



CDHA Educators' Survey Report 2011

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CDHA would like to thank the following sub committee and individuals for their contribution to this survey report: CDHA's planning committee, a sub-committee of the Education Advisory Committee: Sharon Compton (Chairperson), Joanna Asadoorian, Heather Blondin, Judy Lux, Nancy Neish; and consultant Marc Alary.

Executive Summary

CDHA is the primary source of information about the dental hygiene profession in Canada, including dental hygiene educators. In 2010, CDHA conducted the first survey in Canada pertaining to dental hygiene educators. This survey is one of several different surveys that CDHA undertakes to inform CDHA and other interested stakeholders about different aspects of the profession.

The CDHA Educators' survey provides significant information and insights about current educators' demographic profiles, career supports, and education policy issues. The overall impression from the survey responses was that educators are in transition, with a significant number of educators pursuing (32%) or intending to pursue (70%) further education. More than a quarter (28%) of Program Directors and Coordinators possess a master's degree and another 6% possess a doctorate. A large percentage (82%) of respondents favoured a standard that requires Directors and Coordinators to possess a minimum of a master's degree.

When interpreted in the context of other policy work at CDHA, the survey responses also reveal a significant meaningful change in attitudes towards dental hygiene scope of practice, areas of specialization and entry-to-practice credentials that highlight a deviation from existing status quo in dental hygiene education programs. Educators have a new vision for the evolution of the profession that includes an expanded scope of practice and specialization in several different areas, such as special care dental hygiene, public health dental hygiene, advanced dental hygiene practitioner, ART (Atraumatic Restorative Treatment), and Dental Therapy. There was also strong support for changing entry-to-practice to a degree.

The responses revealed concerns about the accreditation process for dental hygiene educational programs and a strong call for a process that is governed by the dental hygiene profession. The primary concerns with the existing accreditation process focused on the need for an improved accreditation process to include standardized calibration of reviewers, increased consistency, and quality in the accreditation process.

This survey shows that there are consequential areas in which advocates for the profession, including the CDHA, provincial associations, regulatory authorities and Boards, and individual dental hygienists should focus in the future.

Key Findings

This report represents the compilation of 160 responses. The following points are among the key findings revealed from this survey:

Demographics

The responses represent broad geographic coverage, with participation across the country from British Columbia to the Maritimes and representation from all of the provinces where dental hygiene programs are located in Canada. The largest group of respondents is working in Ontario (47%), followed by British Columbia (27%).

The average number of full time hours was quite high at 46 hours per week, and the average part time hours were 27.

Respondents represented four types of educational institutions, including community colleges (43%), universities (28%), accredited private colleges (27%) and non accredited private colleges (8.1%). *(Please note that in February 2011, the Ontario Ministry of Training Colleges and Universities (MTCU), directed the private non accredited schools to obtain accreditation by December 30, 2013.)

The highest level of completed **dental hygiene education** was a diploma (72% of educators). More than a quarter in the group (26%) of educators has a bachelor or master's level of dental hygiene education. Among the Program Directors or Coordinators the greatest proportion (69%) hold a diploma, 25% hold a bachelor's degree and 6% hold a master's degree.

Other than dental hygiene, the highest level of completed education was a bachelor's degree (29%), and a master's degree (22%). Among the Program Directors or Coordinators, 5.6% hold a bachelor's degree, 44% hold a bachelor's degree, 25% hold a master's degree and 6% hold a doctorate in another field.

About one third (32%) of the total survey respondents reported that they are presently furthering their education, with 73%, studying at the bachelor's level and 29% studying at the master's level. The leading academic discipline was education, as indicated by 41% of the enrolled respondents.

Among those who are not presently enrolled in further education, there are 70% who intend to pursue further education in the future.

Educators are involved in the following types of research, including education (64%), clinical (41%), population health (20%), health services and health system (13%), biological (13%), and other (11%).

The survey results describe a baseline for the continued development of demographic profiles of dental hygiene educators.

Career Support

Educators indicated that they prefer in person networking (69%) and that they would be interested in attending the educators workshops at the CDHA annual professional conference (67%).

Educators indicated a high level of importance for having CDHA offer pedagogical resources (88%), including: curriculum design, planning, development, teaching methodologies, course outlines and material, teaching strategies, evidence based curriculum, and teaching methods.

The preferred method of participating in educational activities was the workshop format, with 74% of educators favouring this option. The least preferred method was the podcast.

When asked to list two ways in which CDHA can support dental hygiene practice, the majority of educators (55%) indicated continuing education programs, online courses/webinars/workshops. The next mentioned support, by 40% of respondents, was to have the CDHA provide connections between educators (listserv, educators' community, and forum) and information about other organizations.

Policy

There is a mixed response about awareness of the CDHA policy document *Pathways to Support the Oral Health of Canadians: The CDHA Dental Hygiene Education Agenda*. A large group, representing 45% of educators, was not aware of the document. However, relatively large proportions of British Columbia and Ontario respondents had an awareness of the document.

The vast majority representing 80% of educators indicate the need for an accreditation agency, independent of the CDAC, to be governed by the dental hygiene profession.

When respondents were asked to rate the value of having a standard for directors/coordinators to possess at a minimum a master's degree, 82% of educators indicated agreement with a rating of 3 or greater, and 33% indicated a rating of 5. The mean score was calculated to be 3.6 with the maximum value being 5. (Scale: very important 5; important 4; moderately important 3; not important 1)

There was a positive opinion expressed by 76% of educators, for making a bachelor's degree the entry requirement for dental hygienists.

Educators strongly agreed with expanding dental hygienists scope of practice or developing specialization in the following areas:

- special care dental hygiene (for children, persons with disabilities, and seniors) (75%),
- public health dental hygiene (70%),

- advanced dental hygiene practitioner (diagnostic, preventive, therapeutic and restorative services) (63%).

On a scale of 5 (strongly agree) to 1 (strongly disagree), there was a positive opinion expressed as a score of 3 or greater, 85% of educators, for expanding scope of practice or creating an area of specialization in ART (e.g. hand excavating carious tissue and placement of a restoration material such as a sealant).

There was a positive opinion expressed as a score of 3 or greater, 78% of educators, for expanding scope of practice or creating an area of specialization in dental therapy (restorative procedures including cutting the tooth surface, extractions, space maintenance and administer local anesthesia).

Educators indicated a good level of consensus (63%) for an improved accreditation process, which includes standardized calibration of reviewers, increased consistency, and quality in the accreditation process.

This survey was well received, since there were 77% of the responding educators who did not cite any improvements to the survey, and therefore should be considered a successful first study of dental hygiene educator issues.

Background

CDHA gathers information on the profession through a number of different surveys, including:

- a Labour Survey conducted every two to three years;
- a Private Practice survey, which was conducted in 2009, and
- a new Educators' Survey that was conducted in 2010.

The purpose of the 2010 Educators' Survey was to enhance the understanding of issues affecting dental hygiene educators. The report describes how the CDHA can address policy issues that affect dental hygiene education and how CDHA can support dental hygiene educators. The survey results describe a baseline for the continued development of demographic profiles of dental hygiene educators and to provide CDHA with the demographic, quantitative, and qualitative elements necessary to support its objectives.

The following is a list of specific study goals:

1. Examine ways in which CDHA can participate in policy issues to enhance dental hygiene education. The following are some examples of the policy issues: future direction of dental hygiene education, accreditation, entry to practice, scope of practice expansion and student funding.
2. Investigate whether CDHA can play a role in supporting educators in their careers, through initiatives such as teaching process, curriculum design, information sharing, networking and continuing education (webinars, workshops, conferences).
3. Initiate a method to identify dental hygiene educator demographics and establish educator profiles.

Methodology

CDHA's Education Advisory committee identified the need to conduct an Educators' Survey, in order to gather information from the broader education community on education issues. This project aligns with the mission of the Education Advisory Committee (EAC), which is to support CDHA by providing the expertise and guidance that will cultivate the development of dental hygiene education, fostering the profession's evolution.

An EAC sub-committee, comprising the following individuals, were tasked with the development of this project: Sharon Compton (Chairperson), Joanna Asadoorian, Heather Blondin, and Nancy Neish. CDHA's Health Policy Communications Specialist, Judy Lux developed a draft planning document that included the background, study goals, methodology, and questions for review by the Committee and the consultant Marc Alary. The final planning document was also reviewed by the remaining EAC members, including Bonnie Craig, Dianne Gallagher, Linda Jamieson, Larissa Voytek, Christine Fambely, and Laura MacDonald. Marc Alary, a consultant with data analysis expertise analyzed the data, created the charts and graphs, and summarized the survey responses.

A pilot survey was conducted from 4 to 15 October 2010, with eleven pilot participants. Pilot participants were chosen to represent the following types of institutions: university-based 3 year degree programs, university based degree completion programs, public college 2 and 3 year programs, private college programs, and geographical representation. The pilot participants were given a list of questions to respond pertaining to the following issues: adequate time allotment, clarity in wording, appropriateness and importance of questions, clarity of survey objectives, and an overall rating of the survey. Based on the feedback received from the pilot survey the wording and the format of the survey were modified prior to the live implementation.

Invitations to participate in an online survey were sent through the CDHA Educators listserv and also through the CDHA e-newsletter. Dental hygiene program directors and coordinators were invited by individual email messages and they were requested to encourage participation by their colleagues. During the time frame beginning 27 October 2010 and ending 12 November 2010 the Educators' Survey was online on SurveyMonkey™.

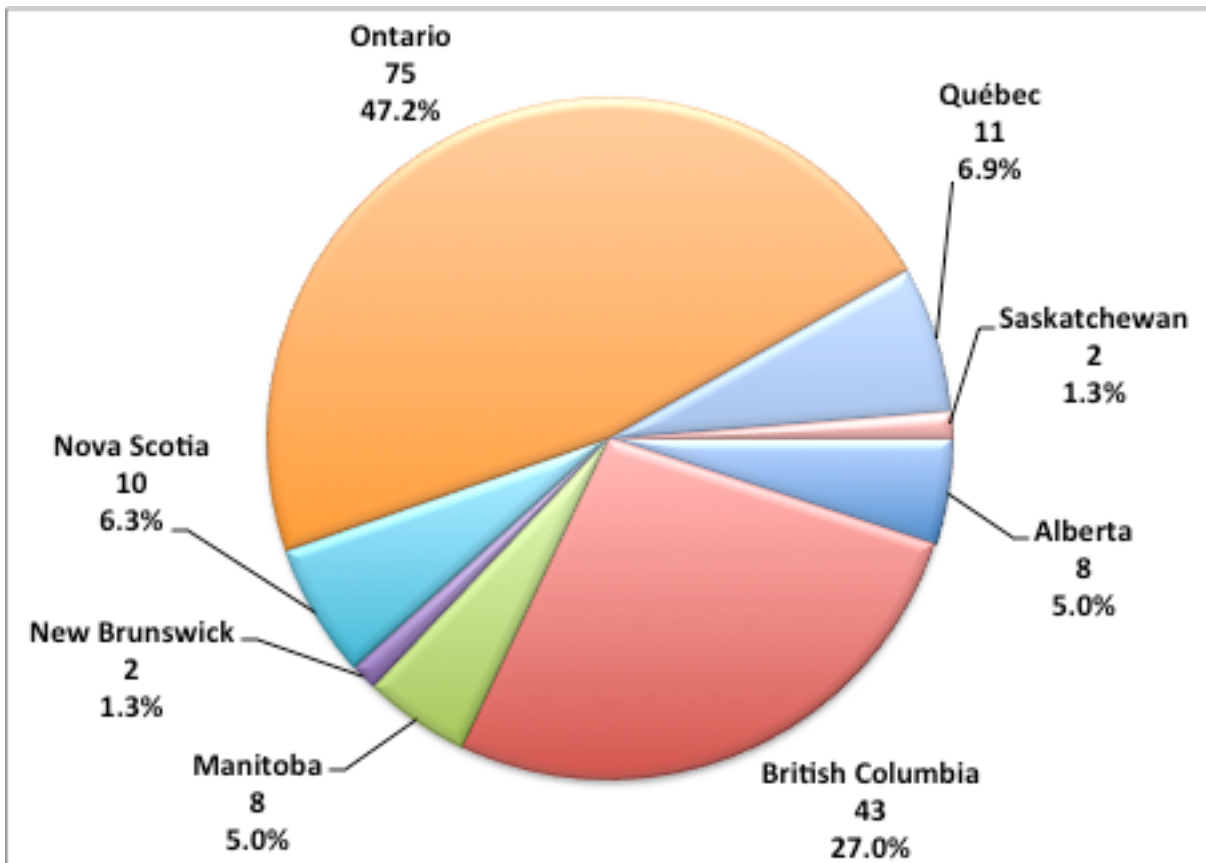
A group of educators from across Canada participated in the survey. This report represents the compilation of 160 responses. An accurate percentage representation is not available as CDHA is in the process of gathering information on the total number of Canadian dental hygiene full and part time educators in Canada.

For ease of understanding the percentages quoted in text are rounded. The sub committee members reviewed each response to the open ended questions in order to understand the content of the messages for common themes. The most cited themes were identified as categories and are reflected in the tabulations below.

Results

Demographic Data

1. Indicate the first three characters of the postal code for your primary workplace.

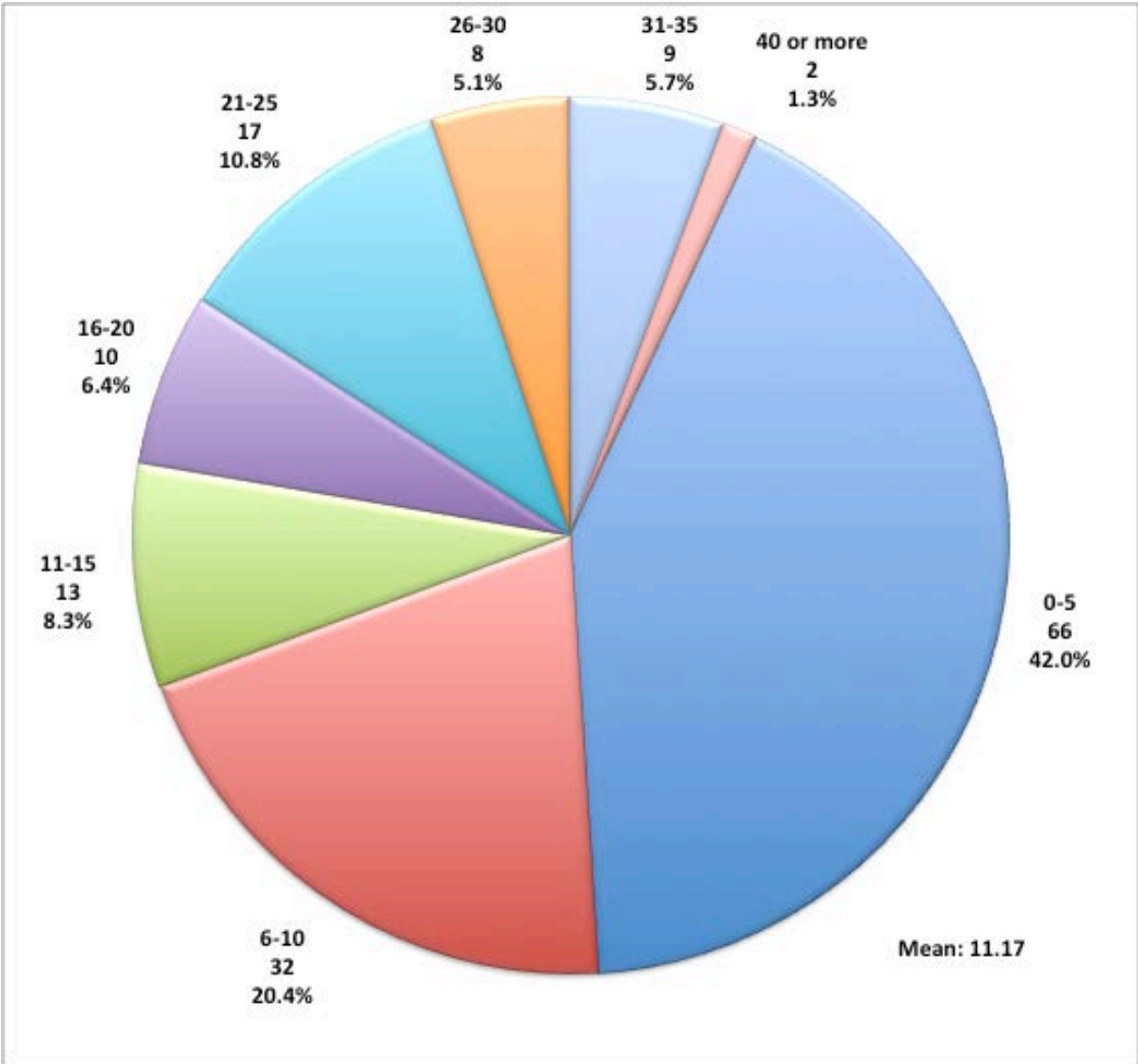


The largest group of respondents, 47% of educators, indicated that they work in Ontario. The group from British Columbia, 27% of educators, followed next. . The same number of respondents, 15% of educators, indicated that they worked in the Greater Ontario area as did those working in Vancouver.

The responses represent broad geographic coverage, with participation across the country from British Columbia to the Maritimes and representation from all of the provinces where dental hygiene programs are located in Canada.

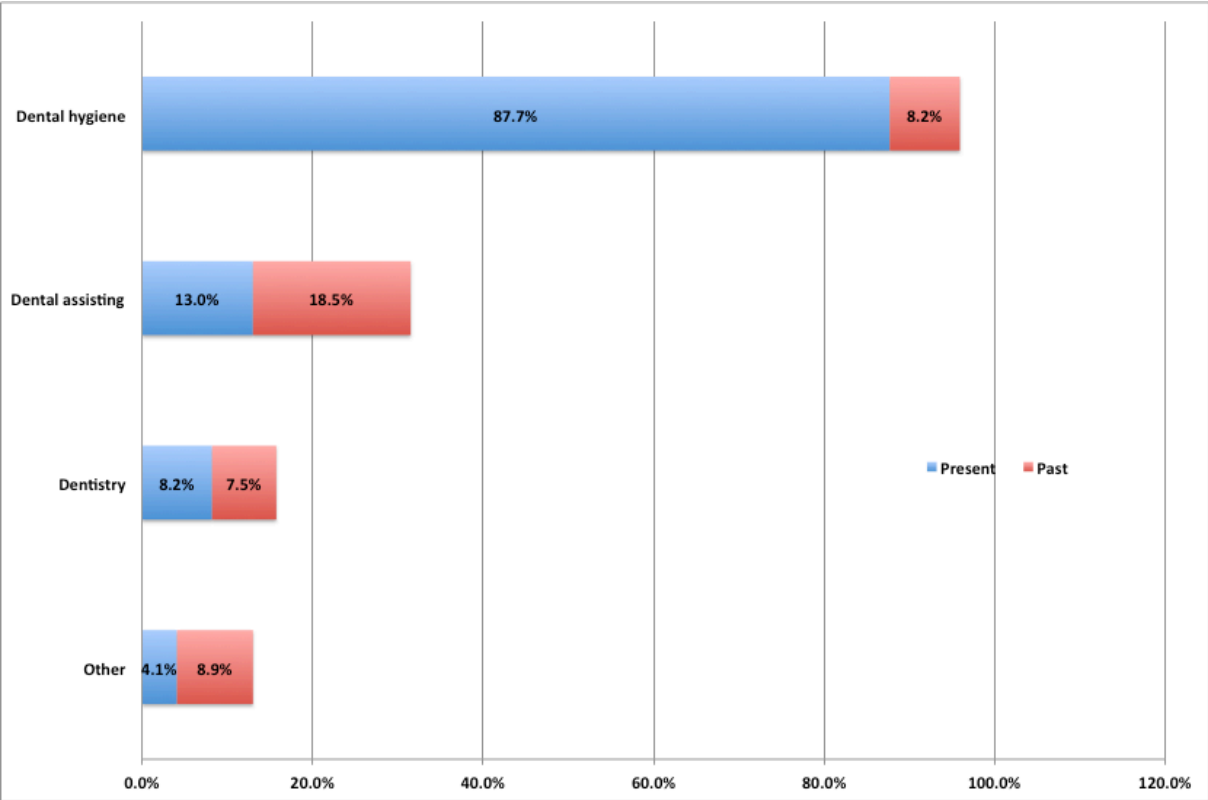
Province	Region	Number	Percent
Alberta	Edmonton	4	2.5%
	Other Alberta	4	2.5%
Alberta Total		8	5.0%
British Columbia	Vancouver	23	14.5%
	Prince George	8	5.0%
	Victoria	5	3.1%
	Nanaimo	3	1.9%
	Chilliwack	2	1.3%
	Kelowna	1	0.6%
	Other British Columbia	1	0.6%
British Columbia Total		43	27.0%
Manitoba		8	5.0%
New Brunswick		2	1.3%
Nova Scotia		10	6.3%
Ontario	Greater Toronto Area	23	14.5%
	Central Ontario	16	10.1%
	Ottawa and Vicinity	14	8.8%
	Northern Ontario	10	6.3%
	Southwestern Ontario	6	3.8%
	Eastern Ontario	5	3.1%
	Other Ontario	1	0.6%
Ontario Total		75	47.2%
Québec	Gatineau	1	0.6%
	Montreal Metro	10	6.3%
Québec Total		11	6.9%
Saskatchewan		2	1.3%
Grand Total		159	100.0%

2. How many years have you been a dental hygiene educator?



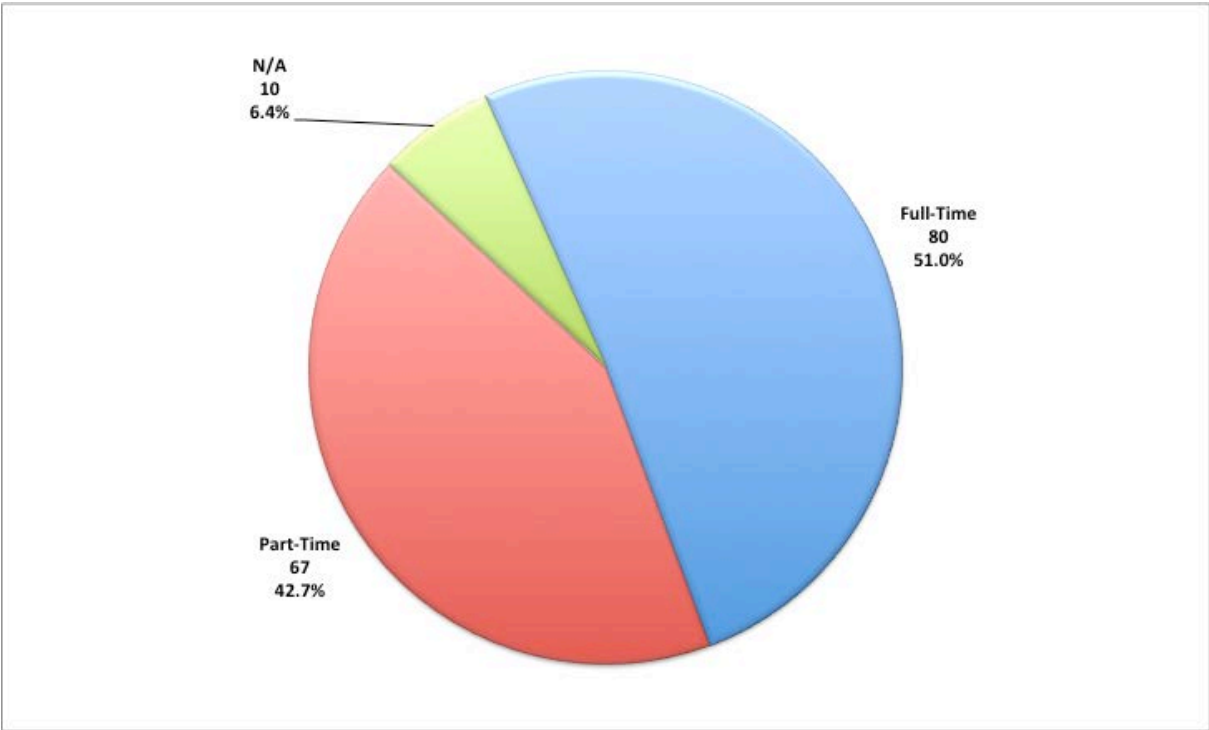
Responding dental hygiene educators indicated the greatest proportion representing 62% have been teaching for 10 years or less, with 42% of respondents teaching for less than 5 years. Responses were received from a good cross section of levels of seniority in the field of dental hygiene education.

