

## Exhibit 6

# Competencies for the New Dentist

(As approved by the 1997 House of Delegates. These competencies are being revised in 2006-07.)

### Preamble

Dentists are expected to enhance and promote the total health of patients through oral health management. Managing oral health care applies to patients with oral pathoses, patients with special needs, and patients with oral manifestations of systemic disease and involves providing ongoing oral health care management. In the course of managing patient care, competent practitioners should recognize the limitations of their expertise and refer patients appropriately for treatment and coordinate the patient care plan. While dentists may delegate, they have the ultimate responsibility for comprehensive patient care.

Ideally, professional development begins the first day the student enters dental school and does not end until the day the dentist completely retires from the profession. While this should be a continuous process of improvement, the process can be divided conveniently into five stages: novice, beginner, competent, proficient, and expert.

Other than the decision to begin this professional journey, the most significant milestone is the attainment of the first professional degree, which corresponds to the attainment of professional *competency*—the ability to begin independent, unsupervised dental practice. Competencies are abilities essential to beginning the practice of dentistry. The competencies set forth in this document must be supported by working *knowledge* of basic biomedical, behavioral, and clinical sciences and biomaterials; by cognitive and psychomotor *skills*; and by professional and ethical *values*. The integration and application of the basic biomedical sciences are considered a critical element in the development of competencies for the future.

These abilities incorporate understanding, skill, and values in an integrated response to the normal range of problems and challenges in the practice of dentistry that will allow a graduate to practice safely and independently. The level of performance requires some degree of speed and accuracy consistent with patient well-being. It also requires an awareness of what constitutes acceptable performance under

normal circumstances. For the purposes of this document, competent practitioners must use these abilities as the basis for clinical decisions and in professional, patient, and public education. They must have a desire for self-improvement.

Because competencies are written to describe the performance of graduates in dental settings, as opposed to the performance of students in courses, the development of competencies is an interdisciplinary process. It would be unusual to develop competency statements for single disciplines.

ADEA intends, over time, to pursue the original plan of the Council of Sections, which is to use the national, core competencies as a foundation for identifying 1) foundation knowledge and skills, 2) evaluation methods, 3) summaries of the research foundation upon which competencies are included in the curriculum, 4) a glossary of commonly defined terms, and 5) educational resources.

The value and usefulness of these competencies will depend on their application and the changes they effect. By defining the competencies of the new graduate, schools will have a benchmark with which to 1) review, redefine, and restructure the predoctoral curriculum; 2) review and improve student evaluation processes and promotion criteria; and 3) establish and apply outcome measures to assess the effectiveness of the predoctoral program.

These competencies relate to the child, adolescent, adult, geriatric, and medically compromised patient and are sequenced as they would be in rendering care.

### Professional/Practice Competencies

To help dental educators understand these statements, certain terms have been defined. In general, the definitions proposed by Chambers and Gerrow (see *J Dent Educ* 1994;58:342-5) have been used; new definitions have been added; and some have been modified. When it is expected that the new dentist will be able to, and likely to, actually

perform the necessary procedures, the terms “perform,” “provide,” “restore,” or “treat” appear. When the new dentist may perform some treatment but is more likely to oversee treatment or to refer, the term “manage” is used. The term “appropriate” is not used in these statements to eliminate repetition. Rather, it is assumed that all knowledge, skills, and values described will be used to perform procedures for appropriate reasons, in appropriate circumstances, and in an appropriate manner.

The new dentist must:

### **General Skills**

1. Apply ethical principles to professional practice.
2. Provide empathic care for all patients, including members of diverse and vulnerable populations.
3. Apply the principles of jurisprudence to the practice of dentistry.
4. Continuously analyze the outcomes of patient treatment to improve that treatment.
5. Evaluate scientific literature and other sources of information to make decisions about dental treatment.
6. Manage oral health based on an application of scientific principles.
7. Participate in professional organizations.

### **Information Management—Currency of Skills**

8. Assess his or her level of skills and knowledge and take steps to improve areas of deficiency.
9. Evaluate social and economic trends and their impact on oral health care.

