

Test Bank for Darby and Walsh Dental Hygiene 5th Bowen

Chapter 02: Dental Hygiene Metaparadigm Concepts and Conceptual Models Applied to Practice

Bowen: Darby and Walsh Dental Hygiene: Theory and Practice, 5th Edition

MULTIPLE CHOICE

1. Each of the following is a paradigm concept of the dental hygiene discipline EXCEPT one. Which is the EXCEPTION?
 - a. Dental hygiene actions
 - b. Health and oral health
 - c. Environment
 - d. Patient
 - e. Client

ANS: D

The term *client* was selected as a paradigm concept, rather than the term *patient*, because the term *client* is broad, suggests wellness rather than illness, and represents an active rather than passive relationship with the dental hygienist.

DIF: Application REF: 12 OBJ: 1

TOP: NBDHE, Provision of Clinical Dental Hygiene Services, 3.0 Planning and Managing Dental Hygiene Care

2. The surroundings in which the client and dental hygienist are interacting is the concept of
 - a. dental hygiene actions.
 - b. environment.
 - c. health and oral health.
 - d. client.

ANS: B

This concept includes social, ethno-cultural, financial, political, and educational factors that can be barriers or facilitators to health, oral health, and dental hygiene actions. The environment affects the client and the dental hygienist, and the client and the dental hygienist also influence the environment.

DIF: Comprehension

REF: 12

OBJ: 1

TOP: NBDHE, Provision of Clinical Dental Hygiene Services, 3.0 Planning and Managing Dental Hygiene Care

3. Which concept includes the surroundings where the client and dental hygienist interact?
 - a. health/oral health.
 - b. environment.
 - c. dental hygiene actions.
 - d. client.

ANS: C

The concept of dental hygiene action is defined as the interventions provided by a dental hygienist for the benefit of, and in collaboration with, the client to promote oral health and wellness and prevent oral disease.

DIF: Comprehension

REF: 13

OBJ: 1

TOP: NBDHE, Provision of Clinical Dental Hygiene Services, 3.0 Planning and Managing Dental Hygiene Care

4. “Biologically sound and functional dentition” is a feature of the
- Dental Hygiene Human Needs Conceptual Model.
 - Oral Health-Related Quality of Life Model.
 - Client Self-Care Commitment Model.
 - paradigm concept of the dental hygiene discipline.

ANS: A

It is one of the eight human needs related to dental hygiene care in the Dental Hygiene Human Needs Conceptual Model. It draws upon the four dental hygiene disciplinary concepts to develop an understanding of client human needs throughout the dental hygiene process of care.

DIF: Comprehension

REF: 19

OBJ: 2

TOP: NBDHE, Provision of Clinical Dental Hygiene Services, 3.0 Planning and Managing Dental Hygiene Care

5. Which clinical dental hygiene conceptual practice model emphasizes the client’s perceptions of and reactions to their own health status?
- Paradigm concept of the dental hygiene discipline
 - Oral Health-Related Quality of Life Model
 - Dental Hygiene Human Needs Conceptual Model
 - Client Self-Care Commitment Model

ANS: B

The Oral Health-Related Quality of Life Model was developed by dental hygiene educator-researchers at the University of Missouri-Kansas City. It specifically assesses the domains of symptom status, functional status, and oral health perceptions.

DIF: Recall

REF: 20

OBJ: 2

TOP: NBDHE, Provision of Clinical Dental Hygiene Services, 3.0 Planning and Managing Dental Hygiene Care

6. The model that involves clients as co-therapists in their own oral health decisions is the
- Dental Hygiene Human Needs Conceptual Model.
 - Oral Health-Related Quality of Life Model.
 - Client Self-Care Commitment Model.
 - paradigm concept of the dental hygiene discipline.

ANS: C

The model is based on the premise that effectively involving clients as co-therapists in their oral health decisions, enhances motivation, commitment, and compliance with oral self-care.

DIF: Comprehension

REF: 23

OBJ: 2

TOP: NBDHE, Provision of Clinical Dental Hygiene Services, 3.0 Planning and Managing Dental Hygiene Care

7. In the Dental Hygiene Human Needs Conceptual Model, the client is viewed as having how many human needs especially related to dental hygiene care?

