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**Level: 2 Date: February 14, 2025**

**Journal Number: 6 Competency: Prevention, Education, and Health Promotion(PLO6)**

**Graduates will foster an inclusive approach to health and wellness by supporting individuals, groups, and communities in achieving health literacy and optimal oral health through prevention, education, and health promotion activities, and engaging in advocacy efforts to address oral health inequities.**

* **Read the following documents:**
* **Section 8 of the** [**Pan-Canadian Health Promoter Competencies (Diversity and Inclusiveness),**](https://www.cpha.ca/sites/default/files/uploads/about/hpc/toolkit_e/2015-HPComp-Package.pdf) **and**
* **The CDHO [Incorporating Culture Sensitivity into Dental Hygiene Care](https://cdho.org/wp-content/uploads/2023/10/GUI-Culture-Sensitivity.pdf)**
  + **Referring to your Client Profile form, identify and describe a client for whom you fostered an inclusive approach as an oral health educator or health promoter (note: identify by client number only).**
* **Discuss how the determinants of health (biological, social, cultural, economic, and physical environment) influenced the health and well-being of your client.**
* **Discuss how you acted as an oral health educator or health promoter for your client (revisit) and how you demonstrated cultural sensitivity when making client-specific recommendations.**

As I see an increasing number of clients I can see the differences interculturally and interculturally from one patient to another. An individual from the same culture but different socioeconomic status can live a completely different life and vice versa. Most clients I have treated have been immigrants from India and their experiences in Canada have been vastly different. Client number 9 had never been treated by a dentist or had oral treatment before CADH. He had not seen a family physician in the 3 years he had lived in Canada. He currently works part-time which leads to financial challenges. This forces him to prioritize certain needs over others, e.g. food, shelter, and transportation over health services. From engaging in conversation he views his health needs on an ongoing basis rather than being proactive and seeking health promotion. It is his circumstances that have led him to have a low priority on health outcomes rather than his values.

These factors directly contribute to the later stages of the ADPIE process considering goals must be client-specific or they become obsolete.

“Address population diversity when planning, implementing, adapting and evaluating health promotion action”(CPHA, 2015). The oral hygiene recommendation and treatment plan will prioritize affordability and address more severe deficits. For example, I would focus on improving the client’s brushing technique which he can implement with his current toothbrush rather than recommending a costly electric toothbrush. The adjustments I made while remaining cognizant that it was my client’s first experience in a dental chair were verbalizing as much as possible. I wanted to ensure he knew the purpose of each assessment and what information would be extrapolated from the findings. I introduced him to the mouth mirror before conducting IOE and debridement instruments before removing hard and soft deposits. “Clients who have not received oral care previously or have been in abusive situations may find the instruments frightening. Extra time explaining each procedure may be required”(CDHO, 2008). This allows the client to feel more comfortable considering the procedures are fast-paced and the client can remain blind to the utility of each assessment. The majority of my client’s deposits were localized to the mandibular anterior, to the point where they had changed the appearance of the teeth. I communicated to him that this tooth morphology can be misleading due to the amount of deposits and he should expect to see a change in appearance after the procedure. “A client who has always had bridged calculus in the lower anterior may perceive the teeth have been removed during clinical therapy. A short interval between appointments and subsequent evaluation may alleviate these concerns”(CDHO, 2008). A clinician needs to understand how outside factors affect their ability to provide optimal care to their clients.

LITERATURE CITED

Health Promotion Canada. The Pan-Canadian Health Promoter Competencies and Glossary [Internet] 2015 [cited 2025 Feb 14] 9. Available at <https://www.cpha.ca/sites/default/files/uploads/about/hpc/toolkit_e/2015-HPComp-Package.pdf>

College of Dental Hygienist of Ontario. Incorporating Cultural Sensitivity [Internet] 2008 May [cited 2025 Feb 14] 1-2. Available at <https://cdho.org/wp-content/uploads/2023/10/GUI-Culture-Sensitivity.pdf>

| **Criteria** | **Meets Expectations - Successful (S)** | **Below Expectations - Unsuccessful (U)** | **Score** |
| --- | --- | --- | --- |
| **Content**  **/ 3** | ● Describes the topic with sufficient detail.  ● Usually focuses on important information and details.  ● Usually identifies key points / relationships between ideas.  ● Explanations are sufficiently focused and developed, and usually logical.  ● Usually supports ideas with sound rationales and/or relevant evidence (including references).  ● Demonstrates an adequate level of critical thinking ability.  ● Relates the topic to previous experiences and/or to dental hygiene theory and/practice with adequate depth. | ● Does not describe the topic with sufficient detail.  ● Does not focus on important information or details.  ● Often fails to identify key points / relationship(s) between ideas.  ● Explanations are often tenuous and vague, not fully developed, and/or not logical.  ● Provides little or no support or rationales for ideas (including references).  ● Demonstrates some, but limited, critical thinking ability.  ● Does not relate the topic to previous experiences and/or to dental hygiene theory and /practice. |  |
| **Communication**  **/ 1** | ● Generally uses a fluid style of writing that informs and convinces.  ● Usually uses professional terminology.  ● Usually sequences ideas logically.  ● Satisfactorily uses English language conventions; may include some weaknesses, but no meaning is lost. | ● Demonstrates a lack of coherency and clarity in the writing.  ● Limited or no use of professional terminology.  ● Ideas not logically sequenced.  ● Often fails to integrate English language conventions and /or meaning is lost |  |
| **Referencing**  **/ 1** | ● Consistently uses credible information from reliable sources of literature to support information that is not considered common knowledge.  ● LITERATURE CITED page and citation(s) is/are accurately formatted using CADH’s Vancouver referencing style both in-text and on the LITERATURE CITED  page (no more than 1-2 minor errors). | ● Information that is not common knowledge is cited, but information is often not credible and/or sources are frequently not reliable.  ● Fair use of CADH Vancouver style, although some elements were missing or incorrect, either in-text or on the LITERATURE CITED page (multiple  errors). |  |
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| **Total** | | | **/ 5** |