

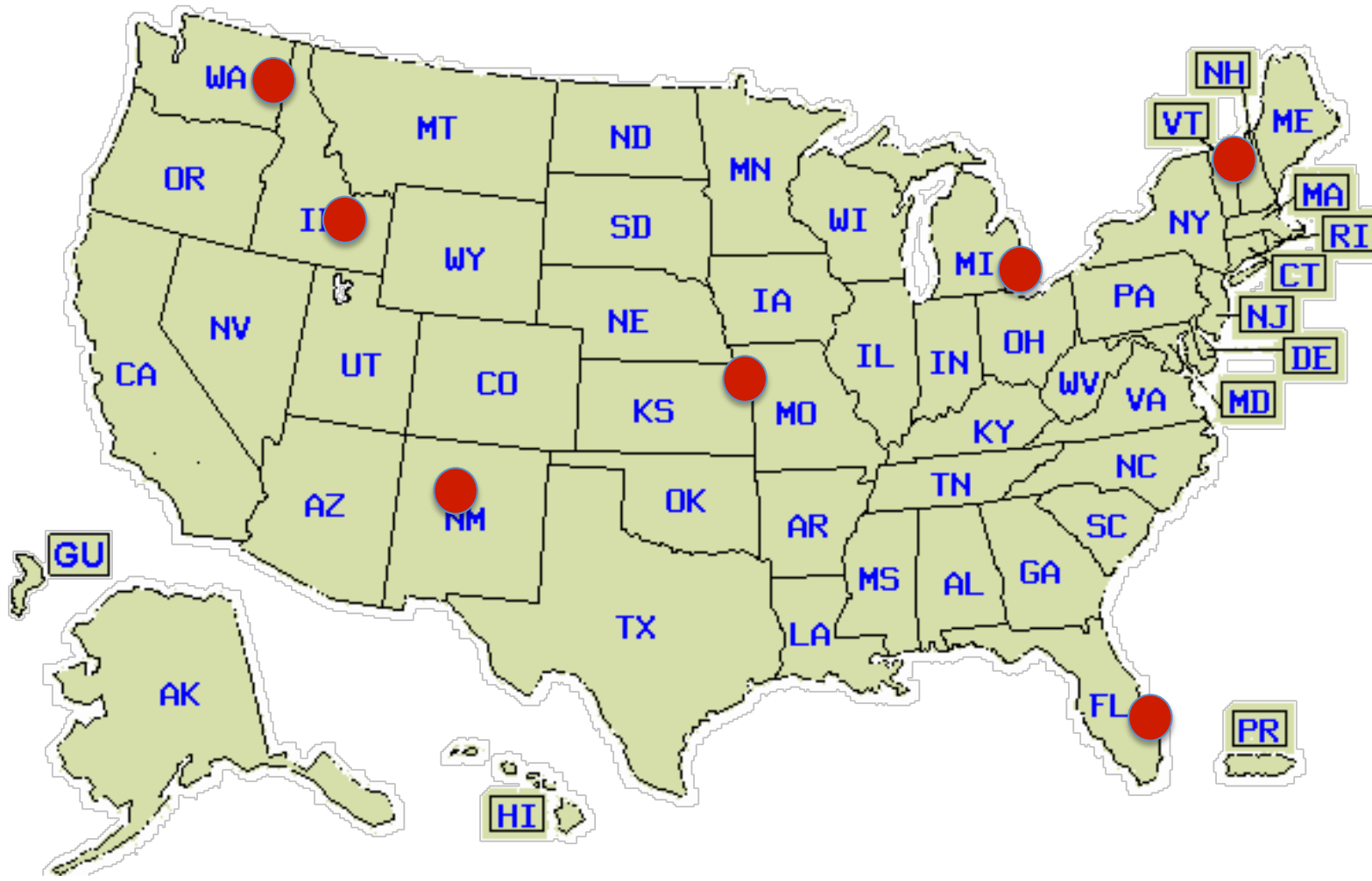
# Transforming Dental Hygiene Education: New Curricular Domains and Models

2015 ADEA Annual Session  
*March 8, 2015*

**Panel Members:** Ann Battrell, MSDH  
Susan Kass, RDH, EdD  
Rebecca Stolberg, RDH, BS, MSDH  
Pamela Steinbach, RN, MS



