Darby and Walsh Dental Hygiene 6th edition Pieren Test Bank

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Test Bank - Chapter 01

Q1: If an individual's oral health changes, the dental hygienist, within the scope of dental hygiene practice, provides the highest quality of dental hygiene care to guide the person back to

A. a cure for their oral diseases.
B. an ideal state of oral hygiene.
C. oral wellness. (Correct)
D. reversal of tissue loss.

Rationale: If oral wellness cannot be achieved, dental hygiene care helps to attain and maintain the best possible level of oral health. DIF: Recall REF: The Dental Hygienist OBJ: 1 TOP: NBDHE, Provision of Clinical Dental Hygiene Services, 3.0 Planning and Managing Dental Hygiene Care

Q2: Which provides a framework for delivering high-quality dental hygiene care to all types of clients in any environment or professional role?

A. The Dental Hygiene Process of Care (Correct)
B. The Dental Hygiene Workforce Model
C. The Dental Hygiene National Board
D. The American Dental Hygienists' Association

Rationale: This process requires decision-making and assumes that dental hygienists are responsible for supporting positive health behaviors and both identifying and resolving client problems and needs within the scope of dental hygiene practice. DIF: Comprehension REF: The Dental Hygiene Process of Care OBJ: 1 TOP: NBDHE, Provision of Clinical Dental Hygiene Services, 3.0 Planning and Managing Dental Hygiene Care

Q3: How many key behaviors, or steps, are found in the dental hygiene process of care?

A. Two
B. Four
C. Six (Correct)
D. Eight

Rationale: The six steps include assessment, dental hygiene diagnosis, planning, implementation, evaluation, and documentation. DIF: Recall REF: The Dental Hygiene Process of Care OBJ: 1 TOP: NBDHE, Provision of Clinical Dental Hygiene Services, 3.0 Planning and Managing Dental Hygiene Care

Q4: Which step of the dental hygiene process of care involves assessment of oral and health conditions and patient behaviors by collecting and interpreting data using measurable outcomes?

A. Documentation
B. Assessment
C. Dental hygiene diagnosis

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D. Evaluation (Correct)

Rationale: Evaluation occurs throughout the process of care and the care plan or treatment implemented is modified as needed. DIF: Recall REF: The Dental Hygiene Process of Care OBJ: 1 TOP: NBDHE, Provision of Clinical Dental Hygiene Services, 3.0 Planning and Managing Dental Hygiene Care

Q5: Which is the first step of the dental hygiene process of care?

A. Dental hygiene diagnosis
B. Planning
C. Assessment (Correct)
D. Documentation

Rationale: During assessment, the dental hygienist conducts and analyzes oral health data collected through a systematic, comprehensive individualized assessment of the client who may be with or at risk for oral disease or complications. DIF: Recall REF: The Dental Hygiene Process of Care OBJ: 1 TOP: NBDHE, Provision of Clinical Dental Hygiene Services, 3.0 Planning and Managing Dental Hygiene Care

Q6: Which is a widely accepted worldview of a discipline that shapes the direction and methods of its practitioners, educators, administrators, and researchers?

A. Universal principle
B. Paradigm (Correct)
C. Continuum
D. Justification

Rationale: A paradigm specifies the unique perspective of each discipline and is the first level of distinction between disciplines and defines the profession's major concepts as its central ideas. DIF: Recall REF: Dental Hygiene's Paradigm OBJ: 2 TOP: NBDHE, Provision of Clinical Dental Hygiene Services, 3.0 Planning and Managing Dental Hygiene Care

Q7: Each of the following is a major paradigm concept for the discipline of dental hygiene EXCEPT one. Which is the EXCEPTION?

A. The client
B. The environment
C. Reimbursement strategies (Correct)
D. Health and oral health

Rationale: The four major paradigm concepts for dental hygiene as defined by the American Dental Hygienists' Association (ADHA) include the client, the environment, health and oral health, and dental hygiene actions. DIF: Comprehension REF: Dental Hygiene's Paradigm OBJ: 2 TOP: NBDHE, Provision of Clinical Dental Hygiene Services, 3.0 Planning and Managing Dental Hygiene Care

Q8: The term patient is narrower than client, and it is reserved for recipients of dental hygiene interventions in

A. public health programs.
B. schools.
C. community settings.
D. clinical dental hygiene services. (Correct)

Rationale: Patient is not used for recipients of dental hygiene interventions in public health programs, schools, and community settings, for example. This does not discount the relation with patients when dental hygienists are providing patient-centered clinical dental hygiene services and engaging them as co-therapists. DIF: Application REF: Dental Hygiene's Paradigm OBJ: 2 TOP: NBDHE, Provision of Clinical Dental Hygiene Services, 3.0 Planning and Managing Dental Hygiene Care

Q9: The text suggests using the term _____ when referring to dental hygienists' interactions with people in health promotion, oral health education, or motivational activities, and to use the term _____ when referring to clinical care interactions.

