CE Course Handout

Transforming Dental Hygiene Part II

Thursday, June 9, 2016
9:30 a.m.-12:30 p.m.
Welcome!

Transforming Dental Hygiene Education-Part II: The Work Continues
Transforming Dental Hygiene Education: the Work Continues

Facilitator: Pamela Overman, RDH, EdD
Goals

- Discuss the rationale for transformation of dental hygiene education
- Look at progress made by programs committed to transformation
- Develop a plan for transformation at your institution
The Health Care Environment

The World Bank—health expenditures per capita
http://data.worldbank.org/indicator/SH.XPD.PCAP
The Health Care Environment

US health spending is much greater for all categories of care, particularly for ambulatory care and administration cost

2010 (or latest year available)

Current health spending per capita (USD PPP)

<table>
<thead>
<tr>
<th>Country</th>
<th>Hospitals/Nursing homes</th>
<th>Ambulatory health care</th>
<th>Pharmaceuticals and medical goods</th>
<th>Public health and administration</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>United States</td>
<td>$3,835</td>
<td>$4,187</td>
<td>$1,278</td>
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<td>Switzerland</td>
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<tr>
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Note: Health spending excludes investments. The percentages in the US bar indicate how much more the US spends per category compared with the average of the five other OECD countries.

Source: OECD Health Data 2012.

http://www.pbs.org/newshour/rundown/health-costs-how-the-us-compares-with-other-countries/; accessed 5/10/14
The Health Care Environment

Health care spending has grown much faster than the rest of the economy in recent decades.


http://www.huffingtonpost.com/2013/10/03/health-care-costs-_n_3998425.html; accessed 5/10/14
The Health Care Environment

Despite high rates of hospitalization for chronic conditions, outcomes in the U.S. aren’t good.

<table>
<thead>
<tr>
<th>Asthma mortality among ages 5 to 39 per 100,000 population</th>
<th>Diabetes lower extremity amputations per 100,000 population</th>
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<tbody>
<tr>
<td>0.13</td>
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<td>4.8</td>
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<td>United States</td>
<td>32.9</td>
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</table>

Notes: Rates are age-sex standardized. Data is from 2008 or nearest year. Sources: OECD Health Data 2011, The Commonwealth Fund

THE HUFFINGTON POST
The Health Care Environment

Americans don’t live longer than people in countries that spend much less on health care.

http://www.huffingtonpost.com/2013/10/03/health-care-costs-_n_3998425.html; accessed 5/10/14

Notes: Data is from 2011 or nearest year. New Zealand numbers exclude investments. Not all OECD countries are included. Source: OECD Health Data 2013
The Health Care Environment

- Dramatic increases in the cost of health care
- Looming federal deficits
- Helped pass the Affordable Care Act (ACA)
The Health Care System is Changing...

- Increasing emphasis on public health and prevention
- Employer community will be more engaged to keep escalation of costs down as much as possible.
- Increased use of information technology.
The Health Care System is Changing...

http://www.countyhealthrankings.org/resources
The Health Care System is Changing...

- **Consolidation of the health care system.** Silo-based delivery of care will end and a more integrated system will emerge.

- **Focus on comparative effectiveness.** Health care decisions based on evidence of the effectiveness, benefits, and harms of different treatment options.

- **Advances in personalized medicine.**
The Health Care System is Changing...

- Health care systems will put more resources into care management to foster integration.
- Expanding role of non-MD providers. For example, physician assistants and nurse practitioners- and they will be in non-traditional locations like retail clinics.
The Oral Health Care System

- Oral health care system is two parts: private delivery of care and the safety net system.
- About 4% of oral health care is paid by government programs.
- About 108 million people have no dental insurance.
- The US has 4,230 Dental HPSA’s
- Little change since the Surgeon General called oral disease a *Silent Epidemic.*
The Oral Health Care System

About 108 million people in the U.S. have no dental insurance. Even those who are covered may have trouble getting care.

The U.S. has about 141,000 working dentists and 174,100 dental hygienists, but 4,230 Dental Health Professional Shortage Areas with 49 million people living in them.

Anyone who has ever had a toothache knows dental pain can make it impossible to work, study or just carry on the normal activities of daily life. Oral health problems seldom get better on their own and can be both a sign and a cause of disease elsewhere in the body.

The U.S. spends about $64 billion each year on oral health care—just 4 percent is paid by Government programs.

Oral Health Initiative

To improve the oral health of underserved people, HRSA is exploring ways to improve access to oral health care, increase awareness of the connection between oral health and overall health, promote prevention, and improve oral health literacy to health providers and patients alike.

The Oral Health Initiative includes HRSA-sponsored Institute of Medicine consensus studies examining existing oral health activities and programs, regulations, and resources and evaluating policies that could better support oral health care.
The Oral Health Care System

Dental Therapist Hired by Native American Tribe in Washington

On Jan. 4 the Swinomish Indian Tribal Community in Washington State announced that it began offering its members the services of a dental therapist, making the Swinomish Indian Tribal Community the first tribe in the Lower 48 states to employ a dental therapist to provide certain oral health services. Read More.

North Dakota Meets on Access to Dental Care Issues During Interim Session

On Jan. 7, the Joint Committee on Health Services met to continue the discussion regarding access to dental care in North Dakota. Read More.

Massachusetts Advances a Dental Hygiene Practitioner Bill

On Dec. 14, the Massachusetts Joint Committee on Public Health sponsored S. 2076. The bill is a new draft of H. 249 and S. 1118, which established an advanced dental hygiene practitioner level of practice. Read More.

