

Dental Health Educators' Newsletter

DH Methods of Education, Inc.

Communicating With Our Colleagues

College profs not LOL about students' texting lingo

By Matt Krupnick, McClatchy/Tribune News

College professors are anything but LOL at their students' recent writing habits.

Not only are instructors not laughing out loud (shortened to LOL in text messages and online chats) at the technology-oriented shorthand that has seeped into academic papers, many of them also sternly telling students to stop using the new language even in less formal writing.

"Despite the fact that I happen to be perfectly capable of reading any incoherent drivel you may send to my (e-mail) inbox directly from your phone keypad, 'wut up ya I cnt make it 2 clss lol' is insanely unprofessional," reads the syllabus of Alejo Enriquez, an instructor at California State University East Bay.

Faculty members increasingly have expressed irritation about reading acronyms and abbreviations they often do not understand, said Sally Murphy, a Cal State East Bay professor and director of the university's general-education program. One e-mail to a professor started with, "Yo, teach," she said. "It has a real effect on the tone of professionalism," said Murphy, who also has seen

younger instructors use the shorthand. "We tell them very specifically how this is going to affect them in life. It's kind of like wearing their jeans below their butt. They're going to lose all credibility."

A 2008 survey by the Pew Internet & American Life Project found that two-thirds of middle- and high-school students had accidentally used instant-messaging-style words in their work, while a quarter admitted using emoticons (cartoon faces made out of punctuation marks) in assignments.

The breakdown in language skills is an odd phenomenon given how much time children and young adults spend in front of the computer, said Marcia Linn, who teaches about technology in education at the University of California-Berkeley's graduate school of education.

"Writing has actually increased as an activity," she said. "Standards are another issue."

University of California-Berkeley professor Ken Goldberg said he has not received assignments using the texting terms, but said he has had trouble

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getting used to the casual tone of e-mails he receives from students. "They don't even resort to the niceties," said Goldberg, director of the Berkeley Center for New Media. "They just jump right in as if they were texting me. I don't want to sound like I'm some sort of Victorian schoolmarm, but it's an adjustment."

Goldberg noted that although his 6-year-old child spells out complete words in text messages, he received a message from his 70-year-old mother — a retired reading teacher — that read, "luv 2 u."

**In this Newsletter:
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For Fall 2011 Semester**

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From:

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To:

**Accreditation:
Inquiring Minds Will Ask
Interpretation of Standard 6-2**

By Cindy Biron Leiseca

Demonstrating compliance with this standard involves extensive on-going assessment of all the aspects of the program that affect the standards of care. Here is the standard as written in the American Dental Association Commission on Dental Accreditation Dental Hygiene Standards document.

(The same standard applies to Dental Assisting Programs with on-campus clinics):

“6-2 The program must conduct a formal system of quality assurance for the patient care program that demonstrates evidence of:

- a) standards of care that are patient-centered,
- b) focused on comprehensive care, and written in a format that facilitates assessment with measurable criteria;
- b) an ongoing review of a representative sample of patients and patient records to assess the appropriateness, necessity and quality of the care provided;
- c) mechanisms to determine the cause of treatment deficiencies;
- d) patient review policies, procedure, outcomes and corrective measures.

A. Description

Include a copy of the program’s formal system of quality assurance.”

While your faculty may think they have covered all the bases for meeting this standard, you may want to revisit the details involved in measuring the criteria. To do this requires an

extensive plan that puts forth a check and balance system that assesses the curriculum and all individuals involved directly and indirectly in the delivery of evidence based patient centered care.

What is assessed only in the clinic itself and/or in the conduction of dental records reviews does not provide complete evidence of quality assurance of patient centered care. This article is an overview of the components of the plan. Your plan must include key people appointed to oversee the entire plan and they must delegate responsibilities to those at each level. A check and balance system would also measure the success of the plan. The key people who oversee the plan may be:

- The Quality Assurance Director (usually the Dean)
- The Quality Assurance Manager (appointed by the Director)
- The Quality Assurance Committee (Faculty, staff, selected students)

The plan should also include an on-going assessment and tracking of the qualifications and credentials of those involved :

- Education
- measured with appropriate tools such as evaluations, surveys conducted by patients, faculty, students, others
- Scholarship
-evidence of research conducted by all
- Service
-community, collaborations, etc.