3. Are you presently or were you formerly an educator in the following areas? (Check all that apply)



The greatest proportion of respondents, 88%, indicated that they were teaching dental hygiene at the current time. While 146 educators responded to this question, approximately 25 indicated more than one field.

4. Are you a full time or part time dental hygiene educator?

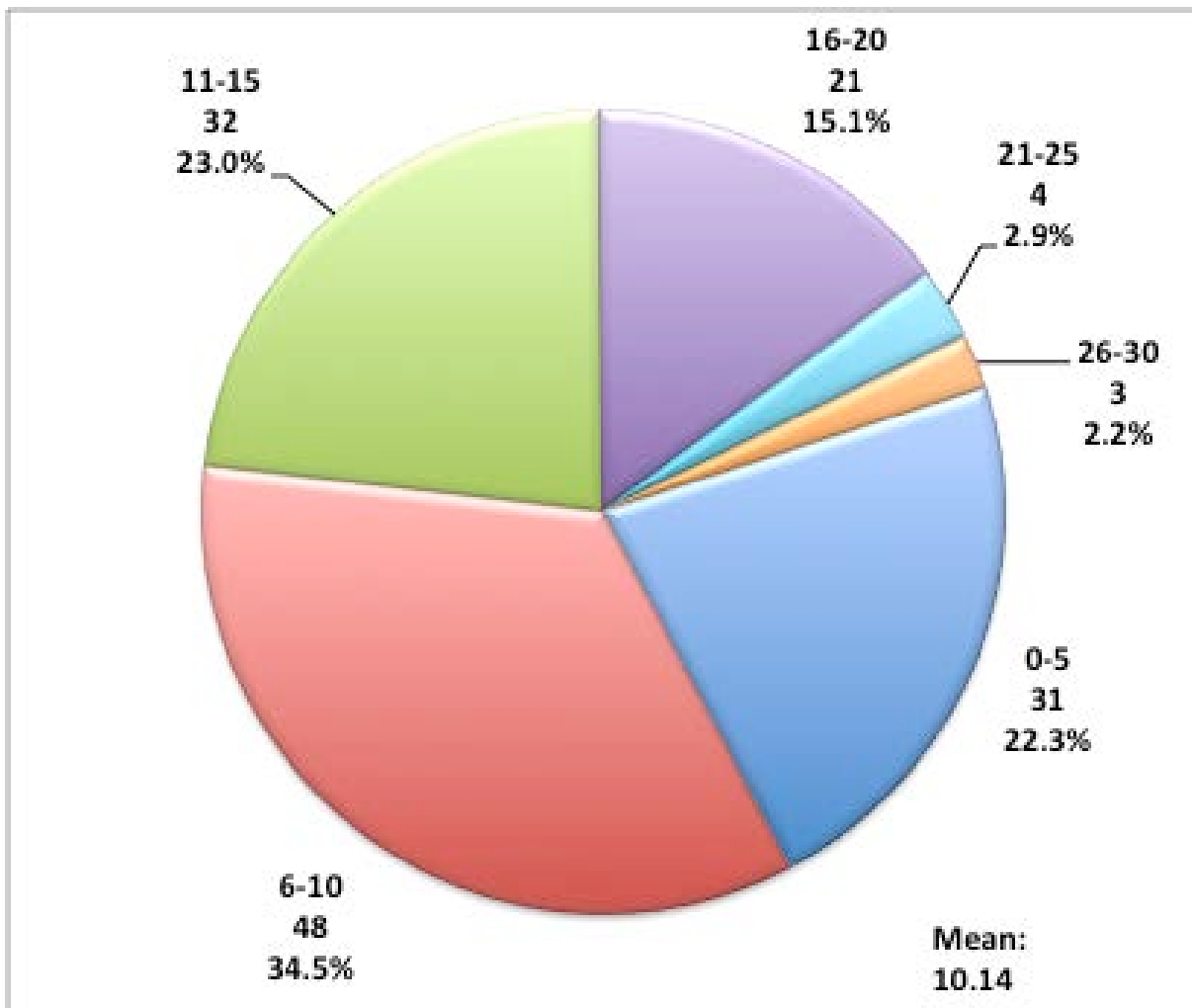


Although the slight majority of respondents, 51%, of educators indicated that they are working full time, a large proportion, 43% of educators, are working part time. The province of work question was analyzed (see Appendix 1) in order to find significant differences. We found different work circumstances with as many as 58% of a province’s educators, working full time.

5. How many hours on average per week are dedicated to the following?

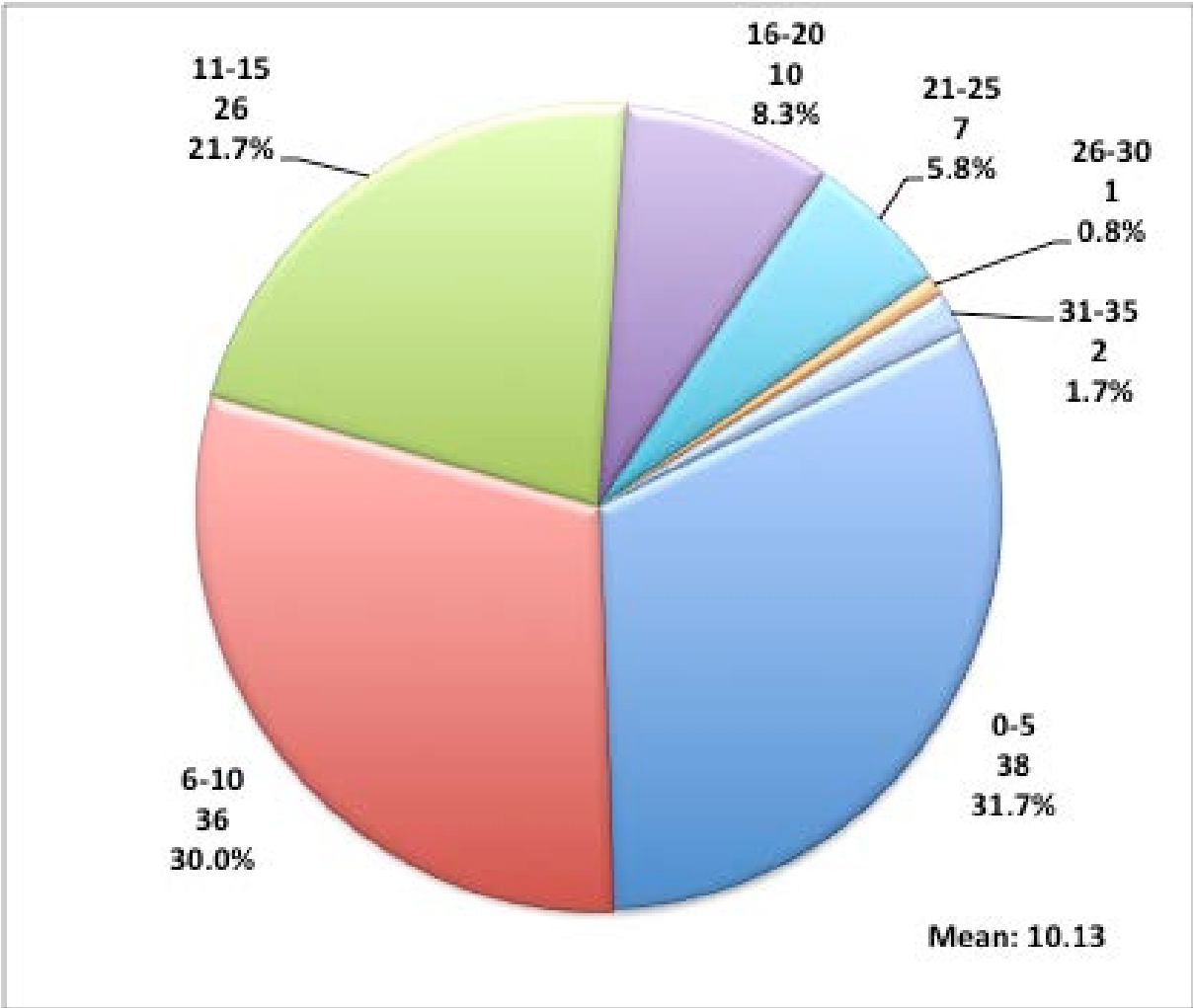
The average number of full time hours was quite high, as calculated to be 46 hours per week, vs. the average part time hours that were 27. The average number of approximately 12 hours devoted to didactic teaching is calculated to be equal to the average for clinical teaching hours as reported by full time educators. Full time educators also devoted more time to administrative responsibilities, on average 13 hours, which is roughly half the amount of time dedicated for teaching hours.

Clinical Teaching (including preparation and evaluation)



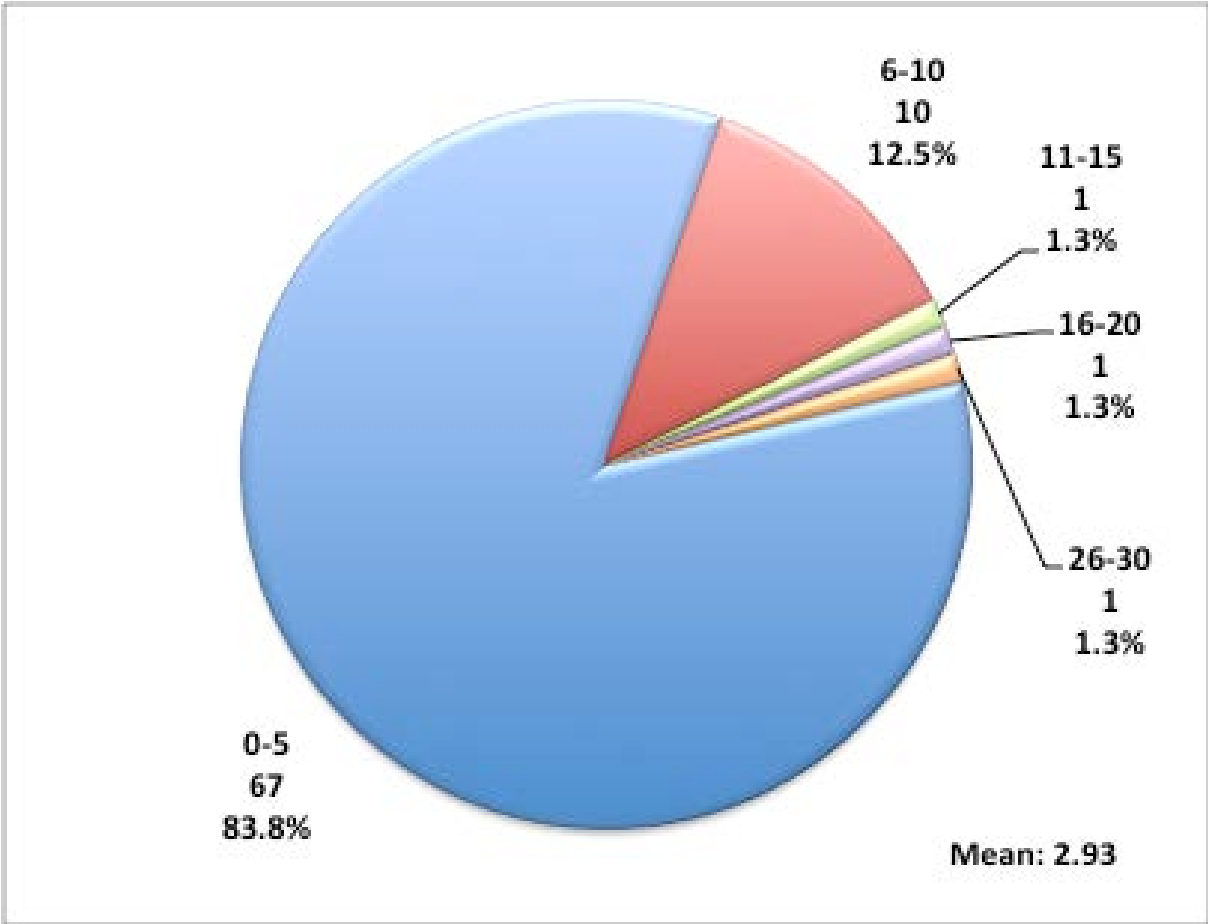
The average number of hours dedicated to clinical teaching hours was 10 hours of the 139 educators who reported this activity.

Didactic Teaching (including preparation and evaluation)



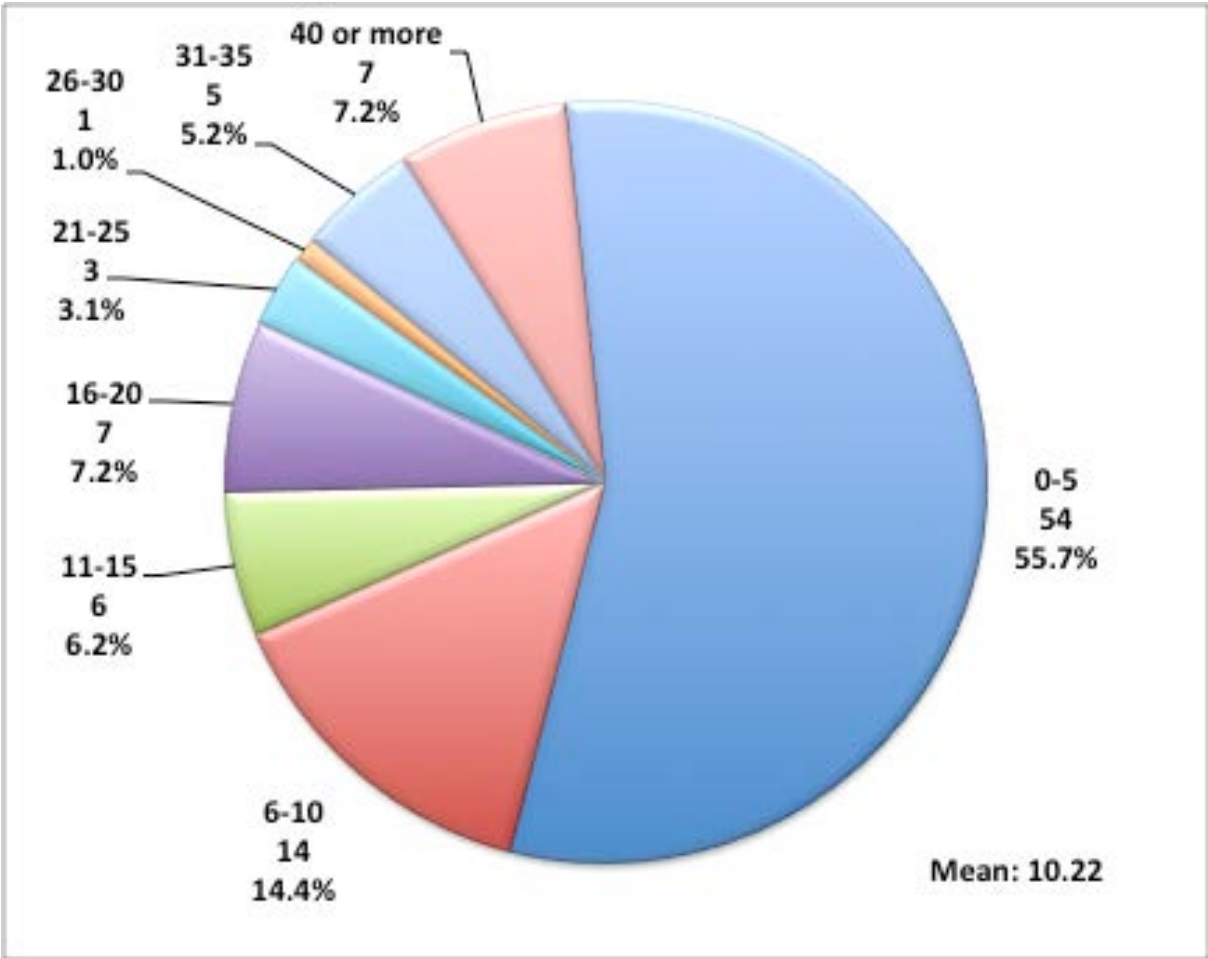
A group of 120 educators, who reported teaching hours, indicated that the average number of hours dedicated to this activity was 10 hours.

Research



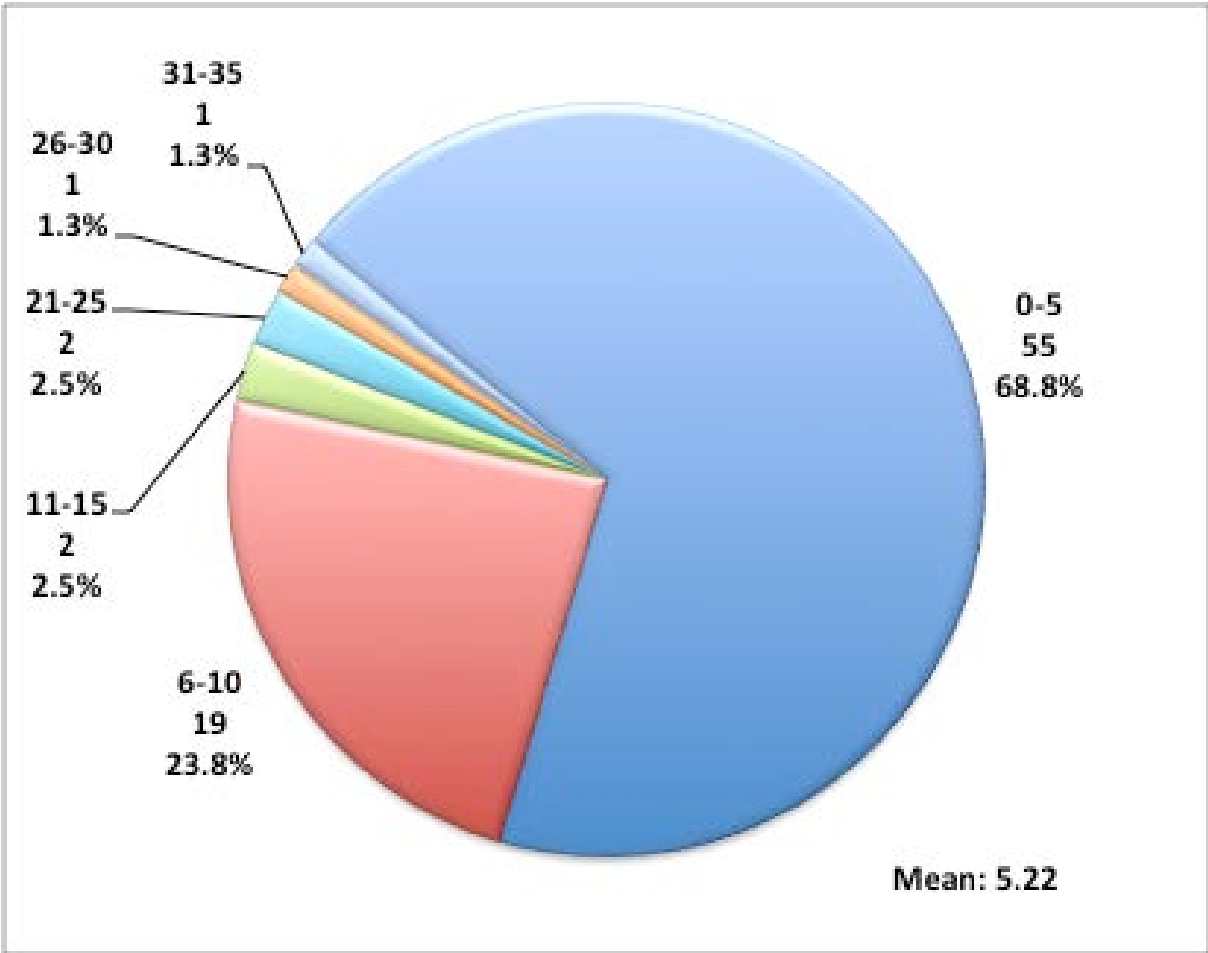
A group of 80 educators, or 50% of respondents, reported hours with an average of 3 hours dedicated to this activity.

