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University of Washington School of Dentistry

Characteristics, Motivations, Attitudes and Values of the First Class of Dental Therapy Students at the University of Minnesota

Christine M. Blue, B.S.D.H., M.S.
Director and Assistant Professor
Division of Dental Hygiene
University of Minnesota School of Dentistry

9-372 Moos Tower
515 Delaware Street, SE
Minneapolis, Minnesota 55455
612-625-9121
bluex005@umn.edu

Abstract

Introduction: In 2009, Minnesota Governor Tim Pawlenty signed into law, a bill approving the creation of a new dental team member, the dental therapist. The intent of this legislation was to address oral health disparity by creating a dental professional that would expand access to dental care in Minnesota.

Purpose: The purpose of this study was to create a composite profile of the first class of dental therapy students at the University of Minnesota which will allow analysis of how their sociodemographic characteristics, motivations and values impact their socialization experiences in the School of Dentistry at the University of Minnesota.

Methods: Four surveys were administered to the dental therapy students: 1) the California Critical Thinking Test; 2) the Learning Type Measure; 3) Attitudes Toward Healthcare Survey, and 4) A Values and Motivation Survey which included demographic data. All ten students agreed to participate in this study and informed consent was obtained.

Results: The composite profile of the first dental therapy class depicts a older group of students with varied life experiences. They are a Concrete-Sequential learners who possess good critical thinking skills. The students have strong social values and have a clear commitment to provide dental care to underserved populations. The top three reasons given for choosing dental therapy was 1) to help people; 2) opportunity to provide patient care, 3) because it is a new profession. At this time, three students plan to work as a dental therapist in an urban practice, four in a rural practice, with the remaining students undecided. Four indicated they would like to practice as an advanced dental therapist. Students were asked to comment on the concerns/problems they most often face in the dental therapy program that create stress for them. The top three concerns were: 1) misunderstanding of what the dental therapist is, 2) negativity of the dental profession about dental therapy, 3) not knowing what the future holds for the dental therapy profession. When asked what motivates them to continue in the program despite of the stress, students most often cited, 1) the great service dental therapist will provide to the underserved dental population, 2) recognizing the opportunity to pioneer this new profession with dignity and professionalism, 3) excited to make history, 4) dental therapy combines my passions and targets those in need of dental care.

Conclusion: The implications of these findings are relevant to three important areas: recruitment methods, educational strategies, and retention issues. In addition, knowledge of this profile may help in reconciling any differences with regard to social values between faculty and students and assist faculty in creating an appropriate learning environment that encourages the development of a professional identity for the dental therapist in Minnesota

Learning Objectives:

The audience will be able to:

1. Identify the sociodemographic characteristics of the first dental therapy class at the University of Minnesota.
2. Understand motivational factors influencing career selection.
3. Discuss how profile characteristics impact the educational needs of dental therapy students.

Metropolitan State Model for Oral Workforce Development: The Dental Therapy and Advanced Dental Therapy

Colleen M. Brickle, RDH, RF, Ed.D.
Interim Dean of Health Sciences
Normandale Community College (and Metropolitan State University)
9700 France Ave. S.
Bloomington, MN 55431
952.487.8158
colleen.brickle@normandale.edu

Abstract:

Due to the projected shortage of dentists and emergency rooms serving as safety net clinics providers, the idea of a proposed *new* oral health practitioner to address the unmet oral health needs of under-served populations has been under discussion in the United States for the past decade. The American Dental Hygienists' Association took the lead on creating a new provider with the adoption of the Advanced Dental Hygiene Practitioner and Minnesota charged forward to pass legislation based on ADHA's innovative ADHP program.

In 2005, Metropolitan State University and Normandale Community College agreed to develop a master's level oral health practitioner program. During the process of completing a new program application, an advisory committee of dentists and other health professionals was assembled to oversee the process. In 2008, the Minnesota legislature, amid controversy, passed legislation establishing a new oral health practitioner discipline and appointing a work group to convene between legislative sessions and develop recommendations and draft legislation. During the 2009 legislation session discussion continued on approaches to improve access for underserved patients, control the cost of education and dental services, preserve quality of care, and protect patients from harm. A compromise was reached and on May 16, 2009, the Dental Therapy and Advanced Dental Therapy were signed into law.

