

# Reports from the Deans' Discussion Groups

Carol Aschenbrener launched the small-group discussions by asking the deans to focus on four questions: “The first question is to envision the future of dental education. Try to set the problems of today aside and think about what you would like dental schools to look like in the future. The second question is, thinking what you’d like the schools to be, what things hinder you from moving in that direction? What obstacles do you need to get around in the process? The third question is how to link that desired future back to your relationship with the parent university and to think about opportunities for strengthening that relationship. Then, fourth, we’d like you to think about how to implement your ideas.”

Brief reports from the five groups follow.

---

## First Group

On the first question, we concluded that dental schools should look like their parent universities. We should look at the mission of our university and, as much as we can, adapt to that mission through such means as integration and collaboration. We felt we could increase the emphasis on service, building on the concept of the dental school as the front porch to the local community, and we could also build up a research mission, though that part would be more difficult and time-consuming if it did not already exist.

Next, we asked: what can dental education do to improve our service mission? Service means many activities, but we were thinking in particular about health promotion, disease prevention, and consumer outreach. Among national strategies to help meet that mission, we recommend partnering with national organizations like American Association of Retired Persons (AARP), the American Cancer Society, Children’s Defense Fund, and other organizations. Consider, for example, that only 10 percent of patients get an oral cancer examination. By contrast, every woman knows the importance of Pap smears and cervical cancer examinations. Why don’t our patients demand the same thing for oral cancer? This is not an issue of blaming the profession or blaming us; it’s looking for partners to educate the consumer. And we saw a role for AADS in that.

Another recommended strategy is to pursue a variety of funding models to help us support this service mission. We saw a major role for AADS in that too. Consider that AADS’s recent role in explaining Medicare and GME reimbursement has helped many colleges establish residency programs to serve low-access communities; so can we look at Medicaid in the same way? We would also urge consideration of what’s been working in some states that other states might be able to adopt. In Florida, for instance, we get funding from the department of health to subsidize indigent care. That model might work in other states. AADS could investigate these issues and, where necessary, take the lead in trying to help change the legislation the way the association did on the GME issue.

In terms of strategies to meet the service mission, we had some excellent suggestions. Once a year the Oklahoma dental school has a major one-day dental screening activity in which they involve faculty, students, and local dentists. They get the governor to visit, and the event generates high attendance and valuable press and visibility. The University of Michigan offers a one-credit course in dentistry to undergraduate college students, with the objective of producing informed consumers. They’re also considering giving courses at a professional level to students in the other health professions. A number of schools, like Florida, also do community service projects. At the community college one night a month, local dentists, faculty, dental students, and hygiene students provide patient care for indigent patients referred by social service agencies. There are two messages here: coordinate these activities with local dental groups, but also hold them with other colleges in your health science center.

We wanted to put two other topics, unrelated to service, on the table as issues we’d like to see AADS pursue. One is improved data collection. We know our university administrators and provosts are going to start collecting this data, with or without us, to help them evaluate us and to help improve our quality. So we think the idea ought to be looked at by AADS. We also wanted to know what we can do in terms of federal loan-forgiveness programs for people willing to join faculties. Are there strategies that AADS could pursue at a federal level to deal with that?

---

## Second Group

Our vision of the future began with the trends toward administrative subsuming of the colleges of dentistry within the medical center. We know that the Harvard business school says an organization should have no more than four layers and that academic health centers allow the positions of chancellor and the medical dean to be combined. The consolidation of the dental school into a department of medicine has happened at two Canadian dental schools, and we think it might be a trend here as well. We also thought that, in the year 2010, there would be more dental schools than there are today and that new schools would be opening. It was my hope that a great American university would add a dental school and that we might experience what we had in the '60s—a reinvigoration of dental education by the opening of a new school with new ideas.

