

COVID-19: Education and Licensure Disruption



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In a matter of one week, all dental hygiene programs in the U.S. and Canada were closed. Dental offices across the nation were closed; and everyone was told to “stay at home”. Thus began months of what could only be imagined in a Netflix® horror movie. Dental hygiene as a profession, and its education, would never be the same.

For the past few months dental hygiene program directors, faculty, students, professional associations, state dental boards, and legislators have been grappling with COVID-19. Universities and colleges were closed. All external rotations were cancelled. When and how could students and faculty safely return to campus? How will students get licensed when regional licensing examination were closed? Will patients feel comfortable returning to the campuses for dental care from the students? How will these issues be addressed by the Commission on Dental Accreditation (CODA)? When will students be able to sit for the Dental Hygiene National Board Examination? As of today, many programs have been able to return to campus in some capacity; others will not return until January 2021, greatly delaying student graduation and licensure.

CODA released a statement allowing programs to maximize on-line learning. If faculty could demonstrate competency assessment on-line, it was acceptable. Program directors and faculty had the opportunity to think outside the box and find new ways to insure graduates were competent. Dental hygiene faculty now have a huge cadre of on-line assessment and teaching methods that stretched their creativity and skills. The immediate move to on-line only education required stamina, patience and collaboration. Webinars focusing on creative and useful on-line learning methodologies flourished. Discussion boards lit up. Document sharing was rampant.

If students were competent, the issue now was licensure. The American Dental Hygienists’ Association (ADHA), the American Dental Education (ADEA) and the American Dental Association (ADA) have been working diligently on the elimination of single encounter live patient clinical examination for licensure long before the era of COVID-19. The Coalition for Modernizing Dental Licensure was formed in October 2018 to move this agenda forward. State governors and dental boards were motivated like never before to move on this issue because live patient clinical examinations could not be held, nor could they be held in the near future, given the social distancing requirements and amount of Personal Protective Equipment (PPE) necessary to conduct an exam. Regional testing agencies began the race of a lifetime developing manikin base exams for consideration. States such as Washington, Utah, Illinois, and Vermont chose to allow temporary licensure to dental hygiene graduates until such time a regional board examination can be conducted. In addition, thanks to the efforts of dental hygiene educators rallying their state legislators and dental boards, some states, such as Oregon, Arkansas, and Texas, now allow for manikin-based exams for dental hygiene licensure indefinitely. If there is one positive outcome of COVID-19 for dental hygiene education, it is that states have begun to understand that a single encounter live patient examination is not in the best interests of students, patients, and is not possible during a national crisis.

The National Dental Hygiene Board Examination still poses another licensure barrier. When the virus hit, over 5,000 dental hygiene students had not yet taken the nine-

hour, dental hygiene national board. This examination, administered at computerized testing centers, had come to a standstill across the nation. Months of testing appointments were cancelled. Computerized testing has resumed in most states, and fortunately the Joint Commission on National Dental Examinations reduced the exam time by half, so that more applicants could test in a day.

Dental hygiene program clinics have begun to re-open. Dentistry, well versed in blood borne pathogens, must now deal with airborne pathogens. New issues involve lack of appropriate PPE, social distancing, appropriate air filtration, and appropriate barriers in open bay clinics. In school dental clinics where there is not six foot spacing between chairs, only every other operatory may be used or some sort of barrier must be built/placed between chairs. Banning the use of ultrasonics has made a huge impact on all dental hygienists. Students taking regional licensure examinations on live patients, will be doing without the use of ultrasonic instruments - a return to the 1980's!

The future effects of COVID-19 on dental education are yet to be realized. Budgets are of grave concern. While students don't generate large amounts of income in the educational clinics, some programs rely on that income to stay in business. Colleges of all sizes, in all locations, are facing large budget shortfalls due to decreased state government support and/or loss of income from students leaving campuses and dormitories. Some colleges have refunded tuition and dorm dollars. Program directors are forced to deal with budget shortcomings while also purchasing more PPE than ever. The long-term impacts of such budget shortfalls are yet to be actualized.

Along with the pandemic, a national crisis on diversity and inclusion has surfaced. What are the mental health considerations for dental hygiene students and faculty returning to their campus communities? Faculty have lost loved ones. Students have lost jobs. Families have lost security. Dental hygiene programs are working hard to provide an equitable inclusive, safe, supportive and welcoming environment for all students.

The role of the professional association has never been more important. The sense of community and networking offered by associations such as ADHA, is unmeasurable in times like this. The 24-7 advocacy work our association on

behalf of dental hygiene programs to include dental hygiene in relief packages, and to also include dental hygiene clinics in these relief packages and obtainment of PPE from FEMA, are unmeasurable. These examples and experiences should be more than enough to convince every graduating dental hygiene student the value of their membership in ADHA. Without association leadership and advocacy, dental hygiene as a profession, and the faculty who educate our future professionals, would not be surviving and even thriving, during COVID-19.

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