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A Case for the Liberal Education of the Dental Hygienist

by Melanie R. Hamer

"What we should aim at producing is men (and women) who possess both culture and expert knowledge in some special direction. Their expert knowledge will give them the ground to start from, and their culture will lead them as deep as philosophy and as high as art."

A.N. Whitehead, *The Aims of Education and Other Essays*

Since the 4th century B.C., arguments have pitted the relative merits of a liberal arts education against those of vocationalism. The liberal arts, with its classic traditions and broad curricular base, for centuries has been touted as the education of the privileged class, while a practical course of study benefitted the artisan and others needing a more immediate occupation. Since the late 1960s, vocationalism has enjoyed a period of intense popularity in the American educational system. Like the artisan of earlier ages, the vocational student upon completion of a program is able to assume an entry level position in a specific career area.

Within the last decade, a move to revitalize the liberal arts curriculum has been gaining momentum. In a rapidly changing technological society, the skills possessed by the liberal arts graduate are being reexamined. To many educators, what is needed is a precise blend of career-specific subjects and core courses that impart the more enduring qualities of the liberal arts graduate.

Historian Henry Adams stated, "What one knows is, in youth, of little moment; they know enough who know how to learn" (Alexander, 1986, p. 24). Although the curriculum of the liberal arts has changed, its underlying concept has not. Through the study of the seven classic liberal arts—the "trivium" of grammar, logic, and rhetoric, and the "quadrivium" of arithmetic, geometry, astronomy, and music—the student of Aristotle's time sought to master the whole of available knowledge (Benton, 1984, p. 195). Centuries later, John Henry, Cardinal Newman, in an 1852 treatise on education acknowledged the decidedly intellectual character of the liberal arts. To think rationally, said Newman, is to "take a view of things" (Brubacher, 1976, p. 76). To take a view of things is to contemplate many specifics, and, in so doing, to extract the commonality from them all (Brubacher, 1976). In Newman's statement is embodied the central theme of a liberal arts education.

Development of the mental powers that would allow the learner to apply
concepts from one study to another came through relentless pursuit of a range of subjects, including Latin, Greek and mathematics. The fact that many, if not all, of the subjects studied were unrelated to the student’s chosen occupation was not a cause for concern. Practicality ranked second in importance to the development of persistence and self-discipline, qualities which were believed to result from the undertaking of difficult, albeit esoteric, subject matter. This reasoning came to be known as the “mental discipline theory” and was articulated in the Yale Report of 1828 (Brubacher, 1976).

The beginning of the nineteenth century saw the first serious challenge to the perceived timeless curriculum of the liberal arts. The Enlightenment of the previous century had introduced skepticism toward established practices, and scientific advances foreshadowed the Industrial Revolution. Institutions of higher education such as the University of Virginia and the Rensselaer Polytechnical Institute were founded in the early nineteenth century with prominent industrial and agricultural offerings in their curricula (Brubacher, 1976). Especially in a vigorous young America, the cry for relevance in education began to overshadow the concept of mental discipline embodied in the liberal arts. With the advent of the land-grant colleges enabled by the Morrill Act of 1862, and with such champions as pragmatist John Dewey and Charles T. Eliot of Harvard, the concept of utilitarianism in education—“specific learning for a specific purpose”—was born in America (Brubacher, 1976, p. 290). Also termed vocationalism, it has persisted into the 1980s.

The rising tide of vocationalism, while shaking the liberal arts tradition to the core, did not succeed in unseating it completely. Bolstered by early twentieth century humanists such as Norman Foerster and Irving Babbitt, the liberal arts advocates hung on grimly, despite claims by critics that their educational system was outmoded and elitist (Brubacher, 1976).

In the 1930s, the liberal arts found a new advocate in the person of Robert M. Hutchins of the University of Chicago, and his colleague, Mortimer J. Adler. Intellectual excellence, they stated in 1936, was indeed “the proper aim of education in all societies,” but an intellectual excellence founded upon rational universal principles, not upon the pursuit of irrelevant subject matter for the mental discipline supposedly acquired (Brubacher, 1976, p. 295). Intellectual excellence, according to Hutchins and Adler, was best found within the “great books,” works that are “contemporary to any epoch,” just as their product—the liberally educated person—is contemporary to any epoch (Brubacher, 1976, p. 77).

