ALTERNATIVE PRACTICE

*by Melinda M. Ferguson BSc, RDH, BBA**

Provincial statistics suggest that fewer than 10 per cent of dental hygienists work in alternative practice settings, those settings outside the traditional general dentist practice.[1] Alternative practice does not drain dental hygiene human resources from general practice settings or decrease the availability of care; rather, it provides care and preventive services to a wider cross-section of the under served population. At the same time, it facilitates the education of other professionals, dental and non-dental, increases professional satisfaction, and increases retention within the profession.

Clinical dental hygiene

Alfred Fones, DDS, coined the term "dental hygienist" in 1913. He "believed that the new profession should be based on preventing disease through dental hygiene treatment and education of the public. He also believed that these services did not necessarily need to be provided within dental offices, under the direction of a dentist."[2]

Since that time, dental hygiene has grown into an international, multi-faceted profession. In traditional practice, dental hygienists perform oral health assessments; provide nutritional counselling and individualized self-care programs for prevention; examine head, neck and oral regions for disease; perform oral cancer and blood pressure screenings; take and process x-rays and perform other diagnostic tests; provide services that help prevent gum disease and caries. These services would include, for example, removing deposits from teeth, applying sealants and fluoride, placing and removing temporary fillings and periodontal dressings, removing sutures, and taking impressions. In some provinces, dental hygienists, with specialized education in a specific area, may also provide services such as administering local anesthetics, nitrous oxide/oxygen analgesia; placing and carving filling materials; and carrying out additional periodontal procedures such as gingival curettage.

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The hygiene realm extends far beyond the boundaries of traditional general practice. There are specialty practices in periodontal offices, pediatric practices, prosthodontic offices (prosthodontic module and/or restorative module required in some jurisdictions), and orthodontic practices (ortho module required in some jurisdictions). Other clinical dental hygienists employ their skills in cosmetic practices. Where legislation and training permit, some dental hygienists place resin and amalgam restorations; others administer anesthetic and/or nitrous oxide.

The increased oral health awareness in recent years has seen a further expansion of dentistry and dental hygiene into novel/boutique-like clinics, such as Fresh Breath Clinic® (think Anne Bosy, Toronto), whitening clinics, Oral Cancer and Smoking Cessation clinics (think Ruth Lunn, Vancouver, in conjunction with the BC Cancer Agency), holistic practices (Kathryn Harwood has worked in a number of these venues in Nelson and Vancouver).

Autonomous practice

A number of dental hygienists in self-regulating provinces have created autonomous practices. This is as Dr. Alfred C. Fones intended. In his original vision of dental hygiene, we were independent.

Research shows "entrepreneurial hygienists or independent hygienists have been scientifically judged to have equal or better practices than their counterpart dental offices with hired hygienists. Clients who had never visited a dentist in their lifetime were motivated by independent hygienists to seek out a doctor."[3]

These are the freestanding dental hygiene clinics you've read about over recent years in other issues of *Probe*. Their founders are often recruited to speak in support of ambitious groups trying to create awareness of the benefits of independence and professional autonomy. The most familiar name might be University of Alberta graduate, Arlynn Brodie, who established British Columbia's first freestanding clinic (June 1995) and is still "up and running." Paula McAleese operates a dental hygiene clinic in Abbotsford, and there are also a number in the Victoria area of British Columbia as well. These hygiene practices are likely to increase in number as dental hygienists become self-regulating and governments become more concerned about access to dental hygiene care.

Public health

Perhaps the other most-commonly-thought-of alternative avenue for dental hygiene practice is working in public health and school districts providing oral health assessments, referrals and preventive services, and developing educational strategies to change health behaviours of clients. Prince Edward Island's Dorothy Peters, Annabelle Allen, and Thelma Reed were the first dental hygienists employed in public health. In 1950, they worked in the dental division of the provincial department of health.[4] The federal government also hired its first dental hygienist in 1950; Andrée Hébert Brunelle was employed in the Department of National Health and Welfare in Ottawa.[5]

According to Bernice Doucet at Meteghan Centre Public Health Services in Nova Scotia, public health has changed a lot since she first joined their team in 1975. "Back then hygienists worked in isolation, visiting schools, doing screenings, prophies and fluorides as well as oral hygiene instruction and elementary classroom education. After three and a half years, Ms. Doucet returned to private practice to prevent the rest of her hygiene skills from becoming 'rusty'." After 11 years in private practice, she was again ready for a change and returned to public health. Opportunities in this field have expanded in recent years due to the wider recognition that oral health is indeed an integral part of overall health.

Today Ms. Doucet finds her position more a part of a multidisciplinary school health team. "Although our priority is oral health, we are involved in other programs delivered by Public Health. I am responsible for the weekly fluoride mouth rinse program in seven elementary schools. This involves setting up the program in the schools in September and maintaining contact throughout the school year." "I do oral health presentations in elementary schools, preschools, mom and babe groups." "Other Public Health initiatives I am involved in include KATS (Kids Against Tobacco Smoke), primary registration, health fairs for primary to grade 2 students (in both French and English) and I am a member of the Provincial Fluoride Mouthrinse Steering Committee."

