THE CANADIAN DENTAL HYGIENISTS ASSOCIATION

L'ASSOCIATION CANADIENNE DES HYGIÉNISTES DENTAIRES

CANADIAN DENTAL HYGIENISTS ASSOCIATION

2018 EDUCATORS' SURVEY REPORT

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Executive Summary

Introduction

The Canadian Dental Hygienists Association (CDHA) endeavours to promote quality education programs to advance the profession of dental hygiene. In order to stay abreast of trends in the Canadian dental hygiene educator community, CDHA conducted its fourth national survey to update its profile of Canadian dental hygiene educators, including their work environments, experiences with educational approaches, preferences for their involvement with CDHA, and opinions on different national policy issues. This summary highlights key findings from the CDHA 2018 Educators' Survey. Where applicable, comparisons were made to the 2016 Educators Survey results.

Methods

This voluntary questionnaire was designed to collect information pertaining to the work profile, experiences and work setting, preferences for CDHA involvement, and views on national policies. A total of 102 respondents started the survey; 97 of the 102 respondents reported being currently involved in dental hygiene education and completed the survey.

Key Findings

Sixty-two percent of respondents describe their current position as full time, while 33.3% describe their current position as part time and 4.3% as other. The most common areas of didactic teaching are clinical dental hygiene (dental hygiene process of care, instrumentation, pain control, prevention), professionalism (interprofessional collaboration, ethics, jurisprudence), health promotion and prevention (working with groups, communities and/or populations), and oral health sciences (oral anatomy, oral pathology, oral histology/embryology, radiology).

Approximately 43% of respondents indicated that they are involved in conducting original research. This is a significant change from our 2016 survey in which 30% of respondents indicated that they were involved in conducting original research. Educators in university settings are more likely to conduct research than those in college settings. The most common area of research reported by survey participants is educational studies, followed by health services and health system studies.

Regarding students' interprofessional collaboration, 39.8% of respondents noted that they integrate interprofessional learning experiences in their course work either all of the time or most of the time, while 46.6% reported integrating such experiences some of the time. Ninety-one percent of respondents indicated that their students collaborate with health and social service professionals, most often with nurses, personal support workers/care aides, physicians, and pharmacists.

The majority of respondents indicated that accreditation by the Commission on Dental Accreditation of Canada is extremely or very useful, particularly as a means of enabling registration and licensure for graduates, as a tool for self-evaluation, as a mechanism for implementing curriculum changes, and as an index of program quality. Many survey participants indicated that the accreditation process could be enhanced through greater calibration and standardization of surveyors, the evaluation of clinical competency to national entry to practice standards, and the creation of an online document submission portal. Some respondents would like the accreditation process to be governed by the profession of dental hygiene, more transparency in the accreditation process, both from the accrediting body and from the educational institution, and more comprehensive feedback provided to the institution on how to meet recommendations.

The majority of respondents indicated that a master's degree is the most appropriate credential for dental hygiene program directors/coordinators (63.7%), down from 70.1% in 2016, and for dental hygiene educators involved in coordinating and teaching didactic courses (54%), consistent with the 2016 survey results. The majority of survey participants also felt that the most appropriate credential for a dental hygiene educator involved in clinical courses is a baccalaureate degree (71.4%), up from 60.9% in 2016.

Sixty-seven percent of survey respondents either agreed or strongly agreed that the entry-to-practice educational requirement for dental hygienists in Canada should be a baccalaureate degree in dental hygiene. In comparison, 69% of survey respondents agreed or strongly agreed with this statement in 2016.

Seventy-three percent of respondents either strongly agreed or agreed that dental therapy education (the ability to restore teeth, perform uncomplicated extractions, and manage dental emergencies)

should be re-established in Canada; 87.9 % of respondents believe that this education should be made available to practising dental hygienists in Canada.

CONCLUSIONS

The results of this survey will be used to identify trends and gain an understanding of dental hygiene education in Canada. The findings will allow CDHA to establish a profile of Canadian dental hygiene educators, their experiences with educational approaches, and their views on different national policy issues. The results will also allow CDHA to support educator members in their ongoing professional development.

Introduction/Background

The mission of the Canadian Dental Hygienists Association (CDHA) Education Advisory Committee (EAC) is to support CDHA by providing the expertise and guidance that will ensure the progress of dental hygiene education, fostering the profession's evolution. The EAC supports the chief executive officer's endeavours to promote quality education and assists in the formulation of operational plans for CDHA's vision of education.

In support of these goals and the commitment to stay abreast of trends in the Canadian dental hygiene educator community, CDHA conducted its fourth national survey to update its profile of Canadian dental hygiene educators, including their work environments, experiences with educational approaches, preferences for their involvement with CDHA, and opinions on different national policy issues. This report presents the results of the CDHA 2018 Educators' Survey.

Methodology

An anonymous, voluntary questionnaire, anticipated to take approximately 30 minutes to complete, was developed to collect data from dental hygienists involved in dental hygiene education in Canada. This survey captured information pertaining to the work profile, experiences, and views of dental hygiene educators, and included the following sections:

Section 1: Work profile
Section 2: Views on national policy issues
Section 3: CDHA resources and opportunities
Section 4: Demographic information

The survey included both open- and closed-ended questions, and opportunities were given to participants to elaborate on specific responses. Each open-ended response was reviewed, and common themes were identified. In order to produce more accurate and informative results, and to provide respondents with a more comprehensive set of options from which to choose, revisions were made to this year's survey instrument.

Invitations to participate in this online survey were sent directly to 311 members of CDHA's educator community. Inclusion criteria were as follows: (i) dental hygienists; (ii) involved in dental hygiene education in Canada. Between August 8, 2018, and November 30, 2018, the Educators' Survey was available online using SurveyMonkey™. Respondents who completed the survey had an opportunity to enter a draw for one of four $50 Starbucks gift cards.

Results

A total of 102 respondents responded to the first question; 97 of the 102 identified themselves as involved in dental hygiene education and completed the survey. The survey's total sample size was similar in 2016. Twenty three percent of the 97 respondents were program directors/coordinators or department heads of a dental hygiene program in Canada. This number is markedly higher than that in 2016 when 16% of survey respondents identified themselves as program directors or coordinators at their institution.

Descriptive results are presented in this report. Because questions in the 2018 survey varied from previous years, direct comparisons with the results of earlier surveys are not always possible. Where appropriate, comparisons to the 2016 survey data will be made.

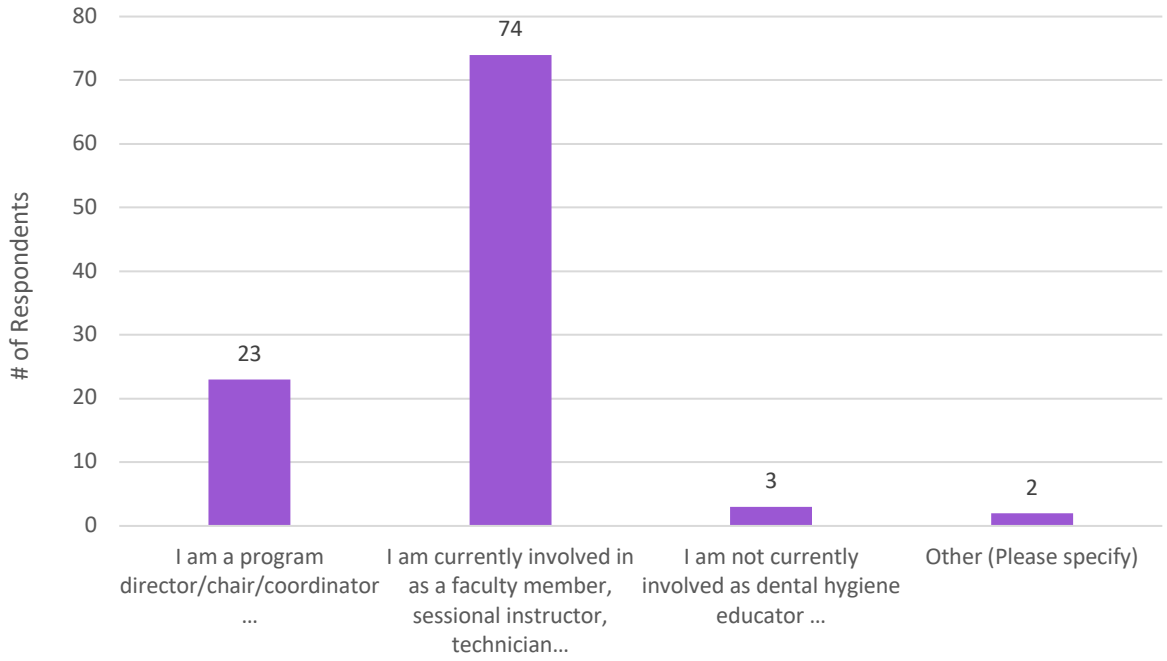
This report presents group data and does not associate responses with any individual names. For ease of understanding, the percentages are rounded to the nearest decimal place.

Work Profile

Please select the option that best describes your involvement in dental hygiene education.

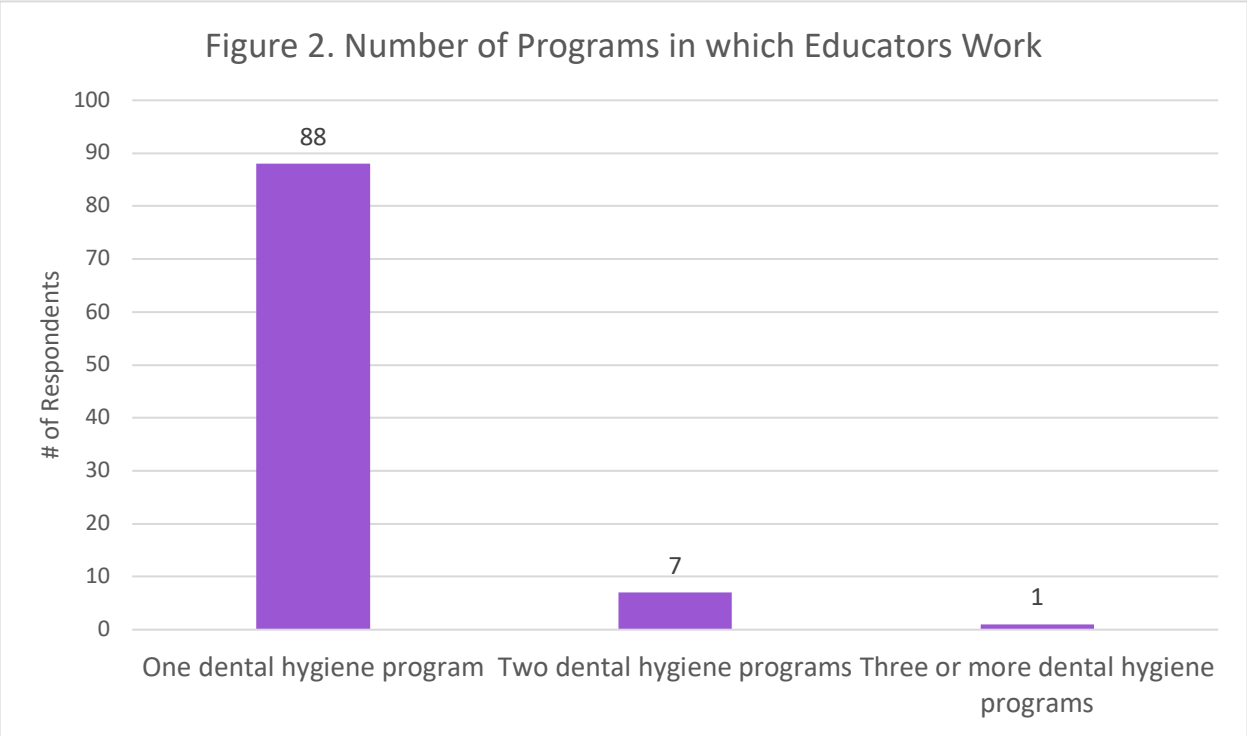
One hundred and two respondents answered this question, 74 of whom (72.5%) reported being involved in dental hygiene education as a faculty member, sessional instructor or technician. Twenty-three respondents (22.5%) identified themselves as a program director, chair or coordinator of a dental hygiene program (Figure 1).

Figure 1. Current Involvement in Dental Hygiene Education



In how many dental hygiene programs do you currently work?

Ninety-six participants responded, 92% of whom are currently teaching in only one dental hygiene program (Figure 2).



Which of the following best describes the postsecondary organization where you are primarily employed as an educator?

Ninety-six participants answered this question and were asked to select one option. More than half of the survey respondents are employed at either a community or a private college (59%), while 40% are employed at universities. There is a slight decrease in the proportion of respondents who work at a university and a slight increase in respondents from community or private colleges (Table 1) as compared to the 2016 survey.

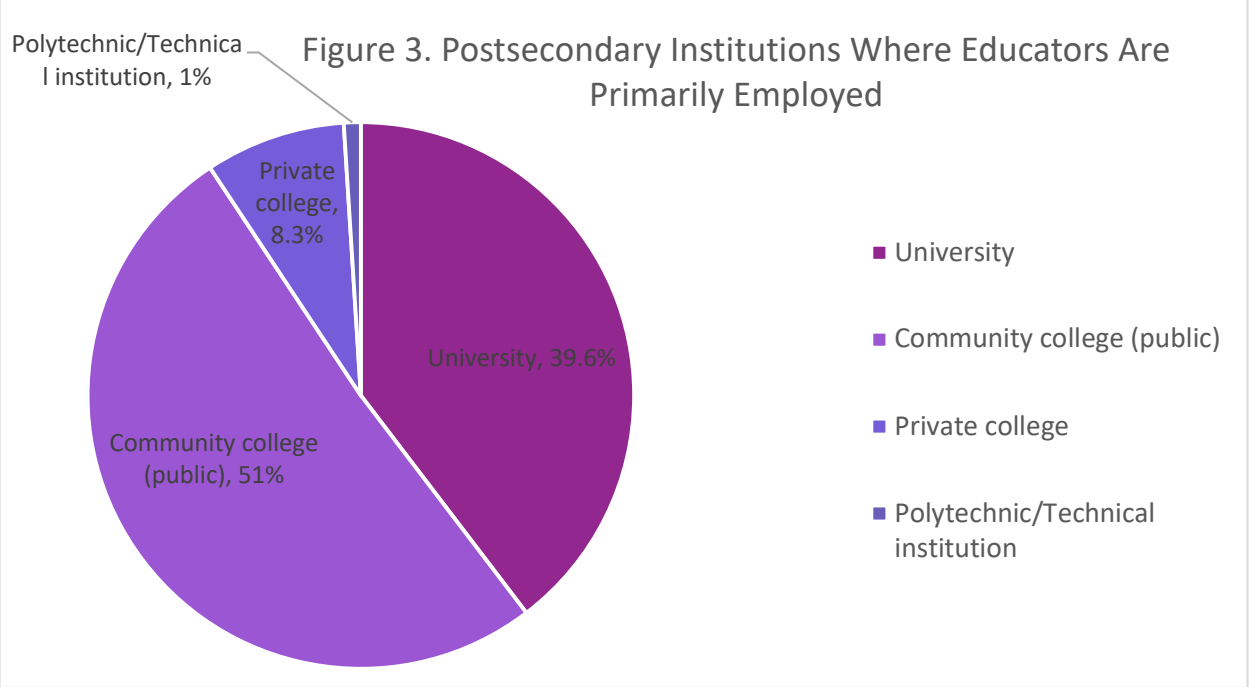


Table 1. Comparison of Educator Employment Settings

Employment Setting	2018 (%)	2016 (%)
University	40	43
Community college	51	49
Private college	8	7
Polytechnic/Technical institution	1	–

In which province is your primary educational setting located?

