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## A Model for Effective Change

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A Memphis, Tennessee landmark is coming down. Once reported to be the world's largest privately owned hospital, Baptist Memorial Health Care Corporation's flagship high-rise hospital is being torn down in stages. The hospital, along with some associated buildings in the Memphis medical center, will be replaced with several smaller buildings designed for other health-related uses, including research and biotechnology development. When the corporation's administrators announced in a press conference several years ago that the medical center hospital would be closing, it was hard to imagine the closing's ultimate effect on the medical center and the tri-state area of western Tennessee, eastern Arkansas, and northern Mississippi.



A Memphis medical center without the Baptist Hospital buildings was, at first, especially unimaginable to health care professionals who had lived out their careers there. In fact, many people even outside Memphis reported feeling melancholy about the hospital's destruction because they view it as an important landmark, as the place where Elvis Presley was pronounced dead in the emergency room.

Several years have now gone by since the hospital's plan to close was made public, and many of the hopes and expectations for using the vacated space have already been fulfilled, or will be very soon. The Memphis area health care community has adapted to the closing and, through collaboration, has achieved numerous positive outcomes. The resulting outcomes have not always been easy or painless to achieve, but the future now promises opportunities for numerous initiatives to meet the area's future health care needs and to stimulate growth in the overall health-related industry of the entire mid-South.

I'm sure that by now you're probably wondering what in the world all this has to do with dental hygiene and with you in particular. Well, I believe this true story provides an excellent example of how one dramatic change initiated by one powerful member of a community's health care industry can lead to even greater changes that, more often than not, provide benefits to individuals and groups within the community who were at first highly resistant to the change.

Not all changes in health care are as dramatic as the change in the Memphis Baptist Memorial Hospital System, thank goodness. However, the changes that many dental hygienists would like to see in the oral health care delivery system may be quite unsettling for others. One thing is certain - major changes to the oral health care system are coming, and the primary forces for change are originating outside the professions of dentistry and dental hygiene.

Emboldened by previously unavailable outside encouragement, dental hygienists across the country are now more visionary and supportive of changes being proposed to meet consumer needs through greater access to oral health care. Now when an opportunity arises, we are less likely to gasp in disbelief, or engage in useless rhetoric, or get bogged down in endless processes until the opportunity passes us by.

For months, American Dental Hygienists' Association (ADHA) committees and councils have been hard at work in developing the concept and articulating the curriculum and appropriate educational credential for the advanced dental hygiene practitioner. The ADHA House of Delegates will consider a report regarding the matter during the ADHA 2005 annual session. Shepherding the proposed advanced level of dental hygiene education and practice through the various stages to completion will require the utmost skill and diplomacy to achieve a positive outcome.

Because all dental hygienists are major stakeholders in the oral health care industry, we must each take a personal interest in making sure that the advanced dental hygiene practitioner becomes a reality. Equally as important, we must each be concerned and actively involved in new programs and activities to increase the public's access to oral health care. We must develop plans for change and then follow them to completion.

Dental hygiene's plans simply must include a research component. While I'm confident that ADHA planners have discussed this issue, the extent to which dental hygienists embrace the research aspect of professional development remains unclear to me.

Yes, I know that the ADHA strategic plan includes research goals and objectives, and I believe they represent a good effort. However, I know we are capable of doing much more with just a little more effort. I would still like to receive more research manuscripts that contribute significantly to the dental hygiene body of knowledge. This is one of those uncomfortable areas that I challenge you to think about. Perhaps there are changes you could make for the benefit of dental hygiene even though you know they will be uncomfortable at first.

I'm quite certain that long before the Memphis-based Baptist Memorial Health Care Corporation announced the closing of its flagship hospital, the leaders and decision-makers had agreed on a growth plan that enabled them to visualize their corporation well into the future. That plan no doubt included the specific actions they would take, systematically and step-by-step, to achieve their goals. I'd be willing to bet that they left nothing to chance. Seems like a good model for dental hygiene to follow.