Generous paycheques are not commonly cited when public health hygienists are asked to explain what attracted them to their jobs. Penny White, senior dental hygienist and dental program coordinator with the Leeds, Greenville and Lanark District Health Unity in Ontario, took a huge cut in salary when she left private practice after five years. She finds that the benefits, flexibility, and personal growth afforded by the public health setting are amazing and continue to be very rewarding even as her 12th anniversary with the health unit draws near. Bernice Doucet likewise enjoys the flexibility and autonomy in her public health workplace.

The Ontario Ministry of Health outlines mandatory programs that the unit must provide: dental screening in elementary schools, CINOT (Children in Need of Treatment) program, dental clinics, Dental Indices Survey. All public health hygienists agree the most rewarding aspect is the ability to develop and implement new programs to meet the

Private Practice	Public
Patient	Community
Assessment	Survey
Dental hygiene diagnosis	Analysis
Treatment plan	Program planning
Implementation	Implementation
Fee/payment	Budget/financing
Patient evaluation	Program evaluation

Table 1. Differences between private practice and public health

needs of the community. One such program in Ontario is the Youth Program to provide financial assistance for treatment for youth in urgent dental need. Previously there had been nothing for youth or adults unless they were receiving social assistance. The unit also provides dental assessments and scaling for adults in need, in return for a donation that helps support the emergency treatment program for adults.

Dental hygienists are involved in public health because they have a passion. A minimum of two-to-three years' work experience in private practice is an asset. The ideal candidate is a person with some knowledge of program planning, management, and evaluation, and who may have done some community-wide assessments or surveys. Solid clinical experience is an asset. It is necessary to have an understanding of the ethnic and demographic diversity of the population. The dental hygienist needs to be an educator who cleans teeth on the side and is able to move from one-on-one presentations to making presentations to 50 or more people.

Access to care is still a huge problem all across Canada. There continues to be a great need for public health dentistry/dental hygiene. Despite advances in health care developments, Sally Guy of the Sudbury and District Health Unit reports that areas like Sudbury continue to show an "increase in dental decay rates for children aged 3–5 years." The need is obvious.

Public health, however, is an area of care that can disappoint people who need to see immediate progress. Implementation of programs can take years, and considerable work can be expended on programs that are never implemented. Funding is often hard to come by. Patience is needed to observe results of preventive programs once they are up and running. With recent government and municipal cutbacks, there has been organizational restructuring. The Leeds, Grenville and Lanark District Health Unit recently had its dental hygiene staff cut from five to three and also lost two certified dental assistants. The challenge now is to deliver the same programs with fewer staff as the caseload continues to grow.

For Sally Guy, the hardest adjustment to public health proved to be the lack of clinical hands-on, especially after working previously for five years in a progressive private practice where she spent two days doing restorative and two days doing traditional dental hygiene. The Sudbury and District Health Unit where she works has three dental educators and three hygienists—one as manager of the unit, one full-time, and one part-time—to serve approximately 800 needy families in the area who fall under the CINOT program.

Long-term care/mobile hygiene

As our baby boomer population reaches "maturity," our acute and extended-care facilities require dental hygienists to provide clinical and educational services for patients and residents, provide staff training, and serve as advocates and change-agents to ensure that the health care needs of their diverse population are met.

Barbara Crosson, a British Columbia dental hygienist since 1966, provided the first mobile oral hygiene services to Victoria area residents in 1995.

Leanne Adkin's move to residential care/independent practice was prompted by a UBC Community Health Course project in residential care and the need/desire to follow through for the benefit of the residents and their families. Her prior private practice work with a like-minded dentist working at an extended-care unit further cemented the need to go into the community when she saw the difficulty residents had travelling to and from the office. Now in her sixth year in this independent environment, Ms. Adkin finds she enjoys the flexibility of work hours and/or days and is gratified by the satisfaction and feedback she gets from the elderly and their families. Other clinicians in long-term care also report a greater respect from their hygiene colleagues. The most challenging issue for Ms. Adkin is dealing with dementia and the non-compliant patient.

As Pat Spencer points out in her article in this issue of *Probe* (page 181), red tape is a problem: the Royal College of Dental Surgeons of Ontario order for scaling services, the 365-day rule of the College of Dental Hygienists of British Columbia/College of Dental Surgeons of British Columbia, and direct supervision requirements in other provinces.

Working in extended care doesn't necessarily mean hanging up your private practice hat. Lorna Yeomans works four days a week in "traditional" practice. On the fifth day, for the past year and a half, she has made herself available to two long-term care facilities to provide oral assessments and oral health care recommendations to clients and care providers, and to offer related staff training. These clients are not able to access a dental office easily. The assessment provides referrals, assessment, and treatment, as necessary. She reports, "The clients themselves are very cooperative and many times enjoy the attention. They have often mentioned that they always took care of their teeth before and have felt very unsure of their dental condition since coming to the facility."