Today there is determined resistance to this legislation that would significantly extend access to oral health care to Minnesotans who are uninsured and under-served. Metropolitan State University's program moved forward and admitted its first cohort of students while the legislative outcome was pending. This first cohort of pioneers will meet the dental therapy licensure requirements by 2011 and the advanced dental therapy certification by 2012. Until accreditation for the program is secured, the Minnesota Board of Dentistry will approve the program. This is the next challenge as well as the reality that the statute may be opened and revised.

Specific outcomes:

At the end of this poster session, participants' will be able to:

- Explain the difference between the dental therapist (DT) and the advanced dental therapist (ADT)
- Know the admission and graduation requirements for the Masters of Science Oral Health Practitioner program at Metropolitan State.
- Discuss the scope of practice for both the DT and ADT.

Incorporating a User Friendly Risk Assessment into a Dental Hygiene Clinic

Michele P. Carr, RDH, M.A.
Associate Professor and Chair, Division of Dental Hygiene
The Ohio State University College of Dentistry
305 W. 12th Avenue #179
Columbus, OH 43210
614-688-4897
Carr.3@osu.edu

Abstract

Risk Assessment is a key element in comprehensive preventative dental treatment. A risk assessment provides information that influences an individual's susceptibility for the onset and progression of dental diseases by guiding treatment planning and home care strategies. The objective of this program is to implement a multifaceted risk assessment tool that is comprehensive in scope while being practical to complete during the clinical appointment. The goal is to cover components necessary for an oral health risk assessment as well as offer action steps to guide the student through treatment and preventive actions. Currently, multiple risk assessment tools exist in the dental market. Many of these are disease specific, expensive or very comprehensive and require extensive time for data entry away from the patient. At The Ohio State University, Division of Dental Hygiene, a user friendly chair side risk assessment tool was created that encompasses current and potential restorative, periodontal, and oral pathology risks. It includes systemic links, genetic predisposition, socioeconomic and behavior status, previous dental disease, medications, nutritional habits, etc. One goal in creating this risk assessment tool was to complete the form chair side with the patient, thus making them an active learner in their care. Each component on the risk assessment form given a score of low, moderate or high risk and includes a narrative section for patient specific preventive care recommendations. It is updated yearly and is a baseline in determining where further behavior modifications are needed such as nutritional counseling or smoking cessation. This form is a component of the patient record which supports continuity of care between future student providers for reevaluation purposes. In summary, the implementation of the risk assessment program has guided students and patients through a convenient and thorough risk assessment that has been a useful aide in the comprehensive treatment of all dental hygiene patients in the College of Dentistry.

Objectives

From the information presented, participants will be able to:

- Describe comprehensive risk assessment components
- Develop an user friendly, interactive, chair side risk assessment
- Implement a risk assessment program during the clinical dental hygiene appointment

Assessment of the University of Michigan's Dental Hygiene Partnership with the Huron Valley Boys & Girls Club: A Study of Students' and Staffs' Perceptions & Service-Learning Outcomes

Authors: S. Christensen, RDH, B.S.D.H., and A. Gwozdek, RDH, B.A., M.A.

Presented by: Anne Gwozdek, RDH, B.A., M.A.

University of Michigan School of Dentistry

1011 N University-Room 3066

Ann Arbor, MI 48109

734-615-7749

agwozdek@umich.edu

Abstract:

