What the ADEA CCI Series of Articles Means to Me: Reflections of a Dental School Dean

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Abstract: In this reflection article, Dr. Huw F. Thomas, a U.S. dental school dean, identifies important messages and insights he gained from a series of twenty-one articles about the future of dental education published in the *Journal of Dental Education* from October 2005 to February 2009. This article addresses three questions: 1) What influence have these articles had on a dental school dean’s perspectives about his role and priorities? 2) What important messages are contained within these articles for fellow deans? and 3) What messages do these articles send to dental education in general? The American Dental Education Association’s Commission on Change and Innovation in Dental Education (ADEA CCI) was established to facilitate change and innovation in dental education. Through the ADEA CCI, ADEA brought together stakeholders in academic dentistry: dental schools, the American Dental Association (ADA) Board of Trustees, the Commission on Dental Accreditation (CODA), the ADA Council on Dental Education and Licensure (CDEL), the Joint Commission on National Dental Examinations (JCNDE), the dental licensure community, the ADA Foundation, and advanced dental education programs. The goal of the ADEA CCI is to provide a forum to build consensus within the dental community for innovative changes in the education of general dentists. As part of the consensus-building process, the ADEA CCI commissioned a series of articles, published in the *Journal of Dental Education*, to raise awareness and stimulate dialogue about issues and forces shaping the future of dental education and propose strategies to achieve desired enhancements. Collectively, this series of articles is known as the Perspectives and Reflections in Dental Education (PRIDE) series to acknowledge the commitment of the academic dental community to reflect on current practices and future directions and also to represent the pride of dental school faculty members in their educational responsibilities and accomplishments.

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This article is one in a series of invited contributions by members of the dental and dental education community that have been commissioned by the American Dental Education Association’s Commission on Change and Innovation in Dental Education (ADEA CCI) to address the environment surrounding dental education and affecting the need for, or process of, curricular change. This article was written at the request of the ADEA CCI but does not necessarily reflect the views of ADEA, the ADEA CCI, or individual members of the ADEA CCI. The perspectives communicated here are those of the author.

Key words: American Dental Education Association, Commission on Change and Innovation in Dental Education, dental education, change, leadership, curriculum, faculty development

This reflection article is intended to provide a dental school dean’s perspective on the series of articles commissioned by the American Dental Education Association’s Commission on Change and Innovation in Dental Education (ADEA CCI) and published in the *Journal of Dental Education* from October 2005 to January 2009. This collection of articles is known as the ADEA CCI Perspectives and Reflections in Dental Education (PRIDE) series. This series of twenty-one articles was developed to address a variety of issues relevant to the future of dental education. As part of this reflection, I will address three questions. First, what influence have these articles had on my perspective about my role and priorities as a dental school dean? Second, what important messages are contained within these articles for my fellow dean? And third, what messages do these articles send to dental education in general? In my responses to these questions, it is not my intent to reiterate the facts, figures, and discussions contained in this outstanding series. Rather, I will endeavor to emphasize those issues that I feel are most cogent to a present-day dental school dean.

**Influences on My Professional Role and Priorities**

This section addresses the influence of the ADEA CCI PRIDE series on my perspectives about my role and priorities as a dental school dean.

The case for change in dental education was emphatically made in the Institute of Medicine (IOM) report published in 1995. The findings and recommendations contained within this report were underscored in two further seminal publications: the report of the U.S. surgeon general, *Oral Health in America,* published in 2000, and the future of dentistry report.
published by the American Dental Association in 2001. Building on these reports, the rationale under-lying the need for change was adeptly summarized in the second article of the ADEA CCI series, “The Case for Change in Dental Education.”

It should be emphasized at the outset that the changes being considered will not result in a new static curriculum, but one that will involve constant evolution. We should also not be lulled into a false sense of security that the changes we are contemplating will result in a “new” curriculum that will serve us for as long a period as the revolution engendered by William Gies in the 1920s, but rather will lead to a framework that will serve as an infrastructure for the foreseeable future.

