

Panel Discussion

In this discussion following the first day of the conference, a panel of distinguished educators reviewed what they saw and heard among the discussion groups. Panelists were: Carol Aschenbrener, Independent Organizational Consultant and former Chancellor, University of Nebraska Medical Center, chair; Leslie Cutler, Chancellor and Provost for Health Affairs, University of Connecticut Health Center; Donald DeRosa, President, University of the Pacific; Nils Hasselmo, President, Association of American Universities and President Emeritus, University of Minnesota; Garland Hershey, Consultant to the Chancellor for Health Affairs and former Vice Chancellor for Health Affairs, University of North Carolina; Marian Osterweis, Executive Vice President, Association of Academic Health Centers; and Louis Sullivan, President, Morehouse School of Medicine and former Secretary of Health and Human Services.

CAROL ASCHENBRENER: With the aim of this summit being to reaffirm the value of the dental school to the parent university and to have you go back home with some strategies for how to increase that value, our panelists are going to share with you their reflections on what they saw and heard in the discussion groups today. Let's start with a question about value. Based on what you heard today, what do you think university executives value about the dental schools, and what aspects or characteristics of dental schools might increase their value in the eyes of university executives?

GARLAND HERSHEY: One way of thinking about dental schools as part of a university might be to think of a school of dentistry as a "front porch" to the university, an aspect of the university that has substantial public contact and substantial potential for public service. Thus they offer a way for university presidents to demonstrate to the people and legislators of their states what the university can do in a very direct, very tangible way.

LOUIS SULLIVAN: Among the panels I visited, I heard discussion of a number of strategies that would enhance the value of the dental school to the university. Included was the idea of the dental school as a source of curriculum innovation to be transported throughout the university—that the dental school should not be an island to itself, but a resource for the rest of the university, a source of initiatives and interdisciplinary teaching and learning. Another theme that I heard over and over again was that the dental school must be an institution that generates its own support because those dental schools that are most vulnerable are the ones that look to the university for subsidy.

DONALD DEROSA: A powerful point I heard discussed was the extent to which the mission of the dental school linked with the overall mission of the university. That discussion emphasized the importance

of the dean and faculty to recognize the priorities of the greater university and see just where the dental school's priorities mesh with those. As a university president, I will tell you that the dental school that I'm associated with does that exceedingly well. To give you just one example, we're looking as most presidents are to bring the best and brightest students to the overall university. The university's dental school, through the accelerated program, essentially can guarantee a student admission to the dental school as an incoming undergraduate, provided they follow certain rules and regulations and have certain scores when they're done. It's not an easy matter, but I think we had seventy applicants in our freshman class of 630 that were interested in eventually becoming dentists. And I would add that, in conjunction with the importance of linkage to the university mission, it is critical to then educate the president as to just how you are doing that.

NILS HASSELMO: I certainly have had reinforced today in these discussions the fact that, through a profession such as that of dentistry, universities have special opportunities to serve the public good in very specific ways. At a time when universities are challenged to demonstrate that they are truly for the public good and can contribute to society in specific ways, I think that schools of dentistry can be a great asset to the university in doing that.

LESLIE CUTLER: The point that schools of dental medicine need to be value-added to the university comes in a couple of ways, as I heard the university executives talk today. One is through their research mission where the research components of dental schools add very special value in bioengineering, materials, and some other unique areas. Then, there's public service, in such areas as meeting pediatric needs in dentistry in inner cities and rural settings; those services can be true value-added benefits to the communities and to the university.

ASCHENBRENER: Most of us who came out of some health professions discipline know that what we usually engage in is discussion—the purpose of which is usually to come to closure, to make a decision, embark on a course of action. That’s really in contrast to another way of interaction that’s called dialogue. The purpose in dialogue is not to come to closure but rather to explore new ideas, to come to a greater shared understanding, and then let that be the foundation for later discussion. I’d like to ask the panelists what they observed in terms of dialogue in the interactions and specifically what kind of behaviors they saw or what statements they heard that helped move the discussion forward, that opened people to think about new insights or to explore ideas.

