

Dental Health Educators' Newsletter

DH Methods of Education, Inc.

Communicating With Our Colleagues

Proctor Or Gamble by Steve Kolowich October 2010

When students take exams on the computer at home, there is no classmate a seat over to copy from. Then again, Google knows more than any fellow test-taker.

So the results of a new [meta-study on cheating](#), published in this fall's edition of the *Journal of Distance Learning Administration*, might come as no surprise: Online courses that rely heavily on unproctored, multiple-choice exams are at greater risk of being cheated on than similar face-to-face courses, the study concluded. And while there are mechanisms available to forfend dishonesty in online exams, they can be costly and inconvenient, and may not be widely used.

The meta-study, conducted by researchers at University of Connecticut and Union Graduate College, looked at three prior studies examining cheating as it applies to online courses versus face-to-face, and three studies that looked at cheating as it applies to proctored exams com-

pared to unproctored ones. "The six studies, considered as a group, imply cheating risk is less correlated with instructional format (online v. face-to-face), and more correlated with unproctored online assessments," the authors write.

The problem, of course, is that online assessments can be hard to proctor. There are companies that offer proctors and testing centers where online students can go to take the exams in the same controlled environment as traditional students customarily use, the authors note. But those centers and proctors come with fees. And since many online students choose distance learning because they need the flexibility of a program that is asynchronous and non-placebound, having to show up at a certain time and place to take exams tends to defeat the purpose. "Conventionally, the target market for online courses is thought of as underserved populations such as working students who manage conflicting practice, work, family, and academic commitments," write the authors, citing a 2006 U.S. Education Department [report](#) that affirms as much.

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Inside this issue:

Accreditation	2
Candid Conversations	3
Smoking Cessation	4
In the Spotlight	4

The efforts of many online programs to enroll international students might also undermine the secure-site method. For an online student taking a course from some far-flung locale, showing up at a testing center could go beyond mere inconvenience. Software companies provide some potential fixes for the problem of proctoring online exams. Starting at \$2,000 for an institutional license, a company

Continued on page 2

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To:

continued from page 1 Proctor or Gamble:

called Respondus offers a [product](#), which can be downloaded remotely, that integrates with the institution's learning-management system and locks down an online test-taker's ability to browse the Internet while taking an exam.

Of course, this does nothing to prevent students from Googling answers on another computer or on their smartphones — which is why another company, called Software Secure, Inc., offers similar anti-browsing software with its [Securexam Remote Proctor](#) — along with a [\\$200 piece of hardware](#) that takes periodic fingerprint readings as well as audio and 360-degree video recordings of the test-taking environment to make sure test-takers are not being fed answers the old-fashioned way. These two products count hundreds of higher ed clients, but there are indications that many online programs do not use even the most basic safeguards against cheating. In a [2009 Campus Computing Project survey](#) of 182 online program administrators at nonprofit institutions, only about half said they consistently make an effort to “authenticate” their users. (That survey did not include for-profit institutions, which serve many fully online students.) And there are many more fully online degree programs than Software Secure has clients. And even among those institutions that deploy rigorous monitoring technology, there is no guarantee that instructors will review the video and audio recordings of each student's test-taking session.

“Institutions of higher education [that are] tone deaf to the issue of proctoring online multiple-choice assessments may understandably find other institutions reluctant to accept these courses for transfer credit,” write the authors of the new meta-study.

Where applicable, exams might become more cheat-proof if they involved more essays —

which, the authors note, are harder to cheat on without [being detected](#). Online instructors could also simply move to marginalize the weight of online exams on students' final grades for a course, shifting to a more essay- and homework-centered scoring rubric, they write.

However, even online homework is not necessarily safe. A team of professors at the Massachusetts Institute of Technology earlier this year published an [article](#) in the open journal *Physical Review Special Topics—Physics Education Research* suggesting that cheating on problem sets administered online is more common than some professors might have hoped.

The good news is that technology the authors used to detect the cheating — developed by lead author David E. Pritchard, a physics professor, for Pearson's "Mastering" series of online homework software — suggests that institutions may soon be capable of catching students who cheat on homework. As for essays, programs such as [Turnitin](#) and Blackboard's [SafeAssign](#) offer products that can out plagiarists and essay-mill patrons.

As for exams, the “best solutions involve proctors,” says John Bourne, executive director of the Sloan Consortium, a nonprofit that studies online learning. But apart from that method, Bourne recommends not using multiple choice questions, and suggests creative solutions such as “interview[ing] students orally on Skype.”

“Solutions for cheating are out there,” Bourne wrote in an e-mail. “Whether [professors] use them or not is, of course, is up to them.”