The 96 survey participants who responded to this question were spread across 8 provinces, which is similar to the geographic representation in the 2016 survey (Table 2). This finding reflects the location of dental hygiene education institutions in Canada. The greatest proportion of survey respondents were from Ontario (Figure 4), which is similar to previous surveys and not surprising since a large proportion of dental hygiene education programs are in Ontario. While Quebec also has many dental hygiene programs, its educators were underrepresented in this survey. The low response rate from dental

hygiene educators in Quebec may be due to the small proportion of Quebec members within CDHA's educator community, the population targeted for recruitment purposes, as well as the administration of the survey instrument in English only when French is the language of instruction for the majority of dental hygiene programs in Quebec.

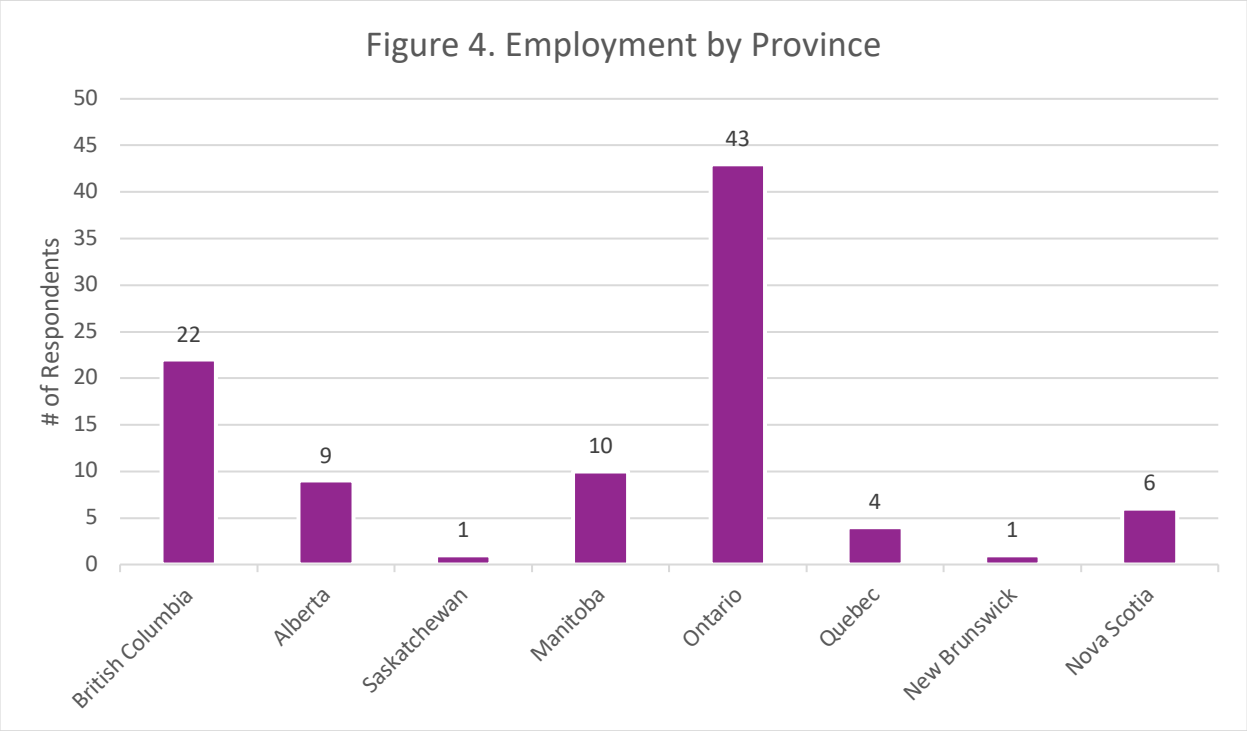


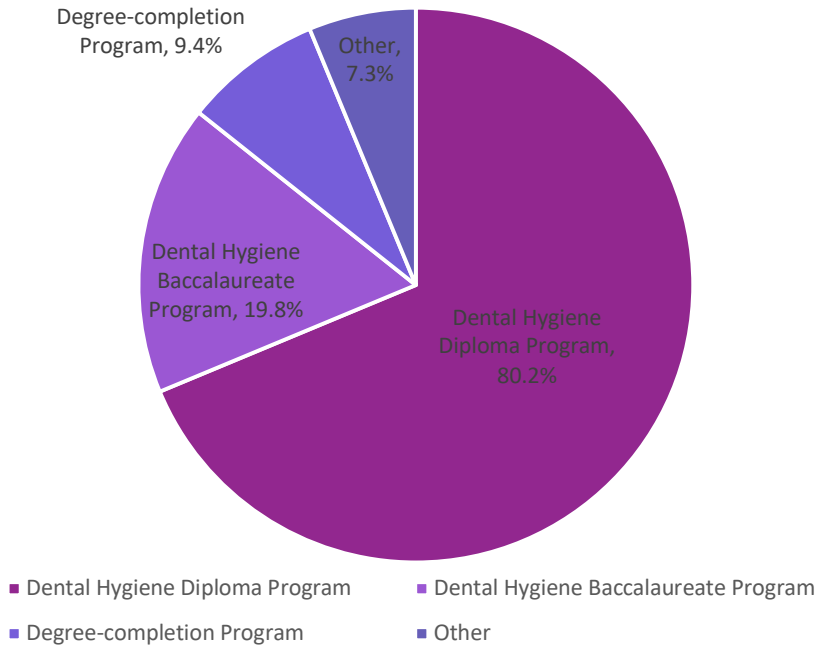
Table 2. Comparison of Provincial Representation of Survey Respondents

Province	2018 (%)	2016 (%)
Alberta	9.4	15.3
British Columbia	22.9	21.2
Manitoba	10.4	9.4
New Brunswick	1	2.4
Nova Scotia	6.3	4.7
Ontario	44.8	42.4
Quebec	4.2	3.5
Saskatchewan	1	1.2

Please select the options that best describe your current involvement with dental hygiene education in Canada.

Ninety-six survey participants responded to this question and were asked to indicate which type of dental hygiene education program they were involved in: dental hygiene diploma program, dental hygiene baccalaureate program, degree-completion program or other. The majority (80.2%) are affiliated with a program that offers a dental hygiene diploma (Figure 5). This is not surprising given that the greater proportion of dental hygiene programs in Canada do not offer a baccalaureate degree. Of the 7 respondents (7.3%) who marked "Other," 5 noted they taught in an advanced diploma program.

Figure 5. Current Involvement in Dental Hygiene Education



Which of the following best describes your position?

Ninety-three survey participants responded to this question (Figure 6). The majority are full-time educators (62.4%), which represents a marked increase from 2016 when 55.4% were working full time (Table 3).

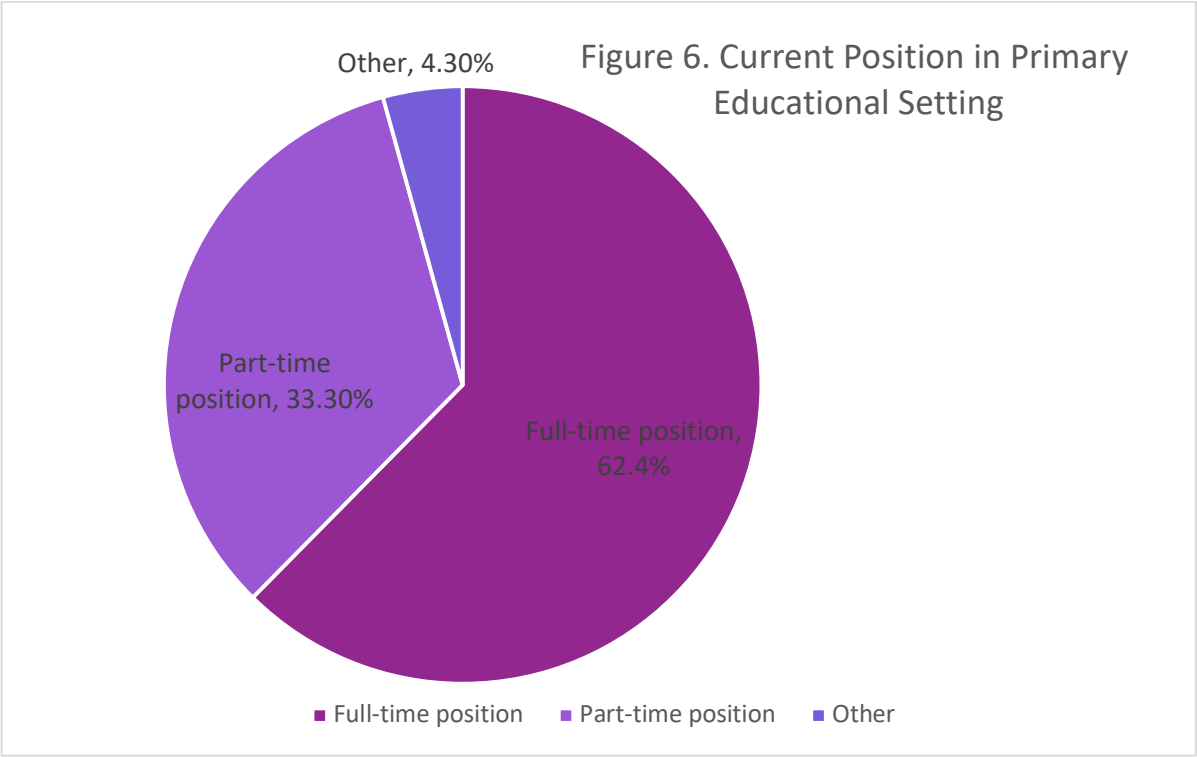


Table 3. Comparison of Employment Status

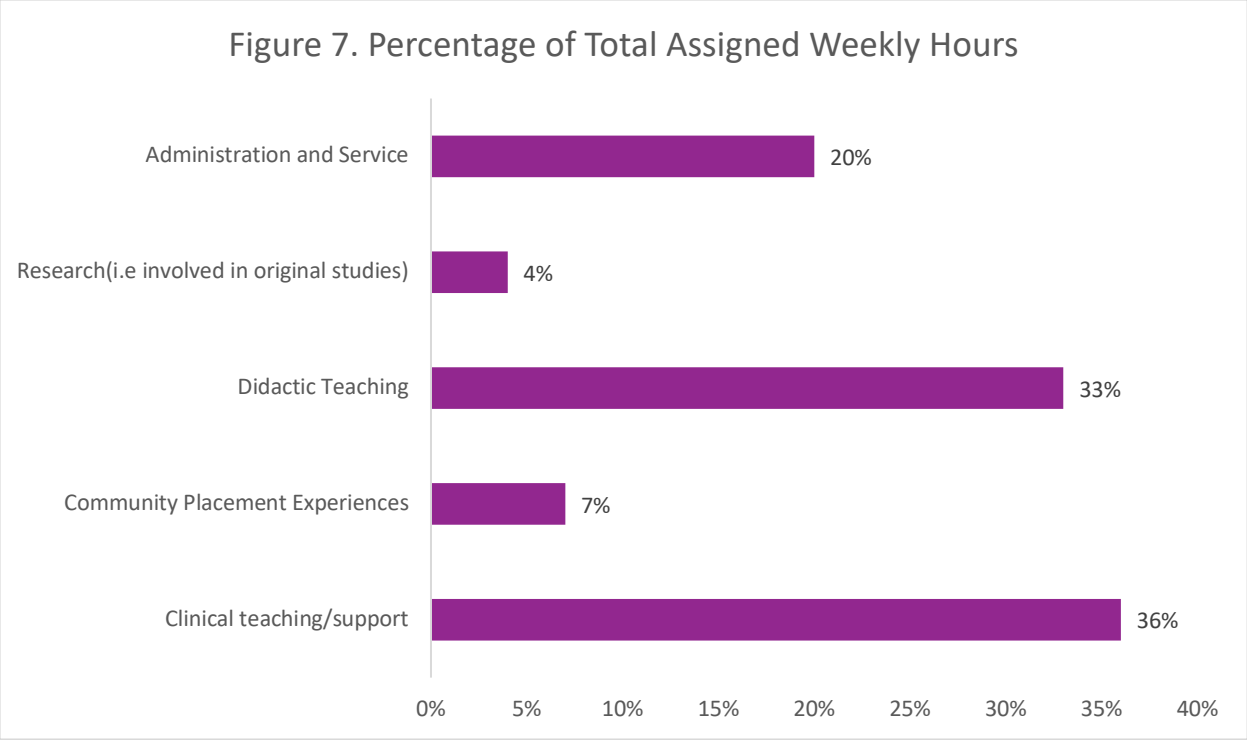
Employment Status	2018 (%)	2016 (%)
Full time	62.37	55.4
Part time	33.3	43.5
Other	4.3	1.1

What percentage (%) of your total assigned hours is dedicated to each of the following?

The survey participants were asked to quantify by percentage their weekly hours assigned to the following categories:

1. Clinical teaching/support
2. Community placement experiences
3. Didactic teaching
4. Research (i.e., involved in original studies)
5. Administration and service

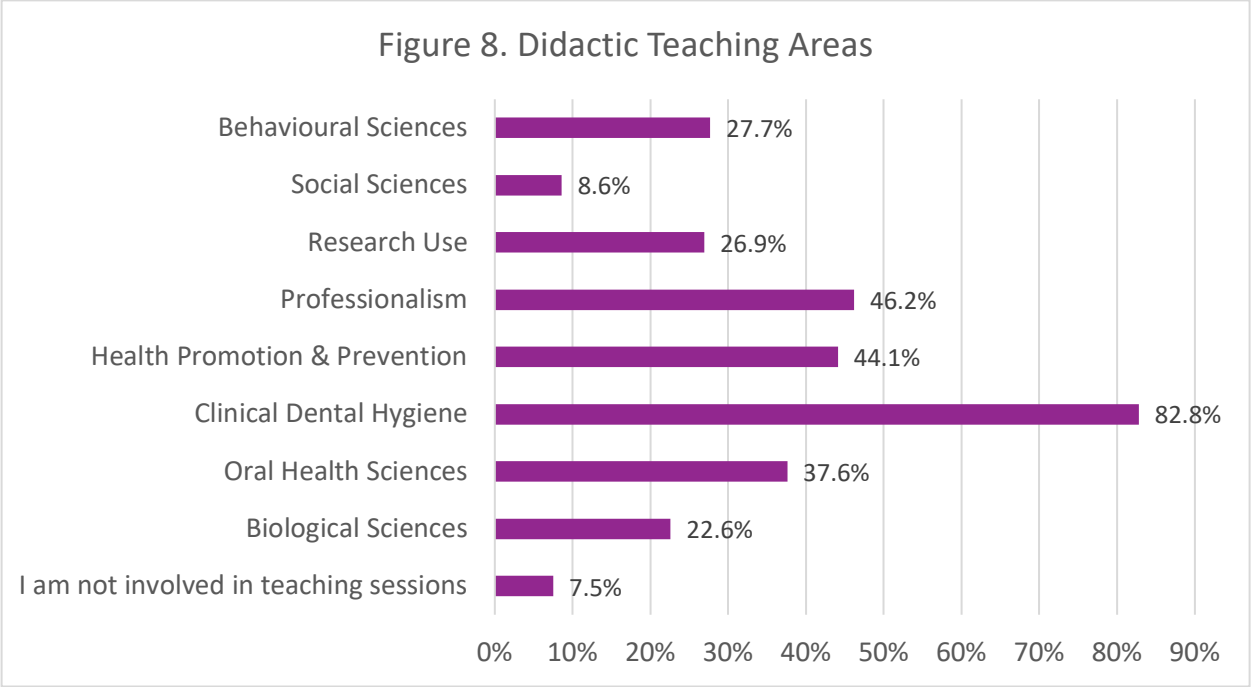
The responses for each participant had to total 100; respondents were instructed to use 0 if not applicable. Clinical teaching included both clinical and preclinical teaching, preparation, and evaluation. Didactic teaching included preparation, coordination, and evaluation. Figure 7 depicts the average number of assigned work hours in each category, based on the 93 responses received.



