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November 17th, 2014

RE: Occupational Analysis, Canadian Dental Assisting, 2014

We have the singular pleasure of submitting the final report of the *Occupational Analysis, Canadian Dental Assisting, 2014*.

The strength of this study comes from the strong response rate which enhanced the precision and accuracy of the statistical results. The valuable insights afforded to the project by the working groups aided in establishing the report’s validity.

This report highlights the addition of two new blocks, Block A Professionalism and Block H Practice Management, and consolidation of quality assurance tasks. A detailed list of changes can be found in the report.

Thank you for engaging *Psychometric Strategies and Research* in this project. We hope we can be of service to the NDAEB in the future.

Yours truly

Dwight D. Harley, Ph.D.  Margaret J. Dennett, CDA, MCE
Principal Consultant  Principal Consultant
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National Occupational Analysis
Dental Assistant (2014)

Executive Summary

An Occupational Analysis (OA) has been developed by professional practitioners to describe the skills, knowledge and abilities required to perform duties as a dental assistant. From this study, an occupational standard was developed for use in a variety of purposes which will form the basis for training, curriculum development, accreditation of training programs, recruitment, performance improvement, career development, and the examination and credentialing of practitioners.

An OA is a detailed examination of the (1) tasks (performance elements) that make up a job (employee role), (2) conditions under which they are performed, and (3) what skills, knowledge, and attitudes (behaviour characteristics) are required by the job. Information gleaned from an OA is used to assist in the development and confirmation of the Occupational Standard.

It is common practice for professions and industry to have scheduled reviews of OAs and subsequent revisions that reflect modifications in practice protocols, the implementation of new technologies, and changes in regulation. As requirements, procedures, and technologies change, the profession must also evolve.

The 2014 OA was an online survey based study. The first step was to establish a working group which was tasked with reviewing the 2007 OA and refining a survey that was to be made available to the entire national population of Canadian dental assistants. The working group was composed of representatives selected from each province. Depending upon the province, members were either selected by the Dental Assisting Regulatory Authorities (DARA) or by provincial associations. A total of 28 participants were selected and agreed to participate in the study (Appendix A).

In January 2014 the working group was introduced to the project via a webinar. The participants were requested to complete a four-part, web-based survey which reviewed the existing occupational standard (2007). This survey divided the existing occupational profile of dental assisting into blocks of knowledge with tasks, sub-tasks, and essential knowledge and abilities (Appendix B). The working group was asked if the existing occupational profile was appropriate for 2014 and if sections should be deleted or added to reflect current practice.

Comments garnered from the survey were reviewed, and although no deletions were recommended for the content, some additions and wording changes (Appendix C) were suggested and included in the survey. With this working group input, a second survey was developed. In the newly created Dental Assisting Occupational Analysis Survey, the participants were asked to indicate the following with regards to each subtask.

1. Is this sub-task current dental assisting practice?
2. Should there be any deletions or additions to the tasks?
3. How frequently is the task performed in dental assisting practice?
4. How important is the sub-task in providing safe and effective patient care?
In March 2014, a workshop was held in Ottawa with 14 of the original working group members to discuss the results from the national survey. A similar workshop was held in Edmonton in April with another 12 of the original working group members. Following the two workshops, an initial draft of the new OA was developed, and made available online to the working group for further review and feedback. The survey was refined thus creating the Dental Assisting Occupational Analysis Survey.

In February 2014, the Dental Assisting Occupational Analysis Survey was launched nationally. The survey was open to all dental assistants across Canada. It was promoted through the professional and regulatory associations, and to encourage participation, incentives of CE credits and four prize draws of $50 gift certificates were used. The survey was closed February 28, 2014.

The survey was heavy in terms of its response burden; responses to more than 800 queries were required. Although approximately 2,500 individuals attempted the survey, not all respondents completed it. Only data from those respondents completing the survey were used in the analysis resulting in a final sample size of 1,294.

The goal of this project was to develop a Canadian occupational standard, thus a provincial stratification scheme was not followed. The data collected provides estimates that are accurate to within + or – 2.5% 19 of 20 times. Although the results are reflective of the national opinion, conclusions on provincial data cannot be drawn.

The demographic information collected by the survey indicated the following.

- 54% of respondents aged 30 to 50
- Wide range of experience: new graduates with less than one year experience to participants with more than 30 years’ experience
- 85% of respondents were from general practice.
- 91% of the participants work chairside.
- 40% of the respondents spend 81-100% of their time chairside.
- 73% of the respondents spend less than 20% of their work time performing administration tasks.

Detailed results of the survey can be found in Appendix E. The results reflect the average rating of occurrence, frequency, and importance. Analysis of the response data indicated that changes to the 2007 OA are necessary. The major changes are summarized below.

- Task and sub-task statements addressing communication and professional conduct have been collected to create Block A Professionalism, consisting of 3 tasks and 4 sub-tasks.
- All of the quality assurance protocols that appeared throughout the 2007 document were brought together to create Task 26 with five sub-tasks within Block H, Practice Management.
- Sub-Tasks that are now COMMON CORE
  - Sub-task 12.06 Applies Acid Etching and Cavity Bonding
  - Sub-task 12.11 Prepares Simple Bite Registration
  - Sub-task 17.03 Remove Sutures
- Sub-tasks endorsed by seven of 10 provinces requiring additional formal education.
  - Sub-task 14.01: Places and Removes Separators
  - Sub-task 14.02: Fits Orthodontic Appliances, Bands, and Brackets
  - Sub-task 14.03: Applies Direct and Indirect Bracket Bonding Materials
  - Sub-task 14.06: Places and Bonds Orthodontic Appliances
  - Sub-task 14.07: Removes Orthodontic Appliances
  - Sub-task 14.08: Removes Orthodontic Bands and Brackets
o Sub-task 14.09: Places and Removes Adapted Arch Wires
o Sub-task 14.10: Places and Removes Ligatures
o Sub-task 14.11: Traces and Measures Cephalometric Radiographs and Digital Images

• Other changes reflected in the 2014 OA document include:
  o Lists of examples have been removed so as not to limit.
  o Language simplification.
  o Language update.
  o Consistency in wording.
  o Consistency in spelling.
  o Knowledge & Abilities statements.
  o Elimination of redundancies.

Some general comments concluded the study. They are reported below.

• Dental assistants across Canada have varied locations, work conditions and scopes of practice, and for this reason it is a challenge to gather information from such a group. Most practice autonomously and may never interact with their professional colleagues limiting the promotional opportunities for communication of such a survey.

• Technology was used to complete the survey distribution task effectively and efficiently in a cost efficient manner. SurveyMonkey© was the on-line tool used for the responses. While relatively user friendly, the use of such technology may have deterred some participants.

• As the OA looks at the entire profession of dental assisting, the length of the survey was considerable. The time required to complete all parts may have discouraged some participants. Negative comments were received regarding the length of the survey, but this was unavoidable due to the required detail.

• Face-bow transfer was indicated as not being done in the majority of offices; however, after discussion during both of the workshops, the working group decided not to recommend deletion.

• New technologies are affecting many areas of dentistry. From the feedback provided, it appears that at this point in time the major technology affecting dental assisting is digital radiography. Workshop discussions made it clear that this is the trend, but there are many offices still using analog. For this reason, the recommendation would be to keep this in the standard. It is likely that in the next analysis it will be possible to eliminate this.

• Front desk operation is also an area of evolution as more offices move from paper to paperless office management systems. As computers become a more familiar piece of equipment in the dental operatories dental assistants will be required to play a more active role in data management. Feedback around the increasing role of computers in the dental office did not result in changes in sub-tasks but rather optional methods for carrying out some of these administrative tasks.

• Code of Ethics – The national code of ethics and all provincial codes of ethics cover the basic ethical principles of autonomy, non-malfeasance, beneficence, justice, confidentiality, and veracity. As six of 10 provinces use the Canadian Dental Assistants Code, our recommendation would be to keep this as a standard of practice.
Introduction

There are an estimated 28,000 dental assistants employed across Canada in all provinces and territories. Of those, approximately 8,000 are members of six provincial associations which form the corporate membership of the Canadian Dental Assistants’ Association (CDAA). Founded in 1945 and incorporated in 1957 as a national non-profit volunteer professional association, the CDAA’s original focus was to organize, represent, and advocate for members, and to develop a National Standard for dental assistants across Canada. The CDAA continues to work on behalf of the profession in various ways, including as an equal funding partner with the National Dental Assisting Examining Board (NDAEB) on the 2014 National Occupational Analysis project. Other provincial associations not associated with CDAA include approximately 15,000 to 18,000 dental assistants in their memberships.

The NDAEB was established by the Canadian Dental Assistants’ Association in 1997 and was federally incorporated as a separate non-profit organization. The NDAEB is responsible for the development, maintenance, and administration of the national written exam and the Clinical Practice Evaluation (CPE). The NDAEB exam and CPE are key elements of the Mutual Recognition Agreement (MRA) for Dental Assisting, which came into force on July 1, 2001. The MRA facilitates the labour mobility of dental assistants in Canada. The NDAEB is comprised of representatives of eight Dental Assisting Regulatory Authorities, the Royal College of Dental Surgeons of Ontario, the Canadian Dental Assistant’s Association, the Canadian Dental Association, the Commission on Dental Accreditation of Canada, the Dental Assisting Educators of Canada representing accredited and non-accredited educational institutes, and the public. The Province of Quebec is not represented on the Board of Directors and does not require the NDAEB certificate for dental assistants employed in the province.

The Occupational Analysis (OA) has been developed by professional practitioners and describes the skills, knowledge and abilities required to perform duties as a dental assistant. From this analysis, an occupational standard will be developed and used for a variety of purposes and will form the basis for training, curriculum development, the accreditation of training programs, recruitment, performance improvement, career development, and the examination and credentialing of practitioners.

An OA is a detailed examination of the (1) tasks (performance elements) that make up a job (employee role), (2) conditions under which they are performed, and (3) what skills, knowledge, and attitudes (behaviour characteristics) are required by the job. Information gleaned from an OA is used to assist in the development and confirmation of the Occupational Standard.

It is common practice for professions and industry to have scheduled reviews of OAs and subsequent revisions that reflect modifications in practice protocols, the implementation of new technologies, and changes in regulation. As requirements, procedures, and technologies change, the profession must also evolve.

The next domain description review will be held during 2015. The data from the 2014 OA will be used to recommend changes to the 2015 Domain Description and to the Dental Assisting Regulatory Authorities (DARA) for the national entry level standard for dental assisting.
Development of the Occupational Standard

The Occupational Standard was developed and validated by practicing dental assistants with extensive knowledge and experience in the profession of dental assisting. It has undergone three evolutions since its adoption in 2000.

Developmental Timeline

- **October 2000** – Extensive research was conducted into existing provincial and international standards.
- **November 2000** – An Occupational Analysis Workshop was conducted in Charlottetown, Prince Edward Island, with 14 professional practitioners mostly from Eastern Canada.
- **January 2001** – A second Occupational Analysis Workshop was conducted in Calgary, Alberta, with nine professional practitioners mostly from Western Canada.
- **March/April 2001** – The document was validated by over 300 practitioners in workshops held in every province of Canada.
- **March 2007** – The document was reviewed and revised at an Occupational Analysis Workshop in Gatineau, Quebec, by 10 practitioners from Eastern Canada.
- **April 2007** – The document was reviewed and revised at an Occupational Analysis Workshop held in Edmonton, Alberta, by eight practitioners from Western Canada.
- **Winter 2014** – A national occupational analysis was conducted using an online survey tool. Two workshops were conducted, one in Edmonton and one in Ottawa, to review the results.

The Varied Role of the Canadian Dental Assistant

When reviewing the analysis, the interprovincial differences in scope of practice must be considered. As multi-skilled health professionals, dental assistants possess a diverse knowledge base. They effectively perform clinical skills, administrative procedures, and practitioner autonomy through assignment and delegation of duties and responsibilities within provincial legislation.

Dental assistants maintain collaborative relationships with all members of the oral health care team in the delivery of inter-professional patient-centered care. They are skilled at using an array of technology for clinical care and communication. They use evidenced based decision-making models along with theoretical dental knowledge to problem-solve clinical situations. Dental assistants are proactive in anticipating and adapting to changing treatment requirements. Their education and training, professionalism, and experience coupled with provincial registration and licensing make them qualified to perform a variety of supportive and direct patient care procedures.

Dental assistants prepare for and support patients during treatment by practicing standard precautions and infection control and prevention, organizing armamentarium, attending to patients’ comfort, and obtaining and updating health histories.
Dental assistants assist with and perform a variety of clinical procedures. Using four or six-handed dentistry, they assist the operator with the administration of anaesthetics, dental specialty, and general dentistry procedures. They perform preventive, orthodontic, and prosthodontic intra-oral procedures as well as post-treatment care. These may include but are not limited to such procedures as selective coronal polishing, preliminary impressions, dental dam application and removal, topical fluoride application, and suture or periodontal dressing removal.

Dental assistants produce a variety of dental radiographs/images for use in dental treatment. They also produce other analog or digital records, such as dental photographs and study models to aid in diagnosis.

Dental assistants provide oral self-care, disease prevention recommendations, pre- and post-operative care, nutritional counselling, and health education to patients and groups of people.

Dental assistants support clinical treatment procedures by performing certain laboratory functions. They fabricate study models and appliances as well as perform minor appliance repairs.

Dental assistants are responsible for routine maintenance of instruments and equipment in a dental practice. It is vital that instruments and equipment are in working order so that patient care can be delivered safely and effectively.

Dental assistants also perform basic dental office practice management procedures. These may include, but are not limited to: maintaining financial records, managing patients’ appointments, discussing treatment options, and/or maintaining inventory of dental supplies. In many offices, these procedures utilize computer records management systems.

As new technologies emerge, dental assistants’ scopes of practice continually evolve. Dental assistants have a professional responsibility to maintain competency and learn about the impact of these new technologies on the dental profession and their own scope of practice. Active participation in professional associations and knowledge of current regulations is necessary for the dental assistant to stay informed and up to date.

Safe working practices and conditions, accident prevention, and the preservation of health and safety are of primary importance to all professions in Canada. These responsibilities are shared and require the joint efforts of government, employers, and employees. It is imperative that all parties are aware of circumstances that may lead to injury or property loss. By having safe treatment, work, and learning environments, the variables and behaviours that may contribute to accidents or injury can be controlled.

Dental assistants demonstrate safety-conscious attitudes and work practices and contribute to a healthy, safe, and accident-free working environment.

Dental assistants are familiar with and apply the Occupational Health and Safety Legislation and related provincial regulations. It is essential to identify hazards and take necessary measures to protect oneself, co-workers, patients, and the environment.

Safety education has been identified as an integral part of dental assisting education in all
jurisdictions; however, personal safety practices are not recorded independently in this document. Technical safety relating to each task and sub-task are included throughout this analysis.

As health professionals, dental assistants adhere to a code of ethics. The Canadian Dental Assistant Association Code of ethics is used by six provinces. The remaining provinces adhere to those established by their regulatory body. All include the basic ethical principles of autonomy, non-malfeasance, beneficence, justice, confidentiality, and veracity.

**Method**

The Working Group (Appendix A) was composed of representatives from each province. In Alberta and Saskatchewan, the Dental Assisting Regulatory Authorities (DARA) selected members to participate, and in other provinces dental assistants were contacted through their provincial associations. In British Columbia, the College of Dental Surgeons of BC sent an email to all certificants, and in Prince Edward Island the Dental Council contacted dental offices to inform them of the survey. A total of 28 participants were selected and agreed to participate in the two working groups.

In January 2014 the working group was introduced to the OA project via a webinar. The participants were requested to complete a four-part, web-based survey which reviewed the existing occupational standard. The structure of this survey divided the occupational profile of dental assisting into blocks of knowledge with tasks, sub-tasks, and essential knowledge and abilities (Appendix B). This working group survey asked if the existing occupational profile was appropriate for 2014 and if sections should be deleted or added to reflect current practice.

Comments garnered from the survey were reviewed, and although no deletions were recommended for the content, some additions and wording changes (Appendix C) were suggested and included in the survey. With this working group input, a second survey was developed. In the newly created Dental Assisting Occupational Analysis Survey, the participants were asked to indicate the following with regards to each subtask.

1. Is this sub-task current dental assisting practice?
2. Should there be any deletions or additions to the tasks?
3. How frequently is the task performed in dental assisting practice?
4. How important is the sub-task in providing safe and effective patient care?