MARIAN OSTERWEIS: I was actually surprised, in the sessions I sat in on, that almost all of it was dialogue. When somebody would start a line of discussion, the leaders would ask if anybody had a follow-up comment or occasionally would turn to a specific person. The deans especially were asking each other questions to get clarification or more detail. It seemed to me that perhaps not as much effort was made as could have been to engage the V.P.’s, the presidents, the provosts, the university folks. This was a wonderful opportunity to draw out the university folks, and in some cases it was done well and in others I think it could have been a richer discussion if that had happened.

HASSELMO: I think this has been a very valuable opportunity for administrators who rarely have the opportunity for dialogue, because usually in discussions it’s quite clear that within days if not hours you have to make a decision. That pressure tends to foreshorten the kind of analysis and exchange that you can have, so I certainly had the feeling that everybody relished the opportunity to have dialogue today. What I thought was very valuable was that there was a sharing of experiences, a sharing of experimentation, and even a rather frank sharing of the pros and cons of the solutions that had been attempted. It can be quite illuminating to see what others have tried and to gather results of those experiments.

HERSHEY: Particularly when generic questions were posed, I thought the discussion brought forward new ideas and new concepts. I think the participants did a good job of not falling into what is so easy to do and that’s describing “at my institution, we did thus and so.” That always occurs to a degree and sometimes that’s useful as well, but particularly today I think the more philosophical and more general kinds of ques-

tions that were posed were very helpful in generating new ideas and new approaches to some of our current problems. One example that really got me thinking was everyone’s seeming almost unanimous agreement that dental schools should very carefully and intentionally align our objectives and missions with those of our universities. My first thought was, well, that’s certainly true and I’ve certainly worked all of my professional life to do exactly that. But if you think a little bit more broadly and consider Peter Drucker’s view that, in twenty or thirty years, major universities will be like the dinosaurs, no longer significant institutions in this country, then a dental school or any other school that very consciously attempts now to align itself with that university might go down with the brontosaurus. If you spend your life rowing hard in the university’s boat, if that boat sinks, you may not be in a very good position. So I made some notes for myself to think about, if the eventuality is indeed one in which our universities are no longer what they are today, how can schools of dentistry advantage themselves now and in the future not to be harmed by that kind of a situation.

SULLIVAN: On the issue of dialogue versus discussion, I had a similar experience to Marian’s in the groups in which I visited. Certainly there was a lot of listening and recitation of challenges that one is facing in dental education. But I didn’t hear very much about potential solutions to the many problems. I’ll give you an example. In one of the sessions, there was a discussion about the fact that many alumni of dental schools leave the institution angry for a number of reasons, including having so many requirements of things they must accomplish prior to graduation and that these many requirements crowd out other opportunities. One issue that was raised was: since the curriculum is so crowded, what about the idea of a five-year curriculum? There was no discussion on that. Another item discussed was the relative lack of clinical income within dental schools and the way that the curriculum is structured with dental clinics losing monies. This was contrasted with the situation in medical schools—and I could add an editorial comment that it’s not quite so generous in the medical school environment either, I can assure you—but it was pointed out that there are funds that medical schools have from Medicare, the practice plans, as well as the research dollars and other streams. But those dollars are generally not available to support dental clinics or dental education. Of course, one raises the question: why is that? Well, those dollars are there for medical schools because Congress made a national policy decision in 1963 that support of

training of physicians was in the national interest to preserve and protect the health of the American people and a number of specific decisions followed to see that that occurs. As I listened to this discussion, I wondered whether there is a vision of developing a strategy to change the strictures in which you find dental education today—whether it's modifying the curriculum to allow more time, whether it's developing strategies for reimbursement not now available for dental care as it is for medical care. I would say that there was, on balance, a lot of discussion, but there were also times where closure was not reached about potential strategies to address the problem.

ASCHEBRENER: If you think about dialogue as a game of catch, the intention is to keep the ball moving. I was also there when the comment was made about the five-year curriculum and it was like somebody threw out the ball and it just plopped in the center of the room. And what you want to think about is what are the things you can say, what are the ways you can engage the other person, to try to keep that idea going, to understand it and to develop it more. In the discussion about the closure of dental schools, a phrase that came up over and over again was the issue of centrality to mission. How can the deans tell what the university executives are thinking about in terms of centrality of mission? How can they know where their schools rank in terms of centrality to mission?