ADEXA State Update

Maine Senate Sustains Governor’s Veto of Dental Therapy Bill

State Policy, Education, Dental Therapist, Higher Education | Permanent link | All Posts

LD 1514, sponsored by Rep. Heather Strode, a dental hygienist, was vetoed by the Gov. Paul LePage (R-ME) on April 26. The bill as passed by both Chambers amended previously passed statutory language which created the category of a dental hygiene therapist and detailed educational and supervisory requirements. Specifically, the bill as amended by the Maine legislature does the following:

The bill corrects conflicts created by the enactment of Public Law 2015, chapter 429, which repealed and replaced the laws governing dental professionals. The bill makes the following changes to the provisions of law enacted in chapter 429:
NEWS FROM THE WHITE HOUSE

President Obama Signs Older American Act With Oral Health Screenings Provisions

President Obama signed into law the Older Americans Act Reauthorization Act of 2016, S. 192, which contains provisions for oral health screenings. The legislation authored by Sen. Lamar Alexander (R-TN), passed with considerable bipartisan support. Read more.

CDC Annual Health Report Addresses Access to Dental Care

The Centers for Disease Control and Prevention (CDC) has released its annual study of the health of U.S. citizens. The 461-page volume also includes plenty of data on access to dental care and oral health care providers. Read more.

Update

Governor’s Veto of Dental Therapy Bill

Dental Therapist, Higher Education | Permanent link | All Posts

Heather Strick, a dental therapeutist, has vetoed the Governor's bill to provide dental therapists with the same level of education and training as licensed dentists. The bill would have allowed dentists to perform dental procedures under the supervision of a licensed dentist. Strick argues that the bill would have put patients at risk and would not address the underlying issues that contribute to the shortage of dentists in the state. The bill would have also created a new regulatory body for dental therapists, which Strick believes would lead to increased bureaucracy and costs for patients. The bill was passed in both chambers of the state legislature with overwhelming majorities, but Strick vetoed it, citing concerns about the impact on patients and the cost of dental care. The bill's sponsors have said they plan to reintroduce the measure in the next legislative session.
The Oral Health Care System

FTC Staff Submits Comment to the Commission on Dental Accreditation Regarding its Proposed Standards for Dental Therapy Education Programs

FOR YOUR INFORMATION
December 4, 2013
TAGS: Health Care | Dentistry | Bureau of Competition | Competition | Nonmerger
How Does This Impact Dental Hygiene Education?
Dental Hygienists of the Future

- Practitioners
- Advocates
- Managers
- Collaborators
- Scholars
How Does This Impact Dental Hygiene Education?

- **Transforming Dental Hygiene Education: Proud Past, Unlimited Future Symposium Fall 2013**
- **ADHA & Santa Fe group**
- Develop guidance for the future of the dental hygiene profession and the role it can play in improving the health of the public.
Symposium Learning Objectives

- Explore how the changes in the health care environment could inform the transformation of the profession of dental hygiene.

- Identify the broad range of roles that the dental hygiene profession could play and new models of health care within and beyond dental care.

- Consider the broad skills, attitudes and competencies needed by dental hygienists to meet the future needs of the public.
Next Steps: ADHA Strategic Plan

ADHA’s core ideology is focused on leading the transformation of the dental hygiene profession to improve the public's oral and overall health.

http://www.adha.org/mission-history
ADHA’s Mission

- The mission of ADHA is to advance the art and science of dental hygiene. We work to:
- Ensure access to quality oral health care

http://www.adha.org/mission-history
ADHA’s Vision

Dental hygienists are integrated into the health care delivery system as essential primary care providers to expand access to oral health care.

http://www.adha.org/mission-history
ADHA Goals:
Education - Alliances - Advocacy

- Prepare dental hygiene professionals for the evolving scope of professional practice and settings.

- Better position the profession to be viewed as an integrated part of the healthcare system through strategic partnerships.

- Advance the profession of dental hygiene at the state and federal level.
ADHA’s White Paper

Transforming Dental Hygiene Education and the Profession for the 21st Century

Describe the future needs of dental hygiene practice

Framework for transformation

Champions for change
Transforming Dental Hygiene Education: New Curricular Domains and Models

• Build on the vision developed during the Transformation Symposium
• Develop learning domains and curricula that could serve as transformative models for Dental Hygiene Education
• Recognizing the various environmental influences in various states, one or more models may emerge
• Foster change in Dental Hygiene programs
2013-2014 Pilot Programs
2013-2014 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 Challenge

Changing Health Care Environment

Oral Health Care System

Proposed Curricular Domains

Your Unique Setting

Curriculum Model
Curricular Domains for Health Professions


- Patient Care
- Knowledge for Practice
- Practice-Based Learning and Improvement
- Interpersonal and Communication Skills
- Professionalism
- Systems-Based Practice
- Interprofessional Collaboration
- Personal and Professional Development
Proposed Curriculum Domains for DH Education

- Foundation Knowledge
- Customized Patient-Centered Care
- Health Care Systems
- Communication and Collaboration
- Professionalism
- Critical Thinking and Research

- Use domains in conceptualizing curriculum transformation?
- How do they complement future professional roles of the dental hygienist?