Respondents were provided with an opportunity to comment on each sub-task. This information was brought forward and considered during the workshop discussions.

In February 2014, the Dental Assisting Occupational Analysis Survey was launched nationally. The survey was open to all dental assistants across Canada. It was promoted through the professional and regulatory associations, and to encourage participation, incentives of CE credits and four prize draws of $50 gift certificates were used. The survey was closed February 28, 2014.

In March 2014, a workshop was held in Ottawa with 14 of the original working group members to discuss the results from the national survey. A similar workshop was held in Edmonton in April with another 12 of the original working group members. Two members were unable to attend. A professional workshop facilitator led the discussions in both workshops. Following the two
workshops, a new document was developed, and this was then posted on the website for further feedback. The results of these workshops and additional feedback form the basis of this 2014 document.

Respondents

The survey was available to all dental assistants in Canada, and participation in the survey was voluntary. The survey had a heavy response burden making over 800 queries. For the convenience of the respondents, the survey was split into four parts. A total of 1,294 dental assistants responded to the entire survey. There were a large number of incomplete responses, but these were eliminated from the analysis. Only complete data sets were used.

Table 1 below reports the number of respondents by province as well as the estimated number of dental assistants registered in the province.

<table>
<thead>
<tr>
<th>Province</th>
<th>Approximate Number of DAs</th>
<th>Number of Respondents</th>
<th>Percent Responding Nationally</th>
<th>Percent Responding Provincially</th>
</tr>
</thead>
<tbody>
<tr>
<td>ON</td>
<td>7,055</td>
<td>821</td>
<td>63</td>
<td>12</td>
</tr>
<tr>
<td>BC</td>
<td>5,347</td>
<td>146</td>
<td>11</td>
<td>3</td>
</tr>
<tr>
<td>AB</td>
<td>5,514</td>
<td>110</td>
<td>9</td>
<td>2</td>
</tr>
<tr>
<td>QC</td>
<td>5,000</td>
<td>7</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>SK</td>
<td>1,300</td>
<td>122</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>NB</td>
<td>800</td>
<td>28</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>NS</td>
<td>795</td>
<td>24</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>MB</td>
<td>1,224</td>
<td>24</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>NL</td>
<td>172</td>
<td>4</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>PE</td>
<td>100</td>
<td>8</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>Nationally</td>
<td>~30,000</td>
<td>1,294</td>
<td>100</td>
<td></td>
</tr>
</tbody>
</table>

Accuracy ±2.5%, 19 of 20 times nationally.

The goal of this project was to develop a Canadian occupational standard, thus a provincial stratification scheme was not followed. Responses were received from approximately 2,500 self-selected respondents. Not all respondents completed all four parts of the survey, and therefore only complete data sets were used in the analysis. The data collected provide estimates that are accurate to within + or – 2.5% 19 of 20 times. Although the results are reflective of the national opinion, conclusions on provincial data cannot be drawn. Provincial variation in response could be due to the methods used for promotion of the survey.
Table 2 reflects the age range of the participants in the survey. The number of mid-age-range participants (i.e., 30 – 50) demonstrates strong participation from mature practitioners.

### Table 2
Distribution of Age of Respondents

<table>
<thead>
<tr>
<th>Age Grouping</th>
<th>Frequency</th>
<th>Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-20</td>
<td>16</td>
<td>1.2</td>
<td>1.2</td>
</tr>
<tr>
<td>21-29</td>
<td>292</td>
<td>22.6</td>
<td>23.8</td>
</tr>
<tr>
<td>30-39</td>
<td>337</td>
<td>26.0</td>
<td>49.8</td>
</tr>
<tr>
<td>40-49</td>
<td>372</td>
<td>28.7</td>
<td>78.6</td>
</tr>
<tr>
<td>50-59</td>
<td>234</td>
<td>18.1</td>
<td>96.7</td>
</tr>
<tr>
<td>60-69</td>
<td>40</td>
<td>3.1</td>
<td>99.8</td>
</tr>
<tr>
<td>70 and older</td>
<td>3</td>
<td>0.2</td>
<td>100.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,294</strong></td>
<td><strong>100.0</strong></td>
<td></td>
</tr>
</tbody>
</table>

Table 3 shows a varied range of experience as a dental assistant – from new graduates with less than one year of experience to 70 participants in the greater than 30 years’ experience and substantial representation in the lengths of practice.

### Table 3
Distribution of Years in Practice as a Dental Assistant

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 1</td>
<td>83</td>
<td>6.4</td>
<td>6.4</td>
</tr>
<tr>
<td>1-5</td>
<td>253</td>
<td>19.6</td>
<td>26.0</td>
</tr>
<tr>
<td>6-10</td>
<td>235</td>
<td>18.2</td>
<td>44.1</td>
</tr>
<tr>
<td>11-15</td>
<td>141</td>
<td>10.9</td>
<td>55.0</td>
</tr>
<tr>
<td>16-20</td>
<td>153</td>
<td>11.8</td>
<td>66.8</td>
</tr>
<tr>
<td>21-25</td>
<td>151</td>
<td>11.7</td>
<td>78.5</td>
</tr>
<tr>
<td>26-30</td>
<td>106</td>
<td>8.2</td>
<td>86.7</td>
</tr>
<tr>
<td>31-35</td>
<td>102</td>
<td>7.9</td>
<td>94.6</td>
</tr>
<tr>
<td>35 &lt;</td>
<td>70</td>
<td>5.4</td>
<td>100.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,294</strong></td>
<td><strong>100.0</strong></td>
<td></td>
</tr>
</tbody>
</table>
Table 4 shows good representation of the dental assistant in general practice. Feedback from this demographic of individuals is the reflection of the ‘norm’ rather than the specialized assistant whose skills may have a different area emphasis.

Table 4
Distribution of Type of Practice

<table>
<thead>
<tr>
<th>Type of Practice</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>General</td>
<td>1,104</td>
<td>85.3</td>
</tr>
<tr>
<td>Prosthodontic</td>
<td>19</td>
<td>1.5</td>
</tr>
<tr>
<td>Endodontic</td>
<td>30</td>
<td>2.3</td>
</tr>
<tr>
<td>Oral Surgery</td>
<td>31</td>
<td>2.4</td>
</tr>
<tr>
<td>Pedodontic</td>
<td>26</td>
<td>2.0</td>
</tr>
<tr>
<td>Orthodontic</td>
<td>84</td>
<td>6.5</td>
</tr>
<tr>
<td>Total</td>
<td>1,294</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Table 5 shows that over 91% of the participants work chairside.

Table 5
Distribution of the Percentage of Chairside Work

<table>
<thead>
<tr>
<th>Percent Range</th>
<th>Frequency</th>
<th>Percent</th>
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Table 6
Distribution of Percentage Ranges of Direct Patient Care Chairside Work

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Table 7
Distribution of Percent Ranges of Front Office

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Dental assisting across Canada encompasses many different aspects, including chairside clinical and front office administration. It was important in this survey to emphasize the clinical aspect of patient care. Tables 6 and 7 show that this demographic is captured. Over 40% of the respondents indicated 81-100% of their time is spent chairside. In Table 7, more than 73% of the respondents indicated that they spend less than 20% of their work time in administration tasks.

The survey was open to all dental assistants across Canada. When viewing the results, it must be kept in mind that they reflect the above demographics.

Results

Detailed results of the survey can be found in Appendix E. The results reflect the average rating of occurrence, frequency, and importance. The averages are based on 1,294 respondents. The first column reports the 2007 Domain Structure. The second column reports the 2014 Domain Structure with Column 3 indicating if there was rewording. An R is indicated when words were added changed or modified from the 2007 document.

A high, medium, or low is indicated depending on the level of percentage endorsement. An overall average of less than 33 indicates a low level of endorsement, between 34 and 67 is a medium level, and above 67 is a high level of endorsement.

The following section provides a compendium of skills knowledge and abilities of dental assisting practice across Canada. Not all skills will be performed by all dental assistants. Dental assisting practice varies from province to province. Individual practice is governed by provincial legislation. An individual dental assistant’s daily practice will be determined by the context of practice of the employer. For example, those working in general practice versus specialty practice or rural versus urban may use a different subset of skills.

The duties performed by the undifferentiated dental assistant are set forth below. This is presented in terms of blocks, tasks, sub-tasks and context.
Definitions

**BLOCK** is the largest division within the analysis and reflects a distinct operation relevant to the occupation. There are eight blocks. (Appendix B)

**TASK** is a distinct, observable, measurable activity that, combined with others, makes up the logical and necessary steps the practitioner is required to perform to complete a specific assignment within a block. There are 29 tasks. (Appendix B)

**CONTEXT STATEMENT** defines the parameters of the task. There is one context statement for each task. There are 29 context statements.

**SUB-TASK** is the smallest division, into which it is practical to subdivide any work activity and, combined with others, fully describes all duties constituting a task.

**PROVINCIAL INDICATORS** were sourced from the Canadian Legal Scope of Practice by Province 2014. Sub-tasks are considered CORE unless otherwise indicated. CORE was defined as endorsement by seven of 10 provinces indicating that formal training (i.e., not including post-graduate modules) in the sub-task is required. An “*” indicates provinces that require post-graduate modules in order for these to be included in legal scope of practice. See the comparison grid in Appendix G.

**SUPPORTING KNOWLEDGE & ABILITIES** are the elements of skills and knowledge an individual must acquire to adequately perform the sub-task.
Block A Professionalism

Task 1 Communicates Effectively

Context Statement:
Dental assistants must use interpersonal communication skills to relate to and interact with all persons involved in dental care. In the dental office environment, effective communication between patients and dental team members is critical for patient safety.

Sub-task 1.01: Communicates Orally

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Supporting Knowledge & Abilities

1.01.01 Knowledge of medical and dental terminology and standard abbreviations in oral communication.
1.01.02 Knowledge of professional and respectful language and terminology.
1.01.03 Knowledge of appropriate questioning techniques.
1.01.04 Knowledge of the effect of body language on communication.
1.01.05 Knowledge of telephone communication skills.
1.01.06 Knowledge of jurisdictional privacy legislation.
1.01.07 Ability to relay accurate information between members of the dental team.
1.01.08 Ability to use professional language and terminology.
1.01.09 Ability to acquire accurate patient information through appropriate questioning techniques.
1.01.10 Ability to communicate with respect towards all persons, irrespective of diversity.
1.01.11 Ability to communicate over the telephone effectively.
1.01.12 Ability to respond to patient questions or concerns.
1.01.13 Ability to explain treatment to be provided.
1.01.14 Ability to accurately and efficiently fulfill requested tasks and implement instructions.
1.01.15 Ability to adjust communication to meet audience reaction.
Sub-task 1.02: Communicates in Writing

Supporting Knowledge & Abilities

1.02.01 Knowledge of correct written format for medical and dental terminology and standard abbreviations.
1.02.02 Knowledge of professional and respectful language and terminology.
1.02.03 Knowledge of appropriate use of all forms of written communication, including electronic formats.
1.02.04 Knowledge of jurisdictional privacy legislation.
1.02.05 Knowledge of jurisdictional legislation with regards to storage and transfer of written documentation.
1.02.06 Knowledge of importance of following written instructions.
1.02.07 Ability to write accurately using professional terminology.
1.02.08 Ability to employ all forms of written communication, including electronic formats.
1.02.09 Ability to accurately and efficiently complete requested tasks and implement written instructions.

Task 2 Maintains Professional Competence

Context statement:

In many jurisdictions, continuing competency is part of the licensing and registration requirements for dental assistants. As practicing health care providers, dental assistants need to ensure currency and continuing competence in the services they provide.

Sub-task 2.01: Develops Life-Long Learning Skills

Supporting Knowledge & Abilities

2.01.01 Knowledge of changes in technologies.
2.01.02 Knowledge of changes in practice guidelines and protocols.
2.01.03 Knowledge of continuing education requirements.
2.01.04 Ability to identify continuing education opportunities.
2.01.05 Ability to transfer knowledge to practice.
Task 3  Performs Duties in a Professional Manner

Context statement:

To strengthen patient confidence in their health care provider, dental assistants must exhibit professionalism throughout all services and personal interactions.

Sub-task 3.01: Demonstrates Professionalism

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Supporting Knowledge & Abilities

3.01.01  Knowledge of the professional roles of dental team members.
3.01.02  Knowledge of the need for inter-professional communication.
3.01.03  Knowledge of jurisdictional code of ethics.
3.01.04  Knowledge of conflict resolution models.
3.01.05  Ability to practice within limits of scope of practice and personal knowledge and abilities.
3.01.06  Ability to independently reflect on performance and set goals for improvement.
3.01.07  Ability to apply the code of ethics.
3.01.08  Ability to implement conflict resolution models.
3.01.09  Ability to represent the profession in a positive manner.
Block B  Treatment Support Procedures

Task 4  Practices Infection Control

Context Statement:
Dental assistants are aware of and understand the necessity of infection prevention and control. They must take particular care to ensure that the work areas, operatory, instruments, and equipment are either sterile or free of pathogens, and aseptic technique is maintained throughout procedures. They must closely monitor their own and others’ exposure to potential infection. They also monitor the storage, use, and disposal of controlled and bio-hazardous materials and waste for personal and community safety by following federal and provincial guidelines and regulations.

Sub-task 4.01: Cleans and Sterilizes Instruments and Handpieces

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Supporting Knowledge & Abilities

4.01.01  Knowledge of microbiology applicable to infection prevention and control in the dental office.
4.01.02  Knowledge of the routes of transmission of infectious diseases.
4.01.03  Knowledge of the potential for injury and safe handling techniques for instruments and handpieces.
4.01.04  Knowledge of protocol for prevention of injury infection.
4.01.05  Knowledge of types of personal protective barriers.
4.01.06  Knowledge of types of and methods for use of various infection control solutions.
4.01.07  Knowledge of sterilization equipment and methods.
4.01.08  Knowledge of technology used to monitor the performance of sterilizers.
4.01.09  Knowledge of appropriate instrument handling and storage after sterilization.
4.01.10  Ability to clean instruments and/or debride instruments and handpieces prior to sterilization.
4.01.11  Ability to set up and operate sterilizers.
4.01.12  Ability to sterilize and maintain handpieces according to manufacturers’ instructions.
4.01.13  Ability to determine method of sterilization based on type and design of instrument.
4.01.14  Ability to monitor the performance of the sterilizer.
4.01.15  Ability to apply standard precautions (prevent cross-contamination).
Sub-task 4.02: Disinfects Equipment and Surfaces

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Supporting Knowledge & Abilities

4.02.01 Knowledge of microbiology applicable to infection prevention and control in the dental office.
4.02.02 Knowledge of the routes of transmission of infectious diseases.
4.02.03 Knowledge of Workplace Hazardous Materials Information System (WHMIS).
4.02.04 Knowledge of protective barriers.
4.02.05 Ability to select products for specific use and application.
4.02.06 Ability to handle hazardous materials according to WHMIS.
4.02.07 Ability to apply standard precautions (prevent cross-contamination).

Sub-task 4.03: Wears Personal Protective Equipment (PPE)

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Supporting Knowledge & Abilities

4.03.01 Knowledge of the routes of transmission of infectious diseases as applicable to dentistry.
4.03.02 Knowledge of potential for personal injury and infection.
4.03.03 Knowledge of types of PPE.
4.03.04 Knowledge of level of protection and limitations of protective clothing and devices.
4.03.05 Ability to select, wear, maintain, and dispose of protective clothing.
4.03.06 Ability to apply standard precautions (prevent cross-contamination).

Sub-task 4.04: Places and Removes Protective Barriers

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Supporting Knowledge & Abilities

4.04.01 Knowledge of protective barrier products.
4.04.02 Knowledge of placement and removal of protective barriers.
4.04.03 Knowledge of routes of infectious diseases as applicable to dentistry.
4.04.04 Knowledge of standard precautions.
4.04.05 Ability to select protective barriers.
4.04.06 Ability to place protective barriers.
4.04.07 Ability to dispose of protective barriers.
4.04.08 Ability to apply standard precautions (prevent cross-contamination).
Sub-task 4.05: Control the Growth of Micro-organisms in Dental Unit Waterlines (DUWL)

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Supporting Knowledge & Abilities

4.05.01 Knowledge of dental unit waterlines (DUWL).
4.05.02 Knowledge of the dangers of microbiological growth in lines.
4.05.03 Knowledge of technology available to purge lines.
4.05.04 Ability to purge lines according to manufacturer’s directions.