Ralph Waldo Emerson once stated that “a man must be a man before he can be a good farmer, tradesman, or engineer” (Grolier, 1985, p. 293). Still holding to the concept of an “education that is universal rather
than provincial;’ the modern liberal arts curriculum consists predominantly
of three main branches of knowledge (Grolier, 1985, p. 293). The
humanities encompass the areas of literature, language, philosophy, fine
arts, and history. A second branch is the natural sciences: biology, physics,
chemistry, earth science, and mathematics. The social sciences—
economics, political science, sociology, psychology, geography, and
anthropology—constitute a third (Benton, 1984, p. 195). In particular, the
humanities—the so-called ‘‘arts and letters’’—hearken back to the classic
‘‘trivium’’ and impart to the liberal arts curriculum its timelessness, a quality
as enduring as the rational nature of humanity (Brubacher, 1976).

If one is to believe the trend of the last century and a half, one may
well conclude that vocationalism will not acquiesce to the liberal arts in
the foreseeable future. Responses among educators have ranged from a
declaration that the liberal arts are dead to the suggestion that a marriage
of vocationalism and the liberal arts is not only desirable but mandatory
for survival in a rapidly changing postindustrial society. The latter con­
cept may be attractive for various reasons. Highly technical fields with
a strong vocational emphasis are observing an ever-decreasing ‘‘occupa­
tional half-life’’—the length of time for half the specialized knowledge to
become obsolete (Patterson, 1985, p. 135). Viability therefore must de­
pend upon producing graduates who have ‘‘learned how to learn’’— the
primary function of a liberal arts education (Jacobson, 1986, p. 42). Other
fields seek redefinition of themselves as rapidly evolving external events,
rather than changes in subject matter, shape their practice. Within the
health professions, dental hygiene is currently facing this dilemma. As a
technically-based field, dental hygiene is seeking to expand its knowledge
base, to define itself in futuristic terms, and to acquire the autonomy to
become a profession (Ramsey, 1986). In so doing, it is discovering an in­
adventur ally within the liberal arts.

Established in 1913, dental hygiene has existed as an offshoot of the
dental profession (Wayman, 1985). Possessing limited autonomy and no
distinct body of knowledge apart from that of dentistry (Brine and
Rossmann, 1979), dental hygiene is poised on a dividing line between
vocation and profession. Faced with imminent upheavals in the modes
of health care delivery and with legislation proposing changes in the super­
vision of dental auxiliaries, dental hygiene is assuming a proactive stance
regarding its future. In 1984, the American Dental Hygienists’ Associa­
tion (A.D.H.A) conducted the first of three Dental Hygiene Education and
Practice Workshops. Believing that dental hygiene had reached a crucial
point in the delivery of health care to the public, the A.D.H.A., with in­
put from prominent educators, sociologists, consumers, and health care
professionals from related fields, formulated its vision of the future prac­
tice of dental hygiene. From subsequent workshops held in 1985 and in
1986 emerged the role of the dental hygienist of the future as Clinician, Researcher, Health Promoter-Educator, Administrator-Manager, Consumer Advocate, and Change Agent.

While every dental hygienist may not choose to perform all roles in the course of his or her career, each role is perceived by A.D.H.A. as vital to successful future practice and to serving the best interests of the public and dental hygiene. As the role definitions emerged, it also became apparent that the present framework of dental hygiene education must be expanded to encompass a minimum requirement of a baccalaureate degree for the entry into dental hygiene practice. To accomplish this goal, vast changes in dental hygiene education will be required.

When the American Dental Association took over accreditation of dental hygiene programs in 1952, a minimum of two academic years was required for entry level dental hygiene clinical practice in private dental offices (Wayman, 1985). Since then, a relatively constant majority of hygienists—approximately 90 percent—are employed in general or specialty dental practices (Richards, 1985). The remainder are found in nontraditional areas such as public health, public school systems, education, research, health institutions, government and the armed services. Correspondingly, 87 percent of the 201 accredited dental hygiene programs in the United States award an associate degree or a certificate reflecting the two-year educational requirement. The remaining 13 percent award a baccalaureate degree (Wayman, 1985). With 50 percent of the programs located within community colleges, 10 percent in technical institutes, 20 percent in dental schools, and 20 percent in four-year universities (Palmer, 1982), program length varies considerably—48 to 150 weeks—even with associate-certificate programs (Wayman, 1985).

