical therapy for caries management.</p>	
1.4 Apply appropriate preventive skills.	<p>a. Ability to provide therapies for the prevention of oral disease and injury.</p> <p>b. Ability to Promote measures to prevent oral disease/injury in response to identified risk.</p>	<ul style="list-style-type: none"> • Provide therapies for the prevention of oral disease and injury. • Promote measures to prevent oral disease/injury in response to identified risk.
1.5 Apply appropriate therapeutic skills.	<p>a. Ability to manage the anxious or fearful dental patient.</p> <p>b. Achieve local anesthesia for dental procedures.</p> <p>c. Ability to Prescribe and administer pharmacotherapeutic agents used in dentistry.</p> <p>d. Ability to manage conditions and diseases of the periodontium.</p> <p>e. Ability to Restore carious lesions and manage other defects in teeth.</p> <p>f. Ability to manage diseases and injury of the pulp.</p> <p>g. Ability to manage abnormalities of orofacial growth and development.</p> <p>h. Ability to manage partially and completely edentulous patients.</p> <p>i. Ability to manage occlusal function.</p> <p>j. Ability to manage oral mucosal and osseous diseases.</p> <p>k. Ability to manage surgical procedures related to oral soft and hard tissues.</p> <p>l. Ability to manage odontogenic pain.</p> <p>m. Ability to manage non-odontogenic pain.</p> <p>n. Ability to manage dental emergencies.</p> <p>o. Ability to manage medical emergencies that occur in dental practice.</p> <p>p. Ability to manage trauma to the orofacial complex.</p> <p>q. Ability to manage complications, outcomes and continuity of care.</p> <p>r. Ability to use techniques that conserve tooth structure and preserve pulp vitality to restore form and function.</p> <p>s. Ability to provide non-surgical management for caries.</p>	<ul style="list-style-type: none"> • Manage the anxious or fearful dental patient. • Achieve local anesthesia for dental procedures. • Prescribe and administer pharmacotherapeutic agents used in dentistry. • Manage conditions and diseases of the periodontium. • Restore carious lesions and manage other defects in teeth. • Manage diseases and injury of the pulp. • Manage abnormalities of orofacial growth and development. • Manage partially and completely edentulous patients. • Manage occlusal function. • Manage oral mucosal and osseous diseases. • Manage surgical procedures related to oral soft and hard tissues. • Manage odontogenic pain. • Manage non-odontogenic pain. • Manage dental emergencies. • Manage medical emergencies that occur in dental practice. • Manage trauma to the orofacial complex. • Manage complications, outcomes and continuity of care.

Components of Competency 1	Indicators of Components	Knowledge, Skills and Abilities (KSAs)
	<ul style="list-style-type: none"> t. Ability to Select and, where indicated, prescribe appropriate biomaterials for patient treatment. u. Ability to make records required for use in the laboratory fabrication of dental prostheses and appliances. v. Ability to Design a dental prosthesis or appliance, write a laboratory prescription and evaluate laboratory products. 	
<p>1.6 Recognize own limits and seek appropriate consultation from other health professionals where appropriate. (CMF2005)</p>	<ul style="list-style-type: none"> a. Ability to Determine when consultation, referral, and/or further diagnostic testing are indicated. 	<ul style="list-style-type: none"> • Determine when consultation, referral, and/or further diagnostic testing are indicated.

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COMPETENCY 2 - PROFESSIONALISM: The commitment to the oral health and well-being of individuals and society through ethical practice, reflective learning, self-regulation and high personal standards of behavior.

