

**42<sup>ND</sup> ANNUAL NATIONAL ADEA ALLIED DENTAL PROGRAM DIRECTORS'  
POSTER PRESENTATIONS  
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**Introducing Brief Motivational Interviewing in Allied Dental Programs Curriculum**

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Program Description:

Health professionals' encounter and are often frustrated by the dynamics of behavior change; particularly why people don't change. A number of theories and strategies are directed at modifying behavior. Motivational interviewing is a contemporary client centered counseling style for facilitating behavior change by enhancing intrinsic motivation to change through exploring and resolving ambivalence (Miller & Rollnick 2002). Originally developed in the field of addiction therapy, MI is has been increasing applied in the health professions with a growing body of successful outcomes for tobacco cessation, and diabetic control which can significantly impact oral health. It has also been shown to have direct effect on oral disease such as reducing the occurrence of early childhood caries. (<http://motivationalinterview.org/library/biblio.html> )

This poster presentation will provide an overview on the theory, principles and strategy of motivational interviewing and its application in the health professions. In addition, a curricular modification plan exploring the process engaged in to integrate brief motivational interviewing in a dental hygiene curriculum will be explored.

Learning Objectives:

Upon completion of this program, participants will be able to:

1. Understand the key principles and strategies of motivational interviewing.
2. Consider how the incorporation of MI can assist allied dental providers to better meet the needs of today's patients.

## Using the Open Source Portfolio to Guide Student Metacognition in an Online Degree Completion Program

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The University of Michigan Dental Hygiene Degree Completion E-Learning's portfolio uses the Sakai-integrated Open Source ePortfolio twice during each 7-week course. At the end of each course, students assess their progress on program competencies and answer reflective questions that ask them to apply what they have just learned to non-classroom, "real life" situations. The instructor gathers notable responses, and at the beginning of the next course, students discuss these responses in a forum that includes both the outgoing and incoming instructor. Throughout this process, students learn new content (cognition), think about what they have learned (metacognition), and share their thoughts with others allowing further refinement of their learning (meta-metacognition). This pair of portfolio reflections also gives faculty a chance to "check in" on students' learning, encourage students to apply what they have learned in previous courses to upcoming courses, and show how well courses teach the program's competencies.

Quantitative and qualitative results will be shared from our first two cohorts. Results to date include:

- | Students apply what they've learned in every courses to "real life" – often explicitly synthesizing knowledge from a number of courses
- | Instructors get an overview of what students are taking away from each course – with the opportunity to correct misinformation before students move on to the next course
- | Student satisfaction is greatly increased through articulating what they have learned, how to apply it, and identifying direction for further growth.
- | The program, as a whole, shows astounding interconnectedness among all courses.
- | Administrators get a good look at how students are – or are not – internalizing and expressing the program's competencies
- | Development costs have been very minimal.

## Curriculum Management: Course Instructor Evaluation and Reflection of the Course Review Process

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Dental hygiene program administrators have a responsibility for ongoing and dynamic curriculum management. A program's curriculum is a result of the mission and vision statements; goals and competencies; and the program philosophy. The outcome of curriculum management is to create a contemporary, comprehensive and engaging curriculum. In addition, the process must be uniquely designed to meet the needs of the dental hygiene program as well as its faculty members and students.

This process of curriculum management involves a two-year cycle for the two professional years of coursework in a four-year baccalaureate dental hygiene degree program. Its' components include periodic curricular meetings, detailed course reviews by subcommittees, comprehensive discussions about revisions, and consensus building. The detailed course review takes place each semester over a two-year period.

The process can be divided into phases as follows: *planning, implementation, modification and evaluation and reflection*. Evaluation and reflection of the process and its outcomes by course instructors is a valuable aspect of the detailed course reviews by subcommittees. To date, evaluation and reflection by course instructors has taken place for two of the four semesters of the baccalaureate dental hygiene degree program.

The *Course Instructor Evaluation Form* consists of nine questions that course instructors complete after receiving feedback from the subcommittee assigned to review their course. These nine questions pertain to information about the process itself and the outcome of the feedback given about the course. Results will be presented on the course instructor's responses to these questions. To date, 100% (N=12) of those who completed the *Course Instructor Evaluation Form* felt the review process would contribute to their efforts to improve their course. All faculty members who responded do plan to make changes to their course the next time it is offered and some had suggestions for enhancing the review process. Most faculty members spent one-hour gathering required course materials and 1.5 hours completing the course self-evaluation.

