

# Who Will Lead Dental Education in the Future?

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*Abstract:* Schools of dentistry, like virtually every other modern organization, are facing a sea of change within and without, and the decisions made in the next few years will have major ramifications. In a 1995 report, the Institute of Medicine's Committee on the Future of Dental Education asserted that "dental educators have leadership roles that stretch well beyond the dental school." The leaders who are most effective in the current climate manifest a great diversity of styles. Nevertheless, some important qualities run through them as a group. This paper explores the current context for leadership in dental education, describes the qualities needed from dental education leaders today, and points out some of the barriers and obstacles to effective leadership.

*Key words:* leadership, followership, higher education, academic governance, dental education

In a special committee report entitled *Renewing the Academic Presidency*,<sup>1</sup> the Association of Governing Boards of Universities and Colleges (AGB) attempted to answer the questions: Is the present system of governing American colleges and universities up to the demands of today and the foreseeable future? If not, what needs to change? The report concluded that *all* institutions of higher education, small and large, specialized and comprehensive, public and private—*all* are in need of "stronger leadership for tougher times."

Schools of dental medicine are no exception. Like virtually every other modern organization, academic dentistry is facing a sea of change within and without, and decisions made over the next few years are going to have major ramifications. These are, indeed, "tougher times" calling for stronger leadership.

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## The Nature of These "Tougher Times"

What makes these times tougher? Many of the challenges being faced in higher education can be traced to declining resources, along with the lack of a certain kind of agility that would allow a more adaptive set of responses to changing circumstances.

In a recent address, Tedesco<sup>2</sup> argued that "the academic has become the economic." "We have always

had to address the economic impact of our academic programs," she pointed out, "but at this point in time we are facing the issue the other way around. How will our financial condition influence our academic programs? Will our financial situation improve if we change, alter, or re-invent the academic?" These and other difficult questions are facing the leaders of academic dentistry, who find themselves in the very tough position of needing to be shrewd businesspeople and entrepreneurs, while maintaining academic quality and integrity—not an easy set of imperatives to fulfill.

Another major challenge is a decline in public esteem and support for higher education. Robertson<sup>3</sup> put it this way: "Higher education must still address long-ignored issues of accountability to the public, while standing in line for funding [along] with K-12 schools, health care, prisons, roads, and social services, among many others." He further pointed out that "health science schools have a very high funding-to-student ratio" and that "dentistry is particularly visible to a university president who faces declining resources combined with increasing student demand for access to an undergraduate education."

Leaders in academic dentistry are faced with the task of explaining why, for instance, the expense of educating a single dental school student has gone up faster than the expense of educating students in other health professions, including medicine. A superficial examination of the data tends to make dental education look inefficient; the numbers of students relative to the num-

bers of administrators and faculty are lower than we find in other academic programs. The Institute of Medicine<sup>4</sup> cites other factors having a negative economic impact on dental schools. Among them are:

- School-based patient care programs invariably lose money.
- Essential technology improvements are expensive.
- Curriculum revision is costly and often hampered by faculty and alumni resistance to change.

Then, as if eroding resources and a decline in public esteem were not problems enough for today's leadership, the health science professional schools simultaneously find themselves in the midst of what Hildick and Kohler<sup>5</sup> referred to as "an unprecedented period of rapid, all-encompassing, and profound change in health care delivery, education, and research." The emergence of managed care, they wrote, is forcing academic health centers to plan, reassess, reposition, and change the way they do business.

Greene<sup>6</sup> has observed that, in the past, many dental schools shared "in the distribution of surplus patient care dollars flowing from successful university hospitals. At least in some academic health centers, this money was used to cross-subsidize both education and research missions of the health professions schools." He pointed out that, as both the academic health center and the larger university become more concerned about the bottom line, "more and more pressure will be placed on each academic component to be self-sufficient and more accountable for its use of public and private funds."

Greene's point about the bottom line emphasizes the fact that dental schools do not operate in a vacuum. The challenges facing the larger institutions, of which dental schools are a part, are similarly daunting. Providing leadership for a dental school depends, therefore, not only on a thorough understanding of the particular issues and challenges involved, but a sense of the context in which those issues will be considered and resolved.

