



A Monthly Newsletter from ADEA Executive Director Richard W. Valachovic, D.M.D., M.P.H.

In this month's letter, Dr. Rick Valachovic, Executive Director of the American Dental Education Association, reports on a landmark ADEA effort to revamp the way we prepare future dentists for 21st-century practice.



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Commission on Change and Innovation in Dental Education

Just about everyone agrees that changes are needed in what we teach in dental schools - the great influx of new knowledge in our profession and the challenges we face have made this change absolutely necessary. The connection between oral and systemic health, genomics, salivary diagnostics, proteomics, bioinformatics, dental implants, and the needs of underserved populations are some of the candidates for the new must-know list.

Just about everyone also agrees that changes are needed in some of the ways we teach. "Tell them again louder" pedagogy is not going to produce a generation of learners who take responsibility for their own learning throughout their lifetimes. These are the professionals who will need to evaluate and incorporate the even newer knowledge that will never stop coming through the pipeline, including new materials, techniques, and procedures.

Thus, the task, most briefly stated: change what we teach and how we teach and make it work. And that's why we have the ADEA Commission on Change and Innovation in Dental Education (CCI).

Here's a little background. In 2004, the ADEA Board of Directors identified curriculum development and design to meet the changing needs of oral health care as one of the Association's strategic directions. In 2005, then-ADEA President Eric Hovland created CCI to lead and coordinate ADEA's efforts to help develop curricula for the 21st century. Dr. Kenneth Kalkwarf was appointed Chair of the Commission, and as current ADEA President, he continues to lead the ongoing work of CCI.

Many have observed that "It's easier to move a cemetery than to change a curriculum," as Dr. Kalkwarf noted in his 2005 *Journal of Dental Education Perspectives* article. He continued, "What is lacking in most proposals for innovation is a single Archimedean leverage point by which to shift the entire system."

The dental education system includes not only educators but also representatives of accreditation, national board testing, licensure, and practice. These are the major groups essential to systemic change. When ADEA called on the Commission on Dental Accreditation, the Joint Commission on National Dental Examinations, the ADA Council on Dental Education and Licensure, the ADA Board of Trustees, and the American Association of Dental Examiners to participate in an unprecedented meeting almost two years ago, we found them all primed for change and ready to work together. And we found the point of leverage: development of a new "Competencies for the New General Dentist."

This document, which now has been drafted by a task force of the ADEA Council of Sections, identifies 37 competencies within six domains: patient care, health promotion, practice management, professionalism, communications, and critical thinking.

Unlike the 1997 version, this document eventually will link each competency to the foundation knowledge that makes achieving the competency possible and that defines dentistry as a learned profession. Let me give you one example. No one doubts that dental school graduates must be competent to prevent and manage pain and anxiety in the dental patient. But on what specific scientific knowledge is that competency built? That is what our basic and clinical science programs should be teaching to and the test developers should be testing for, using best practices in education, curriculum structure, and performance evaluation.

While work goes on (with input from all stakeholders) to define and refine the competencies and the foundation knowledge, let me tell you what CCI is *not* doing - it is not trying to develop a national curriculum. We are well aware that curricular emphasis at a research-oriented facility where most dental graduates go on to advanced education will not be the same as it is at a dental school whose graduates go immediately into practice. Mission makes a difference.

That said, at every dental school one important reality goes beyond and envelops competencies and foundation knowledge. Dr. Richard Weaver, Acting Director of our Center for Educational Policy and Research and our point person on CCI, calls this crucial element the "hidden curriculum" of educational structure, methodology, and environment.

This hidden curriculum, he says, contributes to and largely determines the skills, attitudes, and behavior that students take into practice. Failing to attend to the hidden curriculum can put the brakes on changes sought through redefined competencies and related knowledge bases.

That's why a CCI subgroup is now working to package the "Competencies for the New General Dentist." In efforts to effect systemic change, this subgroup wants curricular structure, educational methodology, and dental school environment to be just as important as revisions to curricular content.

Because we believe that the work of CCI is important to the future of dentistry, we have devoted a major section of our [website](#) to it. Click on Commission on Change and Innovation and you will find basic CCI information and updates as well as resources for curricular change and innovation. I particularly recommend an informative [interview](#) that our *Bulletin of Dental Education* did with Dr. Kalkwarf about how CCI got started.

CCI met again just last month to continue its work. For more information on CCI's progress, please see the lead article in the [August 2006 issue](#) of the *Bulletin of Dental Education Online*.

From our current vantage points, none of us can truly see the shape of our profession 50 years from now. What we can be sure of is that there will be change, there will be innovation - and cutting-edge technology will make its way into dentistry. I learned recently that this kind of technology transfer has been going on since the Stone Age, when proto-dentists used bead-making flints to drill therapeutic holes in tooth enamel. Paleontologists found this earliest-ever evidence of dentistry not long ago in Pakistan. You can read the story on page 755 of the April 6, 2006, issue of *Nature*, the international science journal, and you can read the editor's summary at <http://www.nature.com/nature/journal/v440/n7085/edsumm/e060406-02.html>

As the landmark work of the Commission on Change and Innovation goes on, it is good to take the long view. We need to remember the pressing human oral health needs that have existed since prehistoric times and that today call more forcefully than ever upon our profession to help and to heal.



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P.S. Online registration for the ADEA Fall 2006 Meetings (the Diversity and

Access to Dental Careers Conference, the Second ADEA Advanced Dental Education Summit, the AFASA Meeting, the Council of Faculties Interim Meeting, and the Council of Students Interim Meeting) is now open. For programming and registration information, visit <http://www.adea.org/conferences/FallMeetings/>

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