A. client; client
B. client; patient (Correct)
C. patient; client
D. patient; patient

Rationale: Regardless of the word used or the setting where dental hygienists interact with the public, our aim is wellness and active participation of the recipients of our services, our clients. DIF: Comprehension REF: Dental Hygiene's Paradigm OBJ: 2 TOP: NBDHE, Provision of Clinical Dental Hygiene Services, 3.0 Planning and Managing Dental Hygiene Care

Q10: Which of the major paradigm concept for the discipline of dental hygiene as defined by the American Dental Hygienists' Association (ADHA) refers to the different settings where dental hygienists interact with various clients?

A. Dental hygiene actions
B. Health and oral health
C. The environment (Correct)
D. The client

Rationale: Factors that affect a client's or patient's attainment of optimal oral health include, for example, economic, psychologic, cultural, physical, legal, educational, ethical, and geographic variables. DIF: Comprehension REF: Dental Hygiene's Paradigm OBJ: 2 TOP: NBDHE, Provision of Clinical Dental Hygiene Services, 3.0 Planning and Managing Dental Hygiene Care

Q11: Changes in healthcare knowledge and practice have expanded the philosophy of dental hygiene to include new roles such as

A. oral health education.
B. professional removal of calculus.

C. professional removal of plaque biofilm.

D. entrepreneur. (Correct)

Rationale: In the past, the principal services of dental hygienists were oral health education and professional removal of calculus, biofilm, and other exogenous accretions from the tooth surface. Changes in healthcare knowledge and practice have expanded the philosophy of dental hygiene to include the professional roles of clinician, corporate, public health, researcher, educator, administrator, and entrepreneur. DIF: Comprehension REF: Professional Role of Dental Hygienists OBJ: 3 TOP: NBDHE, Provision of Clinical Dental Hygiene Services, 3.0 Planning and Managing Dental Hygiene Care

Q12: Dental hygienists can work as independent practitioners in Canada without dental or other employers. Several different practice models in the United States provide opportunities for dental hygienists to serve vulnerable and underserved populations.

A. Both statements are true. (Correct)

B. Both statements are false.

C. The first statement is true, the second is false.

D. The first statement is false, the second is true.

Rationale: Dental hygienists are working to improve access to preventive oral health. DIF: Comprehension REF: Dental Hygiene Workforces Models OBJ: 4 TOP: NBDHE, Provision of Clinical Dental Hygiene Services, 3.0 Planning and Managing Dental Hygiene Care

Q13: Dental healthcare access has been limited historically in the United States by the lack of dentists practicing in

A. suburban areas.

B. small towns.

C. rural or inner-city areas. (Correct)

D. villages.

Rationale: Historically, in the United States, dental healthcare access has been limited by the lack of dentists practicing in rural or inner-city areas and serving citizens faced with education, economic, cultural, and health status disadvantages. Some people suffer in pain or delay preventive care and treatment until the oral condition is severe and expensive to correct. DIF: Comprehension REF: Midlevel Oral Health Practitioner OBJ: 4 TOP: NBDHE, Provision of Clinical Dental Hygiene Services, 3.0 Planning and Managing Dental Hygiene Care

Q14: Which organization has been advocating for new dental hygiene-based workforce models to extend oral healthcare delivery systems and improve oral health access to underserved populations?

A. Food and Drug Administration (FDA)

B. Occupational Safety and Health Administration (OSHA)

C. American Dental Hygienists' Association (ADHA) (Correct)

D. Centers for Disease Control and Prevention (CDC)

Rationale: The ADHA, with the support of various policy and professional interest organizations, has been advocating for new dental hygiene-based workforce models. DIF: Recall REF: Midlevel Oral Health Practitioner OBJ: 4 TOP: NBDHE, Provision of Clinical Dental Hygiene Services, 3.0 Planning and Managing Dental Hygiene Care

Q15: A mid-level oral health practitioner must be a

A. licensed dental hygienist and graduate from an accredited dental hygiene program. (Correct)

B. licensed dental hygienist; however, he or she need not graduate from an accredited dental hygiene program.

C. graduate from an accredited dental hygiene program; however, he or she need not be licensed.

D. dental hygienist; however, he or she neither must be licensed nor graduate from an accredited dental hygiene program.

Rationale: Mid-level oral health practitioners have an expanded scope of care, as set forth by the appropriate licensing agency or regulatory authority. DIF: Comprehension REF: Midlevel Oral Health Practitioner OBJ: 4 TOP: NBDHE, Provision of Clinical Dental Hygiene Services, 3.0 Planning and Managing Dental Hygiene Care

Q16: How many states provide legal avenues for dental hygienists to provide patient care outside the private dental office without the physical presence of a dentist as of 2023?