Sub-task 4.06: Disposes of Hazardous Waste

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Supporting Knowledge & Abilities

4.06.01 Knowledge of WHMIS.
4.06.02 Knowledge of what constitutes hazardous waste.
4.06.03 Knowledge of hazardous waste storage protocols.
4.06.04 Knowledge of the risks associated with bio-hazardous waste.
4.06.05 Knowledge of hazardous waste disposal protocols.
4.06.06 Knowledge of methods of reducing hazardous waste.
4.06.07 Ability to store hazardous waste securely and according to legislation.
4.06.08 Ability to select and apply protective barriers when handling hazardous waste.

Sub-task 4.07: Flushes and Drains Equipment

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Supporting Knowledge & Abilities

4.07.01 Knowledge of WHMIS.
4.07.02 Knowledge of hazards associated with unflushed equipment.
4.07.03 Knowledge of disinfection and flushing materials and disposal of suction trap filters.
4.07.04 Ability to maintain suction unit.
4.07.05 Ability to follow manufacturer’s instructions for maintenance of equipment.
Task 5  Organizes Armamentarium

Context Statement:
Dental assistants are cognizant of the efficiencies of a well-organized workspace. They must review the patient’s treatment record to determine the intended procedure, set up the chairside area to facilitate the process, and ensure that all instruments, equipment, and materials are available and ready for use.

Sub-task 5.01: Reviews Treatment Record

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Supporting Knowledge & Abilities
5.01.01 Knowledge of the importance of confidentiality.
5.01.02 Knowledge of dental procedures.
5.01.03 Knowledge of relevant information in dental treatment record.
5.01.04 Ability to access and interpret dental treatment records.
5.01.05 Ability to maintain confidentiality.
5.01.06 Ability to relate treatment to required armamentarium.

Sub-task 5.02: Prepares Materials

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Supporting Knowledge & Abilities
5.02.01 Knowledge of dental materials.
5.02.02 Knowledge of indications and contraindications of the use of dental materials.
5.02.03 Knowledge of the effect of dental material components on hard and soft dental tissues.
5.02.04 Knowledge of materials associated with specific dental procedures.
5.02.05 Knowledge of dental instruments and equipment.
5.02.06 Ability to anticipate how and when to prepare the dental materials.
5.02.07 Ability to manipulate materials following manufacturer’s directions.

Sub-task 5.03: Prepares Instruments

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Supporting Knowledge & Abilities
5.03.01 Knowledge of instruments required for specific dental procedures.
5.03.02 Knowledge of instrument preparation and tray set-up.
5.03.03 Knowledge of safe handling and maintenance of dental instruments.
5.03.04 Ability to assemble and prepare required instruments for specific procedures.
Sub-task 5.04: Prepares Equipment

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Supporting Knowledge & Abilities

5.04.01 Knowledge of dental equipment preparation, operation, and maintenance.
5.04.02 Knowledge of equipment required for specific dental procedures.
5.04.03 Ability to set up and test equipment for specific dental procedures.

Task 6 Attends to Patient’s Comfort

Context Statement:

Typically dental assistants are the first person a patient meets when entering the treatment area. They must make every effort to put the patient at ease with the process and ensure the patient is seated and prepared for the procedures.

Sub-task 6.01: Greets Patient

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Supporting Knowledge & Abilities

6.01.01 Knowledge of limitations of patient’s physical status.
6.01.02 Ability to access patient’s mobility needs.
6.01.03 Ability to put patient at ease.
6.01.04 Ability to apply professional communication skills.

Sub-task 6.02: Seats Patient

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Supporting Knowledge & Abilities

6.02.01 Knowledge of treatment to be provided.
6.02.02 Knowledge of the patient’s physical requirements.
6.02.03 Ability to position dental chair and equipment for ergonomic practice and patient comfort.
6.02.04 Ability to make patient comfortable.
6.02.05 Ability to secure patient’s personal belongings.
Sub-task 6.03: Manages Patients Requiring Accommodation Due to Medical, Mental, or Physical Conditions

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Supporting Knowledge & Abilities

6.03.01 Knowledge of requirements of patients requiring accommodation.
6.03.02 Knowledge of considerations and legal requirements of informed consent for treatment.
6.03.03 Knowledge of appointment scheduling requirements.
6.03.04 Knowledge of methods to assist patient transfer and movement (patient transfer protocol: PTP).
6.03.05 Ability to assess level of assistance needed by patients.
6.03.06 Ability to modify the operatory to accommodate patients.
6.03.07 Ability to relate to patient.
6.03.08 Ability to apply PTP.
6.03.09 Ability to provide information and instructions to clients and their caregivers.

Task 7 Initiates and Maintains Patient Records

Context Statement:

Dental assistants recognize the need for gathering confidential information discreetly and recording it accurately. It is essential that relevant and important patient information be recorded accurately since this may form the basis for treatment. It is also important that the patient’s rights are recognized and that privacy protocols are applied.

Sub-task 7.01: Charts Existing Intra/Extra Oral Conditions

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Supporting Knowledge & Abilities

7.01.01 Knowledge of contents and legal requirements of the patient’s chart.
7.01.02 Knowledge of dental anatomy and terminology.
7.01.03 Knowledge of charting systems, both paper and paperless.
7.01.04 Knowledge of the requirements and criteria for intra-oral and facial images.
7.01.05 Knowledge of need for intra-oral and extra-oral observation.
7.01.06 Ability to acquire intra-oral and facial images.
7.01.07 Ability to perform intra-oral and extra-oral observations.
7.01.08 Ability to document information and observations.
Sub-task 7.02: Collects Medical History

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Supporting Knowledge & Abilities

7.02.01 Knowledge of medical terminology.
7.02.02 Knowledge of medications and their effect on dental treatment.
7.02.03 Knowledge of medical conditions which may require pre-medication prior to dental treatment.
7.02.04 Knowledge of the effects and interactions of non-prescription, prescription, and controlled drugs on client care and safety issues surrounding their use as they relate to dental treatment.
7.02.05 Knowledge of the purpose of recording prescribed medications or alternatives including dosages and frequency.
7.02.06 Knowledge of medical conditions that may complicate, interfere with, or alter dental treatment.
7.02.07 Ability to inform patient of the importance of reporting accurate medical information.
7.02.08 Ability to interpret information from medication containers.
7.02.09 Ability to access reference material.
7.02.10 Ability to document information.

Sub-task 7.03: Obtains Vital Signs

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Supporting Knowledge & Abilities

7.03.01 Knowledge of purpose and methods of obtaining vital signs.
7.03.02 Knowledge of normal ranges of pulse, blood pressure, temperature, and respiration for various patients.
7.03.03 Ability to obtain and record pulse rate.
7.03.04 Ability to obtain and record blood pressure.
7.03.05 Ability to obtain and record respiration rate.
7.03.06 Ability to obtain and record temperature.
Sub-task 7.04: Monitors Patient’s Condition

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Supporting Knowledge & Abilities

7.04.01 Knowledge of dental and medical terminology.
7.04.02 Knowledge of the significance of the patient’s medical and dental information.
7.04.03 Knowledge of confidentiality and information exchange protocols.
7.04.04 Ability to communicate pertinent information to appropriate persons.

Task 8 Provides Patient with Treatment Information

Context Statement:

Dental assistants communicate pre-treatment and post-treatment instructions to the patient. They explain the rationale, provide comprehensive detailed instructions, and explain potential implications of treatment in lay-language and ensure the patient has understood.

Sub-task 8.01: Provides Pre-Treatment Instructions

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Supporting Knowledge & Abilities

8.01.01 Knowledge of pre-medication indications, contraindications, and instructions for use.
8.01.02 Knowledge of treatment plan and reason for appointment scheduling.
8.01.03 Knowledge of patient/caregiver’s level of comprehension.
8.01.04 Ability to instruct patient/caregiver regarding medication.
8.01.05 Ability to provide patient/caregiver preparation for treatment instructions.
8.01.06 Ability to explain reason for treatment and appointment scheduling.
Sub-task 8.02: Presents and Co-ordinates Treatment Options

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**Supporting Knowledge & Abilities**

- **8.02.01** Knowledge of treatment options.
- **8.02.02** Knowledge of essential versus elective procedures or treatments.
- **8.02.03** Knowledge of office professionals’ and dental health team’s capabilities and scope of practice.
- **8.02.04** Knowledge of fees associated with treatment options.
- **8.02.05** Ability to recognize patient’s level of comprehension.
- **8.02.06** Ability to discuss treatment options.
- **8.02.07** Ability to discuss financial arrangements, including insurance coverage and payment plans.
- **8.02.08** Ability to discuss treatment alternatives such as referral to specialty offices.

Sub-task 8.03: Provides Post-Treatment Instructions

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**Supporting Knowledge & Abilities**

- **8.03.01** Knowledge of treatment performed.
- **8.03.02** Knowledge of oral health care specific to treatment.
- **8.03.03** Knowledge of recall and/or post-op timeframe.
- **8.03.04** Knowledge of potential complications.
- **8.03.05** Ability to explain specific oral health care requirements.
- **8.03.06** Ability to explain potential complications and contraindications following treatment.
- **8.03.07** Ability to advise patient regarding drug prescribed by the dentist.
- **8.03.08** Ability to advise patient of available emergency care including but not limited to dentist on call, hospital emergency room, and walk-in clinics.
Task 9  Assists with Administration of Anaesthetics

Context Statement:
Dental assistants assist the operator with a variety of anaesthetic methods, including topical, local, and general anaesthetic. They also assist with the administration of conscious, intravenous, and general sedation. They attend to the patient’s comfort and monitor the patient’s condition throughout the delivery of anaesthetic.

Sub-task 9.01: Assists with Administration of Local and Topical Anaesthetic

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Supporting Knowledge & Abilities

9.01.01 Knowledge of indications and contraindications of topical and local anaesthetics.
9.01.02 Knowledge of components of local anaesthetic.
9.01.03 Knowledge of application of topical anaesthetic.
9.01.04 Knowledge of head and neck anatomy.
9.01.05 Knowledge of dental terminology.
9.01.06 Knowledge of length, gauge, and bevel of needles.
9.01.07 Knowledge of needle handling techniques.
9.01.08 Knowledge of signs and symptoms of anaesthetic complications.
9.01.09 Knowledge of appropriate care, storage, and disposal of anaesthetic supplies.
9.01.10 Ability to identify topical anaesthetic sites.
9.01.11 Ability to select syringe needle length, gauge, and anaesthetic for a specific injection site.
9.01.12 Ability to assemble, handle, and disassemble needles and syringes.
9.01.13 Ability to anticipate, comprehend, and respond to operator’s instructions.
9.01.14 Ability to provide pre- and post-operative instructions to patient and caregiver.
Sub-task 9.02: Assists with Administration of Sedation

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Supporting Knowledge & Abilities

9.02.01 Knowledge of conscious sedation techniques.
9.02.02 Knowledge of levels of sedation.
9.02.03 Knowledge of types of sedatives.
9.02.04 Knowledge of indications and contraindications of sedation.
9.02.05 Knowledge of appropriate care, storage, and disposal of anaesthesia supplies and narcotics.
9.02.06 Ability to set up monitor and maintain nitrous oxide and oxygen equipment.
9.02.07 Ability to anticipate, comprehend, and respond to operator’s instructions.
9.02.08 Ability to provide pre- and post-operative instructions to patient and caregiver.
9.02.09 Ability to provide post-operative care for patient.

Sub-task 9.03: Assists with Administration of Intravenous Sedation

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Supporting Knowledge & Abilities

9.03.01 Knowledge of types of intravenous sedation and supplies.
9.03.02 Knowledge of contraindications of intravenous sedation.
9.03.03 Knowledge of appropriate care, storage, and disposal of anaesthesia supplies and narcotics.
9.03.04 Ability to provide pre- and post-operative instructions to patient and caregiver.
9.03.05 Ability to provide post-operative care for patient.

Sub-task 9.04: Assists with Administration of General Anaesthetic

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Supporting Knowledge & Abilities

9.04.01 Knowledge of types of general anaesthetic.
9.04.02 Knowledge of methods of administering general anaesthetic.
9.04.03 Knowledge of appropriate care, storage, and disposal of anaesthesia supplies and narcotics.
9.04.04 Knowledge of contraindications of general anaesthetics.
9.04.05 Ability to monitor recovering patient.
9.04.06 Ability to provide pre- and post-operative instructions to patient and caregiver.
9.04.07 Ability to provide post-operative care for patient.
Task 10  Assists with General Dental Procedures

Context Statement:

Dental assistants proactively assist the operator with a variety of dental treatments such as anticipating the operator’s need for instruments, equipment, and materials. To perform these skills, dental assistants must have extensive knowledge of dental, oral, and head and neck anatomy and treatment. Dental assistants must be aware of the limitations of the scope of practice applicable to their jurisdiction.

Sub-task 10.01: Assists with Isolation Application and Removal

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Supporting Knowledge & Abilities

10.01.01 Knowledge of indications and contraindications for use of dental dam.
10.01.02 Knowledge of considerations in positioning and sizing of holes for dental dam.
10.01.03 Knowledge of the complications associated with poor dental dam preparation and application.
10.01.04 Knowledge of isolation methods other than dental dam.
10.01.05 Knowledge of isolation removal techniques.
10.01.06 Ability to prepare armamentarium for specific isolation procedures.
10.01.07 Ability to select dental dam clamps and prepare dental dams for specific procedures.
10.01.08 Ability to apply alternative isolation methods.

Sub-task 10.02: Maintains Visibility and Accessibility for Operator

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Supporting Knowledge & Abilities

10.02.01 Knowledge of methods of retraction.
10.02.02 Knowledge of evacuation equipment.
10.02.03 Knowledge of irrigation techniques.
10.02.04 Knowledge of the field of operation.
10.02.05 Ability to position patient.
10.02.06 Ability to select retraction.
10.02.07 Ability to position operator’s light.
10.02.08 Ability to select and position evacuation tips.
10.02.09 Ability to select irrigation device.
10.02.10 Ability to direct irrigation flow.
10.02.11 Ability to anticipate needs of operator.
Sub-task 10.03: Manipulates Materials

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Supporting Knowledge & Abilities

10.03.01 Knowledge of dental materials.
10.03.02 Knowledge of mixing and polymerization.
10.03.03 Knowledge of material storage and disposal requirements.
10.03.04 Ability to interpret Material Safety Data Sheets (MSDS).
10.03.05 Ability to select material for application.
10.03.06 Ability to mix and or manipulate material according to manufacturer’s recommendations.

Sub-task 10.04: Monitors Patient’s Condition During Administration of Anaesthetic and Throughout Dental Treatment

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Supporting Knowledge & Abilities

10.04.01 Knowledge of body language.
10.04.02 Knowledge of physiological conditions.
10.04.03 Knowledge of patient’s medical history.
10.04.04 Ability to interpret and respond to body language.
10.04.05 Ability to recognize and respond to physiological changes.
10.04.06 Ability to act on patient’s distress.

Task 11 Assists with Operative Dentistry Procedures

Context Statement:

Dental assistants proactively assist operators in a variety of dental procedures by applying the principles of two, four, and six-handed dentistry. They attend to the comfort and needs of both patient and operator by monitoring behaviours, anticipating instruments and materials, and providing irrigation, evacuation, and accessibility to the operative site. Dental assistants must be aware of the limitations of the scope of practice applicable to their jurisdiction.

Sub-task 11.01: Assists with Operative Procedures.

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Supporting Knowledge & Abilities

11.01.01 Knowledge of indications and contraindications of various types of operative treatments.
11.01.02 Knowledge of anaesthetics and analgesics.
11.01.03 Knowledge of treatment of complications which may arise prior to, during, and after dental procedures.
11.01.04 Knowledge of operative dentistry armamentarium and procedures.
11.01.05 Ability to prepare for operative procedures.
11.01.06 Ability to prepare and manipulate restorative materials.
11.01.07 Ability to anticipate needs of operator.