This illustrates an interesting dichotomy in dental hygiene education. Dental hygiene graduates all take the same written examination—The National Board—and all perform similar clinical functions on state or regional board examinations. Once licensed, all dental hygienists are bound by the dictates of the practice acts of their respective states. While the scope of duties that can legally be performed by hygienists varies from state to state, more similarities than differences exist. Virtually no delineation is made in the practice acts between the graduates of two-year and four-year educational programs in regard to clinical roles (Gluch-Scranton and Rigolizzo Gurenlian, 1985). Within most private dental practices, the primary function of the dental hygienist is performing the oral prophylaxis, or cleaning of the teeth. Recording patient medical and dental histories, charting the dental structures, completing examinations of the soft tissue of the oral cavity, exposing and processing radiographs, giving topical fluoride treatments, and instructing patients in proper methods of home
care constitute the primary duties of the majority of hygienists although this is not an exhaustive list.

Because several of the duties may overlap those performed by the dental assistant, a prominent auxiliary in all dental practices, confusion on the part of the public over the role delineation of hygienists and assistants is not uncommon. Formal training programs for dental assistants, while not mandatory for practice, are commonly one year in length and emphasize supportive functions in the treatment operatory as well as independent performance of specified intraoral, laboratory, and business office procedures. Roles for dental assistants are also outlined within dental practice acts. Together the dentist, the hygienist, the assistant and the dental lab technician—who fabricates dental appliances—make up the functional unit sometimes called the “dental team.”

In the final analysis, the primary aim of dental education—be it for the hygienist, dentist, or assistant—should be to promote the delivery of quality care to patients. To do so, courses other than those of a technical nature have always been required in the dental hygiene curriculum and in fact are present in all programs. Dental hygiene students commonly take general courses in writing, speech, sociology, psychology, chemistry, anatomy, physiology, microbiology, and nutrition. It is not the intent of this paper to suggest a specific curriculum, but to demonstrate how the liberal arts can impact and enhance the practice of the six projected roles of the dental hygienist.

**Clinician**

Despite the anticipated role changes for dental hygienists envisioned by A.D.H.A., the majority most likely will continue as private practitioners. “The role of Clinician will continue to be an important one for the dental hygienists of the future,” states Diane Huntley, former editorial director of the A.D.H.A. (Huntley, 1985, p. 298). An increasingly health-conscious public utilizes dental hygiene services not only for prevention of oral disease, but for the esthetic benefits accrued as a result of the prophylaxis and proper plaque-removal procedures. Additionally, an estimated 50 percent of the population of the United States does not seek dental care on a routine basis (McGrath, 1987, p. D-1). These individuals may be likely to do so, however, as societal emphasis on disease prevention remains and the technology surrounding pain control, anxiety management, and the eradication of tooth decay continues to advance.

More than ever, the Clinician role requires a thorough grounding not only in the dental sciences but also in the basic sciences. Only by building upon concepts found in sciences such as biology and microbiology can the dental hygiene student begin to acquire the expertise to prevent disease
transmission in the workplace. Similarly, the biological sciences form a significant underpinning of preventive dentistry. Providing education to patients for the prevention of oral disease is a "critical, professional skill," not just small talk during the prophylaxis (Rigolizzo Gurenlian and Gluch-Scranton, 1986, p. 457). Nielsen feels that the credibility of dental hygienists rests increasingly upon the acquisition of advanced degrees. "If hygienists are to claim the title 'preventive professional,' we need to be experts in this area," she states. "To be an expert in an area, one must demonstrate that one understands it more comprehensively than others" (Nielsen, 1985, p. 32). Highly technical knowledge is transient indeed if the basic underlying concepts are never learned.

Researcher

The role of Researcher is a critical one for the future practice of dental hygiene, for it is only through the development of a body of specific advanced knowledge that professionalization of dental hygiene will occur. According to Brine and Rossmann, the knowledge base of dental hygiene is currently that of dentistry (Brine and Rossmann, 1979). Research by hygienists will contribute to and enhance that of dentistry since ultimately the practice of dentistry and dental hygiene cannot be separated.

According to Huntley, the Researcher role of the dental hygienist is increasing and will continue to do so as more dental hygienists choose to become involved in research (Huntley, 1985). Much of this research will document the effectiveness of "educational, preventive and therapeutic dental hygiene procedures and basic and applied research in numerous settings will be a widely accepted role of the dental hygienist in the very near future" (Huntley, 1985, p. 334). The Researcher role demands a basis in the sciences of biology and chemistry acquired through a liberal arts education, and the ability to transfer these concepts into new areas of inquiry. A knowledge of statistics, drawing heavily upon basic mathematics, is similarly indispensable to any researcher.

