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, considers the role new dental schools can play in promoting best educational practices.

## Opportunities Abound for New Dental Schools. How Will We Seize Them?

New schools can move the profession forward.

Since I wrote to you about this topic a little over a year ago, most of our institutions have experienced some significant belt tightening in response to the economic downturn. Yet despite the difficulties facing higher education for the foreseeable future, the desire to create new dental schools remains strong. Five are in the



There is a trend here without question, but a trend will not put controversy to rest. Stakeholders within and outside our community fear new schools may become "factories" for producing clinicians ill prepared to keep pace with developing science and the demands of evolving delivery systems. Skeptics even challenge the notion undergirding most new school initiatives: that producing more dental graduates is the key to solving the problem of access to care.

Are these worries legitimate? Are they overblown? We may not have definitive answers to these questions, but can we move beyond the controversies surrounding new schools and seize upon the opportunities they provide us?

I recently ran into Dr. Jim Koelbl in La Jolla, California, and solicited his thoughts on these matters. As Founding Dean of the Western University of Health Sciences College of Dental Medicine (WesternU), Jim is on the front lines in this debate. WesternU's dental education program just received initial accreditation, and its inaugural class of 72 students began its orientation and classes this month.

"There are concerns in dental education and in dentistry that new schools will be nothing more than training centers for producing clinicians," Jim acknowledged. He thinks there's some validity to these concerns, but he believes the more important question is, how can new dental schools move the profession forward?

This question is being asked by the <u>ADEA Commission on Change and Innovation in Dental Education</u> (ADEA CCI), and here I think some consensus has emerged about how we should prepare students for 21st century practice:

- Teach them to be lifelong learners capable of adapting to the rapid evolution of scientific knowledge
- Provide more training in community-based settings that expose students to the populations most in need of care
- Teach them to collaborate across the professions in preparation for working within the delivery systems of the future

One of WesternU's central goals is interprofessional education and producing clinicians able to work in collaboration with other health care professionals. According

to Jim, a common campus-wide block of time has been set aside for students and faculty from every program to participate in interprofessional education, and a pilot case study program specifically highlights interprofessional issues. These simulated patient cases will be used during the first year to introduce students to issues in health care and how to discuss them with their collaborators. An interprofessional clinic is being built in WesternU's new Patient Care Center, where students from all nine health professions programs and their faculty mentors will diagnose and treat patients with complex health care needs.

The 2009 Dental School Curriculum Format and Innovations Survey recently conducted by ADEA and the Academy for Academic Leadership (which will be published in the Journal of Dental Education later this year) indicates that interprofessional education, community-based clinical education, and teaching strategies that encourage students to become independent learners are gaining ground. Nevertheless, 51% of preclinical content is still delivered in conventional ways that do little to prepare students to be lifelong learners. Perhaps new schools have an advantage when it comes to the ease of implementing a fresh approach to the curriculum.

Jim tells me that at WesternU, the concept of patient-centered care will guide the curriculum beginning in the first year. "The whole curriculum is built around patients. The cases will grow in complexity as students move from hypothetical patients in the simulation clinic into the Patient Care Center with live patients."

Jim has also made a commitment to hiring research-oriented faculty. Two of the ten faculty members hired to date hold Ph.D.s in addition to dental degrees. They are responsible for making sure that all students learn research methods and gain some research experience. In this way, WesternU is emulating a best practice of established schools housed in older health science centers.

Indeed, many of our older institutions have both embraced and pioneered many of the practices newer schools are adopting, but Western's experience seems to validate the notion that starting with a clean slate makes the wholesale embrace of innovation a lot easier for new schools than for established ones.

The <u>Arizona School of Dentistry and Oral Health</u> (ASDOH) became the first of this breed of dental schools when it opened its doors in 2003. The school is credited with fostering an environment where change is an integral part of everyday life.

"It's a very dynamic environment," Dr. Maureen Romer, Associate Professor and Director of Special Care Dentistry, tells me. "Faculty have a lot of latitude in designing their programs. We're learning all the time. If something's not working, we try something else."

New schools are also trending toward community-based education. At ASDOH, fourthyear students rotate between Community Health Centers and clinics associated with the Indian Health Service and Veterans Administration. WesternU has hired an associate dean for the purpose of developing community sites so that all students can spend at least one half of their senior year in community settings.

This trend may soon be carried even further in Maine, where the <u>University of New England</u> (UNE) has proposed creating a new dental school with a community health focus on its Portland campus. The school would utilize UNE's campus clinic and extensive on-site simulation program to develop clinical skills, then place students in community health centers starting in their third year. Akin to a medical residency, six to ten months of the fourth year would be spent at a single health care institution. This approach serves multiple purposes: improving access to care in a state with a severe shortage of dentists, acclimating students to practice in the rural areas where oral health providers are most needed, and fostering relationships between students and potential employers.

The culture of these newer institutions may also have ancillary benefits. At a time when most dental schools are struggling to recruit and retain faculty members, it's interesting to note the appeal some of the newer schools have for younger academics who find the schools' inclusive and collaborative spirit welcoming. This was certainly the case for Maureen, when she was asked by ASDOH Dean Dr. Jack Dillenberg to join the faculty three years ago.

"When I heard what Jack Dillenberg was planning to do, it changed my thinking about going into academia," she told me. "Our students, faculty, and culture differ substantially from what I experienced as a student. People are valued for their uniqueness, the faculty and students all know one another, and we're more in tune with the ways students learn." If Maureen's experience is any guide, people in their 30s and 40s can thrive in less traditional academic environments and may be drawn

to them as a result.

So where do we go from here? In Jim Koelbl's words, "We've been talking about change for almost 100 years. Let's use these new schools as learning laboratories: implement the best practices, document what we do, measure the outcomes, and see what works and what doesn't." Sounds like a plan to me.

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## **American Dental Education Association**

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