- a. Two
- b. Four
- c. Six
- d. Eight

ANS: D

The needs are protection from health risks, freedom from fear and stress, freedom from pain, wholesome facial image, skin and mucous membrane integrity of the head and neck, biologically sound and functional dentition, conceptualization and problem solving, and responsibility for oral health.

DIF: Recall

REF: 17

OBJ: 2

TOP: NBDHE, Provision of Clinical Dental Hygiene Services, 3.0 Planning and Managing Dental Hygiene Care

8. The presence of chronic periodontal disease for fictional client Edward Gilly indicates a deficit of which need according to the Dental Hygiene Human Needs Conceptual Model?
- a. Protection from health risks
 - b. Responsibility for oral health
 - c. Skin and mucous membrane integrity of the head and neck
 - d. Wholesome facial image

ANS: C

Dental hygienist Siobhan McNicol would likely find a human need deficit for skin and mucous membrane integrity of the head and neck given the chronic periodontal disease condition.

DIF: Application

REF: 15

OBJ: 2

TOP: NBDHE, Provision of Clinical Dental Hygiene Services, 3.0 Planning and Managing Dental Hygiene Care

9. When Pia Tran informs dental hygienist, Mark Rosenberg, that she does not support the use of fluoride, Mark would likely begin to engage Pia in conceptualization and problem solving as well as responsibility for oral health with respect to her children's dentition from the perspective of
- a. human needs.
 - b. quality of life.
 - c. client self-care.
 - d. dental hygiene action.

ANS: A

Mark would likely initiate this conversation from a human needs perspective given the presence of potential carious lesions and Pia's concern about them. Dental hygiene action is one of the paradigm concepts.

DIF: Comprehension

REF: 14-15

OBJ: 2

TOP: NBDHE, Provision of Clinical Dental Hygiene Services, 3.0 Planning and Managing Dental Hygiene Care

10. When dental hygienist, Mark Rosenberg, relates strategies for Pia Tran to minimize the oral implications of having low salivary flow to her need for soft-tissue integrity and sound dentition, it illustrates the
- Dental Hygiene Human Needs Conceptual Model.
 - Oral Health-Related Quality of Life Model.
 - Client Self-Care Commitment Model.
 - None are applicable.

ANS: A

Skin and mucous membrane integrity of the head and neck is one of the eight human needs related to Dental Hygiene Care.

DIF: Comprehension

REF: 15

OBJ: 2

TOP: NBDHE, Provision of Clinical Dental Hygiene Services, 3.0 Planning and Managing Dental Hygiene Care

11. According to the Dental Hygiene Human Needs Conceptual Model, the patient learns from the dental hygienist about oral/systemic health, promoting oral/health
- thinking.
 - fundamentals.
 - literacy.
 - techniques.

ANS: C

The dental hygienist learns from the patient about their needs, and the patient learns from the dental hygienist about oral/systemic health, thus promoting oral/health literacy.

DIF: Recall

REF: 17

OBJ: 2

TOP: NBDHE, Provision of Clinical Dental Hygiene Services, 3.0 Planning and Managing Dental Hygiene Care

12. Learning that a client has high blood pressure during a dental hygiene appointment would indicate a deficit in which of the following according to the Dental Hygiene Human Needs Conceptual Model?
- Protection from health risks
 - Freedom from fear and stress
 - Freedom from pain
 - Responsibility for oral health

ANS: A

Protection from health risks is the need to avoid medical contraindications related to dental hygiene care and to be free from harm or danger.

DIF: Comprehension

REF: 17

OBJ: 2

TOP: NBDHE, Provision of Clinical Dental Hygiene Services, 3.0 Planning and Managing Dental Hygiene Care

13. When dental hygienist, Siobhan McNicol, monitors Edward Gilly's cardiovascular health to ensure that blood thinners are not a concern with respect to bleeding associated with any dental hygiene action such as periodontal debridement, she is meeting which human need related to dental hygiene care?
- Protection from health risks

- b. Biologically sound and functioning dentition
- c. Freedom from fear and stress
- d. Freedom from pain

ANS: A

This human need includes a patient's need to be in a state of good general health through efficient functioning of body organs and systems, or under the active care of a physician or other primary healthcare provider to be in a controlled state of general health.