ADHA Professional Roles of the Dental Hygienist-www.adha.org
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.
It’s Time to Change

- Job market is suffering
- New workforce models are being developed (Yes, even in Florida!)
- Moving towards a 2 + 2 program
- To meet changes in healthcare
Description of New Model

- Become more public health oriented
- Become more interdisciplinary
- Adding 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
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

- Obtaining rotation sites in public health settings

- Creating opportunities for IPE
Next Steps (as of June 2014)

- College Curriculum Committee to approve course/curricula changes

- State approval for the BAS Program

- Marketing
New courses have been implemented in the curriculum:

- Oral Health Literacy
- Inter-Professional Education

Completing statewide documentation for the Applied Bachelor of Science degree completion program
Dental Hygiene Program

Kathi R. Shepherd, RDH, MS
Kathi Shepherd
shephekr@udmercy.edu
Description of Model

2 + 2 Model:
- Years One and Two - Prerequisite, University Core courses
- Years Three and Four - Dental Hygiene Courses at Dental School

Courses:
http://dental.udmercy.edu/programs/hygiene/professional/curriculum/index.htm

Course Descriptions:
http://www.udmercy.edu/catalog/undergraduate2013-2014/courses/link.php?sub=DHY#DHY8200
Student Program Experience

- 100% ADHA faculty membership to serve as role models for students; ADHA student delegate, MDHA student delegate
- Advocacy writing requirement
- School Based pediatric care under supervision of PA 161 DH (Direct Access care provided)
- Research poster requirement
- Community service, community oral health education requirements/scientific manuscript, community DH care in VA, FQHC
- Explorations student teaching program
Certificate/BS Program

- Total number of minimum BS degree hours is 146.
- The DH program is categorized by the University as a Certificate/BS degree program.
- ALL students for the past several years have graduated with a BS degree majoring in dental hygiene.
Time to Change

- Why Keep “Certificate” in Program Classification?

- Where is content/experiences in broader health care system?

- Where is business management experience? (tracking production, etc.)
Current and Next Steps

- Deletion of “Certificate” in program category

- Development of business management module including students tracking clinic productivity, etc.

- Expansion of IPE experiences in community clinics

- Expansion of post competency clinical tracks in health care system areas
University of Detroit Mercy Dental Hygiene Program—Progress Since 2014

- DH Class of 2016-first class to no longer be considered Certificate/BS graduate. ****BSDH degree only

- Business management module implemented
  - includes tracking of clinical productivity
  - second year of mock interviewing in dental offices in community; hope to expand mock interviews in FQHCs and other public health clinics with interprofessional collaboration models
  - transition from hard copy portfolio to e portfolio to allow electronic evidence for prospective employers
  - IPE Day fluoride varnish clinic and round table discussion expanded to include additional health care provider students
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
## Post Baccalaureate Graduate Certificate in Dental Hygiene: *DENTAL HYGIENE PRACTITIONER*

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

<table>
<thead>
<tr>
<th>Fall Quarter</th>
<th>Winter Quarter</th>
<th>Spring Quarter</th>
<th>Summer Quarter</th>
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<tbody>
<tr>
<td>DNHY 557 Advanced Anesthesia (1)</td>
<td>DNHY 572 Intro to Operative Dentistry Technique (5)</td>
<td>DNHY 575 Pharmacological Principles of Clinical Therapeutics (4)</td>
<td>DNHY 661 Community Based Primary Oral Healthcare II (3)</td>
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| 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 680 Supervised Community Externship (3)  
*Followed by 1,000 hour externship requirement in order to be un-supervised. Externship required at an Indian Tribal Clinic or other Public Health type clinic that is identical to where they will be working* |

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>Total Credits:</td>
<td>26 credits (+5-6 if competency needs to be obtained in basic restorative and anesthesia procedures)</td>
<td>5-6</td>
<td>8</td>
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</table>
Challenges and Solutions

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

- 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
Eastern Washington University/Progress since 2014
Rebecca L. Stolberg, RDH, MSDH

- Since 2014 - trying to get a dental therapy/mid-level provider bill passed in Washington State
- Will never give up as the listserv of folks interested in pursuing such a degree continues to grow
- Washington State tribes have begun sending their own residents to the Dental Health Aid Therapist (DHAT) program in Alaska. These residents are now coming back to WA state and providing care on the tribal lands. It is hopeful that data collected from these initiatives will help our efforts
- No lawsuit yet by ADA for this practice

rstolberg@ewu.edu
Entry Level Doctoral Program in Dental Hygiene

Kristin Hammon Calley, RDH, MS
JoAnn R. Gurenlian, RDH, PhD
Ellen Rogo, RDH, PhD
Tara Johnson, RDH, PhD
Jacqueline Freudenthal, RDH, MHE
Kandis Garland, RDH, MS

Brooke Agado, RDH, MS
Karen Portillo, RDH, MS
Leciel Bono, RDH, MSc
Monica Colleen Stephenson, RDH, MSc
Courtney Perrachione, RDH, BS
Jann Zollinger, RDH, BS
Current Description of the Program

- Students enter the program with a baccalaureate degree
- Will complete a four year curriculum in entry level dental hygiene education
- Will complete practicum experiences in all six roles of the dental hygienist
- Will be prepared to function in a variety of roles and settings in addition to clinical practice
- Will graduate with a Doctorate of Dental Hygiene (DDH)
### Prerequisites

**Fall Semester – Year 1**
- Principles of Dental Hygiene (3)
- English Composition (3)
- Biology 1101 and Lab (3)
- Time Management (2)
- Sociology (3)

**Total Credits = 14**

**Spring Semester – Year 1**
- Critical Reading/Writing (3)
- Microbiology (4)
- Introduction to Ethics (3)
- Sociology 2248 (3)
- Math 1108 – Intro to Algebra (3)

**Total Credits = 16**
## Prerequisites

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<th>Fall Semester – Year 2</th>
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<td>General Chemistry (4)</td>
<td>Organic Chemistry/Biochemistry (4)</td>
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<td>Psychology (3)</td>
<td>Introduction to Statistics (3)</td>
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<td>Spanish I (3)</td>
<td>Cultural Diversity (3)</td>
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<tr>
<td>Anatomy &amp; Physiology (4)</td>
<td>Speech (3)</td>
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<tr>
<td>Nutrition (3)</td>
<td>Anatomy &amp; Physiology II (4)</td>
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Total Credits = 17