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**Accreditation:
Inquiring Minds Will Ask**

By Cindy Biron Leiseca

Many faculty members have asked us how they can satisfy Standard 1-1 of accreditation. The most frequently asked question:

Where can I get outcomes assessment tools to demonstrate compliance with Standard 1-1?

The answer is: You already have the tools, they may not have been formatted into what looks like a measurement instrument (tool), but you can gather these materials and create an organized presentation of the findings in tables and charts. Here are the tools you probably already have:

- Dental Hygiene National Board Exam Results
- Dental Assisting National Board Exam (DANBE)
- State Board Exam Results
- Student Grades in Every Course in the Curriculum
- Student Clinical Performance in Every Clinical Skill (Your clinic competencies)
- Patient Surveys of Care received in your clinic
- Student Evaluations of Instructors
- Student Evaluations of their Overall Clinic Evaluation
- Student Evaluations of Extramural Rotations
- Student Exit Surveys
- Post Graduate Surveys
- Employer Rating of Graduates

Continued on Page 6



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Cynthia Biron Leiseca

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Candid Conversations: How to Drive the "Political Correctness" Elephant Out of Your Workplace

by Pat Lynch

Note: "The elephant in the living room" is a common metaphor for situations in which people refuse to confront or even acknowledge a major issue even though everyone knows about it and it is causing serious problems.

Individuals who are faced with difficult issues frequently choose to ignore them entirely or discuss them only indirectly. While most people would concur that issues such as disagreements over a course of action or poor performance should be addressed clearly and directly, the reality is that many are not comfortable doing so. It's so much easier at those moments to revert to the "politically correct" indirect methods that are the norm in many organizations. The failure to honestly and directly confront poor performance or unwise courses of action, for example, becomes the proverbial elephant in the living room – or in this case, the workplace. There are many reasons why people engage in the indirect, "politically correct" approaches to problems. Do any of these explanations sound familiar to you?

- Our self-image is at odds with direct communication because we think of ourselves as "nice" people and we believe "nice" people don't upset others.
- We don't want to upset others because we are uncomfortable dealing with emotions.
- We buy into the saying "to get along you need to go along." We don't want to be "responsible" for another person's being called on the carpet for his/her shoddy work or lack of judgment.

How candid are the conversations in your workplace? Do people feel they can speak freely and honestly with each other, or do they fear real or imagined negative consequences, such as being labeled a troublemaker? Here are a few of the ways that a lack of candor can hurt organizations:

- Kill innovation and creativity
- Shortchange employees by masking their actual performance
- Create a toxic environment and a culture of mistrust and fear
- Reward poor performance, causing productivity and morale to plunge
- Foster a culture of mediocrity

How can you avoid or minimize the toxic results of the elephant's presence? More importantly, how can you create a healthy environment in which managers and employees regularly engage in productive, realistic, and candid conversations? Here are four suggestions to get you started:

Teach people the skills that enable them to have honest, direct conversations.

For example, teach them to:

- **Engage in constructive confrontation.** This is not an oxymoron! Handled effectively, confrontation can be a healthy, positive experience that results in stronger, better thought-out decisions. My favorite definition of confrontation, which comes from a program I offer my clients called Influencing Options®, is "a respectful request for a new behavior or a change in behavior."
- **Focus on behaviors.** This prevents people from addressing personalities or characteristics, which have nothing to do with performance.
- **Be specific.** When we are vague, we essentially give others permission to fill in the blanks about what they think we mean.
- **Provide constructive feedback.** Offer actionable information.
- **Receive constructive feedback.** Few things kill candid conversations as quickly as people who are unable or unwilling to listen to others and act on their legitimate concerns and expertise.
- **Reward candid behavior.** Recognize people who take the risk of raising an opposing concern or argument, regardless of whether they ultimately are right or wrong. Establish a culture in which legitimate questioning behavior is supported and actively encouraged.
- **Hold managers and employees accountable.** People's actions generally are aligned with their self-interest. When there are consequences for being less than candid, people will change their behaviors.
- **Let people know the consequences of indirect, non-candid communications.** Follow through as necessary.

What actions will you take today to begin to herd the political correctness "elephant" out of your workplace?



Pat Lynch helps clients optimize business results by aligning people, programs, and processes with organizational goals. She is President of Business Alignment Strategies, Inc., a management consulting firm in Long Beach, California. Visit this website:

<http://www.businessalignmentstrategies.com>. You may also contact Pat at Pat@BusinessAlignmentStrategies.com.

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Allows you to sharpen along the length of the blade to produce the perfect cutting .edge¹

1. *J Contemp Dent Pract* 2007 November; (8)7:070-077

Smoking Cessation Intervention- a Thing of the Past?

by
Joan M. Davis, RDH, CTTS, PhD,
Southern Illinois University
Carbondale

Is the need for training tobacco cessation interventions to students a thing of the past now that 23 states have 100% smokefree laws and cigarette excise taxes continue to rise?