A. 12

B. 22

C. 32

D. 42 (Correct)

Rationale: 42 states provide legal avenues for dental hygienists to provide patient care outside the private dental office without the physical presence of a dentist. DIF: Recall REF: Midlevel Oral Health Practitioner OBJ: 4 TOP: NBDHE, Provision of Clinical Dental Hygiene Services, 3.0 Planning and Managing Dental Hygiene Care

Q17: Which Mid-Level Oral Health Care Workforce Model requires that the provider must be dually licensed as a dental hygienist?

A. Michigan

B. Minnesota

C. Maine

D. Vermont (Correct)

Rationale: In Vermont, the dental therapist must be dually licensed as a dental hygienist. Michigan is pursuing a Mid-Level Oral Health Care Workforce Model but it is not yet in place. The advanced dental therapist in Minnesota may be dually licensed as a dental hygienist. In Maine, the dental hygiene therapist may be dually licensed as a dental hygienist. DIF: Comprehension REF: Midlevel Oral Health Practitioner OBJ: 4 TOP: NBDHE, Provision of Clinical Dental Hygiene Services, 3.0 Planning and Managing Dental Hygiene Care

Q18: Dental hygienists prepared as mid-level providers and providing direct access to dental hygiene services help the professions of dentistry and dental hygiene meet the oral healthcare needs of the community. The development of these Mid-Level Oral Health Care Workforce Models should result in cost-effective, quality, primary dental care, and healthier citizens in the United States.

A. Both statements are true. (Correct)

B. Both statements are false.

C. The first statement is true, the second is false.

D. The first statement is false, the second is true.

Rationale: Many states are pursuing Mid-Level Oral Health Care Workforce Models for that reason. DIF: Comprehension REF: Midlevel Oral Health Practitioner OBJ: 4 TOP: NBDHE, Provision of Clinical Dental Hygiene Services, 3.0 Planning and Managing Dental Hygiene Care

Q19: Direct access is the ability of a dental hygienist to initiate treatment based on their assessment of a patient's needs _____ the specific authorization of a dentist, treat the patient _____ the presence of a dentist, and maintain a provider–patient relationship.

A. with; with

B. with; without

C. without; with

D. without; without (Correct)

Rationale: This is the ADHA definition of direct access. Many other models exist as a means of providing direct access to dental hygiene care in addition to mid-level provider models and independent dental hygiene practice. DIF: Recall REF: Other Practice Models for Direct Access to Dental Hygiene Care OBJ: 4 TOP: NBDHE, Provision of Clinical Dental Hygiene Services, 3.0 Planning and Managing Dental Hygiene Care

Q20: Where can a dental hygienist find supervision requirements in the United States?

A. The American Dental Association (ADA)

B. The American Dental Hygienists' Association (ADHA) or applicable state regulatory agency website (Correct)

C. The American Dental Education Association (ADEA)

D. The Dental Trade Alliance (DTA)

Rationale: Dental hygienists can check the ADHA or applicable state regulatory agency websites for supervision requirements and dental hygienists' involvement in regulation in the United States, and the CDHA website for practice regulation authority in Canada. DIF: Comprehension REF: Other Practice Models for Direct Access to Dental Hygiene Care OBJ: 4 TOP: NBDHE, Provision of Clinical Dental Hygiene Services, 3.0 Planning and Managing Dental Hygiene Care

Q21: The collaborative practice model emphasizes the distinct roles of the dental hygienist and

A. patient.

B. dentist. (Correct)

C. dental hygiene program.

D. insurance company.

Rationale: In this model, the dentist and the dental hygienist are in a co-therapist relationship. In a collaborative practice, dental hygienists are viewed as experts in their field, are consulted about appropriate dental hygiene interventions, are expected to make clinical dental hygiene decisions, and are given freedom in planning, implementing, and evaluating the dental hygiene component of the overall care plan. DIF: Recall REF: Other Practice Models for Direct Access to Dental Hygiene Care OBJ: 4 TOP: NBDHE, Provision of Clinical Dental Hygiene Services, 3.0 Planning and Managing Dental Hygiene Care

Q22: Each of the following is generally part of a collaborative practice agreement EXCEPT one. Which is the EXCEPTION?