While no minimum education (aside from your dental hygiene licence) is required, Ms. Adkin holds her certified dental assisting certificate, a diploma in dental hygiene, a bachelor of dental science, and her residential care registration for British Columbia. She notes that "excellent interpersonal skills are required—the job calls for the skills of a teacher, care-giver and psychologist, and understanding the provincial health care system helps."

Interest in this area of practice continues to increase. The applications for residential care registration in British Columbia alone increased 33 per cent last year.[6] Interested persons should not look in the employment column for a position: you need to design your own job, present it to the organization, and sell yourself and the need for your services.

Hospital

The July/August 2002 issue of *Probe* contained a feature by Anne Clift describing her position in a Newfoundland hospital. Trudy Hebbs works for the Toronto Rehabilitation Centre. You can read more on this aspect of dental hygiene in Ms. Clift's article.

National Defence/Canadian Forces

The history of dentistry in the Canadian military began in 1900 during the Boer War in South Africa. It did not take long for the Canadian Army Dental Corps to earn the recognition of outsiders. In 1915, the president of the British Dental Association wrote: "The Canadian Army is the only army in the world that attempts to send its soldiers to the front dentally fit, and keep them fit."

Until recently, the Canadian Forces (CF) trained its own dental hygienists. To become a dental hygienist, Warrant Officer Lesley Breau "had to be ready for a junior leadership course, already be a dental assistant, have enough time in rank (corporal), be ready for promotion and recommended by a commanding officer. The hygiene course is a career course, so if we fail the course, it means a career review board and possible release."

"The training (for hygiene) was fast and furious," "the instructor/student ratio 1:2." "There was no focus on the financial/insurance/legal side of dental hygiene. We don't need to bill, and there is no need to market to our clients." "Our role as dental hygienists trained in the armed forces doesn't preclude us from our soldier duties, so our schedule is often varied, adding to the job satisfaction." "We are soldiers first, dental hygienists second." On the down side, "changes in postings and deployment often result in disheartening of patients and lapses in self-care/hygiene progress."

"We also didn't have any interaction with children." Typical clientele consists of persons aged 18–55 in good medical health. They have consistent comprehensive medical and dental coverage so cost is not an issue As well, the dental hygienist's salary is not based on production: quality of care is the main concern. Dental hygienists also have the option of referring their patients to specialists both within and outside the Canadian Forces clinic.

Anna Aldrich, who has been posted at Cornwallis, Kingston, Goose Bay, and Petawawa, relates that each posting is unique. "The dynamics of each clinic gives unique patient requirements and translates to challenges and experiences that one would not ordinarily receive as a civilian counterpart. Each posting in effect is like to moving to a new practice."

"Unlike civilian counterparts, in a multi-chair clinic, military dental hygienists are employed as supervisors with subordinates. The CF also has a position in Ottawa, with a Senior Dental Hygienist, who communicates with other bases about policy and directive changes within the fabric of the CF. The CF provides opportunities for Temporary Duty (TD) travel as incremental staffing for hygiene support, or to provide lectures at Canadian Forces Dental Services School (CFDSS) or in other settings. Many more administrative duties fall within a CF dental hygienist's job description that are more of a military nature, and can take a "clinician" completely away from the chair.

"The greater variety of tasks within my job description and the chance for advancement to positions of greater responsibility are what attracted me to a career in the CF. Of course, with greater responsibilities, comes less clinical work, so my

productivity compared with my civilian counterparts is considerably lower." "Job security is also a factor. There are established standards for job performance, evaluations and promotion based on merit. Salary is competitive with current market. We work toward a pension, have great health and dental benefits for our families and ourselves. Other benefits include paid vacations, paid sick leave and assistance with continuing education needs/pursuits."

On the down side, a posting with CF is not a traditional 9-to-5 job and can affect family dynamics. Different postings every five to six years can be disruptive as well, not to mention the effect of temporary duty assignments for six months overseas, for example, to Bosnia or Afghanistan. As Sgt. Aldrich states, "You need to see it as part of the adventure of a military career."

The CF is a national organization; therefore, at anytime we technically have 60,000+ clients. There are approximately another 26 military and 27 civilian hygiene colleagues. With this many "colleagues," standardization is important. CF keeps current with materials, instruments and methods, placing a strong emphasis on continuing education. Warrant Officer Breau works with two other hygienists, six dentists and eight assistants at CFB Gagetown.