Health Promoter-Educator

The projected role of Health Promoter-Educator is well suited to the dental hygienist as the quintessential provider of preventive oral hygiene care. An example of the implications of this role can be seen in the area of dental care for the elderly. During the past three decades, the death rate for the elderly has decreased by 27 percent. Although heart disease, cancer and stroke remain the primary causes of death for this population group (Kramer, 1985), its members are increasingly interested in attaining and maintaining good health, including oral health. The elderly
currently comprise one-tenth of the population of the United States, but purchase one-third of all health care delivered (Kramer, 1985). As dental patients they are better informed than their parents, more likely to seek dental care and to maintain part or all of their natural teeth. Geriatric dentistry has become a well established specialty within the dental profession.

In assessing health needs and planning, implementing and evaluating programs targeted at the elderly, the dental hygienist must draw heavily upon a knowledge of health and disease. The basic sciences of biology, anatomy and physiology, and chemistry again form the backdrop against which the specialized knowledge of the aging process, pathology, and drugs and medications alleviating the symptoms of both is applied.

Administrator-Manager

An identified need for dental hygiene, emerging from the most recent A.D.H.A. Education and Practice Workshop, is “to emphasize the behavioral and social sciences as well as the basic and biomedical sciences . . .;” according to former A.D.H.A. president Patricia Crane Ramsay (1986, p. 152). Similarly, in 1979, educators Brine and Rossman emphasized the need for “concept formation in the biological and/or social sciences” if dental hygienists are to prepare for careers requiring more extensive decision-making skills than are presently needed in most technically-based clinical positions (1979, p. 220). The social sciences in particular constitute a significant knowledge base for the dental hygienist as a successful Administrator-Manager.

As the mode of delivery of dental care moves increasingly from single-practitioner offices to group practice settings (Logan, Hayden, and Jakobsen, 1980), the need for administrative skills will arise in many different areas. Recall systems involving thousands of patients yearly must be managed to ensure a timely and efficient flow of patients into and out of the system. Optimal dental health does not occur by accident but is dependent upon numerous factors, not the least of which are regular dental examinations and prophylaxes. Management of a recall system presently falls under the jurisdiction of the dental hygienist in many dental practices, and can only benefit from interpersonal skills built from a foundation of “people” sciences such as psychology and sociology. Firmness mixed with patience, humor and compassion are necessary when dealing with patients possessing limited finances, priorities that frequently do not include regular dental care, and a galaxy of unnamed anxieties associated with “going to the dentist.”

Plaque control programs, also generally administered by hygienists, require skills of a similar nature to those involved in running a recall system.
Despite the genius and art of the dental team, the most critical factor in attaining and maintaining dental wellness is the daily plaque-removal, the "brush-and-floss" routine performed by the individual. In a survey of 107 dental hygienists conducted by the University of Iowa College of Dentistry, 81 percent indicated that "implementing motivational theory" was an important skill to be possessed by a dental hygienist in private practice (Logan, Hayden, and Jakobsen, 1980, p. 324). Far more than a lecture combined with an oft-repeated flossing demonstration will be needed to convince a doubtful patient to learn the sometimes difficult manual skills of plaque removal, to employ them on a daily basis, and perhaps to pay for a series of plaque-control visits. While many dental patients are able to demonstrate correct techniques of brushing and flossing upon request, many are not motivated to do so on a regular basis. A single course in introductory psychology will not meet the dental hygienist's needs in motivating this type of patient.

Besides patient concerns, dental personnel face potential management problems as an increasing number of dental graduates find employment in group practices with concomitant increases in the numbers of hygienists and assistants employed. With large numbers of staff working in a fast-paced and often stressful environment, interpersonal conflicts become inevitable (Logan, Hayden and Jakobsen, 1980). A hygienist in the capacity of office manager may be called upon to mediate complex disputes involving a variety of personalities. While formal training alone will not totally prepare an individual to handle problems of this nature, neither will an empirical approach. Sound principles of psychology and sociology, supplemented by the liberal arts, form the base of a pyramid of increasingly specific courses in problem-solving and conflict resolution.

The change from the single-practitioner model to the group and specialty practice model is accompanied by changes in the location of dental care facilities. In her address to the first A.D.H.A. Education and Practice Workshop in July, 1984, Barbara B. Kramer, Chief of the State Health Planning Section of the Department of Human Resources, stated that health care will be delivered increasingly in alternate settings such as residential treatment facilities, specialized outpatient centers, or shopping malls (Kramer, 1985). Whether a hygienist is an office manager of a commercial facility or an administrator of a clinic based in a hospital or other institution, a knowledge of economics will be an essential tool. For example, the "fee for service" system of reimbursement traditionally found in dental practices is increasingly giving way to prepayment plans such as those found in Health Maintenance Organizations (HMOs) which operate under predetermined fees for services rendered (Kramer, 1985). An administrator must understand currently operating funding mechanisms and impart that understanding to other members of the dental team. A
comprehension of basic economic principles underlie a comprehension of sophisticated prepayment plans.