Total Credits = 17
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<td>Methods and Design/Learning Theories (3)</td>
<td>Introduction to Health Care Practices, Management and Administration (3)</td>
<td>Translational Research &amp; Dissemination/Scientific Writing (3)</td>
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<td>Business Management/Marketing Strategies (3)</td>
<td>Evaluation, Test and Measurement (3)</td>
<td>Leadership &amp; Organizational Change (3)</td>
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<td>Risk Assessment for Public Health and Communities (3)</td>
<td>Research Methods II/Biostatistics (3)</td>
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<td>Research Methods I/Critical Appraisal of the Literature (3)</td>
<td>Epidemiology (3)</td>
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<tr>
<td>Public Health Systems (3)</td>
<td>Disease Prevention and Behavioral Health &amp; Change (3)</td>
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DDH Curriculum Year 2

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<td>Anatomical Sciences (4)</td>
<td>Clinical Care I (3)</td>
<td>Clinical Care II (3)</td>
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<tr>
<td>Medical Emergencies (3)</td>
<td>Physiological Sciences (3)</td>
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<td>Ethics and Law (3)</td>
<td>Dental Hygiene Diagnostic Methods &amp; Evaluation (3)</td>
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<tr>
<td>Professional Identity/Foundations of IPE (3)</td>
<td>Preventive Strategies (3)</td>
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<tr>
<td>Health Literacy (3)</td>
<td>Pharmacology (3)</td>
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<td></td>
<td>Cariology (3)</td>
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Total Credits = 16
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<tr>
<td>Clinical Care III (3)</td>
<td>Clinical Care IV (3)</td>
<td>Clinical Care V (3)</td>
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<tr>
<td>General &amp; Oral Pathology (3)</td>
<td>Special Needs Populations (3)</td>
<td>Practicum (3)</td>
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<tr>
<td>Pain/Anxiety Management (3)</td>
<td>Periodontology (3)</td>
<td>Proposal</td>
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<td>Customized Care (3)</td>
<td>Interprofessional Activities (3)</td>
<td>Development/Grant Management (3)</td>
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<tr>
<td>Evidence-Based Dental Hygiene Practice (3)</td>
<td>Health Policy &amp; Advocacy/Governmental Affairs (3)</td>
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Total Credits = 15  
Total Credits = 15  
Total Credits = 9
### DDH Curriculum Year 4

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<tr>
<th>Fall Semester (Y4)</th>
<th>Spring Semester (Y4)</th>
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<tbody>
<tr>
<td>Advanced Dental Hygiene Practice I (3)</td>
<td>Advanced Dental Hygiene Practice II (3)</td>
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<tr>
<td>Health Informatics (3)</td>
<td>Practicum (3)</td>
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<tr>
<td>Practicum (3)</td>
<td>Practicum (3)</td>
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<tr>
<td></td>
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</tr>
<tr>
<td>Total Credits = 12</td>
<td>Total Credits = 9</td>
</tr>
</tbody>
</table>

Total Credits = 12

Total Credits = 9
Challenges and Action Plan

- The faculty at ISU share a vision of progressive change for entry level dental hygiene education.

  HOWEVER

- Proposing a doctoral program may meet with resistance from dental and dental hygiene communities.

- The profession will need to assume responsibility for accreditation, licensure, and regulation of this new credentialed health care provider.
Next Steps

- Create a comprehensive report about the change from a BSDH to a DDH
- Submit the proposed curriculum to the Graduate Curriculum Council at ISU
- Submit the proposed curriculum to the Dean’s Council at ISU
- Present the comprehensive report to the Idaho State Board of Education
Idaho State University Task Force on Doctoral Dental Hygiene Education

Progress Since 2014

- Doctoral Entry Level Program
  - Placed on hold to allow focus on PhD Program in Dental Hygiene
  - Will pursue Entry Level Doctoral Degree after PhD Program commences

- Status of PhD Program in Dental Hygiene
  - Proposal approved by Graduate Council at ISU!
  - Currently under review by ISU upper administration
  - If approved by University President, proposal will be submitted to Idaho State Board of Education
  - If approved by SBOE, anticipated start date Fall, 2017

JoAnn R. Gurenlian, Ellen J. Rogo, Tara Johnson
gurejoan@isu.edu
Academic Programs Changes

- **Entry level BSDH Degree Program**
  - Educating entry level dental hygienists so they can practice in all settings upon graduation

- **BSDH Degree Completion Program**
  - Providing practicing RDH with skills sets to make them competitive in all settings

- **MSDH Program**
  - Developing leaders to transform the art and science of dental hygiene
Description of New Model

- Entry Level BSDH Program
  - Adding topics to existing curricula

- BSDH Degree Completion Program
  - Adding courses to curricula

- MSDH Degree Program
  - Adding skill sets as needed
Challenges & Action Plan

➢ Budget Issues

✓ Grant writing

✓ Integration with expanded functions curriculum being developed to have a package to propose
Next Steps

- Faculty input
- Faculty adoption
- Budgetary changes
- Implementation
Progress since 2014

- Interprofessional Education (IPE) pilot program; case development & community service with medical, physical therapy, occupational therapy, pharmacy & nursing students
- Professionalism component added from our School of Medicine
- Enhanced special needs training with HRSA grant of 2.5 million and renovations to special needs clinic
- Pilot program with the two community colleges which includes the possibility to graduate with an Associate’s Degree and the Bachelor’s Degree in Dental Hygiene simultaneously

CNathe@salud.unm.edu
2 + 2 Bachelor of Science Program

- Established in 1954
- Located in a School of Dentistry
- Offers 3 degree programs
- Campus general education modified from course based to student outcomes based focus
- Opportunity to engage in Inter-professional Education
Inter-professional Collaborative Practice Model

- Communicate with patients, families, communities, and other health professionals in a responsive and responsible manner that supports a team approach to maintaining health and treatment of disease.