In the mid 1990s the Canadian Forces underwent downsizing. This created a change in training, as well as positions within the CF. The last dental hygiene course to be completed in Canadian Forces Dental Services School (CFDSS), Kingston, Ontario, graduated on 7 July 1993. Up until that point, CFDSS was an accredited hygiene school. Future hygienists for the Canadian Forces will be hired from the civilian pool of hygienists, since the hygiene training program was cut. CDAs within the ranks can still be selected to attend an accredited hygiene college; their training is paid for by the CF in exchange for obligatory service following completion of their training. Personnel in uniform must be enrolled in the CF and must meet military standards (www.recruiting.forces.gc.ca). Civilian positions are posted on job bank bulletin boards by Manpower.

National Certification has made it easier for hygienists who are posted from province to province. Many hold multiple licenses until they retire in the province of their choice.

Education

Acting as an educator in dental hygiene and dental assisting programs is another alternative for dental hygienists. Educators may find themselves in one of a number of settings, community colleges, private teaching facilities, or universities.

In 1951, the first dental hygiene program was established in Canada, with a graduating class of fewer than 10. There are currently 27 accredited diploma programs that offer dental hygiene. The number of hygienists has grown rapidly over the past years, so that today there are over 14,000 dental hygienists across the country.[7] There are at present three universities offering a degree or degree-completion program in dental hygiene, the University of Alberta, the University of British Columbia, and the University of Toronto.

As of May 15, 2002, there were 285 dental hygienists employed as educators in dental hygiene programs within Canada. Alexandra Sheppard is a sessional at the University of Alberta teaching in the diploma and degree programs. The Faculty of Dentistry at the University of Toronto currently employs 10 part-time hygienists.

Private dental hygiene schools that have grown in Ontario over the years, including ones in Hamilton and Mississauga. Hygienists also instruct study groups and continuums, or establish specialized institutes. Kristine Hodsdon is one of a group of 10 hygienist-coaches who make up Hygiene Mastery (www.hygienemastery.com). Each of the group is passionate about dental hygiene and continues to work part-time in a clinical setting, testing new products, techniques, and procedures to ensure their clients benefit from the latest research and advancements in periodontal care. Each coach is steeped in dental business training as well. Their daily tasks include three-day personalized, in-office, hands-on training sessions; ongoing telephone coaching; and comprehensive, written evaluations of service mix, fees, productivity, scheduling, and room utilization. They work with the practice's entire team to develop patient educational materials and letters, and provide extensive follow-up.

Other avenues in this field include adult or continuing education. Such instructors may be independent or affiliated with educational or corporate institutions. Dentsply/Caulk have four clinical educators in Canada. Dani Botbyl is an Ontario dental hygienist, and one of Dentsply's clinical edu-

Thinking of a career in research?

1. A formal education. The minimum of a bachelor's degree in dental hygiene with a research concentration, or a BSc in a specific relevant area is required. Graduate level study is preferred, such as a masters of science in dental hygiene or a related discipline.
2. Attending courses on research topics can be very helpful. These courses could include research design and methodology, research critique, statistical methods/tests or Food and Drug Administration regulations regarding proper implementation and conduct of clinical trials.
3. Consider volunteering in a hospital or dental school research setting until a position becomes available.
4. Become a member of your professional organization so you can keep abreast of the issues facing our profession, hear about opportunities, and collaborate with your colleagues.
5. Keep current. Read dental journals and magazines to educate yourself about new products and methodologies.
6. Network with your dental hygiene colleagues. Start a study group. Consult people who currently work in an area you may be interested in.
7. Be assertive and ask questions.
8. Organizational and interpersonal skills are a must. A positive attitude and being able to work on different projects at the same time and meet deadlines are extremely important.

Table 2. Thinking of a career in research?[10]

cators. She is kept busy "developing, maintaining and delivering a curriculum of state of the science continuing education courses to dentists, hygienists, and assistants, both practicing and students."

Susan Isaac has worn many hats since graduating in dental hygiene in 1974 from University of Toronto. She went on to earn her BScDH (1979) and her MEd (1985) from the University of Windsor. She spent 16 years teaching dental hygiene, some of those at George Brown and St. Clair College in Ontario, as well as Camosun College in British Columbia. She also instructed the Expanded Duties Restorative module at the University of Toronto. Ms. Isaac moved to a more corporate setting at Warner-Lambert, and then to her current position with Philips Oral Health Care, but she didn't give up teaching. She now authors and delivers dental hygiene courses in the United States, Germany, England, and Canada under an educational grant from Philips Oral Health Care as part of its professional education program.

Research

As researchers, dental hygienists contribute to advancing the knowledge base in care by investigating both basic and applied research problems. They may write grant proposals, develop research methodology, collect and analyze data, conduct clinical research, conduct research surveys, and/or write articles and scientific papers for professional publications.

Christine Hovliaras worked as a clinical research scientist for at Warner-Lambert, manufacturers of Listerine. Responsibilities ranged from "writing study protocols and research reports to monitoring clinical test sites. In addition she handled consumer, sales force and professional inquiries on Warner-Lambert's oral health care product line. Christine assisted associations with professional programs and interacted with marketing groups and advertising agencies."[9] If a career in research appeals to you, Christine provides some guidance in Table 2.