Administrative Responsibilities



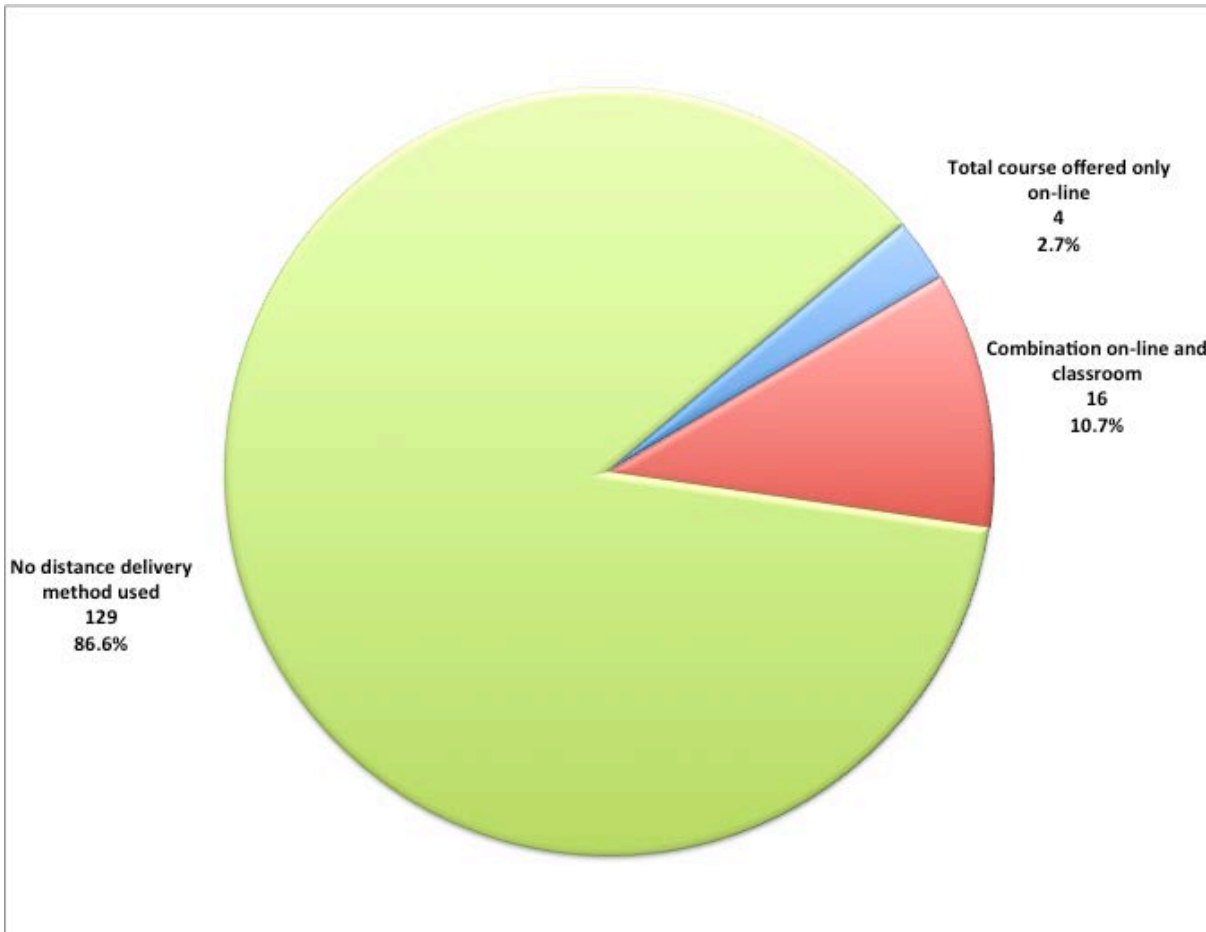
A group of 97 educators reported Administrative Responsibilities that amounted to an average of 10 hours dedicated to this activity.

Other Responsibilities



A group of 80 educators indicated Other Responsibilities included an average of 5 hours dedicated to this activity. The question should be expanded to ask for explanatory details of “other responsibilities” in future surveys.

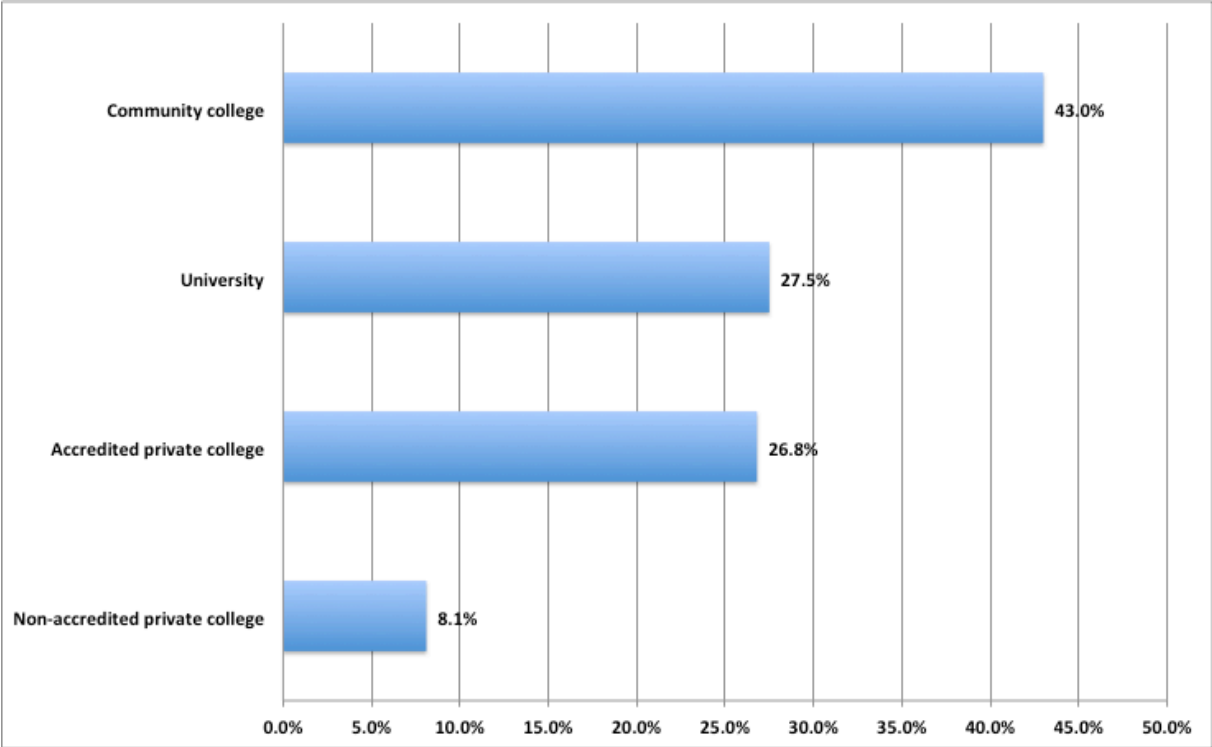
6. Do you teach using distance delivery methods?



Distance delivery was not reported as a common method of delivery, since 87% of educators did not use any distance delivery method. A very small number, 3% indicated that their entire course was delivered online, and another 11% of respondents indicated they used a combination of online and classroom delivery methods.

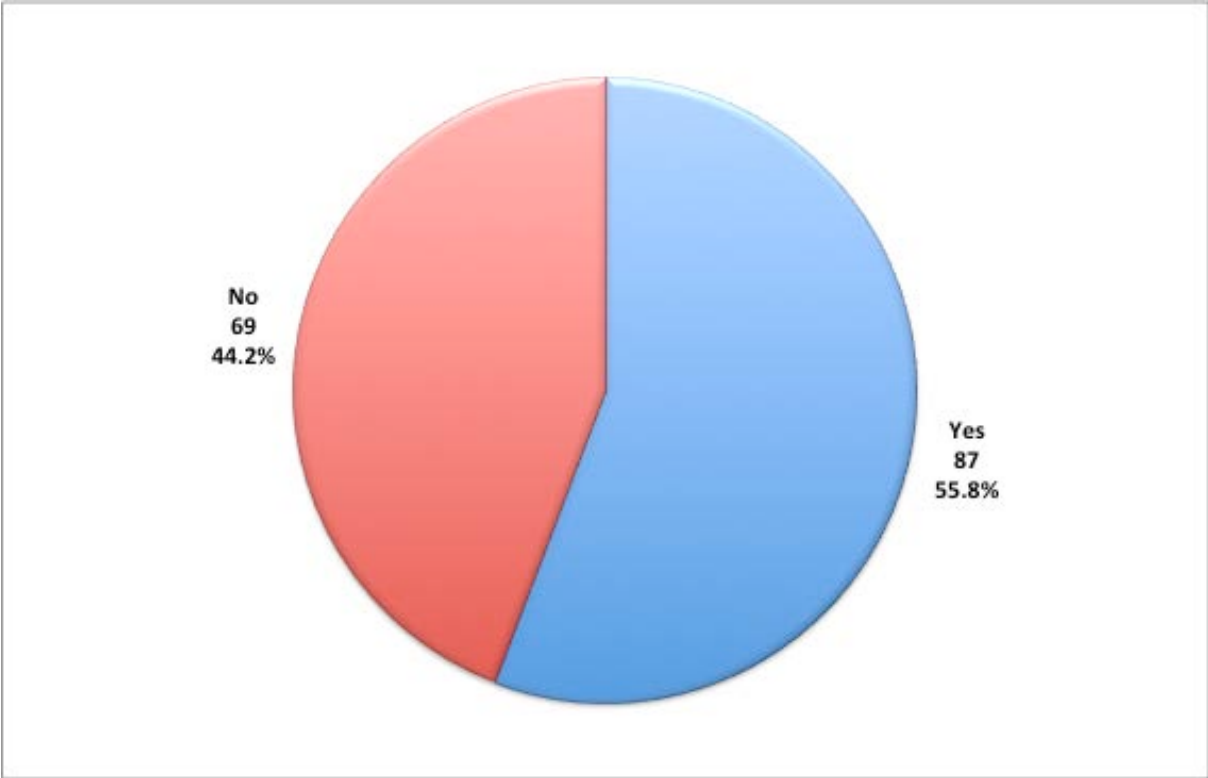
Distance delivery methods were analyzed (see Appendix 1) to find significant differences. A larger proportion, 20% of university educators teach a combination of online and classroom methods than 11% of the community college educators who teach a combination of online and classroom courses.

7. In what type of institution are you currently employed? (Check all that apply)



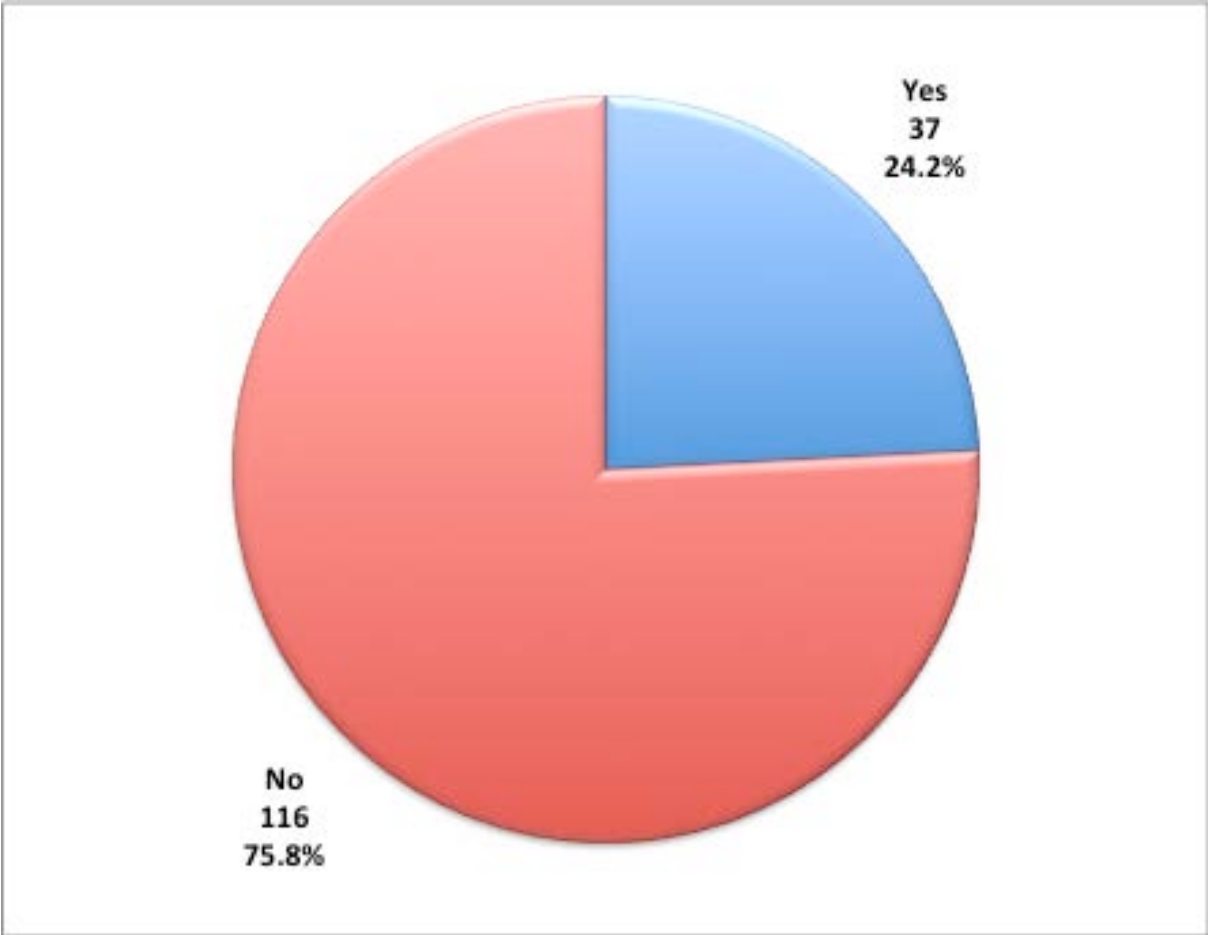
The largest proportion, 43% of respondents, is employed at a community college. Those employed by a university represent 28% of the respondents, and those employed by an accredited private college represent almost an equal proportion, 27%.

8. Do you practise in a clinical dental or dental hygiene practice?



The majority of educators, 56% of respondents, indicated that they practise in a clinical setting.

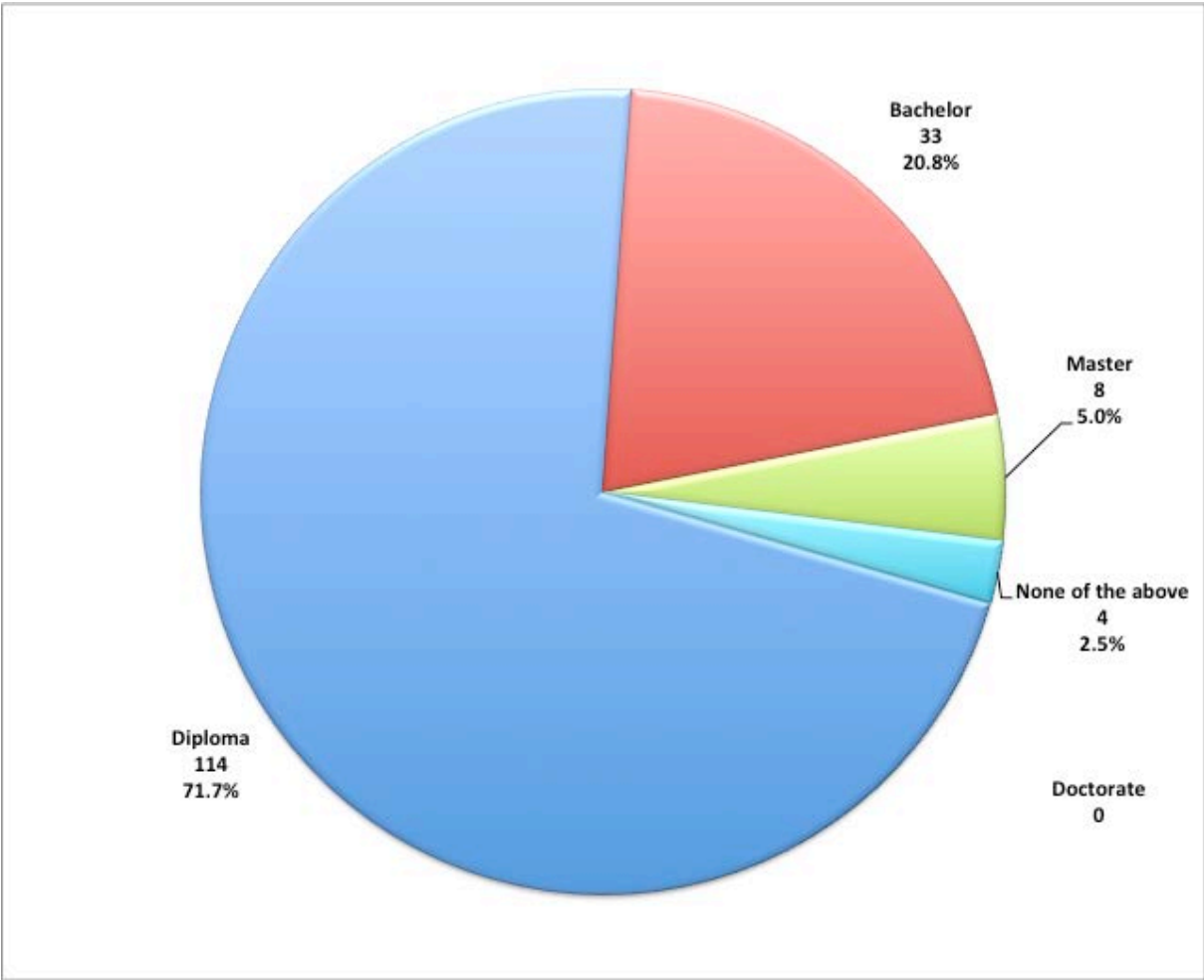
9. Are you a Program Director or Coordinator at your institution?



The responding educators indicated that 24% were either a program director or a coordinator.

At the time of the survey, 37 of the 53 program directors responded. This forms a wide representation from the college and university dental hygiene programs, including accredited and non accredited private schools.

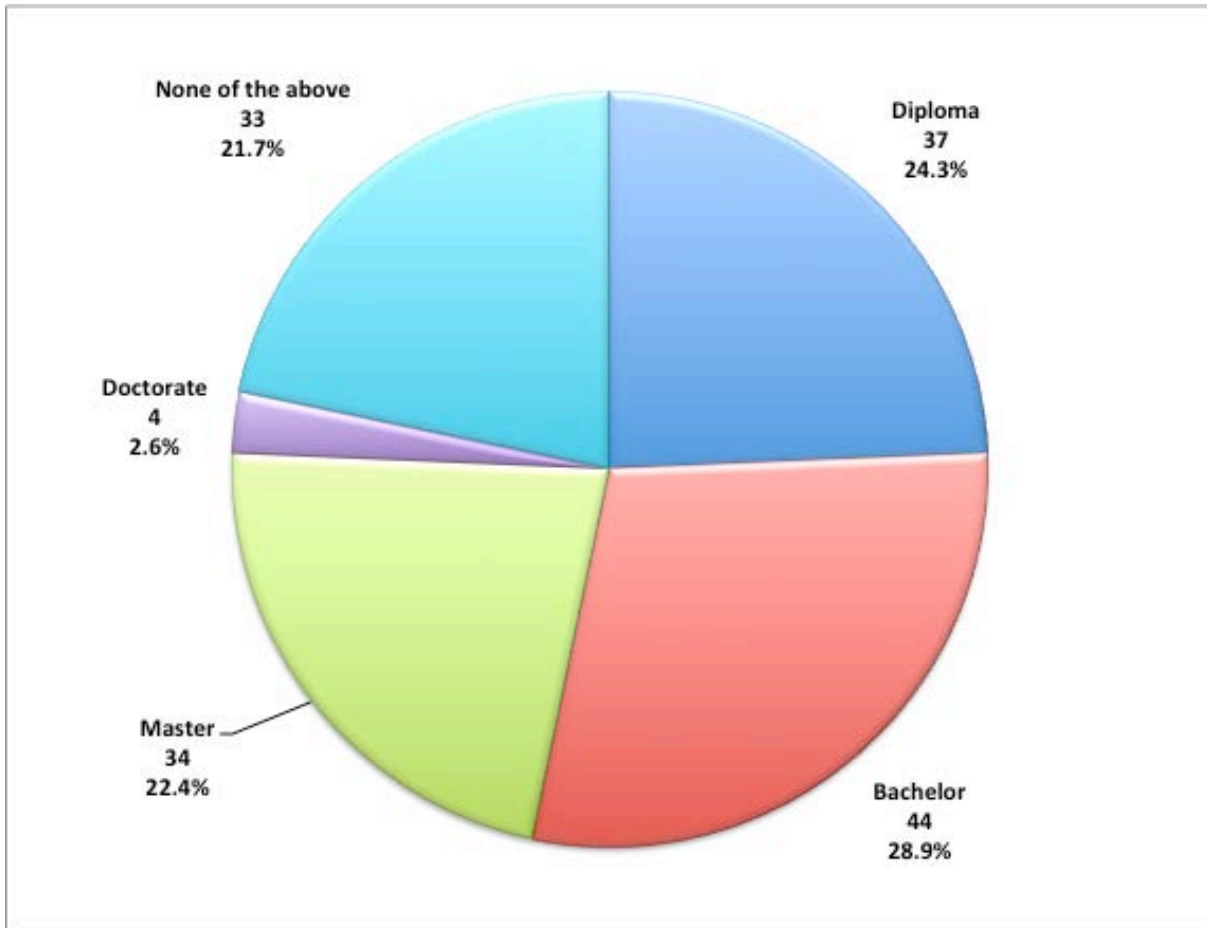
10. What is your highest level of COMPLETED DENTAL HYGIENE EDUCATION?



The highest level of completed **dental hygiene education** was a diploma for 72% of educators. More than a quarter, that is 26% of educators, have a bachelor or master level of dental hygiene education.

Directors or Coordinators were analyzed (see Appendix 1) to find significant differences.

11. What is your highest level of COMPLETED EDUCATION other than dental hygiene?



Other than dental hygiene, the highest level of completed education was, more heavily, degrees represented at the bachelor's level with 29% of educators; diploma 24%; and master's level with 22% of educators.