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## Some Achievements to Be Proud Of

Before addressing the question of what attributes are needed for leadership in higher education generally, as well as in dental education more specifically, we would do well to remember that, as a nation of people in a relatively young country, the residents of

the United States of America can be legitimately proud of our system of higher education, surely one of our most estimable collective achievements.

Ours has long been acknowledged as the best educational system in the world. That is obvious not only in the achievements of our scientists and scholars, but also in the diversity of our institutions and offerings. In the United States, virtually anyone—with appropriate effort, but regardless of the quality of or deficits in preparation—can be admitted and succeed in postsecondary education. There has been a place for everyone: from trade and technical schools and community colleges to highly selective private institutions, as well as state colleges and universities and specialized institutions of every type imaginable. Consequently, countless men and women have grasped better lives for themselves and their children through the pursuit and attainment of higher education.

More specifically, we can be very proud of our institutions of academic dentistry, which are the world's most innovative, and which consistently produce excellent clinicians who are serving the oral health needs of our society with admirable results, as well as researchers who can lead the way to discovering causes and cures for disease—in many areas of health.

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## The Dirty Bathwater

In recent years, however, and in direct response to the dwindling of available resources, inappropriate and even destructive forces have begun to operate at campuses across the nation every day, threatening our institutional legitimacy and further undermining public confidence in our ability to carry out the mission of educating a new generation of social contributors.

The former president of the University of California, Clark Kerr, warned that universities were in danger of becoming "separate academic disciplines and departments held together by a central heating system and common disputes over parking," where important decisions would be based on "a division of the spoils rather than a determination of the goals."<sup>7</sup>

Indeed, governance on many college campuses has become driven by the wrong considerations. Politics have become so large a part of academic life that the motives for decisions often have little to do with the best interests of the most important university constituency: the students. In too many places, faculty have become accustomed to decision making that is based

on political expediency rather than the merits of ideas. In recent years, I have seen faculty engaged in vicious competition with one another in what is perceived as a zero-sum game, and other faculty pandering to administrators who are all too willing to pay them off in the name of avoiding conflict and political controversy. Consequently, even when mission-driven leadership does emerge, the best intentions often are disbelieved.

Can a fractious institution such as the one prophetically described by Clark Kerr—and one that I fear has evolved at many of our universities—manage a new social contract, and reform itself to deliver the kind of education best adapted to the needs of our evolving society? Higher education *can* accomplish this, and I believe that the right kind of leadership can help. But first, it is important to grapple with our vision of higher education in the future and to make some predictions about how it can best evolve to meet real-world needs.

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## Conflicting Visions of the Future

Visions of the future of higher education—and by extension, of the university dental school—run the gamut. On the one hand, we have Drucker's prediction<sup>8</sup> that “thirty years from now the big university campuses will be relics.” “The cost of higher education has risen as fast as the cost of health care,” he stated in an interview published in *Forbes*. “Such totally uncontrollable expenditures, without any visible improvement in either the content or the quality of education, means that the system is rapidly becoming untenable. Higher education is in deep crisis.”

Contrast that with major recommendations offered by the Institute of Medicine<sup>4</sup> and the Pew Health Professions Commission<sup>9</sup> in two separate reports published in 1995. Both suggested that dental schools must integrate themselves more thoroughly with other health and science disciplines and that dental school leaders need to become more involved in the leadership of their larger institutions. Such an approach would have to be based on an assumption that large, comprehensive universities will continue to thrive.

If you agree with Drucker's prediction, however, a different picture might emerge. Energy and resources focused on becoming more tightly integrated into the larger university and forging closer ties with other academic disciplines will have been wasted and perhaps even counterproductive. If a ship is going to sink, isn't

it better to get off, rather than spend time getting close to the others going down with you? Whose vision of the future is correct, and what does this mean for the next generation of leaders?

Duderstadt<sup>10</sup> provides a vision of the future of higher education that is neither apocalyptic—although he acknowledges the impending crisis—nor optimistic about maintenance of anything like the status quo. He offers a courageously imagined university of the twenty-first century: a deregulated institution that is learner- (rather than faculty-) centered, interactive and collaborative (rather than time- or space-bound), and truly diverse in order to serve an “increasingly diverse population with diverse needs and goals.”