Sub-task 11.02: Assists with Oral Surgery Procedures

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Supporting Knowledge & Abilities

11.02.01 Knowledge of indications and contraindications for oral surgery.
11.02.02 Knowledge of anaesthetics and analgesics.
11.02.03 Knowledge of treatment of complications which may arise prior to, during, or after oral surgery.
11.02.04 Knowledge of oral surgery armamentarium and procedures.
11.02.05 Knowledge of extraction techniques.
11.02.06 Knowledge of types, indications, and contraindications of dental implants.
11.02.07 Knowledge of pathology laboratory resources and specimen submission protocols.
11.02.08 Ability to prepare for and assist with common surgical procedures.
11.02.09 Ability to maintain a sterile field throughout procedure.
11.02.10 Ability to package and store biopsies.
11.02.11 Ability to monitor the patient’s condition prior to, during, and after oral surgery.
11.02.12 Ability to assist with the control of bleeding.
11.02.13 Ability to assist with suture removal.
11.02.14 Ability to provide pre- and post-operative instructions to patient and caregiver.
11.02.15 Ability to provide post-operative care for patient.
Sub-task 11.03: Assists with Endodontic Procedures

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Supporting Knowledge & Abilities

11.03.01 Knowledge of indications and contraindications of endodontic treatment.
11.03.02 Knowledge of anaesthetics and analgesics.
11.03.03 Knowledge of treatment of complications which may arise prior to, during, and after endodontic procedures.
11.03.04 Knowledge of methods of pulp vitality testing.
11.03.05 Knowledge of endodontic procedures.
11.03.06 Knowledge of a diagnostically acceptable endodontic radiograph/image.
11.03.07 Ability to prepare for and assist with endodontic procedures.
11.03.08 Ability to prepare and manipulate intra-canal medicaments, cements, and filling materials.
11.03.09 Ability to maintain a sterile field during endodontic procedures.
11.03.10 Ability to provide pre- and post-operative instructions to patient and care-giver.
11.03.11 Ability to provide post-operative care for patient.

Sub-task 11.04: Assists with Periodontic Procedures

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Supporting Knowledge & Abilities

11.04.01 Knowledge of indications and contraindications of periodontic treatment.
11.04.02 Knowledge of anaesthetics and analgesics.
11.04.03 Knowledge of treatment of complications which may arise prior to, during, and after periodontic procedures.
11.04.04 Knowledge of periodontal screening and recording.
11.04.05 Knowledge of the characteristics of plaque and calculus and their significance in relation to dental caries, periodontal disease, and overall health.
11.04.06 Knowledge of the characteristics of healthy and diseased periodontal structures.
11.04.07 Knowledge of common periodontic procedures and therapies.
11.04.08 Ability to demonstrate periodontal aids.
11.04.09 Ability to assist with mixing, placement, and removal of periodontal dressings.
11.04.10 Ability to apply irrigation techniques.
11.04.11 Ability to provide pre- and post-operative instructions to patient and caregiver.
11.04.12 Ability to provide post-operative care for patient.
Sub-task 11.05: Assists with Prosthodontic Procedures

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Supporting Knowledge & Abilities

11.05.01 Knowledge of fixed and removable prosthodontic armamentarium and procedures.
11.05.02 Knowledge of anaesthetics and analgesics.
11.05.03 Knowledge of treatment of complications which may arise prior to, during, and after prosthodontic procedures.
11.05.04 Knowledge of bite registration materials.
11.05.05 Knowledge of indications and contraindications for fixed prosthetics and removable prosthetics.
11.05.06 Ability to prepare for and assist with common fixed and removable prosthodontic procedures.
11.05.07 Ability to prepare for, select, and manipulate materials such as bite registration and final impression.
11.05.08 Ability to prepare and assist with direct and indirect prosthodontic procedures.
11.05.09 Ability to stabilize and remove final impressions.
11.05.10 Ability to provide pre- and post-operative instructions to patient and caregiver.
11.05.11 Ability to provide post-operative care for patient.

Sub-task 11.06: Assists with Paediatric Dental Procedures

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Supporting Knowledge & Abilities

11.06.01 Knowledge of patient considerations specific to paediatric dentistry.
11.06.02 Knowledge of anaesthetic and analgesics.
11.06.03 Knowledge of treatment of complications which may arise prior to, during, and after paediatric dental procedures.
11.06.04 Ability to relate to and manage paediatric dental patients.
11.06.05 Ability to provide pre- and post-operative instructions to patient and caregiver.
11.06.06 Ability to provide post-operative care for patient.
Sub-task 11.07: Assists with Orthodontic Procedures

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Supporting Knowledge & Abilities

11.07.01 Knowledge of the benefits of orthodontic treatment.
11.07.02 Knowledge of indications and contraindications for orthodontic treatment.
11.07.03 Knowledge of orthodontic records, procedures, materials, instruments, and appliances.
11.07.04 Ability to prepare and manipulate orthodontic materials.
11.07.05 Ability to educate the patient in the maintenance of orthodontic appliances.
11.07.06 Ability to explain the need for and methods of a retention phase.
11.07.07 Ability to provide oral hygiene and home care instructions.
11.07.08 Ability to provide pre- and post-operative instructions to patient and caregiver.
11.07.09 Ability to provide post-operative care for patient.
Block C Clinical Procedures

Task 12 Performs Intra-Oral Restorative Procedures

Context Statement:
Dental assistants may independently perform certain intra-oral procedures under the general direction of the dentist. To perform these skills dental assistants must have extensive knowledge of dental, oral, and head and neck anatomy and treatment. Dental assistants must be aware of the limitations of the scope of practice applicable to their jurisdiction.

Sub-task 12.01: Performs Pulp Vitality Testing (NOT COMMON CORE)

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Supporting Knowledge & Abilities

12.01.01 Knowledge of pulp testing techniques.
12.01.02 Knowledge of indications and contraindications of pulp testing.
12.01.03 Knowledge of impact of patient’s medical and dental history on treatment.
12.01.04 Ability to select testing method.
12.01.05 Ability to monitor and record patient’s response to pulp vitality testing.
12.01.06 Ability to prepare and operate pulp testing devices.

Sub-task 12.02: Applies Topical Anaesthetics

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Supporting Knowledge & Abilities

12.02.01 Knowledge of innervation of the oral cavity.
12.02.02 Knowledge of types and application methods of topical anaesthetics.
12.02.03 Knowledge of indications and contraindications of topical anaesthetics.
12.02.04 Knowledge of the impact of the patient’s medical and dental history on treatment.
12.02.05 Ability to select specific sites for application of topical anaesthetic.
12.02.06 Ability to apply topical anaesthetic to selected site.
12.02.07 Ability to monitor patient’s reaction to topical anaesthetics.
Sub-task 12.03: Applies and Removes Isolation Material

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Supporting Knowledge & Abilities

12.03.01 Knowledge of types of isolation.
12.03.02 Knowledge of the impact of the patient’s medical and dental history on treatment.
12.03.03 Knowledge of risks involved with application and removal of isolation materials.
12.03.04 Ability to prepare for selected isolation methods.
12.03.05 Ability to select dental dam clamps.
12.03.06 Ability to place dental dam and adapt procedure to patient’s comfort and satisfaction.
12.03.07 Ability to evaluate isolation techniques and procedures.
12.03.08 Ability to remove isolation.

Sub-task 12.04: Places Treatment Liners and Bases

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Supporting Knowledge & Abilities

12.04.01 Knowledge of types of liners and bases.
12.04.02 Knowledge of indications and contraindications for use.
12.04.03 Ability to isolate operative site.
12.04.04 Ability to place liners and bases according to treatment plan.
12.04.05 Ability to prepare and place liners and bases according to manufacturer’s instructions.

Sub-task 12.05: Places and Removes Matrix Systems and Wedges

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Supporting Knowledge & Abilities

12.05.01 Knowledge of common matrix systems and wedges.
12.05.02 Knowledge of common placement techniques.
12.05.03 Knowledge of indications and contraindications for use.
12.05.04 Ability to place matrix systems according to treatment plan.
12.05.05 Ability to place matrix systems according to manufacturer’s instructions.
12.05.06 Ability to remove and dispose of matrix systems and wedges.
Sub-task 12.06: Applies Acid Etching and Cavity Bonding

Supporting Knowledge & Abilities

12.06.01 Knowledge of types of acid etches and bonding materials.
12.06.02 Knowledge of indications and contraindications for acid etching and bonding materials.
12.06.03 Ability to interpret Material Safety Data Sheets (MSDS).
12.06.04 Ability to interpret treatment and manufacturer’s instructions.
12.06.05 Ability to place materials.
12.06.06 Ability to remove materials.

Sub-task 12.07: Places Temporary Restorations (NOT COMMON CORE)

Supporting Knowledge & Abilities

12.07.01 Knowledge of types of temporary restorative materials.
12.07.02 Knowledge of occlusion.
12.07.03 Ability to mix and place selected material.
12.07.04 Ability to finish and adjust temporary restorations.
12.07.05 Ability to perform initial occlusal adjustments on temporary restorations.
12.07.06 Ability to cure temporary materials.

Sub-task 12.08: Places and Finishes Amalgam Restorations (NOT COMMON CORE)

Supporting Knowledge & Abilities

12.08.01 Knowledge of types of amalgam materials.
12.08.02 Knowledge of tooth structure and oral anatomy.
12.08.03 Knowledge of occlusion.
12.08.04 Knowledge of isolation techniques.
12.08.05 Knowledge of mixing and placement techniques.
12.08.06 Knowledge of amalgam handling procedures.
12.08.07 Knowledge of indications and contraindications of amalgam restorations.
12.08.08 Knowledge of mercury hygiene procedures.
12.08.09 Ability to select matrices and wedges.
12.08.10 Ability to mix and place amalgam material.
12.08.11 Ability to carve and finish restoration.
12.08.12 Ability to perform initial occlusal check.
12.08.13 Ability to maintain mercury hygiene.
Sub-task 12.09: Takes Preliminary Impressions

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Supporting Knowledge & Abilities

12.09.01 Knowledge of impression materials.
12.09.02 Knowledge of impression material mixing techniques.
12.09.03 Knowledge of criteria for an acceptable impression.
12.09.04 Ability to select and fit an impression tray to a patient’s mouth.
12.09.05 Ability to apply impression technique.
12.09.06 Ability to place and remove impression tray.
12.09.07 Ability to evaluate impression quality.
12.09.08 Ability to preserve impressions.

Sub-task 12.10: Prepares Face-bow Transfers (NOT COMMON CORE)

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Supporting Knowledge & Abilities

12.10.01 Knowledge of face-bow registration and technique.
12.10.02 Ability to perform face-bow registration.

Sub-task 12.11: Prepares Simple Bite Registrations

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Supporting Knowledge & Abilities

12.11.01 Knowledge of bite registration materials.
12.11.02 Knowledge of bite registration procedures.
12.11.03 Knowledge of centric occlusion.
12.11.04 Ability to take impressions and bite registrations.
12.11.05 Ability to select bite registration material.
Sub-task 12.12: Performs Coronal Whitening using Bleaching Trays

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Supporting Knowledge & Abilities

12.12.01 Knowledge of indications and contraindications of whitening agents.
12.12.03 Knowledge of types, methods, and benefits of whitening treatments.
12.12.04 Knowledge of risks associated with whitening agents.
12.12.05 Knowledge of timing of treatment.
12.12.06 Ability to fill tray and adapt to patient’s mouth.
12.12.07 Ability to insert and remove tray from patient’s mouth.
12.12.08 Ability to provide post-operative instructions to patient and caregiver.
12.12.09 Ability to educate patient on use of kit.

Sub-task 12.13: Performs Coronal Whitening using Direct Application (NOT COMMON CORE)

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Supporting Knowledge & Abilities

12.13.01 Knowledge of indications and contraindications of whitening agents.
12.13.02 Knowledge of indications and contraindications of treatment.
12.13.03 Knowledge of types, methods and benefits of treatments.
12.13.04 Knowledge of risks associated with whitening agents such as ingestion and adverse patient reaction.
12.13.05 Knowledge of timing of treatment.
12.13.06 Ability to provide gingival protection.
12.13.07 Ability to directly apply whitening agents to tooth surface.
12.13.08 Ability to provide pre and post-operative instructions to patient and caregiver.
12.13.09 Ability to provide post-operative care for patient.

Table Note
Ontario:

[1] Only Spadent is permitted.
Task 13  Performs Intra-Oral Preventive Procedures

Context Statement:

Dental assistants independently perform certain intra-oral preventive procedures under the direction of the dentist. To perform these skills, dental assistants must have extensive knowledge of oral and dental anatomy. Dental assistants must be aware of the limitations of the scope of practice applicable to their jurisdiction.

Sub-task 13.01: Applies Pit and Fissure Sealants

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Supporting Knowledge & Abilities

13.01.01 Knowledge of indications and contraindications of pit and fissure sealant placement.
13.01.02 Knowledge of types of sealant materials and their properties.
13.01.03 Knowledge of Material Safety Data Sheets (MSDS).
13.01.04 Knowledge of preparation and etching techniques.
13.01.05 Knowledge of sealant placement techniques.
13.01.06 Ability to place pit and fissure sealants following manufacturer’s directions.
13.01.07 Ability to evaluate application.

Sub-task 13.02: Adjusts Occlusion Following Pit and Fissure Sealant Application (NOT COMMON CORE)

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Supporting Knowledge & Abilities

13.02.01 Knowledge of isolation techniques and methods.
13.02.02 Knowledge of handpiece operation.
13.02.03 Knowledge of occlusion.
13.02.04 Knowledge of risk factors.
13.02.05 Ability to adjust technique to maximize patient comfort.
13.02.06 Ability to select and use armamentarium.
13.02.07 Ability to operate handpiece.
13.02.08 Ability to evaluate adjustment.
Sub-task 13.03: Performs Selective Coronal Polishing

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Supporting Knowledge & Abilities

13.03.01 Knowledge of polishing methods.
13.03.02 Knowledge of rationale for selective polishing.
13.03.03 Knowledge of hard and soft deposits.
13.03.04 Knowledge of intrinsic and extrinsic stains.
13.03.05 Knowledge of armamentarium and its operation.
13.03.06 Knowledge of types of polishing materials.
13.03.07 Knowledge of treatment procedures.
13.03.08 Knowledge of risk factors.
13.03.09 Ability to adjust technique to maximize patient comfort.
13.03.10 Ability to select and use armamentarium.
13.03.11 Ability to recognize hard and soft deposits.
13.03.12 Ability to remove extrinsic stain and soft deposits.

Sub-task 13.04: Applies Anti-Cariogenic Agents

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Supporting Knowledge & Abilities

13.04.01 Knowledge of indications and contraindications of anti-cariogenic agents.
13.04.02 Knowledge of types, methods, and benefits of anti-cariogenic treatments.
13.04.03 Knowledge of isolation techniques.
13.04.04 Ability to identify site to be treated.
13.04.05 Ability to provide pre- and post-operative instructions to patient and caregiver.

Sub-task 13.05: Applies Desensitizing Agents

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Supporting Knowledge & Abilities

13.05.01 Knowledge of types, methods, and benefits of desensitizing agents.
13.05.02 Knowledge of indications and contraindications of desensitizing.
13.05.03 Knowledge of methods of desensitizing agents application.
13.05.04 Ability to place desensitizing agents.
13.05.05 Ability to provide pre- and post-operative instructions to patient and caregiver.
Sub-task 13.06: Applies Disclosing Agents

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Supporting Knowledge & Abilities

13.06.01 Knowledge of indications and contraindications of disclosing agents.
13.06.02 Knowledge of types and purpose of disclosing agents.
13.06.03 Knowledge of methods of application.
13.06.04 Knowledge of oral hygiene indices.
13.06.05 Ability to apply disclosing agents following manufacturer’s directions.
13.06.06 Ability to interpret and record results of disclosing agents.
13.06.07 Ability to assess and record oral hygiene indices.

Sub-task 13.07: Performs Periodontal Screening (NOT COMMON CORE)

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Supporting Knowledge & Abilities

13.07.01 Knowledge of dental and oral anatomy.
13.07.02 Knowledge of probing techniques and instruments.
13.07.03 Knowledge of impact of the patient’s medical and dental history on periodontal screening.
13.07.04 Knowledge of the risks associated with screening.
13.07.05 Knowledge of periodontal screening systems.
13.07.06 Ability to assess the patient’s comfort.
13.07.07 Ability to probe.
13.07.08 Ability to record the results.
13.06.07 Ability to assess and record oral hygiene indices.

Table Notes

New Brunswick:

\[^{1}\] Periodontic Module required. Probing may only be performed on patients who have: healthy gingival and periodontal tissues, plaque associated gingivitis, and pockets that are four (4)mm or less.
Sub-task 13.08: Performs Limited Scaling Procedures (NOT COMMON CORE)

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Supporting Knowledge & Abilities

13.08.01 Knowledge of sulcular depth for treatment determination.
13.08.02 Knowledge of plaque and calculus formation.
13.08.03 Knowledge of periodontal disease classification.
13.08.04 Knowledge of relevance of periodontal screening record.
13.08.05 Knowledge of full mouth probing.
13.08.06 Knowledge of hand scalers.
13.08.07 Knowledge of ultrasonic scalers.
13.08.08 Ability to select instruments for scaling.
13.08.09 Ability to scale teeth to the appropriate depth using hand scalers.
13.08.10 Ability to scale teeth to the appropriate depth using ultrasonic scaler.
13.08.11 Ability to assess treatment results.