- Use the knowledge of one’s own role and the roles of other professions to appropriately assess and address the health care needs of the patients and populations served.
<table>
<thead>
<tr>
<th>Challenges</th>
<th>Action Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Incorporate 6 credit hours Community and Civic Engagement</td>
<td>• Modify two existing service learning courses to meet campus criteria</td>
</tr>
<tr>
<td>• Establish Didactic IPE experience</td>
<td>• Participated in inaugural All School Interprofessional Education Class Feb. 21, 2014</td>
</tr>
<tr>
<td>• Establish Clinical IPE experience</td>
<td>• Collaborate with School of Medicine Sojourner Clinics</td>
</tr>
</tbody>
</table>
UMKC-Progress since 2014

- Offered new interdisciplinary General Education courses
- UMKC Health Sciences Faculty recently attended the Fourth Annual Interprofessional Education Symposium: Building a Bridge Between Education and Practice
- Spring 2016 3rd annual IPE event at UMKC
  - Complete Pre-Readings
  - Watch the Orientation Video
  - Complete Pre-test (10 questions)
  - Review the Video by Sue Sheridan
  - Day of IPE Activity:
    - Class IMPACT case based interaction
    - Complete Post Test (points tied to your grade)
    - Complete Interprofessional Education Survey
Description of Current Program

- Two year A.S. degree
- Focus is on Foundation Knowledge, Patient Care, and Professionalism
- Limited focus in proposed domains of Critical Thinking and Research, Collaboration and Communication, and Health Care Systems
- Current curriculum adequate but does not fully support evolution and movement of dental hygiene profession
- For Vermont, time constraints of two year program place unavoidable limitations on producing a more well-rounded health care specialist
Proposed Model: CODA Compliant

- **3 year A.S. degree or 4 year BSDH degree**
  - Critical Thinking and Research, Collaboration and Communication, and Health Care Systems courses introduced in third year

- **Completion of some BSDH courses in year 3**
  - Above mentioned domains
  - Encouragement toward one year online BSDH completion

- **Additional clinical experience**
  - Introduction of external rotations (Health Care Systems/ Collaboration and Communication)

- **One (1) year online BSDH completion**
  - Eight of 9 courses fall into above mentioned domain categories
  - Two courses also shared with Licensed Dental Practitioner curriculum (mid-level based on dental hygienist) that Vermont Technical College will be offering
<table>
<thead>
<tr>
<th>Challenges</th>
<th>Action Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resistance to change</td>
<td>Education of benefits</td>
</tr>
<tr>
<td>Faculty time constraints</td>
<td>Perception of benefits</td>
</tr>
<tr>
<td>Cost</td>
<td>Strategies for risk reduction</td>
</tr>
<tr>
<td>Possible enrollment decline</td>
<td>Strategies to compensate</td>
</tr>
<tr>
<td>Possible student attrition</td>
<td>Strategies for risk reduction</td>
</tr>
<tr>
<td>Interdisciplinary program</td>
<td>Networking/communication</td>
</tr>
<tr>
<td>Limited physical space</td>
<td>Creative use of space/time</td>
</tr>
<tr>
<td>Institutional inability to confer MSDH degree</td>
<td>Partnership with conferring institutions for now</td>
</tr>
</tbody>
</table>
Next Steps

- Program launch Fall 2014
- Continued faculty discussion
- Continued contact with Vermont Technical College administration
- Review and revise program as proceed
- Continued movement toward future MSDH completion
- Continued movement toward mid-level completion program
Progress Since 2014

3 year A.S. degree implemented (change from 2 year A.S. degree)

- Critical Thinking and Research, Collaboration and Communication, and Health Care Systems courses introduced in third year

Completion of some BSDH courses in year 3

- Above mentioned domains
- Encouragement toward one year online BSDH completion

One (1) year online BSDH completion

- Eight of 9 courses fall into above mentioned domain categories
- Two courses also shared with dental therapist curriculum that Vermont Technical College will be offering. Dental therapist legislation signed into law May 2016. Provider will be based on a dental hygienist and work side by side with dental hygiene students in clinical setting

Additional clinical experience

- Introduction of external rotations in Fall 2016 at UVM Medical Center (Health Care Systems/ Collaboration and Communication)

SBannister@vtc.vsc.edu
Preparing for our Future…

- Prepare dental hygiene professionals for the evolving scope of professional practice and settings.

- Better position the profession to be viewed as an integrated part of the healthcare system through strategic partnerships.

- Advance the profession of dental hygiene at the state and federal level.
Themes from the 2013-2014 Pilot Group

- Define a strategic theme that excites people
- Build coalitions
- Stay on message
- Can move forward without the agreement of all
- Pilot projects
- IPE
Your Turn

• How can we…?

Prepare dental hygiene professionals for the evolving scope of professional practice and settings?

• Foundation Knowledge
• Customized Patient-Centered Care
• Health Care Systems
• Communication and Collaboration
• Professionalism
• Critical Thinking and Research

ADHA Professional Roles of the Dental Hygienist-www.adha.org
History of the Future

- Imagine your program 5 years into the future.
- Transformation is well underway.
- You are widely recognized as the innovator who has lead the transformation of dental hygiene education to improve the public’s oral and overall health.

https://www.pinterest.com/orthoarlington/infographics-for-oral-health/
History of the Future- How has your program transformed in 2021?