I was appointed dean of the School of Dentistry, University of Alabama at Birmingham (UAB) in January 2004. Previous to that, I had spent twelve years as a department chair at the Dental School at the University of Texas Health Science Center at San Antonio (UTHSCSA). Soon after arriving at UTHSCSA, I had the opportunity to meet and be interviewed by the IOM committee led by then-HSC president, Dr. John Howe III. Looking back, I think that was the first time I had seriously considered the issues surrounding the dental educational process—I was after all a product of the traditional curriculum, and it had seemingly worked for me and had allowed me to develop into a productive, successful dental academician. Although my research training had imprinted within me the importance of research within a clinical academic dental school department, I had paid little heed to the need for change in the overall educational process. However, following publication of the report (which was for UTHSCSA faculty members required reading!) and over the intervening years, my ideas about the need for change coalesced, so that by the time I assumed the deanship at UAB my overarching priority as dean was to engage our community (faculty, staff, students, alumni, and university administration) in the process of curriculum reform. We embarked on this process in July 2005 with the first of a series of ongoing faculty advances. The timing of the ADEA initiative and the formation of the ADEA CCI was most fortuitous in this regard. The articles in the ADEA CCI series have been instrumental in shaping, guiding, and justifying our thoughts and progress. The issues discussed in them encompass the entire gamut of our reform process, and while they have not dictated our pathway, they have served as a roadmap and delineated the challenges, pitfalls, and opportunities that lie before us.

**Important Messages for My Fellow Deans**

This section will consider the following question: What important messages are contained within the ADEA CCI articles for my fellow deans?

Of all the articles in the series, I think that there are two critical ones that contain important messages for all faculty members and, in particular, deans of dental schools, and these should be given careful consideration. The first article addresses the management of change in dental education, and the second discusses how leadership must be best exercised for that change to occur. These articles detail historical and theoretical perspectives of organizations, the change process and its management, and the many principles involved in the change process itself. The role of the individual (be it dean, department chair, course director, or faculty member) in contemplating, directing, and critically observing change is discussed and exemplified. We cannot simply change for the sake of change; we must understand and commit to the need for change, while still understanding that there is much that is good about our current process. In other words, we must not throw out the baby with the bathwater!

Many of us directly involved in dental education have had little training in managing significant change and are not well prepared for this process. ADEA (through its Leadership Institute and other initiatives) has taken a significant step forward in fostering this training, but while the ADEA CCI has focused the attention of the educational community on the need for change, we are only now beginning to realize the magnitude of the task before us and the roles that each of us needs to play. The critical role that ADEA must play in educating and guiding faculties and leaders cannot be overemphasized. We must also learn from our fellow health professional organizations and institutions of higher learning. We must interact with them and learn from them in our educational environment as well as in our professional environment. Our educational milieu cannot afford to maintain the “cottage industry” mentality that is so often used to describe the practice of dentistry.

While the admonition in the IOM report that “most deans would rather take a daily physical beating than try to make significant changes in the traditional curriculum” or the observation about educational reform in the first article in the ADEA CCI series that “it’s easier to move a cemetery than
to change a curriculum” both have a ring of truth, they imply a situation in which leadership is considered more as a top-down directional activity than an all-inclusive team approach. I prefer the following sentiment: “Whatever you can do, or dream you can, begin it. Boldness has genius, power, and magic in it.”9 I recommend that principle to all my fellow dental educators.

**Messages the ADEA CCI PRIDE Series Sends to Dental Education**

There are many important messages that this series sends to dental education in general. A few of the articles discuss important issues external to the school environment: the changing face of the healthcare system, and the function and particularly the structure and timing of the National Board exams, which were surely designed to mirror our traditional curriculum. The uncertain future of funding streams for universities in general and dental schools in particular will have a profound effect on our progress. Another article illustrates the need for all aspects of the dental community to engage and participate in the process of reform, an area in which dental schools would do well to engage their alumni and state dental organizations. Yet another article discusses issues related to the development of educational strategies for the new curriculum. Paramount in these strategies is the development and use of methods to encourage and promote problem-solving, critical thinking, and self-directed learning. Finally, the all important area of student assessment is considered.14

While all of these articles contain messages that are vital, it is not coincidental in my opinion that the majority of the articles in the series deal with issues related to dental school faculties, for that is the area in which I believe most of our challenges lie. This is even more important today in the current climate of economic uncertainty, with the inevitable budget cuts to spending on higher education. Most current dental educators are products of the traditional dental curriculum. How well prepared are they to foster a new paradigm in pedagogy? How can they be encouraged (incentivized) to develop new teaching strategies? How does the promotion and tenure process need to change to accommodate them? Where is the next generation of dental educators coming from? How much longer can we survive as the poor cousins of our practicing colleagues? And what stresses will we impose on that relationship if we enter more significantly into the competitive marketplace of patient care?