Duderstadt sees an evolution from “a loosely federated system of colleges and universities serving traditional students from local communities” into a new knowledge and learning industry. He sees “learner-centered” institutions, which he envisions as providing the kind of lifelong, continuous learning that an ever-expanding knowledge base makes necessary. This fundamentally restructured enterprise would be affordable, interactive and collaborative, diverse (both in terms of *whom* it serves and *how* it serves them), and technologically based so that it accommodates asynchronous learning—“any time, anyplace, anyone” education. The new knowledge and learning industry uses a mix of old and new forms; responds to the forces of the marketplace; accommodates active, rather than passive, learners; provides what he calls “just-in-time” education when people need it as well as “just-for-you” education tailored to meet specific lifelong learning requirements; emphasizes cross-disciplinary research by teams rather than lone scholars; and covers topics based on worldly experience rather than idiosyncratic curiosity. In addition, it “unbundles” the monolithic institution that universities have become in favor of differentiation and outsourcing—to other specialized institutions—such tangential functions as admissions, financial management, facilities management, and similar areas “where they do not have a unique competitive advantage.” Finally, this university-of-the-future will devote resources to ensuring that it is viewed, by the public, as meriting ongoing support through the allocation of public tax dollars—something that would depend on our ability to “protect the public purpose of the higher education enterprise and sustain its quality, important traditions, and essential values.”<sup>10</sup>

Interestingly enough, dental schools may have some advantages, if this vision of the future is realized. For one thing, dental schools are already special-

ized and tend to focus on highly pragmatic and immediately useful training and research. They already occupy a largely independent position on most campuses. For once, it may be that this often decried quality of the dental school—and one that both the Pew and IOM reports suggest is a liability—could turn out to be a strength!

Academic dentistry as a field has long suffered a kind of “second place” self-image based on a sense of being regarded as an “also ran” discipline within our health sciences centers, failing to command the same status, attention, and institutional support afforded other disciplines and schools on our campuses. I’d like to suggest that the time has arrived for dentistry to put that attitude aside and squander no more energy on it, because all the rules of the game are changing, and our attention will be better spent negotiating the changes yet to come.

Drucker<sup>8</sup> stated that, because of technology, the changes we’re seeing today are as revolutionary as those that followed the invention of the printing press. “It took more than 200 years (1440 to the late 1600s) for the printed book to create the modern school. It won’t take nearly that long for the [next] big change,” wrote Green.<sup>6</sup> The printing press eventually allowed the control of knowledge to be wrested from a powerfully entrenched clergy and ruling class, and put it in the hands of the masses. As a result, the modern university eclipsed the monastery. Professors became the new stewards and generators of knowledge, while publishing became the vehicle for preserving and dispersing that knowledge.

Modern technology will surely change all that, and the professor’s role will continue to evolve. Duderstadt<sup>10</sup> described it this way: “It could well be that faculty members of the twenty-first century university will find it necessary to set aside their roles as teachers and become designers of learning experiences, processes, and environments. . . . Faculty members will be less concerned with identifying and then transmitting intellectual content and more focused on inspiring, motivating, and managing an active learning process by students. We should note that this will require a major change in graduate education, since few of today’s faculty members have learned these skills.”

Once again, academic dentistry may have an advantage. Haven’t dental schools been providing this kind of experiential education for quite some time? And aren’t they in a position to share what they have learned in the creation of “collective learning experiences,” i.e., the clinical rotations that dental students routinely un-

dergo because of the fact that dentistry is not just an applied scientific field, but also a human service? Some dental schools have also led the way in adapting technology for instructional purposes.

The coming changes in higher education may well represent an opportunity for dental schools to shine and to share their expertise in these very important areas. For example, Frankl, Boustany, and Fournier<sup>11</sup> reported on the development of an experiential learning program in dentistry that could potentially interest the designers of experiential education in any number of settings. Perhaps academics in dental schools should begin to publish these kinds of studies in journals about pedagogy and higher education—not just dental education—and collaborate with researchers in schools of education and other fields to accomplish this goal. This could well be a worthy pursuit for dental school leaders—to help their larger institutions avoid going the way of the medieval monastery by finding ways of sharing the expertise their institutions have so diligently developed.