- What is different at your program? Institution?
- How has this been portrayed in the local press? The college web site? The state health department?
- What are your graduates saying? Your applicants? Employers?
  - Spend a five minutes creating your vision of this future.
  - Share your thoughts with a partner. Partner, give feedback and suggestions. Switch roles.
- Be prepared to report out.
History of the Future—How has your program transformed in 2021?

- Write down your vision for your program.
- What are three steps you can take this year to make this future a reality?
- Tell your partner and exchange e-mails to check in with each other over the year.
13-14 and 15-16 TDHA Pilot Programs
2015-2016 Pilot Programs and Leaders

- Wendy Garcia *et al.*, Fones School of Dental Hygiene-University of Bridgeport
- Phyllis Spragge & Patti Chan, Foothill College
- Joyce Hudson, Ivy Techy Community College-Anderson
- Lee Muthig & Elizabeth Marchi, Midlands Technical College
- Debra Sidd, Normandale Community College
- Susan Daniels & Denise Claiborne *et al.*, Old Dominion University
- Faith Miller & Jennifer Sherry, Southern Illinois University
- Amy Teague, Texas Women’s University
- Lisa Ahmann, University of Minnesota
Current Description of the Program

The Fones School of Dental Hygiene offers the following programs:

- ASDH, BSDH, BSDH Online Degree Completion and MSDH Online programs
- Focus of the Fones transformation is on providing curricula that prepares all graduates with the knowledge and skillsets to advance the profession of Dental Hygiene
Description of new model

- Participation in Mission of Mercy and Oral Health Lobby Day-annual events for all DH students
- Increased use of portable equipment in the community offering complete Dental Hygiene treatment
- Tisdale Elementary – 101 prophys including Special Needs classes
- Early introduction of ultrasonic scaling for biofilm disruption in 1st year clinic and the use of Loupes during their Spring semester
- Clinical Skill assessment at the beginning of each semester
- Use of the WAND in 2nd year clinic
- Expanding Integrative Clinic experience to include Nursing and Physician Assistant programs, DH students participation in Grand Rounds
- Combining DH Education and Public Health tracks in MSDH program so all students graduate with knowledge and experiences from both tracks starting with 2016 cohort
- Incorporating international dental hygiene through the annual Summer Institute with Sun Moon University, South Korea Dental Hygiene students
- Discussing Inter-professional Education (IPE) between Nursing and Dental Hygiene
Challenges

- Utilization of portable equipment in community settings – site agreements needed so portable equipment can be used for patient treatment.
- Decreased employment opportunities has lead to RDH earning BS degrees on other disciplines – continue to focus on expanding the RDH scope of practice and including needed knowledge in the entry level curriculum and CE courses.
- Implementation of a midlevel provider – continue to pursue this model of care delivery in the state.
Next Steps

- Maintain student involvement in the pursuit of the midlevel provider through supporting the Legislative Committee of the Connecticut Dental Hygienists Association
- Making the Fones Clinic a presence to more communities and populations in need of oral health care
Foothill College
Dental Hygiene
AS to BS program transformation

PHYLLIS SPRAGGE, RDH, MA
PATTI CHAN, RDH, MS
Current Description of the Program (Why is it time to change?)

- Grant Bachelor of Science degree
  - Legislation allowing community colleges to offer baccalaureate degree as pilot program
  - Workforce needs in the state of California
  - Teledentistry and scope of practice: RDH & RDHAP
  - Employment opportunities for graduates
Description of new model

- Added units and restructured curriculum
  - Upper division general education
    - Research Methods for Health Professionals
    - Health Across the Lifespan
  - Year long research/capstone courses
  - Communication & cultural issues course
  - Healthcare management course
  - Education Theory, practice & administration course
Challenges faced (with resulting Action Plans)

- External
  - College accrediting body
  - California State University concerns
  - New for California Community Colleges – no model

- Internal
  - College curriculum approval process
  - Integration of college systems to accommodate and implement the BS-DH program
Next Steps

- Hire additional adjunct faculty
- Create the materials/content for courses
- Continue campus conversations and coordination
- Prepare for ACCJC site visit
- Professional development for faculty
- And lots more!
Dental Hygiene Program
Ivy Tech Community College – East Central Region

FACULTY MEMBERS INVOLVED (WITH DEGREES LISTED)
JOYCE C. HUDSON, RDH, M.S.
Current Description of the Program (Why is it time to change?)

- The dental hygiene program at Ivy Tech Community College is a two-year dental hygiene program.
- Graduates are awarded an Associate of Applied Science Degree.
- Various factors have prevented the inclusion of IPE as a more integral part of our curriculum.
Description of new model – Step One

- Our plan is a two-step process.
- Step one involves incorporation of an IPE component as part of the community program planning and evaluation project that is completed during spring semester.
- Each phase of the project has a specific rubric.
- Each rubric was modified to include criteria to assess the inclusion of IPE during each phase.
- This was completed during spring 2016.
The dental hygiene program has a partnership with Open Door Health Services. Currently the dental hygiene students complete a clinical rotation at Open Door.

Open Door is a federally qualified health center located in Delaware County, Indiana.

The dental hygiene program is located in Madison County, Indiana.

Step two will involve working with Open Door to develop a new clinical rotation for the dental hygiene students. The dental hygiene students will work in conjunction with health care professionals at Open Door who treat individuals with diabetes and also those who work in child and maternal health.
Challenges faced (with resulting Action Plans)

- Open Door Health Services recently received a HRSA grant to expand services from Delaware County to Madison County, including dental services.

- Open Door staff will provide the restorative dental services in the dental hygiene clinic at Ivy Tech Community College.