In which of the following didactic areas do you teach? (select all that apply)

Ninety-three respondents answered this question and made 280 selections, indicating that many educators teach across multiple topic areas in dental hygiene programs. Seven (7.5%) of the educators who responded to this question revealed that they are not involved in didactic teaching. The remaining 92.5% of respondents were most commonly involved in teaching clinical dental hygiene, professionalism, health promotion & prevention, and oral health sciences (Figure 8). The following category definitions were provided to guide the participants in their selection:

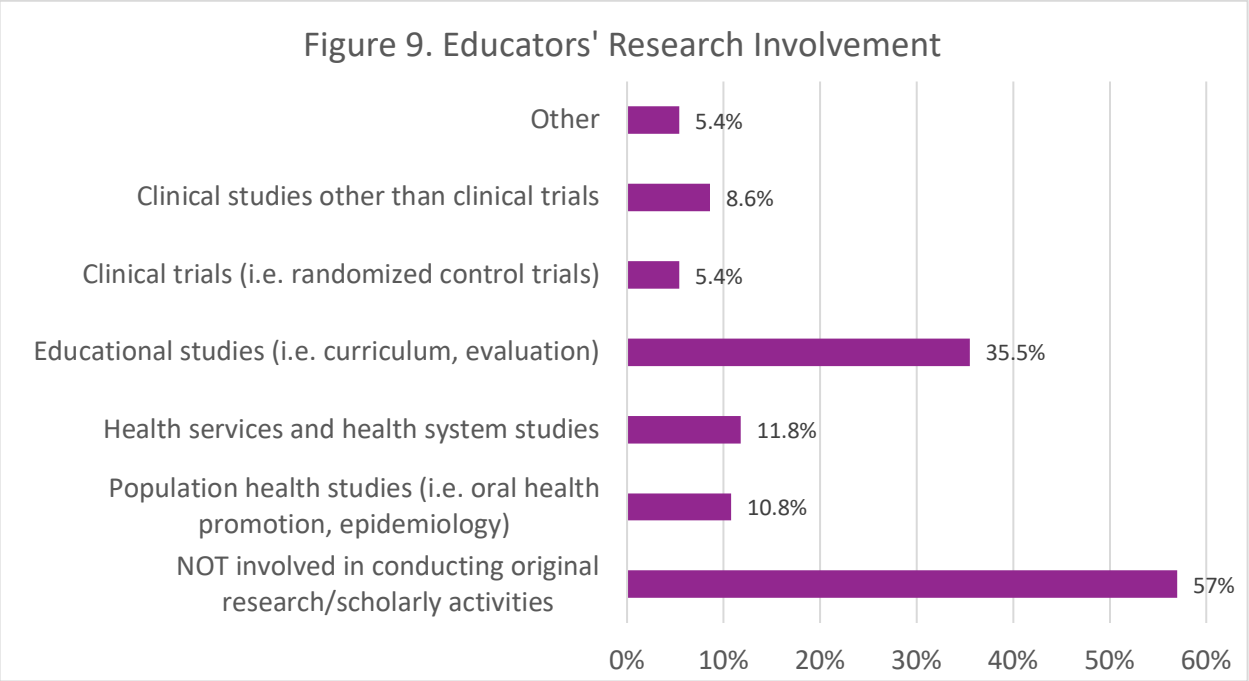
- **Biological sciences**
  - e.g., anatomy and physiology, nutrition, microbiology, pharmacology
- **Oral health sciences**
  - e.g., oral anatomy, oral embryology/histology, oral pathology, and radiology
- **Clinical dental hygiene health promotion, prevention and therapeutic services**
  - e.g., dental hygiene process of care, instrumentation, pain control, oral self-care counselling
- **Health promotion and prevention** (working with groups, communities and/or populations)
  - e.g., health education, advocacy, policy use, and the assessment, planning, implementation, and evaluation of activities, initiatives, and programs
- **Professionalism**
  - e.g., coordination, interprofessional collaboration, ethics, and jurisprudence
- **Research use**
  - e.g. literature review, statistics, research methods, epidemiology
- **Social sciences**
  - e.g., communications, psychology, sociology
- **Behavioural sciences**
  - e.g. communication, teaching and learning principles



In which of the following research/scholarly areas are you involved? (Check all that apply)

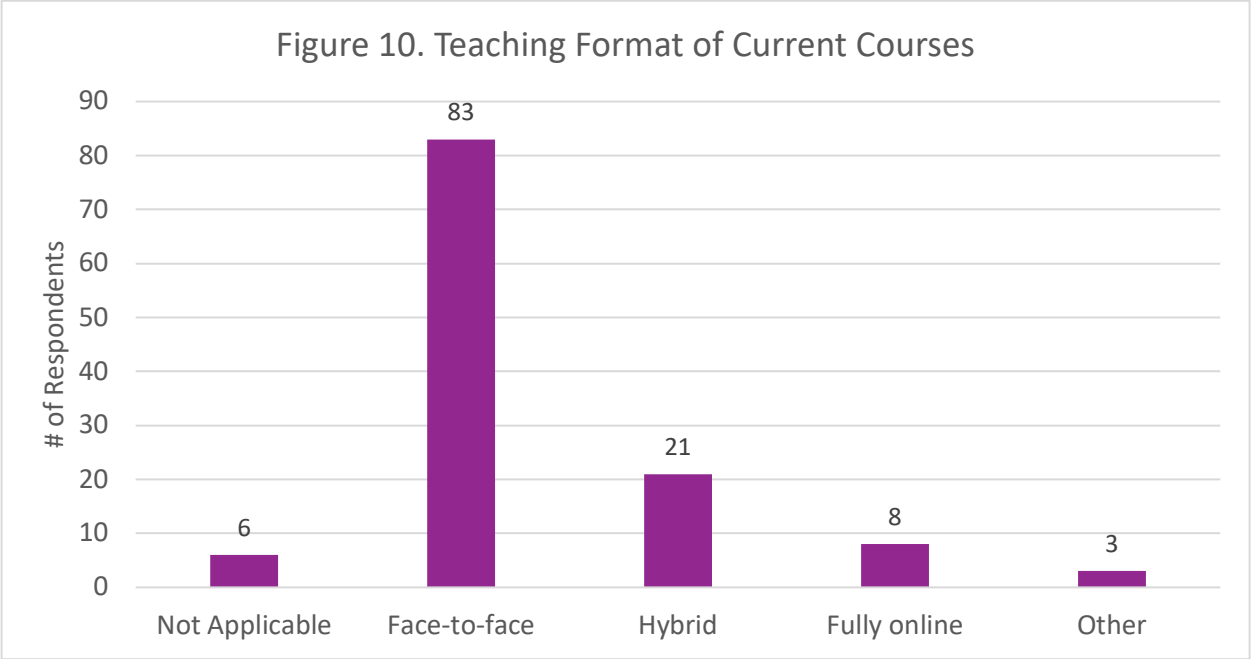
The survey included a question designed to capture information on involvement in original research studies; 93 participants responded to this question. Approximately 43% indicated that they are involved in original research. This is a significant change from 2016 when approximately 30% of educators noted an involvement in research.

The most common areas of research reported by survey participants are educational studies, followed by health services and health system studies (Figure 9). The 2016 Educators' Survey also revealed that educational studies were the most common area of research. Unlike the 2016 survey, however, the 2018 survey allowed participants to select more than one research area.



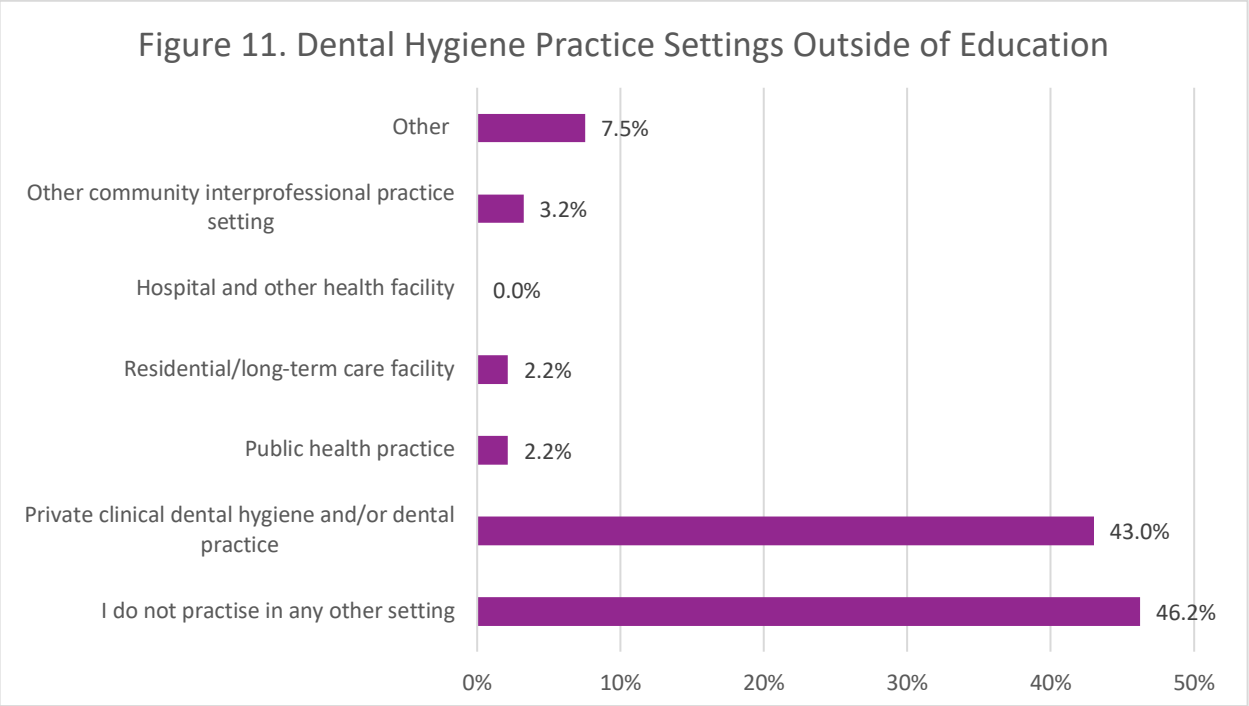
Please indicate the format of the courses that you currently teach. (Check all that apply)

Ninety-three participants responded to this question. The vast majority (89.3%) selected face-to-face while 22.6% selected a hybrid method (Figure 10).



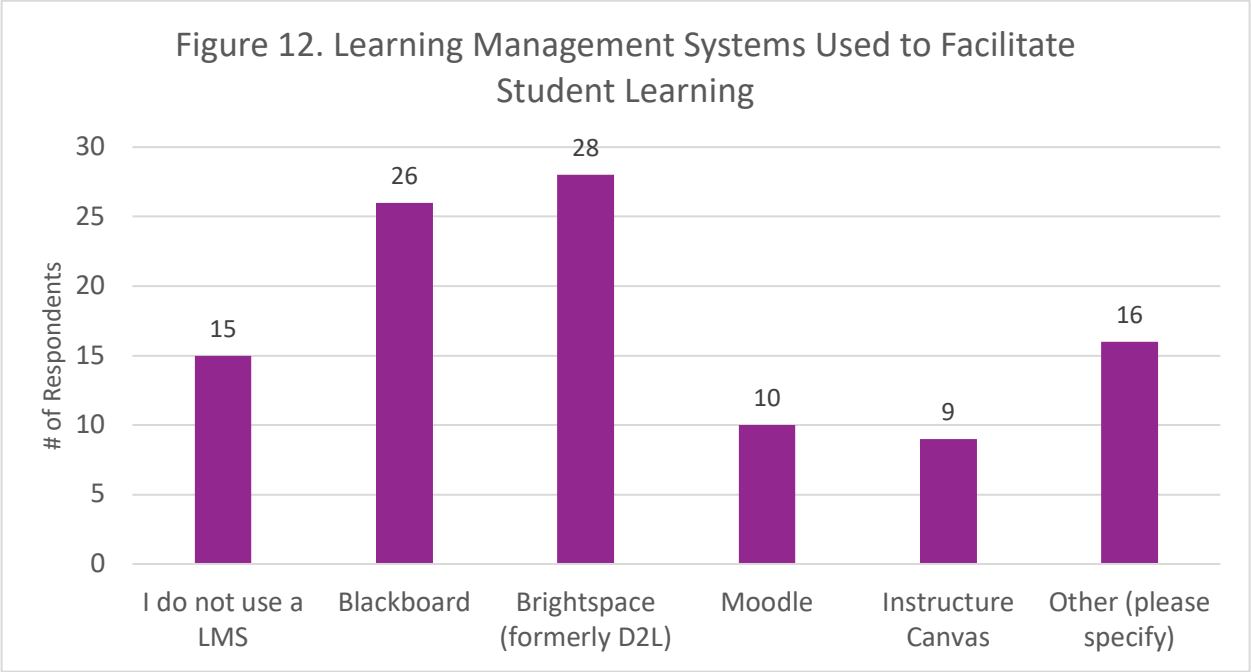
In addition to your educational practice, in which of the following dental hygiene practice settings do you currently work? (Select all that apply)

Close to half of the survey respondents (46.2%) reported that they do not practise outside of education. These results are comparable to the 2016 survey in which 49.4% of the respondents also reported that they did not practise outside of the educational setting. Of the remaining 2018 respondents, 43% indicated that they practise in a private clinical dental hygiene and/or dental practice, while smaller proportions practise in public health settings, residential/long-term care facilities, hospitals or other health facilities, or other settings not listed. Examples of other settings are regulatory bodies, contract work, and volunteer mobile units (Figure 11).