We thought, in addition, that we would have an increased number of dentists in 2010, but that number would not fulfill the personnel needs for that year. We envisioned as well increased pressure to use allied health in dentistry. It is happening in every other aspect of health care and we can only be immune for so long. We thus need to be positioned to use a physician's assistant-type professional or a dental nurse, largely because of the advancing demands of society and access to care issues. We thought, finally, that there would be fundamental changes in the patient delivery system and in the payment for dental care and that these factors were going to change what we do in the year 2010 very substantially.

In terms of our hopes for the future, we hoped that the new dental curriculum would include greater use of auxiliaries, would be more self-pacing, would be allowed to be less directive, less inflexible, and would allow for greater tracking of students through different careers in dentistry to provide a broader range of options. One group member said that we need to increase knowledge and decrease skill; another said we need to increase skill and diminish knowledge since knowledge is very fleeting, so we should instead develop a life-long learner who will know how to acquire knowledge. For example, there's the story in which an orthopedic surgeon is asked how he learned to mix the methylmethacrylate for this long bone fracture, and he said, "I read the package." It's very different from the way we teach materials, isn't it? So the idea of giving students more independence, more respect, more abil-

ity to track through the curriculum and be more self-directive is what we thought would change. We thought that the fifth year is coming and that we need to adapt for it, perhaps by diminishing the size of classes and increasing the AEGD program, as was done at the University of California, San Francisco. We expected indebtedness to increase, but felt that it must decrease. We also thought that specialty education is very expensive and that we are going to have less due to a number of changes, including decreased demand on the part of applicants and increased cost.

Next are the hindrances. It was mentioned that the negative self-image that some have noted at this conference is a hindrance, as well as the poor value sometimes given to fundamental oral diseases. The factors in the closures of schools are obviously hindrances, and we thought that elitism in the American university, particularly the prestigious private universities, is a hindrance because dentistry is not seen as an elitist profession. Other potential hindrances are the lack of external and alumni support and the aggressive positioning of medical centers and medical schools, because we'll always be competing for the same space with those institutions. We saw a lack of talented faculty and problems with faculty recruitment and retention as major hindrances that would prevent us from getting the human resources we need to succeed in the future. The cost of dental education is another hindrance, including tremendous unreimbursed or insufficiently reimbursed care that dental schools provide under our state Medicaid programs or self-pay situations. And the inflexible curriculum—the self-imposed demands that we've made on our students in creating a highly rigorous but also completely inflexible curriculum—is another hindrance that doesn't seem to want to go away.

Out of many options, we chose several ways to strengthen the relationship between schools and their institutions. The first one is to be a leader on the campus in presenting the vision of dentistry. Part of that plan is to develop comprehensive leadership programs that are career ladder-oriented and are not only for deans but for people developing in dentistry. Second was to closely align the dental school with the university's strategic plan and with other activities on the campus. We felt that we should have more interschool activities, including interdisciplinary education programs, such as the McGill program with the general practice residency and business school and other combined programs with other colleges. This kind of partnership should be both in educational programs and collabora-

tive research, and we should develop a research program that not only aligns us with the mission of the university but truly integrates it with that mission.

---

## Third Group

Our dental school of the future would be decentralized, getting away from the single campus that we have all known for so long and getting out into the community instead. It would be scientifically based; would emphasize critical thinking among students and staff; would be integrated with other components of the academic health center; would be devoted to community service; and would have an expanded curriculum. We expect to use more auxiliaries and to expand what we do as well. If we have solved the problems of dental caries and periodontal disease, for example, we should look to new areas in the head and neck arena that could be part of the dental curriculum. We expanded that point further to call for dentists being involved in more primary care than is currently the case, and to train our students better to provide primary care at the local level. We did not have a great deal of sympathy for expanding the curriculum in duration; yes, there are areas we need to know more about, but there are also things that we could eliminate.