Components of Competency 2 Professionalism	Indicators of Components	Knowledge, Skills and Abilities (KSAs)
2.1. Apply best practices and adhering to high ethical standards.	<ul style="list-style-type: none"> a. Knowledge of ethical and legal obligations. [The DDA; CDSS Bylaws; CDSS Good Character Standard] b. Implementing measures to prevent the transmission of infectious diseases. [(CDSSO-IPC Standard] c. Knowing and applying the principles of patient confidentiality as defined by professional practice standards and the law. [HIPA] d. Exhibiting appropriate professional behaviors in practice, including honesty, integrity, commitment, compassion, respect and altruism. e. Appropriate management of ethical issues encountered in practice. f. Appropriate management of conflicts of interest. g. Contributing to the enhancement of quality care and patient safety in practice. h. Integration of the available best evidence and best practices. i. Exhibiting professional behavior that supersedes self-interest. 	<ul style="list-style-type: none"> • Know ethical and legal obligations. (e.g., confidentiality requirements, task delegation, commitment to continued professional development, patient-centered care). • Implement measures to prevent the transmission of infectious diseases.
2.2. Recognize and respond to the social contract in dental health care.	<ul style="list-style-type: none"> a. Taking appropriate action when signs of abuse and/or neglect are identified. b. Implementing measures to prevent medical emergencies from occurring in dental practice. c. Demonstrating a commitment to delivering the highest quality care and maintenance of competence. d. Maintaining appropriate relationships with patients. e. Facilitating appropriate oral health knowledge to patients, families, students, other health professionals and the public, 	<ul style="list-style-type: none"> • Take appropriate action when signs of abuse and/or neglect are identified. • Implement measures to prevent medical emergencies from occurring in dental practice.

Components of Competency2 Professionalism	Indicators of Components	Knowledge, Skills and Abilities (KSAs)
2.3. Commit to personal health and well-being to foster optimal patient care.	<ul style="list-style-type: none"> a. Managing occupational hazards related to the practice of dentistry. b. Balancing personal and professional priorities to ensure personal health and a sustainable practice. c. Self-monitoring and self-reflection. d. Recognizing and assisting other professionals in need and respond appropriately. 	<ul style="list-style-type: none"> • Manage occupational hazards related to the practice of dentistry.
2.4. Adhere to standards and participate in profession-led regulation.	<ul style="list-style-type: none"> a. Knowing ethical and legal obligations. (e.g., confidentiality requirements, task delegation, commitment to continued professional development, patient-centered care). b. Demonstrating professional responsibility by attending CDSS meetings. c. Demonstrating responsibility by following up on patient care. d. Demonstrating capacity for self-improvement by accepting and acting on CDSS orders and requests.. e. Fulfilling commitments. f. Cooperating with colleagues. g. Demonstrating professional appearance and behavior in all aspects of life. h. Responsible use of social media.. i. Recognizing and responding to others' unprofessional behaviors in practice. j. Participating in CDSS peer review processes. k. Adhering to the professional, legal and ethical standards. l. Demonstrating accountability to professional regulatory bodies. 	<ul style="list-style-type: none"> • Know ethical and legal obligations. (e.g., confidentiality requirements, task delegation, commitment to continued professional development, patient-centered care).

COMPETENCY 3 – COMMUNICATION and COLLABORATION: The effective facilitation, both individually and as part of a healthcare team, of the dentist-patient relationship and the dynamic exchanges that occur before, during and after a patient interaction.

