President-elect’s Address

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This address by the 2006-07 President-elect of the American Dental Education Association was presented to the membership on March 17, 2006, in New Orleans, LA. Dr. Swift is Director and Professor, Division of Oral and Maxillofacial Surgery, University of Minnesota School of Dentistry.

Ladies and Gentlemen, Colleagues and Friends, Teachers, Administrators, Professors, Researchers, Students, Lifelong Learners, Consumers of Knowledge, Clinicians, Practitioners, Businessmen and Businesswomen, ADEA Staff, Role Models: It is with great anticipation and significant humility that I address you today.

As I stand here, I know many of you. But with Open Membership and the expansion of our membership, I am not sure that all of you know me. I want you to know me better. I will take this opportunity to tell you a bit more about myself, my experience in the American Dental Education Association (ADEA), and what I feel to be the future of our Association.

I am proud to be a dental educator. Foolish to be a dental educator some would say. But each and every day I count my blessings and good fortune to do what I do.

I was inspired by my parents, who were hard-working, honest, probably not as strict as I want to make you think. Certainly, there had to be collaborative effort to be able to survive day-to-day life in the Swift household.

I picked dentistry from myriad professional possibilities in health care. It is probably more correct to say that my local school, the University of Iowa, picked me. And I am so very glad and thankful that they did. They gave me opportunities and options. I was able to spend six months as a dental exchange student at the dental college in Aarhus, Denmark. I gained a respect for dentistry outside of my own environment. I learned many things, but most of all I gained more respect for the profession of dentistry and also the profession of education.

On to a GPR and then Oral and Maxillofacial Surgery (OMS) training. Residency is a prime example of problem-based, small-group learning. It was truly learning while doing. I garnered more respect for dentistry and education.

When I had the opportunity to join the faculty at the University of Oklahoma in the Department of OMS, I took it. I have never looked back. At the University of Minnesota, I continued to have opportunities and options. I have benefited from exceptional leadership and collegiality from dean on down. It has been a most worthwhile experience.

My life as a dental educator continues. I am a dental educator. It is a very demanding profession. I am a teacher and a dentist. I am a surgeon and a manager. I am a researcher and a mentor. I am just like you.

I cite this list of responsibilities and obligations not as an accounting of my career as a dental educator, but to remind you of the great number of opportunities that we have as a result of our chosen profession to make a difference in the world. I truly thank you for your continued service.

I have a long-term commitment to ADEA, formerly the American Association of Dental Schools (AADS), as I was active in our Association as a dental student. I was one of the University of Iowa representatives from 1977 to 1980 and was elected vice president of the Council of Students in 1980. I had a different hairstyle and a mustache, and you probably could not tell it was me if you saw the photo. But that experience gave me a unique perspective as I have seen this Association develop over that twenty-five-year time frame.

I recall our annual sessions being constructed similarly to what they have been in the recent past—associated with the International Association for Dental Research (IADR) or the American Association for Dental Research (AADR), with some similar educational venues. There was considerably more governance associated with the meeting. There were fewer worries about funding and faculty. We made concerted efforts to improve dental education for all involved. Even though the structure of the Association was similar to what it is now, there is no question that there was concentration and focus.
on predoctoral dental and dental hygiene education at the accredited schools of dentistry. The focus was on U.S. dental education. There was little diversity of the students and faculty. In my dental class of ninety-six students at the University of Iowa, there were five women and two African Americans. There were no international students. We did have goals of increasing diversity, developing faculty, and evaluating curriculum. There were, however, fewer crises as I recall. But, of course, that may have been an age- and experience-related perspective. There were only a few dental schools with student representation at the meetings. It was a challenge to have any continuity due to the fact that, for most students, dental school was only a four-year experience.

I had a hiatus for several years from AADS as I was developing as a faculty member at the University of Oklahoma and the University of Minnesota.