DIF: Comprehension

REF: 17

OBJ: 2

TOP: NBDHE, Provision of Clinical Dental Hygiene Services, 3.0 Planning and Managing Dental Hygiene Care

14. Which human need related to dental hygiene care is the need to feel safe and to be free from emotional discomfort in the oral healthcare environment and to receive appreciation, attention, and respect from others?
- a. Freedom from health risks
 - b. Freedom from pain
 - c. Freedom from fear and stress
 - d. Wholesome facial image

ANS: C

The dental hygienist must fulfill the patient's need to be free from fear and stress while the patient is in their care. During assessment, indications that the patient's need for freedom from fear and stress is unmet may include previous negative experiences, cost of care, and signs of stress such as clenched hands or perspiration.

DIF: Comprehension

REF: 17

OBJ: 2

TOP: NBDHE, Provision of Clinical Dental Hygiene Services, 3.0 Planning and Managing Dental Hygiene Care

15. Wincing or squinting of the eyes likely means a deficit in which human needs related to dental hygiene care?
- a. Responsibility for oral health
 - b. Freedom from pain
 - c. Freedom from fear and stress
 - d. Biologically sound and functional dentition

ANS: B

Wincing or squinting of the eyes may be indications that the patient's need for freedom from pain is unmet. If pain is apparent at the beginning of or during the dental hygiene appointment, the dental hygienist initiates pain control interventions immediately, and if outside of the scope of practice, collaborates with appropriate others; most frequently, a dentist.

DIF: Recall

REF: 17-18

OBJ: 2

TOP: NBDHE, Provision of Clinical Dental Hygiene Services, 3.0 Planning and Managing Dental Hygiene Care

16. Asking if a client is satisfied with their teeth and mouth is a question designed to address a deficit of which human need related to dental hygiene care?
- a. Responsibility for oral health

- b. Biologically sound and functional dentition
- c. Protection from health risks
- d. Wholesome facial image

ANS: D

The dental hygienist listens to patient needs and discusses treatment outcomes related to wholesome facial image needs, while providing information, reassurance, and referrals; and, the dental hygienist also may collaborate interprofessionally with others to help fulfill the patient's need.

DIF: Comprehension

REF: 18

OBJ: 2

TOP: NBDHE, Provision of Clinical Dental Hygiene Services, 3.0 Planning and Managing Dental Hygiene Care

17. Freedom from pain is the need for an intact and functioning covering of the person's head and neck area, including the oral mucous membranes and periodontium. Freedom from pain is usually unmet in patients seeking dental hygiene care given periodontal disease is a common disease.
- a. Both statements are true.
 - b. Both statements are false.
 - c. The first statement is true, the second is false.
 - d. The first statement is false, the second is true.

ANS: B

Skin and mucous membrane integrity of the head and neck rather than freedom from pain is the human need related to dental hygiene care in both statements. In fact, adult periodontitis has been called a "silent disease" in the past because patients are often unaware they have it until teeth become mobile.

DIF: Comprehension

REF: 17-18

OBJ: 2

TOP: NBDHE, Provision of Clinical Dental Hygiene Services, 3.0 Planning and Managing Dental Hygiene Care

18. Each of the following is true of meeting the human need of conceptualization and problem solving related to dental hygiene care EXCEPT one. Which is the EXCEPTION?
- a. The patient understands the rationale for recommended oral healthcare interventions.
 - b. The patient participates in setting goals for dental hygiene care.
 - c. The patient has questions about professional dental hygiene care or dental treatment.
 - d. The patient has no questions about the cause of the oral problem, its relationship to overall health, and the importance of the solution suggested to solve the problem.

ANS: C

Conceptualization and problem solving involve the need to understand ideas and abstractions to make sound judgments about one's oral health. This need remains unmet if the patient has questions about professional dental hygiene care or dental treatment.

DIF: Comprehension

REF: 19

OBJ: 2

TOP: NBDHE, Provision of Clinical Dental Hygiene Services, 3.0 Planning and Managing Dental Hygiene Care

19. Using a disclosing agent to visualize plaque biofilm is a method to resolve a deficit in which human need related to dental hygiene care?
- Wholesome facial image
 - Conceptualization and problem solving
 - Freedom from fear and stress
 - Biologically sound and functioning dentition

ANS: B

To help a patient conceptualize dental biofilm and gingivitis, the dental hygienist may show the patient signs of gingival inflammation in their own mouth, use a disclosing agent, and demonstrate how selected oral hygiene techniques effectively remove the biofilm.