Background: Boys & Girls Club of America (BGCA) requires health curriculum be taught. With the assistance of the University of Michigan (UM) Dental Hygiene program, these requirements have been addressed at the Huron Valley Boys & Girls Club (HVBGC) through dental hygiene students presenting oral health education to club members throughout the year. **Purpose:** This study assessed the outcomes and benefits of the service-learning initiative between the UM Dental Hygiene Program and the HVBGC from both the students' and staffs' perceptions. **Methods:** Three surveys were distributed: one to the HVBGC staff, one to UM's Dental Hygiene Class of 2012, with no service-learning experience at the HVBGC, and one to UM Dental Hygiene Classes of 2010 and 2011, most of whom had experience at the HVBGC. Qualitative and quantitative data was collected and evaluated. **Results:** The respondents from the Class of 2012 were less knowledgeable about the BGCA and access to care issues. Seventy-nine percent of the members of the Classes of 2010 and 2011 had HVBGC experience. The survey participants from these classes identified they had benefitted from this service-learning experience. The HVBGC staff survey indicated a high level of satisfaction with the student presentations and felt their curricular requirements were being met. Future topics of safety, orthodontics and gardening/nutrition were identified. **Conclusion:** This study indicates the service-learning initiative has been beneficial for both the UM Dental Hygiene students and the HVBGC. Future studies should use a longitudinal design to obtain baseline and post-service learning information from each class.

Learning Objectives:

- Describe service-learning needs assessment and outcomes from both the community agency & student perspective.
- Illustrate the integration of a year-round service-learning initiative within multiple aspects of the dental hygiene curriculum.

Access to Oral Healthcare in the Underserved Population

Kimberly G. Bastin, M.S., B.S.D.H.
University of Southern Indiana
8600 University Boulevard

Evansville, IN 47712
812-465-1155
kgbastin@usi.edu

Abstract

The underserved population is a community of individuals who are not having their dental and medical needs met. Due to personal circumstances, unemployment, or lack of insurance, the diverse population is substantially growing. The issue has escalated with the downturn of today's economy.

Due to concern voiced by the Evansville, Indiana hospitals and the local dental societies, an avenue to address the issue was put into place. In 2006 the Vanderburgh County Community Dental Clinic opened its doors. The focus of the clinic was to address palliative and emergency dental needs of patients in the tri-state area. Because of countless hours spent by the underserved using local emergency hospital rooms and urgent care centers for dental related pain, financial support was established through the tri-state medical community and local public health department. The VCC Dental Clinic has been inundated with patients needing oral health care. The clinic services have been in great demand but unfortunately the VCC Dental Clinic cannot accommodate all the patients needing dental care. Instead, the clinic seems to focus on emergency care and getting patients out of pain. Only minimal palliative or restorative care is provided due to the vast numbers of the underserved needing to be seen by the sole dentist supervising the VCC Dental Clinic.

The University of Southern Indiana Dental Assisting Program in a collaborative effort with the VCC Dental Clinic is serving clients referred from the VCC Dental Clinic and other social service organizations in the tri-state areas. The public health project is providing a service to the community, and a service learning practicum for the dental assisting students. The USI dental assisting clinic is open and available to the public on each Tuesday for sixteen weeks from 9:00 am to 4:00pm.

The USI Dental Assisting Program is providing treatment in the following areas: radiographs, oral cancer screenings, temporary fillings, root canal therapy, composite, and amalgam restorations. In addition to restorative and preventive care, oral health education is provided to the patients by the dental assisting students.

The project allows student clinicians an opportunity to serve the public and assist the tri-state with the overflow of individuals in the underserved population. The clients treated in this clinical setting are not the typical client. Instead they tend to have complex dental needs. Participation in client assessment and needs helps the dental assisting student clinician better understand why and what treatment should be provided by the faculty dentist. It allows the student an opportunity to utilize decision making and critical thinking skills.

The project spans an entire semester, starting January 2010 and ending May 2010. The successful outcome of the project could help to alleviate or diminish the number of underserved in the tri-state area. Upon final evaluation of the success of the service learning project, it is the goal of the USI Dental Assisting program to incorporate the on-site practicum into the dental assisting curriculum. The program goal is to provide oral health care treatment to approximately 100 patients. The number of patients treated would significantly impact the determination and the success of the program. Patient monitoring would be the responsibility of the program administrator. Program outcomes will be assessed by means of a client satisfaction survey and student course evaluations.

Specific Learning objectives to be attained from the information presented:

- How to initiate, operate, and sustain a dental assisting clinic practicum while providing needed oral healthcare to the underserved population.
- To encourage student clinicians to utilize critical thinking skills when providing treatment and meeting the needs of a diverse population.
- To afford the students and faculty an opportunity for learning experiences, and personal growth while providing a needed service to the client.