Hygienists involved in research frequently publish in *Probe* (Scientific Issues), and other peer-reviewed journals, to disseminate their findings to their colleagues. Recent authors include Sandra Cobban,[11] Joanne Clovis,[11] and Alnar Altani,[12] to name a few.

Other hygienists, myself included, perform reviews and evaluate products. Clinical Research Associates have a dental hygiene panel with a representative from every state as well as two Canadian representatives to evaluate and assess newly developed products.

Other researchers work in conjunction with university-related degree programs and research projects, securing their funding through government grants and corporate sponsorship. Others are independently contracted by dental/dental hygiene bodies to perform research and literature reviews in an attempt to establish policies and protocols. Corporations may sponsor independent research in an attempt to add validity to their product/procedure. Others get into research simply out of a passion to know and discover and to move the profession forward.

Sales

Another frequently considered alternative to clinical dental hygiene practice is that of sales.

There are three requirements for successful selling: a sincere desire to satisfy other people's needs, a willingness to "expend a lot of shoe leather," and tenacity. Previous sales experience counts, be it as a clerk in a store during high school or selling dental hygiene services or cosmetic dentistry. Customer service is key to building relationships. You need a thick skin; for every sale you make, there are just as likely to be 15 or 20 rejections.

Corporate product promotion/sales representatives are a combination of educator, troubleshooter, and resource person. They sell primarily to dental supply houses and schools with dental/hygiene programs, and may often travel with a retail sales representative, especially when introducing a new product. Districts or sales areas tend to be large and overnight travel is often required.

Dental supply companies represent a number of companies—these are the sales representatives you find frequenting your office on a regular basis—and sell directly to the end users, dentists and hygienists. Salaries are generally low; the money is made on a commission and bonus basis. Generally there are benefits including car/travel benefits.

Thinking of a career in sales?

1. Understand that sales is consulting and not sample-dropping. Sample-droppers are not true sales consultants. Most sales consultants who know and believe in their products usually are successful because their customers believe in them and will buy from them based upon their knowledge, trust, and relationship, not from samples left behind.
2. Believe in and use the company's products that you're interested in pursuing. This will give you credibility when you consult with other dental professionals. Think about it; would you give your patient something that you haven't used yourself?
3. Ask yourself: As a hygienist, do I sell to my patients (restorative procedures, crown and bridge work, aesthetics, hygiene products, etc)? If so, you are probably a good candidate for sales. If not, try selling to your patients. That's what you would be doing for a living as a sales consultant.
4. Are you self-motivated? Can you discipline yourself to wake up every morning without a specific time to be somewhere? Sales involve true self-motivation and discipline. If you don't possess these traits, you are doomed for failure in sales.
5. Be able to handle resistance and rejection. Don't take rejection personally. Most resistance is due to a misconception about a product or service. You'll eventually learn how to handle these situations, so don't think it has anything to do with you. You are not selling yourself; you are selling the products that you represent. Everyone will not jump on your bandwagon 100 per cent of the time. Over time, you will build relationships and trust with your customers, and that will help you sell your products.

Table 3. Thinking of a career in sales?[13]

Tammie Tom currently holds a position as director of marketing in Discus Dental's Oral Hygiene Division where she manages and creates promotions for the sales department. Having started out in clinical hygiene, she eventually secured a sales position by a company that was later purchased by Colgate-Palmolive. Over the next five or so years, she moved from sales to training an international sales force, located in Hong Kong and Bombay, India. From there, she moved to management of nine sales representatives covering five states. Ready for a change, she moved into a position as marketing manager for Colgate Oral Pharmaceuticals, a position requiring less travel than her previous one. Product management consumed much more than a typical 9-to-5 day. It was a position that allowed her to develop new products and programs to benefit dental professionals, specifically hygienists. It was a task she took on for the next 10 years, leading to her position as branch manager for Discus.

The trade show industry is another branch of sales/marketing. Many dental-related companies, recognizing dental hygienists as authorities on oral care, employ local hygienists to distribute their goods and inform their colleagues about their products at trade shows. Prior to the show, hygienists receive specific training and information on the product they will be promoting as well as training on how to "work the booth." This can be a very appealing position for those with an outgoing personality, who are able to disengage with one client and move on to the next once the message has been delivered.

On a full-time basis, this type of position can be wearing. Selecting the best show, the best floor position, juggling calendar events, and dealing with local dealers and representatives involves good planning and organizational skills. Lots of travel and working alone can be stressful. You're never sure if everything will arrive in time for the show, what the turnout or response will be. Follow-ups are time consuming but crucial to the success of a show. It can be a large burden to carry on a regular basis.