Task 14  Performs Orthodontic Procedures

Context Statement:

Dental assistants may perform certain orthodontic procedures under the direction of the dentist. To perform these skills, dental assistants must have extensive knowledge of dental, oral, head and neck anatomy, and the physiology of tooth movement and contraindications of treatment as well as dental and skeletal malocclusions. These skills are included in post-graduate training modules in some jurisdictions. Dental assistants must be aware of the limitations of the scope of practice applicable to their jurisdiction.

Sub-task 14.01: Places and Removes Separators (NOT COMMON CORE)

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Supporting Knowledge & Abilities

14.01.01 Knowledge of types of separators.
14.01.02 Knowledge of risks involved.
14.01.03 Knowledge of separation methods.
14.01.04 Knowledge of rationale for separation.
14.01.05 Knowledge of tooth structure and oral tissues.
14.01.06 Ability to select separators and method of insertion and removal.
Sub-task 14.02: Fits Orthodontic Appliances, Bands, and Brackets (NOT COMMON CORE)

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Supporting Knowledge & Abilities

14.02.01 Knowledge of indications and contraindications for orthodontic appliances, bands and brackets.
14.02.02 Knowledge of risks and benefits associated with placement.
14.02.03 Ability to fit fixed and removable orthodontic appliances.
14.02.04 Ability to select bands and brackets.
14.02.05 Ability to insert appliances, bands and brackets.
14.02.06 Ability to instruct patient on use and care of appliance including head gear.
14.02.07 Ability to adapt bands to fit teeth.

Table Notes:

New Brunswick:

[1] Permitted to fit bands only.

British Columbia:

[1] Fits orthodontic bands or bondable attachments.

Sub-task 14.03: Applies Direct and Indirect Bracket Bonding Materials (NOT COMMON CORE)

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Supporting Knowledge & Abilities

14.03.01 Knowledge of types of bonding materials.
14.03.02 Knowledge of direct and indirect bracket bonding techniques.
14.03.03 Knowledge of placement of bonding materials.
14.03.04 Knowledge of properties of bonding materials.
14.03.05 Ability to place bonding materials.
Sub-task 14.04: Places and Bonds Orthodontic Brackets (NOT COMMON CORE)

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Supporting Knowledge & Abilities

14.04.01 Knowledge of indications and contraindications associated with placement.
14.04.02 Knowledge of rationale for use of brackets.
14.04.03 Knowledge of placement techniques.
14.04.04 Knowledge of types brackets.
14.04.05 Ability to select brackets.
14.04.06 Ability to place brackets.

Table Note:
Alberta:
[1] RDAs in Alberta may only practice indirect bracket bonding with module.

Sub-task 14.05: Places and Bonds Orthodontic Bands and Fixed Appliances (NOT COMMON CORE)

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Supporting Knowledge & Abilities

14.05.01 Knowledge of indications and contraindications associated with placement.
14.05.02 Knowledge of rationale for use of orthodontic bands.
14.05.03 Knowledge of placement techniques.
14.05.04 Knowledge of types of orthodontic bands.
14.05.05 Ability to select orthodontic bands.
14.05.06 Ability to insert orthodontic bands.
14.05.07 Ability to apply isolation techniques.
14.05.08 Ability to apply wax or other material to offending material.
14.05.09 Ability to remove offending components.
14.05.10 Ability to select bonding material.
14.05.11 Ability to remove excess cement.

Table Notes

British Columbia:
Sub-task 14.06: Places and Bonds Orthodontic Appliances (NOT COMMON CORE)

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Supporting Knowledge & Abilities

14.06.01 Knowledge of indications and contraindications associated with placement.
14.06.02 Knowledge of rationale for use of appliances.
14.06.03 Knowledge of placement techniques.
14.06.04 Knowledge of types of appliances.
14.06.05 Ability to place fixed and removable orthodontic appliances.
14.06.06 Ability to select bonding material.
14.06.07 Ability to insert appliances.
14.06.08 Ability to apply isolation techniques.
14.06.09 Ability to apply wax or other material to offending components.
14.06.10 Ability to select bonding material.
14.06.11 Ability to remove excess bonding material.

Sub-task 14.07: Removes Orthodontic Appliances (NOT COMMON CORE)

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Supporting Knowledge & Abilities

14.07.01 Knowledge of types of orthodontic appliances.
14.07.02 Knowledge of methods of securing orthodontic appliances.
14.07.03 Knowledge of risks associated with removal of fixed orthodontic appliances.
14.07.04 Ability to remove cement and bonding material.
14.07.05 Ability to remove appliance.

Sub-task 14.08: Removes Orthodontic Bands and Brackets (NOT COMMON CORE)

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Supporting Knowledge & Abilities

14.08.01 Knowledge of types of orthodontic bands and brackets.
14.08.02 Knowledge of methods of securing orthodontic bands and brackets.
14.08.03 Knowledge of risks associated with removal of orthodontic bands and brackets.
14.08.04 Ability to remove cement and bonding material.
14.08.05 Ability to remove orthodontic bands and brackets.

Table Notes

British Columbia:

Sub-task 14.09: Places and Removes Adapted Arch Wires (NOT COMMON CORE)

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Supporting Knowledge & Abilities

14.09.01 Knowledge of types and properties of arch wires.
14.09.02 Knowledge of placement of arch wires.
14.09.03 Knowledge of removal techniques of arch wires.
14.09.04 Ability to place arch wires.
14.09.05 Ability to remove arch wires.

Sub-task 14.10 Places and Removes Ligatures (NOT COMMON CORE)

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Supporting Knowledge & Abilities

14.10.01 Knowledge of types and properties of ligatures.
14.10.02 Knowledge of placement of ligatures.
14.10.03 Knowledge of removal techniques of ligatures.
14.10.04 Ability to place ligatures.
14.10.05 Ability to remove ligatures.

Sub-task 14.11: Traces and Measures Cephalometric Radiographs and Digital Images (NOT COMMON CORE)

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Supporting Knowledge & Abilities

14.11.01 Knowledge of head and neck anatomy.
14.11.02 Knowledge of dental anatomy.
14.11.03 Knowledge of orthodontic landmarks.
14.11.04 Ability to record measurements and angles.
Sub-task 14.12: Places Orthodontic Elastics (NOT COMMON CORE)

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Supporting Knowledge & Abilities

14.12.01 Knowledge of Angle’s classification of occlusion.
14.12.02 Knowledge of placement method for different classes.
14.12.03 Knowledge of elastic sizes and weights.
14.12.04 Ability to place elastics as prescribed.
14.12.05 Ability to instruct patient on elastic insertion and removal.
14.12.06 Ability to provide pre- and post-operative instructions to patient and caregiver.

Task 15 Performs Prosthodontic Procedures

**Context Statement:**

Dental assistants perform prosthodontic procedures. They may fabricate and cement provisional prostheses and place and remove retraction cords under the direction of the dentist. To perform these skills dental assistants must have extensive knowledge of dental, oral, head and neck anatomy. These skills are included in post-graduate training modules in some jurisdictions. Dental assistants must be aware of the limitations of the scope of practice applicable to their jurisdiction.

Sub-task 15.01: Fabricates and Places Direct Provisional Fixed Prostheses (NOT COMMON CORE)

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Supporting Knowledge & Abilities

15.01.01 Knowledge of provisional materials.
15.01.02 Knowledge of types of tooth preparations.
15.01.03 Knowledge of occlusal relationships.
15.01.04 Ability to obtain preliminary impressions.
15.01.05 Ability to finish and polish provisionals.
15.01.06 Ability to modify, place, and fit provisionals.
15.01.07 Ability to select appropriate shade for provisionals.
Sub-task 15.02: Cements and Removes Direct Provisional Fixed Prosthesis (NOT COMMON CORE)

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In BC, single unit provisionals may be fabricated and cemented without additional module.

Supporting Knowledge & Abilities

15.02.01 Knowledge of provisional cements.
15.02.02 Ability to interpret and follow manufacturer’s instructions.
15.02.03 Ability to place and evaluate placement.
15.02.04 Ability to remove provisionals.

Table Notes

British Columbia:

[4] May be performed by practicing CDAs who have a minimum of one year full-time clinical experience or equivalent and have received training that will allow them to provide the service competently and safely. Permitted to remove provisional cement; gross removal of supragingival permanent cement using an appropriate hand instrument (excluding use of dental handpiece).


Sub-task 15.03: Places Retraction Cord (NOT COMMON CORE)

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Supporting Knowledge & Abilities

15.03.01 Knowledge of indications and contraindications of retraction materials and medicaments.
15.03.02 Knowledge of types of prosthodontic tooth preparations.
15.03.03 Knowledge of materials and medicaments.
15.03.04 Knowledge of sulcus anatomy.
15.03.05 Ability to place retraction cord following manufacturer’s directions.

Sub-task 15.04: Removes Retraction Cord (NOT COMMON CORE)

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Supporting Knowledge & Abilities

15.04.01 Knowledge of indications and contraindications of treatment.
15.04.02 Knowledge of types of prosthodontic tooth preparations.
15.04.03 Knowledge of sulcus anatomy.
15.04.04 Ability to remove retraction cord following manufacturer’s directions.
Sub-task 15.05: Selects Moulds and Shades of Teeth (NOT COMMON CORE)

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Supporting Knowledge & Abilities

15.05.01 Knowledge of facial types.
15.05.02 Knowledge of tooth shapes in relation to facial features.
15.05.03 Knowledge of colour characteristics of restorative material.
15.05.04 Knowledge of product availability.
15.05.05 Knowledge of ambient conditions that affect shade selection choices.
15.05.06 Knowledge of laboratory limitations.
15.05.07 Ability to select appropriate tooth shape and size.
15.05.08 Ability to select shade.
15.05.09 Ability to communicate information to laboratory.

Sub-task 15.06: Images and Fabricates Permanent Direct Restorations (NOT COMMON CORE)

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Supporting Knowledge & Abilities

15.06.01 Knowledge of computer assisted design/manufacturing (CAD/CAM) equipment.
15.06.02 Knowledge of armamentarium.
15.06.03 Knowledge of types of tooth preparation.
15.06.04 Knowledge of milling station maintenance.
15.06.05 Ability to select shade for porcelain/composite block.
15.06.06 Ability to select type of tooth preparation.
15.06.07 Ability to finish and polish direct restoration.
15.06.08 Ability to operate instruments according to manufacturer’s directions.
Sub-task 15.07: Performs Restorative Implant Procedures (NOT COMMON CORE)

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Supporting Knowledge & Abilities

15.07.01 Knowledge of surgical and restorative implant procedures.
15.07.02 Ability to adjust provisional appliance for fixed and removable prosthetic procedures.
15.07.03 Ability to reline provisional appliance for fixed and removable prosthetic procedures.
15.07.04 Ability to install and adjust healing abutments.
15.07.05 Ability to place surgical dressing.
15.07.06 Ability to manipulate final impression material or impression plaster.
15.07.07 Ability to place impression copings and seat sub-frames with verification by radiograph/image.
15.07.08 Ability to prepare acrylic jigs.
15.07.09 Ability to join abutments with acrylics.
15.07.10 Ability to tighten abutment screws with torque controller and place appropriate silicone-type sealing material.
15.07.11 Ability to fabricate custom trays.
15.07.12 Ability to provide pre- and post-operative instructions to patient and caregiver.

Task 16 Administers and/or Participates in Emergency Care

Context Statement:

Although most dental treatment is routine, patients may have an adverse reaction to the dental environment or procedures. Therefore, dental assistants must have the ability to recognize the signs and symptoms of distress and respond appropriately to emergency situations.

Sub-task 16.01: Maintains Emergency Drugs, Supplies, and Equipment

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Supporting Knowledge & Abilities

16.01.01 Knowledge of emergency drugs.
16.01.02 Knowledge of expiration dates.
16.01.03 Knowledge of potential emergency situations.
16.01.04 Knowledge of security requirements of drug storage.
16.01.05 Knowledge of accessibility requirements of emergency supplies.
16.01.06 Knowledge of disposal methods of expired drugs and supplies.
16.01.07 Ability to monitor expiration dates of emergency drugs and supplies.
16.01.08 Ability to restock emergency drugs and supplies.
16.01.09 Ability to store emergency drugs and supplies in secure, easily accessed area.
16.01.10 Ability to dispose of expired drugs and supplies.
Sub-task 16.02: Identifies and Assesses Medical Emergencies

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Supporting Knowledge & Abilities

16.02.01 Knowledge of common medical emergencies.
16.02.02 Ability to recognize medical emergency situations.

Sub-task 16.03: Follows Emergency Protocol

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Supporting Knowledge & Abilities

16.03.01 Knowledge of common office medical emergency protocols.
16.03.02 Knowledge of location of emergency supplies.
16.03.03 Knowledge of first aid/CPR.
16.03.04 Knowledge of the use of emergency support equipment.
16.03.05 Ability to follow office emergency protocols.
16.03.06 Ability to perform first aid/CPR.
16.03.07 Ability to use emergency support equipment.
16.03.08 Ability to activate emergency medical systems.
Task 17  Performs Post-Treatment Care

Context Statement:

Dental assistants provide certain post treatment care. This may include patient follow-up, monitoring patient’s reactions and comfort, removal of dressings and sutures and instructions in self-care under the direction of the dentist. Dental assistants must be aware of the limitations of the scope of practice applicable to their jurisdiction.

Sub-task 17.01: Places Post-Surgical Dressings (NOT COMMON CORE)\(^1\)

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Supporting Knowledge & Abilities

17.01.01 Knowledge of types of surgical dressing.
17.01.02 Knowledge of purposes of surgical dressings.
17.01.03 Knowledge of oral anatomy and soft tissue.
17.01.04 Ability to select appropriate post-surgical dressing.
17.01.05 Ability to place post-surgical dressings.
17.01.06 Ability to prepare site for dressing.
17.01.07 Ability to recognize and report complications.
17.01.08 Ability to provide post-operative instructions for patients and caregivers.

Sub-task 17.02: Removes Post-Surgical Dressings (NOT COMMON CORE)

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Supporting Knowledge & Abilities

17.02.01 Knowledge of treatment performed.
17.02.02 Ability to recognize and report complications.
17.02.03 Ability to provide post-op instructions for patients and caregivers.

\(^1\) Although the provincial regulatory bodies indicate that Sub-task 17.01 is not part of the scope of practice, survey data indicates that 65.8% of respondents considered this to be current practice. Please refer to page 89.
Sub-task 17.03: Removes Sutures

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Supporting Knowledge & Abilities

17.03.01 Knowledge of oral anatomy and soft tissue.
17.03.02 Knowledge of treatment performed.
17.03.03 Knowledge of suture materials and techniques.
17.03.04 Ability to assess soft tissue.
17.03.05 Ability to recognize and report complications.
17.03.06 Ability to remove sutures.
17.03.07 Ability to provide post-op instructions for patients and caregivers.
17.03.08 Ability to provide post-operative care for patient.

Sub-task 17.04: Polishes Amalgam Restoration (NOT COMMON CORE)

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Supporting Knowledge & Abilities

17.04.01 Knowledge of occlusal relationships.
17.04.02 Knowledge of tooth morphology.
17.04.03 Knowledge of benefits and contraindications of polishing amalgam.
17.04.04 Knowledge of polishing materials.
17.04.05 Knowledge of polishing technique.
17.04.06 Ability to apply polishing technique.
17.04.07 Ability to select polishing materials.
Block D Radiography

Task 18  Produces Radiographs/Images

Context Statement:
Dental assistants produce radiographs/images for diagnosis, treatment planning, and follow-up. They must prepare the patient for the procedure, ensure the equipment and materials are appropriate and certified for the intended procedure, apply principles of radiation hygiene, and protect themselves and the patient from undue exposure to radiation. Dental assistants must be aware of the limitations of the scope of practice applicable to their jurisdiction.

Sub-task 18.01: Prepares Patient for Radiographs/Images

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Supporting Knowledge & Abilities

18.01.01 Knowledge of contraindications for exposure based on health history.
18.01.02 Knowledge of fixed and removable obstructions that may interfere with diagnostic images.
18.01.03 Knowledge of the rationale, risks, and benefits of radiation exposure to patient.
18.01.04 Knowledge of International Commission on Radiological Protection (As Low As Reasonably Achievable) A.L.A.R.A practices.
18.01.05 Ability to explain rationale for radiographs/images.
18.01.06 Ability to position patient.
18.01.07 Ability to place patient protective equipment.
18.01.08 Ability to instruct patient for radiographs/images.

