Teaching Social Responsibility Through Community Service-Learning in Predoctoral Dental Education

Mario A. Brondani, D.D.S., M.Sc., M.P.H., Ph.D.

Abstract: Social responsibility refers to one’s sense of duty to the society in which he or she lives. The Professionalism and Community Service (PACS) dental module at the University of British Columbia is based upon community service-learning and helps dental students to understand the challenges faced by vulnerable segments of the population as they actively reflect on experiences gathered from didactic and experiential activities. This article aims to illustrate the extent to which PACS has fostered awareness of social responsibility through the British Columbia Ministry of Education’s Performance Standards Framework for Social Responsibility. Reflections were gathered from students in all four years of the D.M.D. program and were analyzed thematically in three categories of the framework: Contribution to the Classroom and Community, Value of Diversity in the Community, and Exercise of Responsibilities. The constant comparison analysis of the reflective qualitative data revealed that the students directly or indirectly addressed these three categories in their reflections as they synthesized their understanding of community issues and their collaborative roles as socially responsible members of the dental profession. Follow-up studies are needed to explore the impact of community-based dental education upon students’ perceptions and understanding of social responsibility and professionalism regarding underserved communities.

Dr. Brondani is Assistant Professor, Department of Oral Health Sciences, Faculty of Dentistry, University of British Columbia. Direct correspondence and requests for reprints to Dr. Mario A. Brondani, Faculty of Dentistry, University of British Columbia, 2199 Wesbrook Mall, Vancouver, British Columbia V6T 1Z3, Canada; 604-822-6562 phone; 604-822-3562 fax; brondani@dentistry.ubc.ca.

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Community service-learning can be seen as a teaching, learning, and reflective methodology that combines academic activities with meaningful service in communities. Its main goals are enriching students’ learning experience, encouraging their lifelong community engagement, and strengthening communities for the common good.\(^1\)\(^2\) Meaningful community service also fosters a sense of social responsibility, a concept that surfaces in health education and in business linking civic engagement, self-direction, sustainability, and moral development.\(^3\)

Social responsibility refers to one’s sense of duty to the society in which one lives\(^4\) and is believed to enhance relationships within communities and to support proactive management of the social and environmental dimensions of a profession. A socially responsible individual can also express notions of global citizenship, which is often misunderstood in the context of globalization. Global citizenship attempts to prepare socially responsible individuals for cultural diversity and exposes them to interactive communities not limited by state borders but understood within a profession.\(^5\) In the series entitled “Is Dentistry a Profession?”\(^6\)\(^-\)\(^8\) Welie pondered the meaning and implications of professionalism by highlighting the social contract between the public and a dental service that prioritizes individual needs. As Wentzel reminded us, the professional desire to conform to social rules, norms, and role expectations can be framed within the goals of social responsibility but, at the same time, conform to personal achievement and status of a given profession.\(^9\) A balance between personal and socially responsible achievements should be the ideal, although some dental professionals might find it challenging to conceptualize social responsibility within the walls of a business-driven model such as a dental practice.\(^5\)

The University of British Columbia (UBC) currently has approximately 45,000 domestic and more than 5,000 international and exchange students from almost 140 countries. This diverse student body reflects the growing diversity of Canada’s population and led, in the year 2000, to UBC’s adoption of Trek 2000, a strategic plan that aimed to implement transcultural and intercultural approaches to learning and to integrate global knowledge, skills, and perspectives across the university. In 2005, Trek 2010 was
adopted to extend the university’s commitment to the Trek 2000 vision to “prepare students to become exceptional citizens, promote the values of a civil and sustainable society, and conduct outstanding research to serve the people of British Columbia, Canada, and the world.”

Among the variety of activities initiated by UBC faculty members, students, and staff to foster the trek vision was the introduction in 2007 of a four-year module in the Faculty of Dentistry called Professionalism and Community Service (PACS).

The PACS module is based upon the concept of service-learning, as described in the health professions education literature as a reciprocal learning experience involving the community being served and students serving the community. The learning objectives of this community service-learning module are as follows: to encourage students to understand the challenges that vulnerable segments of the population face; to enable students to learn about and experience first-hand some of the social determinants of health; to develop a community-based health promotion project to fulfill an identifiable need in collaboration with the community partner; to implement and evaluate a sustainable project plan proposal for faculty and community approval; and to maintain and hand in an organized community service-learning portfolio.