What are some of the opportunities that we have? Certainly we have to mirror the strategic plan of our parent institution. If our university is a major research institution, for instance, and we are not doing research, we're going to get left behind. So we have to know what the direction of our university is and make sure we are contributors rather than takers. We also talked a good deal about developing external constituencies and relations with associations such as AARP and the diabetes foundation. Health foundations with patients who require dental care should be our absolute allies in emphasizing that dental care is as important as care of any other part of the body. That's an area we think AADS should be looking at much more closely. In general, we all need to be talking about the value of dentistry, and the contribution that dentistry makes, to our university and academic health center officials, our state legislatures, and the outside community as well.

Regarding implementation, we talked about such concepts as fostering collaboration with research and other areas of the university, promoting diversity, and securing resources from the private and corporate communities, including fundraising support from our alumni and other friends of the university.

At the national level, AADS can help us establish constituencies that would come to our assistance as we meet crises or simply affirm that the dental school is valuable to that particular group. AADS could also help us to sell dentistry as a legitimate area for scientific endeavor. Currently, if somebody has some money to put into biomedical research, they think of going to the medical school or the pharmacy school. Why shouldn't they be going to the dental school as well? We have not done a good job of selling ourselves as a legitimate area for support, and I think the Association could help us there. Another area where we feel AADS could be of value would be to model an assistance program for dental schools on the Service Corps for Retired Executives, which helps businesses that are new or under siege to become successful. We have a lot of very talented retired professionals who could be recruited on a volunteer basis to help schools trying to develop a research program or they might serve as an expert for a particular curricular program. And with the rapid expansion of technology, why shouldn't we be taking making our master teachers more available to schools that don't have anyone with that particular expertise? We would like to see AADS look into coordinating efforts such as these.

---

## Fourth Group

Contrary to one of the other groups, our consensus is that we don't want to become part of a medical school. But we do want to integrate, and we talked about what we would have to change to get where we wanted to be. Those areas of potential change include students, faculty, the curriculum, maybe even the whole paradigm of education.

The key part of our vision of the dental school of the future relates to being more of a primary care provider and much more medical in our approach. Among the hindrances we identified was that the profession itself is too comfortable with the status quo. Dentists are doing well now and don't want things to change. So if we want to change the whole educational process and output, we have the profession itself to contend with, and that includes entering students' expectations. We thought that funding will always be a big issue, as well as licensure issues because so much of our teaching relates to the need to acquire that license to practice. We spent some time talking about whether we thought the accreditation process was a hindrance and ultimately decided it was not. We thought that maybe

societal expectations were another hindrance, and we most definitely thought that some faculty attitudes were a hindrance to getting where we want the dental school of the future to be.

In terms of the greatest opportunities, we really got excited about the whole notion of the service component of the dental school and what it can do at different institutions. We felt that it was important for the leadership, i.e., the dean, to encourage dental school faculty to have confidence in their science, in their ability, and to be well respected in the university community at large. We wanted to see deans nominating these people for committee positions throughout the university, to give the dental school greater visibility. We thought that research collaboration and integration were important, and we cited several areas such as pain, craniofacial issues, and materials issues where dental researchers are really on the forefront. Outreach programs we thought were great opportunities, including potential involvement with the medical practice plan. We'd like to have dental care included in community clinics for primary care and women's and children's issues. And we felt that we need to involve our state legislators; we'd like them to visit and see what we're doing.

A key question for us was: what can dental education do to ensure that there will be a continuous pipeline of appropriately trained future faculty? We thought that you needed to begin by early identification of potential faculty, even during the applications process. Maybe we should be selecting people who say they're interested in working with teams and transmission of knowledge, rather than the ones that say "I want to be my own boss," which we see a lot on applications. Maybe those who have taught in the past, at the high school or college level, are candidates we should consider. Then, we felt we should enhance the notion of teamworking and problem-solving through curricular changes and faculty role modeling and mentoring. We'd like to see AADS lobby NIDCR to resupport the dentists' Ph.D. programs. We wanted to push beyond the basic science Ph.D. and look at Ph.D.'s in education and behavioral sciences as well.