CUTLER: The first thing is to open up the dialogue. There needs to be more discussion between deans of schools of dental medicine and university presidents and chancellors, so the deans better understand where the university is going to know how to help their schools of dental medicine align. That is not to say that dental schools need to change their missions, but they need to look to those points in the university's mission where there can be synergy. It often comes back to two things: the academic teaching mission, and the research mission. It's too often too easy for those of us running health centers to focus totally on how we are going to pay the bills through our clinical mission, and consequently to forget why we're here.

HASSELMO: I heard it mentioned a number of times that there is a perception that somehow the problems of dentistry have been solved by fluoridation, so maybe dental schools have a special problem as a result of the resounding success you have had in certain aspects of dentistry. Perhaps the breadth and depth of the health concerns represented in dental schools may not be known, and maybe there is a special need for advocacy and clarification of that role.

ASCHEBRENER: One of the issues that comes up is the question of culture: how similar is the dental school to the rest of the university? Are they really the same culture or are there significant differences? What evidence did you panelists see today of any differences in culture or differences in underlying assumptions that deans make versus university executives?

OSTERWEIS: I was surprised actually at how much in sync the dental deans and the university leaders were in terms of the basics—that is, what they consider to be the issues, what the concerns were, and generally an acceptance that of course dental schools were of value. But I did notice a lot of differences between at least the dean culture and the university administration culture. For example, one of the ways that the deans talk about the value of the schools to the university had to do with traditional values, traditional roles, and what they did yesterday or what they're doing today. What the university folks pushed for was: what are we doing tomorrow? So one of the things I noticed in several sessions and in several different discussions was a difference in orientation, on one hand, toward the past and the present and, on the other hand, the present and the future. That isn't to say that those of you who are dental deans didn't demonstrate over and over again things that you're going to do in the future, but your language wasn't future-oriented automatically.

I also noticed among the deans virtually no mention of boards of regents or whatever your governing structure is, whereas the university folks indicated on several occasions that they were thinking of that next level. So it may be an orientation that's a very obvious difference: you orient to who your immediate boss is, and yours might be the president or the vice president and theirs, of course, is the board. But again, in the way you think and in the way you present material, trying to think about what the next person needs to think about can be a useful way to bridge the culture.

In a third area, I saw in a couple of sessions the university folks pushing for data and the dental school folks talking more conceptually. It came out in questions like what are the data to show why some dental practice plans are successful and others aren't. Where's the data? Do you have it? And there were also questions about revenues and costs, and again it was university people who were pushing to know those things and the dental deans knew they needed to have that information but it wasn't what they talked about.

In a final area—and in a way this was the most surprising thing I learned and I don't know how wide-

spread it is—there was a lot of comment about the curriculum and how procedure-oriented the curriculum is and how, in order to graduate, dental students need to do a certain number of each kind of procedures. I think that is a very major difference with parent universities; maybe it's not such a major difference with other schools within the academic health center, but certainly different from the way you think about an English or history department. Even with the basic science departments, you're not learning a set number of procedures, and once you have them, you're out of there. This distinction was invoked by one person as a reason why it's hard to get dental students to think in terms of a more holistic approach to patient care and to community and all that. That seemed like a giant leap, and the dentists I know are very interested in community and whole patients, but the statement was made that the procedure-oriented curriculum gives the school a flavor and the students a way of approaching problems that may not be fully compatible with serving the community and whole patient needs. That's another example of a pretty dramatic cultural difference between the dental schools and the rest of the university.