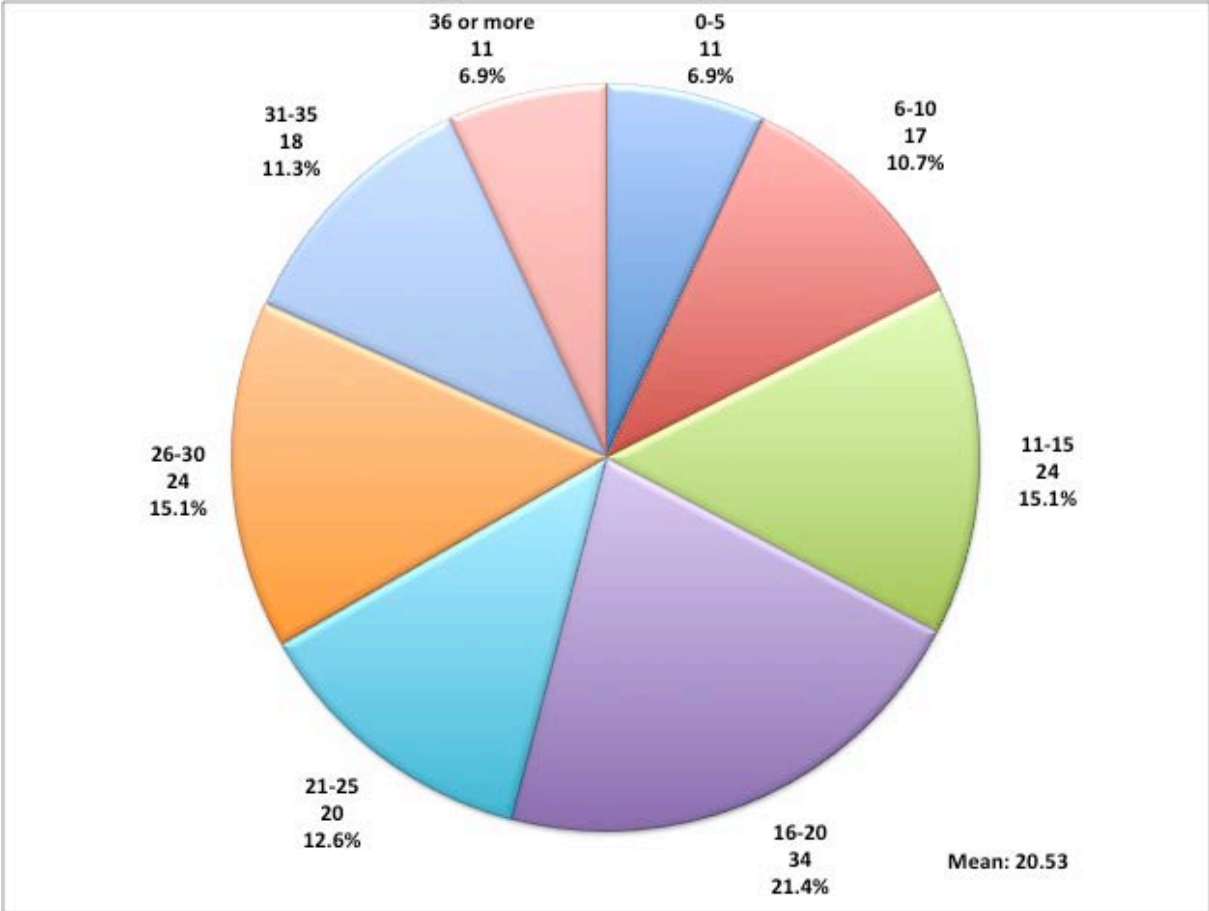
Directors or Coordinators were analyzed (see Appendix 1) to find significant differences.

12. Indicate below all of the educational credentials that you have obtained. (Check all that apply)

	Diploma	Bachelor's Degree	Master's Degree	Post Master's Certificate	Doctorate	Post Doctoral	Total
Dental Hygiene	77.8%	18.4%					96.2%
Dentistry	1.3%	2.5%			0.6%		4.4%
Arts	1.3%	14.6%	4.4%	0.6%			20.9%
Business/Health/Public Administration	0.6%	0.6%	1.3%				2.5%
Education	13.3%	8.9%	12.0%	0.6%	1.9%		36.7%
Health Sciences	0.6%	1.9%	0.6%				3.2%
Nursing							
Medicine	0.6%						0.6%
Public Health	1.9%		0.6%				2.5%
Science	1.9%	14.6%	3.2%				19.6%
Social Services	0.6%	1.3%					1.9%
Other	13.3%	1.9%	0.6%	0.6%	0.6%		17.1%

Educators were asked to report all of their educational credentials. Virtually the entire group of educators, 96% of respondents, reported having credentials in dental hygiene, the highest level of credentials in the field being reported as a bachelor's degree in dental hygiene by 18% of the respondents. The next large response categories were for 15% of educators who have a Bachelor of Arts and 15% of educators who have a Bachelor of Science. A group of dental hygiene educators have a master's degree in Education, as reported by 12% of respondents.

13. How many years have you been registered as a dental hygienist?



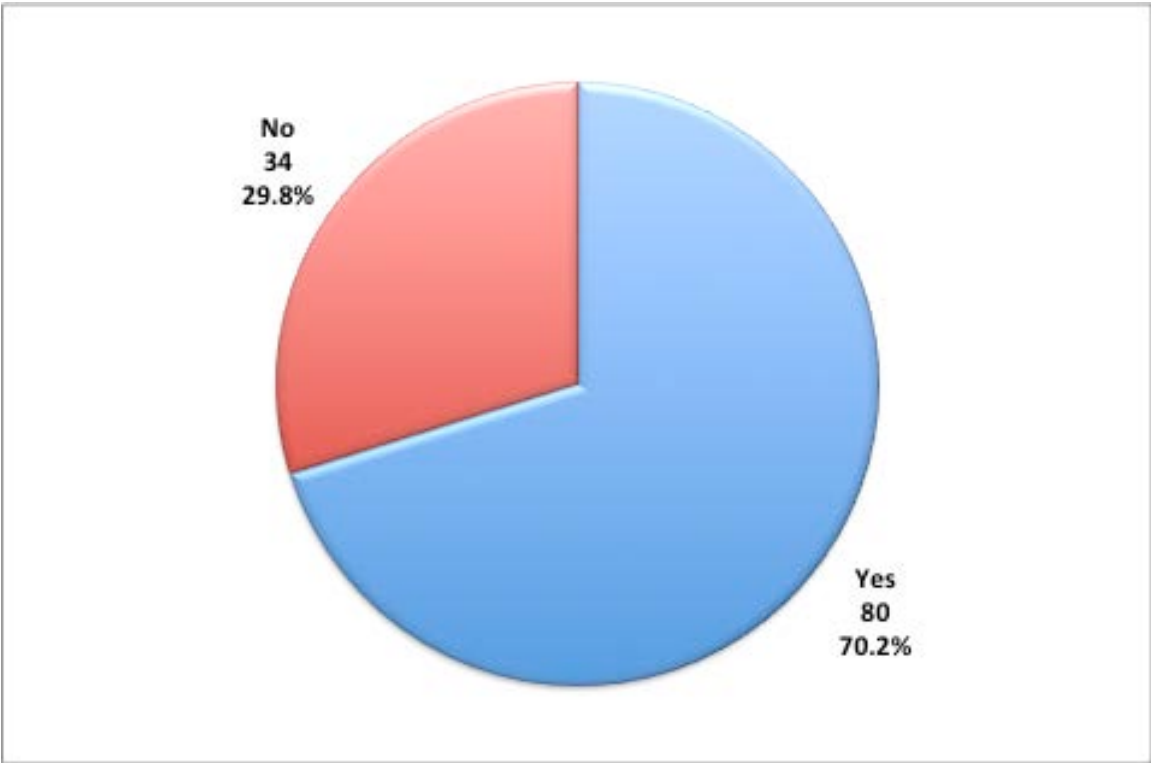
The largest group of responses was from those educators who have been registered dental hygienists for 16 to 20 years.

14. If you are presently enrolled in further education, please indicate the academic discipline.

	Bachelor's Degree	Master's Degree	Post Master's Certificate	Doctorate	Post Doctoral	Total
Dental Hygiene	23.5%	7.8%				31.4%
Dentistry						
Arts	7.8%					7.8%
Business/Health/Public Administration	2.0%					2.0%
Education	27.5%	13.7%				41.2%
Health Sciences	2.0%			2.0%		3.9%
Nursing						
Medicine						
Public Health		3.9%				3.9%
Science	2.0%	2.0%		2.0%		5.9%
Social Services	2.0%	2.0%				3.9%
Other	5.9%		2.0%			7.8%

The educators who are actively pursuing education were asked to indicate their academic discipline. About one third, 32%, of the total survey respondents reported furthering their education. The overwhelming majority of those enrolled, 73%, are studying at the bachelor degree level. Another group of educators, 29% of those enrolled, are studying at the master's level. The leading academic discipline was education, as indicated by 41% of the enrolled respondents. Dental hygiene was the second highest academic discipline that was indicated by 31% of enrolled respondents.

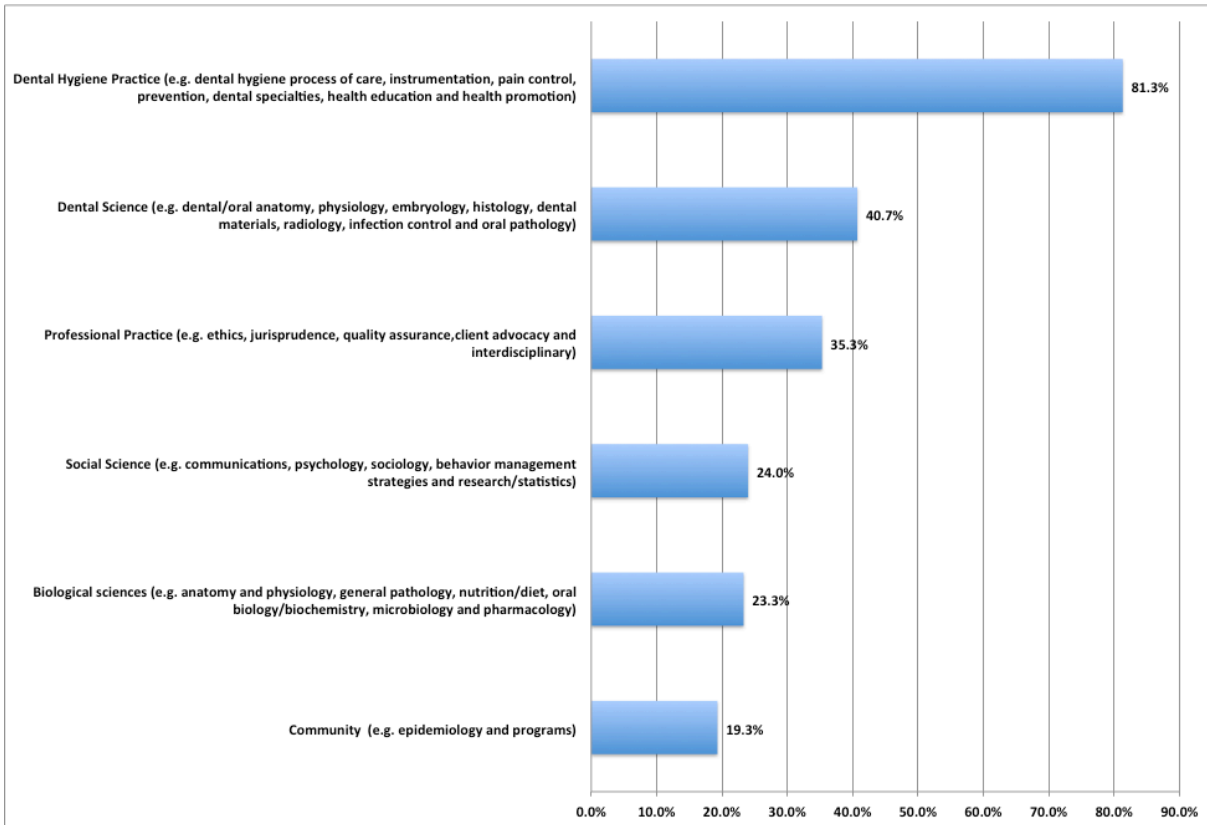
15. If you are not presently enrolled, do you intend to pursue further education?



Among those who are not presently enrolled, there are 70% who intend to pursue their education in the future.

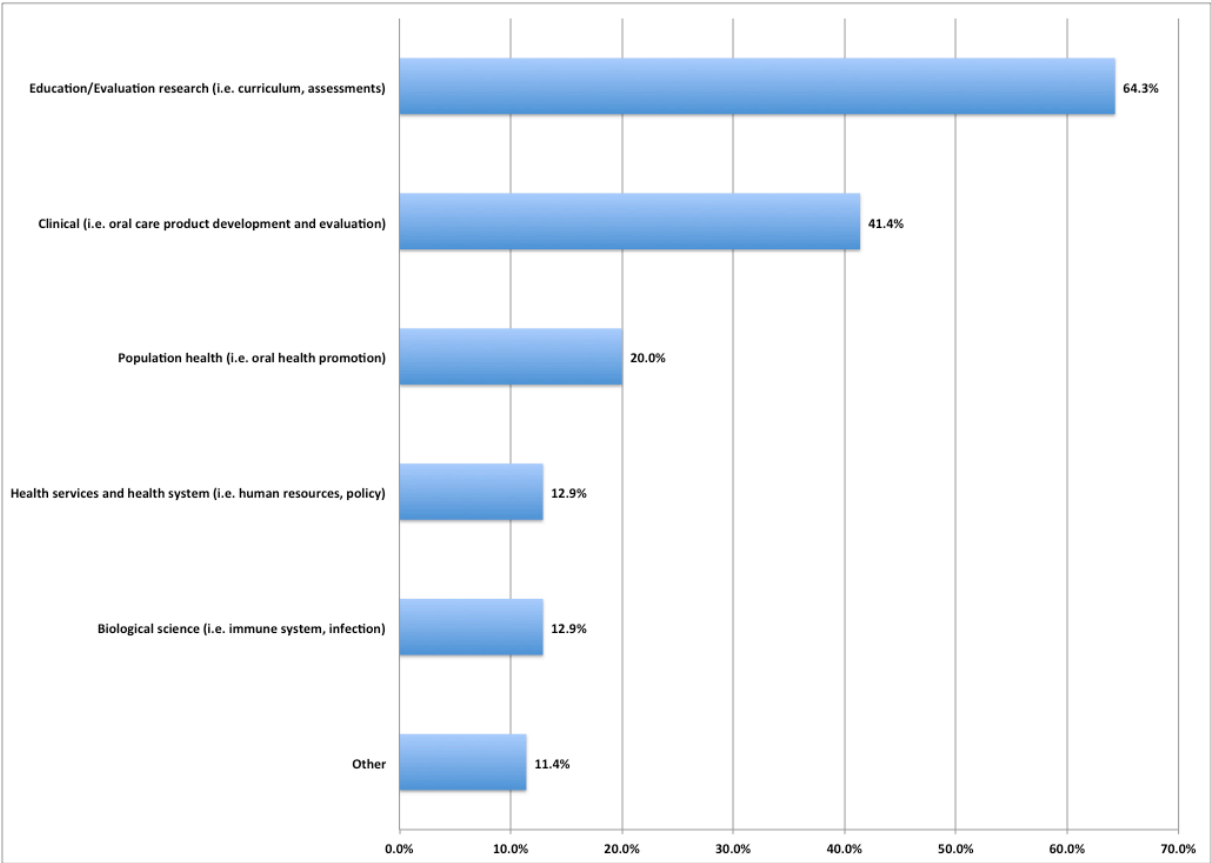
Years of registration were analyzed (see Appendix 1) to find significant differences. The educators with eleven or more years of registration were most inclined to indicate they intend to pursue their education.

16. Indicate your areas of teaching below (Check all that apply):



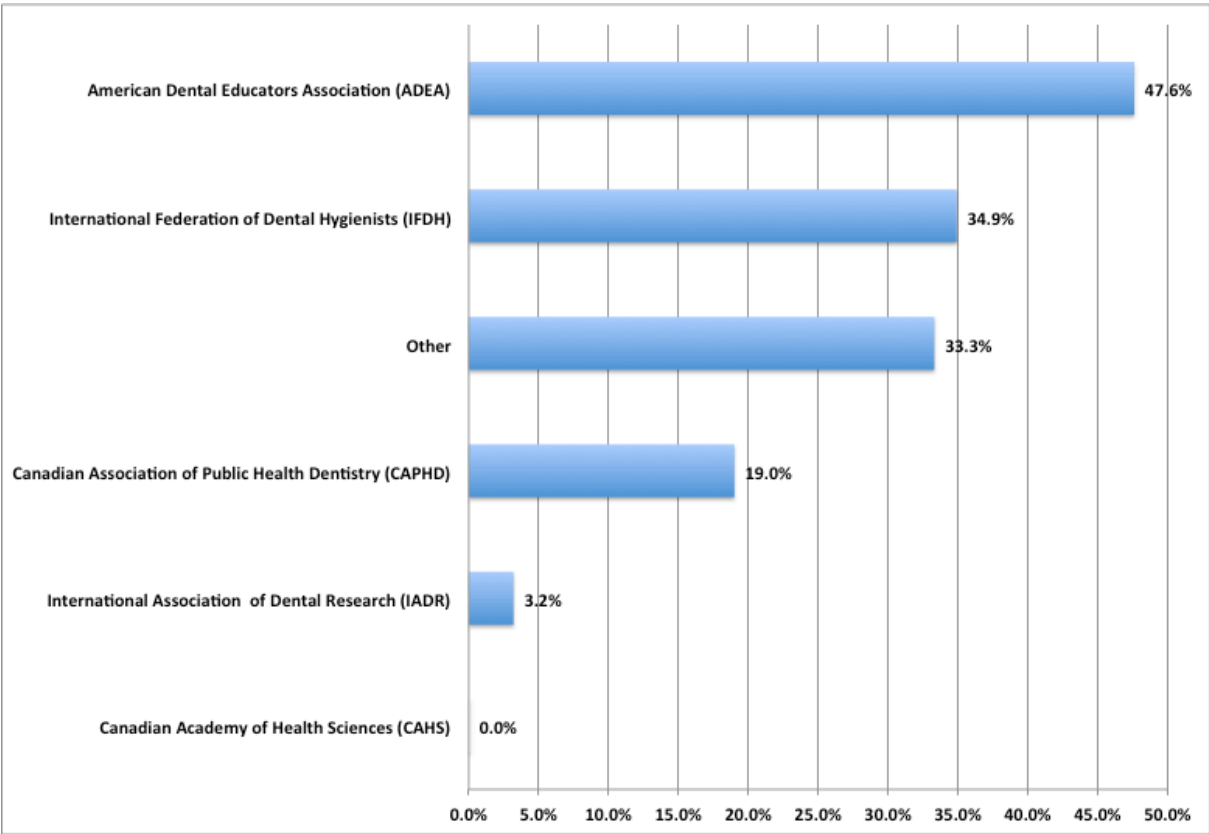
The greatest proportion, 81% of educators, indicated that they are teaching dental hygiene practice. In addition, there are about half as many, 41% educators, are teaching dental science. Another large group, 35% of educators, is teaching professional practice. Approximately 67% of educators teach in a variety of the areas covered by social sciences, biological sciences, and community programs.

17. Indicate your areas of research below (Check all that apply):



A group of 44% of dental hygiene educators indicated their areas of research. The majority, 64% of research respondents, is involved with education. Forty one per cent of respondents, indicated that they were involved in clinical research, with half as many, 20% of research educators, involved in population health.

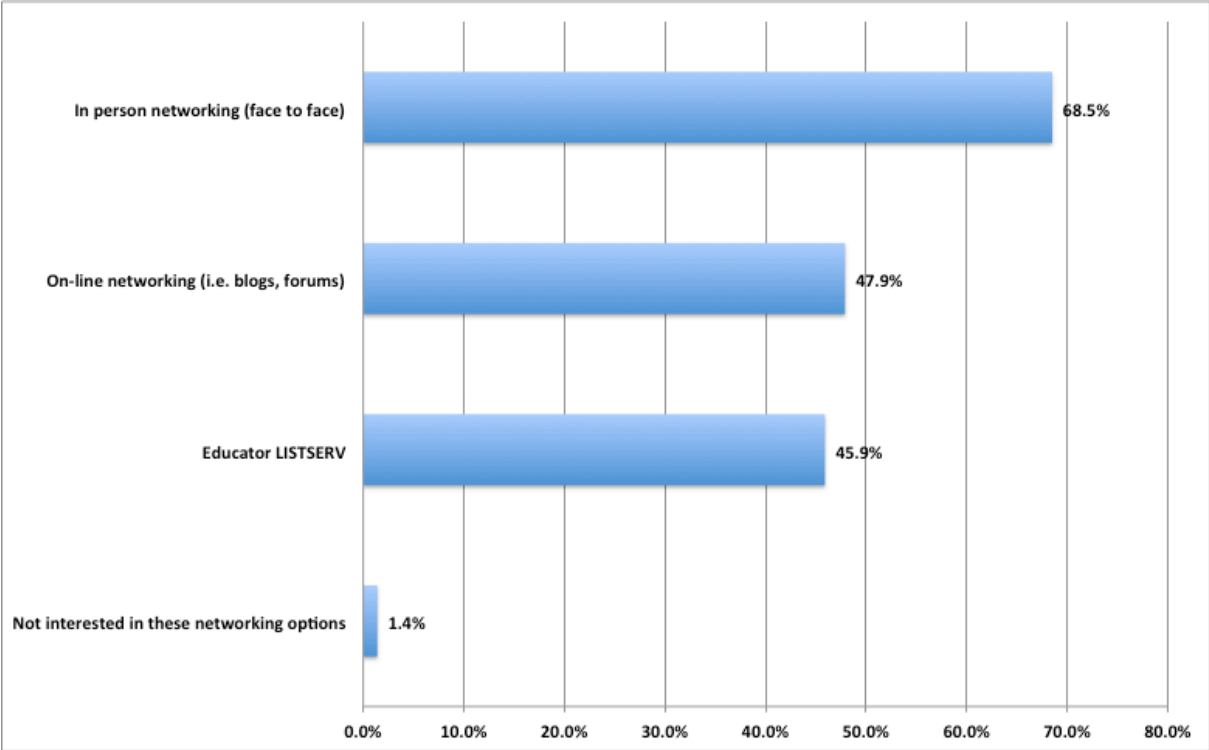
**18. Indicate your membership/participation in other oral health or academic organizations.
(Check all that apply)**



Only 39% of the respondents indicated that they were involved in other oral health or academic organizations. Among these educators who have memberships other than oral hygiene, 48% responded that they are members or participants in the American Dental Educators Association. More than a third of other membership educators indicated they belong as members or participants in the International Federation of Dental Hygienists. There were 19% of the respondents who have membership in the Canadian Association of Public Health Dentistry.