A. Description of the scope of dental hygiene services

B. Responsibilities of the collaborating dentist regarding consultation with the dental hygienist

C. Practice protocols

D. Methods for reimbursement (Correct)

Rationale: A collaborative practice agreement generally includes the following: a legally defined protocol defining the circumstances in which the dental hygienist can initiate treatment, description of the scope of dental hygiene services, practice protocols, responsibilities of the collaborating dentist regarding consultation with the dental hygienist, maintenance of the dental record, emergency management plan, and referral methods. DIF: Application REF: Other Practice Models for Direct Access to Dental Hygiene Care OBJ: 4 TOP: NBDHE, Provision of Clinical Dental Hygiene Services, 3.0 Planning and Managing Dental Hygiene Care

Q23: Independent dental hygiene practice is also called

A. collaborative practice.

B. unsupervised practice. (Correct)

C. practice under direct supervision.

D. practice under general supervision.

Rationale: Some dental hygienists owning their own businesses offer dental hygiene services to vulnerable and underserve populations while having legal arrangements for dentist collaboration or general supervision. Although these practices are independently owned, they are not independent dental hygiene practices. DIF: Recall REF: Other Practice Models for Direct Access to Denta Hygiene Care OBJ: 4 TOP: NBDHE, Provision of Clinical Dental Hygiene Services, 3.0 Planning and Managing Dental Hygiene Care

Q24: Which is the most common chronic disease in children?

A. Type 1 diabetes

B. Dental caries (Correct)

C. Congenital birth defects

D. Asthma

Rationale: Dental caries is the most common chronic disease in children, and a significant number of adults have untreated caries and chronic periodontal disease. DIF: Recall REF: The Dental Hygienist in Interprofessional Practice OBJ: 4 TOP: NBDHE, Provision of Clinical Dental Hygiene Services, 3.0 Planning and Managing Dental Hygiene Care

Q25: A dental hygienist working in a long-term care facility with a registered nurse to monitor residents' oral healthcare is an example of

A. interprofessional collaboration. (Correct)

B. professional regulation.

C. a mid-level oral health practitioner.

D. dental supervision.

Rationale: Interprofessional collaboration is shared responsibility and collaboration among healthcare professionals in patient-centered care healthcare delivery systems to attain optimal health outcomes for populations with, or at risk of, oral diseases. Dental hygienists in long-term care facilities work with nurses' aides and registered nurses to monitor residents' oral health, care for dentures, provide preventive oral healthcare, and make dental care referrals. DIF: Application REF: The Dental Hygienist in Interprofessional Practice OBJ: 4 TOP: NBDHE, Provision of Clinical Dental Hygiene Services, 3.0 Planning and Managing Dental Hygiene Care

Q26: Each of the following is, in general, accomplished by a dental hygiene practice act EXCEPT one. Which is the EXCEPTION?

A. Establishes criteria for dental hygiene education, licensure, and relicensure.

B. Determines which patients are eligible for dental insurance benefits. (Correct)

C. Protects the public by making illegal the practice of dental hygiene by uncredentialed and unlicensed persons.

D. Defines the legal scope of dental hygiene practice.

E. Creates a board empowered with legal authority to oversee the policies and procedures affecting the dental hygiene practice in that jurisdiction.

Rationale: Dental and dental hygiene practice acts are laws established in each applicable jurisdiction, that is, states (United States) or provinces (Canada), to regulate the practice of dental hygiene. Although the laws that regulate dental hygiene practice vary with each licensing jurisdiction, they have common elements. DIF: Application REF: Dental and Dental Hygiene Practice Acts and Licensure OBJ: 4 TOP: NBDHE, Provision of Clinical Dental Hygiene Services, 3.0 Planning and Managing Dental Hygiene Care

Q27: Due to the limitation of single states requiring repeat licensing examinations for dental hygienists who are relocating, some state boards have established licensing by

A. suspension.

B. relinquishment.

C. credential. (Correct)

D. competence.

Rationale: Licensing by credential recognizes the dental hygiene license received in other states when appropriate. Documents are provided for the board's approval in meeting licensure requirements, so the dental hygienist does not have to repeat a practical examination after relocating. DIF: Recall REF: Dental and Dental Hygiene Practice Acts and Licensure OBJ: 4 TOP: NBDHE, Provision of Clinical Dental Hygiene Services, 3.0 Planning and Managing Dental Hygiene Care

Q28: The National Board Dental Hygiene Examination (NBDHE) is administered by the

A. the American Dental Association (ADA). (Correct)
B. the American Dental Hygienists' Association (ADHA).
C. state board of the state where the candidate intends to practice.
D. dental hygiene program where the candidate was a student.

Rationale: To be eligible for regional and/or state clinical licensure examinations, after graduation from an accredited dental hygiene program, dental hygienists must also pass the written National Board Dental Hygiene Examination administered by the American Dental Association Joint Commission on National Dental Examinations. DIF: Recall REF: The Dental Hygiene National Board OBJ: 4 TOP: NBDHE, Provision of Clinical Dental Hygiene Services, 3.0 Planning and Managing Dental Hygiene Care

Q29: Which organization wrote the Standards for Clinical Dental Hygiene Practice?