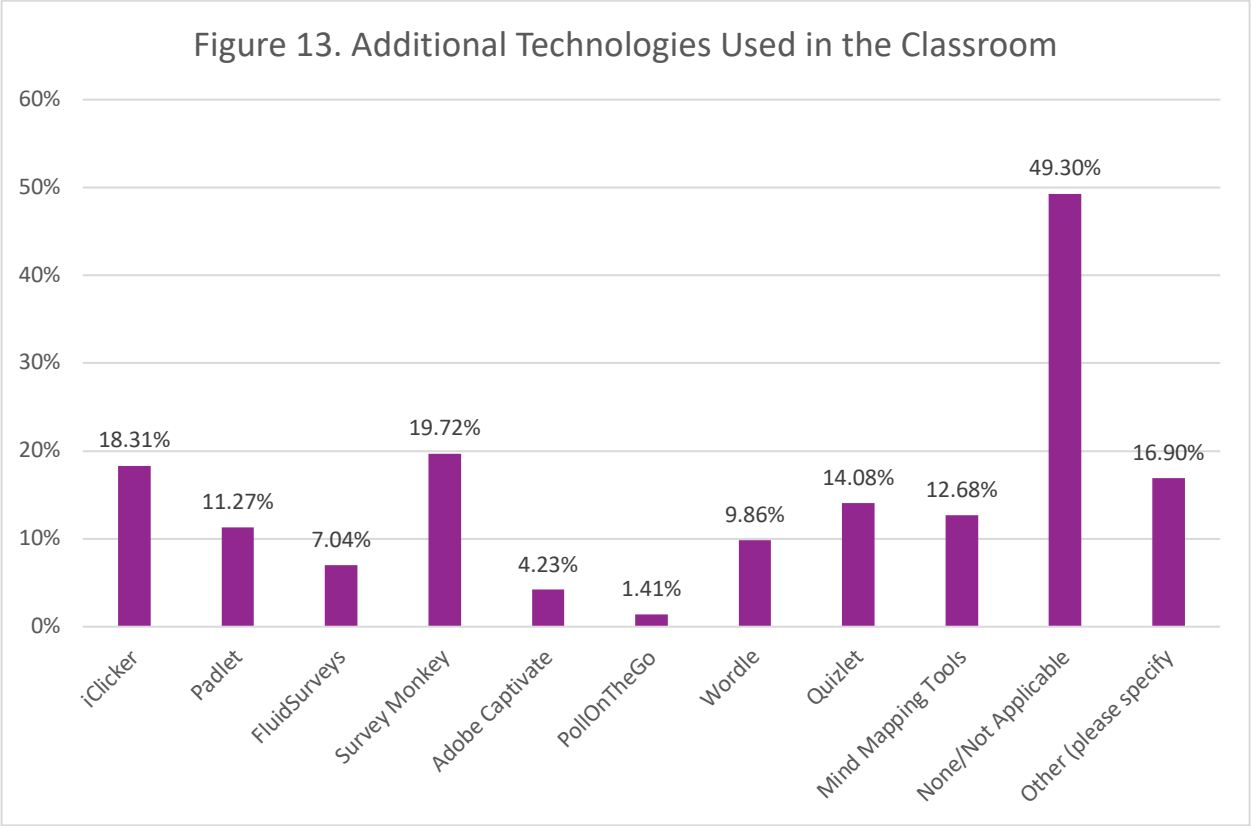
Please indicate the learning management systems that you use to facilitate student learning. (Select all that apply)

Survey participants were asked to select the learning management systems they are currently using in their educational settings. Eighty-eight participants responded and the results indicate that there is not one predominate learning management system currently in use in dental hygiene education in Canada. Brightspace is used most often by respondents (31.8%), with Blackboard close behind (29.6%). Of the 16 respondents who selected "Other," e-Class was the one mentioned most often (Figure 12).



In addition to the tools offered in the learning management system indicated above, please identify additional technologies that you use to engage students. (select all that apply)

Seventy-one respondents answered this question with slightly less than half (49.3%) reporting that they do not use additional technology in the classroom. Of the respondents who are using additional technology, the most popular selection was Survey Monkey (19.7%) followed closely by iClicker (18.3%) (Figure 13). Of the 12 respondents who selected "Other," some common technologies mentioned were Socrative, Kahoot, and Poll Everywhere. It will be interesting to see if the use of technology in the classroom increases at our next Educators Survey.



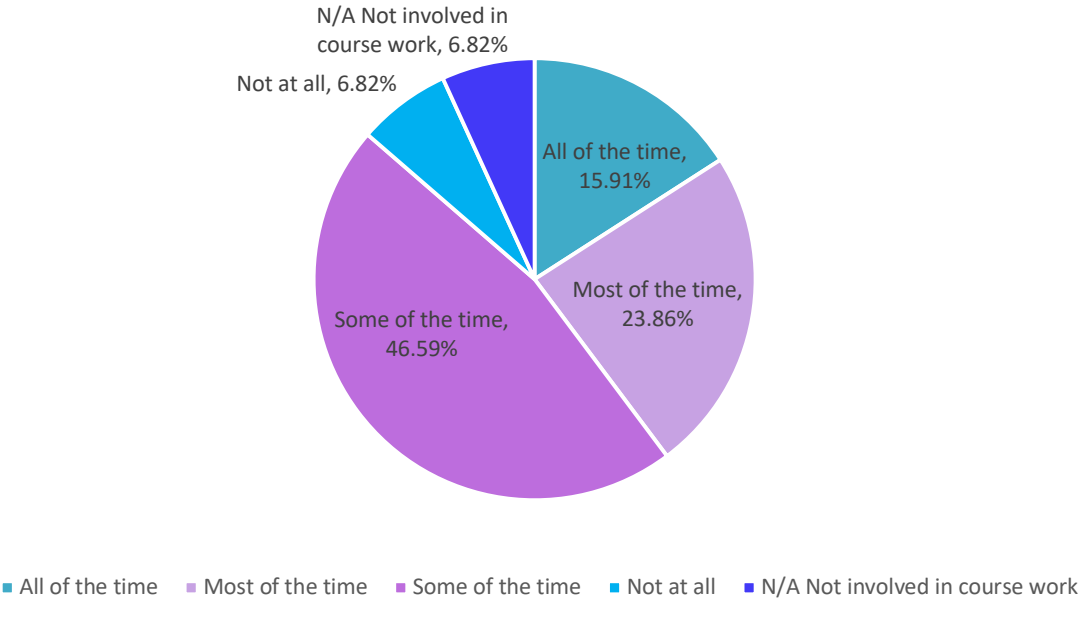
Survey respondents were asked to comment on their experiences using the different technologies noted. Some common themes are that they increase student engagement and they are good for review purposes, but they can also be challenging and time consuming to set up.

Collaborative practice is defined as two or more health care professionals from different disciplines working together to meet patient or client needs.

To what extent do you integrate interprofessional learning experiences in your courses?

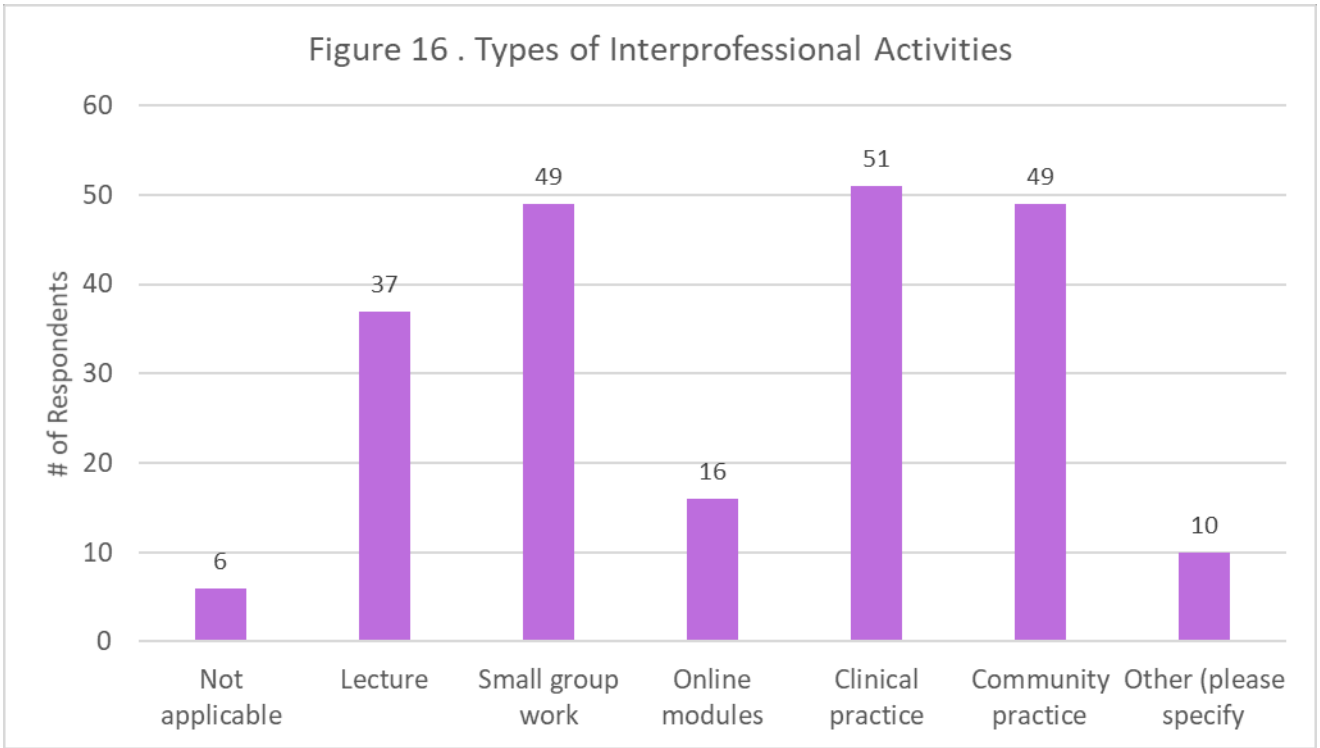
Of the 88 participants who responded to this question, 76 indicated that they do integrate interprofessional learning experiences into their courses. Of that number, 14 integrate interprofessional learning all of the time. Only 6 responded that they have not incorporated interprofessional learning into their courses at all (Figure 15).

Figure 15. Interprofessional Learning Integration into Course Work



In which types of interprofessional activities are your students involved? (select all that apply)

Eighty-eight respondents answered this question, indicating that the most common types of interprofessional activities in which students are involved are clinical practice (57.8%) followed closely by small group work and community practice both at (55.7%) (Figure 16).



With which of the following oral health professions do your students collaborate in educational settings? (Check all that apply)

Eighty-eight participants responded to this question. Only 7 (7.95%) selected "None/Not Applicable." Not surprisingly, the oral health professionals with whom the majority of respondents collaborate most often are dentists and dental assistants (Figure 17). The respondents who collaborate with dental specialists had the opportunity to specify the dental specialty using a free-text box. Responses included periodontists, oral surgeons, public health dentists, prosthodontists, pedodontists, endodontists, orthodontists, and oral pathologists. These responses are very similar to those from2016.

Respondents were also asked to identify the health and social service professionals with whom their students collaborate in educational settings. Nurses, personal support workers/care aides, physicians,

and pharmacists were the most frequently selected from the list of non-oral health professions (Figure 18). In the 2016 survey, personal support workers/care aides were not among the top three.

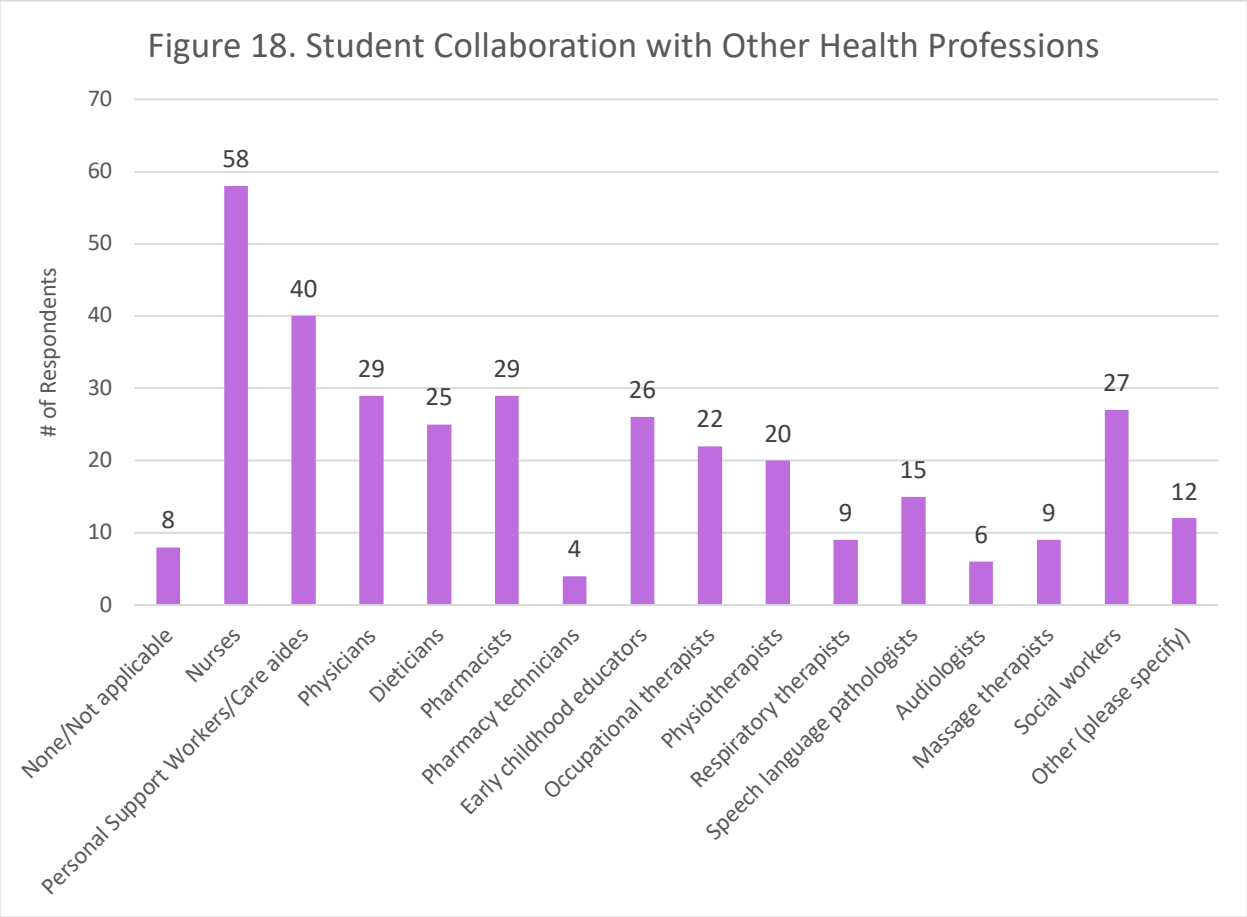


Table 4. Usefulness of CDAC's Accreditation Process						
	Extremely useful (4)	Very useful (3)	Somewhat useful (2)	Not useful (1)	Do not know*	Overall mean score
As a tool for self-evaluation	31	38	18	2	2	3.1
As an index of program quality	31	35	19	5	1	3.0
As a mechanism for implementing curriculum changes	30	34	23	3	1	3.0
As a means of protecting the public interest	32	25	31	2	1	3.0
As a means of gaining registration and licensure for graduates	40	31	11	5	4	3.2

Views on National Policy Issues

Dental hygiene accreditation granted by the Commission on Dental Accreditation of Canada (CDAC) is often described as being useful for several reasons, some of which are listed below. How useful do you feel CDAC accreditation is in regard to the following points?

