Course Outline:

**MODULE 1: Changing Trends in Clinical Practice**

I. **Historic trends and changing roles in Dental Hygiene**
   a. What impacts our future?
   b. Skills self-assessment survey *(see attached survey - Handout A)*
   c. Mid-level Providers defined *(see attached chart – Handout B)*
   d. *Creating your “E-Portfolio”*
      i. Qualifications: resume, licensure, professional references
      ii. Practice contributions:
         1. increased production, use of new products/procedures
         2. Thank you notes from patients
         3. Employer annual review/positive comments
         4. List of technologies you have mastered
      iii. Professional Development
         1. Continuing education programs you attended
         2. Professional membership
         3. Association offices held/volunteer opportunities
      iv. Community Services
      v. Presentations/Publications: to dental programs, K-12 schools, professional journals

II. **Role of Technology: Screening and Electronic recording**
    a. Periodontal assessment, probing and treatment planning
    b. Efficiency in exam, post-treatment evaluation and electronic documentation
    c. CRA: Caries Risk Assessments (CAMBRA, CDA Foundation and ADA CRA)
       i. Source for risk assessment downloads:
          Dental Caries: [www.ada.org](http://www.ada.org) or [www.cda.org](http://www.cda.org)
          Periodontal Disease: [www.AAP.org](http://www.AAP.org) or [www.collagenex.com](http://www.collagenex.com)

III. **CAMBRA (Caries Management By Risk Assessment)**
    a. Comparing 2 case studies utilizing CAMBRA to guide treatment decisions

IV. **Minimally-invasive - Caries examination**
    a. International Caries Detection and Assessment System (ICDAS)
       i. Assessment of disease activity using visual examination procedures
       ii. Reference: *Evolution of Caries Diagnosis by Andrea Ferreira Zandona, DDS, MSD, PhD*
            *Dimensions in Dental Hygiene Journal, September 2011 Issue*

*Addendum Charts C & D*
b. Caries Detection Technology systems:
   i. Diagnodent
   ii. Caries ID
   iii. Spectra
   iv. SoproLIFE
   v. CarieScan
   vi. Canary System

V. Fluoride & Calcium/Phosphate innovations  * See Addendum Chart E
   a. Understanding the differences in various product chemistry/efficacy
   b. Chart reviews the mechanism of action, bioavailability/solubility and product technologies
      i. ACP
      ii. CPP-ACP
      iii. Novamin
      iv. TCP

VI. Expanding Instrumentation Skills
   a. Ergonomic considerations for operator positioning and instrument choices
   b. Patient Care Set-ups:
      i. Diagnostic assessment of patient
      ii. Clinical symptoms, pain management and “active vs. recare” protocol
      iii. Selecting power or hand instruments?
      iv. New designs in scalers, curettes and files
      v. Maintaining Implants

View products: [www.premusa.com](http://www.premusa.com) (links to - Dental, Instruments)

MODULE 2: Effective Whitening Strategies for the Next Decade

Dental Hygienist role in guiding esthetic improvements in the practice

a. Demographics and professional guidance for success in safe bleaching
   i. Patient choices for success
   ii. Predicting best options based on type of stains and shade origin

b. Challenges in OTC versus “in-office” or “take-home” choices
   i. Patient compliance

c. Preventing and/or treating sensitivity

d. Enamel microabrasion techniques (when necessary)

e. Practice building and marketing for new patients
MODULE 3: MOTIVATIONAL INTERVIEWING: A Positive Approach in Guiding Patients to Change!


www.guilford.com

I. Goal: Convey just enough of the essential method of MI to make it accessible, learnable, useful and effective in healthcare practice

II. Define “Motivational Interviewing”

III. Rationale
   A. Shift of “treating acute illness” to “managing chronic illness”
   B. How MI guides practitioner in helping patients change behavior/poor lifestyles

IV. Origin?
   A. Principles of Carl Rogers but introduced in 1983
   B. Chronic illness trials tested MI in 1990’s – for patient behavior changes
   C. Activate the patient’s “internal motivation” to adhere to change/treatment

D. Spirit of MI:
   i. Collaborative
   ii. Evocative
   iii. Honor patient autonomy

E. Built on 4 Guiding Principles: “RULE”
   i. Resist Righting Reflex
   ii. Understand
   iii. Listen
   iv. Empower

V. How it fits into dental/healthcare practice?
   A. Communication styles
      i. Following
      ii. Directing
      iii. Guiding

   B. Why MI Guiding works?

   C. 3 CORE - Communication skills
i. Asking
ii. Listening
iii. Informing

VI. Practicing skillful guiding
A. Ask

B. Inform

C. Listen

Understanding AMBIVALENCE:

What do you listen for during patient dialog?

VII. Listening for Change Talk – to BEHAVIOR CHANGE
- Cues that imply the following degree of change stages: listen for “wish”, “want”, “like to” …

A. Acronym for “change talk” is DARN
   i. Desire
   ii. Ability
   iii. Reasons
   iv. Need

B. Final 2 stages:
   i. Commitment
   ii. Take Steps
      1. Take gentle small steps and don’t force the change!

VIII. Role Play on Change Behavior in Dental Care

Typical approach to how you discuss these scenarios?

What can you do differently to apply MI principles/skills?

IX. Asking Questions?

A. Open vs. Closed-ended questions

B. Don’t apply “TAG” questions to good open-ended questions

The additional handouts are effective tip sheets to apply “motivational interviewing” in your practice!