DIF: Comprehension

REF: 19

OBJ: 2

TOP: NBDHE, Provision of Clinical Dental Hygiene Services, 3.0 Planning and Managing Dental Hygiene Care

20. A statement from a patient such as “my mother had bad teeth and so I have always had bad teeth” primarily indicates a deficit in which human need related to dental hygiene care?
- Wholesome facial image
 - Responsibility for oral health
 - Protection from health risks
 - Conceptualization and problem solving

ANS: B

During assessment, indications that this need is unmet include, but are not limited to, inadequate oral self-care, lengthy time periods between oral examinations, statements such as “my mother had bad teeth and so I have always had bad teeth.”

DIF: Comprehension

REF: 19

OBJ: 2

TOP: NBDHE, Provision of Clinical Dental Hygiene Services, 3.0 Planning and Managing Dental Hygiene Care

21. A primary role of the dental hygienist is to motivate and empower patients to adopt and maintain positive oral health behaviors. Specific universal goals can be printed on a laminated sheet for distribution to all patients.
- Both statements are true.
 - Both statements are false.
 - The first statement is true, the second is false.
 - The first statement is false, the second is true.

ANS: C

Goals must be related realistically to the patient’s individual needs, values, and ability level. After identifying a client’s unmet human needs, the dental hygienist, in collaboration with the client, sets goals and establishes priorities for providing care to fulfill these needs.

DIF: Comprehension

REF: 19

OBJ: 2

TOP: NBDHE, Provision of Clinical Dental Hygiene Services, 3.0 Planning and Managing Dental Hygiene Care

22. Which unmet human need related to dental hygiene care is met first when providing care for a patient with painful gingivitis?
- Skin and mucous membrane integrity of the head and neck

- b. Freedom from pain
- c. Freedom from stress
- d. Wholesome facial image

ANS: B

The dental hygienist must be concerned first with the highest priority need (such as helping the patient cope with a fear or pain). However, frequently, the dental hygienist simultaneously addresses needs such as assisting a patient in meeting the need for responsibility for oral health while also helping the patient achieve freedom from pain.

DIF: Comprehension

REF: 20

OBJ: 3

TOP: NBDHE, Provision of Clinical Dental Hygiene Services, 3.0 Planning and Managing Dental Hygiene Care

23. Which model encourages the dental hygienist to investigate and understand each patient's perceptions of their own oral health and to allow the patient to express their own desires or oral health and overall health?
- a. Dental Hygiene Human Needs Conceptual Model
 - b. Oral Health-Related Quality of Life Model
 - c. Client Self-Care Commitment Model
 - d. None are applicable

ANS: B

The dental hygienist questions the patient about any symptoms or signs of oral disease or conditions needing dental hygiene care and addresses the patient's functional status based upon their physical, social, and psychologic function.

DIF: Comprehension

REF: 20

OBJ: 3

TOP: NBDHE, Provision of Clinical Dental Hygiene Services, 3.0 Planning and Managing Dental Hygiene Care

24. The Oral Health-Related Quality of Life Model includes six
- a. paradigms.
 - b. facets.
 - c. domains.
 - d. sections.

ANS: C

The domains are health and preclinical disease domain, biologic and clinical variables, symptom status domain, functional status domain, health perceptions domain, and general quality of life domain.

DIF: Recall

REF: 20

OBJ: 3

TOP: NBDHE, Provision of Clinical Dental Hygiene Services, 3.0 Planning and Managing Dental Hygiene Care

25. Tobacco cessation intervention would be which part of the Oral Health-Related Quality of Life Model?
- a. Health and preclinical disease
 - b. Biologic and clinical variables
 - c. Health perceptions
 - d. General quality of life

ANS: A

Clinical or community dental hygiene interventions such as fluoride therapy and pit and fissure sealants are preventive in nature while oral health education and tobacco cessation efforts promote health.