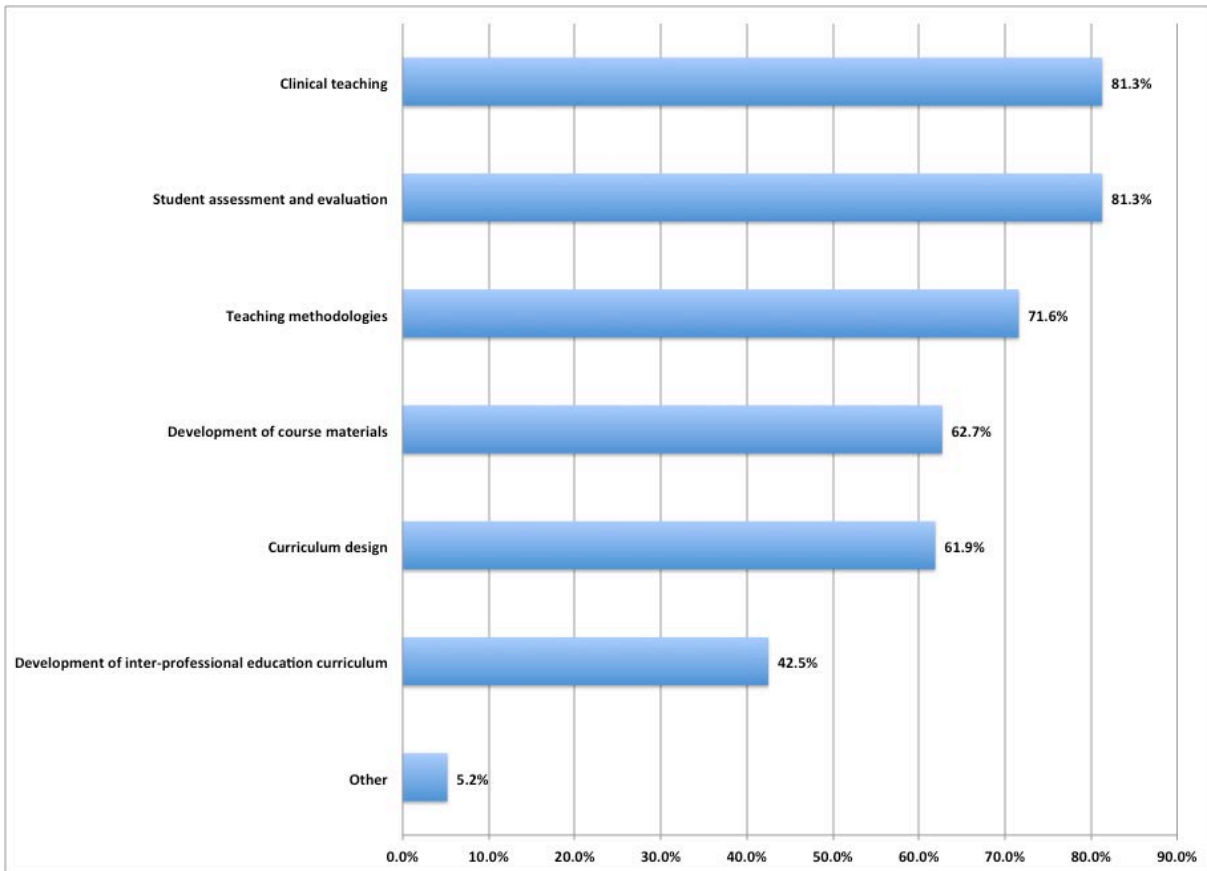
Career Support

19. What type of networking environment best suits you? (Check all that apply)



The greatest number, 69% of educators, indicated that they prefer in person networking. Almost half, 48% of educators find online networking best suits them. A similar number, 46% of educators, find that the educator Listserv suits them.

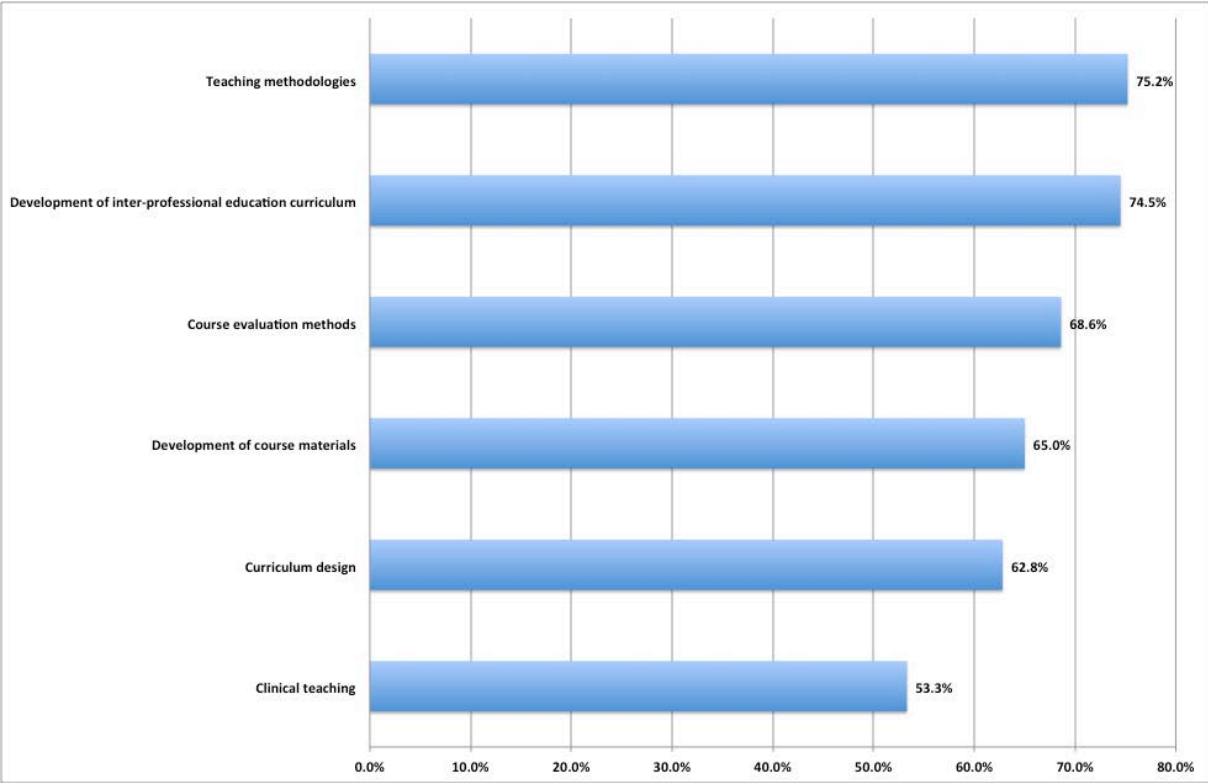
20. What types of educational material/resources do you have access to at your home institution? (Check all that apply)



Responses to this question indicate that educators have good access to educational material at their home institution. Less than half, 43% of educators, do not have development of course material available at their institution. However, more than 81% of educators have material available for clinical teaching as well as student assessment and evaluation.

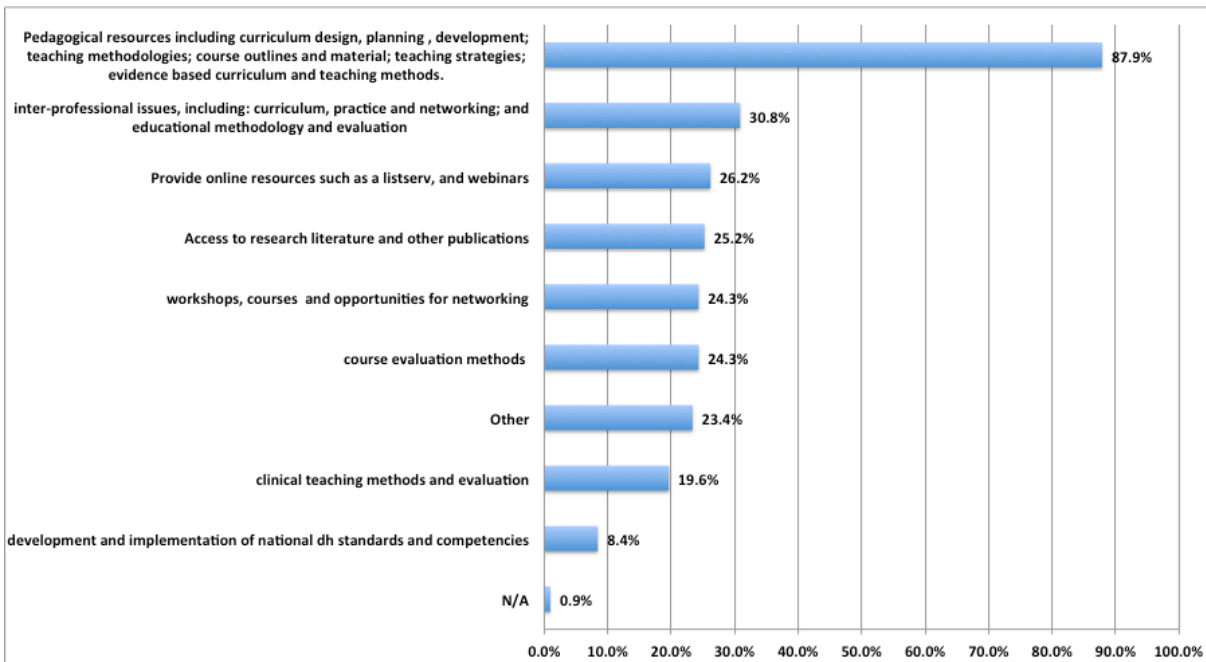
Networking environment was analyzed (see Appendix 1) for significant differences. The largest group of those, 69% of educators preferring in person networking, indicated that they have good access to a full range of educational material, with the greatest agreement, by 20% of these respondents, indicating that there were student assessment and evaluation materials available.

21. What types of educational material/resources should CDHA offer to educators, to complement what you are currently receiving?



While 72% of educators responded to Question 20 that they have teaching material available at their institution, there were 75% of educators who indicated support for the CDHA to offer teaching material to educators. Almost 75% also indicated that the CDHA should provide development of interprofessional education curriculum. There is also a need, as expressed by 65% of educators, for the development of course materials. This is significant because the responses to Question 20 show that less than half of educators have access to course materials at their institution.

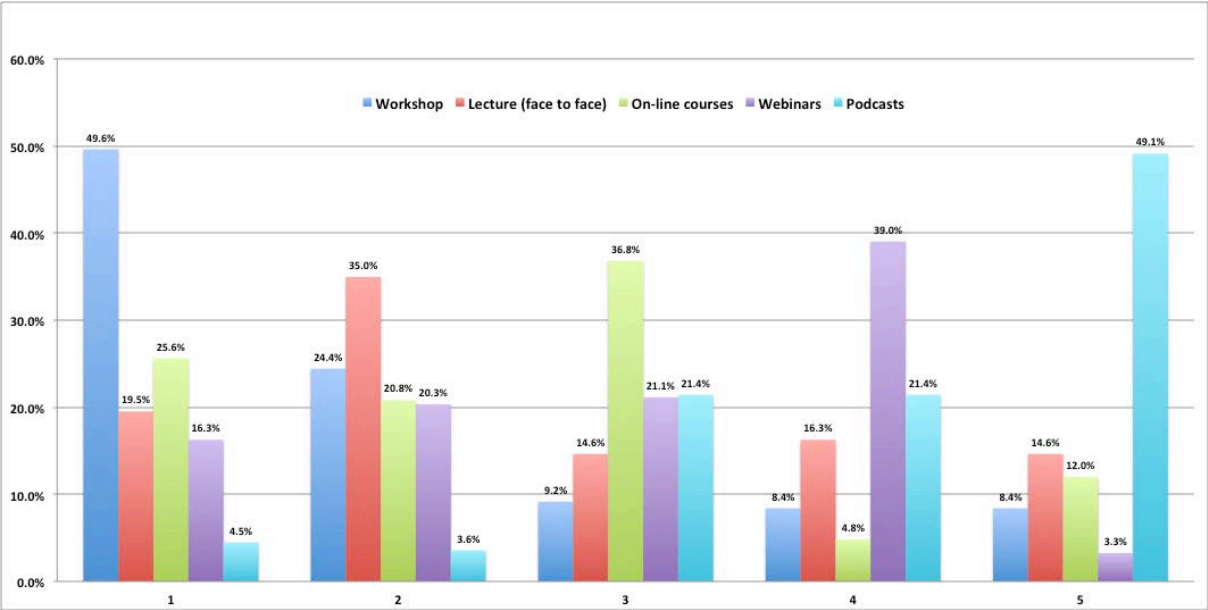
22. List the 3 most important educational resources that CDHA could offer to educators.



Over 107 educators provided a range of responses that were classified into nine broad categories. A review of all the responses were analyzed to reveal the most often cited top three categories.

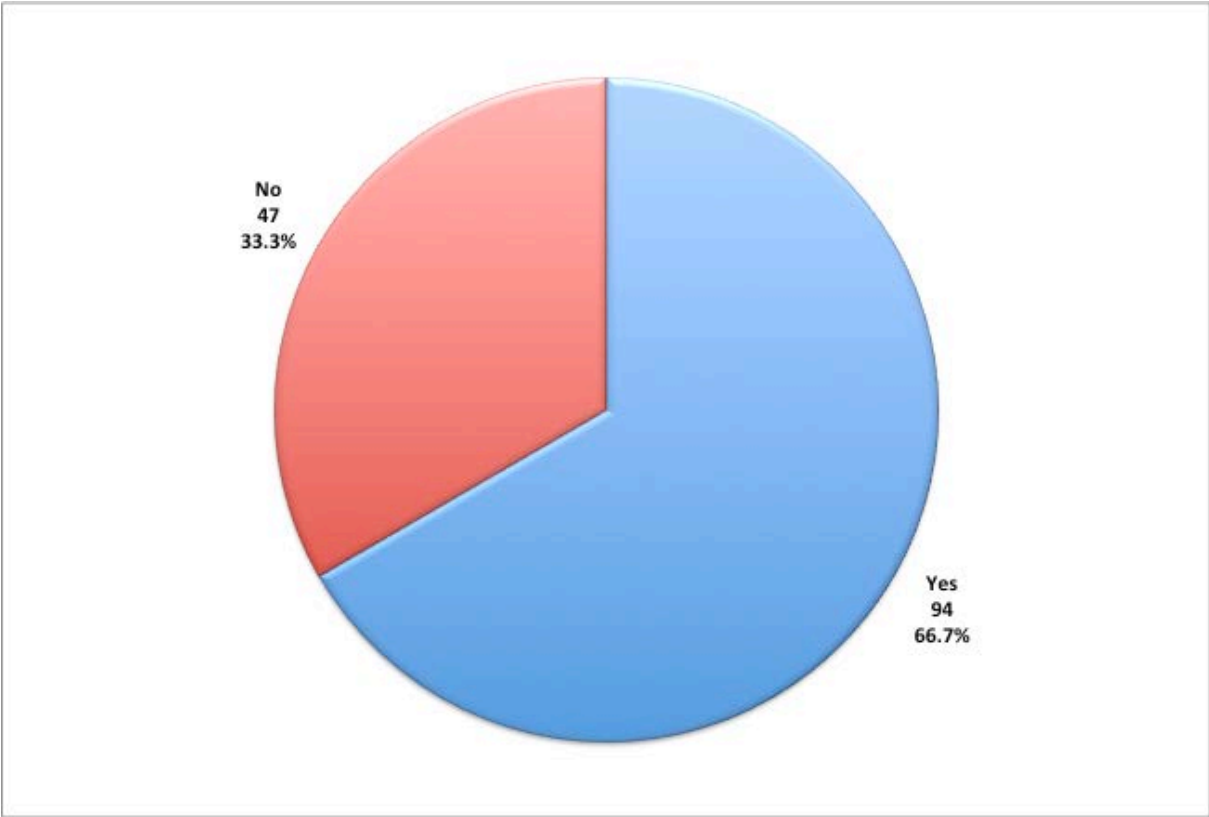
According to 88% of respondents, the highest importance for educational resources the CDHA could offer is pedagogical resources. The pedagogical resources mentioned include: curriculum design, planning, development, teaching methodologies, course outline and material, teaching strategies, evidence based curriculum, and teaching methods.

23. Rank the following to indicate your preferred method for participating in educational activities? (1 = most preferred method)



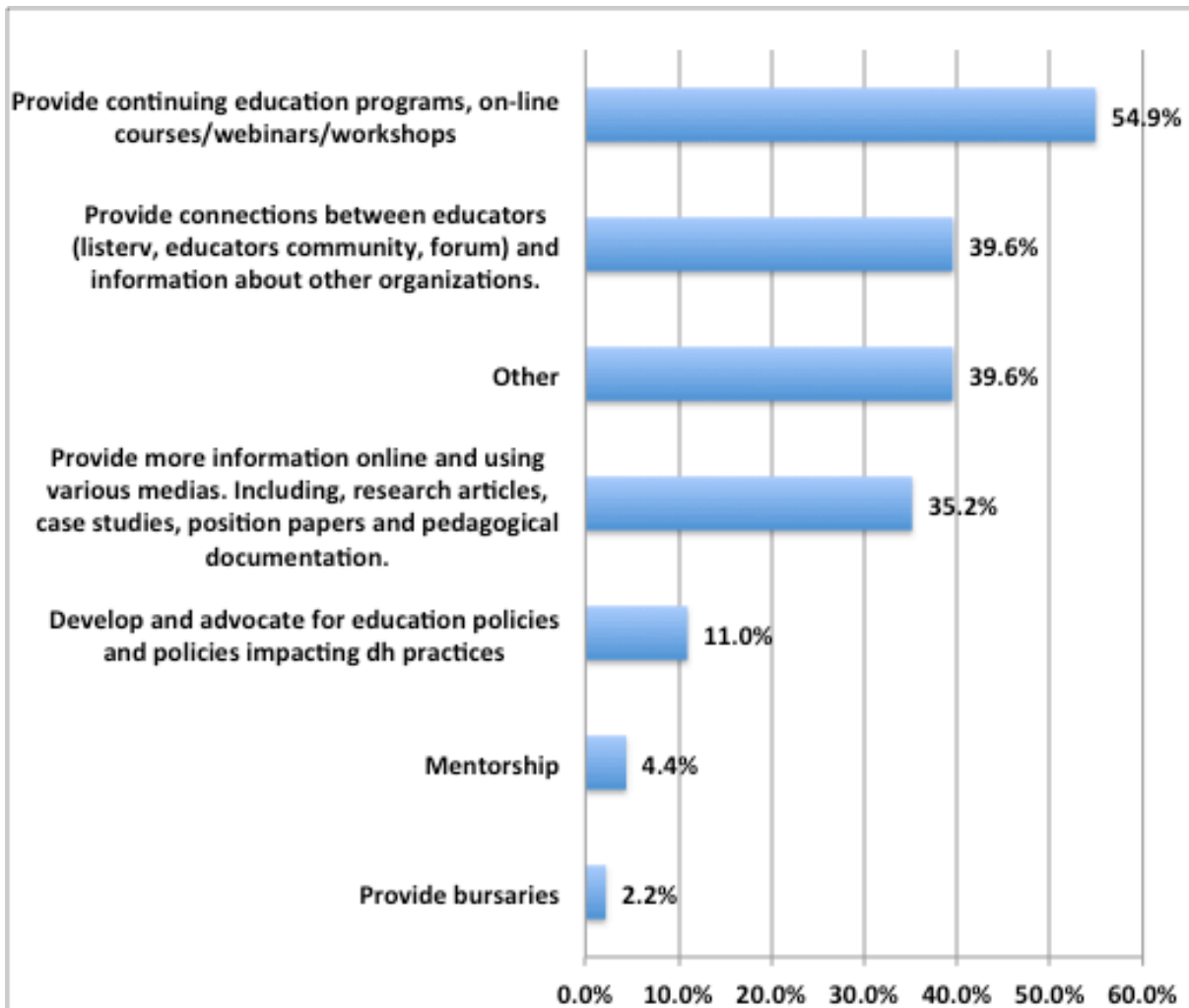
By far, as indicated by 74% of educators in a ranking of 1 or 2, the preferred method of participating in educational activities is the workshop. The least preferred method is the podcast.

24. Would you be interested in attending educator specific workshops at the CDHA annual professional conference on 10 and 11 June 2011, in Halifax, Nova Scotia?



A great majority, 67% of educators, would be interested in attending the workshops at the CDHA annual professional conference.

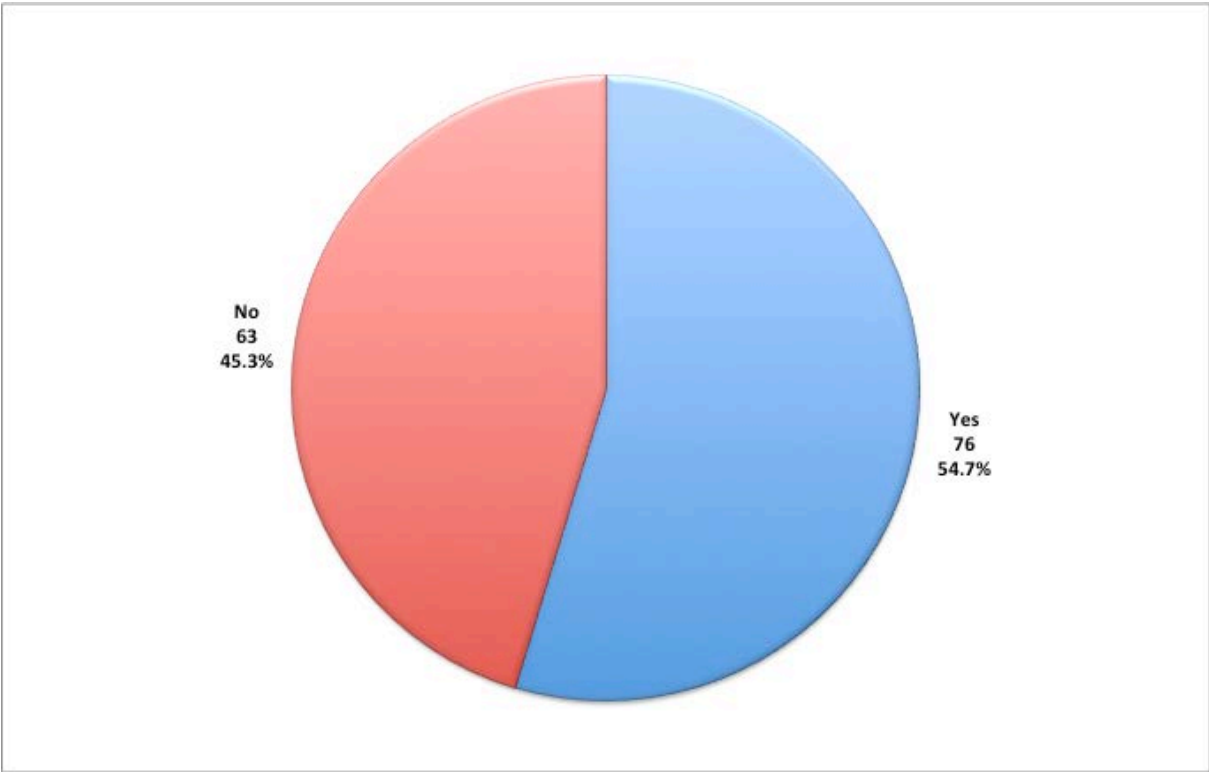
25. List two ways in which CDHA can support your educational practice.