To a non-tobacco user, fewer and fewer people seem to be lighting up. Some faculty members may not see the need to emphasize tobacco cessation or evaluate interventions in clinic. This would be a monumental mistake. Currently in the U.S., approximately 20.6% of the population over the age of 18 smokes on a regular basis – that means 46 million Americans still smoke (CDC, 2009).

For youth, 8.2% of middle school students and 23.9% of high school students reported using tobacco products in 2009 (CDC, 2010). For both youth and adults, the level of tobacco use has stayed basically the same since 2006, continuing to lead to

approximately 440,000 smoking related deaths per year.

How do these facts affect dental hygiene education? The literature continues to show that once healthcare practitioners (medical and dental) graduate, they provide limited or no tobacco cessation interventions on a consistent basis. Though there are numerous reasons why knowledge does not translate into clinical practice following graduation, faculty can take several steps to enhance both knowledge and clinical competence which may lead to a higher level of implementation once students graduate.

1) Introduce tobacco cessation early in the curriculum – during the first or second semester rather than the last year of school.

That way, students will accept tobacco cessation as a normal component of comprehensive patient care rather than an add-on.

2) Include tobacco dependence education in all appropriate course content including: oral pathology, periodontics, pharmacology, community/public health, all clinical seminars, ethics, communications classes, special populations, geriatrics, assessment/oral medicine

3) Require clinical competency in tobacco cessation interventions (both brief

(Ask, Advise, Refer AND the full Public Health Service Ask, Advise Assess, Assist and Arrange) in all clinics. The clinical competency could include treatment plans and reflection papers.

In addition, there should be an actual observation of an intervention observed and assessed by a clinical faculty member. If there are limited tobacco users available as clients, a collaboration could be established with a local Veteran Administration hospital, military base or other community locations.

4) Encourage faculty development that includes current information on tobacco dependence education information from continuing education courses, the CDC tobacco web page <http://www.cdc.gov/tobacco/>, the ADHA's Tobacco Intervention Initiative web page <http://www.askadviserefer.org> and ADEA's Tobacco Free Special Interest Group Facebook page.

As long as over 43 million Americans use tobacco, the need for dental hygiene students to possess the motivation and skill set to effectively impact on client's tobacco use remains strong. Encourage all faculty to stay informed and to continue to move this topic to clinical competency. ♦

In the Spotlight



John W. Preece, DDS, MS

Dr. Preece received his DDS from Northwestern University Dental School in Chicago, Ill. and his MS from the University of Alabama, School of Dentistry in Birmingham. He holds tenure in the Department of Dental Diagnostic Sciences and non-tenure appointments to the Dental Hygiene and Dental Laboratory Technology Departments in the School of Allied Health Sciences, along with consulting faculty appointment to Austin Community College's Dental Hygiene Program.

Previous faculty appointments include: the University of North Carolina, School of Dentistry [1970-75], Northwestern University Dental School [1967]. Previous administrative appointments include: Associate Dean, School of Allied Health Sciences; Interim Dean, School of Allied Health Sciences; Interim

Department of Dental Diagnostic Sciences. Dr. Preece has certification from the American Academy of Oral and Maxillofacial Radiology [AAOMR] and Diplomate of the American Board of Oral & Maxillofacial Radiology [ABOMR]. He is a member of the American Dental Association and the International Association of Dento-Maxillo-Facial Radiology [IADMFR]. He is a consultant to the ADA Commission on Dental Accreditation for Allied Programs.

Dr. Preece is also a member of The Dental Honor Society, and Sigma Phi Alpha Dental Hygiene Honor Society. His awards are too numerous to list in this article, but some of them include the: Minnie S. Piper - Professor of the Year Award for Teaching Excellence, and election to the MuNu Chapter of Omicron Kappa Upsilon.

Many students have had the privilege of having Dr. Preece as their radiology professor at The University of Texas Health Science Center at San Antonio and also at Austin Community College in Austin, TX.

Many practicing clinicians and educators have attended Dr. Preece's *Radiology Educator's Workshops* at The University of Texas Health Science Center at San Antonio. His course evaluations are always excellent as course participants rave about his ability to simplify the complex and make radiology an

interesting and exciting subject. Dr. Preece's enthusiasm for radiology has students yearning for more information while giving them reason to make radiology a subject of lifelong learning.

The *Radiology Educator's Workshop* presented by Dr. Preece provides course participants with advanced training in radiology and methodology for teaching radiology in dental schools as well as allied dental programs.