OVERVIEW OF A CURRICULUM MANAGEMENT PLAN

Kathleen O. Hodges, RDH, M.S., Chair and Professor
Idaho State University, Department of Dental Hygiene, STOP 8048,
Pocatello, Idaho 83209
hodgkat1@isu.edu
208-282-2744
hodgkat1@isu.edu

Abstract

Dental hygiene program administrators have a responsibility to facilitate continual and purposeful curriculum management. A program's curriculum is a result of the mission and vision statements; goals and competencies; and program philosophy. The outcome of curriculum management is to create a comprehensive, innovative and engaging curriculum that meets the needs of the dental hygiene program and its faculty and students. The curriculum also should be futuristic in ideas, theories, and application to prepare students for dynamic practice. The principles of inquiry, evidenced-based education, cultural competency, self-assessment, critical thinking, lifelong learning and interprofessional education are just a few of aspects that must be addressed to educate the oral health care professional of tomorrow.

This process of curriculum management involves a two-year cycle for 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, instructor self-evaluation of courses, course evaluation by students, comprehensive discussions about revisions, and consensus building. The detailed curriculum process 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*. Planning involves assessment of the needs of the overall plan including steps and format used to carry out the plan. Curricular goals and objectives for accomplishment are helpful for structuring this phase and for the next phases of the process. Implementation is the achievement of the steps of the plan and modification involves implementing the outcomes through meetings and consensus building. Evaluation and reflection of the plan and its outcomes only can occur over time. This process is but one model of a four-phased curriculum management plan.

Learning objectives attained from this presentation include:

The educator and/or administrator will:

1. Understand the phases of a comprehensive curriculum management plan.
2. Be introduced to the steps and processes of the overall plan.
3. Recognize the value of instructor self-evaluation, course evaluation and detailed course reviews in an overall curriculum management process.
4. Have an opportunity to discuss the implementation of a comprehensive curriculum management plan into their educational environment.

Assessment of the Skills and Education Necessary for a Baccalaureate Prepared Dental Hygienist to Pursue an Entry Level Role in Clinical Research

Authors: J. Stanley, RDH, B.S.D.H., J Kinney, RDH, M.A., M.A., and A. Gwozdek, RDH, B.A., M.A.

Presented by: Wendy Kerschbaum, RDH, MA, MPH

University of Michigan School of Dentistry

1011 N University-Room 3066

Ann Arbor, MI 48109

734-763-3387

wendyek@umich.edu

Abstract:

OBJECTIVE: To assess the skills and education perceived as necessary for a baccalaureate prepared dental hygienist to pursue an entry level role in clinical research. **METHODS:** An electronic survey developed and distributed to 124 dental hygienists. The survey was emailed twice during a 1 week period. **RESULTS:** Survey response was 45% (n=56). Of the 56 respondents, 71% (n=40) met the inclusion criteria of a baccalaureate level of education and having current and/or previous clinical research experience. The majority of respondents agreed that the University of Michigan Degree Completion and the Society of Clinical Research Associates (SOCRA) program competencies align with the skills and education needed to pursue an entry level role in clinical research. Grant writing skills and the ability to prepare a manuscript for submission to a peer –reviewed journal was not perceived as necessary for an entry-level position. **DISCUSSION:** The study revealed that both education and mentoring are integral components for pursuing a career in clinical research. Expanding upon the research-related competencies of dental hygiene program curricula is one avenue for achieving these recommendations. **CONCLUSION:** Clinical research is a viable career option for dental hygienists. Obtaining a baccalaureate level of education will assist with acquiring entry-level clinical research skills. Additional education is necessary to expand clinical research opportunities.

Learning Objectives:

- Discuss the role of the dental hygienist in clinical research and the associated educational preparation for this career option.
- Identify research-related competencies within the dental hygiene curriculum that contribute to the skills and knowledge needed for a baccalaureate prepared dental hygienist to pursue an entry level role in clinical research.