Ninety-one educators made suggestions. The majority, 55% of respondents, would like the CDHA to provide continuing education programs, online courses/webinars/workshops. Second support of choice, by 40% of respondents, was to have the CDHA provide connections between educators (listserv, educators community, forum) and information about other organizations.

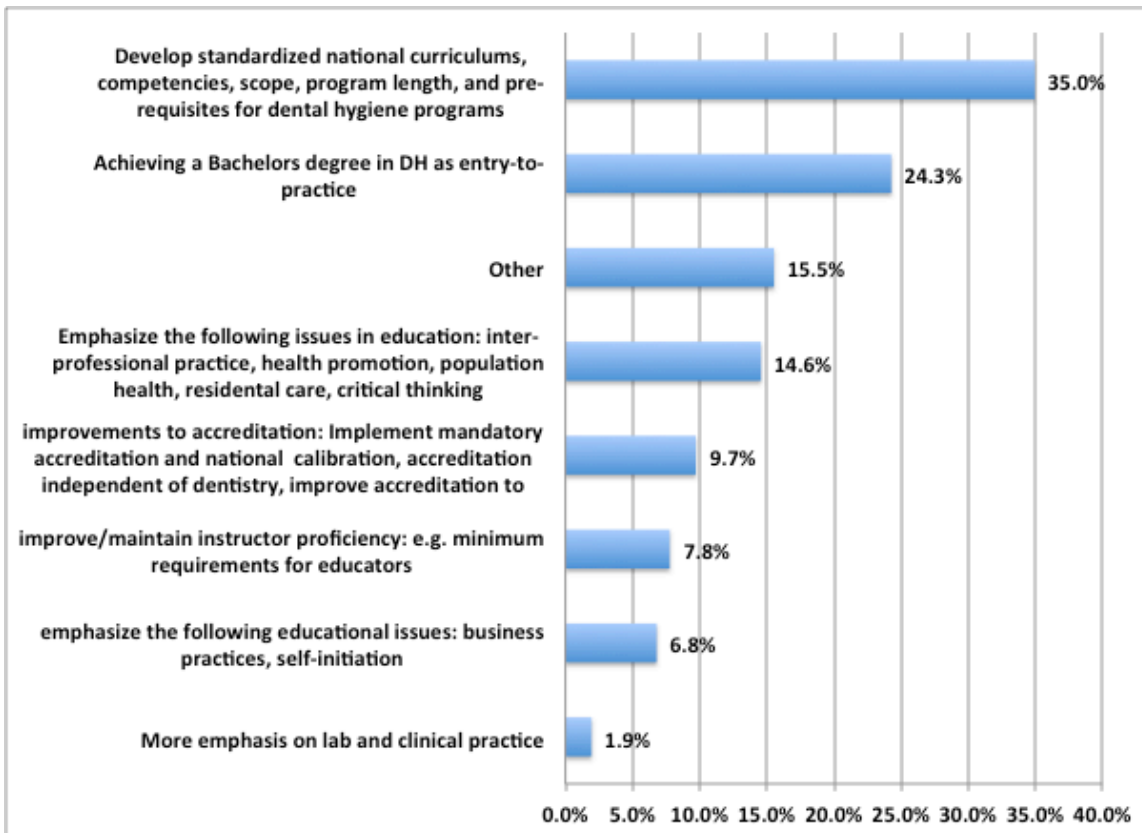
Policy Issues

26. Are you aware of the CDHA policy document Pathways to Support the Oral Health of Canadians: The CDHA Dental Hygiene Education Agenda?



There was a mixed response about awareness of the CDHA policy document. A large group representing 45% of educators were not aware of the document. However, relatively large proportions of some provinces had an awareness of the document. Province of work was analyzed (see Appendix 1) to find significant differences.

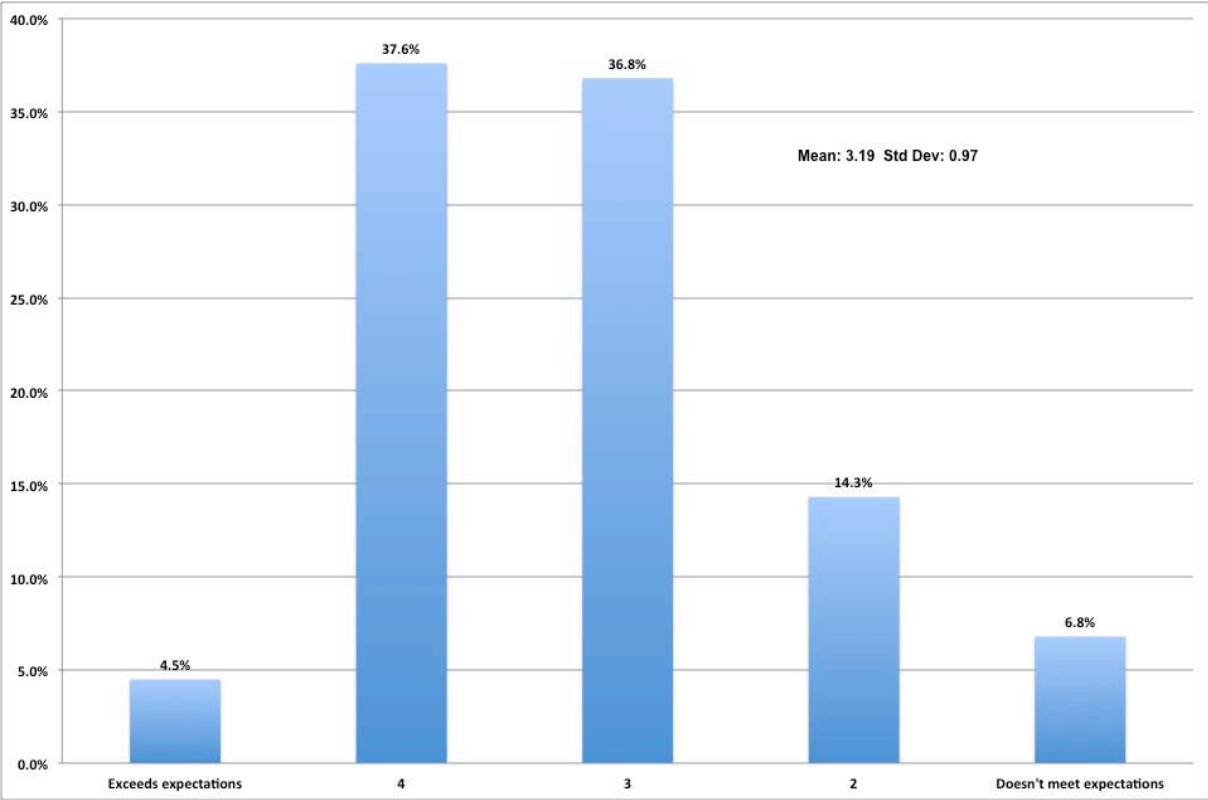
27. Identify the most important change that needs to take place in dental hygiene education.



A group of 103 educators identified changes for dental hygiene education. There was less consensus indicated for this open ended question than for other questions. More than a third, 35% of respondents, identified the need for standards to be developed with regard to national curricula, competencies, scope, program length, and prerequisites for dental hygiene programs.

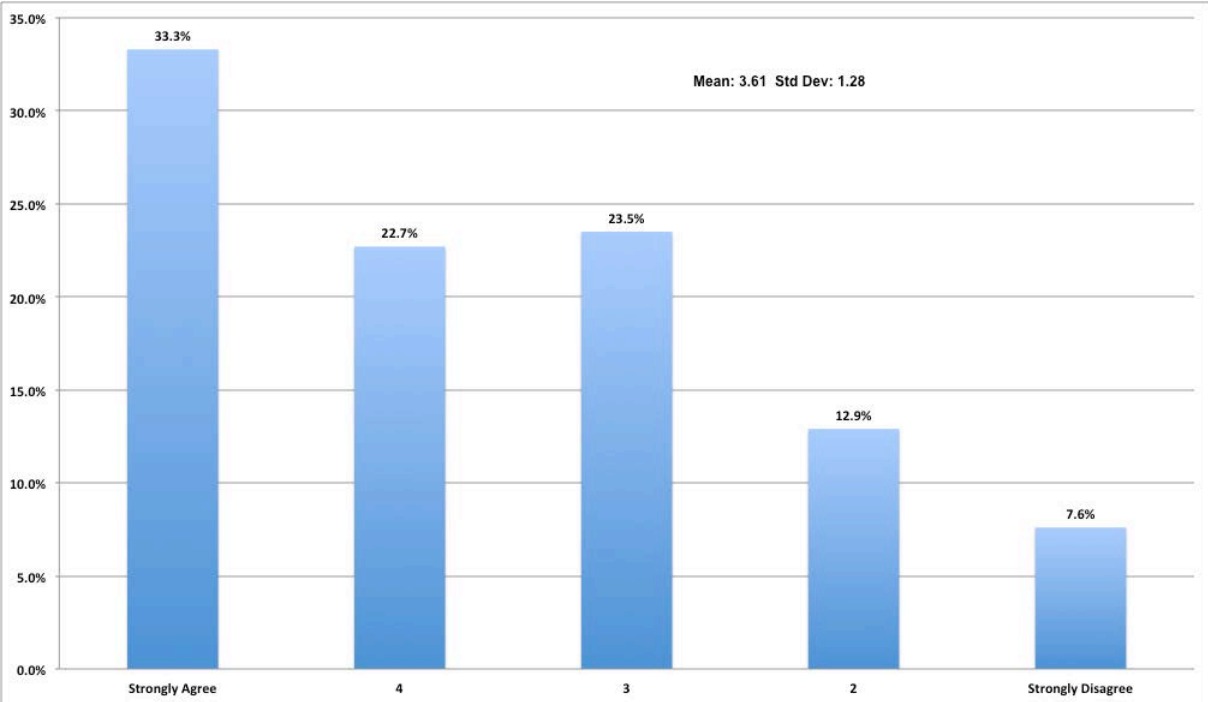
A review of the responses in the “Other” category showed that 15.5% of the respondents identified changes that were so varied that they could not be categorized in any common way.

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



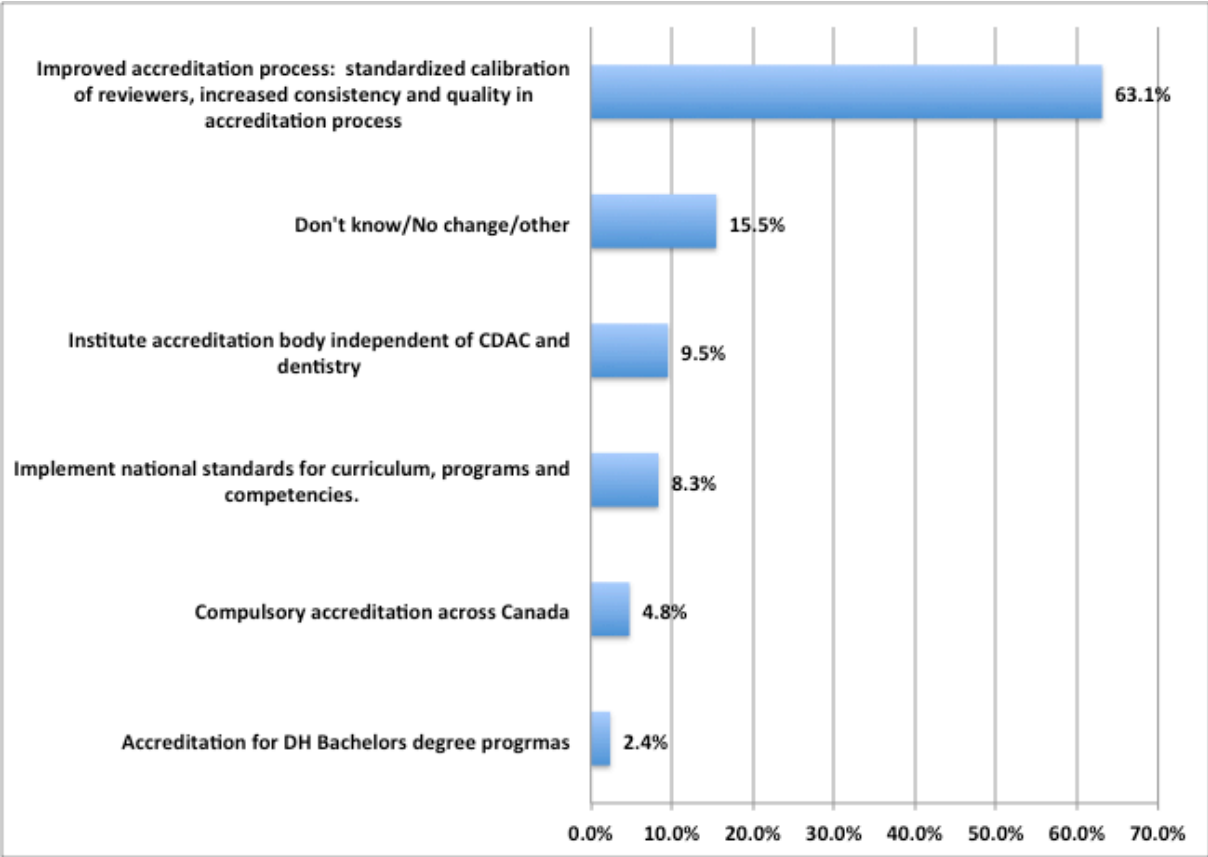
Assuming those responding in the categories of 3 or greater are positive, approximately 79% of educators indicated that the CDAC accreditation process meets the needs of dental hygiene education.

29. There is a need for an accreditation agency independent of CDAC to be governed by the dental hygiene profession?



Assuming the category of 3 or greater is positive, the vast majority representing 80% of educators indicate the need for an accreditation agency independent of the CDAC.

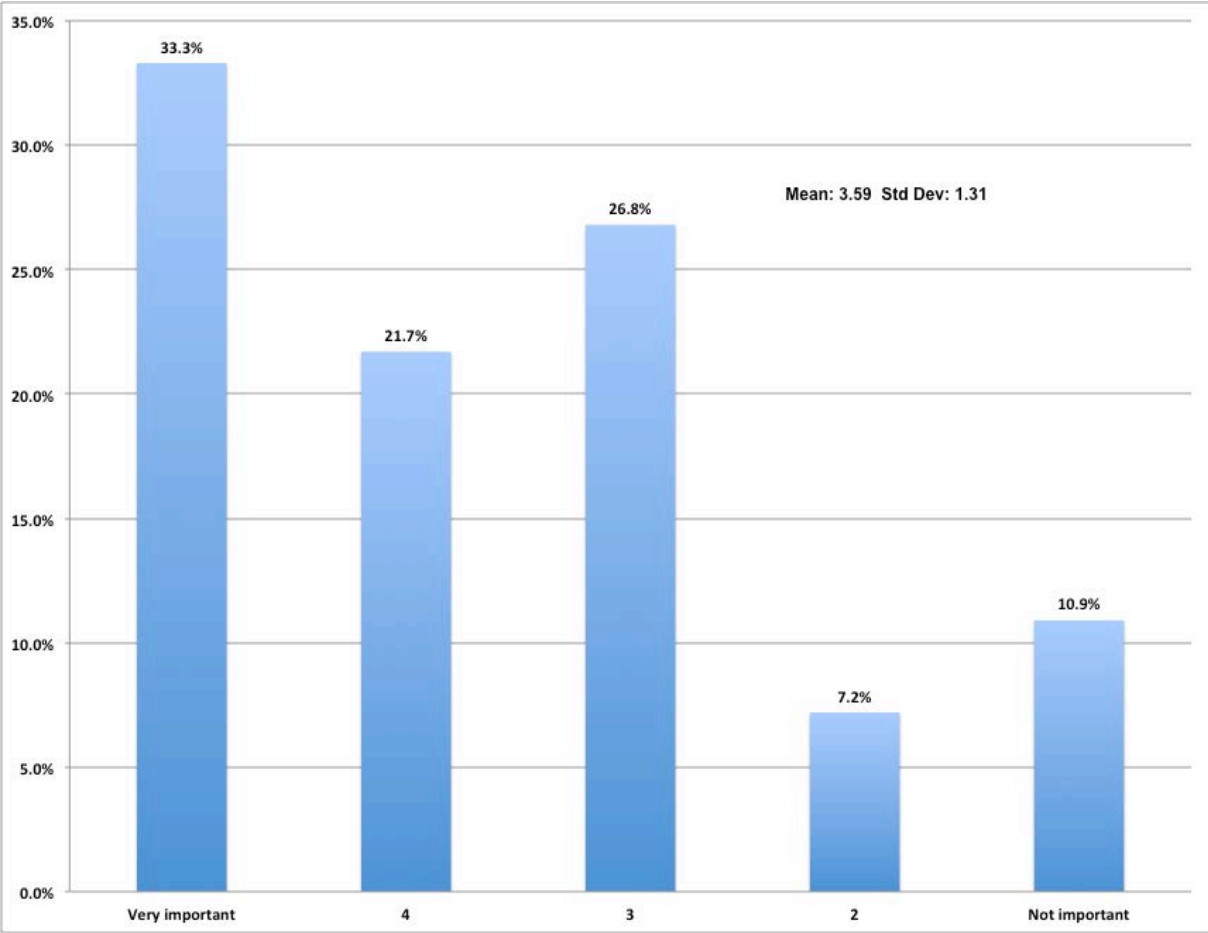
30. Identify the most important change that needs to take place in accreditation of dental hygiene education.



A group of 84 educators identified changes in accreditation. A good consensus was indicated, by 63% of respondents, for an improved accreditation process to include standardized calibration of reviewers, increased consistency, and quality in the accreditation process.

The open ended question allowed the respondents to compose their own statements, without any category of responses being suggested.

31. Rate the value of having a standard for directors/coordinators to possess at a minimum a master's degree.

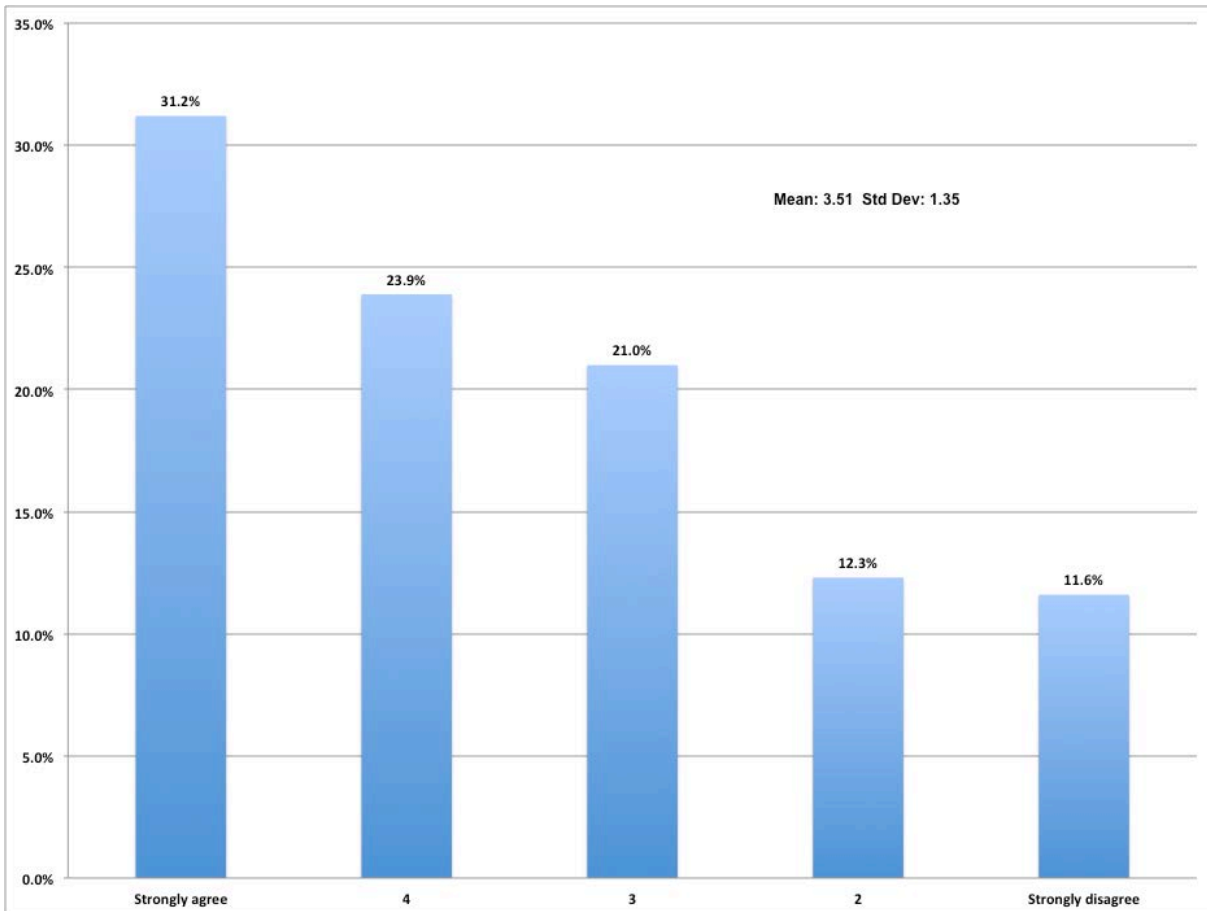


The greatest consensus, 82% of educators, showed a rating of 3 or greater as the value placed on making a master's degree the standard requirement for directors/coordinators. A fairly large group, representing 33% of educators, indicated the highest value for requiring this standard. The mean score was calculated to be 3.6 with the maximum value being 5.

Province of work was analyzed (see Appendix 1) to find significant differences.

Completed highest education was analyzed (see Appendix 1) to find significant differences. Respondents giving this the highest ranking held either a master's degree or a doctorate. This standard was held in the highest by 68% of those holding a master's degree, and 67% of those holding a doctorate.