Sub-task 18.02: Selects Radiographic/Imaging Technique

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Supporting Knowledge & Abilities

18.02.01 Knowledge of oral and head and neck anatomy.
18.02.02 Knowledge of radiograph/image types.
18.02.03 Knowledge of x-ray machines’ functions and exposure settings.
18.02.04 Knowledge of intra-oral film/sensor positioning.
18.02.05 Knowledge of degrees of angulation and the affect on the image.
18.02.06 Knowledge of obstructions that may interfere with diagnostic images.
18.02.07 Ability to select film/sensor size.
18.02.08 Ability to assemble and position equipment and film/sensor for exposure.
18.02.09 Ability to adapt patient position to maximize image quality.
Sub-task 18.03: Protects Self from Exposure

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Supporting Knowledge & Abilities

18.03.01 Knowledge of risks associated with radiation exposure.
18.03.02 Knowledge of exposure protection procedures.
18.03.03 Knowledge of personal radiation monitoring devices and procedures.
18.03.04 Ability to select personal monitoring devices and procedures.
18.03.05 Ability to apply personal protection procedures.
18.03.06 Ability to maintain dosimeter and document results.

Sub-task 18.04: Exposes Film/Sensor

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Supporting Knowledge & Abilities

18.04.01 Ability to instruct patient during exposure.
18.04.02 Ability to select exposure setting.
18.04.03 Ability to operate equipment according to manufacturer’s instructions.

Task 19 Processes Films/Sensors

Context Statement:
Dental assistants are responsible for processing exposed films/sensors using various methods. The dental assistant ensures that the radiograph/image reflects the information necessary and is of sufficient diagnostic quality.

Sub-task 19.01: Processes Exposed Film/Sensors

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Supporting Knowledge & Abilities

19.01.01 Knowledge of analog and digital processing techniques.
19.01.02 Knowledge of film/sensor handling techniques.
19.01.03 Ability to operate processing equipment according to manufacturer’s directions.
Sub-task 19.02: Mounts and Labels Processed Radiograph/Images

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Supporting Knowledge & Abilities

19.02.01 Knowledge of head and neck anatomy.
19.02.02 Knowledge of dental anatomy.
19.02.03 Ability to match radiographs/images to patient.
19.02.04 Ability to verify labelling.
19.02.05 Ability to organize radiographs/images.

Sub-task 19.03: Evaluates Radiographs/Images

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Supporting Knowledge & Abilities

19.03.01 Knowledge of the information needed for a diagnostically acceptable radiograph/image.
19.03.02 Ability to recognize diagnostically acceptable radiographs/images.
19.03.03 Ability to identify and correct exposure errors.
19.03.04 Ability to identify and correct processing errors.
19.03.05 Ability to manipulate digital imaging.

Sub-task 19.04: Duplicates Radiograph/Images

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Supporting Knowledge & Abilities

19.04.01 Knowledge of techniques for duplicating radiographs/images.
19.04.02 Knowledge of duplicating equipment/software.
19.04.03 Ability to operate duplicating equipment/software.
Block E  Oral Health Education and Promotion

Task 20  Counsels Patients on Oral Health

Context Statement:
Dental assistants provide patients with education on preventive dental care interventions and self-care techniques. In order to do so, the dental assistant must be cognizant of educational techniques to assess, plan, implement, and evaluate effective preventive programs.

Sub-task 20.01: Provides Oral Self-Care Information and Instruction

Supporting Knowledge & Abilities

20.01.01 Knowledge of products and techniques for oral health self-care.
20.01.02 Knowledge of product availability.
20.01.03 Knowledge of oral pathology.
20.01.04 Knowledge of links between oral health and general health and wellness.
20.01.05 Knowledge of care for fixed and removable appliances.
20.01.06 Ability to instruct the patient in fixed and removable appliance and prosthesis care.
20.01.07 Ability to recommend and demonstrate to the patient oral self care techniques and products.
20.01.08 Ability to identify and discuss patient’s oral health priorities.

Sub-task 20.02: Advises Patient of Factors Affecting Oral Health

Supporting Knowledge & Abilities

20.02.01 Knowledge of strategies to reduce oral health risk.
20.02.02 Ability to relate symptoms resulting from lifestyle choices, oral habits, and environmental and human conditions.
20.02.03 Ability to guide patient towards appropriate interventions.
Sub-task 20.03: Provides Dietary Counselling

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Supporting Knowledge & Abilities

20.03.01 Knowledge of basic principles of dietary counselling as it pertains to oral health.
20.03.02 Knowledge of patient’s level of comprehension and oral health awareness.
20.03.03 Knowledge of relationship between diet and oral health.
20.03.04 Knowledge of the Canada’s Food Guide.
20.03.05 Ability to relate patient’s dietary habits to their oral health.
20.03.06 Ability to provide dietary counselling.

Task 21 Participates in Community Oral Health Programs

Context Statement:

Dental Assistants who are employed in a community health setting strive to promote, protect, and maintain oral health and prevent dental disease to enhance the overall health and wellbeing of the population. They primarily work with the residents of their communities who have the greatest unmet dental needs such as children, the elderly, the poor, the institutionalized, the geographically isolated, and the physically and mentally compromised. They may provide preventive oral health services, provide statistics, organize health promotion projects, provide dental education, or advocate for marginalized populations.

Sub-task 21.01: Delivers Community Oral Health Programs

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Supporting Knowledge & Abilities

21.01.01 Knowledge of basic principles of health promotions.
21.01.02 Knowledge of existing community oral health programs and promotions.
21.01.03 Ability to deliver and support community oral health programs.
21.01.04 Ability to counsel individuals/groups on oral health.
21.01.05 Ability to assess program effectiveness.
Sub-task 21.02: Carries Out Oral Health Surveys and Screenings

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Supporting Knowledge & Abilities

21.02.01 Knowledge of survey data collection.
21.02.02 Knowledge of oral health data compilation, analysis, and interpretation.
21.02.03 Ability to collect survey data.
21.02.04 Ability to compile relevant data for analysis and interpretation.

Sub-task 21.03: Performs Screenings (NOT COMMON CORE)

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Supporting Knowledge & Abilities

21.03.01 Knowledge of oral examination processes appropriate to community health assessment.
21.03.02 Ability to perform oral assessments.
Block F  Laboratory Procedures

Task 22  Fabricates Dental Models

Context Statement:
Dental assistants prepare study models for a variety of reasons, such as the fabrication of appliances and crowns. This involves mixing and pouring materials and finishing and trimming models. If external dental laboratories are involved, the dental assistant must ensure that the model, impression, or appliance is contaminant free and forwarded with complete instructions and patient identification.

Sub-task 22.01:  Pours Dental Models

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Supporting Knowledge & Abilities
1. Knowledge of material used in the fabrication.
2. Knowledge of laboratory equipment for pouring impressions.
4. Ability to prepare impression for pouring.
5. Ability to select material and model pouring techniques.
6. Ability to separate model from impression.

Sub-task 22.02:  Trims Models

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Supporting Knowledge & Abilities
1. Knowledge of laboratory equipment.
2. Knowledge of trimming angulations.
3. Knowledge of criteria for an acceptable model.
4. Ability to operate laboratory equipment.
5. Ability to trim models.
6. Ability to evaluate models.
Sub-task 22.03: Articulates Models

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Supporting Knowledge & Abilities

22.03.01 Knowledge of articulators.
22.03.02 Knowledge of face-bow placement on articulator
22.03.03 Ability to mount models on articulator.

Sub-task 22.04: Co-ordinates Laboratory Services

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Supporting Knowledge & Abilities

22.04.01 Knowledge of dental laboratory requirements.
22.04.02 Ability to prepare case contents for delivery to laboratory.
22.04.03 Ability to verify case contents on receipt from laboratory.
22.04.04 Ability to follow-up with laboratory.

Task 23 Fabricates and Repairs Appliances and Trays

Context Statement:

Dental assistants may be responsible for certain laboratory procedures. This may include mixing laboratory materials and using laboratory equipment to fabricate appliances such as trays. Repairs to dentures and appliances are normally performed in an external laboratory; however, minor repairs to dentures and appliances may be performed by the dental assistant.

Sub-task 23.01: Fabricates Trays

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Supporting Knowledge & Abilities

23.01.01 Knowledge of functions and type of customs trays.
23.01.02 Knowledge of equipment and materials.
23.01.03 Knowledge of tray construction and fit.
23.01.05 Ability to operate laboratory equipment.
23.01.06 Ability to select and manipulate materials.
23.01.07 Ability to trim trays.
Sub-task 23.02: Maintains Removable Prosthesis

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Supporting Knowledge & Abilities

23.02.01 Knowledge of cleaning and polishing materials.
23.02.02 Knowledge of cleaning and polishing equipment.
23.02.03 Ability to clean and polish removable prosthesis.
23.02.04 Ability to select cleaning and polishing materials.
23.02.05 Ability to perform minor repairs on removable prosthesis.

Sub-task 23.03: Repairs Appliances

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Supporting Knowledge & Abilities

23.03.01 Knowledge of types of appliances and equipment.
23.03.02 Knowledge of appliance materials.
23.03.03 Ability to identify defective appliances.
23.03.04 Ability to select and manipulate materials.
23.03.05 Ability to operate equipment.

Sub-task 23.04: Fabricates Sports Guards

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Supporting Knowledge & Abilities

23.04.01 Knowledge of functions and types of sports guards.
23.04.02 Knowledge of equipment and materials.
23.04.03 Knowledge of sports guard fabrication techniques.
23.04.04 Knowledge of sports guard fitting.
23.04.05 Ability to operate equipment.
23.04.06 Ability to select and manipulate material.
23.04.07 Ability to trim sports guards.
Sub-task 23.05: Fabricates Retainers (NOT COMMON CORE)

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Supporting Knowledge & Abilities

23.05.01 Knowledge of functions and types of retainers.
23.05.02 Knowledge of equipment and materials.
23.05.03 Knowledge of retainer fabrication techniques.
23.05.04 Knowledge of retainer fitting.
23.05.05 Ability to operate equipment according to manufacturer’s instructions.
23.05.06 Ability to select and manipulate material.
23.05.07 Ability to trim retainers.
Block G  Equipment and Instrument Maintenance

Task 24  Performs Routine Maintenance of Equipment

_Context Statement:_

Dental assistants ensure the equipment is kept functioning at its optimum level. An important aspect of keeping equipment functioning is performing routine/preventive maintenance.

**Sub-task 24.01: Lubricates Equipment**

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Supporting Knowledge & Abilities

24.01.01  Knowledge of operating characteristics of equipment.
24.01.02  Knowledge of lubrication requirements.
24.01.03  Knowledge of lubricants.
24.01.04  Knowledge of risks of improper use of materials.
24.01.05  Ability to follow manufacturer’s preventive maintenance instructions.
24.01.06  Ability to select lubricants.

**Sub-task 24.02: Cleans Equipment**

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Supporting Knowledge & Abilities

24.02.01  Knowledge of cleaning materials.
24.02.02  Knowledge of manufacturer’s cleaning instructions.
24.02.03  Knowledge of risks of cleaning materials.
24.02.04  Knowledge of Material Safety Data Sheets (MSDS).
24.02.05  Knowledge of frequency of cleaning.
24.02.06  Ability to apply cleaning products.
Sub-task 24.03: Performs Minor Equipment Repairs

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Supporting Knowledge & Abilities

- 24.03.01 Knowledge of optimal performance of equipment.
- 24.03.02 Knowledge of technical requirements of equipment.
- 24.03.03 Knowledge of equipment’s warranties.
- 24.03.04 Knowledge of appropriate replacement parts.
- 24.03.05 Ability to follow manufacturer’s instruction manuals.
- 24.03.06 Ability to recognize one’s own limitations performing repairs.
- 24.03.07 Ability to pre-order parts as required.

Sub-task 24.04: Requests Technical Support

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Supporting Knowledge & Abilities

- 24.04.01 Knowledge of optimal performance of equipment.
- 24.04.02 Knowledge of technical requirements of equipment.
- 24.04.03 Knowledge of equipment’s warranties.
- 24.04.04 Ability to select service provider.

Task 25  Performs Routine Maintenance of Instruments

**Context Statement:**

Dental assistants use and are responsible for a wide variety of instruments. They must monitor the performance of the instruments to ensure that they continue to function efficiently and are well maintained.

Sub-task 25.01: Maintains Instruments

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Supporting Knowledge & Abilities

- 25.01.01 Knowledge of instrument sharpening techniques.
- 25.01.02 Knowledge of instrument storage.
- 25.01.03 Knowledge of contraindications of sterilization techniques.
- 25.01.04 Ability to sharpen instruments.
- 25.01.05 Ability to lubricate instruments.
- 25.01.06 Ability to handle and store sterilized instruments.
Sub-task 25.02: Performs Minor Instrument Repairs

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Supporting Knowledge & Abilities

25.02.01 Knowledge of appropriate replacement parts.
25.02.02 Ability to follow manufacturer’s instruction manuals.
Block H Practice Management

Task 26 Adherence to Quality Assurance Protocols

Context Statement:
Dental assistants must implement and adhere to a variety of Quality Assurance (QA) programs to ensure office efficiencies and safe patient care. In some jurisdictions, government regulations mandate Quality Assurance audits, and the dental assistant must provide evidence of compliance.

Sub-task 26.01: Implements and Adheres to QA for Equipment Maintenance

Supporting Knowledge & Abilities
26.01.01 Knowledge of manufacturers warranties.
26.01.02 Knowledge office equipment log.
26.01.03 Ability to monitor manufacturers’ warranties.
26.01.04 Ability to record repairs and maintenance in equipment log.

Sub-task 26.02: Implements and Adheres to QA for Sterilization Process

Supporting Knowledge & Abilities
26.02.01 Knowledge of technology used to monitor performance of sterilizers.
26.02.02 Knowledge of actions required following negative test outcomes.
26.02.03 Ability to monitor the performance of the sterilizers.
26.02.04 Ability to take appropriate corrective or investigative measures following negative test outcomes.

Sub-task 26.03: Implements and Adheres to QA for Radiography

Supporting Knowledge & Abilities
26.03.01 Knowledge of radiography equipment requirements.
26.03.02 Knowledge of QA tests for radiography equipment
26.03.03 Knowledge of QA test and resulting action required for unsatisfactory results.
26.03.04 Ability to interpret radiography equipment regulations.
26.03.05 Ability to perform QA tests.
26.03.06 Ability to interpret results of QA tests and take corrective actions.
Sub-task 26.04: Implements and Adheres to QA for Inventory Control

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Supporting Knowledge & Abilities

26.04.02 Knowledge of expiration dates and impact on patient care.
26.04.03 Knowledge of controlled and uncontrolled substances.
26.04.04 Ability to apply the principles of WHMIS.
26.04.05 Ability to control inventory to eliminate impact of expiration dates on patient care.
26.04.06 Ability to provide controlled and uncontrolled substances following legislated protocols.

Sub-task 26.05: Troubleshoots Equipment Problems

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Supporting Knowledge & Abilities

26.05.01 Knowledge of regular performance of equipment.
26.05.02 Knowledge of warranty details.
26.05.03 Ability to understand manufacturer’s instructions.
26.05.04 Ability to recognize non-optimal performance.
26.05.05 Ability to know when to call for technical support.
26.05.06 Ability to keep maintenance log.
Task 27  Maintains Inventory

Context Statement:

Dental assistants maintain inventory by ensuring that office and dental supplies are accessible and available at all times. They may control inventory by monitoring and ordering supplies or by using the inventory maintenance services of dental supply companies. They must monitor expiry dates and rotate stock of perishable supplies as well as keep up-to-date with new products. In addition, they must label and store products according to provincial and federal hazardous material regulations.

Sub-task 27.01: Monitors Inventory

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Supporting Knowledge & Abilities

27.01.01  Knowledge of Workplace Hazardous Materials Information System (WHMIS).
27.01.02  Knowledge of inventory control systems.
27.01.03  Knowledge of supply organization.
27.01.04  Knowledge of inventory requirements.
27.01.05  Knowledge of expiry dates.
27.01.06  Knowledge of Material Safety Data Sheets (MSDS).
27.01.07  Ability to rotate stock.
27.01.08  Ability to set up inventory control system.
27.01.09  Ability to secure controlled and uncontrolled substances.