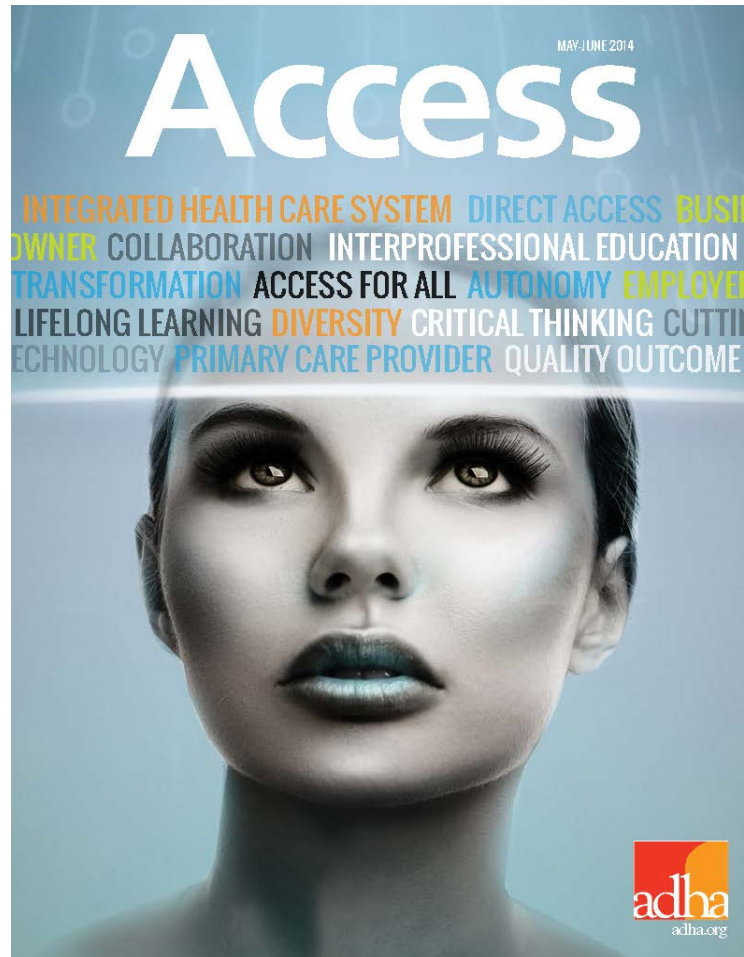
# Pilot Programs



# Pilot Programs

- Rebecca Stolberg, RDH, BS, MSDH; Eastern Washington University
- JoAnn Gurenlian, RDH, PhD; Idaho State University
- Christine Nathe, RDH, MS; University of New Mexico
- Kim Bray, RDH, MSDH; University of Missouri-Kansas City
- Kathi Shepherd, RDH, MS; University of Detroit Mercy
- Susan Kass, RDH, EdD; Miami Dade College
- Sheila Bannister, RDH, Med; Vermont Technical College

# The Future of Dental Hygiene: Think Differently



# Curricular Model Presentations

- **Dental Hygiene Associate's Program**  
Susan Kass, *Miami Dade College*
- **Dental Hygiene Practitioner Program**  
Rebecca Stolberg, *Eastern Washington University*



## **Dental Hygiene AS Program**

**Susan H. Kass, Ed.D**

Alicia Abreu, D.D.S.

Alwyn Leiba, M.B.A.

LaKisha Moss, M.S.

Duran Mootry, M.S.

Ileana Pino, M.S.

Rebecca Smith, Ed.D.

Ron Winston, M.B.A.

# Current Description of the Program



- The current program is traditional in nature: strong clinic based with emphasis on employment in a private practice setting.
- Although the program is VERY community minded throughout the two years, the message is more directed towards “giving back” rather than employment.

# Demographics



- Very diverse student population
  - Multi-cultural (14 countries represented)
  - 10% male
  - Large class size (50 per year)
  - Often first in family to attend College
  - Single parents
  - Works full or part time
- Very diverse full-time faculty
  - 3 black males, 3 Hispanic females, 1 black female



# IT'S TIME TO CHANGE

## If not now...when??



- New workforce models are being developed (Yes, even in Florida!)
- Moving towards a 2 + 2 program
- Need to meet changes in healthcare
- Need to meet community needs
- Job market is suffering

# Curricular Change?? Oh No!



- Not mandated...not to be feared
  - Change is good!
  - Many of us remember tackle boxes, wearing caps, not wearing gloves....couldn't imagine anything different.
  
- Have the conversation with your colleagues
  - Engage in a group discussion: focus on your mission for the future: LOOK FORWARD

# CONFLICT



- State Clinical Board Examination  
Calculus Still Rules!!

# Take a Proactive Approach

- Create oral health homes
- Go into health access settings to provide preventive services
- Incorporate collaborative care

TAKE A RISK....  
the need is great!