Given an appropriate educational environment (including the development of specific tracks within dental schools to foster the development of academicians), whether for clinicians, researchers, or clinician-researchers, I believe that an academic career is an attractive choice for a graduating dentist provided that adequate compensation mechanisms can be instituted. Although these mechanisms must include expansion of provisions for loan repayment in exchange for a period of public service (which could have the added benefit of addressing some access to care issues), it must also include enhanced opportunities for generating income through patient care. I rarely hear my academic physician colleagues complain about their remuneration. Granted, most of them have the safety net of hospital environments and federal and state support mechanisms to help fund their salaries, but patient care is a routine, expected, and often significant component of their appointments and provides their primary forum for teaching and role modeling of professional practice for medical students. Dental schools must provide contemporary patient care facilities where faculty members have an opportunity to generate significant income streams. These practice environments can also serve an important educational role for students who should be able to participate in the practice environment, develop much-needed business and practice management skills, and observe dentists “in action” with patients, which dental students rarely see in the current curriculum. Doubtless, this initiative will occasion some friction between the schools and the practicing communities, particularly in times of economic distress. However, I would estimate that because most dental school faculties are about the size of an average department in a medical school, the impact of increased patient care within the dental school environment on the surrounding practicing community would not be intolerable.

The importance of scientific enquiry and discovery to the profession and to the dental school’s standing within its parent university is well appreciated and has significant implications for the composition of our faculties. Traditionally, dental school faculties have been composed of clinicians and researchers, the latter often being members of a medical or graduate school faculty. Unfortunately, in the past these two groups of individuals often remained separate,
and although a new breed of clinician-researchers is slowly making its way into the fray, the importance of integrating clinicians and researchers, especially in the context of student education, should not be underestimated. Because many dental schools do not have a cadre of individuals who can perform the multiple academic roles—combining teaching, research, and professional service—fulfilled by clinical scholars in other disciplines, a much closer relationship needs to be forged with various individual groups throughout the university campus to accomplish these goals. And we cannot confine our thoughts to simply the integration of basic science and clinical faculties. Faculty members from schools of behavioral and social sciences, education, public health, nursing, and business (to name a few) all need to be included at significantly greater levels than at present. These relationships will reduce the need for dental schools to expend resources to recruit individuals to our ranks and will serve to further weave the dental school into the overall fabric of the university.

The same case can be made for other important new initiatives that are fundamental to our ability to promote change within our curricula. Information technology and faculty development programs are two additional examples in which broader interactions with our parent universities are essential. Most of us are now engaged in environments where some degree of university support exists in both areas. But despite this, I would emphasize the need for engaging dental school faculty members in programs in which they can acquire the skills to teach and participate in the “new” curriculum. It behooves us to remember that most of us have been trained in the traditional curriculum and old habits die hard. Unless we appreciate the need for change, appreciate the value of that change, and provide the time and incentives (fiscal and promotional) to effect that change, we will fall short of our goal.

To summarize, I salute the American Dental Education Association and its then-president, Dr. Eric Hovland, for their concern, courage, and vision in assembling a diverse group of individuals under the auspices of the Commission on Change and Innovation in Dental Education. That initiative and the development of the document “Competencies for the New General Dentist” must serve as a catalyst for all of us in dental education to embrace the changes that are inevitable in our society and our profession so that we can best serve the oral health needs of all Americans for the future.

I will close with a question that continues to shape my thinking throughout this journey. If you had four years to take your daughter or son as qualified college graduates and shape them into caring, competent entry-level general dentists, what would you wish for them to learn on the first day, the first week, and the first year of that process? What traits, skills, learning methodologies, and experiences would you wish to instill in them? Our students and the subsequent generations of practicing dentists deserve no less a consideration.

REFERENCES