HERSHEY: I would just add that there are times when we in dentistry tend to be too focused on doing things right as opposed to doing the right things. By doing things right, I'm talking about taking what we did last year, having a retreat and talking about how we can do it a little bit better this year, maybe a little less cost, a little faster; but still basically doing the same thing over and over each year. This is opposed to the concept of doing the right things—meaning, again oversimplified, considering that maybe what we did last year was totally the wrong kind of thing we should be doing, so we ought to toss that and head in a very different direction. The latter is much more difficult to do; it's not as tidy. But it seems to me that that's the way progress in education or any area of endeavor really occurs. It's interesting to me that many times the most successful schools are those that are most unready to change and move forward, particularly in times when the environment changes. They simply invoke their past successes, note that we've done this very well in the past, and thus why should we change in the future? Doing the right things versus doing things right is an interesting cultural difference, not necessarily between the dental school and the university but between a successful kind of environment for the future versus one in which the status quo is maintained.

ASCHENBRENER: The point is that differences in culture aren't bad or good or superior or infe-

rior; they just are. And the more you are aware of them, the greater the opportunity you have to really come to understanding with the other party or the other group. You also want to remember that, especially when you're dealing with significant cultural differences or differences in underlying assumptions, the meaning you send may be very different from the meaning received by the other party. Marian's example of data versus concepts is a very good one. I could imagine a conversation somewhere in which, after an exchange, the dean leaves saying, "Data! All they care about is the bottom line! Why do they always want data?" and the university executive is left thinking, "Doesn't he or she understand that we don't have unlimited resources so we have to manage tightly?" It's really important to check out meanings with each other. Next, I'd like to ask our panelists what specific actions they think either the deans or the university executives might be able to take to continue the dialogue at an institutional level.

DEROSA: In my own case, I am blessed by the fact that there's virtually no one between me and the dean. The provost is in the loop, but there's a lot of direct conversation between president and dean, so I receive a good deal of information regarding the needs and the stresses and strains of the dental school from the dean directly. And the same is true with me communicating with the dean: I let the dean know what is on the university agenda. That's good, but it has to go a step or two further. While we all bemoan having served on committees and other university-like functions, I urge the deans of dental schools to put their best people forward for committee assignments, particularly those committees that are going to select vice presidents and other deans. There's nothing, I think, that is more of a challenge today than hiring the absolute best people in the administration, so I think some discussion, conversation, about how to move that forward would be very, very helpful. You have terrific people working within your dental schools who can be very helpful to the wider university.

There is something also I picked up in here that is different between public and private. I found the conversation or two I heard about that most intriguing, in part because I labored in the public sector in my two previous assignments and now happily am in the private sector. There's a real difference there, particularly in what the senior administrator at the university is dealing with. In the private sector, typically, you have a board to help you and support you; they are there because they have some fundamental love of the institution. At universities, deans must also build very strong

advisory boards and keep them out of policy, but help them understand how to help your particular school, what kind of things are needed in curricular matters, what kinds of support are needed. You can help your overall university as well by having strong people on your advisory board that you may be able to recommend for the university board of regents or trustees at some point. The dean of our dental school presented a very strong candidate for our overall board, coming out of their advisory board.

So much depends upon the dean connecting outside the school to other constituencies. Truly, the dean is the only one who can do it. So one of the strategies that might evolve out of this is how does that dean become more prominent within the overall university and external to the university in ways that are beneficial and supportive of both.

CUTLER: I would add a few things that might be helpful. First, I think most universities find that dental schools and their dental leadership are quite good. At least where I'm coming from, both the dental faculties and the deans are important components of our institutions and what we seek is ways to improve that relationship. I agree that deans need to make an effort to understand what are the drivers for the university and their boards because all of us who are running an institution are looking upwards. We all have bosses. If you're in a public, you're driven not only by a president and a board, but a legislature and a variety of other things. As a dean, you are an advocate for your school, but that advocacy does not occur in a vacuum. You are a school within the total university and the greater organization with the public being a stake. You need to understand those and you need to do a very good job of explaining your needs to your chancellor or president. Some may have a misconception that a leader is one of these people who waves arms and cheerleads and has something called a vision, whatever that is. Those are important characteristics, but it is critically important to be able to understand the strategic actions and steps that must be taken to achieve that vision. You all as leaders must be able to lead your people to execute those actions. A lot of it is motivating those who are sweating in the trenches.

ASCHENBRENER: I'd like to ask each one of you very quickly, based on what you heard today, what do you think are the really key issues or really key implementation pieces as the group goes forward from here.