Professionalism: Yesterday, Today and Tomorrow

Gail “Renee” St. Pierre-“Piper”, RDH, B.S., M.A.
Dental Hygiene Coordinator
Iowa Central Community College
515-574-1335
piper@iowacentral.edu

Abstract

The poster presentation will examine a historical perspective of expectations through out the years in regards to professionalism 1901-2010 and beyond. Is there a generation gap in what was then and what is now in regards to professionalism? What is professionalism? Defined includes: communication, loyalty, organizational membership, appropriate dress and mannerisms, respect, behavior towards peers and authority, stress and time management. What are the inconsistencies between academia and the “real” workforce? Are there academic and workplace education disparities, what are the variances of professionalism between school and workplace?

Explore the inconsistencies and variances between faculty, between faculty and students, and what about lack of standards? Expectations of professional demeanor, verbal and non-verbal body language, and fashion in the workplace.

Solutions to improve students, (and faculty) professionalism including simulating the DH program as a workplace; students have a job, teachers are the supervisors. The program must sharing expectations, establishing contracts, provide opportunities, have ongoing assessment, providing feedback and imposing consequences-rewards.

Having the program develop and consistently demand that the students demonstrate the professional behaviors will bring about many things including; the transfer to workplace, retention rates increases, completion rate, employability rates, and increased awareness of what professionalism is among students and favorable employer evaluations.

After the poster presentation the participants will be able to

- Describe student professionalism issues faced by faculty
- Identify the probable causes
- Discuss theory /evidenced based solutions
- Program activities to be implemented

Collaborative Smiles: Iowa Central Community College Dental Hygiene Program and the Community Health Center Fort Dodge Collaboration

Gail "Renee" St. Pierre-"Piper", RDH, B.S, M.A.
Dental Hygiene Coordinator
Iowa Central Community College
One Triton Circle
Fort Dodge, Iowa 50501
515-574-1335
piper@iowacentral.edu

Abstract

The poster presentation will inform the participants of the development of a partnership and a Memorandum of Agreement between the Iowa Central Dental Hygiene Program and the Community Health Center Fort Dodge, (CHCFD). A Memorandum of Agreement was developed to make available the dental hygiene clinic facilities for the CHCFD to provide urgent and restorative dental care to the people in Fort Dodge and surrounding communities' with-out a dental home. In return the dentist is supervising the clinic session of the dental hygiene program.

Iowa Central Community College in Fort Dodge Iowa began its Dental Hygiene journey five years ago with the initiation of a new Dental Hygiene program. Since its inauguration the program has attempted to provide increased provision of dental hygiene preventative care, education and increased access to restorative and urgent dental care to the surrounding community populations in need of a dental home.

Iowa faces several challenges in assuring children and families have access to dental care. House File 906, which was passed by the 2007 legislature included, was the following mandate: *"By July 1, 2008, every recipient of medical assistance who is a child twelve years of age or younger shall have a designated dental home and shall be provided with the dental screenings and preventive care identified in the oral health."*

The Community Health Center of Fort Dodge (CHCFD) opened its doors on April 17, 2005 after receiving federal funding to become a Federally Qualified Health Center under the United States Health and Human Services Administration (HRSA) and the regulations of the Bureau of Primary Health Care. The dental clinic has not opened; however, plans are underway to provide these services.

The Community Health Center of Fort Dodge (CHCFD) has recently hired a dental director Dr. Paul Robertson and a collaborative Memorandum of Agreement was developed to partner Iowa Central Community College Dental Hygiene Program with the CHCFD to enable the CHCFD to utilize the DH clinic as the temporary home of the CHCFD Dental Clinic to provide urgent and restorative care. The partnership began in July, 2009. Dr. Robertson supervises the DH clinics when clinics are in session and provides dentistry out of two operatories in the clinic, four when DH clinics are not in session. It is hoped after the CHCFD dental clinic is completed the DH students will rotate through the CHCFD dental clinic to provide dental hygiene services to the CHCFD clients.