I hope that I have illustrated two points: 1) that changes are coming, and 2) that there are truly divergent perspectives about the nature of those changes, what they will look like, and how we can best prepare for the future. Both the Pew<sup>9</sup> and IOM<sup>4</sup> reports encourage greater identification and integration with the larger university; Drucker and Duderstadt seem to be suggesting something different. I’d like to suggest that the future will contain aspects of both visions. Leaders who have done a good job of cultivating self-sufficiency *and* integration will have done much to enhance their institutions’ longevity and stability.

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## The Next Generation of Leaders

The next generation of leadership for academic dentistry in the United States must be extraordinary. It must be leadership that operates effectively in the midst of paradox and ambiguity, that moves forward while remaining open to divergent possible paths, and that responds to opportunities and launches experiments. This leadership will need to be entrepreneurial. It must preserve what is important about our collective past—that is, the essential values and mission of higher education—but it must also maintain no attachment to the particular *forms* of the past. This kind of leadership cannot, at the same time, expend energy appeasing fractious constituencies. Nor can it afford to adopt a “head in the sand” approach, rearranging the deck chairs on a sinking ship.

I worry about whether this kind of leadership can emerge within the traditional university paradigm, which favors long-term processes and minor changes that leave the values, cultures, and structures of the academy fundamentally unaltered. The glacial pace of institutional change that we have adopted in higher education will be too slow, and too encumbered by entrenched, regressive interests that hamper imaginative leadership when it tries to emerge. Leaders find themselves forced to protect their positions by appeasing disparate political constituencies that can, in fact, undo them. Dental deans, for example, may answer to a university president, who answers to a political board with its own agenda. Those same deans require the cooperation and support of a faculty uninterested in any loss of prerogatives or power, which is exactly what combining departments and reorganizing for greater efficiency usually represent. Leaders are often effectively hamstrung by their constituents' expectations that they find a way to please everyone. In these uncertain times, visionary leaders must be allowed to lead, rather than be held hostage by unyielding, competing interests. They must be allowed to govern for the greater good, and it must be understood that they will not always have the time or the ability to work to build consensus based on the broadest levels of input—something the academy traditionally has required of its leaders.

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## Who's Following the Leader?

The AGB report<sup>1</sup> calls on leaders to be more aggressive and spend less time currying favor with their constituents. It points out that many faculty can only “react defensively when administrators suggest shrinking course offerings, consolidating functions, or adjusting course hours to accommodate the needs of a changing student body. They find it difficult to work collectively to rethink and rebudget their activities in a time of limited resources and shifting demands. Ceding ground only grudgingly, faculty can make change very difficult.” The report goes on to assert that a university president saddled with a board that is incapable of exercising its trust responsibly—that is, allowing a leader to lead—is a badly weakened president. And this weakness carries right on down the chain of command, affecting chancellors, vice-chancellors, deans, and department heads.

The IOM report<sup>4</sup> suggests that, with respect to leadership in dental schools, most of “the easy steps have generally been taken.” The more difficult ac-

tions—those that require either major change or simply the unglamorous work of hammering out logistical details and following through—are what remain on most leaders' plates. These activities might include working towards program consolidation and further reductions in operating costs, or systematic fundraising among alumni, government, industry, and other sources.

I would add to this list the difficult job of developing strategic plans and a compelling vision for the future that parts company in a big way with the past. And indeed, the profession's current leadership is beginning to do just this. Reed<sup>12</sup> sounded a clarion call last year in his inaugural address as president of the American Association of Dental Schools, embracing the idea of mega-global universities and curricula delivered via technology to students anywhere in the world—ideas that hopefully represent a new standard of “open access” that will favorably impact the important diversity agenda being faced in higher education.

Reed also discussed the profound ambivalence with which the majority of us are greeting an unseen future that seems to be unfolding according to different rules and different values than the ones we have long cherished and held sacred. Today's leaders have every reason to feel ambivalent, for they are presiding over what *feels* to many like the destruction of higher education's long-standing infrastructure and culture. As today's leaders struggle to keep the university boat afloat and upright while entering and navigating the rapid and dangerous waters of societal change, they must also grapple with the monumental task of day-to-day management superimposed on the management of change. They sometimes become targets for their constituents' fear and resentment. They become the “messengers” who must be “killed.”