32. An entry to practice education for dental hygienists should be a bachelor's degree in dental hygiene?



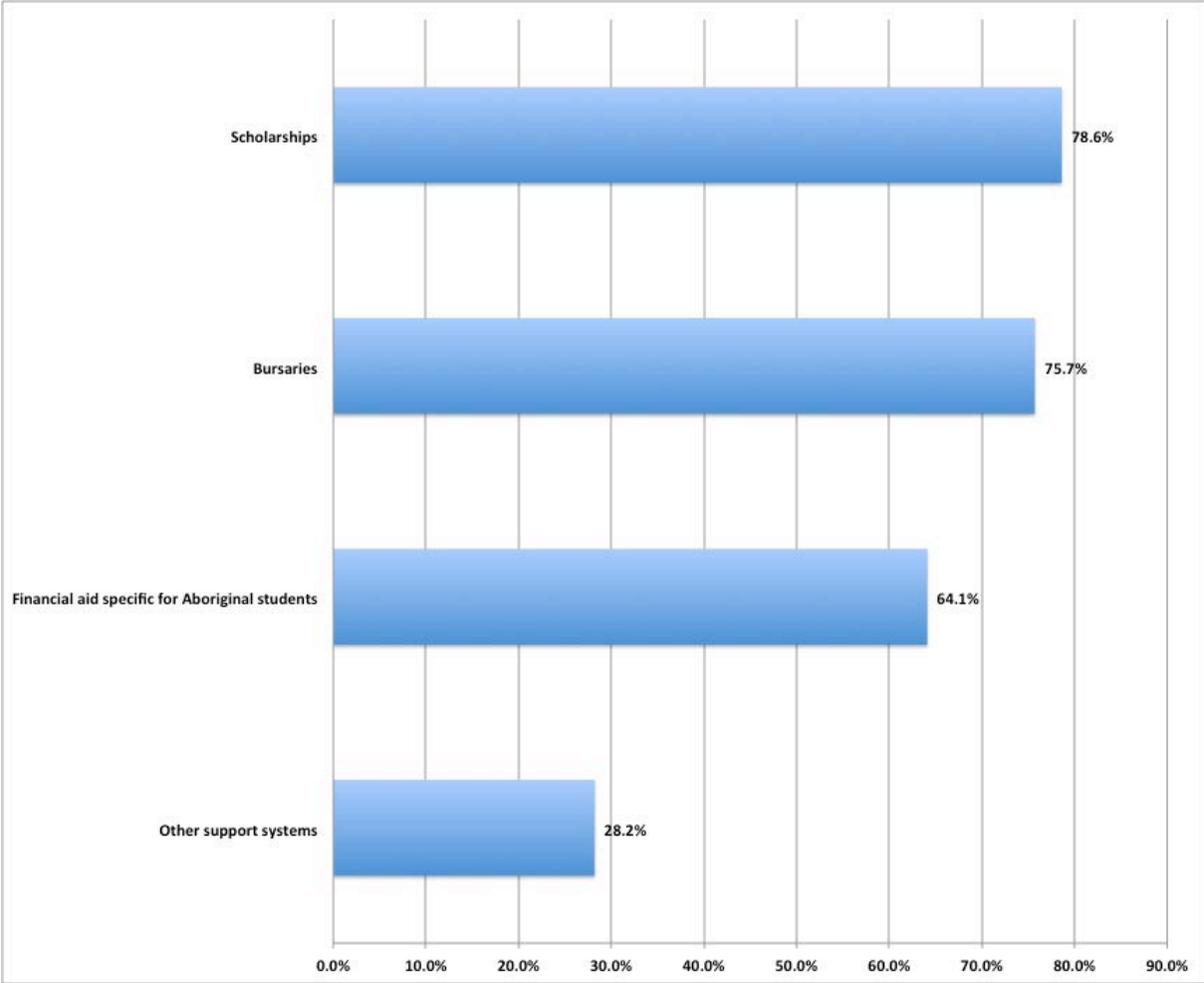
There was a positive opinion expressed as a score of 3 or greater by 76% of educators for making a bachelor's degree the entry requirement for dental hygienists. The mean score was calculated to be 3.5 with a possible maximum of 5.

Province of work was analyzed (see Appendix 1) to find significant differences.

Completed highest education was analyzed (see Appendix 1) to find significant differences. More than the majority, 67% of educators holding a master's degree strongly agree that the entry level should be a bachelor's degree.

Student Funding

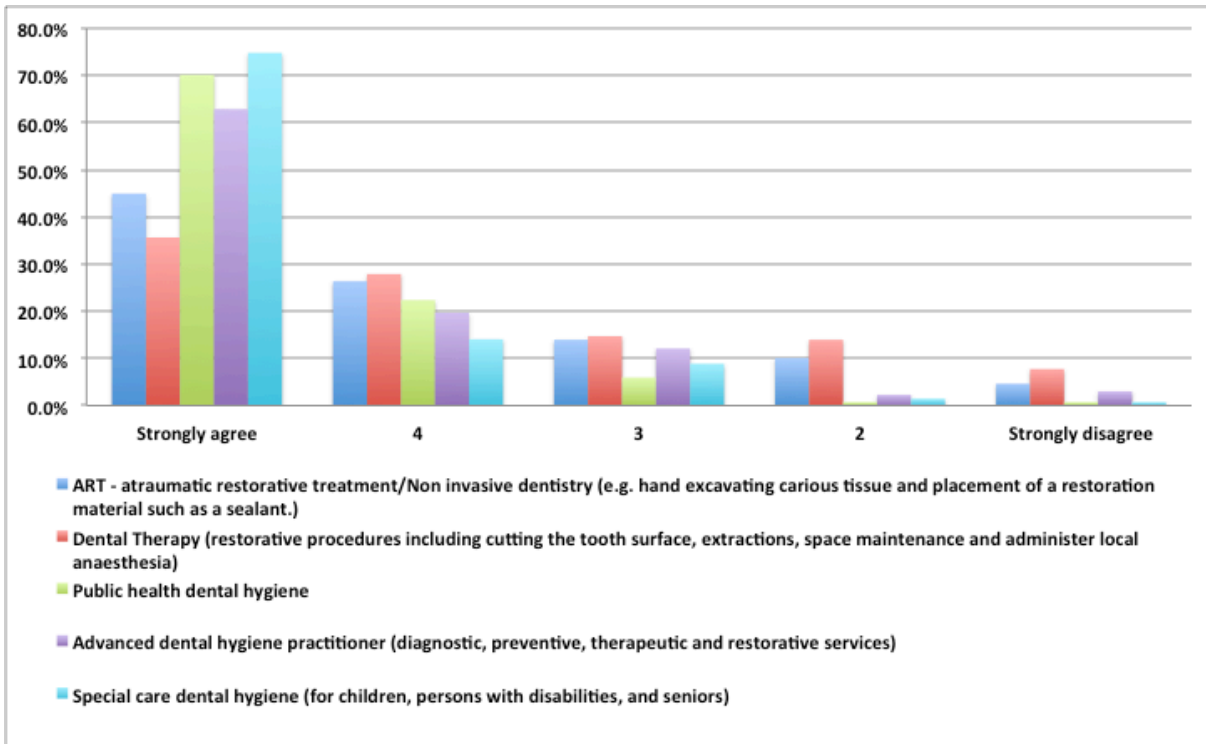
33. What types of student funding are available in your institution for dental hygiene studies? (Check all that apply)



Student funding is widely available at educational institutions, according to 65% of educators responding to this question. More than 64% of respondents indicated that financial aid (64%), bursaries (76%) or scholarships (79%) are available.

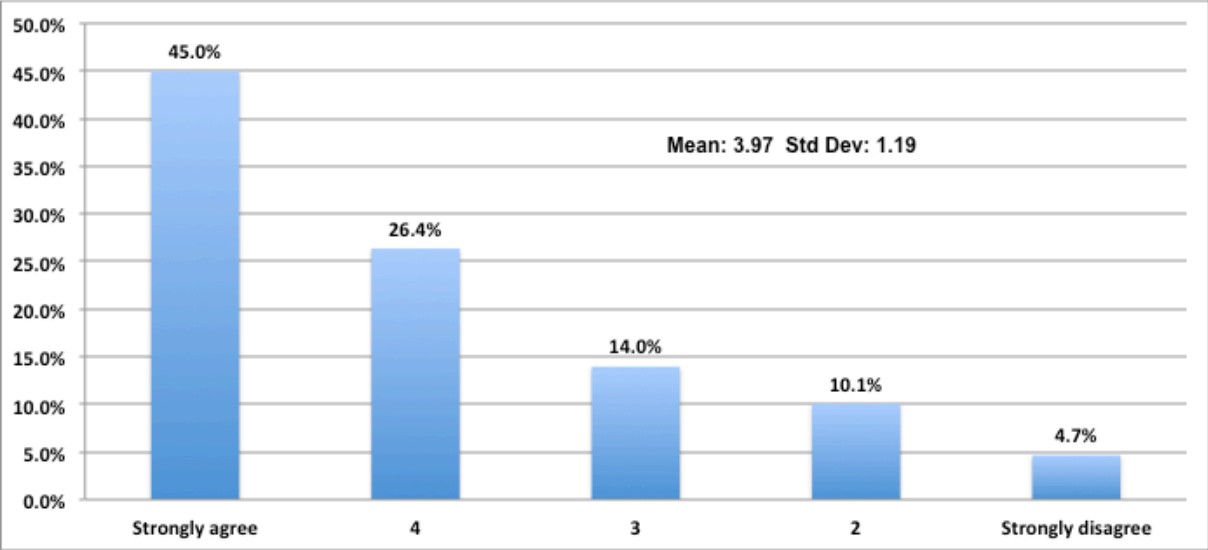
Scope of Practice

34. The dental hygiene profession should explore expanding scope of practice or developing specialization in the following areas:



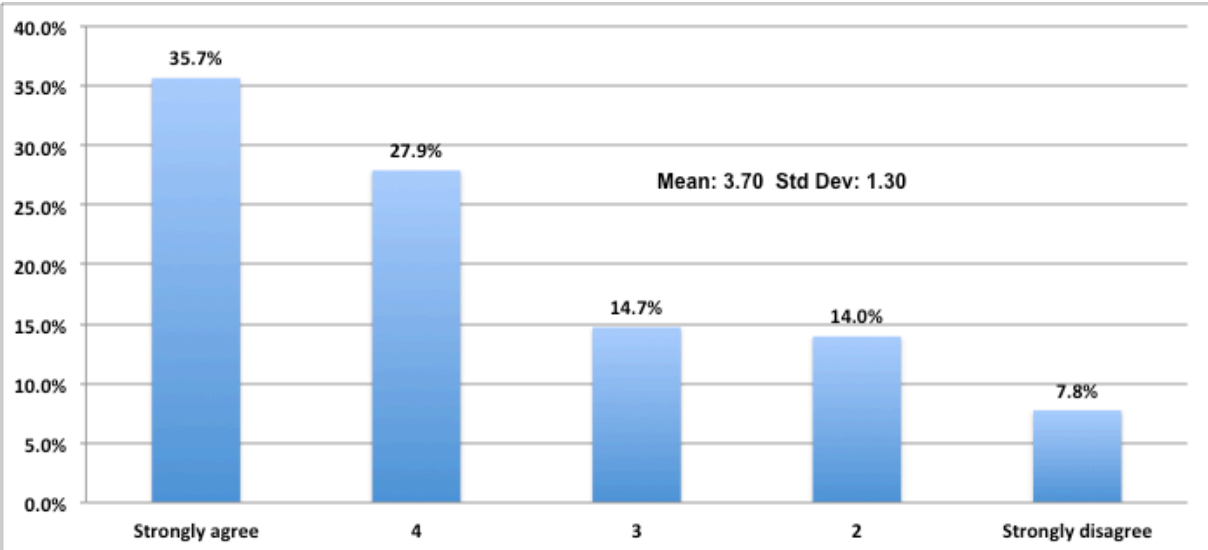
The strongest agreement, indicated by 75% of the educators, was to expand the scope of practice or develop specialization in special care dental hygiene. The next large group in agreement, indicated by 70% of educators, was to expand scope or develop specialization for public health dental hygiene. The third in agreement, indicated by 63% of educators, was to expand the scope or develop specialization as an advanced dental hygiene practitioner.

ART - Atraumatic restorative treatment/Non invasive dentistry (e.g., hand excavating carious tissue and placement of a restoration material such as a sealant.)



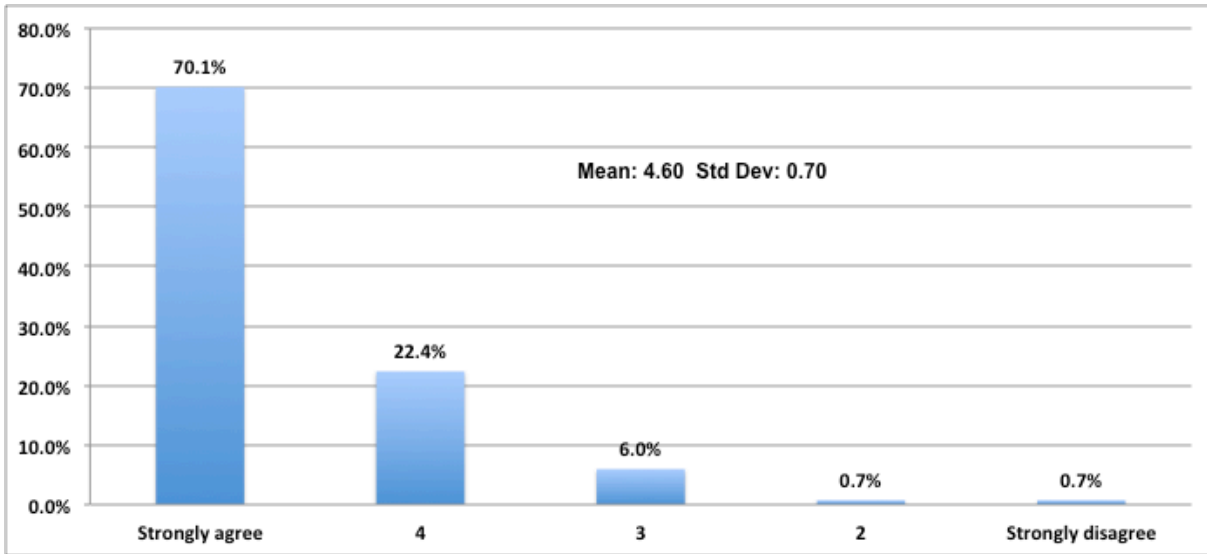
Eighty-five per cent of educators expressed a positive opinion, as a score of 3 or greater, for expanding scope of practice or creating an area of specialization in ART.

Dental Therapy (restorative procedures including cutting the tooth surface, extractions, space maintenance and administer local anesthesia)



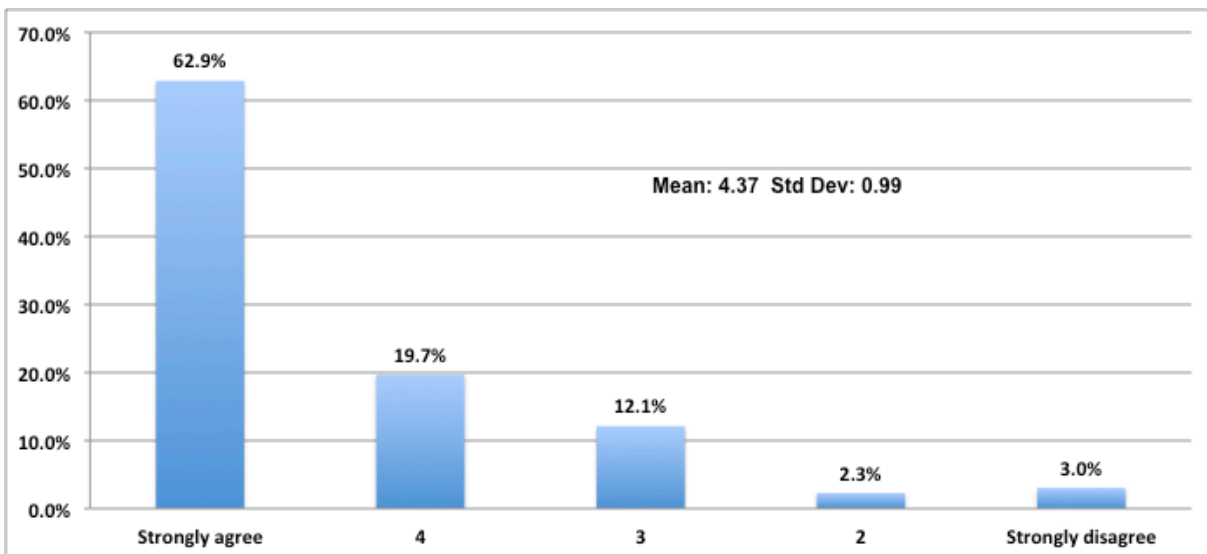
Seventy-eight per cent of educators expressed a positive opinion, as a score of 3 or greater, for expanding scope of practice or creating an area of specialization in dental therapy (restorative procedures including cutting the tooth surface, extractions, space maintenance and administer local anesthesia).

Public health dental hygiene



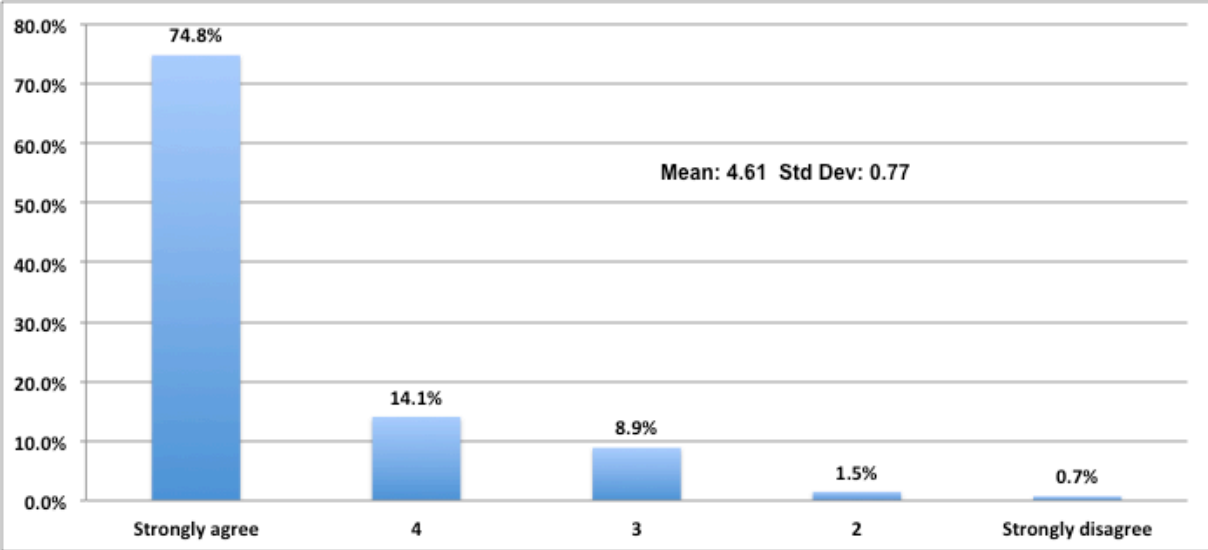
Educators strongly agreed (70%) with expanding dental hygienists' scope of practice or in developing specialization in public health dental hygiene

Advanced dental hygiene practitioner (diagnostic, preventive, therapeutic and restorative services)



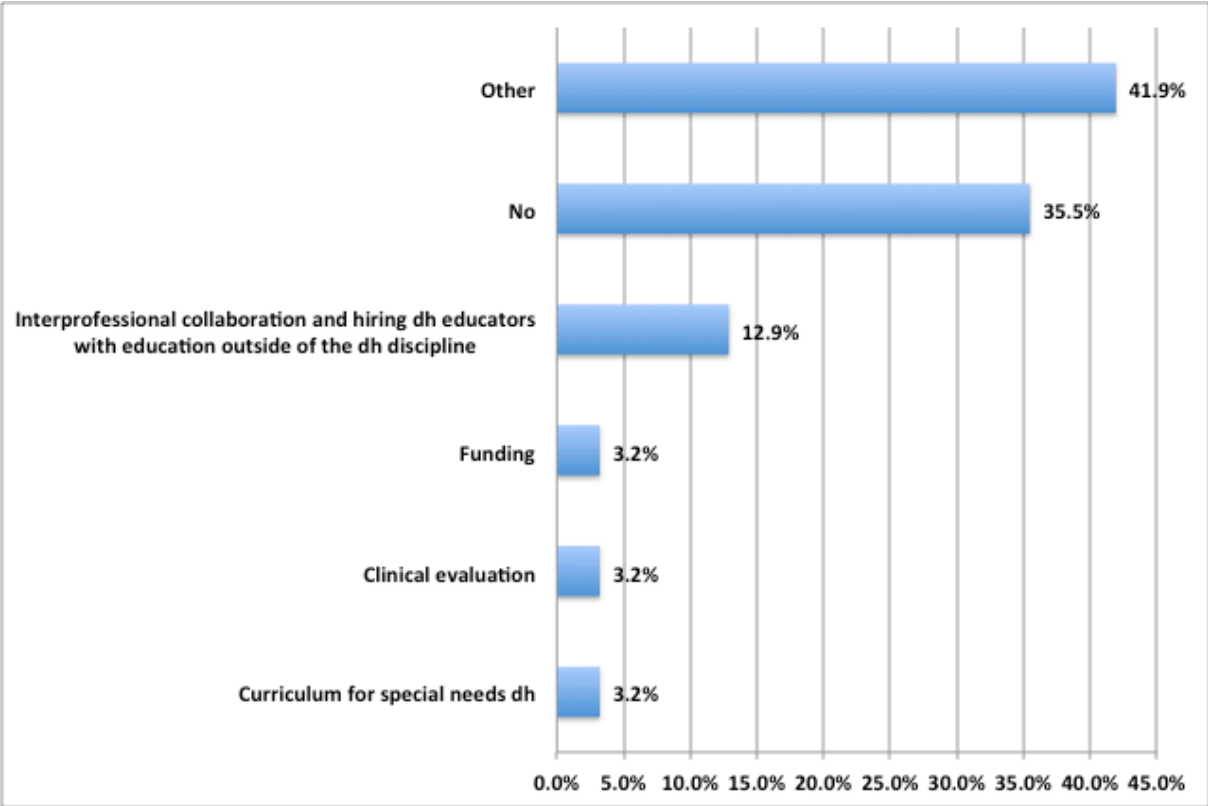
Educators strongly agreed (63%) with expanding dental hygienists' scope of practice or in developing specialization for the advanced dental hygiene practitioner (diagnostic, preventive, therapeutic and restorative services).