Patient Centered Standard of Care

Each institution must prepare a document delineating the “Standards of Care”. These standards must be measurable and encompass minute details of:

- Quality
- Safety
- Professionalism

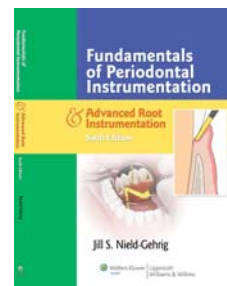
The on-going assessment is conducted through:

- Self-assessment
- Peer-assessment
- External Audit

The Quality Assurance Committee works together under the leadership of the Quality Assurance Director and Manager to formulate the plan and the tools, forms and strategies for the on-going measurement and assessment of the components that lead to and maintain quality assurance of evidence based patient centered care.

This article is based on information from just a part of the quality assurance workshop that is led by: *Christine Dominick, CDA, RDH, MEd*, our DH Methods of Education, Inc. accreditation expert.

The extensive details of the preparation and the Quality Assurance Plan are included in the all day Ethics and Legal Issues workshop offered on Friday, July 22, 2011 at the Summer Camp Santa Ana, CA. This is a new all day workshop that includes “The Complete Ethics Course” in the morning session and Quality Assurance, Affiliations and Legal Issues in the afternoon session. See registration link on the back of newsletter.



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Dysfunction in the Workplace *by Roxanne Emmerich, CSP, CMP, CPAE*

We've all been there. You walk into a bank, restaurant, or store and suddenly feel it, that vague sensation that all is not well. It drips from the ceilings and sits in puddles on the floor. The employees are lost in thought, unable to decide whether they'd rather be somewhere else or stay and kill each other. And you're the lucky one bathing in all the poison they can ladle up. Yeesh.

I hope you've experienced the other side, too. You walk in the door and are gob smacked by a sense of well-being. This isn't just a place where people work, it's a place that WORKS. The employees want to be there and they want YOU to be there. You feel your brow relax, and the corners of your mouth head ever-so-slightly north. You don't wanna leave. So which of these do YOU work in?

So you're wondering if that six-headed, chain-smoking, flatulent monster that's been "hiding" in the supply closet is the Beast we're talking about here.

Here Are 9 Symptoms of a Dysfunctional Workplace:

1. People say one thing and mean another
2. People give lip service to new ideas, only to undercut them in private
3. Defensiveness
4. Saying you'll do something and then not doing it
5. Chaos
6. Deflection of feedback and blame
7. People pretending they "missed the memo on that one"
8. Refusal to deal with conflict
9. Gossip and backstabbing

How to Turn the Dysfunctional Workplace into an Environment Where People Actually Want to Work

When you think of a dysfunctional organization, you might picture a lot of screaming and yelling. But take a close look at this list. There's very little that has to do with raised voices, and the only mention of "conflict" is the failure to deal with it directly.

You will have conflicts in the workplace. The key is to address it in a healthy and productive way.

Yelling at someone isn't the best way to communicate displeasure, but it's a heck of a lot better than whispering behind that person's back, which gets us into the excruciating, crazy-making world of the passive-aggressive.

If I had to nominate just one thing from the list as the most destructive symptom of the dysfunctional workplace, there's no contest. It's GOSSIP. A workplace full of whispered gossip is as painful and maddening as a buzzing mosquito at bedtime. It is destructive to the soul of your workplace and the souls of your people who never feel safe and always wonder who is talking behind their backs.

How to End Gossip & Create a Happy Workplace Environment Where People Actually Want to Work

Step one is to recognize that gossip is an attempt at communication—seriously screwed up communication, sure, but communication nonetheless. You can't eliminate the behavior without providing something to replace it—namely a good and healthy way of communicating.

All Jack had to do was to go to Tom and say, "Dude, when you are late with that analysis, I end up on my knees to my boss because then my report is late. Please promise me you'll get that to me on time from now on." Reasonable. Direct. Easy.