A. The American Dental Association (ADA)
B. The American Dental Hygienists' Association (ADHA) (Correct)
C. The American Dental Education Association (ADEA)
D. The International Federation of Dental Hygienists (IFDH)

Rationale: The ADHA Standards for Clinical Dental Hygiene Practice define and guide professional dental hygiene practice. The primary purpose is to provide a resource for dental hygiene practitioners seeking to provide client-centered and evidence-based clinical care. DIF: Recall REF: Standards for Dental Hygiene Practice and Competencies for Entry into the Profession OBJ: 4 TOP: NBDHE, Provision of Clinical Dental Hygiene Services, 3.0 Planning and Managing Dental Hygiene Care

Q30: Each of the following is a facet of the Standards for Clinical Dental Hygiene Practice EXCEPT one. Which is the EXCEPTION?

A. Define the activities of dental hygienists unique to dental hygiene.
B. Provide consumers, employers, and colleagues with guidelines as to what constitutes high-quality dental hygiene care.
C. Provide guidelines for establishing goals for clinical dental hygiene education.
D. Serve as the foundation to assure competence and for continued professional development.
E. Recommend brands and types of products for clinical and consumer use. (Correct)

Rationale: The standards provide a framework that describes a competent level of dental hygiene care based on the dental hygiene process of care. These standards are likely to be continuously evaluated and modified as necessary as new scientific evidence and federal and state regulations

develop to ensure optimal, comprehensive client care. DIF: Application REF: Standards for Dental Hygiene Practice and Competencies for Entry into the Profession OBJ: 4 TOP: NBDHE, Provision of Clinical Dental Hygiene Services, 3.0 Planning and Managing Dental Hygiene Care

Q31: The Journal of Dental Hygiene is published by the

A. the American Dental Association (ADA).
B. the American Dental Hygienists' Association (ADHA). (Correct)
C. the American Dental Education Association (ADEA).
D. the National Dental Hygienists' Association (NDHA).

Rationale: The official publication of the ADHA is the Journal of Dental Hygiene. DIF: Recall REF: American Dental Hygienists' Association OBJ: 5 TOP: NBDHE, Provision of Clinical Dental Hygiene Services, 3.0 Planning and Managing Dental Hygiene Care

Q32: Which association's actions are directed toward its members with specific measurable outcomes, including public policy environment, public recognition, professional practice, professional knowledge, and leadership?

A. The International Federation of Dental Hygienists (IFDH)
B. The American Dental Hygienists' Association (ADHA)
C. The Canadian Dental Hygienists Association (CDHA) (Correct)
D. The National Dental Hygienists' Association (NDHA)

Rationale: With a structure similar to that of the ADHA, the CDHA has provincial organizations supported by local components. The CDHA publishes The Canadian Journal of Dental Hygiene as its official journal and has played a prominent role in developing continuing education, formal dental hygiene education, portability of licensure, and dental hygiene research and theory. DIF: Recall REF: Canadian Dental Hygienists Association OBJ: 5 TOP: NBDHE, Provision of Clinical Dental Hygiene Services, 3.0 Planning and Managing Dental Hygiene Care

Q33: Which organization represents academic dentistry?

A. The American Public Health Association (APHA)
B. International Association for Dental Research (IADR)
C. The American Dental Education Association (ADEA) (Correct)
D. The Dental Trade Alliance (DTA)

Rationale: The ADEA is the only national organization representing academic dentistry, thus, the voice of dental education. Members include educators, corporations, and institutions from general dentistry, specialties, dental hygiene, dental assisting, and dental laboratory technology. DIF: Recall REF: Other Professional Associations of Interest to Dental Hygienists OBJ: 5 TOP: NBDHE, Provision of Clinical Dental Hygiene Services, 3.0 Planning and Managing Dental Hygiene Care

Q34: The vision of this organization is to integrate medicine and dentistry to promote optimal health.

A. The American Public Health Association (APHA)

B. International Association for Dental Research (IADR)

C. American Academy of Oral Medicine (AAOM) (Correct)

D. The Dental Trade Alliance (DTA)

Rationale: The AAOM vision is to integrate medicine and dentistry to promote optimal health. Their mission is to advance excellence in patient care, education, and research and to promote access to quality, affordable Oral Medicine care while increasing professional and public awareness of Oral Medicine. DIF: Recall REF: Other Professional Associations of Interest to Dental Hygienists OBJ: 5 TOP: NBDHE, Provision of Clinical Dental Hygiene Services, 3.0 Planning and Managing Dental Hygiene Care

Q35: In the Standard Occupational Classification, dental hygienists are recognized by the U.S. Bureau of Labor Statistics as