We wanted to increase faculty development at all levels, not just at the leadership level. The AADS summer camp experience was cited as a very good model for leadership development and training, but we felt that faculty at all levels needed to have opportunities for a week of immersion in research techniques or educational instrument development, etc. Those programs also connect faculty with their peers nationwide that they can use for networking afterwards. We also think

we need programs for students who have shown interest in potential faculty positions. We felt that the development of supergeneralists as faculty—that is, generalists who are also Ph.D.- or masters-credentialed people who are true comprehensive care specialists and less procedure-oriented—would be more in line with the medical emphasis that we wanted to see.

We spent some time talking about what keeps our best and brightest going into private practice instead of into the academy. Everybody's obvious answer is always money. But we felt that, with some kind of revenue analysis that examined faculty salary and income benefits package values, perhaps the disparities are not nearly as great over a lifetime as everyone assumes. We'd like to find out if that is the case, and if it's not, we'd certainly like to debunk it so that we can attract more people into the faculty. The other thing that we felt was a major impediment was student perception of the satisfaction level and workload of current faculty. I don't know if we can do much about the workload, but certainly if we're not good ambassadors ourselves of what faculty life is like, then that's a problem. So we believe that a faculty retreat or conference, with a portion scheduled around faculty satisfaction and faculty as ambassadors to recruit future faculty, might be a way to address that problem. In terms of implementation, we thought we'd look right away at the admissions process in our schools, and we felt that the deans should go home and set aside a resource pool for sending students to AADS meetings to encourage them to think about a faculty career. Finally, we thought we could set up some teaching assistantships, so that those who are showing interest in education will be given a small amount of money and a large amount of prestige to encourage them.

---

## Fifth Group

First, we felt that the question was really: how can the dental schools promote interdisciplinary collaborations? Dental schools need to clearly understand the mission of the university and be involved with it and integrate themselves into the fabric of the university. We thus used interdisciplinary collaboration as the centerpiece of a lot of our discussion.

To support these interdisciplinary collaborations, we thought that the number one issue in most universities is research and scholarship. So to focus efforts on interdisciplinary research and themes that cross-cut seemed sensible. Probably our next best opportunity

was to be of service in the outreach area. We already do a lot of that now, so we can add value to the university as well as ourselves by taking credit for something we already do pretty well and expanding those opportunities. Third, we would encourage the introduction and expansion of interdisciplinary teaching opportunities, although those might be a little more difficult to pursue, given faculty resistance to reform.

The other things are more facilitative on the local level, starting with getting involved in the university's governance structure. We believe that having a strong public-government relations lobbying effort and being involved in legislative efforts are things that in today's world you just can't overlook. Getting to know your financial person is also key; those are people who can really make a difference in your life. In fact, all the people who make the university run day to day can help with your agenda, sometimes more than the people at the top because they're the ones that make it happen.

At the national level, we thought AADS should champion a look at the cost of education, certainly evaluating the student contribution to the financial picture along with GME and loan forgiveness. Our group was not as convinced as others that the cost of education and student debt to the mainstream student was severe. We don't see practices closing because of the financial burden; we don't see people not being able to

get loans from banks. In fact, the *New England Journal* ranked dentistry as one of the best educational investments you can make. But where the problem lies is at the fringes. It hurts us with minority populations and with those people who might become faculty members. There the disparities are big, and those are the people we need, so that does hurt us in the profession.

We agree that working with patient advocacy groups to encourage them to recognize dentistry is important, but also there's the point of view that we have more progress to make within the profession as well. For instance, the scientific basis behind sealants is well understood, but the only ones who do many sealants are the pediatric dentists. For a therapeutic regimen that has efficacy, why hasn't the rest of dentistry picked it up? The biggest movement in that case came, coincidentally, when the popular press started talking to women's groups and asking why kids aren't getting sealants and all of a sudden mothers are calling up the practitioners and saying, "Can my kid have some of those things painted on his teeth?" That started to move people. That kind of education both inside the profession and among the general public is critical.

We think that AADS can also help with licensure issues and with leadership workshops to help people learn how to manage in times of change. That would be very good for this profession.