DIF: Comprehension

REF: 20

OBJ: 3

TOP: NBDHE, Provision of Clinical Dental Hygiene Services, 3.0 Planning and Managing Dental Hygiene Care

26. Which would be which part of biologic and physical clinical variables of the Oral Health-Related Quality of Life Model?
- a. Fluoride therapy
 - b. Periodontal attachment loss
 - c. Oral health education
 - d. Coffee stain

ANS: B

This area encompasses clinical assessment findings indicating oral and systemic disease, for example, history of diabetes, dental caries, periodontal attachment loss, and gingival inflammation. Fluoride therapy and oral health education are part of health and preclinical disease. Coffee stain is part of symptom status.

DIF: Comprehension

REF: 20

OBJ: 3

TOP: NBDHE, Provision of Clinical Dental Hygiene Services, 3.0 Planning and Managing Dental Hygiene Care

27. Which aspect of the Oral Health-Related Quality of Life Model includes the interrelated concepts that define quality of life?
- a. Symptom status, functional status, health perception
 - b. Functional status, health perception
 - c. Symptom status, health perception
 - d. Symptom status, functional status

ANS: A

These aspects of the model assist the dental hygienist in recognizing the complex relationships between the concepts of the client (individual or population) and environment, and considering these factors when determining dental hygiene actions.

DIF: Comprehension

REF: 20

OBJ: 3

TOP: NBDHE, Provision of Clinical Dental Hygiene Services, 3.0 Planning and Managing Dental Hygiene Care

28. Chewing food is part of which aspect of the Oral Health-Related Quality of Life Model?
- a. Health and preclinical disease
 - b. Biologic and clinical variables
 - c. Symptom status
 - d. Functional status

ANS: D

The functional status domain includes the client's ability to perform specific physical oral functions, for example, chewing food, speaking, and swallowing.

DIF: Comprehension

REF: 23

OBJ: 3

TOP: NBDHE, Provision of Clinical Dental Hygiene Services, 3.0 Planning and Managing Dental Hygiene Care

29. The health perceptions domain of the Oral Health-Related Quality of Life Model is the client's objective opinion of oral and general health and well-being including its impact of physical, psychologic, and social aspects of quality of life. Oral health perceptions combined with oral health beliefs about susceptibility, significance, and self-efficacy will influence oral health-related quality of life.
- Both statements are true.
 - Both statements are false.
 - The first statement is true, the second is false.
 - The first statement is false, the second is true.

ANS: D

It is a subjective rather than objective opinion of oral and general health, and well-being.

DIF: Comprehension

REF: 23

OBJ: 3

TOP: NBDHE, Provision of Clinical Dental Hygiene Services, 3.0 Planning and Managing Dental Hygiene Care

30. Which model proposes that interaction between the dental hygienist and client encourage sharing of explanatory models and self-care perspectives, active client participation, and negotiation of self-care behaviors?
- Dental Hygiene Human Needs Conceptual Model
 - Oral Health-Related Quality of Life Model
 - Client Self-Care Commitment Model
 - None are applicable

ANS: C

The dental hygienist empowers clients to make a commitment to selected self-care behaviors, rather than proposing what the client "should" do and expecting compliance.

DIF: Comprehension

REF: 23

OBJ: 4

TOP: NBDHE, Provision of Clinical Dental Hygiene Services, 3.0 Planning and Managing Dental Hygiene Care

31. The dental hygienist assesses the patient's self-care practices and symptoms with open-ended questions and sincere, respectful, and attentive listening in which domain of the Client Self-Care Commitment Model?
- Initiation domain
 - Assessment domain
 - Negotiation domain
 - Commitment domain

ANS: B

The dental hygienist shares their explanatory model of disease and its prevention while accepting the patient's view, knowing that many people will assimilate new information from healthcare providers if it fits their own beliefs or if they see the new information as more useful than their existing thoughts.

DIF: Comprehension

REF: 23

OBJ: 4

TOP: NBDHE, Provision of Clinical Dental Hygiene Services, 3.0 Planning and Managing Dental Hygiene Care

32. Which domain is first in the Client Self-Care Commitment Model?
- a. Commitment domain
 - b. Initiation domain
 - c. Assessment domain
 - d. Negotiation domain

ANS: B

Each patient presenting for clinical dental hygiene care has pre-existing beliefs and values, a unique understanding of health and disease, and existing self-care methods be they minimal or maximal.

DIF: Comprehension

REF: 23

OBJ: 4

TOP: NBDHE, Provision of Clinical Dental Hygiene Services, 3.0 Planning and Managing Dental Hygiene Care