Respondents were asked to indicate how useful the dental hygiene accreditation process is on various points. Overall, CDAC accreditation was considered extremely or very useful by the majority; more than two-thirds (Table 4) of participants reported usefulness in the following areas:

- as a means of enabling registration and licensure for graduates (78%)
- as a tool for self-evaluation (75.8%)
- as an index of program quality (72.5%)
- as a mechanism for implementing curriculum changes (70.3%)
- as a means of protecting the public interest (62.6%)

*Do not know responses were not included in the overall mean score.

To what extent does the Commission on Dental Accreditation of Canada (CDAC) accreditation process meet the needs of dental hygiene education?

Ninety-one respondents answered this question, 41 of whom indicated that the CDAC accreditation process somewhat meets the needs of dental hygiene education (45%) while another 41 stated that the CDAC accreditation process meets the needs to a great extent (45%). In 2016, when this question was asked of educators, 60% of survey respondents felt the CDAC accreditation process somewhat met the needs of dental hygiene education, while 36.5% felt that it met the needs a great deal.

What, if anything, would you recommend changing in the CDAC accreditation process?

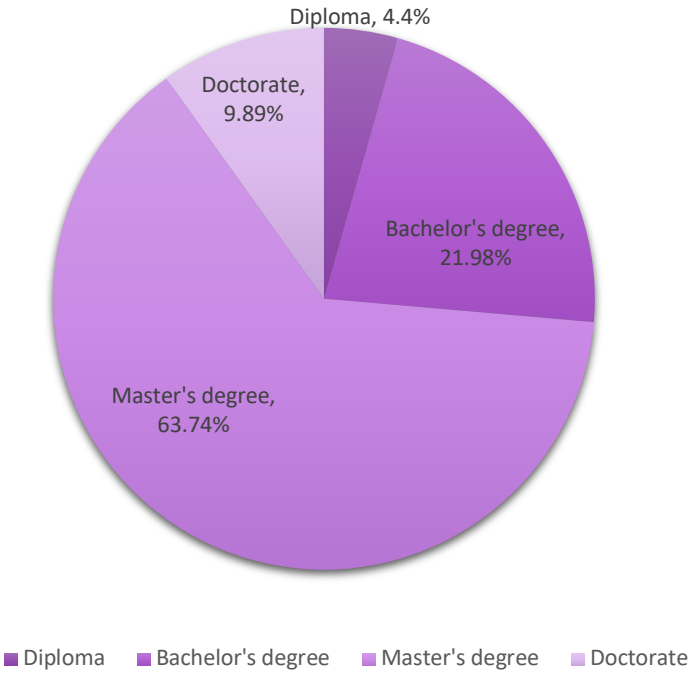
Sixty educators responded to this open-ended question, a substantial increase from 2016 when only 35 responded. Some common responses emerged and are described below:

- Greater calibration and standardization of surveyors
- Include a clinical competency outcome portion to the survey site visit
- Greater transparency in the accreditation process, both from the accrediting body and from the educational institution
- More comprehensive and in-depth feedback and guidance to the institution on recommendations
- Creation of an online portal for document submission to minimize paperwork
- Incorporate evaluation of program quality and outcomes

In your opinion what is the most appropriate credential for dental hygiene program directors/coordinators?

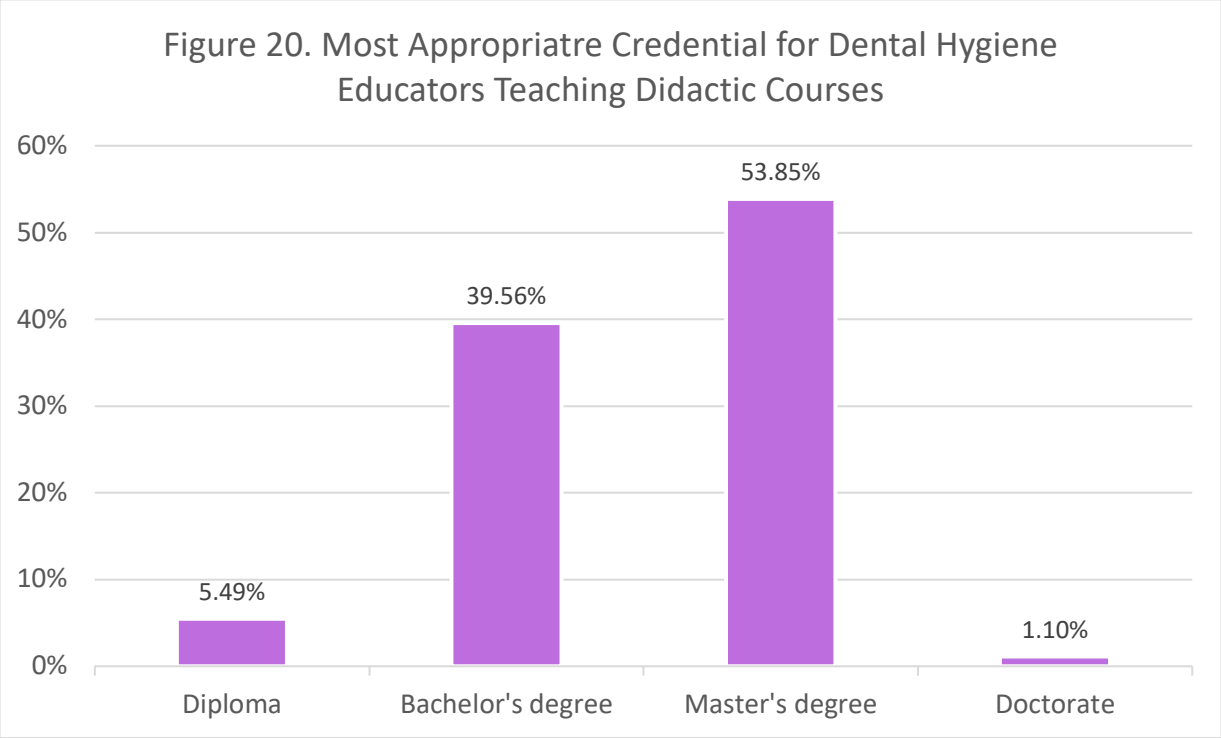
Of the 91 educators who responded to this question, 58 (63.7%) indicated that the most appropriate credential for dental hygiene program directors/coordinators is a master's degree. This finding is a downturn from the 2016 Educators' Survey, in which 70% felt that the most appropriate academic credential for program directors and coordinators was a master's degree.

Figure 19. Most Appropriate Academic Credential for Dental Hygiene Program Directors/Coordinators



In your opinion what is the most appropriate credential for a dental hygiene educator involved in coordinating and teaching didactic courses?

Of the 91 respondents to this question, 49 (54%) felt that the most appropriate credential for a dental hygiene educator who coordinates and teaches didactic courses is a master's degree, while 36 (39.6%) felt that it is a baccalaureate degree. Only 5 respondents (5.5%) indicated that the most appropriate credential is a diploma (Figure 20). One respondent (1.10%) felt that a doctorate was most appropriate. These numbers are consistent with the 2016 Educators' Survey results.



In your opinion what is the most appropriate credential for a dental hygiene educator involved in clinical courses?

Ninety-one survey participants responded to this question, the majority of whom felt that the most appropriate credential for a dental hygiene educator involved in clinical courses is a baccalaureate degree (71.4%), while 22% of survey participants felt it should be a diploma (Figure 21). This is a marked difference from the 2016 Educators' Survey results, in which 61% of survey participants felt that the most appropriate credential for a dental hygiene educator involved in clinical teaching was a baccalaureate degree, while 25.3% s felt it should be a diploma (Table 5).

Figure 21. Most Appropriate Credential for Dental Hygiene Instructors in Clinic

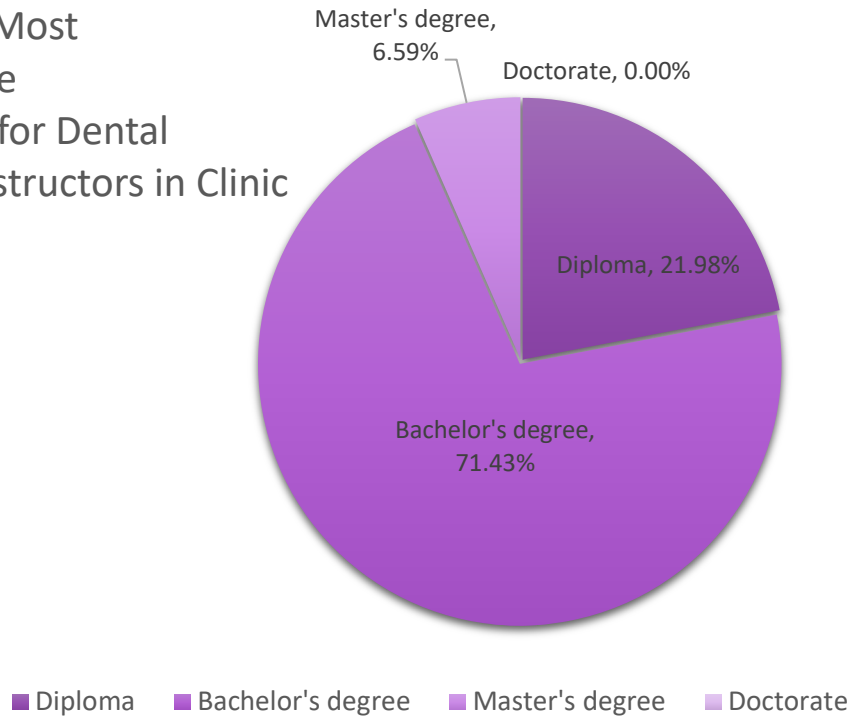


Table 5. Comparison of Opinions on the Most Appropriate Credential for Clinical Instructors

Appropriate Credential	2018 (%)	2016 (%)
Diploma	**22**	**21**
Bachelor's degree	**71.4**	**61**
Master's degree	**6.59**	**14**
Doctorate	**0.00**	**0.00**

To what extent do you agree or disagree with the following statement: *The entry to practice educational requirement for dental hygienists in Canada should be a baccalaureate degree*

Ninety-one educators responded to this question. Sixty-one (67%) either agreed or strongly agreed with the statement that the entry-to-practice educational requirement for dental hygienists in Canada should be a baccalaureate degree, while sixteen (18%) disagreed or strongly disagreed and fourteen (15%) neither agreed nor disagreed (Figure 22). In comparison, 69% of survey respondents agreed or strongly agreed with this statement in 2016 and 60% did so in 2014.

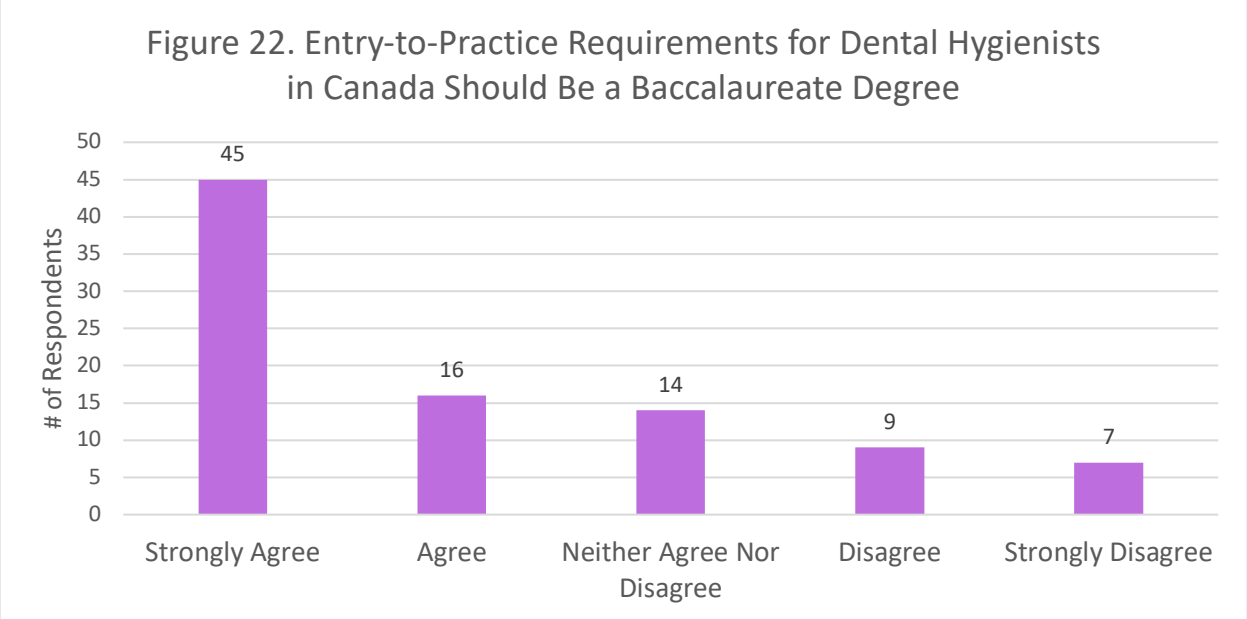


Table 6. Comparison of Educators' Views on Entry-to-Practice Education

	2018 (%)	2016 (%)
Strongly agree	49.45	43.7
Agree	17.58	25.3
Neither agree nor disagree (neutral)	15.38	8.1
Disagree	9.89	13.8
Strongly disagree	7.69	9.2

To what extent do you agree or disagree with the following statement? *Baccalaureate dental hygiene education is important because it provides…*

Survey participants rated the extent to which they agreed or disagreed with statements on the ways in which a baccalaureate education would benefit the dental hygiene profession (Table 7). There was overwhelming support ((87.92%) that baccalaureate education would enhance abilities in areas such as critical thinking, research use, and working collaboratively with other professionals.

