

I would like to welcome you to this edition of the *International Journal of Dental Hygiene* and hope you enjoy reading the articles as much as I did.

As the profession of dental hygiene has evolved in response to public demand for cost-effective preventive oral health care we have also witnessed an evolution in the education of dental hygiene. More and more education facilities are changing to the problem-based learning model as well as evidence-based practice. We are encouraging our students to be thinking individuals who will use evidence gained through research and professional development on which to base their decisions to implement changes to their clinical practice for improved health outcomes for their patients.

Today, as health professionals we are bombarded with a plethora of oral care products that are commercially available and it is often to us that the patient turns for advice on which is most suitable for them.

Articles such as 'Randomized controlled clinical trials on agents used for chemical plaque control' and 'The effectiveness of self-performed mechanical plaque control with triclosan containing dentifrices' provide us with the evidence required to recommend the most suitable products for our patients' specific needs. Both articles cite clinical trials by which plaque and bleeding indices are used to gauge the success of a products efficacy. Interestingly, it was noted that these products were recommended as adjuncts to thorough daily plaque removal and that chlorhexidine is still the most effective anti-plaque agent available to us.

In the article 'A proposed model for a collaborative approach to dental hygiene research' our colleagues in Canada have reported on an innovative approach to the problems of limited funding and limited number of dental hygiene researchers. Benefits of such an initiative are discussed such as the pooling of resources, which brings together the multiple and varied skills of all researchers to provide a more diverse pool of competencies by which to run the study. Results can be based on a larger and more varied representation of the target subject resulting in a more representative outcome. Less experienced researchers can gain invaluable experience working with more experienced researchers and the dental hygiene profession

benefits by the availability of quality dental hygiene research by which to base evidence-based practice.

As the education of dental hygiene has evolved, so has the traditional practice of dental hygiene. Today we see dental hygienists providing preventive oral health services in the community particularly nursing homes, places of long-term residential care and to the homebound. In the article from our Japanese colleagues 'Dysphagia management in a 3-year dental hygiene education programme in Japan' the methods used to introduce this into the curriculum of the third-year programme and the role of the dental hygienist in the provision of oral care to the elderly by providing care of the oral environment through intervention measures and carer education is discussed. It is suggested that the dental hygienist can provide a wider range of services than those traditionally provided and discusses the possibility of expanding the role to include treatment of dysphagia through exercises for muscle control and swallowing methods.

Global networking and internationalization is a common thrust within the majority of dental hygiene education facilities today and I was interested to read the article from our Dutch colleagues 'Dental hygienists on top of the world: supporting oral health education in Nepal'. The rationale for providing oral health promotion, as the most effective long-term strategy, to improve the oral health of the Nepalese through supporting the development of dental hygiene education is discussed. Another goal is to empower individual dental hygienists to become dental hygiene professionals. Their 5-year collaborative programme is to be commended and I look forward to the outcomes of this innovative project.

Through the vast resources of the International Federation of Dental Hygiene global networking and internationalization is facilitated by membership to IFDH, the IFDH website, subscription to the *International Journal of Dental Hygiene* and attendance at international symposia.

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