Because the course review process is not completed, all the data is not available. By this summer all course instructors who had a course reviewed this past fall and this spring will have had an opportunity to respond to the *Course Instructor Evaluation Form* and more data will be available to report. Lastly, the presentation will also include an overview of the process to aid others in developing a unique and functional curriculum management plan for their educational program.

Learning objectives attained from this presentation include:

1. The educator will understand the components of a comprehensive curriculum management plan.
2. The educator will have an opportunity to discuss the implementation of a comprehensive curriculum management plan into their educational environment.
3. The educator will understand the use of the *Course Instructor Evaluation Form* in the evaluation and reflection phase.
4. The educator, through data presented, will recognize the value of detailed course reviews in an overall curriculum management process.

## **A TEAM APPROACH FOR COMMUNITY OUTREACH**

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The purpose of this program was to increase collaborative partnerships with the School of Dental Medicine at Stony Brook University and the Suffolk and Nassau County Dental Societies, in order to provide preventive oral health services to underserved children in the community.

Program goals were to reach children in the community who do not have access to oral health care, to provide students the opportunity to participate in a large community outreach program and to increase student's competency in assessing, managing and treating children of all ages.

As a host site, the dental hygiene program utilized sophomore students as care providers, freshman students as assistants and dental residents to provide urgent care. Notification of the event was given to local elementary schools via the school Health Nurse. Appointments were made in blocks of 25 and all children were accompanied by a legal guardian. Once arriving at the site each child was paired with a dental hygiene student who reviewed the health history and consent form, completed an intra and extra oral exam, provided oral health education, performed an oral prophylaxis, placed dental sealants and fluoride varnish. Dental hygiene faculty reviewed student findings and the supervising dentist signed the screening forms.

Students performed, 106 dental screenings, and 98 oral prophylaxes, 101 dental sealants were placed, 2 children received urgent care, all children and parents participated in an oral health education program. Of the 106 children seen at Farmingdale 58% presented with decay indicating the need for such outreach programs.

This collaborative approach toward community outreach was an outstanding way to unite the dental community in reducing health disparities and improve oral health outcomes.

### **Specific Learning Objectives to be attained from the Information presented:**

Participants will be able to

- Identify the steps involved in setting up an outreach program
- Determine program protocols
- Recognize sources of funding
- Understand the value of a dental team collaboration

## **SELF ASSESSMENT: AN ADDITION TO THE SENIOR DENTAL HYGIENE COMPETENCY EXAMINATION**

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Northern Arizona University's dental hygiene senior competency examination has historically evaluated behavioral outcomes of students, requiring students to demonstrate skills, such as instrumentation. Clinical faculty decided to incorporate a cognitive self assessment component to the examination. This method included a student self assessment Objective Standardized Clinical Examination (OSCE), and students described their performance after completion of each OSCE station. The purpose was to determine whether the implementation of self assessment to the competency examination would enhance a student's ability to provide realistic feedback of examination results. Students were able to assess areas of competency and areas needing improvement.

### Methods

The method included a student self assessment Objective Standardized Clinical Examination (OSCE). Students described their performance after completion of each OSCE station.

### Results

With the self assessment method, students evaluated themselves on areas of competence and areas needing improvement. Examples of student evaluation comments include:

- Occlusion: I am competent with molar occlusion
- Referral Letter: I don't know how to write a referral letter.
- Pathology: I don't feel confident with the differential diagnosis and possible treatment for lesions.
- Periodontal Evaluation: I am efficient in angulation and adaptation.
- Panoramic Evaluation: I need to review early and mid-teen occlusion

The students who are able to realistically identify the skills they know well and those needing improvement, consistently score higher in their competency examination results.

### Conclusions

Self assessment tools can be used as an adjunct to traditional behavioral assessments in a dental hygiene competency examination. The addition of student self assessment affords students the opportunity to provide realistic feedback of examination performance and results.

### Significance

Self assessment tools provide students with opportunity for realistic feedback of self discovery and for application and integration of this knowledge. This knowledge and information can be used for life skills and for students' future careers as health care professionals.

## TELEDENTISTRY

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Teledentistry will allow a dentist and dental hygienist to provide dental hygiene services to members of underserved communities. The dental hygienist will obtain all diagnostic data, make a dental hygiene diagnosis, and digitally transmit the data to a dentist for a dental diagnosis and prescription of dental hygiene services.