For hygienists who are thinking of jumping ship and heading for the corporate world, "it is so much more than looking nice and handing out samples. You have to go into an office believing in your products, believing that you can consult and sell your products, and believing that you ultimately will help both the dental professional and the patient." "Clinical hygiene is a very lucrative career – one in which you can choose your employer, your hours, and the locations you prefer to work. It definitely is not the same in a corporate environment. But if you are interested in constant challenges and in developing professional relationships, and are self-motivated, disciplined, organized, and have a desire to climb the corporate ladder, then corporate sales may be your ticket out of those scrubs."[13]

Judith Cheney couldn't agree more. She joined Implant Innovations Canada/3i Canada after five years in "a dead-ended private position." Here she found the challenge and growth potential she was looking for. Judith works with four other hygienists in the organization. She enjoys the business aspect, travel and the day-to-day change.

Beth Ryerse, Pro-Dentec Canada, started presenting Pro-Dentec's Soft Tissue Management Seminars in 1996, and now presents in both Canada and the United States. She still practices clinically a few days a month but appreciates the opportunities offered by her corporate position. She appreciates the "ripple effect" the information she is disseminating will have both for clinicians and patients. "At first the skills involved in becoming a professional speaker were daunting. Now (she finds) the biggest challenge is staying current with the practice of dental hygiene. Also, traveling is sometimes much less glamorous than it might seem." Pro-Dentec employs five other hygienists who work as clinical representatives for the company (not course presenters).

Publishing

The publication you are now holding is a small sampling of your colleagues' professional writing. Canadian dental hygienists have been published in national and international medical, dental, and dental hygiene journals, newsmagazines, and trade journals. Others have authored textbooks (e.g., Wilkins, Darby and Walsh), contributed chapters to texts, or assisted in editing the finished results.

Consumer publications and children's books are another avenue for the creative dental hygienist interested in both increasing the profile of dentistry/dental hygiene and educating the public.

Gail Gilman writes both professional and consumer articles related to oral health care. She contributes regularly to *RDH* magazine and writes children's dental hygiene books for Bossy Flossy & Co. Katie Newell consulted a number of dental professionals when putting together *Two Minute Tooth Tales,* a collection of stories and poems for children. This is one of the many projects for The Smilestones (www.thesmilestones.com). The Smilestones also produce recall cards, dental comics, dental colouring sheets and stickers for dental practices. A TV series featuring the tooth characters of Smilestone Island is currently being piloted.

Jan Pimlott was recently published in *Family Health* (Vol. 18[2], Summer 2002), making consumers more aware of "The Oral Health Connection – What your mouth can tell you." In the same publication, Janet Lockau had a piece entitled "A healthy diet for a healthy smile."

Desktop publishing provides an endless avenue for creative dental hygienists, giving them the ability to create newsletters, brochures, and handouts for dental offices. Melinda M. Ferguson Inc. publishes office welcome brochures, patient newsletters, and handouts as well as customized office letters, personnel policy and procedure manuals. As the principal of the company, I am also the editor of the *PHD Services* newsletter and publisher of *Dental Auxiliary Magazine (DAM!)*, both of which are accompanied by a continuing education component. Other companies like Dental Learning Systems and Procter & Gamble also employ dental hygienists to write continuing education programs that participants can take by correspondence or on the Internet. With mandatory continuing education, this type of institution has proliferated in recent years.

Dental insurance

One less obvious avenue for the dental hygienist who wants to move out of private practice is the dental insurance industry. Jeannie Haslet is a dental hygienist in the insurance business. This industry is composed primarily of the claims division, which spends money by mailing cheques to dentists for work they have performed on patients; the marketing division, which brings in money by selling dental coverage to employer groups; and administration, which oversees and controls the marketing and claims division.

Public relations, sales and marketing are the true people-oriented departments (positions in the claims department are typically data entry, with little people interaction). Representatives are responsible for selling dental coverage to companies and/or individuals. Generally 60 to 80 per cent of their salary is fixed; the rest is commission. The public relations department promotes the image of the company in the community and beyond. They might write the booklets and brochures used to explain coverage to new enrollees, handle promotions and advertising, hold press conferences.

Anyone serious about working in the insurance industry generally needs to start at the bottom and "learn" the way up. In most positions, an excellent benefit package should be expected. Work hours are more or less standard, but a 40-hour work week can be an adjustment if that is not one's current schedule. Be prepared for a political atmosphere.

Administration

There is often very little vertical movement within the dental practice for a dental hygienist. In larger practices, however, some dental hygienists find themselves moving into the position of private practice office manager, or coordinator for hygiene/soft-tissue management programs.

As an office manager, the dental hygienist develops office protocols, monitors practice productivity and financial affairs, and coordinates human and material resources. Public Health Administration is another commonly pursued administrative position. Here dental hygienists evaluate and initiate community dental health programs and resources.

The recent influx of HMOs (health maintenance organizations) into the dental "insurance" business has added a new avenue for dental hygienists. There are more positions available and HMOs are also more likely to contract with specific offices/clinics to create affordable (at least in their eyes) options for their clients, which may include lower-overhead, hygienist-run practices. Many also feel that having dental professionals involved in the marketing/operating of their company adds validity to the services they offer.

