A session at the April 2007 Macy study convocation was devoted to reactions from learned colleagues to “Revising Accreditation Processes and Standards to Address Current Challenges in Dental Education,” a presentation by Dr. Lisa A. Tedesco. A summary of those reactions is presented here.

Dental Practice, Licensure, and Accreditation

Dr. Joel F. Glover, a dentist in private practice in Reno, NV, former member of the Commission on Dental Accreditation (CODA), past president of the American Association of Dental Examiners, and current member of the American Dental Association Board of Trustees, asked the audience to keep in mind the question of how dentistry can effectively address and support the challenges facing dental education, without repeating history. Drawing on his twenty-two years of experience as a dental examiner, he said he agrees that dental education, dental research, and licensure are at a critical juncture and that it is important to the future of dentistry that change be led by people inside the dental profession. He agreed with Tedesco that CODA needs to reflect on recent reports that make a case for change and, specifically, the ten points that Tedesco made regarding standards, guidelines, and the accreditation system within dental education.

Glover emphasized that “we want to no longer say that education is hampered by CODA standards and that students are doing things in the clinic so they can pass their dental clinical licensure exam.” The motivation for students in the dental clinic should be for the betterment of care of the patient.

Changes in How We Educate

Dr. Kenneth L. Kalkwarf, dean of the University of Texas Health Science Center at San Antonio Dental School, immediate past president of the American Dental Education Association (ADEA), and chair of ADEA’s Commission on Change and Innovation in Dental Education, discussed accreditation in light of the learning process for students in dental school, pointing out that they memorize rather than synthesize the massive amounts of information presented to them. In doing so, most information is retained for only a short period, just long enough for a multiple choice test.

Kalkwarf emphasized that teaching and learning need to be modified so that students, very early in their education and training, are engaged in situations where they learn by finding information and applying that information to simulated problems and to problems brought in by patients. This approach trains students as lifelong learners and critical thinkers, he said, which is essential in this era in which science and technology are moving too fast to expect today’s knowledge to solve tomorrow’s problems. Educational research should assess the outcome of teaching students using this different model, he added, agreeing with Tedesco that this will require a look at our definitions of active learning, critical thinking, and lifelong learning.
Growing Critical Mass for Change

Dr. Caswell Evans, associate dean and director of the Center for Prevention and Public Health Sciences in Oral Health at the University of Illinois at Chicago Health Research and Policy Centers, reflected on his experience on a university steering committee that had oversight of seven standards for a recent accreditation visit. He said he agrees that “change is upon us and is quite necessary.” He described what he sees as a mood in the United States that supports change, especially in light of the death in 2007 of Deamonte Driver, a teenage boy whose mother was unable to find dental care for his abscessed tooth. These circumstances, he said, raised public and political awareness about how important oral health is to general health and well-being—reinforcing messages from the surgeon general, Sullivan Commission, Institute of Medicine, Robert Wood Johnson Foundation, Kellogg Foundation, California Endowment, Macy Foundation, and others—and that much needs to be dealt with in the dental domain. He stressed that the responsibility for change falls to the dental community leadership. The accreditation process can help by strengthening the link between oral health and general health and encouraging a diverse population of dentists to become dental health advocates and members of health care teams.

Evans, who was previously director of the National Oral Health Initiative in the office of the U.S. surgeon general, sees a critical mass developing of dental professionals of similar insight and intentions, which is necessary for changes in dental education and accreditation standards to occur. He said he sees the Macy study as a persuasive tool for growing that critical mass.

Accreditation as a Leveler and Lever for Change

In the ensuing discussion, Dr. Laura Neumann, associate executive director of the American Dental Association (ADA), raised the point that using accreditation as a leveler, in which dental schools become more similar than they are today, could have consequences for schools that cannot come into compliance within a short period. Will it force schools out, she asked, or will it be a lever for change? There was discussion of the important role that accreditation has played as a lever and stimulus for change at different times in history. For example, accreditation standards in the 1970s and 1980s opened the door for extramural experiences and encouraged enrollment of women and other minorities in dental education. Neumann emphasized that accreditation standards need to be reconsidered in light of whether they intend to bring all schools to a particular level or they are seen as a process to encourage change to help schools keep up with public demands and new technologies—or both.

Dr. Kathleen Roth, ADA president, indicated that the timing of the Macy study is fortuitous. She informed attendees that a newly formed ADA task force will be looking at the function of CODA to see where improvements could be made, assessing the relationship of CODA to the U.S. Department of Education and the ADA, and examining accreditation and licensing issues.

REFERENCE