### *Description*

Utilizing technologies that currently exist, it is possible to digitally transmit all subjective and objective diagnostic data that dental hygienists are board certified and licensed to obtain to a distant dentist for diagnosis and prescription of dental hygiene services. Teledentistry will effectively broaden the scope of Affiliated Practice by allowing properly trained dental hygienists to provide service to new "patients of record" in underserved communities. Northern Arizona University dental hygiene students are being trained to acquire and digitally transmit all diagnostic data to a distant supervising dentist. The distant dentist receives all of the digital diagnostic data, including the dental hygienist's diagnosis, makes a dental and dental hygiene diagnosis based on this data, and then reexamines the patient in person to assure accuracy of the digital diagnoses. Appropriate dental hygiene services are then prescribed by the dentist and provided by the student. Success of the initial teledentistry project will lead to field trials as students work under supervision during summer externships.

## **The University of Detroit Mercy/Henry Ford Health System School Based Program: Increasing Oral Health Services for Children**

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In Spring 2008 a partnership between the University of Detroit Mercy (UDM) School of Dentistry, Henry Ford Health System and the State of Michigan Department of Community Health designed a program for children identified as having high disease rates and lack access to dental care enrolled in seven city of Detroit public elementary schools. The objectives were to: 1) increase oral health prevention services; 2) ensure restoration of active disease for children; and 3) reduce disparities through the provision of a dental sealant program. The program is facilitated on site by a Community Oral Health Coordinator employed by Henry Ford Health System. Three licensed PA 161 dental hygienists were hired with University of Detroit Mercy faculty status to provide preventive oral health care in the seven designated elementary schools. After being calibrated by the Department of Pediatric Dentistry faculty, the team of dental hygienists perform a screening, prophylaxis, sealants and fluoride varnish on each child upon obtaining parental consent. Pre and post oral health education tests are administered to assess acquisition of knowledge utilizing chair side laptop computers. Children are referred to the UDM School of Dentistry for restorative and other necessary care utilizing a SEALS classification system. Assurance of appointment attendance is tracked by way of a web based axiUm crystal reporting mechanism. To date 956 children have been treated by the team of dental hygienists. Ten percent of the children have had appointments at the School of Dentistry. Phase one student involvement has occurred through a formal observation requirement. Although continued program evaluation is currently being conducted, initial results after nine months reveal an increase in the amount of oral health services provided for the designated population. The program thus far has provided an avenue for the dental hygiene faculty to work with families and agencies to raise awareness of the importance of oral health. Due to the low number of restorative appointments made at the School of Dentistry, phase two of the program will involve both dental and dental hygiene students rendering care with faculty supervision on site in the schools.

By the end of this poster the participant will be able to gain:

- an understanding of a model aimed at increasing access to oral health prevention services for underserved children
- knowledge of a mechanism that may serve as a means to expose students to a public health program with the hopes of motivating them to serve the underserved
- 3)knowledge of a dental workforce model that may be able to be replicated in other underserved areas
- an understanding of a model that can be implemented by other dental hygiene programs to increase access to care

## **Demographics and Trends in Faculty Positions held by Dentists in Allied Dental Programs**

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Although several recent studies have been completed to identify overall trends and concerns regarding the shortage of qualified faculty in allied dental programs, much of the data does not specifically identify the shortage of dentists filling these positions. The purpose of this study is to identify both the current demographics of dentists holding faculty positions, as well as, recent trends in the appointments of dentists to faculty positions. This study is being completed to provide data for an upcoming presentation at the ADA Annual Session entitled "Preparing Practitioners for Academic Dentistry." The goal of this presentation is to help dentists identify and prepare themselves for a faculty position in dental or allied dental programs. Data from this study will provide information to allied dental programs and prospective dental faculty on the current demographics and future need for faculty positions in allied dental programs held by dentists.

### **Learning Objectives:**

1. Identify current demographics of part-time and full-time positions held by dentists in Allied Dental Programs.
2. Identify current and future needs for dentists to fill faculty positions in Allied Dental Programs.
3. Identify separation causes for faculty positions held by dentists in the last 5 years.
4. Identify future needs for faculty positions held by dentists.
5. Determine if trends in the available pool of dental faculty might change faculty recruitment strategies.