A. Healthcare Diagnosing or Treating Practitioners. (Correct)

B. Clinical Laboratory Technologists and Technicians.

C. Medical and Clinical Laboratory Technologists.

D. Healthcare Support Occupations.

Rationale: Dental hygienists are recognized by the U.S. Bureau of Labor Statistics as Healthcare Diagnosing or Treating Practitioners. DIF: Recall REF: The Dental Hygienist OBJ: 2 TOP: NBDHE, Provision of Clinical Dental Hygiene Services, 3.0 Planning and Managing Dental Hygiene Care

Q36: In the United States, dental hygienists are in the same major Standard Occupational Classification as

A. dentists. (Correct)

B. dental assistants.

C. licensed practical nurses.

D. pharmacy technicians.

Rationale: In the United States, dental hygienists are in the same major Standard Occupational Classification as dentists. DIF: Recall REF: The Dental Hygienist OBJ: 1 TOP: NBDHE, Provision of Clinical Dental Hygiene Services, 3.0 Planning and Managing Dental Hygiene Care

Q37: _____ is an association of companies that provide dental equipment, supplies, materials, and services to dentists and other oral care professionals, serving as a strong voice for the industry and promoting market growth.

A. The American Public Health Association (APHA)

B. International Association for Dental Research (IADR)

C. American Academy of Oral Medicine (AAOM)

D. The Dental Trade Alliance (DTA) (Correct)

Rationale: DTA is an association of companies that provide dental equipment, supplies, materials, and services to dentists and other oral care professionals, serving as a strong voice for the industry and promoting market growth. DIF: Recall REF: Other Professional Associations of Interest to Dental Hygienists OBJ: 5 TOP: NBDHE, Provision of Clinical Dental Hygiene Services, 3.0

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Q38: This organization supports the advancement of research and knowledge to improve oral health, represents the oral health research community, and enables communication of research findings.

A. The American Public Health Association (APHA)
B. International Association for Dental Research (IADR) (Correct)
C. American Academy of Oral Medicine (AAOM)
D. The Dental Trade Alliance (DTA)

Rationale: IADR supports the advancement of research and knowledge to improve oral health, represents the oral health research community, and enables communication of research findings. DIF: Recall REF: International Federation of Dental Hygienists OBJ: 5 TOP: NBDHE, Provision of Clinical Dental Hygiene Services, 3.0 Planning and Managing Dental Hygiene Care

Q39: What is the first step in the dental hygiene process of care?

A. Assessment (Correct)
B. Dental hygiene diagnosis
C. Implementation
D. Evaluation

Rationale: The first step in the dental hygiene process is care is assessment. DIF: Recall REF: The Dental Hygiene Process of Care OBJ: 1 TOP: NBDHE, Provision of Clinical Dental Hygiene Services, 3.0 Planning and Managing Dental Hygiene Care

Q40: Documentation occurs throughout the process of dental hygiene care to

A. provide an accurate, legal document to minimize risk of malpractice claims.
B. accurately record all assessment findings leading to a dental hygiene diagnosis, treatment planned and delivered, patient communication, treatment outcomes, and recommendations.
C. provide for continuity of care and communication between providers.
D. All are correct. (Correct)

Rationale: Documentation occurs throughout the process of dental hygiene care by accurately recording all assessment findings leading to a dental hygiene diagnosis, treatment planned and delivered, patient communication, treatment outcomes, and recommendations. It is intended to provide for continuity of care and communication between providers, and as an accurate, legal document to minimize risk of malpractice claims. DIF: Recall REF: The Dental Hygiene Process of Care OBJ: 1 TOP: NBDHE, Provision of Clinical Dental Hygiene Services, 3.0 Planning and Managing Dental Hygiene Care

Q41: This organization advocates for the health of all people and communities to strengthen the public health profession by addressing public health issues and policies backed by science.

A. The American Public Health Association (APHA) (Correct)
B. International Association for Dental Research (IADR)

C. American Academy of Oral Medicine (AAOM)
D. The Dental Trade Alliance (DTA)

Rationale: American Public Health Association (APHA)—The APHA brings together members from all public health fields, including dental hygiene. It advocates for the health of all people and communities to strengthen the public health profession by addressing public health issues and policies backed by science. DIF: Recall REF: Other Professional Associations of Interest to Dental Hygienists OBJ: 5 TOP: NBDHE, Provision of Clinical Dental Hygiene Services, 3.0 Planning and Managing Dental Hygiene Care

Q42: If a dental hygienist were employed as an administrator for in a regional dental support organization (DSO) and wanted to increase networking opportunities with other administrators, what organizations might they belong to?

A. American Association of Dental Office Management (AADOM) (Correct)
B. International Association for Dental Research (IADR)
C. American Academy of Oral Medicine (AAOM)
D. The American Dental Education Association (ADEA)

Rationale: American Association of Dental Office Management (AADOM)—AADOM provides resources, education, and networking for office administrators. DIF: Recall REF: Other Professional Associations of Interest to Dental Hygienists OBJ: 5 TOP: NBDHE, Provision of Clinical Dental Hygiene Services, 3.0 Planning and Managing Dental Hygiene Care

Q43: Which organization has a tri-level structure by which individual members are automatically part of local (component), state (constituent), and national levels of its associated organizations.