The IOM report<sup>4</sup> came right out and warned us that “leadership for change sometimes involves an expectation that a dean appointed to preside over dramatic restructuring will have a limited tenure.” One explanation offered is that “those who effect the changes outlined . . . may create animosities that must be assuaged by a subsequent leader.”

But I submit that the subsequent leader—and the next one, and the next—will meet the same fate if we do not also turn our attention to helping people understand how to recognize and follow the visionary leader. The AGB report<sup>1</sup> suggests that the concept of shared governance needs to be reformed and clarified to enable colleges and universities to respond more quickly and effectively to the challenges they face. “Faculty representatives expect to be consulted on most if not

all important decisions,” the report states. “And ‘consultation’ is often a code word for consent. . . . On many campuses, this consultative process is far too complex, overlapping, and time consuming, making progress slow if not impossible.”

The report goes on to offer a set of controversial yet important recommendations with respect to faculty, pointing out that participation in governance implies a shared responsibility for promoting an institution’s well-being, “even when that involves a significant departure from tradition or painful decisions affecting individual faculty and academic programs.” Shared governance should be redefined around “a hierarchy of substantive issues, ranging across (a) those in which the special competence of the faculty means that, in the absence of exceptional circumstances, their consent is required; (b) those in which faculty advice will be sought and considered but not considered authoritative (e.g., the budget); and (c) those in which the faculty is not consulted.”

Finally, the report recommends that institutions should consider departments and groups of departments (rather than individual faculty members) as units of accountability, and that appropriate rewards and incentives be developed to help realize institutional goals and priorities.

Unless these kinds of changes can be brought about in academic settings, leaders in higher education will have a very hard time implementing even the most carefully articulated vision or strategic plan. What should be evident above all is the fact that providing leadership in the current climate is not for the faint of heart.

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## Leading in Tough Times

So what, finally, does it take to be a leader in such a climate?

First and foremost, a thick skin. Leaders in this climate can rarely maintain high levels of popularity. It is one thing to lead in flush times, when resources abound, one’s mission is expanding, and the safety of one’s institution seems secure. It is quite another to lead during times of redirection of resources, redesign of systems, and reorganization of administrative structures.

Today’s leaders must be outwardly focused relationship builders, and they must be salespeople. This idea is abhorrent to many academics, for whom the idea of “selling” is anathema. But selling—or at least, pro-

moting—the mission of higher education to a broad set of constituencies is more important now than it ever was. Higher education needs allies. We need them within our health science centers, within the larger university, and among lawmakers. We need them among the setters of public policy and among allied professions—regardless of whose vision of higher education comes to pass. For this reason, I think the word “sales” is actually preferable to “promotion,” because “sales” implies an exchange of value, and it’s only by exchanging value that meaningful alliances are made.

This point is made by both the IOM<sup>4</sup> and the Pew<sup>9</sup> reports; the latter suggests that dental schools assist the profession by creating “adequately funded managed dental care partnerships between dental schools and their clinics and the emerging integrated health care system” while integrating dental education “more thoroughly with that of the other health professions.” But unless these and other potential “partnership entities” perceive a benefit to themselves, no such mutually enhancing developments will ensue.

The IOM<sup>4</sup> report further asserts that “dental educators have leadership roles that stretch well beyond the dental school.” I think this is true, and I think that fact must inform our cultivation of leaders for the foreseeable future. The manager who wants to simply focus on putting his or her own house in order is not going to be up to these challenges. A tendency towards “small picture” management, a wish to engage more provincially with localized problems are not the qualities called for now. There is much to learn from academic leaders in other departments facing similar challenges, and there is much opportunity to become involved in some of the broader issues that require resolution for everyone’s greater good.

