Career Expansion Opportunities for Dental Hygienists
By Mariam Pera

As the dental hygiene profession embarks on its journey forward, dental hygienists will have the chance to expand their career paths beyond private practice, with community and public health leading the way. The ADHA environmental scan revealed that in the current job market, there are more dental hygienists earning licenses than there are private practice jobs available. The scan also noted a vast shortage of dental hygiene educators. Over the last decade, enrollment in dental hygiene programs across the U.S. has grown 20 percent, driven largely by private, for-profit programs. This may be leading to oversupply and underemployment of dental hygienists in some urban areas, especially where several dental hygiene education programs exist. These findings reinforce ADHA's support in expanding work opportunities for dental hygienists.

Creativity will be essential for dental hygienists seeking work in the coming years; the phrase 'think outside the box' might be a useful mantra. Unlike other educational programs, dental hygiene curricula are centered on working in clinical practice. This may make it a little difficult for dental hygienists to consider other types of work—education or research, for example—because their preparation is so focused. However, many dental hygienists are finding new environments in which to work. They are doing so by recognizing needs of employers and by being able to 'sell' their educational background and expertise to that employer. These might include opportunities in the corporate world, public health, research or education.

Any non-traditional work setting involves dental hygienists being able to explain why their knowledge qualifies them for a position, or why their skills and expertise can create a new position by addressing an unmet need.

Collaborative practice settings provide a number of new prospects for dental hygienists, and can help alleviate the access to care problem in the U.S. "There are vast opportunities for collaborative health care practice in many settings across the spectrum of health care," said Pamela J. Steinbach, RN, MS, director of ADHA’s Division of Education. "For example, there are opportunities for dental hygienists and nurses to collaborate on oral health care needs of patients/residents in long-term care facilities, home health care, and also in school-based settings. The increasing evidence of the link between oral health care and systemic health is also compelling as a reason for increased collaboration between dental hygienists and other health care professionals. Health care professionals all share common goals of providing clinical care that results in improvement in patient health outcomes, as well as improved patient experiences. Patients expect that health care professions, including dentists, dental hygienists, nurses and physicians should be communicating with each other and working collaboratively for commons health care goals. This is the way that we should be practicing and also educating future health care professionals."

Fred Summerfelt, RDH, AP, MEd—the subject of the "Working" column in the July 2011 issue of Access—works as an assistant professor in the dental hygiene department at Northern Arizona University. Summerfelt utilizes teledentistry to provide access to dental care to rural communities in Arizona, and brings his students along so they can see a different work atmosphere. He acquired his affiliated practice license in an effort to increase his autonomy as a dental hygienist.

"Arizona’s Affiliated Practice Dental Hygiene Statute allows qualified dental hygienists to affiliate with a dentist and practice in public health settings without general supervision," Summerfelt said. "Without question, the services I provide as an affiliated practice dental hygienist are the most satisfying aspect of my practice."
Caries Management by Risk Assessment (CAMBRA)
By Jean Majeski

In 2009, Access published two articles on caries risk assessment (CRA) and caries management by risk assessment (CAMBRA). One of the major themes of these articles was that while many dental hygienists are taught to assess risk as part of their education, for various reasons, not all practice settings have implemented CRA/CAMBRA.

Earlier this year, Access asked subscribers to ADHA Update, ADHA’s email newsletter, to tell us whether they were using CAMBRA in their provision of patient care. One respondent said that her office was in the process of investigating different caries management programs, adding that everyone on staff was participating and she looked forward to implementing a program in the near future. Another, Judy Riggan, RDH, of Nashville, Tenn., said that she had discussed how CAMBRA could benefit her patients and practice with her employer/dentist several times.

“My employer supports my instituting CAMBRA for my patients,” Riggan wrote, “but the entire team needs to be educated and on board for CAMBRA to be effective.” This sentiment echoed the sentiments of sources interviewed for the earlier Access article (March 2009, page 23): “For the office just starting to implement CRA/CAMBRA … implementation must begin with the whole dental team understanding the evidence supporting the need for it, as well as the associated clinical guidelines.”

The first of ADHA’s Standards for Clinical Dental Hygiene Practice is Assessment, and the third section of that standard is Risk Assessment, which, according to the Standards document, “provides the clinician with the information to develop and design strategies for preventing or limiting disease and promoting health.” Standard 3, Planning, uses the findings to create the dental hygiene plan of care, which then becomes part of the overall dental treatment plan. Planning includes the communication of the plan to the patient and explanation of the evidence that supports it.

“I routinely discuss diet, demonstrate proper plaque removal, recommend/dispense ClinPro5000 (or less often MI Paste), and recommend xylitol gum or mints for patients with moderate to extra high caries susceptibility,” Riggan wrote. But unlike the majority of the sources from the 2009 Access article, she does not find that all of her patients immediately accept the plan once presented with the supporting evidence.

She characterized her practice as “very insurance driven,” adding, “We have a great challenge convincing patients that recommended services are beneficial and advisable regardless of their dental assistance benefit’s limitations. The majority of our patients are not willing to pay out of pocket for three- or four-month recare visits, fluoride varnishes, frequent bitewing X-rays, caries susceptibility tests, etc.”

Riggan believes that some dentists may resist implementing CAMBRA because it has the potential to decrease their incomes. “Dental assistance benefit providers would do well to change their fee structures to include more preventive therapies,” she wrote. “I do not believe CAMBRA will be practiced in the majority of dental offices across the United States until the American Dental Association educates dentists and benefit providers of its benefits and institutes a major campaign in favor of CAMBRA becoming standard of care.”

Dental Hygiene Licensure
By Josh Snyder

There have been many efforts to restructure dental hygiene licensure, specifically regarding the clinical examination. Unlike the written exam, the clinical is not nationally recognized—no single exam is accepted in all 50 states. Dental hygienists often find mobility, or lack thereof, to be a factor when deciding on a new job or relocating.

The idea of creating one national clinical exam is a hypothetical one—with the laws written as they currently are, it is not an issue that will likely change anytime soon. However, there have been efforts to make at least one of the five regional clinical exams available in every state. These movements lead to an array of conversations, such as the merits of national clinical exams, and the need of a clinical exam in the first place. Each dental hygienist has an opinion on national clinical exams, and we have included two of those below.

Lynn Ray, RDH, BS
Director of Analysis
Central Regional Dental Testing Service

Q: How would a national clinical exam affect the profession?
A: It would obviously give the profession optimal mobility. Several attempts at a national exam have been made, and efforts continue