### **Practice Management**

10. Evaluate career options, practice location, and reimbursement mechanisms.
11. Educate staff in professional, governmental, legal, and office policies and professional responsibilities.
12. Coordinate and supervise the activity of allied dental health personnel.
13. Maintain patient records.
14. Use business systems in dental practice settings for scheduling, record-keeping, reimbursement, and financial arrangements.
15. Implement and monitor infection control and environmental safety programs according to current standards.
16. Practice within the scope of one’s competence and make referrals to professional colleagues.
17. Use information technology and information management systems for patient care, practice management, and professional development.

### **Communication**

18. Assess patient goals, values, and concerns to establish rapport and guide patient care.
19. Communicate orally, and in writing, with peers, other professionals, staff, patients or guardians, and the public at large.

### **Community Resources**

20. Participate in improving the oral health of individuals, families, and groups in the community through diagnosis, treatment, and education.

### **Debt Management**

21. Use professional debt management and financial planning skills.

## **Patient Care Competencies**

### **Diagnosis**

22. Establish rapport and identify patients’ general needs and expectations.
23. Identify patients’ chief complaints.
24. Obtain medical, dental, psychosocial, and behavioral histories.
25. Perform head and neck and intraoral examinations.
26. Select, obtain, and interpret clinical, radiographic, and other diagnostic information and procedures.
27. Obtain medical and dental consultations when appropriate.
28. Recognize signs of abuse or neglect and report and refer as necessary.
29. Recognize predisposing and etiologic factors that require intervention to prevent disease.
30. Use clinical and epidemiological data to diagnose and establish a prognosis for dental abnormalities and pathology.
31. Recognize the normal range of clinical findings and significant deviations that require monitoring, treatment, or management.
32. Monitor therapeutic outcomes and reevaluate and modify initial diagnoses or therapy.
33. Develop treatment alternatives based on clinical and supporting data.

## **Treatment Planning**

34. Integrate multiple disciplines into an individual, comprehensive, sequenced treatment plan using diagnostic and prognostic information.
35. Discuss etiologies, treatment alternatives, and prognoses with patients and educate them so they can participate in the management of their own care.

36. Develop and implement a sequenced treatment plan that incorporates patients' goals, values, and concerns.
37. Obtain informed consent from patient, parent, or guardian.

## Treatment

38. Anticipate, diagnose, and provide initial treatment and follow-up management for medical emergencies that may occur during dental treatment.
39. Perform basic cardiac life support.
40. Recognize and manage acute pain, hemorrhage, trauma, and infection of the orofacial complex.
41. Manage patients with pain and anxiety by the use of nonpharmacological methods.
42. Select and administer or prescribe pharmacological agents in the treatment of dental patients.
43. Anticipate, prevent, and manage complications arising from the use of therapeutic and pharmacological agents employed in patient care.
44. Provide patient education to maximize oral health.
45. Manage preventive oral health procedures.
46. Perform therapies to eliminate local etiologic factors to control caries, periodontal disease, and other oral diseases.
47. Manage patients with advanced periodontal diseases and conditions.
48. Manage patients with pulpal and periradicular diseases.
49. Perform uncomplicated endodontic procedures.
50. Perform uncomplicated oral surgical procedures.
51. Manage patients who have complicated oral surgical problems.
52. Manage patients requiring modification of oral tissues to optimize restoration of form, function, and esthetics.
53. Manage patients with occlusal and temporomandibular disorders.
54. Manage dental care for disabled and special care patients.
55. Manage patients in the hospital setting.
56. Manage a comprehensive maintenance plan following the active phase of periodontal treatment.
57. Manage patients requiring minor tooth movement or space maintenance.
58. Manage patients who have complex orthodontic problems.
59. Restore single defective teeth.
60. Restore partial or complete edentulism with uncomplicated fixed or removable prosthetic restorations.
61. Manage the restoration of partial or complete edentulism using implant procedures.
62. Manage patients with oral esthetic needs.
63. Communicate case design with laboratory technicians and evaluate the resultant prosthesis.