**Consumer Advocate**

The role of **Consumer Advocate** is one that dental hygienists are expected to assume in the future (Huntley, 1985). As members of a collaborative partnership with dentists, dental hygienists have always been consumer advocates. The dental practice that allows the hygienist sufficient time to complete a thorough prophylaxis and to review home care techniques is facilitating the role of the hygienist as Consumer Advocate. No amount of plaque control instruction and encouragement on the part of the hygienist can counteract broken dental floss and persistent areas of inflammation due to an inadequate prophylaxis. Conversely, even the most meticulous prophylaxis is ineffective if the scheduled time does not permit patient-hygienist interaction leading to a renewed patient commitment to the vital aspect of home care.

The argument should not be made, however, that the Consumer Advocate role already present should not expand. Expansion is both necessary and desirable. Many patients still perceive dental services as something "done to" them as opposed to seeing themselves as partners with the dentist and hygienist in achieving optimal oral health. This viewpoint absolves the patient of the responsibility for his or her oral well-being. To function as the "preventive professional" and as an effective consumer advocate, the dental hygienist must acquire those skills which will promote behavioral change on the part of the patient (Rigolizzo Gurenlien and Gluch-Scranton, 1986). The art of changing the behavior of another individual goes back to the liberal arts and its psychological and sociological components, upon which more situation-specific behavior-modification principles are built.

**Change Agent**

Finally, to function effectively in a Consumer Advocate role or in any of the six proposed roles means to accept the idea of change and to help direct needed changes. The **Change Agent** role of the hygienist was implied by former A.D.H.A. president Patricia Crane Ramsay when she stated, in reference to the Education and Practice Workshops, "Six roles were defined as dental hygiene practice roles which respond to society's needs and provide the framework for a unique and dynamic definition of dental hygiene" (1986, p. 152).

A Change Agent has been defined as "an individual who relies upon
a body of knowledge that focuses on a systematic approach to change” (Parker, 1984, p. 363). Change, then, should proceed from a solid factual base and should be a planned event. Operating from a solid factual base forces the Change Agent to confront the reality of things, not to indulge in wishful thinking. Planning, implementing, and evaluating change helps to ensure that change is a directed process insofar as possible, not a haphazard occurrence with negative results (Parker, 1984). The challenge to dental hygiene is to effect change while changes are simultaneously occurring in society, in the health care system, and in consumer expectations (Huntley, 1985).

Changes desired may be simple, such as convincing the dentist employer to close the practice for a day to attend a timely continuing education course with the staff. They may involve a prolonged effort requiring the services of a professional lobbyist such as occurs when state dental boards review supervisory clauses.

Addressing the process of effecting change has not been emphasized in most dental hygiene curricula. In a 1981 survey of 148 dental hygiene schools, only 23 percent required a political science course. Fewer than half the schools presented instruction in formal legislative skills such as lobbying or parliamentary procedure. While approximately 71 percent of the schools offered introductory instruction in legislative skills, the length of instruction was three hours or less (Parker and Damon, 1982). Because the primary reason cited for not including legislative skill instruction was lack of time (Parker and Damon, 1982), lengthening of the dental hygiene curriculum to a minimum of four years should—assuming proper course content—provide hygienists with greater formal skills to become effective Change Agents (Parker, 1984). A single political science course, while only providing legislative knowledge of a general nature, still will be the beginning for more specific instruction regarding the change process, why people resist change, and how to effect change. “It might help knowing that, as change is a complex process, those affected by change rarely accept, in its entirety, a new approach or idea at first. This is where the process of planned change, drawing from concepts in the social sciences of learning, interpersonal relations, organizational behavior and communication, comes in to help overcome inertia, hostility, and resistance to change” (Parker, 1984, p. 363).

Perhaps the greatest impact of the liberal arts education upon dental hygiene is in the area of language and communication. The value of interpersonal communication skills implies an adept use of the English language. For some dental hygienists, communication may be required in a language other than English.