Table 7. Opinions on the Benefits of a Baccalaureate Dental Hygiene Education

	Strongly Agree n (%)	Agree n (%)	Neither Agree Nor Disagree n (%)	Disagree n (%)	Strongly Disagree n (%)	Do Not Know* n (%)	Total	Overall Mean Score
…increased knowledge in areas such as oral medicine, immunology, and microbiology.	36 (39.56)	31 (34.07)	14 (15.38)	7 (7.69)	1 (1.10)	2 (2.20)	91	4.06
…increased capacity to work with underserved groups.	33 (36.26)	24 (26.37)	16 (17.58)	13 (14.29)	3 (3.30)	2 (2.20)	91	3.80
…different abilities, such as prescription of medications and minimally invasive restorations.	29 (31.87)	25 (27.47)	11 (12.09)	2 (2.20)	3 (3.30)	3 (3.30)	91	3.77

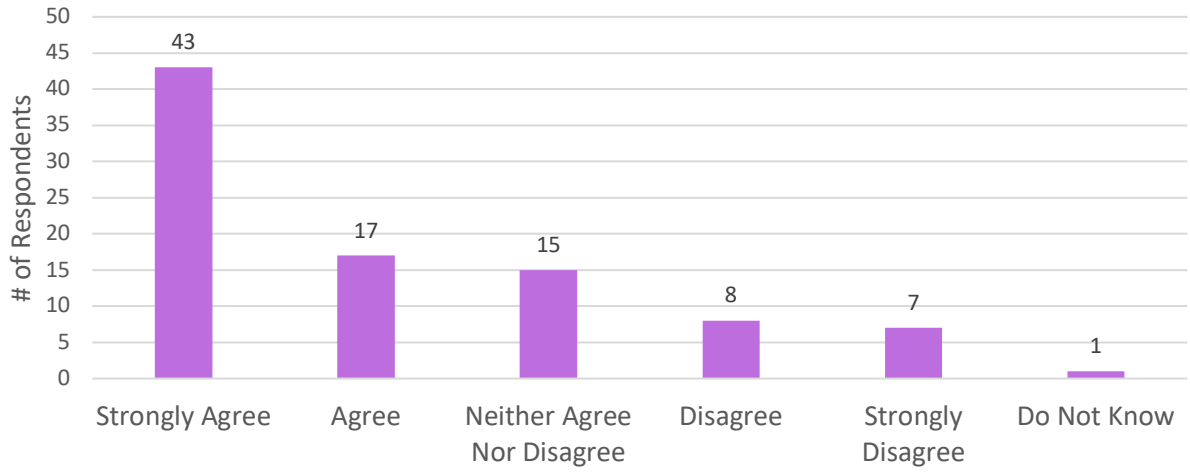
…enhanced abilities in areas such as critical thinking, research use, and working collaboratively with other professionals.	59 (64.84)	21 (23.08)	6 (6.59)	4 (4.40)	0 (0.00)	1 (1.10)	91	4.50

*Do not know responses were not included in the overall mean score.

To what extent do you agree or disagree with the following statement: *Current baccalaureate dental hygiene students should have an increased scope of practice compared to current dental hygiene students who will be graduating with a diploma.*

Ninety-one educators responded to this question. Sixty (66%) either agreed or strongly agreed with the statement that current baccalaureate dental hygiene students should have an increased scope of practice compared to those graduating with a diploma, while fifteen (16%) disagreed or strongly disagreed and fifteen (16%) neither agreed nor disagreed (Figure 23). This question was not part of the 2016 Educators' Survey.

Figure 23. Current Baccalaureate Dental Hygiene Students Should Have an Increased Scope of Practice Compared to Students Graduating with a Diploma



To what extent do you agree or disagree with the following statements on access to baccalaureate dental hygiene degree programs?

Survey participants were asked to rank the extent to which they agreed or disagreed with two statements regarding access to baccalaureate education. Eighty-eight percent of respondents either strongly agreed or agreed that baccalaureate programs should be available in all provinces that currently offer dental hygiene education. Seventy-five percent of respondents either strongly agreed or agreed that baccalaureate dental hygiene programs should be available in every province (Table 8).

Table 8. Access to Baccalaureate Dental Hygiene Degree Programs

	Strongly Agree n (%)	Agree n (%)	Neither Disagree Nor Agree n (%)	Disagree n (%)	Strongly Disagree n (%)	Do Not Know*	Total	Overall Mean Score
Baccalaureate dental hygiene degree programs should be available in all provinces currently offering dental hygiene education.	62 (68.13)	18 (19.78)	8 (8.79)	2 (2.20)	1 (1.10)	0 (0.00)	91	4.52
Baccalaureate dental hygiene degree programs should be available in all provinces in Canada	51 (56.04)	17 (18.68)	14 (15.38)	5 (5.49)	4 (4.40)	0 (0.00)	91	4.16

If the educational requirement for the practice of dental hygiene were to change to a baccalaureate degree in the future, what impact would this have on your role as a dental hygiene educator?

Ninety-one participants responded. Twenty-one (23.08%) stated it would have a substantial impact, thirty (33%) said it would have some impact, seventeen (18.7%) stated it would have little impact, eighteen (19.8%) said it would have no impact, and five (5.5%) stated they did not know how it would impact them.

Is there anything else that would be helpful to understand your views about baccalaureate dental hygiene education in Canada?

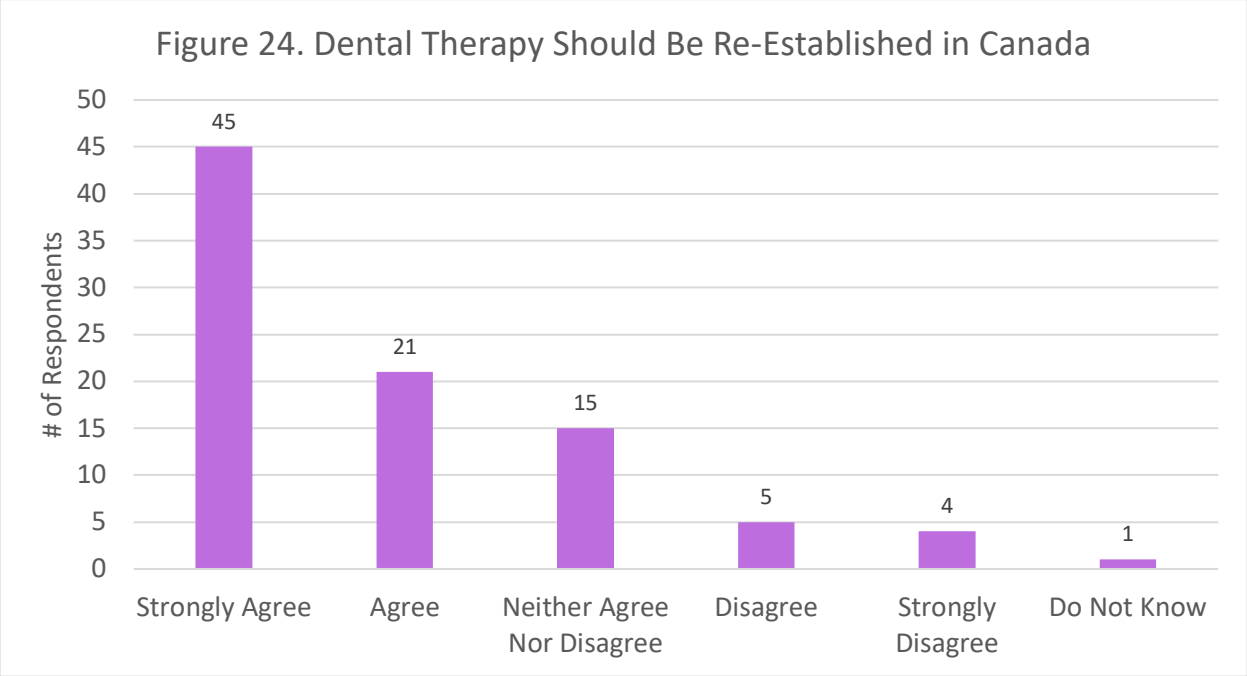
Fifty-six participants responded to this open-ended question. Some common themes in their answers are as follows:

- A baccalaureate degree will increase our professional status and give us more credibility within the dental profession, other health professions, and the general public.
- The profession of dental hygiene should be tiered, with an increased scope of practice for those with higher levels of postsecondary education.
- There should be one national model of dental hygiene education—the 4-year baccalaureate degree.
- A diploma is sufficient for those who prefer to work solely in general private practice.
- There may be a shortage of educators with appropriate credentials if a baccalaureate degree is established nationally as the ETP requirement.

Dental therapists are oral health professionals who provide basic clinical, restorative, surgical, and emergency care. The last dental therapy program in Canada closed in 2011 but, since then, there have been increasing discussions regarding the re-establishment of dental therapy education in Canada. Survey participants were asked to what extent they agreed or disagreed with the following two statements:

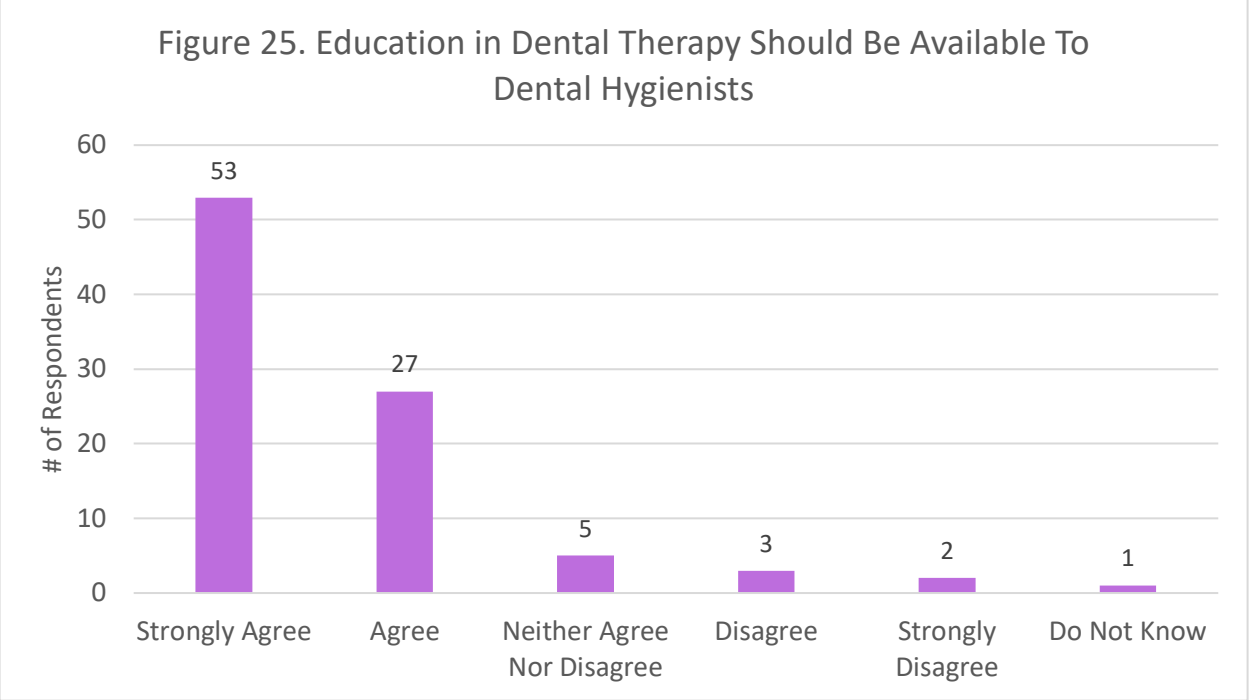
1. Dental therapy education should be re-established in Canada.

Ninety-one respondents answered this question, with 66 (72.5%) either strongly agreeing or agreeing that dental therapy education should be re-introduced in Canada (Figure 24).



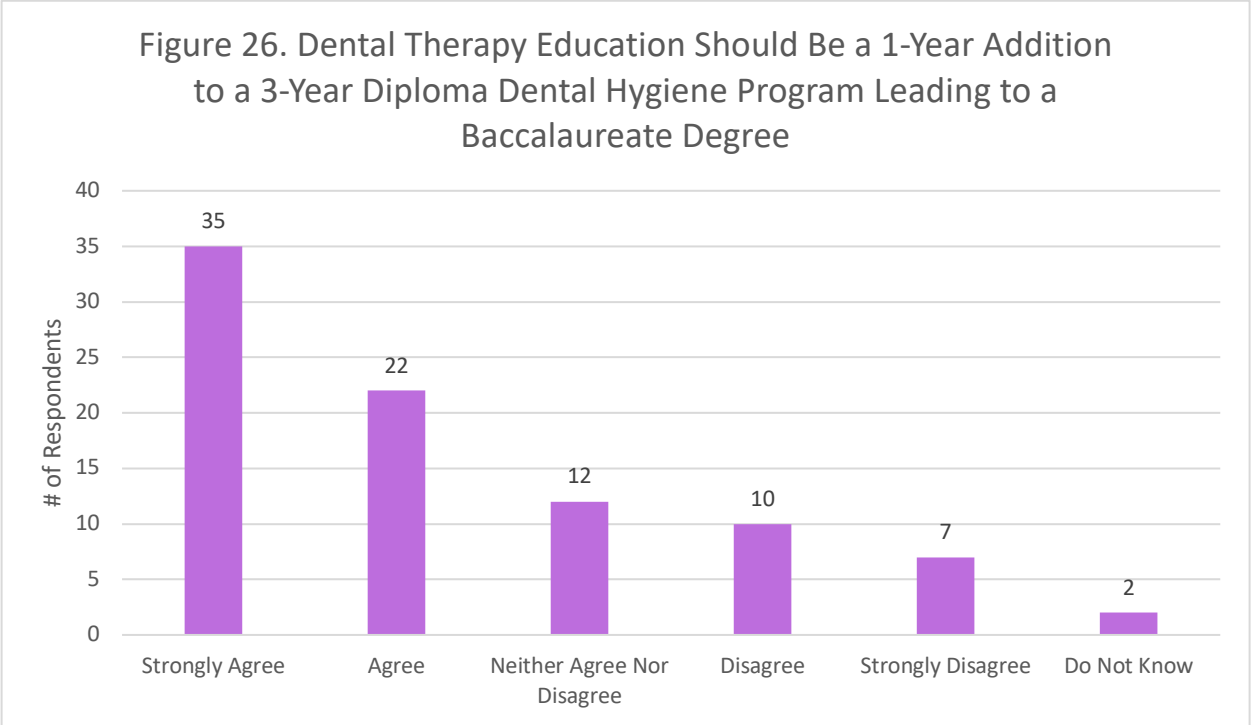
2. Education specific to dental therapy (i.e., the ability to restore teeth, perform uncomplicated extractions, and manage dental and medical emergencies) should be made available to dental hygienists in Canada.

Again, 91 respondents answered this question, 80 of whom (87.9%) either strongly agreed or agreed that dental therapy education should be made available to dental hygienists (Figure 25).



While several educational models were explored as part of CDHA's research on reintroducing dental therapy abilities in Canadian postsecondary education, there was greatest support for a 1-year addition to a 3-year diploma dental hygiene program, resulting in a baccalaureate degree option with a specialization or major in dental therapy. To what extent do you agree or disagree with the establishment of this model?

Eighty-eight participants responded to this question, with 64.8% stating that they either strongly agreed or agreed with the establishment of this educational model. Seventeen respondents (19.3%) either disagreed or strongly disagreed (Figure 26).



Respondents were then invited to explain their views on dental therapy education. Some of the common themes in the answers were:

- It would improve access to oral care for underserviced populations.
- It conflicts with the promotion of a baccalaureate degree as the requirement for entry to practice.
- It requires more than just one year of postsecondary education.
- It would be nice to have the advanced diploma recognized.
- I would like to see a post-graduate model for dental therapy.
- This educational model would add to the increased scope of practice of dental hygienists. Training multi disciplinary clinicians only adds to our ability to provide dental hygiene and therapy care to those in most need, especially northern communities.

Is there anything else that would help CDHA to understand your views about dental hygiene or dental therapy education in Canada?

Forty-three respondents provided comments to explain their views. Respondents believe that expanded, standardized education will position dental hygienists more strongly as primary health care providers and will give them the respect that they deserve from their colleagues and the public. The overarching theme seems to be the need to move the dental hygiene profession forward. How that happens is

clearly up for debate, but everyone seems to agree that a higher level of education (whether it be the 4-year baccalaureate degree, the possibility of specialization in dental therapy or the development of master's degree programs) is required. Respondents believe that expanded, standardized education will position dental hygienists more strongly as primary health care providers and will give them the respect that they deserve from their colleagues and the public.