Other hygienists are employed in dental hygiene colleges, in association administration, or as administrators of dental hygiene or assisting programs. Sheryl Feller (University of Manitoba 1970) followed up seven years as a faculty member at the University of Manitoba, School of Dental Hygiene, with a year as a consultant to the Dean of the Faculty of Dentistry. She then served as Acting Director of the School of Dental Hygiene for two years before returning to graduate school.

Other avenues

Other dental hygienists branch out from the traditional and obvious hygiene roles into avenues of their own making.

CONSULTING. Sheryl Feller followed up her hygiene training with a Bachelor of Arts and a Masters of Business Administration. She is a Fellow Certified Management Consultant and offers consulting, education, and facilitation services through her firm, Bluebear Enterprises Inc. Training, facilitation, and coaching are the primary services of Sheryl's practice.

INVENTION. Feeling creative? Did you know it was a hygienist who invented the little foam cushions, Edge Ease®, that many dental offices use to protect patients' soft tissue from the sharp corners of the x-ray film? Vonda Strong developed the product in response to what she saw as a patient demand. But she cautions that "the work doesn't end with just the invention. In today's world you need someone to design it, patent it, make it, label it, package it, load it, ship it, store it, and deliver it." Still working in private practice five days a week, Vonda became an insomniac as she attempted to bring the product to market. The break came in 1985 when *Dental Products Report* printed her press release; the orders started rolling in. How often have you said, "Why doesn't someone invent…?" It can be done.

COMPUTER SOFTWARE, WEB DESIGN. Christine Wyatt expanded into web page design, among other things, after developing a latex allergy that precluded further adventures in clinical practice. As part of TOC Media Internet Development management team, she facilitates the design of web pages for both dentists and other businesses—from covering marketing presentations to uploading the finished pages—and maintains the sites.

Kristine Hodsdon has been changing the landscape of dental hygiene for the past 15 years, as a practising clinical hygienist, sales representative, author, and national speaker. She is also the developer of Pre-D Systems™, a pre-diagnostic computerized team software package for comprehensive restorative and esthetic care.

DENTAL LABORATORY WORK. Joy Bowie moved from dental assisting to hygiene, and then to the dental lab with husband Bryan Bowie. She emphasizes the importance of communication in the fabrication of every restoration. A restoration may look good, but if the client/patient is unable to clean the restoration appropriately and easily, it will ultimately fail. Who better to advise and to provide liaison than a dental hygienist?[14]

STAFF PLACEMENT. Another non-traditional avenue for dental hygienists is that of staff placement. Andrea Abbott (John Abbott College, 1991) has taken on this task on a global scale. Ms. Abbott has dedicated her hygiene career to the promotion and facilitation of both local and international career opportunities for dental hygienists. She established Global Hygienist Community in 2001 after working in clinical practice first in Calgary, and then in Switzerland. Her goal was to incorporate her love of travelling and exploring with her dental hygiene skills. She started out by finding placements for other hygienists interested in working in Switzerland and now includes placement opportunities in

Germany, New Zealand, and Bermuda, and is affiliated with other agencies worldwide.

VETERINARY DENTAL HYGIENE may appeal to the animal lovers in the profession. Animal care workers have long been using discarded ultrasonics to clean pets' teeth. In more recent years, veterinarians have been turning to dental professionals to perform these duties. Franci Louann attended a weekend program in veterinary dentistry in Vancouver, and Karen MacDonald is currently treating pets in British Columbia. With sedated pets, differing tooth numbers and shapes, there is lots left to learn for even a veteran hygienist. This is another exciting career alternative.

LAW AND DENTAL HYGIENE. Other hygienists have furthered their education in law, which might initially appear as a completely different avenue. For many, however, there remains a dental connection and the numbers are surprising. Joyce Weinman's law practice in Toronto (www.jwdental.com) includes health law, personal injury, and professional negligence. She frequently represents professionals in disciplinary related procedures before colleges governed by the Regulated Health Professions Act. She has vast experience representing patients in dental malpractice cases and employees and employers in employment law disputes. Her time studying at the University of Toronto, School of Dental Hygiene has certainly not gone to waste. She also hosts a number of regular columns in a number of publications discussing dental-related law and reviewing past cases. Other hygienist/lawyers include Susan Burak, Chris Sweet, Nancy Harwood, and Burglind Blei-Gregg.

Burglind Blei-Gregg practices law on a full-time basis in Halifax and teaches health law/jurisprudence courses to senior dental hygiene students at Dalhousie Dental School. She has also sat two terms as the dental hygiene representative on the Nova Scotia provincial dental board.

GOVERNMENT REGULATION. With increasing regulation and government intervention, there are likely to be upcoming positions in areas such as regulation monitoring and enforcement, related to Infection Control (WHMIS/OSHA), Radiation Monitoring Programs, Waste Management Programs (amalgam disposal), and Mystery Patient office evaluation.