The leader of the future will understand that substantive change necessarily involves “winners” and “losers.” Resources that are redirected are by definition taken from somewhere. So leaders must avoid focusing on narrowly defined, competing interests and pay attention to the larger, more enduring values. They must be guided by a strategic plan based on a solid vision and mission rooted in fundamental values. Otherwise, every decision will come under fire, and leaders will find themselves mired in controversy and ultimately paralyzed with respect to meaningful change. Dental school leaders, like university presidents, fail when “bold steps are beyond their reach,” when “their good ideas are easily ground up in the effort to achieve consensus,” or “because they are intimidated and retreat from leadership responsibilities.”<sup>11</sup>

Leaders doing the hard work of making difficult choices are often perceived by those most affected as the creators of the problems, in a sort of “shoot-the-messenger” phenomenon. The scarcity must be your fault. If you’d been a better fundraiser, if you’d been a better resource manager, if you’d been a better lobbyist, we wouldn’t have these problems. Leaders in tough times must contend with sabotage by those who stand to lose the most, as well as those who simply fear change and overvalue the status quo.

The “shoot the messenger” mentality is especially dangerous at this time, when converging needs for continuity and diversity are materializing. Women and minorities are arriving in leadership roles in many cases for the first time—and just in time to inherit untenable situations that require them to be the bearers of bad news. Unfortunately, some are stepping into minefields in which their leadership styles are blamed for the difficulties and the hard decisions being faced. It is important that leaders recognize this and point it out when it is happening.

I have long argued the need for a greater tolerance, and indeed even cultivation, of different leadership styles, and I have never been more convinced that this has become an essential issue for leadership in higher education. Demographic changes in our communities and the need for commensurate changes in how healthcare services are delivered demand that we attract, cultivate, support, and ensure the success of leaders who reflect that diversity. To do that, we have to accept differences in leadership style and learn to differentiate between style and content. It is essential that we find better ways of evaluating the end result, rather than assessing the “feel” or “tone” of a leader’s specific actions. Similarly, we need to find new ways of nurturing leadership so that mentoring doesn’t mean turning less-experienced aspirants into carbon copies of more seasoned colleagues following the long-established, traditional leadership models. On the contrary, we must help younger leaders to find and use their strengths, whether or not the result resembles past forms of leadership so familiar to us.

There is another reason for leaders to develop a facility with multiple leadership styles and modes. During tough times, it is difficult to predict what is going to work, because people adopt crisis modes of functioning and require different things from their leaders. A dean might have a proclivity, for instance, for collaborative leadership that worked well during easier times, and might imagine that her team-oriented, non-hierarchical style would serve her in all situations. What

she may find during a perceived crisis is that some members of her team freeze up and simply want her to tell them what to do. If she insists on being collaborative and tries to draw forth creativity and participation from people who are retreating in the face of a difficult decision, she could lose valuable time and sacrifice authority.

Today’s leaders must be immediately responsive to the cues around them and understand that, even for them, what has worked before may not work now. They must be prepared to jettison habitual ways of working and solving problems. They must be willing to forsake the familiar and the predictable for something new and different, for that is what they ultimately are going to ask everyone else to do.

A leader trades the right to participate for the responsibility to deliver. This idea is more complex than it might at first seem. It suggests that, for a leader, outcomes are sometimes more important than process. Making the decision to forsake the comforts of a traditional path, to live with uncertainty, setbacks, and new challenges, and to be guided above all by overarching common values are the actions that distinguish a “leader” from the implementers who must ultimately take their cues from the leader.

But a leader has the responsibility to deliver what? What can be considered a reasonable and acceptable outcome? If you help to broker a successful transition to a highly compromised virtual campus that rivals the market-driven mass media and publishing industries for vapidness, what have you done? Can you count yourself a successful leader? These are not only tough times, but dangerous ones. Technology is making raw, unfiltered information immediately and widely available, creating a kind of chaos in the world while simultaneously opening up vast opportunities and possibilities. There can be no doubt that higher education will change as a result. The essential thing is to guard against the very real possibility that “the dramatic nature and compressed time scale characterizing the changes of our times will drive not evolution but revolution.”<sup>10</sup> And we all know what happens to leadership during a revolution.

What are the implications for academic dentistry? This is hard to predict, but one possible scenario that seems to be looming on the horizon would have educational institutions serving as “access-to-knowledge” brokers. Dental schools may find that they do not “do it all” themselves, but rather orchestrate the educational experience, providing pieces of it and directing students toward the further acquisition of what they need from

other specialized sources—an educational model we are seeing more and more, particularly in complex interdisciplinary programs. As mentioned earlier, dentistry is ahead of many other disciplines in terms of its effective use of experiential education and individualized instruction. But there is a kind of provincialism inherent in academic dentistry, whereby each institution completely recreates the entirety of the dental school curriculum locally, and this model stands in the way of some innovative possibilities for leveraging resources.

