

Preamble to the Competency Statements for Dental Public Health

Competency statements for dental public health, and the performance indicators by which they can be measured, were developed at a workshop in San Mateo, CA, on May 4–6, 1997. This is the third in a series of such workshops conducted by the American Association of Public Health Dentistry and the American Board of Dental Public Health, which set up the knowledge and practice base by which the specialty is recognized. The first such workshop was held at Boone, NC, in 1974 (1), and the second at Bethesda, MD, in 1988 (2). Social and technological change and the evolution of the specialty make periodic revisions essential.

Dental public health is defined by the American Board of Dental Public Health as:

... the science and art of preventing and controlling dental diseases and promoting dental health through organized community efforts. It is that form of dental practice which serves the community as a patient rather than the individual. It is concerned with the dental health education of the public, with applied dental research, and with the administration of group dental care programs, as well as the prevention and control of dental diseases on a community basis.

This population-based approach to professional practice is quite different from the approach required for individual patient care in private practice, though both forms of practice are integral parts of the dental profession. Accordingly, dental public health practice demands an additional body of knowledge and a set of skills beyond those obtained in an undergraduate dental education.

Some fundamental aspects of dental public health practice are not readily encompassed in a competency statement, and these can be considered part of the framework in which the competency statements are set. These fundamental attributes of the dental public

health specialist include:

- Being a dentist. The scientific background and clinical skills to diagnose, prevent, and manage oral diseases and conditions inherent in a dental education provide the underlying foundation for advanced knowledge of dental public health.

- Demonstration of public health values, which essentially means a view of health issues as they affect a population rather than an individual, with particular emphasis on prevention, the environment in its broadest sense, and service to the community. Public health dentists usually work collaboratively as part of a multidisciplinary team of public health professionals and community representatives.

- Leadership characteristics, e.g., influencing health policies and practice through research, education, and advocacy; articulating a vision for the organization; negotiating and resolving conflicts; and preparing the next generation of public health dentists.

- Subscribing to the code of ethics set down by the American Dental Association and the American Public Health Association. [*A code of ethics for the American Association of Public Health Dentistry is being developed. An interim association policy was approved at the 1997 annual meeting and is included in this issue of the JPHD, pp 123-4.*]

The format for these competency statements is based on those developed by the American College of Preventive Medicine for residents in Preventive Medicine (3). As such, the competency statements are presented in general terms with accompanying specific performance indicators to illustrate the range and depth expected in the competency.

Competency means being able to function in context, and the term is used most often to describe the skills, understanding, and professional values of the beginning practitioner (4). Competency is a level reached by the person who is initially a novice, and who, after training and experience, reaches the level where he or she can

be certified as competent. It is a major landmark in professional development, but not the final point in the journey. That comes with proficiency, and the ultimate status of expert after many years of experience and professional growth. Competency in most areas of dental public health is seen as the point reached after students in advanced dental education programs complete two years of postgraduate education in the specialty requirements of dental public health. In that sense, these expectations comprise a "floor" rather than a "ceiling," a basic collection of the minimum knowledge, skills, and values needed for an entry-level specialist to practice dental public health. It is understood that new practitioners may not have performed every competency at the level indicated while in training. However, it is expected that the practitioner will progress beyond the status of competency as his or her career continues, at least in certain areas.

The previous set of competency objectives (2) for dental public health specialty certification developed at the Bethesda workshop looks quite different from this current set. The previous objectives are essentially areas of knowledge that comprehensively cover just about everything that a public health dentist needs to know, but are not all "competencies" per se. By no means are they outdated, and they will continue to be used by advanced education directors as a guide for curriculum development. Many of those areas of knowledge have been incorporated into the current document.

There are two principal changes between the new competency statements and the previous set. First, the new competencies are stated in behavioral terms; they are intended to define what dental public health practitioners can do as opposed to what they know or understand. These competencies describe skills or abilities that are measurable or observable. Second, performance indicators have been added. Performance indicators are examples of the types of outcomes or

categories of evidence to be collected and are used as a basis for judging competency attainment (3).

The competencies are the result of an attempt to achieve a consensus on the level of performance to be expected of all dental public health specialists at the completion of their educational program. They can help define the specialty to potential employers, to potential applicants for specialty certification, and to colleagues in the health professions. These competency statements form the basis by which the curriculum content of the "Standards for Advanced Specialty Education Programs" can be developed and applied. Specialty edu-

cation programs in dental public health are accredited by the American Dental Association's Commission on Dental Accreditation in accordance with their degree of adherence to standards. The standards specify aspects of program administration, evaluation, facilities, and resources, as well as curriculum required for accreditation. The competencies are used by educational and residency program directors, faculty, and students to establish curricula, and by graduates of these programs as they prepare to take their examinations leading to specialty certification accorded by the American Board of Dental Public Health.

References

1. Hughes JT. Behavioral objectives for dental public health. *J Public Health Dent* 1978;38:100-7.
2. Competency objectives for dental public health. *J Public Health Dent* 1990;50:338-44.
3. Lane DS, Ross V. Final report. Improving training of preventive medicine residents through the development and evaluation of competencies. Washington, DC: US Department of Health and Human Services, Public Health Service, Health Resources and Services Administration, Bureau of Health Professions, 1993, HRSA contract #92-468(P).
4. Chambers DW, Gerrow JD. Manual for developing and formatting competency statements. *J Dent Educ* 1994;58:361-6.