A. The American Dental Hygienists' Association (ADHA) (Correct)
B. International Association for Dental Research (IADR)
C. The American Dental Education Association (ADEA)
D. The Dental Trade Alliance (DTA)

Rationale: The American Dental Hygienists' Association has a tri-level structure by which individual members are automatically part of local (component), state (constituent), and national levels of its associated organizations. DIF: Recall REF: American Dental Hygienists' Association OBJ: 5 TOP: NBDHE, Provision of Clinical Dental Hygiene Services, 3.0 Planning and Managing Dental Hygiene Care

Practice Quiz - Chapter 01

Q1: The dental hygiene process of care is the foundation of the professional dental hygiene practice and provides a framework for delivering high-quality dental hygiene care to all types of clients. The dental hygiene diagnosis involves identifying an individual's health behaviors, attitudes, and oral healthcare needs within the scope of services the dental hygienist is licensed and educated to provide.

A. Both statements are true. (Correct)
B. Both statements are false.
C. The first statement is true, the second is false.
D. The first statement is false, the second is true.

Rationale: Both statements are true.

Q2: Which of the following is not a step in the dental hygiene process of care?

A. Assessment
B. Planning
C. Verification (Correct)
D. Diagnosing

Rationale: The dental hygiene process of care consists of the following five steps: assessment, diagnosing, planning, implementing, and evaluating.

Q3: The Collaborative Practice Model primarily emphasizes which of the following?

A. The concept of multiple categories of dental hygiene care
B. The role of the dental hygienist as a public health educator
C. Dental hygienists working with other healthcare providers to provide optimum client care (Correct)
D. The role of the dental hygienist as a dental auxiliary

Rationale: Collaboration is the process of working together for the achievement of common goals. The collaborative practice model assumes that the provision of oral healthcare is a complex process that requires a full spectrum of professional knowledge, skills, and judgments; therefore collaboration between dentists and dental hygienists, working together as colleagues, has the potential for allowing high-quality comprehensive oral healthcare to be offered to the public. In a collaborative practice, dental hygienists and dentists cooperate as colleagues to integrate their respective care regimens into a single comprehensive approach to provide high-quality client care. Although both professions can and should work together to improve the dental health status of the public, each has a specific role that complements and augments the effectiveness of the other.

Q4: The term client is frequently preferred in healthcare settings for which of the following reasons?

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A. It connotes wellness as well as illness and suggests an active participant in healthcare. (Correct)

B. It suggests a sick, dependent person who is in need of therapy.

C. It is limited to an individual.

D. It focuses on the control of the clinician.

Rationale: The term client is broader in scope than the term patient because it can refer to a group as well as to an individual. It also connotes wellness rather than illness. Given that the focus of dental hygiene is to prevent oral disease and promote wellness, the term client emphasizes that not all those for whom we provide care are in need of treatment for a disease. Last the term client emphasizes the self-determination of the recipient of dental hygiene care, because individuals who seek dental hygiene care generally choose to do so and are in a partnership with the dental hygienist to promote and maintain personal oral health and wellness.

Q5: Which of the following professional roles of a dental hygienist own their own business?

A. Independent practitioner (Correct)

B. Collaborative practice practitioner

C. Mid-level oral health practitioner

D. Interprofessional practitioner

Rationale: Independent dental hygiene practitioners own their own businesses, or independent practices, and provide preventive oral healthcare services to the public as primary care providers where permitted by law.

Q6: The professional model of dental hygiene emphasizes that the dental hygienist:

A. implements preventive treatment plans developed by the dentist.

B. views the dental hygienist as a secondary care provider.

C. is technology based.

D. implements self-generated preventive oral care regimens. (Correct)

Rationale: The professional model views dental hygiene as knowledge based. It views the dental hygienist as an oral healthcare provider who implements self-generated preventive care regimens; uses a process of care to assess needs, diagnose dental hygiene problems, and plan, implement, and evaluate care; collaborates with the dentist and other healthcare professionals; is accountable to the client; and fulfills roles through the functions of clinician, educator, manager, consumer advocate, and researcher.

Q7: The five roles of the dental hygienist are which of the following?