We are honored and pleased to announce that Dr. Preece will be presenting the *Radiology Educator's Workshop* at Winter Camp Amelia Island on February 16-18, 2011. Please see the registration form on Page 5 of this newsletter to register for the course. You may also visit our website at www.DHmethED.com for more details about the courses that will be held at the Winter Camp and the opportunities for networking with colleagues at beautiful Amelia Island, FL.

Please note: course attendance is limited ♦

DH Methods of Education, Inc.

Winter Camp Amelia Island, FL February 16-21, 2011

Harbor Front Hampton Inn & Suites

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Address: _____

City, State, Zip _____

Phone: _____ Fax _____ E-mail: _____

College or University Where You Teach: _____

Requests for cancellations must be received at least 2 weeks prior to the camp date. However, for cancellations received after this deadline, 75% of the tuition may be applied toward future camps. Tuitions for no-shows will be forfeited NO EXCEPTIONS. DH Methods of Education, Inc. is not responsible for reimbursement of non-refundable airline tickets and any other travel expenses if the course is cancelled.

See Gift Certificate Back of this Page

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Full Payment by

Dec. 17, 2010

Jan. 18, 2011

Wed & Thurs Feb, 16-17, 8a – 5p, & Friday, Feb. 18, 8a-12p

	<u>Radiology Educator's Workshop (20 ceu's)</u>	\$650 _____	\$700 _____
Fri. Feb. 18, 8a–12p	<u>Complete Nutrition Course (4 ceu's)</u>	\$500 _____	\$550 _____
Fri. Feb. 18, 1-5p	<u>Complete Dental Materials Course (4 ceu's)</u>	\$500 _____	\$550 _____
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Sat. Feb. 19, 8a –12p	<u>Complete DH Preclinic Course (4 ceu's)</u>	\$500 _____	\$550 _____
Sat. Feb. 19, 8a –12p	<u>DH II Clinic Calibration Course (4 ceu's)</u>	\$250 _____	\$300 _____
Sat. Feb. 19, 1-5p	<u>Periodontal Instrumentation I (4ceu's)</u>	\$250 _____	\$300 _____
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For Hotel Reservations contact Harbor Front Hampton Inn & Suites (904) 491-4911 Block of rooms under the name of "Dental Camps" Hotel registration deadline for \$99 per night rate is **January 15, 2011**.

You are responsible for payment of your hotel stay so please provide your credit card information when making your reservations.

Accreditation *Continued from Page 2*

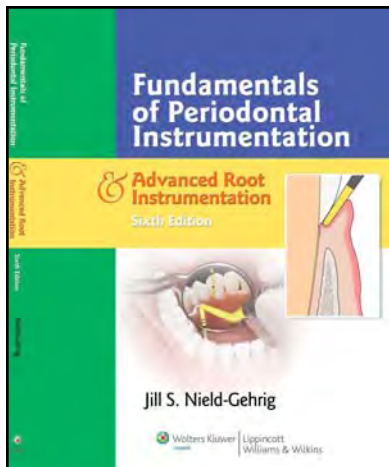
- Mock Boards Performances
- Quality Assurance Internal Audits
- Quality Assurance External Audits
- Infection Control External Audits
- Patient Care Tracking

Once you gather all these materials, if you use a consistent format to display your data in charts and tables, it makes it easier for your own faculty to conduct an outcomes assessment and apply the findings to curriculum planning. A theme or design that is consistent throughout the data display makes it easier for your site team to make their assessment of your findings, and your methods of using the findings for making changes to the curriculum.

If you incorporate your Quality Assurance Plan into your Outcomes Assessment Plan it all ties together in an organized manner. Then you can get the big picture of the program function and operations. The more you structure your outcomes data, the more you know about how well you are meeting your program goals and what needs to be fixed.


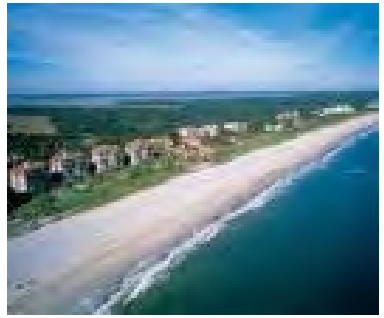
You already have the tools, it is how you interpret them, display them, and what you do about the findings that indicates your ability to successfully conduct outcomes assessments. Often times the site team points out the findings and they make the suggestions. If they can do it, so can you—Be proactive. You can self-evaluate! The same way you expect students to self-evaluate. Use your outcomes findings.

As we all know, making changes creates stress for an already taxed faculty. The only comfort we have is habit. We may be used to doing something a certain way, but when what we do does not produce the “Outcome” we want, it is time to make changes in the way we are doing some things. Look at Standard 1-1 as the opportunity to perfect your program. ♦




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