In an address to the first Education and Practice Workshop, Felix
Kaufmann, president of the Science for Business, Inc., of Ypsilanti, Michigan, noted that the Hispanic population in the United States is growing more rapidly than any other ethnic group, contributing in large measure to the population increases in California, Texas and Florida. "By the 1990s, Hispanics will be the single largest ethnic group in the huge and populous states of California and Texas, with an absolute majority in many counties, which by itself will make them a political force to be reckoned with," he stated (Kaufman, 1985, p. 11). Many Spanish children do not speak English proficiently (Kaufman, 1985). Any hygienist working with this growing population must count a working vocabulary in Spanish as one of the essential tools of the trade.

The need to communicate well in English is hardly a moot point. The Clinician and the Health Promoter-Educator must be able to impart sophisticated health care knowledge to patients and to special population groups, to document records accurately, and to refer clients with special needs to other health care professionals (Darby, 1981). Failure to do so may well provide grounds for a lawsuit. For the Researcher, communication skills extend from the writing of a grant proposal to presentation of the final paper. The underlying success of many an Administrator-Manager is the style of interpersonal communication employed with patients and fellow members of the health care team. "Instead of treating adult patients as passive, ignorant children, hygienists must accept the consumer as a mature responsible adult who can be a partner in achieving and maintaining oral health rather than an object of care," states Huntley (1985, p. 298). How much more so for fellow professionals! For the Consumer Advocate and the Change Agent, possessing strong viewpoints and accurate, timely information is futile unless they are effectively expressed.

"It is an everlasting pity that so sharp a dichotomy has established itself in our minds between liberal education and vocational training, with the false implication that the former is somehow higher, though useless, and the latter, useful but somehow crass and demeaning," stated philosopher Theodore Greene of Yale (Barlow, 1986, p. 16). Although Greene's statement was made over thirty years ago, its relevance to life and work is undiminished. While a liberal arts education may prepare one for "life," a large share of life for most individuals is their job. Most people work or depend upon someone who works. The majority of one's waking hours is spent on the job. One's job is frequently a vital determinant of one's lifestyle, citizenship, friends, and attitudes (Barlow, 1986). While vocational training indeed confers specific skills which serve the needs of society and of the student, its benefits may be shortlived. If the nature of the job changes, part or all of the skills may not be applicable to the new position, and retraining will be necessary (Mohrman, 1983). The average young
graduate entering the work force can anticipate at least three career changes before he or she retires (Ebisch, 1985). Ninety-one percent of 3,000 arts-and-sciences alumni at the University of Virginia reported few similarities between college major and position currently held (Jacobson, 1986). The graduate of dental hygiene or of any program may discover that the lifelong skills are provided by the liberal arts component of the program.

Even without an A.D.H.A. directive, a lengthened dental hygiene curriculum is already a reality. The “two-year dental hygiene program” is a misnomer for two reasons. Over twenty expanded functions have been designated for dental hygiene and added to the curriculum without a corresponding expansion in program length, as directed by the American Dental Association (Wayman, 1985). These have often been accompanied by changes in supervisory conditions. While associate or certificate programs continue to be known as “two-year programs,” over 67 percent have lengthened their curricula to accommodate teaching of expanded functions (Wayman, 1985). Secondly, it has been shown that the majority of dental hygienists have three or more years of post high school academic preparation upon graduation. Kay Mescher, Associate Professor of Dental Hygiene at the University of Iowa, notes, “Since only 17 percent of the most recent [1982] graduates earned baccalaureate degrees and 40 percent have at least four years of post high school education, it would seem apparent that dental hygienists do not earn academic degrees which are commensurate with the length of their educational programs” (1984, p. 71). Restructuring an already-lengthened curriculum with a thoughtful blend of liberal arts and vocational courses leading to a baccalaureate degree will do much to ease that inequity. Furthermore, the longer educational period necessary to obtain an entry-level position in dental hygiene can be justified in many respects, foremost among which is the creation of a person suited for a lifetime of work.

The great rift between the liberal arts and vocationalism can be closed. Two educational traditions, once rivals, are not antithetical at all. In a way that Cardinal Newman never imagined, the liberal arts and vocationalism may indeed help society to “take a view of things.” Harold C. Slavkin, a dentist, wrote the following tribute: “The liberal arts provide a context of values that give meaning and resonance to life. To the dentist [dental hygienist], physician, attorney, engineer, scientist, to the human of human beings, the liberal education implies an action upon our mental nature, our spirit, our being. Perhaps now is the time for rebirth, a time for a renaissance in higher education. Ah, what a treasure is to be discovered in each of us!” (1979, p. 624).
References