A. Periodontal clinician, pedantic clinician, researcher, change agent, advocate

B. Clinician, theory builder, educator, researcher, change agent

C. Clinician, administrator or manager, researcher, advocate, educator (Correct)

D. Clinician, administrator, manager, educator, researcher

Rationale: Dental hygiene includes interrelated roles of clinician, educator, administrator or manager, researcher, and advocate. For example, as a clinician the dental hygienist uses a

process of care, helps the client set oral health goals, and collaborates with the client to meet those goals with a minimal cost of time and energy. Dental hygienists assume the role of educator when clients have learning needs. Dental hygienists use management skills when they understand the administrative structure of the employment setting and use this structure to achieve organizational and client goals. As a client advocate the dental hygienist protects and supports clients' rights and well-being, believing that clients have the right to make their own decisions about healthcare after they have been provided with information to make an informed choice. As a researcher the dental hygienist tests assumptions underlying dental hygiene practice and investigates dental hygiene problems to improve oral healthcare and the practice of dental hygiene.

Q8: All of the following describe accreditation EXCEPT one. Which one is the EXCEPTION?

A. A formal, voluntary, nongovernmental process that establishes a minimum set of standards to ensure quality in educational institutions.

B. Serves as a mechanism to protect the public.

C. Requires descriptions of all tasks that a beginning dental hygiene practitioner must consistently perform accurately and efficiently.

D. A formal agency developing the dental and dental hygiene practice acts. (Correct)

Rationale: Accreditation is the process by which an external agency evaluates an institution or program of study according to predetermined, national standards. Associate degree, diploma, certificate, and baccalaureate degree programs focusing on entry-level dental hygiene education must meet certain national standards to remain accredited and for the protection of the public.

Q9: Dental practice acts:

A. do not establish criteria for dental hygiene education or licensure.

B. are laws established in each state (United States) or province (Canada) to regulate the practice of dental hygiene. (Correct)

C. are limited in terms of defining dental hygiene practice.

D. are laws established for all dental hygienist across the country.

Rationale: Although the laws that regulate dental hygiene practice vary with each licensing jurisdiction, each practice act reflects common elements. In general, practice acts establish criteria for the education, licensure, and relicensure of dental hygienists; define the legal scope of dental hygiene practice; protect the public by making the practice of dental hygiene by uncredentialed and unlicensed persons illegal; and create a board empowered with legal authority to oversee the policies and procedures affecting the practice of dental hygiene.

Q10: An administrator or manager:

A. is a person whose official position is to guide and direct the work of others. (Correct)

B. does not provide clinical care.

C. usually does not engage in decision making.

D. engages in planning, organizing, and staffing only.

Rationale: Interrelated responsibilities commonly associated with the manager include planning, decision making, organizing, staffing, directing, and controlling.

Q11: All of the following describe a dental hygienist advocate EXCEPT one. Which one is the EXCEPTION?

A. Facilitates client decision making by providing clients with the information they need and by interpreting what the clients' rights are in a given situation.
B. Protects clients from possible adverse effects of treatment measures.
C. Demonstrates support and respect for the client's decision.
D. Improves the profession's visibility via public service. (Correct)

Rationale: The dental hygienist facilitates client decision making. The dental hygienist interprets findings for the client, identifies other variables and alternatives to consider, involves others in the decision-making process, and helps the client assess the options. Moreover, the dental hygienist helps maintain a safe environment for the client and takes steps to prevent injury and to protect the client from possible adverse effects of treatment measures.

Q12: Accreditation is best described by which of the following?

A. Laws established in each applicable jurisdiction
B. Formal, voluntary nongovernmental process which establishes a minimum set of standards that promote and ensure quality across education institutions (Correct)
C. A certificate to practice dental hygiene by meeting established minimum set of standards
D. An examination to determine qualifications of dental hygiene licensure applicants

Rationale: Accreditation is a formal, voluntary nongovernmental process that establishes a minimum set of national standards that promote and ensure quality across educational institutions and programs and serves as a mechanism to protect the public.

Q13: Which of the following is a licensed dental hygienist who is a primary oral healthcare provider of dental hygiene services directly to patients?

A. Collaborative practice practitioner
B. Independent practitioner
C. A mid-level oral health practitioner (Correct)
D. Interprofessional practitioner

Rationale: A mid-level oral health practitioner is a licensed dental hygienist who is a primary oral healthcare provider of dental hygiene services directly to patients.

Q14: The ability of a hygienist to initiate treatment based on their assessment of a patients need without specific authorization of a dentist, treat the patient without the presence of a dentist, and maintain a provider-patient relationship is defined as

A. Collaborative practice model
B. Direct access (Correct)
C. Indirect supervision
D. Direct supervision

Q15: Documentation is the systematic collection of data to identify oral and general health status, and assessment is the complete and accurate recording of all collected data.

A. Both statements are true.

B. Both statements are false. (Correct)

C. The first statement is true, the second is false.

D. The first statement is false, the second is true.

Rationale: Assessment is the systematic collection of data to identify oral and general health status based on client problems, needs, and strengths, and documentation is the complete and accurate recording of all collected data, interventions planned and provided, recommendations, and other information relevant to client care and treatment.