

Standards of Practice



EVIDENCE-INFORMED PRACTICE

STANDARD STATEMENT

The dental hygienist seeks, promotes, supports, and incorporates an **evidence-informed** approach in their practice.

PERFORMANCE EXPECTATIONS

The dental hygienist must...

1. Access and critically evaluate current, credible, and relevant evidence from the best available **reliable sources**.
2. Apply appropriate evidence when providing **dental hygiene services**, using critical thinking and professional judgment.
3. Be able to justify professional decisions with evidence-informed rationale.
4. Seek and assess new research, knowledge, and emerging trends to determine applicability to practice.
5. Recommend or provide only those dental hygiene services that are appropriate and beneficial for the patient, informed by evidence, and consistent with the patient's **informed consent**.
6. Not recommend services, products, or treatments that have been proven to be ineffective through rigorous, peer-reviewed evidence.
7. Evaluate their practice in terms of patient outcomes and modify their practice based on this self-reflective process and appropriate evidence.
8. Integrate evidence and best practices when developing or reviewing organizational policies.

PATIENT EXPECTATION

The patient can expect that the dental hygiene services they receive are informed by the best available current evidence, the patient's values, and the dental hygienist's knowledge, skills, experience, and judgment.

GLOSSARY

DENTAL HYGIENE SERVICES: Any service that falls within the practice of the profession of dental hygienists as outlined in the [Health Professions Act](#) (Schedule 5, section 3).

EVIDENCE-INFORMED: The integration of best available evidence with clinical expertise and patient values.¹ This approach involves identifying, searching for, and interpreting the result of the best available evidence to inform decision-making processes.²

INFORMED CONSENT: Receiving the patient's written or verbal permission to proceed with a proposed service following a process of decision-making leading to an informed choice. Informed consent involves ongoing communication between the parties involved. In the case of a minor or others who do not have the capacity to provide informed consent, the agreement must come from a legal guardian or substitute decision-maker legally authorized to act on behalf of a patient.

RELIABLE SOURCES: Research findings that are methodologically appropriate and clinically relevant to the situation. Both the ranking of the source on an evidence hierarchy and the quality of the evidence are considered (e.g., scholarly peer-reviewed journals, systematic reviews, clinical and best practice guidelines, government data).³

¹Straus, S. E., Glasziou, P., Richardson, W. S., & Haynes, R. B. (2019). Evidence-Based Medicine: How to Practice and Teach EBM (5th ed). Elsevier.

² Federation of Dental Hygiene Regulators of Canada. (2021) Entry-to-Practice Canadian Competencies for Dental Hygienists. Accessed from: www.fdhrc.ca/wp/wp-content/uploads/2021/12/EPCCoDH_FDHR_Canada_November_2021.pdf

³ Woo, K. (2017). Polit & Beck Canadian Essentials of Nursing Research (4th ed). Wolters Kluwer Health.