CONSUMER ADVOCACY. Hygienists have long been consumer advocates[15] who help consumers obtain access to care, develop networking systems to match existing resources with health care needs, advise consumers on insurance policies, commercial products and political issues affecting oral health care.

CHANGE AGENTS. As change agents, dental hygienists work to influence business and government agencies to support health care efforts, advocate oral health programs for individuals, families or communities, act as a lobbyist, law consultants, expert witnesses.

Many hygienists work to further their profession and professional organizations. Evie Jesin has worked as a change agent for the past nine years, sitting on the Council of the College of Dental Hygienists of Ontario, the regulatory body for dental hygiene in Ontario. Charlene Hamill sits as a representative for the Federation of Dental Hygiene Regulatory Authorities (2000–2003); Susanne Sunell is the CDHA representative for Dental Hygiene Educators of Canada (2001–2004); Nancy Hughes is the current Manitoba Dental Hygiene Association representative to CDHA (2001–2004). The list could go on and on.

Sheryl Feller, long-standing member of CDHA and the Manitoba Dental Hygiene Association, has sat as chair of the long-range financial planning committee of CDHA, was an advisor to the public relations council, and a consultant to the executive council of the Board of Directors of CDHA. She was editor of the Manitoba Dental Hygiene Association Newsletter for two years and was also past president of the Manitoba Society for Preventive Dentistry. And this is just a listing of her dental-hygiene-related volunteer activities. It appears that, if you need something done, you need a busy person to do it!

VOLUNTEERING. Volunteer positions have long held appeal to well-meaning dental hygienists, many of whom want to "serve goals larger than self." Several organizations and web sites are devoted to the dental needs of their fellow human beings. The questions to consider are: What do you love more—your pay cheque or your profession? And more importantly, can you go without a pay cheque for a short while without dire consequences? Linda Belaus, RDH, runs an all-inclusive information directory of volunteer services at <www.dentaljobs.net>. There are opportunities for those who have just a day a month to give, some local, many abroad. For the more adventurous, there are opportunities in Bolivia, Cambodia, Costa Rica, Nepal, Kosovo, Israel, and Costa Rica. One thing is certain: people need dental treatment no matter where they live, whether they can afford it or not. Interested? Also check out <www.flyingdocs.org>, <www.dentaljobs.ca>, <www.mercyships.org>, and <www.globalhygienist.ca>. The January/February 2001 issue of *Probe* featured an article by Kelly Mabey outlining her dental experiences in West Africa.[16]

Margaret Kolthammer has volunteered around the globe. She says her contract relief work at home in British Columbia "allows her to maintain lifestyle, support others around the world, and seek service opportunities."[17] "Kolthammer has met the challenges of hurricanes, political unrest, and uncertainty in her quest to serve. In 1995, she went to Haiti as the U.N. peacekeepers replaced the American troops. For two weeks, she worked tirelessly, spending time in the dental clinic and on a missionary's back porch treating patients with an aversion to dental clinics. While there, she was also involved in a small building project. In 1999, she helped build church congregations with Church Partnership Evangelism in India. For six months in 2000, she acted as pharmacist, clinic assistant, secretary, and transporter of people and supplies for the Pacific Academy Outreach Society at the Kibaale Children's Centre in Uganda. "[18]

"Then in November 2001, Kolthammer went to Jerusalem and worked with the Dental Volunteers for Israel (DVI) (www.dental-dvi.co-il) at a clinic set up by Trudi Birger, a Holocaust survivor. This establishment was created to provide free dental care to poor children of any faith, ages five to

18 who are referred by the city's Social Service Department. Kolthammer volunteered for three weeks and had another three weeks to tour Israel. But with an 80 percent drop in tourism, she did most of her sightseeing alone. While many dentists cancelled their trips to Israel because of the current unrest, the tensions did not deter Kolthammer. She paid her own airfare (tax-deductible in the United States and Canada) and stayed at an apartment provided by DVI. Working at the clinic four days a week. Despite the suicide bombings and grieving, life continues at Dental Volunteers for Israel. The children were still treated and educated on brushing 'three times a day, like a good Jew prays.'"[19]

Local dental hygiene associations and components are getting into action, organizing free screenings, providing sealant clinics, and much needed care in underserved areas. Others are hosting information forums/displays in community centres and shopping malls on oral health, smoking cessation, speaking to expectant mothers, and school groups.

You can serve your community/profession in a non-clinical way by participating in your organization, or other health-related organizations, and standing up and educating health practitioners on the importance of oral health care.

A pay cheque does not guarantee job satisfaction. Volunteering provides a change, a chance to be desperately needed and appreciated, be it short- or long-term, local or overseas.

Conclusion

As dental hygienists, we have a multitude of ways in which we can increase access to oral health care and improve quality of life. Private practice is not the only avenue; your opportunities are only limited by your imagination and ambition.

Endnotes

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