I became involved in AADS again in the 1990s. It was apparent that the winds of change were blowing in regards to dental education. We had reports from learned groups advocating for some changes in anticipation of the future. Yet, at the same time, many parameters of dental education had remained the same. Some of the same problems existed. And new ones had developed.

The AADS was addressing the issues and made some changes. There were proposals for restructuring of the entire association. Some of those proposals were adopted; others were not. But the most significant and important proposed change did take place: the Association’s name change from the American Association of Dental Schools to the American Dental Education Association was monumental. With that name change, there was a significant recognition of the breadth of our responsibility as an organization. The attitude and focus of the Association changed to embrace all facets of dental education with a recognition that much of dental education is rendered outside of dental schools. Academic dental institutions were also hospitals and health care centers and community colleges. This action galvanized the concept that there was one association that addressed all issues across the spectrum of dental education. And there was now One ADEA.

From my personal perspective, at the time being a chief of the dental service at my hospital and director of an advanced dental education program in oral and maxillofacial surgery, ADEA had much to offer and even more potential to help me with my training program. ADEA was responsible for the coordination and execution of an extensive advocacy effort for the funding of advanced education programs in dentistry. An example of the impact of ADEA was the collaborative meeting held in Baltimore last December. ADEA members representing many of our components came together to receive information, discuss common issues, establish consensus on many issues, and share ideas. This gathering was representative of the impact and effectiveness of your Association.

And then the bold stroke of the Open... Wider... Campaign. Expanding the membership more than six times the number that existed previously has extended the profile and credibility of the Association as the voice of dental education.

I place a lot of stock in the old adage that “there is strength in numbers,” and to that end, the ADEA staff have been gradually developing guidelines for their internal performance that they have dubbed “One ADEA.” They are now ready to expose One ADEA to a brighter light—to the scrutiny of all of us in ADEA, and it is my honor to talk with you for the first time about One ADEA as an external way of branding ADEA. The purpose of One ADEA is to clarify how we think about ADEA—to reinforce the fact that ADEA represents all of us in predoctoral, allied, and advanced and dental education. Our views may differ on the small things, and One ADEA reminds us that those are the small things. So over the next few months, you will see the One ADEA campaign unfold; it includes a number of marketing tools that will present ADEA as the first resource for every facet of dental education. I’m proud to announce that we are ready to launch this external campaign, and you will hear more about it from Rick Valachovic.

To signify the alignment of the ADEA brand, we have developed a revision of our ADEA logo, and I have the honor of displaying that for the first time. You can see that it is a crisp representation of the logo that we have grown fond of. It will slowly be incorporated into everything that ADEA does. It reminds us of One ADEA and the strength that our numbers bring us, regardless of our discipline.

There is one ADEA that represents all of the components of dental education and is expanding its influence both at home and abroad. Our efforts will continue to have an impact on dental education worldwide.

It is important that we follow through with our efforts to completion. Our initiatives will yield outcomes. Let’s look at two examples. First, the Commission on Change and Innovation is a thorough review and analysis of how we educate—how
we may be able to facilitate education, incorporate educational technology, and enhance outcomes and incorporate these ideas into our current dental education system. Although now focused on predoctoral dental education, the work of the commission will have an impact on all of dental education. Curriculum and change will be the focus of our 2008 ADEA Annual Session. The other example is the proposed core competencies for the general dentist currently being reviewed by this Association. Establishment of these competencies will help to define the dental curriculum of the future.

Please be aware that you have an exceptional association, and it just keeps getting better. The leadership of this organization is outstanding. The ADEA staff is unequalled. It is truly an exceptional association. I am proud to be a part of it.

The mission of the American Dental Education Association is to lead individuals and institutions of the dental education community to address contemporary issues influencing education research and the delivery of oral health care for the improvement of the health of the public. I am here to serve you and to ask you for your efforts and support to further pursue our mission. Thank you for your support of ADEA and for all of your efforts for the improvement of the health of the public.