Special care dental hygiene (for children, persons with disabilities, and seniors)



Educators strongly agreed (75%) with expanding dental hygienists’ scope of practice or in developing specialization in special care dental hygiene (for children, persons with disabilities, and seniors).

35. This is CDHA’s first survey of dental hygiene educators. Is there one important issue that you feel was not addressed in this survey?



A group of 31 educators submitted concluding comments. The comments primarily summarized the fact that the widely appreciated issues were covered by the survey.

This survey was well received; 77% of the responding educators did not cite any improvements, and therefore the survey should be considered a successful first study of dental hygiene educator issues.

Appendix 1 – Additional Tables

Work Status by Province

Province		Full time	Part time
Alberta	Per cent	37.5%	50.0%
	Number	3	4
British Columbia	Per cent	58.1%	32.6%
	Number	25	14
Manitoba	Per cent	37.5%	62.5%
	Number	3	5
New Brunswick	Per cent	50.0%	50.0%
	Number	1	1
Nova Scotia	Per cent	33.3%	66.7%
	Number	3	6
Ontario	Per cent	44.6%	48.6%
	Number	33	36
Québec	Per cent	90.9%	9.1%
	Number	10	1
Saskatchewan	Per cent	100.0%	
	N	2	
Total Percent		51.0%	42.7%
Total Number		80	67

Awareness of CDHA Policy Document by Province

	No		Yes	
	N	Per cent	N	Per cent
Alberta	4	2.9%	2	1.4%
British Columbia	15	10.8%	25	18.0%
Manitoba	5	3.6%	3	2.2%
New Brunswick	2	1.4%		0.0%
Nova Scotia	4	2.9%	5	3.6%
Ontario	25	18.0%	36	25.9%
Québec	8	5.8%	3	2.2%
Saskatchewan		0.0%	2	1.4%
Grand Total	63	45.3%	76	54.7%

Value Masters Standard for Directors/Coordinators by Province

	N	Percent	Mean
Alberta	6	4.3%	4.8
British Columbia	39	28.3%	3.9
Manitoba	8	5.8%	3.8
New Brunswick	2	1.4%	3.0
Nova Scotia	9	6.5%	4.3
Ontario	62	44.9%	3.2
Québec	10	7.2%	3.3
Saskatchewan	2	1.4%	4.5
Grand Total	138	100.0%	3.6

Bachelor's Degree on Entry by Province

	N	Percent	Mean
Alberta	6	4.3%	4.7
British Columbia	39	28.3%	3.9
Manitoba	8	5.8%	4.0
New Brunswick	2	1.4%	3.0
Nova Scotia	9	6.5%	3.7
Ontario	62	44.9%	3.1
Québec	10	7.2%	3.1
Saskatchewan	2	1.4%	4.5
Grand Total	138	100.0%	3.5

Course delivery by Institution

	University		Community college		Accredited private college		Non accredited private college	
	Number	%	Number	%	Number	%	Number	PCT
Combination online and classroom	8	19.5%	7	10.9%	2	5.0%		
No distance delivery method used	31	75.6%	50	78.1%	38	95.0%	12	100.0%
Total course offered only online	1	2.4%	3	4.7%				
Grand Total	41	100.0%	64	100.0%	40	100.0%	12	100.0%

Program Directors/Coordinators - Education

Of the 36 Program Directors, they hold the following credentials regardless of discipline.

Diploma	21	58.3 %
Bachelor's	27	75.0 %
Master's	10	27.8 %
Doctorate	2	5.6%

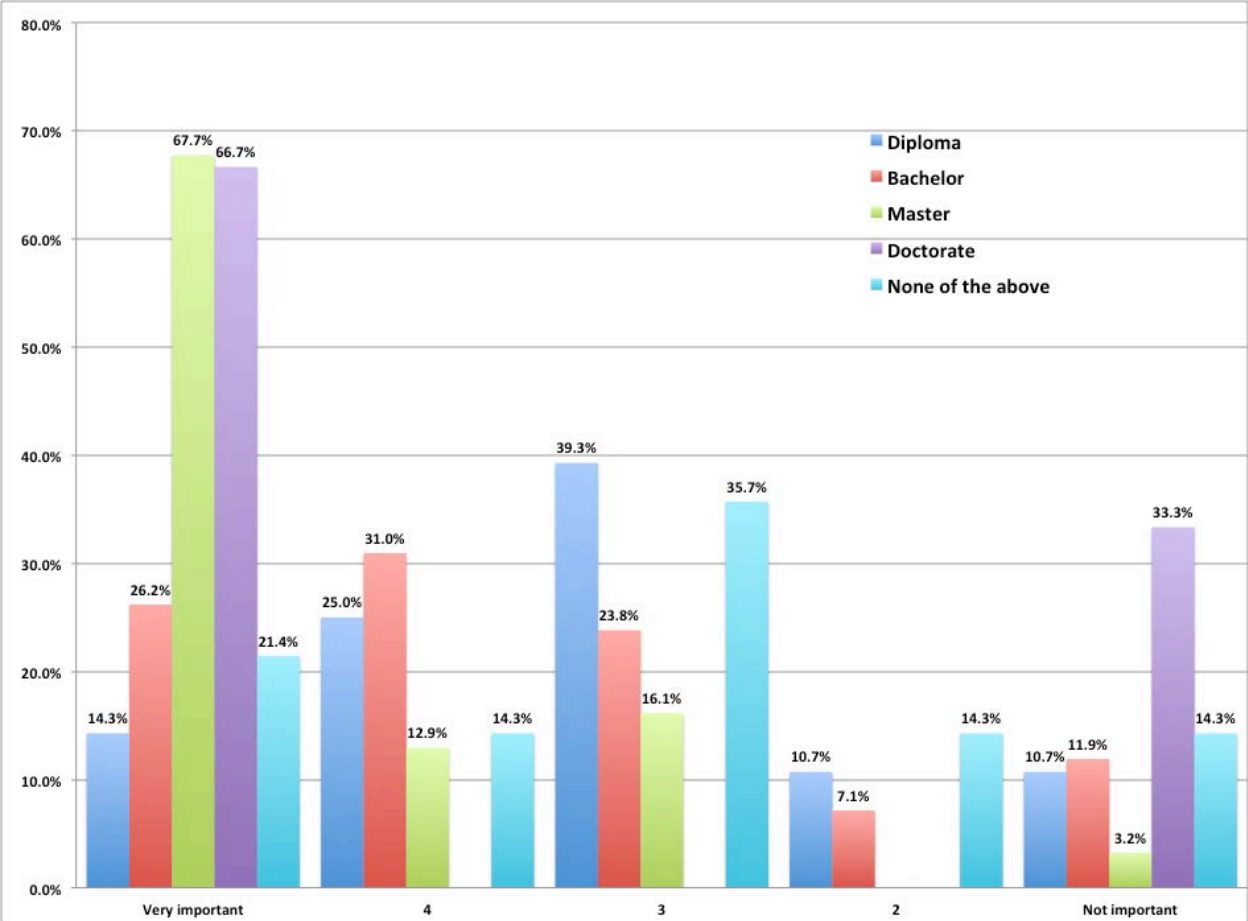
Of the 36 Program Directors, they hold the following credentials in Dental Hygiene.

Diploma	25	69.4 %
Bachelor's	9	25.0 %
Master's	2	5.6 %
Doctorate	0	0 %

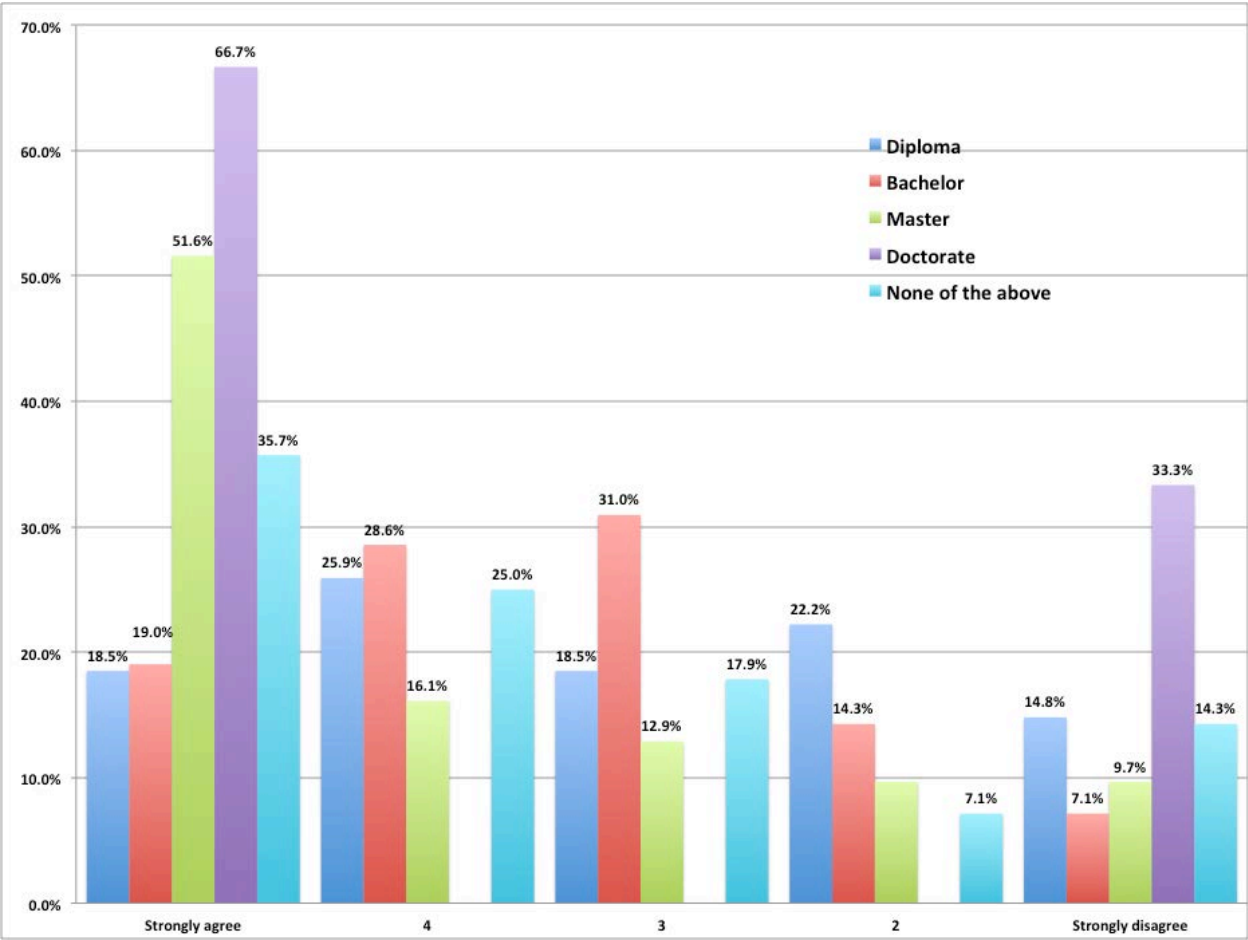
Of the 36 Program Directors, they hold the following credentials in disciplines other than Dental Hygiene.

Diploma	2	5.6 %
Bachelor's	16	44.4 %
Master's	9	25.0 %
Doctorate	2	5.6 %

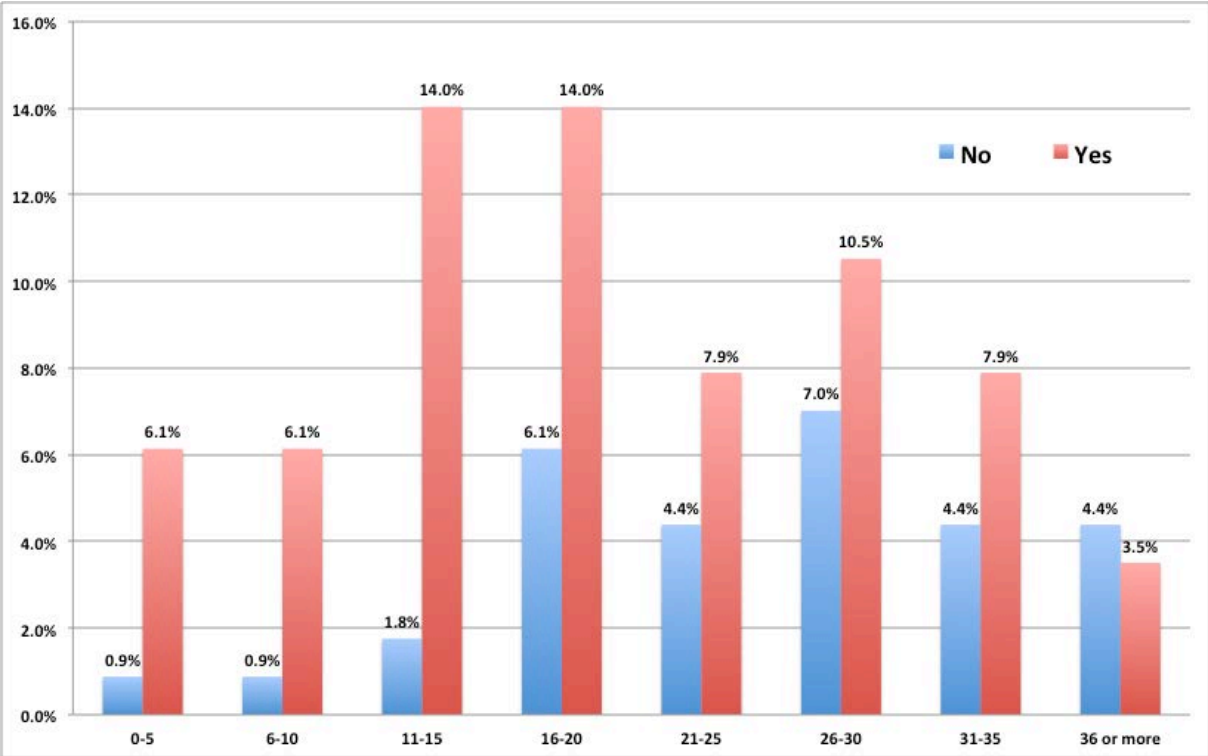
Completed Highest Education by Value for Master's Standard of Director/Coordinator



Completed Highest Education by Bachelor's on Entry for dental hygienists



Years of Registration by Intention to Pursue Education.



Networking by Access to Educational Material

		Educator LISTSERV	Online networking (i.e. blogs, forums)	In person networking (face to face)	Not interested in these networking options
Teaching methodologies	N	55	46	66	1
	%	18.9%	17.9%	17.8%	7.7%
Development of course materials	N	49	42	56	2
	%	16.8%	16.3%	15.1%	15.4%
Curriculum design	N	46	40	53	3
	%	15.8%	15.6%	14.3%	23.1%
Student assessment and evaluation	N	58	52	74	2
	%	19.9%	20.2%	19.9%	15.4%
Development of inter- professional education curriculum	N	27	25	40	2
	%	9.3%	9.7%	10.8%	15.4%
Clinical teaching	N	49	49	77	2
	%	16.8%	19.1%	20.8%	15.4%
Other	N	7	3	5	1
	%	2.4%	1.2%	1.3%	7.7%

N - Number

Appendix 2 – Online Survey

Survey Introduction

In 2008, CDHA assumed responsibilities from Dental Hygiene Educators Canada (DHEC). CDHA is now the only national organization acting as the voice of dental hygiene educators and representing Canadian dental hygiene educators. The mission of CDHA's Education Advisory Committee is to support CDHA by providing the expertise and guidance that will cultivate the development and enhancement of dental hygiene education and foster the profession's evolution.

CDHA is conducting a survey to determine how we can support educators in their careers and participate in policy issues to enhance dental hygiene education. The study purpose is to assist the CDHA by enhancing the understanding of issues affecting dental hygiene educators. The study will identify how CDHA can support educators. Professional development opportunities will be explored including: improving teaching, curriculum design, continuing education, information sharing, networking, continuing education. The study will also describe how the CDHA can address policy issues that affect dental hygiene education. Examples of the significant policy issues to be considered include: future direction of dental hygiene education, accreditation, entry to practice, scope of practice expansion and student funding. The survey results will describe a baseline for the continued development of demographic profiles of dental hygiene educators. This survey was developed with the guidance of CDHA's Education Advisory Committee.

The survey uses the term "dental hygiene educators", which is a group of educators comprised of individual dental hygienists employed in dental hygiene, dental assisting and dentistry post secondary education programs.

This is an anonymous survey and your personal information, such as your name, or contact information will NOT BE connected with the survey data. The survey report, which will be available on the CDHA web site in December 2010, will summarize the responses and will not separate out individual responses.

Demographic Data

- * 1. Indicate the first three characters of the postal code for your primary workplace.

Postal Code

2. How many years have you been a dental hygiene educator?

Number of Years

3. Are you presently or were you formerly an educator in the following areas? (check all that apply)

	Present	Past
Dentistry	<input type="radio"/>	<input type="radio"/>
Dental assisting	<input type="radio"/>	<input type="radio"/>
Dental hygiene	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>

4. Are you a full time or part time dental hygiene educator?

Full-Time Part-Time N/A

5. How many hours on average per week are dedicated to the following?

Clinical Teaching (including preparation and evaluation)	<input type="text"/>
Didactic Teaching (including preparation and evaluation)	<input type="text"/>
Research	<input type="text"/>
Administrative Responsibilities	<input type="text"/>
Other Responsibilities	<input type="text"/>

6. Do you teach using distance delivery methods?

Total course offered only on-line
 Combination on-line and classroom
 No distance delivery method used

7. In what type of institution are you currently employed? (check all that apply)

- University
- Community college
- Accredited private college
- Non-accredited private college

8. Do you practice in a clinical dental or dental hygiene practice?

- Yes
- No

9. Are you a Program Director or Coordinator at your institution?

- Yes
- No

*** 10. What is your highest level of COMPLETED DENTAL HYGIENE EDUCATION?**

- Diploma
- Bachelor
- Master
- Doctorate
- None of the above

11. What is your highest level of COMPLETED EDUCATION other than dental hygiene?

- Diploma
- Bachelor
- Master
- Doctorate
- None of the above

12. Indicate below all of the educational credentials that you have obtained . (check all that apply)

	Diploma	Bachelors Degree	Masters Degree	Post Masters Certificate	Doctorate	Post Doctoral
Dental Hygiene	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dentistry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Arts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Business/Health/Public Administration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Sciences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nursing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Science	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. How many years have you been registered as a dental hygienist?

Number of years

14. If you are presently enrolled in further education, please indicate the academic discipline.

	Bachelors Degree	Masters Degree	Post Masters Certificate	Doctorate	Post Doctoral
Dental Hygiene	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dentistry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Arts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Business/Health/Public Administration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Sciences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nursing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Science	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Sciences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. If you are not presently enrolled, do you intend to pursue further education?

- Yes
 No

16. Indicate your areas of teaching below (check all that apply):

- Biological sciences (e.g. anatomy and physiology, general pathology, nutrition/diet, oral biology/biochemistry, microbiology and pharmacology)
- Dental Hygiene Practice (e.g. dental hygiene process of care, instrumentation, pain control, prevention, dental specialties, health education and health promotion)
- Dental Science (e.g. dental/oral anatomy, physiology, embryology, histology, dental materials, radiology, infection control and oral pathology)
- Professional Practice (e.g. ethics, jurisprudence, quality assurance, client advocacy and interdisciplinary)
- Social Science (e.g. communications, psychology, sociology, behavior management strategies and research/statistics)
- Community (e.g. epidemiology and programs)

17. Indicate your areas of research below (check all that apply):

- Clinical (i.e. oral care product development and evaluation)
- Biological science (i.e. immune system, infection)
- Health services and health system (i.e. human resources, policy)
- Population health (i.e. oral health promotion)
- Education/Evaluation research (i.e. curriculum, assessments)
- Other

please specify

18. Indicate your membership/participation in other oral health or academic organizations (check all that apply):

- Canadian Association of Public Health Dentistry (CAPHD)
- International Association of Dental Research (IADR)
- International Federation of Dental Hygienists (IFDH)
- Canadian Academy of Health Sciences (CAHS)
- American Dental Educators Association (ADEA)
- Other

please specify

Career Support

19. What type of networking environment best suits you? (check all that apply)

- Educator LISTSERV
- On-line networking (i.e. blogs, forums)
- In person networking (face to face)
- Not interested in these networking options

20. What types of educational material/resources do you have access to at your home institution? (check all that apply)

- Teaching methodologies
- Development of course materials
- Curriculum design
- Student assessment and evaluation
- Development of inter-professional education curriculum
- Clinical teaching
- Other

Please list

21. What types of educational material/resources should CDHA offer to educators, to complement what you are currently receiving?

- Teaching methodologies
- Development of course materials
- Curriculum design
- Course evaluation methods
- Development of inter-professional education curriculum
- Clinical teaching

22. List the 3 most important educational resources that CDHA could offer to educators.

1.
2.
3.

23. Rank the following to indicate your preferred method for participating in educational activities? (1 = most preferred method)

	1	2	3	4	5
Workshop	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lecture (face to face)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On-line courses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Webinars	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Podcasts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

24. Would you be interested in attending educator specific workshops at the CDHA annual professional conference on 10 and 11 June 2011, in Halifax, Nova Scotia?

Yes

No

25. List two ways in which CDHA can support your educational practice

1.
2.

Student Funding

33. What types of student funding are available in your institution for dental hygiene studies? (check all that apply)

- Bursaries
- Scholarships
- Financial aid specific for Aboriginal students
- Other support systems

please specify

Scope of Practice

34. The dental hygiene profession should explore expanding scope of practice or developing specialization in the following areas:

	Strongly agree	4	3	2	Strongly disagree
ART - atraumatic restorative treatment/Non invasive dentistry (e.g. hand excavating carious tissue and placement of a restoration material such as a sealant.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dental Therapy (restorative procedures including cutting the tooth surface, extractions, space maintenance and administer local anaesthesia)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public health dental hygiene	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Advanced dental hygiene practitioner (diagnostic, preventive, therapeutic and restorative services)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Special care dental hygiene (for children, persons with disabilities, and seniors)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

35. This is CDHA's first survey of dental hygiene educators. Is there one important issue that you feel was not addressed in this survey? Limit your answer to 3 sentences.

To be entered into the draw to WIN either a CDHA tote bag, iPod Shuffle or a pair of SheerVision JellyBean Frames send an email to policyadmin@cdha.ca. Remember to include your name and contact info.

Good Luck!