CDHA Resources and Opportunities

How useful do you find the following networking environments?

Eighty-seven participants answered this question, seventy-three (84%) of whom stated that in-person networking is extremely or moderately useful, while 57.5% found CDHA's Educator listserv extremely or moderately useful (Table 9). These results are a marked increase over those from 2016 when 71.3% found in-person networking extremely or moderately useful and 44% found the Educator listserv extremely or moderately useful. CDHA's Educator listserv was launched on March 3, 2010; CDHA now has 318 members as part of this online community.

Table 9. Usefulness of Networking Environments

	Extremely useful	Moderately useful	Somewhat useful	Not useful	Do not know	# of Responses
CDHA's Educator listserv	28 (32.18%)	22 (25.29%)	**27** (31.03%)	0 (0.00%)	10 (11.49%)	87
In-person networking (face to face)	**44** (50.57%)	29 (33.33%)	8 (9.20%)	0 (0.00%)	6 (6.90%)	87

What could be done to improve the usefulness of the above networking environments?

> Fifty-one participants responded to this open-ended question, many of whom recommended better curating of Listserv comments and discussions to encourage dialogue from more members and reduce the number of messages being sent on a particular topic.

Which is your preferred method of educator-specific professional development?

Respondents were asked to rank various educator-specific learning activities from 1 to 4, with 1 being their preferred choice and 4 being their least preferred choice. Eighty-seven participants responded. The results are presented in Table 10. In-person workshops, either full- or half-day in duration, were the

preferred choice for professional development (52%), while educator-specific webinars was the least preferred (32.2%).

Table 10. Preferred Format for Educator-Specific Professional Development

	(1)	(2)	(3)	(4)	Total	Score
Workshop (full or half day)	51.72% 45	17.24% 15	18.39% 16	12.64% 11	87	3.08
Lecture session (2-3 hrs)	9.20% 8	35.63% 31	26.44% 23	28.74% 25	87	2.25
Online courses	28.74% 25	21.84% 19	22.99% 20	26.44% 23	87	2.53
Webinars	10.34% 9	25.29% 22	32.18% 28	32.18% 28	87	2.14

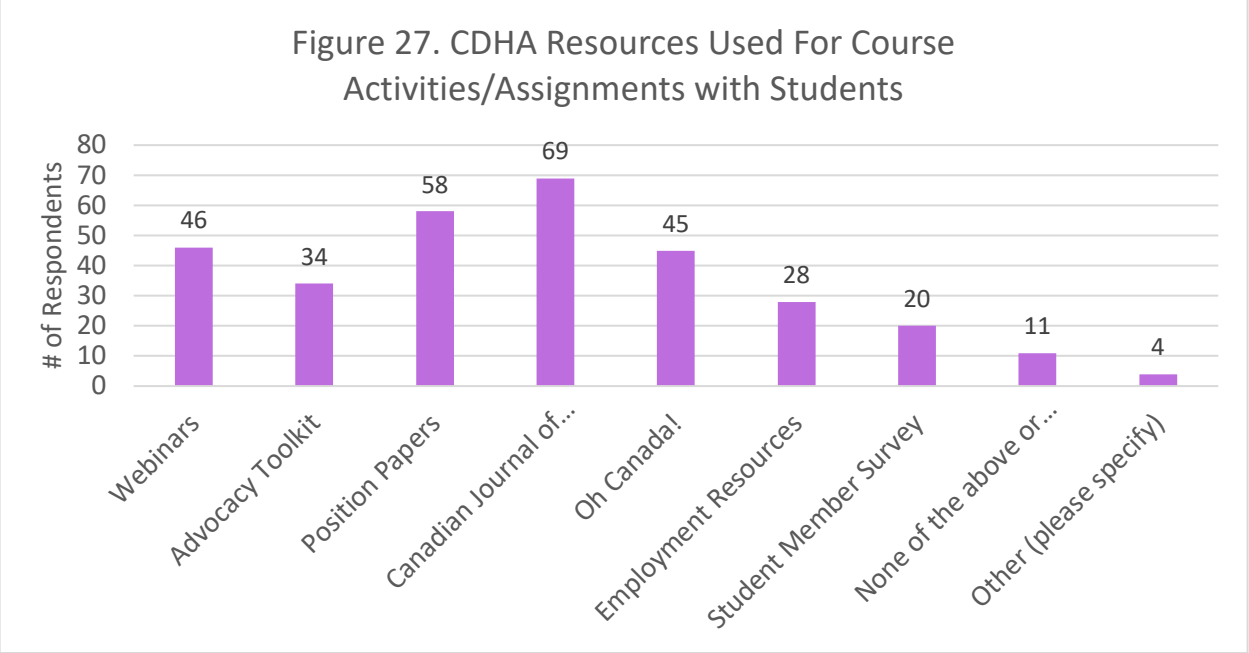
Respondents were also asked to comment on which topics they were most interested in learning about through a webinar format. Among their responses were:

- Techniques on how to motivate and engage students
- Information on the latest research
- How to increase use of technology in the classroom
- How to increase interprofessional opportunities for students

Similar themes emerged from the 2016 Educators' Survey.

Which of the following CDHA resources have you used for course activities/assignments with your students?

Of the eighty-seven participants who responded to this question, sixty-nine (79.3%) selected the *Canadian Journal of Dental Hygiene*, fifty-eight (66.7%) selected position papers, and forty-six (52.9%) selected webinars (Figure 27).



Respondents were asked to describe their experiences using the noted resources. Some common themes noted are:

- CJDH and position papers for research assignments for evidence-based practice
- Allows students to become familiar with the website and explore the resources for future practice
- Articles from CJDH are often required readings
- Use employment surveys as learning tools
- Used the advocacy toolkit in health policy course and it worked very well; think it's great.
- Some webinar speakers are excellent.

Demographic and Other Information

For how many years have you worked as a dental hygiene educator?

Eighty-seven survey participants answered this question, with responses ranging from less than one year to more than 30 years. The estimated median length of time that respondents have worked as dental

hygiene educators is 13.97 years, which is a slight decrease from 2016 when survey respondents had an estimated median length of work time of 14.5 years.

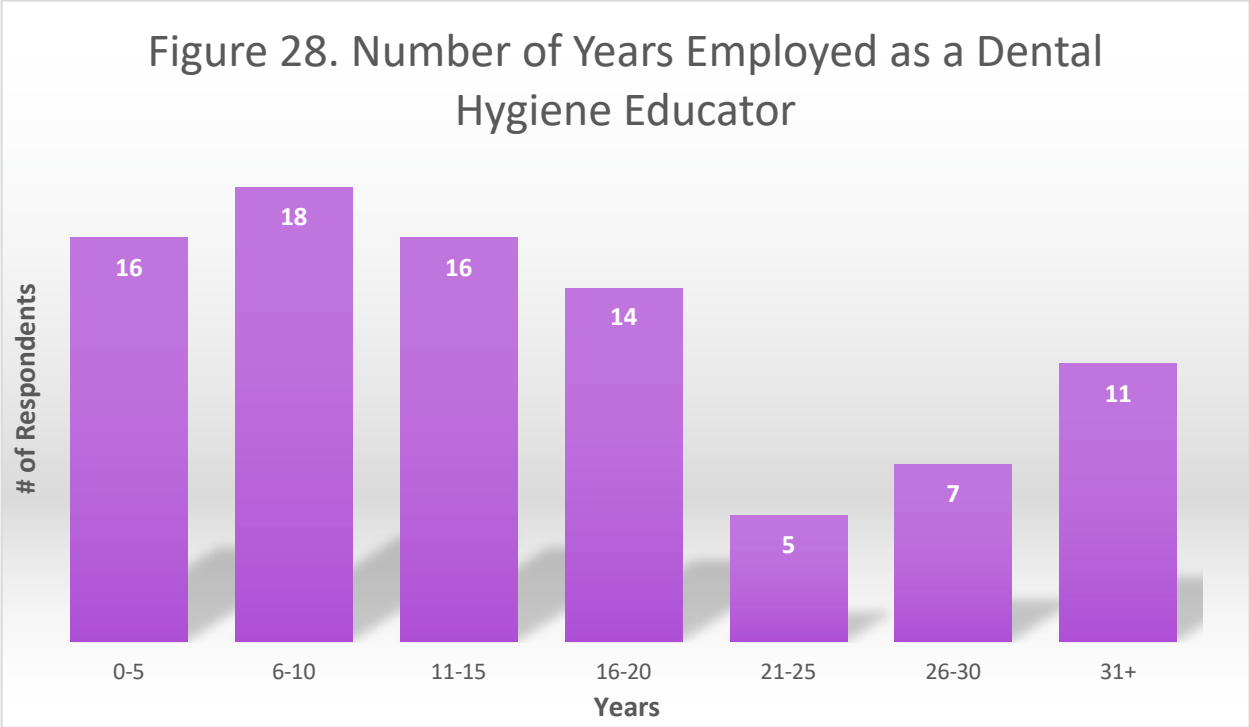


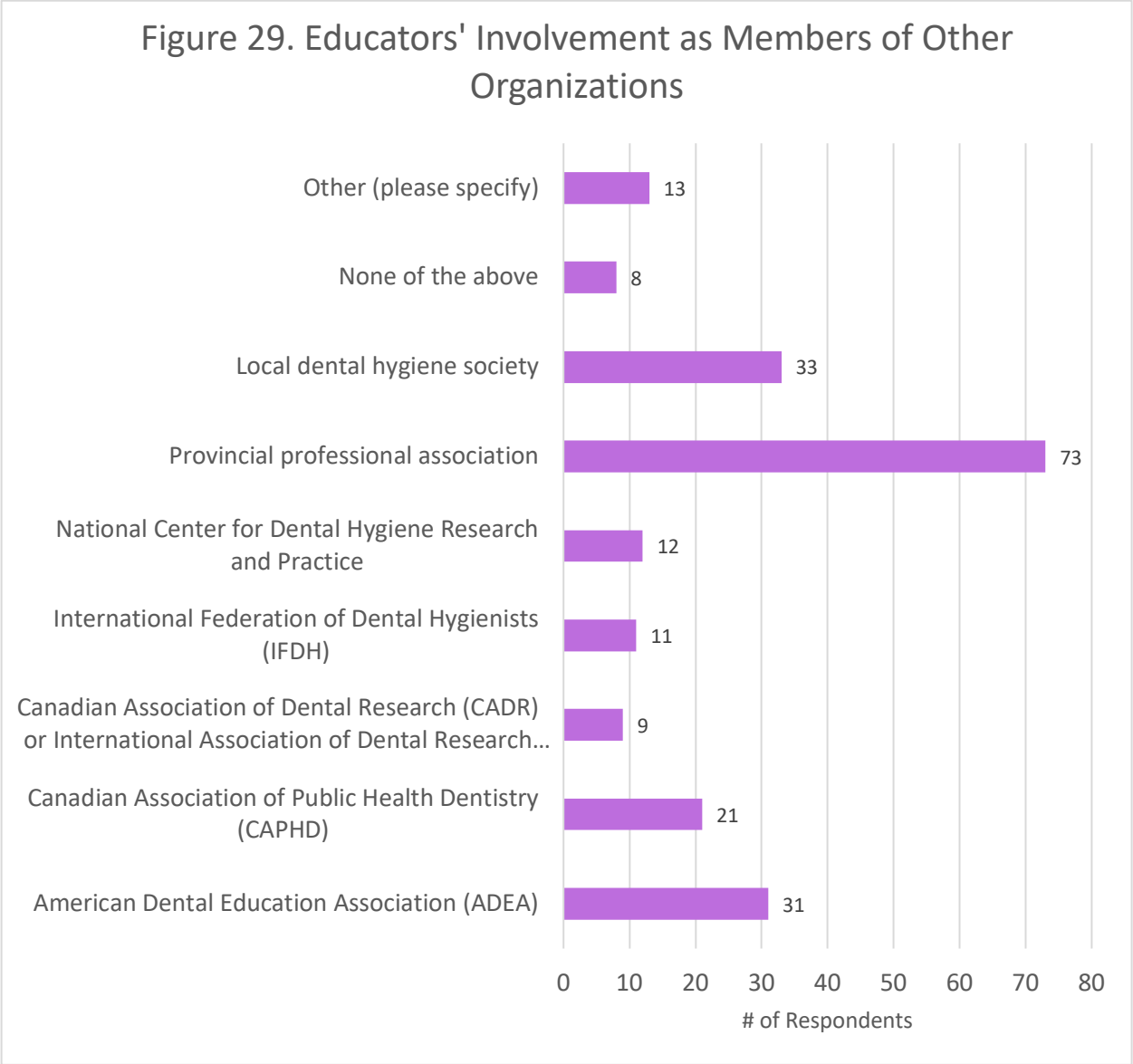
Table 11. Comparison of Years as a Dental Hygiene Educator

Years	2018 (%)	2016 (%)
<1yr		2.3
0–5	18.4	
1–5		16.3
6–10	20.7	17.4
11–15	18.4	19.8
16–20	16.1	17.4
21–25	5.75	9.3
26–30	8.05	10.5
31–35	12.6	5.8
36+		1.2

Median	**12.4 years**	**14.5 years**

Of which of the following organizations are you a member?

Eighty-seven survey participants responded to this question and were asked to select all that apply. They revealed that they belong to professional dental hygiene organizations at local, provincial, national, and international levels (Figure 29). There has been an increase in respondents' membership in other organizations since 2016. Membership in provincial associations has increased from 65% in 2016 to 84% in 2018. Membership in the American Dental Education Association (ADEA) was 20.1% in 2016 and is 36% in 2018. Membership in the Canadian Association of Public Health Dentistry (CAPHD) was 15.1% in 2016 and increased to 24% in 2018; 9.3% of 2016 respondents were members of the International Federation of Dental Hygienists (IFDH) compared to 12.6% in 2018.



Which of the following best describes your highest level of completed education in dental hygiene?

Eighty-seven participants responded to this question. The dental hygiene diploma is the highest level of completed dental hygiene education among just over half of the respondents (51.7%), which is a decrease from 2016 (65.1%). Twenty-six percent of respondents have a baccalaureate degree specific to dental hygiene, which represents a slight increase over 2016 when 25% of respondents indicate that they held a baccalaureate degree in dental hygiene. The proportion of master's degree respondents has

decreased from 8.1% in 2016 to 3.5% in 2018. It should be noted that, in the "Other" category, participants mostly identified baccalaureate or master's degrees in disciplines other than dental hygiene (Figure 30). Baccalaureate degrees in dental hygiene are currently offered at four universities in Canada: University of British Columbia, University of Alberta, University of Manitoba, and Dalhousie University. The University of Alberta also offers a master's degree in medical sciences, with a specialization in dental hygiene—the first university in Canada to do so.