HASSELMO: It seems to me that one of the dominant themes and a very fundamental issue was that

of integration: how the dental schools can be integrated into the university. This is my single suggestion: integrate. And I would follow up and say, if necessary, infiltrate and even ingratiate. Certainly, this has been a dominant theme in this discussion. From the perspective of the dental school, it's a matter of being sure that the school is part of the university's service to society and that dental schools must not only be, but must be seen as being, part of the intellectual agenda of the university. From the perspective of the university and from university administrators, I believe there is no question but that such administrators and presidents want the dental schools to be an integral part of the university.

The expression of integration, of course, comes in many areas. The way dental schools can feed into the basic research profile of the university is of extreme importance, because that is where the university will make its investments in facilities and instrumentation and support staff. Integration of education is also very important. In the discussion I heard, there seems to be a feeling that an interdisciplinary approach was easier in research, although certainly not without its complications, than in education. But I think there is a real challenge of integration also at the educational level. And I did hear some suggestions for how that can be done, for example, in a clinical educational program, where coprofessionals from the health sciences and perhaps even outside the traditional health sciences will be taught in a clinical setting that is similar to the kind of setting in which they will be working in the future.

But certainly integration also has to do with outreach and the way the dental school can be part of a multi-pronged outreach effort of the university is essential. And the dental school also can be integrated in terms of legislative relations, alumni relations, as we have heard, fundraising, where it is important that the dental school be a team player within the university rather than an end runner that plays its specific kinds of leverage at critical situations.

No one seemed to think that it was easy to achieve this kind of integration and there were discussions of how you drive that kind of integration. It was, of course, emphasized that there have to be initiatives from various administrative levels, even from the level of the president, certainly in the health sciences within academic health centers from the vice president of health sciences, from the dean. But there was also a strong emphasis that successful efforts at integration required faculty participation and that, where faculty initiative

can drive the integration, it is more likely to succeed because there are so many discipline-specific issues and personal factors of collegiality that will enter into the success of such efforts. There seemed to be a split between feeling that the faculty can be and should be the initiators, but also that faculty can sometimes be a conservative factor and an obstacle to those particular efforts.

DEROSA: I would just agree: integrate and ingratiate.

CUTLER: It's hard to do better than that, but I would pose it in a series of two or three questions. I think dental schools need to ask themselves: what can we do to be real partners with the greater university? The leadership of the university needs to ask itself: if that partner steps to the plate, what are we willing to put on the table to encourage that partnership? I think if each of us looks at our institutions, we will find that there are many positive things and by going back to those positive things and asking the questions what did we do right? why did this one succeed? and then replicate the right things because that's the easiest way to get success.

SULLIVAN: I think what I'm going to say has really already been said, but let me say it in my own words. To develop better relations between the dental school and the rest of the university, dental schools must work to develop shared vision and values with the university and do it consciously every day. In several of the panels today, I heard references to the "central administration." My thought is that the leadership of the dental schools should work, if they're not already part of the central administration, to be *part* of the central administration of the university. They must work to be part of the decision-making process that the president and his or her colleagues have, to open the university to the outside world as well as to communicate within the university itself. It should not be "us versus them." For a truly successful dental school, leadership should be part of the thinking of the broad university, and the leadership in the dental school should also see itself playing the role of statesman to the outside community for the university.

OSTERWEIS: I think the other opportunity is to think more collaboratively in terms of the other schools in the academic health center. One of the things that struck me in listening to the conversation today was that the dental schools can take more of a leadership position within the academic health centers to convene the schools other than medicine. There are a lot of conversations about how the medical schools are

different, or don't want to talk to us, or in some cases we're seeing changes in the way the academic health centers are structured so that medical schools and the clinical operations are off under a V.P. for medical affairs but that leaves all the rest of the schools to work together. That situation may provide some rather interesting and unique opportunities for dentistry to take the lead among the non-medical schools and then you can work together to integrate further with the university.