If Jack came to you with gossip simply say, "Gee, it sounds like you need to talk to Tom directly so you can work this out." Lather, rinse and repeat until the person wakes up! Once you establish a zero-tolerance policy for talking behind another person's back, give your employees permission to address conflict head-on, out loud, courageously and honestly. Create a trusting and open environment and watch the dysfunctions in your workplace ebb away.

The Next Step to Ending Workplace Dysfunctions: Build a Shared Vision

Now you've recognized the symptoms and diagnosed the disease. Time for the cure.

Most workplace dysfunctions amount to employees shooting their energy at each other because there's nothing else to aim for. What's needed is a single, shared vision.

Everyone wants to be a part of something bigger than themselves. Everyone wants to feel productive and be happy. Give yourself and your team members a clear and positive picture of where you want to go as a group.

Most of them will jump at the chance to be a

part of it. When people align around a vision of great service, pettiness and dysfunctional workplace behaviors fall away and people become who they need to be to make it happen.

Will there still be those who stubbornly hold on to their dysfunctions?

I guarantee it. And for the sake of the rest of you gently but firmly encourage those folks to find and follow their bliss elsewhere ♦



Roxanne Emmerich is a well known speaker/consultant for workplace transformation and author of the book:

"Thank God It's Monday!"

You may contact her at:
www.roxanneemmerich.com

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1. *J Contemp Dent Pract* 2007

November; (8)7:070-077

In the Spotlight



Robin Blatt Matloff, RDH, BSDH, JD
Associate Professor of Dental Hygiene,
Mount Ida College, Newton, MA

Robin graduated from Westbrook College (currently University of New England) in Portland, Maine with her AS degree in Dental Hygiene and University of Rhode Island with her BS in Dental Hygiene, with a Specialty in Health Education. She was EFDA (Expanded Functions Dental Auxiliary) trained at University of Pennsylvania Dental School in 1981. She also graduated from University of New England School of Law in 1986 with a JD in Law.

Robin's career spans over thirty-four years of clinical and teaching experience.

She has been a full-time faculty member and taught both didactic and clinical courses at Forsyth School of Dental Hygiene in Boston MA, as well as Quinsigamond Community College, in Worcester, MA. Since 1999, Robin has been teaching at Mount Ida College in Newton MA, where she served as Program Director from 2003-2007. She has also been a CODA examiner since 2004-2010.

Robin is First-Year Clinic Coordinator at Mount Ida College. She teaches Pre-Clinic and Clinic 1. She coordinates and teaches Medical Emergencies, as well as Dental Ethics and Practice Management. She is a clinical instructor in the Pain Management/Local Anesthesia Lab. She has presented training courses for graduate Dental Hygienists at Mount Ida College, in Local Anesthesia, since August of 2005, the year that it became a delegable duty for Dental Hygienists in the state of Massachusetts.

Robin has lectured for the Massachusetts Dental Society on various topics. She has also presented numerous lectures at the Yankee Dental Congress over the years, which is the fifth largest Dental Convention, held yearly in Boston, MA.

She was granted Tenure at Mount Ida College in May of 2005.

Robin provided "The Complete Ethics Course" at Summer Camp Boston 2010 and she will be presenting the same course as part of the all day "Legal Issues" course held on Friday, July 22nd Summer Camp Santa Ana, CA 2011. Those who attended Robin's course in Boston said:

"What an EXCELLENT teaching methodology course for ethics. Who better to teach you how to teach Ethics than an Attorney who is also an RDH?!"

The morning session of the "Legal Issues" course taught by Robin will help attendees meet the new ADACODA accreditation standard of professionalism across the curriculum in all dental and allied dental programs.

Robin also teaches periodontal instrumentation in the camps and serves as a consultant and advisor for the camps. Her deft hand skills and easy going personality make her a great asset to the instrumentation workshops. ♦

Summer Camp
Santa Ana
July 21-26, 2011

Registration: <http://www.dhmethod.com/sitebuildercontent/sitebuilderfiles/santaanacampregistration-2-7-11.pdf>

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