Why not take the next step? A school that is particularly strong in periodontics, for instance, might train students from other schools, who would rotate through for this instruction. Or some part of this training might be offered nationally via distance learning, allowing other schools to cut back in this area. Academic dentistry could begin by sharing some of the didactic aspects of clinical education through the judicious use of new learning technologies. This is not so different from what some schools already do, when they “buy” portions of the basic science curriculum from their medical schools and other science departments. Under this scenario, it would be possible for schools to specialize more, share resources, and realize cost savings. Obviously, it would be a major departure from our current tendency to want to have cohesive and comprehensive programs, guided by a school’s philosophy of dental education, entirely within each institution. But current economies may be making this model untenable.

This brings me to the reiteration of an earlier point about leadership in the twenty-first century; that is, this leadership must be anchored in a renewed sense of values and mission, with the beneficiaries of our work—namely, our students—at the absolute center of our policy and governance deliberations. Unfortunately, in too many settings, we are down to protecting turf, and that simply will not get us where we must go. Witness what happened to the health care industry while reform was proposed and debated by federal policy makers. While that group and healthcare industry providers debated, the marketplace took care of the problem. The solution was managed care. Higher education could be next. We can go kicking and screaming, or we can do the hard work of measuring our activities against real social needs, and reforming ourselves accordingly.

Again, academic dentistry is in relatively good shape with respect to this particular challenge. The IOM report<sup>4</sup> found neither overenrollment nor an oversupply of dentists, given the level of need in the nation, and this is something that many other health profes-

sions cannot claim. In addition, the practice of dentistry has not been affected by the changes in health care delivery to the degree that medicine, nursing, psychology, and other health professions have been. Dentistry occupies an enviable position as part of “primary care” in the United States; most individuals regularly see a dentist and a doctor.

So, as a field, dentistry is well positioned to weather these changes, survive, and thrive, provided it doesn’t fail to read the environmental cues and remake itself accordingly as higher education is transformed.

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## Conclusion

No one really knows, at this point, exactly what higher education institutions will look like in the future, nor do we know how they will be organized or managed. We will be inventing them as we go. We can guess that they are likely to be extremely diverse, and will probably serve widely divergent purposes. People will choose education centers because of their distinctiveness in a particular area. Much as cable television ushered in a world of video “narrowcasting,” giving us channels for history, channels for real-life drama, channels for sports, and channels for news, we will start to see specialized institutions of higher education that fill specific niches, but at the same time partner with and exchange resources with other institutions.

As academic leaders, we must make sure that we center our decision making on considerations of mission in service to our “customers,” for therein lie the clues as to optimal route and destination.

We must suppress any personal need for popularity and for harmony. We are presiding during periods of rapid change and making hard decisions that engender fear and anxiety. While there is much that we can do to manage constituents’ negative emotional responses, we must not allow ourselves to be held hostage by them.

We must allocate time for relationship building. Public relations and public affairs work become hugely important in such times. And such work helps us stay abreast of the forces operating in other sectors, forces that inevitably impact higher education in one way or another.

We must note—and understand the implications of the fact—that as we approach the twenty-first century, the radical demographic changes that have taken place in the United States over recent decades will be-

come even more pronounced. According to a 1990 U.S. Census Bureau report, over one-third of the population will consist of racial or ethnic minorities by the close of this century. Right now, approximately 75 percent of new entrants to the labor force are women and racial/ethnic minorities, and this figure is expected to increase. We must mentor, support, and cultivate diverse leaders with different leadership styles. Our institutions are answerable to this demographically changing public. And we are otherwise in danger of losing the enormous talents—and alternative visions—of our non-mainstream constituents.

We must forsake the comforts of familiarity, seek out new ways of operating, and live with the uncertainty always involved in true risk taking.

Finally, we must be guided by a set of overarching and unassailable common values that can be embraced by those in a position to help or hinder.

If we remember that we are here, very simply, to meet the needs of a society that is desperate for ongoing access to knowledge, information, and educational opportunities, and we keep our eyes firmly on the desired outcome, we'll find ourselves creating the institutions of the future.

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