After the poster presentation the participants will be able to:

1. Create possible partnerships for DH programs and Community Health Centers
2. Examine the details in the Memorandum of Agreement
3. Construct similar agreements with partners in their communities
4. Ask questions regarding the partnership between ICC and the CHCFD

NAU Athletes Oral Cancer Screening Program

Marge Reveal RDH, M.S., M.B.A.
Fred Summerfelt RDH, M.S.
Northern Arizona University
Department of Dental Hygiene
PO Box 15065
Flagstaff, AZ 86011-5065
(928) 523-0520
Marjorie.Reveal@nau.edu

Abstract

The death rate from oral cancer has not improved in the past 50 years because it often is not recognized soon enough. The NAU Athletic Trainer estimates that 20% of all NAU football players are using smokeless tobacco and other NAU athletes may also be using smokeless tobacco. Oral cancer is the sixth most common diagnosed form of cancer in the US. Thirty thousand people are diagnosed each year but the survival rate is only 50%. One of the major risk factors is tobacco use. Twenty five percent of all newly diagnosed cases have been patients under 40 with no known risk factors.

Oral cancer screenings are currently done with a visual and manual exam of the oral cavity, head and neck. New technology may provide earlier detection of potential oral cancer lesions. One is the VELscope portable scanner which provides a cone of blue light which causes healthy oral tissue to fluoresce but suspicious areas to appear dark. This technology claims to detect lesions before they can be seen with the visual intraoral exam.

The project has received IRB approval from Northern Arizona University. The methods used are to get athlete approval to complete an oral survey that asks athletes to self-disclose whether they use tobacco products. They are asked how often they have used tobacco products in the last month. Each athlete receives the traditional extra and intraoral exam and then is screened with the VELscope. If an athlete wants to quit using tobacco, he is given tobacco cessation education and may also be referred to ASHLine.

This project is a work in progress. To date, 78 football players have been screened. Seventeen had oral lesions due to tobacco use. Of those 17, 14 had lesions that could be detected from the visual exam but all 17 players had lesions detected by the VELscope. Six players were evaluated a second time and 2 had quit using smokeless tobacco and no longer had an oral lesion that could be detected with the visual exam or the VELscope. Those 6 players were evaluated by the clinic dentist and she determined that none would be referred to an oral and maxillofacial surgeon at this time. We will continue to follow all 17 players. The plan is to screen other athletes during the spring 2010 semester.

The objectives of this poster are:

1. Evaluate visual intraoral exams as compared to the VELscope for detecting oral cancer
2. Assess why university athletes start using smokeless tobacco products
3. Educate dental hygiene students about the importance of screening university students for oral cancer
4. Teach dental hygiene students to use the VELscope
5. Provide tobacco cessation education for university athletes.

Dental Hygiene Students Providing Care to Patients with Special Needs in a Multidisciplinary Center

Ambrosino, A.T., RDH, B.S., DHPHP; *Riccelli, A.E., RDH, M.S., Ranalli, D.N., D.D.S., M.D.S.

University of Pittsburgh School of Dental Medicine

Dental Hygiene Program

B-82 Salk Hall

3501 Terrace Street

Pittsburgh, PA 15261

412.648.8432

Riccelli@pitt.edu

ABSTRACT

In September 2008, the University of Pittsburgh, School of Dental Medicine (SDM) dedicated a newly renovated, fully-equipped, multidisciplinary Center for Patients with Special Needs (CPSN). The impetus for this expansion was based on the escalating demand for dental services by persons with disabilities as well as the commitment by the SDM to enhance its didactic curriculum and clinical experiences in special needs dentistry for its specialty residents, first professional dental students, and dental hygiene (DH) students. In addition to these primary goals, the SDM projected that with this additional training, our graduates will be more likely to transition these services into their future dental practices. The purpose of this report is to describe The Dental Hygiene Program (DHP) enhancements in the area of special needs dentistry.

The enhancements to the DHP related to goals of the CPSN resulted in the development of a curriculum continuum throughout the DHP. During phase-one, DH students receive four hours of didactic instruction through seminars in the DHP. In addition, first-year DHP students spend one session per week over 30 weeks observing or assisting dental students or specialty residents in the CPSN. During phase two, DH students are registered and evaluated in a one-credit course (one-hour per week for 15 weeks) along with the third- year dental students for multidisciplinary presentations related to special needs dentistry. During the fall and spring terms of the second-year, DH students are scheduled for three to five clinic sessions in the CPSN for patient treatment.