Sub-task 27.02: Orders Supplies

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Supporting Knowledge & Abilities

27.02.01  Knowledge of supply companies.
27.02.02  Knowledge of cost effective ordering.
27.02.03  Knowledge of office ordering protocol.
27.02.04  Knowledge of ordering procedure.
27.02.05  Knowledge of new and/or replacement products.
27.02.06  Ability to document orders.
Sub-task 27.03: Stocks and Replenishes Supplies

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Supporting Knowledge & Abilities

27.03.01 Knowledge of storage areas.
27.03.02 Knowledge of expiry dates.
27.03.03 Knowledge of supplies required.
27.03.04 Ability to organize supplies.
27.03.05 Ability to reconcile stock deliveries with order and invoice.

Task 28 Manages Patients’ Files

Context Statement:

Dental assistants communicate with patients regarding appointments, scheduling, and treatment. They maintain patient records to ensure continuity and completeness of treatment. They also manage appointments so that the schedule is economically viable and time efficient. This ensures that the best use of time maximizes revenues and avoids financial losses for the practice.

Sub-task 28.01: Develops and Maintains Filing System

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Supporting Knowledge & Abilities

28.01.01 Knowledge of legislative requirements for archiving documents.
28.01.02 Knowledge of office filing systems.
28.01.03 Knowledge of privacy acts.
28.01.04 Ability to file records according to office protocol.
28.01.05 Ability to retrieve files.
28.01.06 Ability to archive files according to legislation.
Sub-task 28.02: Maintains Appointment Recall System

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Supporting Knowledge & Abilities

28.02.01 Knowledge of office recall system.
28.02.02 Knowledge of recall scheduling.
28.02.03 Knowledge of operator/operatory availability.
28.02.04 Ability to assess requests for emergency dental treatment.
28.02.05 Ability to adapt to changes in schedule.
28.02.06 Ability to coordinate recall treatments.

Sub-task 28.03: Collects Personal Information

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Supporting Knowledge & Abilities

28.03.01 Knowledge of privacy legislation.
28.03.02 Knowledge of recording and compiling information.
28.03.03 Ability to inform patient of importance of accurate personal information.
28.03.04 Ability to assure patient of confidentiality.
28.03.05 Ability to interpret and apply privacy legislation.
28.03.06 Ability to record/secure patient information.

Sub-task 28.04: Operates Computer System

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Supporting Knowledge & Abilities

28.04.01 Knowledge of computer system.
28.04.02 Knowledge of scheduling software.
28.04.03 Knowledge of occupational specific software.
28.04.04 Knowledge of availability of technical support.
28.04.05 Ability to use software applications.
28.04.06 Ability to contact technical support provider.
Sub-task 28.05: Schedules Appointments

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Supporting Knowledge & Abilities

28.05.01 Knowledge of scheduling system.
28.05.02 Knowledge of post-operative and continuing care.
28.05.03 Knowledge of dental procedures.
28.05.04 Ability to communicate with patient.
28.05.05 Ability to ask pertinent questions relating to post-treatment needs.
28.05.06 Ability to advise patient of their need to return to dental office for post-treatment analysis and/or continuing care.
28.05.07 Ability to inform patients of available emergency services including but not limited to on-call dentists and emergency facilities.

Task 29 Maintains Financial Records

Context Statement:
Dental assistants may be responsible for managing the dental practice finances. They may ascertain the methods of payment, process insurance claims, and be responsible for reconciling practice accounts.

Sub-task 29.01: Performs Billing and Receiving Activities

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Supporting Knowledge & Abilities

29.01.01 Knowledge of payment methods.
29.01.02 Knowledge of insurance billing procedures.
29.01.03 Knowledge of fee structure and codes.
29.01.04 Knowledge of accounting principles.
29.01.05 Ability to maintain accounts receivable records.
29.01.06 Ability to inform patient of late payment and cancellation policies.
29.01.07 Ability to explain payment requirements to patients.
29.01.08 Ability to record payments.
29.01.09 Ability to provide patient with payment options.
29.01.10 Ability to complete insurance forms.
29.01.11 Ability to record financial data.
29.01.12 Ability to generate invoices and claims.
29.01.13 Ability to reconcile payments with outstanding balance.
29.01.14 Ability to act on financial policies.
Sub-task 29.02: Maintains and Administers Accounts Payable Records

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Supporting Knowledge & Abilities

29.02.01 Knowledge of accounting principles.
29.02.02 Ability to maintain accounts payable records.
29.02.03 Ability to act on financial policies.
29.02.05 Ability to generate payments.

Sub-task 29.03: Maintain Daily Financial Records

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</table>

Supporting Knowledge & Abilities

29.03.01 Knowledge of financial record keeping.
29.03.02 Knowledge of accounting principles.
29.03.02 Ability to balance cash/credits with daily activity.
29.03.03 Ability to assign billing to operator.
29.03.04 Ability to maintain cash float.
29.03.05 Ability to maintain daily records.
29.03.06 Ability to store cash securely.
29.03.07 Ability to process bank deposits.
Concluding Remarks

1. Dental assistants across Canada have varied locations, work conditions and scopes of practice, and for this reason it is a challenge to gather information from such a group. Most practice autonomously and may never interact with their professional colleagues limiting the promotional opportunities for communication of such a survey.

2. Technology was used to complete the survey distribution task effectively and efficiently in a cost efficient manner. SurveyMonkey© was the on-line tool used for the responses. While relatively user friendly, the use of such technology may have deterred some participants.

3. As the OA looks at the entire profession of dental assisting, the length of the survey was considerable. The time required to complete all parts may have discouraged some participants. Negative comments were received regarding the length of the survey, but this was unavoidable due to the required detail.

4. Face-bow transfer was indicated as not being done in the majority of offices; however, after discussion during both the Eastern and Western workshops, the working group decided not to recommend deletion.

5. New technologies are affecting many areas of dentistry. From the feedback provided, it appears that at this point in time the major technology affecting dental assisting is digital radiography. Workshop discussions made it clear that this is the trend, but there are many offices still using analog. For this reason, the recommendation would be to keep this in the standard. It is likely that in the next analysis it will be possible to eliminate this.

6. Front desk operation is also an area of evolution as more offices move from paper to paperless office management systems. As computers become a more familiar piece of equipment in the dental operatories dental assistants will be required to play a more active role in data management. Feedback around the increasing role of computers in the dental office did not result in changes in sub-tasks but rather optional methods for carrying out some of these administrative tasks.

7. Code of Ethics – The national code of ethics and all provincial codes of ethics cover the basic ethical principles of autonomy, non-malfeasance, beneficence, justice, confidentiality, and veracity. As six of 10 provinces use the Canadian Dental Assistants Code, our recommendation would be to keep this as a standard of practice.
# List of Appendices

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<th>Description</th>
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<td>Canadian Dental Assisting Occupational Analysis Working Group 2014</td>
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<td>Appendix B</td>
<td>Blocks and Tasks</td>
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<td>Appendix G</td>
<td>Canadian Dental Assisting Skills Grid 2014</td>
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<td>Appendix H</td>
<td>Psychometric Strategies and Research</td>
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</table>
Appendix A  Canadian Dental Assisting Occupational Analysis Working Group 2014

The Working Group (Appendix A) was composed of representatives from each province. In Alberta and Saskatchewan, the Dental Assisting Regulatory Authorities (DARA) selected members to participate, and in other provinces, dental assistants were contacted through their provincial associations. In British Columbia, an email was sent out to all certificants, and in Prince Edward Island, the Dental Council contacted dental offices to inform them of the survey. A total of 28 participants were selected and agreed to participate in the study.

Eastern Workshop (Ottawa):
1. Sara Brown (NL)
2. Robyn Coish (NL)
3. Marina Crawford (NS)
4. Nimia M. Rankine (NS)
5. Melanie Smiley (NS)
6. Kristy Hunter (PEI)
7. Marcy MacDonald (PEI)
8. Mary Beth Casey (NB)
9. Ronda Marr (NB)
10. Leslie Lacelle (ON)
11. Somalin Mao (ON)
12. Kelly Windover (ON)
13. MCpl Martine Leboeuf (RCDC, ON)
14. Carmen Pop (QC)
15. Michelle Fowler, CDAA Observer

Western Workshop (Edmonton):
1. Beverly Girouard (MB)
2. Jennifer Treloar (MB)
3. Chantelle Hildebrand (MB)
4. Gillian Isabelle (SK)
5. Sara McMillan (SK)
6. Amy Harris (AB)
7. Lindsay Kondo (AB)
8. Colleen Church (AB)
9. June Austin (BC)
10. Eve Hansen (BC)
11. Ileana Velazquez (BC)
12. Cpl Jemma Flannery (RCDC, AB)
13. Jennifer Tewes, NDAEB President, Observer – attended Friday morning
Appendix B  Blocks and Tasks

This appendix lists all Blocks and Tasks used in the 2014 OA.

**BLOCK** is the largest division within the analysis and reflects a distinct operation relevant to the occupation. There are eight blocks.

**TASK** is a distinct, observable, measurable activity that, combined with others, makes up the logical and necessary steps the practitioner is required to perform to complete a specific assignment within a block. There are 29 tasks.

**Block A  Professionalism**
- **Task 1**  Communicates Effectively.
- **Task 2**  Maintains Professional Competence.
- **Task 3**  Performs Duties in a Professional Manner.

**Block B  Treatment Support Procedures**
- **Task 4**  Practices Infection Control.
- **Task 5**  Organizes Armamentarium.
- **Task 6**  Attends to Patient’s Comfort.
- **Task 7**  Initiates and Maintains Patient Records.
- **Task 8**  Provides Patient with Treatment Information.
- **Task 9**  Assists with Administration of Anaesthetics
- **Task 10**  Assists with General Dental Procedures.
- **Task 11**  Assists with Operative Dentistry Procedures.

**Block C  Clinical Procedures**
- **Task 12**  Performs Intra-Oral Restorative Procedures.
- **Task 13**  Performs Intra-Oral Preventive Procedures.
- **Task 14**  Performs Orthodontic Procedures.
- **Task 15**  Performs Prosthodontic Procedures.
- **Task 16**  Administers and/or Participates in Emergency Care.
- **Task 17**  Performs Post-Treatment Care.

**Block D  Radiography**
- **Task 18**  Produces Radiographs/Images.
- **Task 19**  Processes Films/Sensors.

**Block E  Oral Health Education and Promotion**
- **Task 20**  Counsels Patients on Oral Health.
- **Task 21**  Participates in Community Oral Health Programs.

**Block F  Laboratory Procedures**
- **Task 22**  Fabricates Dental Models.
- **Task 23**  Fabricates and Repairs Appliances and Trays.
Block G  Equipment and Instrument Maintenance
  Task 24  Performs Routine Maintenance of Equipment.
  Task 25  Performs Routine Maintenance of Instruments.

Block H  Practice Management
  Task 26  Quality Assurance Protocols.
  Task 27  Maintains Inventory.
  Task 28  Manages Patients’ Files.
  Task 29  Maintains Financial Records.
Appendix C Comments from Working Groups

A working group of 26 participants representing all stakeholders in Canada were introduced to the initial survey via a webinar. They were asked to complete the survey keeping in mind a big picture view of 2014 Dental Assisting across Canada. The initial working group survey asked if the existing occupational profile was appropriate for 2014 and if sections should be deleted or added to, given current practice. Opportunity was provided for comment following each item on the survey. Comments were reviewed, and although no deletions were made, some additions and wording changes were included in the National Occupational Analysis Survey.

The following are the select changes (highlighted in yellow) and comments made from Working Group input. Item numbers refer to the 2007 document. For example 1.05.02 refers to Task 1 Sub-task 1.05.

Part A

Question 12
1.05.02 knowledge of technology and products available to purge lines

Question 17
2.03.05 knowledge of aseptic handling of dental instruments

Question 18
2.04.01 knowledge of dental equipment such as chairs, handpieces, light cure units, suction units, monitors, sedation equipment and lights
2.04.03 ability to set up, test, and maintain equipment for specific procedures

Question 19
3.01.06 ability to put patient at ease through compassion and respect

Question 21
3.03.01 knowledge of diverse demographics and personality types

Question 23
4.01.07 ability to solicit information using appropriate questioning techniques.

Question 24
4.02.07 knowledge of storage and documentation issues surrounding prescription and controlled drugs.

Question 34
7.01.04 knowledge of alternative isolation methods such as dri-angles, cotton roll holders and liquid dams

Question 36
7.03.03 knowledge of manipulation of uni-dose materials

Question 40
8.03.05 knowledge of assembly and maintenance of specialized endodontic armamentarium
9.03.01 knowledge of types of isolation such as dams, cotton rolls and dri-angles and liquid dams
9.07 Places provisional (temporary) restorations.
9.07.01 knowledge of types of provisional restorative materials (IRM, ZOE)

Comments regarding:
• Placement and adjustment of amalgam restorations.
• Removing face-bow transfer.
• Removing traces and measure cephalometric tracings.
• Ortho and Prosthodontic extended duties.
• Probing within scope of practice.
• Change image plate to digital sensor.

Part B

Question 8
16.04.01 knowledge of techniques for duplicating radiographs, including scanning of existing film radiographs.

Question 16
18.04.08 ability to operate equipment such as LED projector for computer designed presentations (MS PowerPoint)

Question 30
21.05.03 knowledge of equipment’s warranties and documentation of service.

Question 35
23.02.04 knowledge of ordering procedure such as telephone, sales representative, order forms, and on-line.

Question 40
24.04.02 knowledge of dental office management system.
Appendix D Promotional Contacts

Dental assisting regulatory and professional associations received the promotional document. Below are the listed organizations.

☑ DARA & DA Associations
  - College of Dental Surgeons of British Columbia
  - Certified Dental Assistants of British Columbia
  - College of Alberta Dental Assistants
  - Saskatchewan Dental Assistants’ Association
  - Manitoba Dental Association
  - Manitoba Dental Assistants Association
  - Ontario Dental Assistants Association
  - New Brunswick Dental Society
  - New Brunswick Dental Assistants’ Association
  - Provincial Dental Board of Nova Scotia
  - Nova Scotia Dental Assistants’ Association
  - Dental Council of Prince Edward Island
  - Newfoundland & Labrador Dental Board
  - Newfoundland & Labrador Dental Assistants Association
  - Association des assistants dentaires du Québec* (sent by CDAA)

☑ Canadian Dental Assistants Association
☑ Royal Canadian Dental Corps
☑ NDAEB Board of Directors
☑ NDAEB Written Exam Committee (Chief Examiner Members & Item Writing Sub-Committee)
☑ NDAEB Clinical Practice Evaluation (CPE) Committee (Chief Evaluator & Members)
☑ NDAEB CPE Session Facilitators & Evaluators
☑ NDAEB Applicants
☑ Occupational Analysis Working Group Participants
Appendix E  Average Rating of Occurrence, Frequency, and Importance

The averages are based on 1,294 respondents. These are the respondents who returned complete data. The first column reports the 2007 Domain structure. The second column indicates with an R that there was rewording. The third column indicates the 2014 Domain structure.

A high, medium, or low is indicated depending on the level of percentage of endorsement. An overall average

- of less than 33 indicates a low level of endorsement (L)
- between 34 and 67 is a medium level (M)
- above 67 is a high level (H)

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<th>2 Rwd</th>
<th>3 2014</th>
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<td>Cleans and sterilizes instruments and handpieces</td>
<td>96.5 H</td>
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<td>1.02</td>
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<td>Disinfects equipment and surfaces</td>
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<td>Wears personal protective clothing</td>
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<td>Purges waterlines</td>
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<td>Disposes of hazardous waste</td>
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<td>M</td>
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<td>Presents and co-ordinates treatment options</td>
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<td>8.03</td>
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<td>94.2</td>
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Appendix F  Additions and Edits

Knowledge and ability statements addressing communication and professional conduct have been collected to create a new block, Block A Professionalism. It consists of three tasks and four subtasks.

BLOCK A Professionalism

Task 1  Communicates Effectively

Context Statement:

Dental assistants must use interpersonal communication skills to relate to and interact with all persons involved in dental care. In the dental office environment, effective communication between patients and dental team members is critical for patient safety.