Components of Competency 3 Communication and Collaboration	Indicators of Components	Knowledge, Skills and Abilities (KSAs)
3.1 Establish professional therapeutic relationships with patients and their families.	<ul style="list-style-type: none"> a. Communicating effectively with patients, parents, guardians, staff, peers, other health professionals and the public. b. Communicating using a patient-centered approach that encourages patient trust and autonomy and is characterized by active listening, empathy, respect and compassion. c. Appropriate management of emotionally charged conversations and conflicts. d. Adapting to the unique needs and preferences of each patient and to his or her clinical condition and circumstances. 	<ul style="list-style-type: none"> • Communicate effectively with patients, parents, guardians, staff, peers, other health professionals and the public.
3.2 Elicit and synthesize accurate and relevant information along with the perspectives of patients and their families.	<ul style="list-style-type: none"> a. Communicating effectively with patients, parents, guardians, staff, peers, other health professionals and the public. b. Obtaining the patient's chief complaint, medical, psychosocial and dental histories. c. Listening effectively. d. Responding appropriately to patients' non-verbal communication and utilize appropriate non-verbal behaviors to enhance communication with patients. e. Using patient-centered interviewing skills to effectively identify and gather relevant biomedical information. f. Seeking and synthesizing relevant information from other sources, such as a patient's family, caregivers and other professionals. g. Inquiring about and exploring the patient's beliefs, values, preferences, expectations, and dental health care goals. 	<ul style="list-style-type: none"> • Communicate effectively with patients, parents, guardians, staff, peers, other health professionals and the public. • Obtain the patient's chief complaint, medical, psychosocial and dental histories.
3.3 Engage patients and others in developing plans that reflect the patient's dental health care needs and goals.	<ul style="list-style-type: none"> a. Engaging the patient in the discussion of the findings, diagnoses, etiology, risks, benefits, time requirements, costs, responsibilities, and prognoses of the treatment options. b. Obtaining and recording informed consent. c. Providing explanations that are clear, accurate, and adapted to the patient's level of understanding and need. d. Sharing information that is timely, accurate, and transparent in regard to the patient's health status, care, and outcome. e. Engaging patients in a way that recognizes diversity, is respectful, 	<ul style="list-style-type: none"> • Engage the patient in the discussion of the findings, diagnoses, etiology, risks, benefits, time requirements, costs, responsibilities, and prognoses of the treatment options. • Obtain and record informed consent.

Components of Competency 3	Indicators of Components	Knowledge, Skills and Abilities (KSAs)
	<p>non-judgmental, and ensures cultural safety.</p> <p>f. Assisting patients and others to identify and make use of information and communication technologies to support their care and manage their dental health.</p> <p>g. Using counselling skills and decision aids to help patients make informed choices regarding their dental health care.</p> <p>h. Disclosing adverse events to patients and/or their families accurately and appropriately.</p>	
<p>3.4 Document and share written and electronic information about the dental encounter to optimize clinical decision-making, patient safety, confidentiality, and privacy.</p>	<p>a. Maintaining accurate and complete patient records.</p> <p>b. Documenting clinical encounters in an accurate, complete, timely, and accessible manner, in compliance with legal and regulatory requirements.</p> <p>c. Communicating effectively and appropriately using an electronic dental health record or other digital technology.</p> <p>d. Sharing information with patients and appropriately with others in a manner that respects patient privacy and confidentiality and in compliance with legal and regulatory requirements.</p>	<ul style="list-style-type: none"> Maintain accurate and complete patient records.
<p>3.5 Collaborate effectively with other dentists and other health care professionals.</p>	<p>a. Communicating relevant patient information for consultation/referral with health care professionals.</p> <p>b. Establishing and maintaining healthy inter- and intra-professional working relationships for collaborative care.</p> <p>c. Negotiate overlapping and shared responsibilities with inter- and intra-professional health care providers for episodic or ongoing care of patients.</p> <p>d. Engage in effective and respectful shared decision-making with other care providers.</p>	<ul style="list-style-type: none"> Communicate relevant patient information for consultation/referral with health care professionals.
<p>3.6 Collaborate with colleagues in the health care professions to promote understanding, manage differences, and resolve conflicts.</p>	<p>a. Communicating relevant patient information for consultation/referral with health care professionals.</p> <p>b. Communicating effectively with patients, parents, guardians, staff, peers, other health professionals and the public.</p> <p>c. Showing respect toward colleagues..</p> <p>d. Promoting understanding, managing differences, and resolving conflicts in a manner that supports a collaborative culture.</p>	<ul style="list-style-type: none"> Communicate relevant patient information for consultation/referral with health care professionals. Communicate effectively with patients, parents, guardians, staff, peers, other health professionals and the public.
<p>3.7 Appropriately transfer the care of a patient to another health care professional to facilitate continuity of safe patient care.</p>	<p>a. Communicating relevant patient information for consultation/referral appropriately with health care professionals.</p> <p>b. Determining when care should be transferred to another dentist or health care professional.</p>	<ul style="list-style-type: none"> Communicate relevant patient information for consultation/referral with health care professionals.

c. Demonstrating safe transfer of care, using appropriate verbal and written communication, during a patient transition to a different health care professional, setting, or stage of care.