- This is a huge project for both Open Door and myself. Unfortunately our focus has been on the implementation of this project and we’ve had limited time to further refine the IPE project.
Next Steps

- Continue to work with Open Door Health Services to have step two of our plan implemented during fall semester 2016.
- Development of an in-service for health care professionals at Open Door who will be working with the dental hygiene students.
- Development of an orientation session for dental hygiene students prior to working with the various health professionals at Open Door.
- Development of appropriate feedback and evaluation tools.
Current Description of the Program

- A 2 year Associate of Applied Science in Dental Hygiene
- Students must complete 1 year of pre-requisite courses
- Program is a total of 84 Credit Hours

- There is currently not a BSDH program in the state.
- Would like to offer the dental hygiene students the opportunity to earn a BSDH
- Only need 120 credits for a BS degree. Our students need 36 more hours.
Description of new model

- Students would be concurrently enrolled at MTC as well as the University of South Carolina (USC).

- Students would be able to transfer 72 credits to USC towards the BSDH.

- 45 credits would have to be taken at USC.

- Students would be awarded an AAS degree from MTC and then within 2 semesters complete the BSDH degree at USC.
Challenges faced (with resulting Action Plans)

- Administrative changes within our own College and getting “buy in”
- Opening lines of communication with the USC
- Competition from new BS in Healthcare Studies from MUSC
Next Steps

- Meet again with our Department Chair, AVP for Career Programs and bring in the VP for Academic Affairs

- Establish support from our own school as well as the dental hygiene programs within the state.

- Begin discussions with both the School of Nursing as well as the School of Public Health at USC
Transforming Dental Hygiene Education

Minnesota collaboration abounds - innovative dual enrollment momentum…

Program Chair, Debra J. Sidd
A Partnership leading the way…

Normandale Community College
and
Metropolitan State University

establishes the ground work and pathway for other MN Dental Hygiene programs!

Achieving a Goal:
Simultaneous, seamless, flexible pathway for all MN DH associate degree seeking students to earn a baccalaureate degree… A partnership leading by example and engaging students in online coursework emphasizing leadership, advocacy, communication, integrated health care and research.
BSDH courses

- Designing and managing Teams in health care
- Current and relevant topics for the Dental hygienist
- Management of Oral health care Delivery
- DH Care for Culturally diverse & special needs populations
- Evidence-Based Dental hygiene practice
- Restorative functions Theory and lab
- Educational concepts in dental hygiene
- Dental Hygiene Capstone

Preparing future dental hygienists with the knowledge, skills and values to meet the challenges of today’s health care needs and to be instrumental in effectively integrating Dental Hygiene into interprofessional health care systems…
Multifaceted efforts, unity and commitment

Required of:
- students
- educators
- administrators
- admissions
- enrollment
counseling/advising
- financial aid

Challenges with task at hand…
Old Dominion University

Idea Fusion

Gene W. Hirschfeld School of Dental Hygiene

Susan J. Daniel RDH, PhD- Project Lead
Denise M. Claiborne BSDH, MS, PhD(c)- Project Lead
Ann Bruhn BSDH, MS
Joyce Flores BSDH, MS
Walter Melvin DDS
Gayle McCombs RDH, MS
Tara Newcomb BSDH, MS
Sharon Stull BSDH, MS
Lynn Tolle BSDH, MS
Current Description of the Program (Why is it time to change?)

• Gene W. Hirschfeld School of Dental Hygiene, Old Dominion University has three distinct programs.

• Transformation will focus on BSDH Entry-level program for project.

• Modifications are timely due to:
  
  ✓ Cultivation within the institution to support an IPE and entrepreneurial atmosphere.

  ✓ The state of Virginia legislative and scope of practice changes for the dental hygiene profession such as remote supervision and use of lasers.
Description of new model

Curricular modifications will incorporate business, entrepreneurial and IPE threaded throughout the curriculum.

Some specific examples:

- IPE efforts with student physician assistants, nurse practitioners, counseling and medical residents.
- More inclusion of telehealth and mobile oral care within the curriculum.
- Implement curriculum related to laser use in oral care.
- Incorporate knowledge, skills, and preparation to function under remote supervision.
- Support and promote ADHA recommended curriculum domains for advancing the profession into current competencies.
Challenges faced (with resulting Action Plans)

<table>
<thead>
<tr>
<th>Challenges Faced</th>
<th>Action Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scheduling and space within the institution.</td>
<td>Work with appropriate institution personnel to address scheduling and space concerns.</td>
</tr>
<tr>
<td>Identifying clinical sites outside the of SODH.</td>
<td>Identify potential clinical sites outside of SODH and seek the appropriate accreditation approval.</td>
</tr>
</tbody>
</table>
Next Steps

- Review/modify SODH vision and mission statements.
- Revise curriculum mapping, add program competencies related to the ADHA proposed curriculum domains for each course.
- Determine overlaps, repetitive and missing content.
- Obtain the appropriate personnel needed to develop faculty knowledge and skills in use of lasers.
- Work with other health care programs within and outside the university to foster interprofessional education.
The School of Dental Hygiene at Old Dominion University would like to thank ADHA and ADEA for this opportunity
FAITH Y. MILLER, RDH, MSED, ASSOCIATE PROFESSOR & DIRECTOR
FYMBAGS@SIU.EDU

JENNIFER S. SHERRY, RDH, MSED, ASSOCIATE PROFESSOR & FACULTY
CLNTETH@SIU.EDU
Changes

1. Online degree completion program approved Fall 2015.
2. Final memo to “affected officers” received March 6, 2016
Description of the new model

- SIU has an approved online degree completion program with anticipated enrollment beginning Summer 2016.
- “The primary focus of the education and management specialization is to allow students who wish to enter either dental hygiene education or management the opportunity to learn and develop the skills necessary for success in these two environments. Thirty one credit hours of management/education coursework are required as well as the general education and senior institution requirements for the university. A total of 120 credit hours are required for the baccalaureate degree.”

http://sah.siu.edu/undergraduate/dental-hygiene/dh%20online%20management%20education/
Challenges faced

1. Funding to promote the online program

2. Partnership with IDPH to implement the Oral Health Workforce Grant
   A. The program is to help integrate the ADA CDHC model into existing DH curriculum.
   B. Because the program is online, SIUC is looking at a cost-effective way to implement into the newly created online DC program without the need for additional faculty.