HERSHEY: The one suggestion I would make is really a process one and that is that each of us, whether a dental school dean or an administrator, take back to your home institutions the issues that we discussed today, some of the questions that we discussed, and share them with one or two of your younger potential leaders in the dental school or in the academic health center. One of the things that came up today in several of the groups was the concern that the people at this conference are really not replicating themselves or the environment is not one in which leaders are being developed. One way to do that is to begin to identify young individuals who you believe can become leaders of this type and, through sharing some of the contents of our discussion today, begin to get them thinking, take them into your confidence, take them to meetings, and help develop that next generation of leaders that we've talked about today.

ASCHEBRENER: Thank you. Now we'll open it up to the floor.

MIKE REED (AADS President, 1997-1998): Most assuredly, I don't think we came along to this meeting today from a position of concern about our role in the university. I personally didn't conceive this idea because I thought we were in a state of jeopardy. I conceived the idea because I really wanted to find out whether we could reaffirm our value, and I find that some of the things that arose in the discussions today have given me a great deal of satisfaction and pleasure. In particular, one of the issues relating to your perception of the role of the dental school as a statesman for the university in the community. I think that's a beautiful example of reaffirming our value in the university.

AUDIENCE MEMBER: I wanted to raise an issue related to Dr. Hershey's comment about leadership. In our group discussion about future leaders, we came to the rather pessimistic conclusion that it's in the genes. You're born a leader; you can't make a leader. But we also came to the conclusion that there were opportunities by exposing people in our institutions to

what the issues are—things like the week-long AADS workshop and the year-long fellowship in Washington studying educational issues—and I would think that one of the action items that might come out of this meeting is to look at partnerships between groups like the Association of Academic Health Centers, the Institute of Medicine, the American Association of Dental Schools, and you as university leaders to create more opportunities for that kind of development within our faculty back at the institutions so that they, in fact, can become the future leaders. I'd love to see that as an action item that comes out of this.

HERSHEY: That's certainly an outstanding suggestion, but I think it's important not to think in terms of relying on some external kind of organization or intra-organizational sorts of relationships as the solution. That's one approach, but the other one really is the very personal one of each of us going back to our institutions and involving our younger colleagues in some of these issues. And indeed, as part of that, indicating that we value those sorts of discussions, that people who can do those sorts of things are respected, are listened to, have some stature in the community. That would be extremely useful.

ASCHEBRENER: I think leadership is like athletic ability: very few people are born with the capacity to be Olympic stars, but almost all of us can learn how to do something athletic with a little good coaching and a lot of practice. Leadership is the same way. Yes, some people seem to have innate abilities to take up the skills and the perspective more readily than others, but everyone can improve their ability. Those people who study leadership say that there are really four key components. The first is knowledge: knowledge of self, first of all; then of others and the context. It's that continued learning to widen the context that's critical. The second is attitudes—about the world and about the people with whom they interact. The third is a specific set of skills, and everyone can learn those, with the possible exception of vision. And the fourth one is practicing all of those. It's not enough to have the opportunity to learn them from a mentor or from a course, but they have to be put into practice. That's where so many of the leadership development experiences fall flat: they don't provide the opportunity, the reconnection that Garland suggested back home, with people getting the opportunity to use what they've learned.

OSTERWEIS: Regarding the suggestion of linking up with the Association of Academic Health Centers, I hope I'm not speaking out of place by saying

that we'd be happy to entertain ideas that you might want to bring us and also to remind you of something that you may or may not be aware of. Starting about eight or nine years ago, we started a forum with dentistry, a link between AADS and AAHC, where typically AADS would bring in its leadership group of deans to meet with a group of six or so of our folks, that is, V.P.'s for health affairs or their equivalents. What it provided was an opportunity for a group of deans to sit down with a group of V.P.'s who were not their own V.P.'s typically and air issues and share ideas. And similarly for the V.P.'s to talk to a group of dental school deans who were not their deans, where they might also be able to share in a different sort of way. Most people found those meetings extremely valuable. It was a good opportunity to share concerns, to share developments, and to give each other a heads-up in terms of what was coming down the pike.