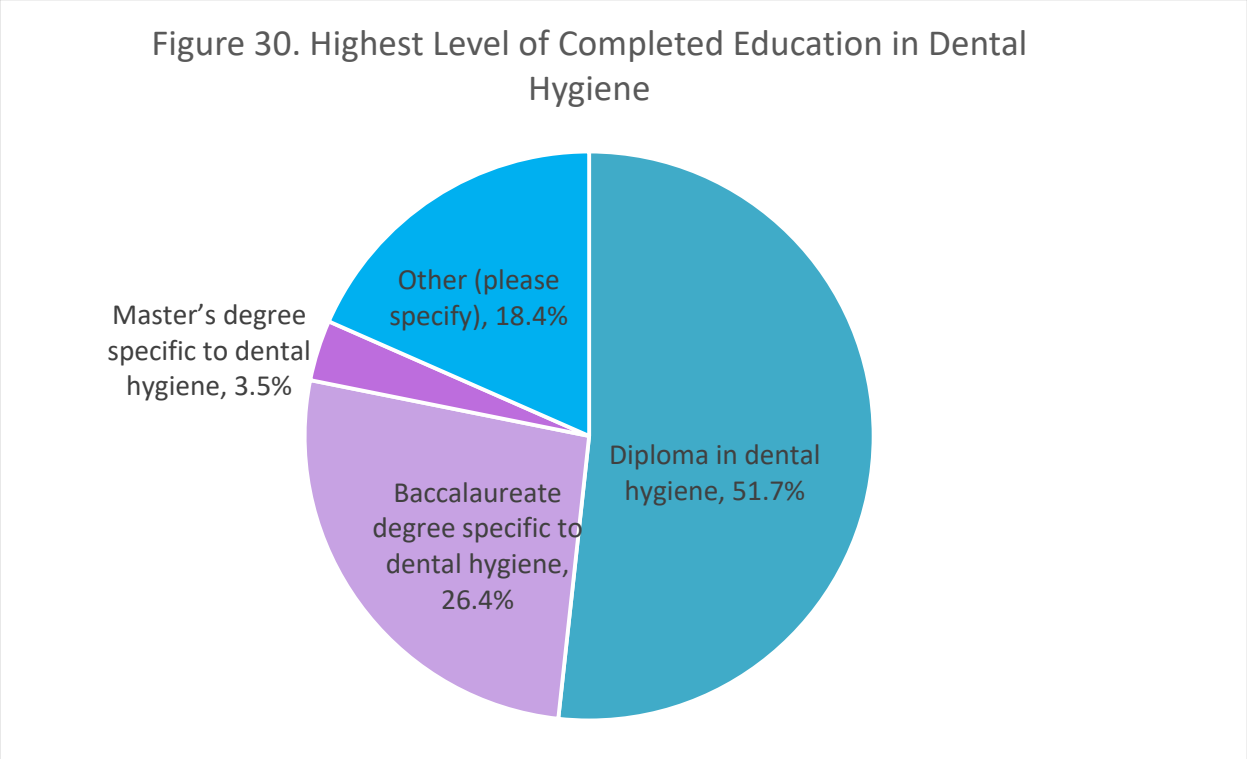


Table 12. Comparison of Dental Hygiene Education Completed by Educators

Credential	2018 (%)	2016 (%)
Diploma	51.7	65.1
Baccalaureate degree	26.4	24.4
Master's degree	3.5	8.1
Other	18.4	2.3

Which of the following best describes your highest level of completed education in a field of study other than dental hygiene?

The highest level of completed education in a field other than dental hygiene is the master's degree (50.6%) followed by a baccalaureate degree (21.8%) (Figure 31). This result is a marked increase since 2016, when 39% of respondents reported having completed a master's degree in a field other than dental hygiene.

Figure 31. Highest Level of Education Completed in a Field Other than Dental Hygiene

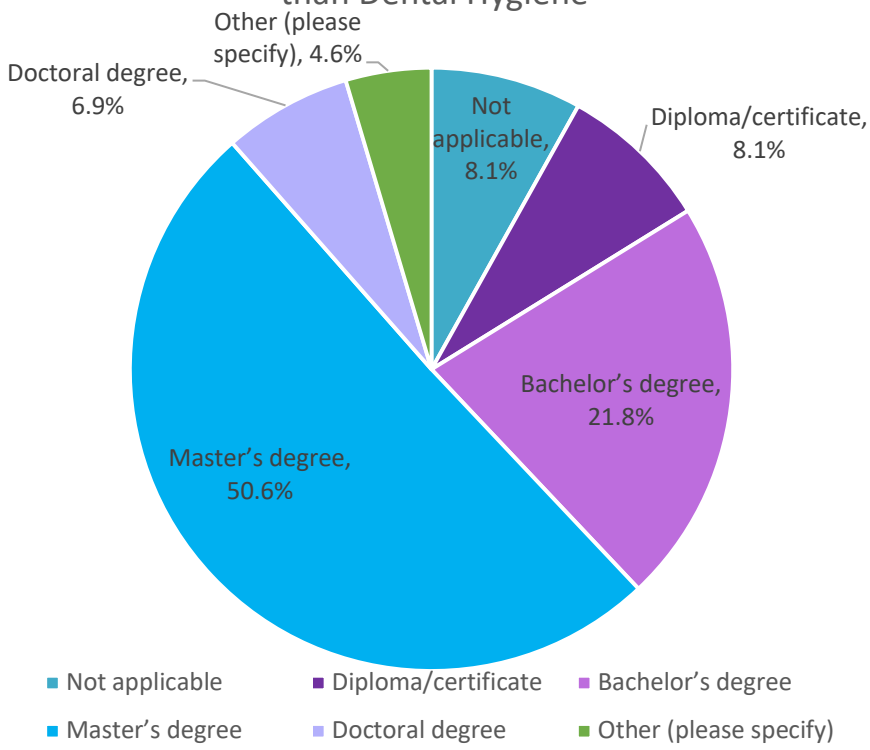


Table 13. Comparison of Completed Education in Fields Other than Dental Hygiene

Credential	2018 (%)	2016 (%)
Diploma/Certificate	8.05	7.0
Baccalaureate degree	21.8	29.1
Master's degree	50.6	39.5
Doctoral degree	6.9	5.8
Other	4.6	7.0
N/A None of the above	8.1	11.6

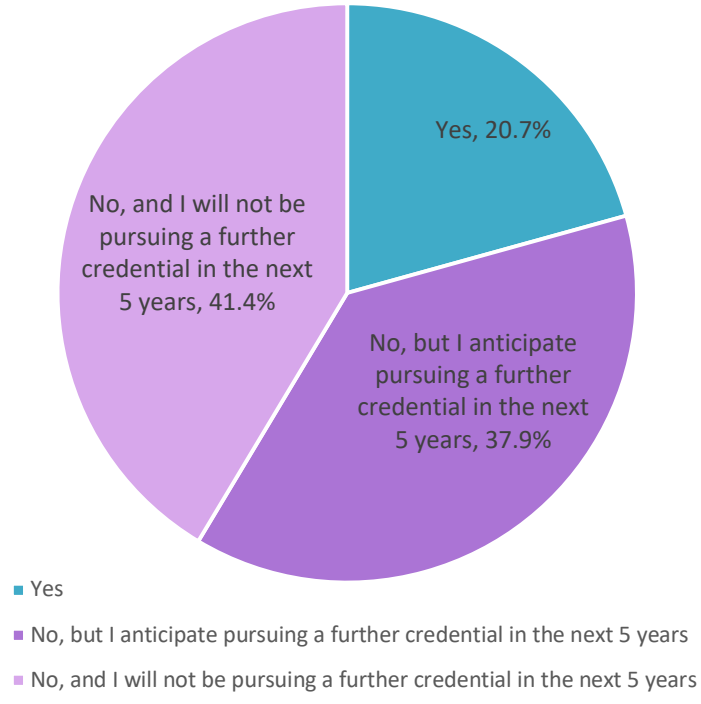
Which of the following best describes your field of study in an area other than dental hygiene?

Seventy-eight participants responded to this open-ended question. The greatest proportion of respondents (58%) hold credentials in the field of education compared to 47.4% in 2016. Sciences, arts, and public health/administration were other fields of study among respondents.

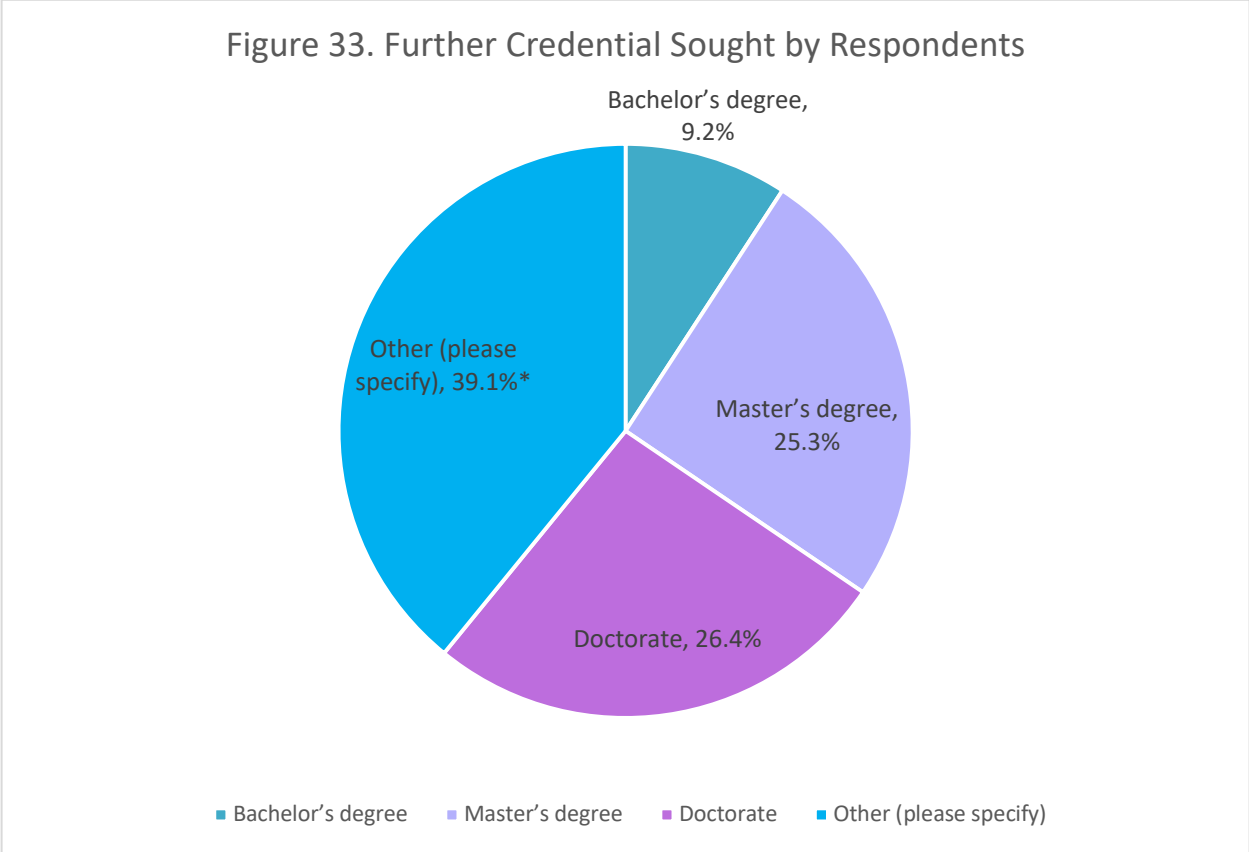
Are you currently enrolled in an academic program to pursue a further credential?

Eighty-seven survey participants responded, with the majority stating that they are either currently or anticipate pursuing a further credential in the next 5 years (58.6%) (Figure 32). This is slightly higher than in 2016 when 55.2% were currently (29.9%) or anticipated (25.3%) pursing a further credential.

Figure 32. Educators Currently Enrolled in an Academic Program to Pursue a Further Credential



Which credential do you hope to earn?

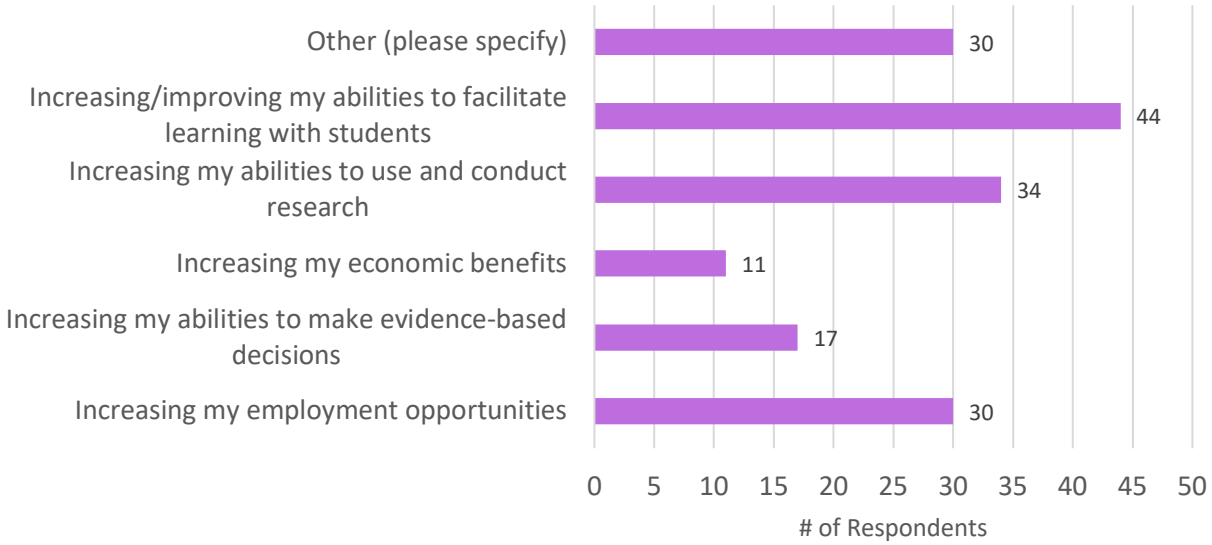


An error in the 2018 survey methodology prompted all respondents to answer this question, including those who had indicated previously that they were not planning on pursuing further education within the next 5 years. As a result, the number of "other" responses is disproportionately high. If the 31 "other" responses that highlight this methodological error are removed, the remaining 3 responses can be added to the response totals for the other credential categories, creating a pool of 56 responses for analysis. Of those 56 respondents, 8 (14.3%) indicated that they are pursuing a baccalaureate degree, 22 (39.3%) are pursuing a master's degree, 23 (41.1%) are pursuing a doctorate, and 3 (5.3%) are pursuing diplomas or other certifications. The number of respondents who are undertaking doctoral studies has increased significantly from 2016 when 17% reported such studies.

Which of the following factors influence your decision to pursue a further credential? (Select a maximum of 3)

Eighty-seven participants responded to this question. The factor selected most often by respondents was to increase/improve their abilities to facilitate learning with students (50.6%) (Figure 34). The top three factors remain unchanged from 2016 to 2018, although the ability to use/conduct research is now the second most important factor rather than increased employment opportunities.

Figure 34. Factors that Influence the Decision to Pursue a Further Credential



Conclusion

The results of this survey will be used to identify trends and gain an understanding of dental hygiene education in Canada. The findings will allow CDHA to establish a profile of Canadian dental hygiene educators, their experiences with educational approaches, and their views on different national policy issues. The results will also allow CDHA to support educator members in their ongoing professional development.

Overall, the survey was well received. This report would not have been possible without CDHA's educator members who expressed interest in the survey and CDHA's Education Advisory Committee. We thank you for taking the time to answer questions and share your insight.