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COMPETENCY 4 – PRACTICE AND INFORMATION MANAGEMENT: The assessment of information and the management of a general dental practice to facilitate patient-centered care.

Components of Competency 4 Practice and Information Management	Indicators of Components	Knowledge, Skills and Abilities (KSAs)
4.1 Implement processes to improve professional practice.	<ul style="list-style-type: none"> a. Implementation of measures to prevent medical emergencies from occurring in dental practice. b. Managing occupational hazards related to the practice of dentistry. c. Knowing principles of practice administration, financial and personnel management. d. Knowing professional responsibilities that apply to various practice business models (e.g. associateship, partnership, and proprietorship agreements). 	<ul style="list-style-type: none"> • Implement measures to prevent medical emergencies from occurring in dental practice. • Manage occupational hazards related to the practice of dentistry. • Know principles of practice administration, financial and personnel management.
4.2 Employ information technology appropriately for patient care.	<ul style="list-style-type: none"> a. Maintaining accurate and complete patient records. b. Evaluate the scientific literature and justify management recommendations based on the level of evidence available. 	<ul style="list-style-type: none"> • Maintain accurate and complete patient records. • Evaluate the scientific literature and justify management recommendations based on the level of evidence available.
4.3 Apply the principles of evidence-based decision making into practice.	<ul style="list-style-type: none"> a. Evaluating the scientific literature and justify management recommendations based on the level of evidence available. b. Utilizing critical thinking and problem-solving skills. c. Applying the principles of critical appraisal. d. Critically appraising retrieved evidence in order to address a clinical question. e. Integrating critical appraisal conclusions into patient care. 	<ul style="list-style-type: none"> • Evaluate the scientific literature and justify management recommendations based on the level of evidence available.

COMPETENCY 5 – HEALTH PROMOTION: The responsible use of professional expertise and influence to advance the health and well-being of individual patients, communities and populations.

Components of Competency 5 Health Promotion	Indicators of Components	Knowledge, Skills and Abilities (KSAs)
5.1 Work with patients to address social determinants of health that affect them.	<ul style="list-style-type: none"> a. Recognizing the determinants (influencing factors) of oral health. b. Justifying recommendations based on the level of evidence available. c. Recognizing the ethical and professional issues inherent in health advocacy, including altruism, social justice, autonomy, integrity and idealism. d. Recognizing the role of the dental profession in advocating collectively for health and patient safety. 	<ul style="list-style-type: none"> • Recognize the determinants (influencing factors) of oral health.
5.2 Work with patients and their families to increase opportunities to improve or maintain their health.	<ul style="list-style-type: none"> a. Promoting appropriate measures to prevent oral disease/injury in response to identified risk. b. Recognizing the scientifically based relationship between general health and oral health. c. Advocate, promote health and prevent disease for individual patients. d. Identifying the social determinants of health affecting an individual and their family. 	<ul style="list-style-type: none"> • Promote measures to prevent oral disease/injury in response to identified risk.
5.3 Respond to the oral health promotion needs of a community or population.	<ul style="list-style-type: none"> a. Promoting oral health within communities. b. Recognizing the relationship between general health and oral health. c. Identifying the social determinants of health for a given population, including barriers to access to care and resources. d. Identifying vulnerable or marginalized populations within those served and respond appropriately. e. Identifying points of influence in the healthcare system and its structure that impact on oral health care. f. Advocating and promoting health and preventing disease within the community. g. Facilitating change in the various determinants of health affecting a population served. 	<ul style="list-style-type: none"> • Promote oral health within communities.