Preliminary data indicate that the number of encounters and services provided by DH students for patients with disabilities has increased. Performance of the DH students in the multidisciplinary didactic course was above average. Comments from DH students have been uniformly positive. Our goal is to expand the outcomes assessment for these experiences through formal exit evaluations at the conclusion of the program as well as alumni surveys to determine DHP effectiveness in stimulating the incorporation of patients with disabilities into the private practice setting.

CONCLUSION: The DHP at the University of Pittsburgh may be in a unique environment to offer multidisciplinary educational experiences in special needs dentistry to its students that will translate into the private practice environment.

Learning Objectives:

- Participants will have an understanding of the importance of incorporating special needs didactic and clinical instruction into dental hygiene curricula.
- Participants will evaluate the importance of integrating didactic and clinical instruction in dental hygiene programs in order that dental hygiene students develop greater comfort levels and skill sets for treating patients with special needs.
- Participants will be exposed to the advantages of a dental hygiene program's affiliation with a dental school, university and major medical center.
- Participants will recognize that one of the major factors for the lack of access to dental care by special needs populations is related to the level of professional education and clinical management of treatment modifications.

- Participants will be familiar with the educational training for direct care, behavioral management and compliance required by this population.

Integrating Spanish Language & Culture into a Dental Hygiene Curriculum

Lisa J. Rowley, CDA, RDH, M.S.
School of Dental Health Science
Pacific University
222 SE 8th Avenue, Suite 271
Hillsboro, OR 97123-4218
503-352-7252
lisajrowley@pacificu.edu

Abstract

Pacific University's dental hygiene program is located in a community with a high percentage of low-income people of Hispanic origin. The majority of this population speaks only Spanish and most have never received prior dental treatment due to language, cultural and economic barriers. Spanish language and culture has been incorporated in a variety of ways throughout Pacific's dental hygiene curriculum to help students communicate more effectively with these patients and enhance student understanding of the unique needs of this underserved population. Student, faculty and patient response to this curriculum innovation will be presented.

Learning Objectives:

1. Explore ways to incorporate Spanish language and culture into a dental hygiene curriculum.
2. Assess student, faculty and patient response to including Spanish language and culture in a dental hygiene curriculum.

Dental Hygiene Educators for the 21st century: The University of Washington Experience

N.J. Wells, B.S. RDH M.P.H., C.M. Lloid, RDH, B.A., M.S., K. H. Huggins, RDH B.S., M. Chin, B.S., RDH, M.Ed., FADHP, T. Morton, D.D.S. M.S.D., and R.B. Presland, Ph.D. ,
University of Washington School of Dentistry
1959 NE Pacific Street
Seattle, WA
206-543-5820
nwells@u.washington.edu

Abstract

Objectives: (1) Provide information about the Oral Biology-Dental Hygiene Educators graduate program at the University of Washington (UW), (2) Provide data on graduate outcome. Background: The UW School of Dentistry has a long tradition of graduate education in dental hygiene, emphasizing specialized training in the basic and oral sciences as well as teaching methodology. Currently it is a non-thesis program, however, students are encouraged to carry out laboratory research and present their work at dental or dental hygiene research and professional meetings. Students generally complete clinical rotations in one of several UW dental clinics, such as the DECOD clinic that specializes in treating patients with developmental disabilities. Most graduates have gone on to teaching positions at universities or community/technical colleges. Others have continued into our PhD program. We plan to expand this small but successful graduate program to include an Applied Science Pathway option, which would add courses in Oral Medicine, Hospital Dentistry, and Pediatric Dentistry. In addition we plan to add a capstone project to provide a more formal research experience for students. The capstone project would involve carrying out a basic sciences or clinical research project, writing a research report, and presenting the work to colleagues and at national meetings. Our program has many unique qualities, including its intensive hands-on training in both the basic and dental sciences; opportunities to undertake study as teaching interns with dental and dental hygiene students at community/technical colleges or universities; and clinical training with special needs patients and other underserved populations at UW clinics. This poster presentation will summarize information on both the current established pathway and the proposed future program, as well as provide data on graduate outcomes.