

# Challenges Facing the Profession 2020: Dental hygiene education in the era of COVID-19



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As I sit writing this, I find myself nearly two months into a “stay-at-home” order while our country deals with the COVID-19 pandemic. These times have created pandemonium for most, and we grieve for those who have lost loved ones to this virus. My intention with this editorial is to draw attention to how dental hygiene education has responded, and what it could mean for us and for our profession in the future.

With over 20 years of experience teaching online, I could not be prouder of how our schools and universities have scrambled to adjust to our new normal. While there will eventually be an end to this, or at least a much-reduced threat as we develop vaccines and reach herd immunity, we cannot allow ourselves to become complacent in snapping back to what we were before COVID-19. As Plato once stated, “Necessity is the mother of invention” - this could not ring any truer today! We are discovering new ways to keep our educational programs advancing, robustly using the technology and tools, that if we are honest, have been available for nearly two decades. These strategies have been there in plain sight, and have been either unused or underutilized. This is our chance to really advance our skills in a world of teaching and learning with technology.

I have often written and spoken about how education has allowed corporate America to define our roles in teaching and learning when it comes to technology. For every new gadget or software that reaches the market, we are told *how we must use it*, and that *our students expect us to use it*, along with other similar directives designed to make us feel incompetent as educators. Now is the time to take back our command of what it means to educate our students, using our knowledge and experience

as educators to define what is and what is not helpful in our teaching and learning environments. It is time for faculty who are actually in the classrooms, labs and clinics to redefine how technology does, or does not, advance our teaching and learning environments. While we are led to believe the technology is what students demand, that has not been my experience this past 20 years. Similar to faculty, we need to have students defining what technology is, and is not, helpful to *their* learning. We need greater educational research to assist us in making evidence-based decisions about what technologies will be most effective in our learning environments.

In terms of the practice of dental hygiene, these times have the potential for amazing innovation as we become more aware of the need for telehealth! Medicine is showing us the way, now we need to grab on and move our profession forward with the capability of dental hygienists providing oral healthcare services to communities that currently lack access due to our practice model in dentistry that has been in place for over a century. As the scope of practice of dental hygiene is expanded across the country (*Thank you ADHA, governors and state legislators!*), we must rise up and show how we are taking that legislation seriously and are documenting our work of expanding access to oral healthcare. I have been fortunate to have been involved in an education/practice collaboration with the state of Kansas when they authorized legislation creating the Expanded Scope of Practice (ECP) III for dental hygienists. The dental board requires an educational component for dental hygienists to receive the ECP III certification. The University of Missouri-Kansas City School of Dentistry was asked by the dental board to provide that educational component knowing of our experience with

distance and online education. Today we are in our seventh year of delivering the ECP III course. Through the years, we have created a practicum experience for our senior dental hygiene students who over the course of their last semester, are able to interact with dental hygienists across Kansas who are practicing, or considering practicing, within the health care safety net. The synergy between students nearing graduation with practicing dental hygienists is nothing short of inspiring! I am brought to tears each year as these dental hygienists share their stories of working to provide much needed access to oral healthcare. It is more obvious each year why we need dental therapy mid-level providers, so basic restorative services can also be provided for the populations unable to access the traditional dental practice delivery model.

I am extremely honored to have been invited to contribute to the Surgeon General's 2020 report in the section devoted to oral health integration, workforce, and practice. In the guest editorial of the February 2020 issue of the *Journal of Dental Hygiene*, Battrell and Lynch, point out how rare it is that the surgeon general would issue a second report on oral health, the first being, "Oral Health in America: A Report of the Surgeon General" in 2000. It is clear that the surgeon general recognizes that there is still much work to be done 20 years later. Dental hygiene will be highlighted in the report for their contributions in increasing access to oral healthcare, but we cannot stop there. Technology is already available to make telehealth a regular practice for dentists and dental hygienists across the country. Imagine if dentistry and dental hygiene had been able to step forward during this COVID-19 crisis to ask "what can we do – we are qualified health care providers."

Much like our transition to distance and online education that has opened up possibilities for many dental hygienists across the country to advance their education and careers without having to relocate to our physical campuses, telehealth provides that same opportunity for those parts of our population who are unable to access traditional health care. They said it could not be done back when the University of Missouri School of Dentistry's Division of Dental Hygiene became the first program in the country to transition their degree completion and graduate programs to distance and online delivery. That was twenty years ago! Let's not take that long to show how dental hygiene can be integral to the telehealth movement. Dental hygiene education has risen to the challenge over and over again.

Let's make telehealth a regular part of our curriculum so students hit the ground running upon graduation to practice in this new world of telehealth, the safety net environment of community health centers and federally qualified health centers (FQHCs), as well as traditional dental settings. We know the many benefits of interprofessional collaboration in healthcare, improved patient care and outcomes, reduced inefficiencies and healthcare costs, improved job satisfaction, to name a few. Let's show Plato that we heard what he said nearly two and half centuries ago, and we "get" it!

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