Sub-task 1.01: Communicates Orally

Supporting Knowledge & Abilities

1.01.01 Knowledge of medical and dental terminology and standard abbreviations in oral communication.
1.01.02 Knowledge of professional and respectful language and terminology.
1.01.03 Knowledge of appropriate questioning techniques.
1.01.04 Knowledge of the effect of body language on communication.
1.01.05 Knowledge of telephone communication skills.
1.01.06 Knowledge of jurisdictional privacy legislation.
1.01.07 Ability to relay accurate information between members of the dental team.
1.01.08 Ability to use professional language and terminology.
1.01.09 Ability to acquire accurate patient information through appropriate questioning techniques.
1.01.10 Ability to communicate with respect towards all persons, irrespective of diversity.
1.01.11 Ability to communicate over the telephone effectively.
1.01.12 Ability to respond to patient questions or concerns.
1.01.13 Ability to explain treatment to be provided.
1.01.14 Ability to accurately and efficiently fulfill requested tasks and implement instructions.
1.01.15 Ability to adjust communication to meet audience reaction.

Sub-task 1.02: Communicates in Writing

Supporting Knowledge & Abilities

1.02.01 Knowledge of correct written format for medical and dental terminology and standard abbreviations.
1.02.02 Knowledge of professional and respectful language and terminology.
1.02.03 Knowledge of appropriate use of all forms of written communication, including electronic formats.
1.02.04 Knowledge of jurisdictional privacy legislation.
1.02.05 Knowledge of jurisdictional legislation with regards to storage and transfer of written documentation.
1.02.06 Knowledge of importance of following written instructions.
1.02.07 Ability to write accurately using professional terminology.
1.02.08 Ability to employ all forms of written communication, including electronic formats.
1.02.09  Ability to accurately and efficiently complete requested tasks and implement written instructions.

Task 2 Maintains Professional Competence

Context statement:

In many jurisdictions continuing competency is part of the licensing and registration requirements for dental assistants. As practicing health care providers, dental assistants need to ensure currency and continuing competence in the services they provide.

Sub-task 2.01: Develops Life-Long Learning Skills

Supporting Knowledge & Abilities

2.01.01  Knowledge of changes in technologies.
2.01.02  Knowledge of changes in practice guidelines and protocols.
2.01.03  Knowledge of continuing education requirements.
2.01.04  Ability to identify continuing education opportunities.
2.01.05  Ability to transfer knowledge to practice.

Task 3 Performs Duties in a Professional Manner

Context statement:

To strengthen patient confidence in their health care provider, dental assistants must exhibit professionalism throughout all services and personal interactions.

Sub-task 3.01: Demonstrates Professionalism

Supporting Knowledge & Abilities

3.01.01  Knowledge of the professional roles of dental team members.
3.01.02  Knowledge of the need for interprofessional communication.
3.01.03  Knowledge of jurisdictional code of ethics.
3.01.04  Knowledge of conflict resolution models.
3.01.05  Ability to practice within limits of scope of practice and personal knowledge and abilities.
3.01.06  Ability to independently reflect on performance and set goals for improvement.
3.01.07  Ability to apply the code of ethics.
3.01.08  Ability to implement conflict resolution models.
3.01.09  Ability to represent the profession in a positive manner.

All of the quality assurance protocols that appeared throughout the 2007 document were brought together to create Task 26 and its related sub-tasks.
Block H  Practice Management

Task 26  Quality Assurance Protocols

Context Statement:
Dental assistants must implement and adhere to a variety of Quality Assurance (QA) programs to ensure office efficiencies and safe patient care. In some jurisdictions, government regulations mandate Quality Assurance audits, and the dental assistant must provide evidence of compliance.

Sub-task 26.01: Implements and Adheres to QA for Equipment Maintenance

Supporting Knowledge & Abilities
26.01.01 Knowledge of manufacturers warranties.
26.01.02 Knowledge office equipment log.
26.01.03 Ability to monitor manufacturers’ warranties.
26.01.04 Ability to record repairs and maintenance in equipment log.

Sub-task 26.02: Implements and Adheres to QA for Sterilization Process

Supporting Knowledge & Abilities
26.02.01 Knowledge of technology used to monitor performance of sterilizers.
26.02.02 Knowledge of actions required following negative test outcomes.
26.02.03 Ability to monitor the performance of the sterilizers.
26.02.04 Ability to take appropriate corrective or investigative measures following negative test outcomes.

Sub-task 26.03: Implements and Adheres to QA for Radiography

Supporting Knowledge & Abilities
26.03.01 Knowledge of radiography equipment requirements.
26.03.02 Knowledge of QA tests for radiography equipment
26.03.03 Knowledge of QA test and resulting action required for unsatisfactory results.
26.03.04 Ability to interpret radiography equipment regulations.
26.03.05 Ability to perform QA tests.
26.03.06 Ability to interpret results of QA tests and take corrective actions.

Sub-task 26.04: Implements and Adheres to QA for Inventory Control

Supporting Knowledge & Abilities
26.04.02 Knowledge of expiration dates and impact on patient care
26.04.03 Knowledge of controlled and uncontrolled substances.
26.04.04 Ability to apply the principles of WHMIS.
26.04.05 Ability to control inventory to eliminate impact of expiration dates on patient care.
26.04.06 Ability to provide controlled and uncontrolled substances following legislated protocols.
Sub-task 26.05: Troubleshoots Equipment Problems

Supporting Knowledge & Abilities

26.05.01 Knowledge of regular performance of equipment.
26.05.02 Knowledge of warranty details.
26.05.03 Ability to understand manufacturer’s instructions.
26.05.04 Ability to recognize non-optimal performance.
26.05.05 Ability to know when to call for technical support.
26.05.06 Ability to keep maintenance log.

Other changes reflected in the 2014 OA document include:

- Sub-Tasks that are now COMMON CORE
  - Sub-task 12.06 Applies Acid Etching and Cavity Bonding
  - Sub-task 12.11 Prepares Simple Bite Registration
  - Sub-task 17.03 Remove Sutures
- Sub-tasks endorsed by seven of 10 provinces with additional formal education.
  - Sub-task 14.01: Places and Removes Separators
  - Sub-task 14.02: Fits Orthodontic Appliances, Bands, and Brackets
  - Sub-task 14.03: Applies Direct and Indirect Bracket Bonding Materials
  - Sub-task 14.06: Places and Bonds Orthodontic Appliances
  - Sub-task 14.07: Removes Orthodontic Appliances
  - Sub-task 14.08: Removes Orthodontic Bands and Brackets
  - Sub-task 14.09: Places and Removes Adapted Arch Wires
  - Sub-task 14.10: Places and Removes Ligatures
  - Sub-task 14.11: Traces and Measures Cephalometric Radiographs and Digital Images
- Other changes reflected in the 2014 OA document include:
  - Lists of examples have been removed so as not to limit.
  - Language simplification.
  - Language update.
  - Consistency in wording.
  - Consistency in spelling.
  - Knowledge & Abilities statements.
  - Elimination of redundancies.
Appendix G  Canadian Dental Assisting Skills Grid 2014 – Reported by Province

After gathering survey data from practicing dental assistants in all Canadian provinces, a skills grid was developed for each jurisdiction. The provincial Dental Assisting Regulatory Authorities were asked to confirm whether dental assistants in their province are permitted to perform the competencies listed on the grid. Provinces where the competency may be performed by a qualified dental assistant are indicated in green (yes). Provinces where the competency is not permitted in the provincial DA scope of practice are indicated in red (no). Provinces permitting DAs who have completed formal post-graduate modules to perform the competency are indicated in blue (PG module).

<table>
<thead>
<tr>
<th>NATIONAL SKILLS BY PROVINCE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>YES</strong> - Skills may be performed in province by DA</td>
</tr>
<tr>
<td><strong>NO</strong> - Skills not permitted</td>
</tr>
<tr>
<td>Post-graduate module required (formal education)</td>
</tr>
</tbody>
</table>

**Block A  Professionalism**

**Task 1  Communicates Effectively**
1.01 Communicates Orally
1.02 Communicates in Writing

**Task 2  Maintains Professional Competence**
2.01 Develops Life-Long Learning Skills

**Task 3  Performs Duties in a Professional Manner**
3.01 Demonstrates Professionalism

**Block B  Treatment Support Procedures**

**Task 4  Practices Infection Control**
4.01 Cleans and Sterilizes Instruments and Handpieces
4.02 Disinfects Equipment and Surfaces
4.03 Wears Personal Protective Equipment (PPE)
4.04 Places and Removes Protective Barriers
4.05 Control the Growth of Micro-organisms in Dental Unit Waterlines (DUWL)
4.06 Disposes of Hazardous Waste
4.07 Flushes and Drains Equipment

**Task 5  Organizes Armamentarium**
5.01 Reviews Treatment Record
5.02 Prepares Materials
5.03 Prepares Instruments
5.04 Prepares Equipment
### Task 6  Attends to Patient’s Comfort
- **6.01** Greets Patient
- **6.02** Seats Patient
- **6.03** Manages Patients Requiring Accommodation Due to Medical, Mental, or Physical Conditions

### Task 7  Initiates and Maintains Patient Records
- **7.01** Charts Existing Intra/Extra Oral Conditions
- **7.02** Collects Medical History
- **7.03** Obtains Vital Signs
- **7.04** Monitors Patient’s Condition

### Task 8  Provides Patient with Treatment Information
- **8.01** Provides Pre-Treatment Instructions
- **8.02** Presents and Co-ordinates Treatment Options
- **8.03** Provides Post-Treatment Instructions

### Task 9  Assists with Administration of Anaesthetics
- **9.01** Assists with Administration of Local and Topical Anaesthetic
- **9.02** Assists with Administration of Sedation
- **9.03** Assists with Administration of Intravenous Sedation.
- **9.04** Assists with Administration of General Anaesthetic

### Task 10  Assists with General Dental Procedures
- **10.01** Assists with Isolation Application and Removal
- **10.02** Maintains Visibility and Accessibility for Operator
- **10.03** Manipulates Materials
- **10.04** Monitors Patient’s Condition During Administration of Anaesthetic and Throughout Dental Treatment

### Task 11  Assists with Operative Dentistry Procedures
- **11.01** Assists with Operative Procedures
- **11.02** Assists with Oral Surgery Procedures
- **11.03** Assists with Endodontic Procedures
- **11.04** Assists with Periodontic Procedures
- **11.05** Assists with Prosthodontic Procedures
- **11.06** Assists with Paediatric Dental Procedures
- **11.07** Assists with Orthodontic Procedures
**Block C Clinical Procedures**

**Task 12 Performs Intra-Oral Restorative Procedures**

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**Task 13 Performs Intra-Oral Preventive Procedures**

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<td>Performs Periodontal Screening</td>
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**Table Notes**

**Ontario:**

[1] Only Spadent is permitted

**New Brunswick:**

[1] Periodontic Module required. Probing may only be performed on patients who have: healthy gingival and periodontal tissues, plaque associated gingivitis, and pockets that are four(4)mm or less

[2] Periodontic Module required. Scaling may only be performed on patients who have: healthy gingival and periodontal tissues, plaque associated gingivitis, and pockets that are four(4)mm or less
Task 14 Performs Orthodontic Procedures

14.01 Places and Removes Separators
14.02 Fits Orthodontic Appliances, Bands, and Brackets
14.03 Applies Direct and Indirect Bracket Bonding Materials
14.04 Places and Bonds Orthodontic Brackets
14.05 Places and Bonds Orthodontic Bands and Fixed Appliances
14.06 Places and Bonds Orthodontic Appliances
14.07 Removes Orthodontic Appliances
14.08 Removes Orthodontic Bands and Brackets
14.09 Places and Removes Adapted Arch Wires
14.10 Places and Removes Ligatures
14.11 Traces and Measures Cephalometric Radiographs and Digital Images
14.12 Places Orthodontic Elastics

Task 15 Performs Prosthodontic Procedures

15.01 Fabricates and Places Direct Provisional Fixed Prostheses
15.02 Cements and Removes Direct Provisional Fixed Prostheses
15.03 Places Retraction Cord
15.04 Removes Retraction Cord
15.05 Selects Moulds and Shades of Teeth
15.06 Images and Fabricates Permanent Direct Restorations
15.07 Performs Restorative Implant Procedures

Table Notes

Alberta:
[1] RDAs in Alberta may only practice indirect bracket bonding with modules.

British Columbia:
[1] Fits orthodontic bands or bondable attachments
[2] Self curing materials must be done by dentist
[3] Removes orthodontic bands and bonded attachments using appropriate hand instruments
[4] May be performed by practicing CDAs who have a minimum of one year full-time clinical experience or equivalent and have received training that will allow them to provide the service competently and safely. Permitted to remove provisional cement; gross removal of supragingival permanent cement using an appropriate hand instrument (excluding use of dental handpiece)
[5] Removes temporary and permanent cements using appropriate hand instruments (excluding the use of dental handpiece)

New Brunswick:
[1] Permitted to fit bands only
### Task 16 Administers and/or Participates in Emergency Care

16.01 Maintains Emergency Drugs, Supplies and Equipment
16.02 Identifies and Assesses Medical Emergencies
16.03 Follows Emergency Protocol

### Task 17 Performs Post-Treatment Care

17.01 Places Post-Surgical dressings
17.02 Removes Post-Surgical Dressings
17.03 Removes Sutures
17.04 Polishes Amalgam Restoration

### Block D Radiography

#### Task 18 Produces Radiographs/Images

18.01 Prepares Patient for Radiographs/Images
18.02 Selects Radiograph/Image Technique
18.03 Protects Self From Exposure
18.04 Exposes Film/Sensor

#### Task 19 Processes Films/Sensors

19.01 Processes Exposed Film/Sensors
19.02 Mounts and Labels Processed Radiograph/Images
19.03 Evaluates Radiographs/Images
19.04 Duplicates Radiograph/Images

### Block E Oral Health Education and Promotion

#### Task 20 Counsels Patients on Oral Health

20.01 Provides Oral Self-Care Information and Instruction
20.02 Advises Patient of Factors Affecting Oral Health
20.03 Provides Dietary Counselling

#### Task 21 Participates in Community Oral Health Programs

21.01 Delivers Community Oral Health Programs
21.02 Carries Out Oral Health Surveys and Screenings
21.03 Performs Screenings
Block F  Laboratory Procedures

Task 22  Fabricates Dental Models
22.01  Pours Dental Models
22.02  Trims Models
22.03  Articulates Models
22.04  Co-ordinates Laboratory Services

Task 23  Fabricates and Repairs Appliances and Trays
23.01  Fabricates Trays
23.02  Maintains Removable Prosthesis
23.03  Repairs Appliances
23.04  Fabricates Sports Guards
23.05  Fabricates Retainers

Block G  Equipment and Instrument Maintenance

Task 24  Performs Routine Maintenance of Equipment
24.01  Lubricates Equipment
24.02  Cleans Equipment
24.03  Performs Minor Equipment Repairs
24.04  Requests Technical Support

Task 25  Performs Routine Maintenance of Instruments
25.01  Maintains Instruments
25.02  Performs Minor Instrument Repairs
### Block H  Practice Management

#### Task 26  Quality Assurance Protocols
- 26.01 Implements and Adheres to QA for Equipment Maintenance
- 26.02 Implements and Adheres to QA for Sterilization Process
- 26.03 Implements and Adheres to QA for Radiography
- 26.04 Implements and Adheres to QA for Inventory Control
- 26.05 Troubleshoots Equipment Problems

#### Task 27  Maintains Inventory
- 27.01 Monitors Inventory
- 27.02 Orders Supplies
- 27.03 Stocks and Replenishes Supplies

#### Task 28  Manages Patients’ Files
- 28.01 Develops and Maintains Filing System
- 28.02 Maintains Appointment Recall System
- 28.03 Collects Personal Information
- 28.04 Operates Computer System
- 28.05 Schedules Appointments

#### Task 29  Maintains Financial Records
- 29.01 Performs Billing and Receiving Activities
- 29.02 Maintains and Administers Accounts Payable Records
- 29.03 Maintain Daily Financial Records
Appendix H  Psychometric Strategies and Research

The National Occupational Analysis for Dental Assisting, 2014 was conducted by Psychometric Strategies and Research, Inc.

Psychometric Strategies and Research (PSAR) is a Canadian company operating out of Edmonton and Vancouver. PSAR provides research and examination services to various health professionals for credentialing and licensing examinations.

The two principal consultants and authors of this document are Dwight D Harley, Ph.D. and Margaret J Dennett, CDA.,MCE. Each has their own active research program that focuses on licensure and certification exam development and standard setting. Combined, they have contributed more than 100 publications and presentations to the field. They have presented at both national and international conferences on psychometrics and are frequently sought after presenters for workshops on assessment and psychometrics.

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