# Description of New Model



- More public health oriented
- Integrated more interdisciplinary education
- Added the following courses:
  - Health Literacy
  - Professional Identity/Inter-Professional Education Lab
- Changed the following course titles to reflect content:
  - Oral Health for Special Populations
  - Dental Hygiene Practice Management & Leadership

# Curricular Changes



- Added the following courses:
  - Health Literacy
  - Professional Identity/Inter-Professional Education Lab
- Changed the following course titles to reflect content:
  - Oral Health for Special Populations
  - Dental Hygiene Practice Management & Leadership
- Deleted Dental Anatomy Lab
- Reduced credit from Nutritional Counseling course

# Challenges and Action Plan



- State changed core curriculum
  - General education requirements
- Obtaining State approval for a BAS Program
  - Changed degree to BAS in Health Sciences rather than BAS in Dental Hygiene
- Securing rotation sites in public health settings
- Creating opportunities for IPE

# Next Steps



- College Curriculum Committee to approve course/curricula changes
- State approval for the BAS Program
- Marketing



# New Direction

- Messaging...to the students and the community
- Private practice versus alternative employment opportunities
- Maintaining a community based mind throughout the curriculum

**HAVE CONFIDENCE!**





**EASTERN**  
WASHINGTON UNIVERSITY

start something **big**

# Dental Hygiene Practitioner Program

**Rebecca L. Stolberg, RDH, MSDH**

# Why is it time to change?

- 2/3 of patients going to emergency rooms are for dental related issues
- Only 25% of dentists accept Medicaid
- 35/39 Washington Counties are short dental providers
- Missing person in the dental workforce (like physician assistant, nurse practitioners)
- ADHA vision
- Dental Hygienists are well prepared
- 52 other countries have a form of mid-level dental provider
- Quality of care has been documented in Alaska, Canada and Australia
- Minnesota Therapists are showing excellent outcomes

# Description of New Model

## Curriculum Overview

- 1 year post-BS degree
- Admissions based on prior dental hygiene experience, interview, dental hygiene restorative skills, demonstrated desire to serve the underserved.
- 8 students admitted each year
- Courses Include:
  - Operative Dentistry
  - Advanced Health Assessment and Diagnostics
  - Advanced Pharmacology
  - Management of Dental Emergencies and Urgent Care
  - Community Based Primary Oral Healthcare

# Clinical Services

- Oral health education
- Minimally invasive restorative services:
  - Cavity preparation and placement
  - Placement of temporary restorations
  - Pulpotomies
- Extractions of primary teeth and permanent teeth with class 3 or 4 mobility--In consultation with dentist
- Administration of local anesthesia and nitrous oxide without supervision
- All of the DHP services plus the full scope of dental hygiene services

# Curriculum Layout

## Post Baccalaureate Graduate Certificate in Dental Hygiene: *DENTAL HYGIENE PRACTITIONER*

**Summer Quarter**  
**(required for those**  
**students not passing**  
**admissions competency**  
**exam)**

	<b>Fall Quarter</b>	<b>Winter Quarter</b>	<b>Spring Quarter</b>	<b>Summer Quarter</b>
DNHY 557 Advanced Anesthesia (1)	DNHY 572 Intro to Operative Dentistry Technique (5)	DNHY 575 Pharmacological Principles of Clinical Therapeutics (4)	DNHY 661 Community Based Primary Oral Healthcare II (3)	
DNHY 559 Basic Restorative Procedures (5)	DNHY 570 Advanced Health Assessment and Diagnostic Reasoning (3)	DNHY 660 Community Based Primary Oral Healthcare I (3)	DNHY 675 Advanced Specialty Fieldwork (3)	DNHY 680 Supervised Community Externship (3) <i>Followed by 1,000 hour externship requirement in order to be <u>un</u>-supervised. Externship required at an Indian Tribal Clinic or other Public Health type clinic that is identical to where they will be working</i>
			DNHY 670 Management of Dental Emergencies and Urgent Care (2)	
<b>5-6</b>	<b>8</b>	<b>7</b>	<b>8</b>	<b>3</b>

**Total Credits: 26 credits (+5-6 if competency needs to be obtained in basic restorative and anesthesia procedures)**

# Challenges

- Legislators concerned about the impression of “college creep”
- State budget downturn and financial distress
- Unfamiliarity with post-bacc programs
- Is 1 year enough?

# Solutions

- Masters degree changed to Post Baccalaureate Certificate
- Self-support program requires no state appropriations.
- EWU has similar program in speech and hearing therapy.
- WA state having a solid foundation in restorative dentistry since 1971.

# Next Steps

- Get bill passed
- Send admissions information to interested listserv
- Enroll students
- Start impacting access to care in WA state



# Group Visioning Exercise

At your tables, discuss the following questions. Share your thoughts and appoint one person per table to report out.

- What is the one thing that must change in your program to drive transformational change?
- What can you do within your role to contribute to the transformation?

# Q & A