AUDIENCE MEMBER: One of the things that struck me and struck me well was the statement that, while university administrators think of the future, dental deans do not. And I think all of us here as dental deans need to be challenged by that statement because certainly we do need to think about the future. I'd like to quote Tom Peters who says, "The old say, if it ain't broke, don't fix it. But the new say, if it ain't broke, you probably haven't looked hard enough, so you'd better fix it anyway." So maybe all of the deans here need to listen to the statement about the future and start fixing things for the future.

AUDIENCE MEMBER: I couldn't help but be stimulated by someone's comment about Medicare reimbursement; and I wonder, if organized dentistry hadn't declared that dental care wasn't part of general care back then, what scenarios we'd be playing out now. But one of the issues that came up in the workshops I attended was the problem with level of indebtedness, whether it be a private or public dental school graduate. How do you on the panel recommend the AADS or organized dentistry move ahead to try to achieve some level of debt forgiveness to create a faculty for the future?

SULLIVAN: That's a major challenge and, as I see it, it would require a sustained effort. The Health Manpower Act of 1963 came about because several reports on physician manpower training in the country served to, first of all, educate the public and our legislative leaders and, then, urged action. The action, of course, was that the federal government should underwrite support for medical education. As you know, this drove the burst of new medical schools that started in

the late 1950s and went until 1981, so that now one out of every three medical schools in the country had its origins during that time. That action did not occur in a vacuum. It means there has to be a commitment to advocate for it and a multi-year effort. It's not something, in my view, that's going to occur simply with one action or one report, particularly with the national pressure on restraining health care costs. There's never a propitious time to do this, but the other side of the coin is that we now as a nation are facing a budget surplus going forward for many years to come. The argument, it seems to me, can be made that, now that we no longer have the demands of the Cold War and other demands that have used our national resources in the past, now is the time to invest the dollars in improving the health of our people, especially with the demographics that we have pointing to a rapidly aging society. Part of the strategy would also be aligning ourselves with friends and allies. AARP, for example—now that's an 800-pound gorilla that the Congress listens to because there are 35 million voters as part of that. You'd need the data to show that investment of dollars in dental care will result in improved health as well as saving dollars downstream, whether those dollars saved downstream are dollars that would be spent on addressing nutritional deficiency or other conditions that could be prevented by appropriate dental care early on. I could envision such a strategy, but it would have to be an organized, multifaceted strategy over a period of time.

AUDIENCE MEMBER: I wanted to follow the question on leadership with a question about dental leadership, which is going through a lot of transition right now. I was counting a couple of months ago that, since I signed my contract in May of 1995, I think there are thirty deanships out of the fifty-four where there's either a new dean or a current dean who has formally announced that they're stepping down. That seems to me a tremendous transition, and I'd like to ask the panel for any advice as to how we can shepherd this process with all of us sort of rookies trying to lead the national

profession and see if you have any comments or suggestions or pitfalls we might want to watch for.

DEROSA: One matter in particular that I heard raised was the importance of having folks around the dean—associates, all of whom might aspire to be dean, and bringing the strongest faculty into administrative positions within the dental school. I think that's good advice for any academic unit, but I didn't realize the stress that exists within the field—it's probably only topped by university presidents turning over.

SULLIVAN: A couple of decades ago there was also a very rapid turnover in medical school deans and the Association of American Medical Colleges developed a seminar, a course, for new deans. Most people who become dental deans do so because of their reputations in research or teaching or clinical care, but they don't have the administrative experience, the knowledge of how to read a balance sheet, do conflict resolution, etc. The purpose of the AAMC's seminar for new medical deans was to give them some skills to anticipate and address many of the problems they face. I'm sure there would be many differences, but many problems that dental deans face—funding, faculty conflict, curriculum revision, dealing with various constituencies—would be similar, so I would think some effort such as that might be helpful.

ASCHENBRENER: One of the things I'd add to that is to find yourself a support network. At the dean's level, it almost has to be outside the institution, but find one or two wise heads you can listen to periodically, to have them listen to you, bounce ideas off, give you some suggestions.

RICHARD VALACHOVIC (AADS Executive Director): This has been a stimulating discussion after a lot of dialogue during the day, and we're very grateful to all of you for participating and being as honest as you have been.