3. “Always and forever”: the Illinois state budget…
Next Steps

1. Discuss the role of the SIU DHP with the OHWG
2. Implement the online DC program
3. Continue to promote program
4. (Short & Long-term) survey participants and use feedback to make improvements if needed
5. Increase collaborations with other allied health and non-allied health professionals (IPE)
6. Evaluate after first cohort completes the curriculum.
Texas Woman’s University

AMY TEAGUE, RDH, MS
ASSOCIATE CLINICAL PROFESSOR
Current Description of the Program (Why is it time to change?)

- Recently integrated this new model of “just in time teaching”
- Revamping the Professional Entry Pathway (our onsite students)
- Created a new Dual Enrollment Pathway (affiliation agreements with AAS DH programs). Currently 4 programs have joined and 2 additional are seeking partnership.
Description of new model/Professional Entry

- It is currently in the “new” transition: “Professional Entry Program” has implemented IPE across our curriculum with Catch 1, and is working on a new one with the TWU Stroke Center in Dallas, Tx where our PT, OT, Nursing work currently. There is a possibility of implementing dental chairs into this clinic, as well.

- In addition we have just been approved to adjust hours in our program to include lab hours for our Orofacial course and a Research addition enabling hands on research projects.
Description of new model/Dual Enrollment

- As showed on articulation agreement, 30 hours of upper division online DH courses are taught to “distance-AAS, DH students” while they are simultaneously enrolled in the AAS program. TWU awards their DHYG hours as “block” credit (up to 30 hours) and the 2nd year clinicals are accepted at TWU as “upper-division” credit. This student obtains TX core completion, along with prerequisites of AAS DH program and TWU DH program @ AAS site, and transfers up to 60 hours of these in to TWU to arrive at the 120 hour BSDH requirement. 60-transfer in for Core and pre-req, 30 hours block from DHYG 6 of these are upper division (for most, this can vary slightly) then the 30 hours of online DH courses at TWU complete the 120 hours.
Challenges faced (with resulting Action Plans)

Prof Entry:
- Time, as we consider whether it will be best to lose hours in other areas while incorporation IPE.

Dual Enrollment:
- The biggest challenge is that while we are teaching some of the courses for the AAS, others have some overlap. This is a challenge in that the AAS site sometimes has been taught the information, so it is “doubling” on the information obtained. We do our best to related the objectives to the “higher” level of learning, as these are upper level courses to enhance the “critical thinking” for these students.
- Group work can be a challenge with “off-site” students
Next Steps

Professional Entry:
- To continue moving to integrate IPE.
- This year we were just approved to edit out Professional Entry hours/courses. We added a lab for our Orofacial Biology course, a Research application course, so plan will be to implement these courses/edit the existing hours.

Dual Enrollment:
- We are now striving to integrate “best” practices for online education, which will improve delivery/effectiveness of learning styles.
Division of Dental Hygiene
University of Minnesota

LISA AHMANN BSDH, MED
PRESENTED BY BETHANY PALMSTEIN LDH, BS
Inter-Professional Education (IPE) is a priority at the University of Minnesota.

Plans are now in place for dental hygiene/dual curriculum students participate in IPE with other Academic Health Center students and Professionals.

**Goals:**

- Increase Inter-professional learning experiences for students in the Division of Dental Hygiene.
- Improve overall health of School of Dentistry patients.
Description of the new models

Pharmacist Collaboration: (Implemented fall 2015)
- Inter-professional collaboration with pharmacist in clinic over semesters 2-5.

Rotations in health care settings: (Implemented spring of 2016)
- Hospital transplant floor, Obstetrics floor, Cleft Palate Clinic

Community Teacher (CT): (fall 2016)
- The CT is a person who has one or more chronic health conditions. This person interacts with the health care students to teach them about living with chronic disease.
- Pairs second year medical students, pharmacy students, masters of nursing students, dental hygiene students and dual curriculum dental therapy students to act as a collaborative health team while interacting with the Community Teacher (CT).
Challenges Faced

- The primary challenge is to be recognized as a valued member of an IPE team.
  
  PLAN
  
- DH faculty will work closely with faculty from other health professional programs.
- Implement the IPE programs with faculty supervision to insure inclusion.
- Evaluate outcomes from all stakeholders perspectives.
Next Steps

- Implement the Community Teacher IPE experience fall 2016
- Evaluation of all three phases.
The End or the Beginning?

- Most dental hygienists know the history of dental hygiene; what we don’t know is the future.
- Opportunities abound.

- The goal is to transform dental hygiene education so that dental hygienists are integrated into the healthcare delivery system as essential primary care providers to expand access to oral health care.
Thoughts? Questions?
Resources

- ADEA State Updates 2013-2016; www.adea.org.
- Federal Trade Commission, December, 2013
- Transforming Dental Hygiene Education and the Profession for the 21st Century. ADHA.org
Save the Date!

CLL 2017
94th Annual Session
June 14-20, 2017 / Jacksonville, FL