In all of its four years, the module has been scheduled for a half-day, once a week. PACS in year one occurs throughout the entire year (terms 1 and 2: September to May), whereas in years two, three, and four, it takes place only during one term (August to December) (Table 1). PACS has enrolled more than 190 students in its four years. The PACS activities take place primarily in the form of small-group learning in class and in community settings as previously described. The eight students in each small group are mentored and guided by a tutor who is an experienced dentist or dental hygienist with a faculty appointment. The first year of PACS allows students to assess the needs of vulnerable communities, mostly children from not-for-profit organizations and inner-city schools. The students develop, implement, evaluate, and sustain collaborative health promotion projects within their assigned community sites, typically addressing oral self-care (brushing and flossing), diet, and general health. The second year of PACS focuses on long-term care facilities and provides students with the opportunity to engage in health promotion and preclinical activities with institutionalized older adults and care aides, addressing oral self-care and denture cleaning and labeling. The third and fourth years of the module have students providing preventive dentistry and preclinical care to children from inner-city schools (year 3) and assisting in the delivery of clinical dental care to medically complex patients in hospitals, long-term care facilities, and health clinics (year 4) as students advance in their clinical knowledge and skills.

In each year of PACS, the students are encouraged to reflect on a continual basis, as reflections are one of the didactic tools used extensively in this module and elsewhere in the curriculum. Reflections have value in bringing significance to what is learned and allow students to question and ponder issues that still need to be addressed or further explored. The reflections are conducted individually, either electronically or handwritten (100 to 500 words per entry, two to six reflections per year). The group tutor stimulates further thinking by giving feedback on each reflection. The rubric used to assess the reflections in PACS is formative, with no grades given to the reflections. According to the Framework for the BC Performance Standards (BCPS) for Social Responsibility issued by the British Columbia Ministry of Education (Figure 1), reflections can enhance awareness of social, professional, and ethical issues by encouraging self-evaluation. Reflective activity is a key aspect for developing social responsibility—a concept implying an individual’s sense of duty to society. Although the concept of social responsibility per se is not directly taught in PACS, it does surface or when students struggle to attend to the needs of frail elders living in long-term care facilities in year two.

This article aims to illustrate thematically the extent to which PACS has fostered awareness of social responsibility through the lens of the BCPS. The thematic analysis takes into consideration reflections from students in all four years of the UBC predoctoral dental curriculum from 2007–08 to 2010–11.

Methods

This article uses the BCPS (Figure 1) as a theoretical framework for evaluating thematically the content of a variety of written reflective assignments gathered since the establishment of PACS in 2007. The reflections were done in a variety of contexts of PACS, in both didactic and experiential settings (Table 1). More specifically, this
The didactic and experiential activities in years one, two, three, and four on which students reflect are used to illustrate the extent to which students hold a personal definition of social responsibility, but suggests competencies (e.g., categories) to sensitize individuals to their societal duties. Although this article does not evaluate whether students hold a personal definition of social responsibility, it employs a qualitative analysis of their written reflections. The article illustrates thematically the extent to which such reflections tackle any of the three main categories of social responsibility suggested by the BCPS: 1) contribution to the classroom and community, e.g., the extent to which students share responsibilities for their social and physical environment, and their experience of participating and contributing to class activities and small-group learning; 2) value of diversity in the community, e.g., the extent to which students consider sensitive issues fairly and respectfully, showing a sense of ethics while recognizing diversity; and 3) exercise of responsibilities, e.g., the extent to which students’ reflections demonstrate engagement toward a preferred future for themselves and the community.

The didactic and experiential activities in years one, two, three, and four on which students reflect can provide more than 500 pieces of reflections, given the current enrollment of 190 students in total (all four years combined). Since PACS spans four years, reflections might come from students who have experienced PACS twice (graduating class of 2013 when they were in year one in 2009–10 and year two in 2010–11), three times (graduating class of 2012 when they were in year one in 2008–09, year two in 2009–10, and year three in 2010–11), or four times (graduating class of 2011 when they were in year one in 2007–08, year two in 2008–09, year three in 2009–10, and year four in 2010–11). Although reflections formed the assignment of each year of PACS and were evaluated accordingly, it was not in the scope of this article to evaluate them again as that has been done elsewhere (a thorough evaluation of the reflections using the PACS rubric has been described by Brondani et al.19). For this article, the content of each reflection was analyzed thematically in the light of the three main categories of the BCPS sequentially and comparatively,20 while drawing from the available literature to situate and discuss the findings. Ritchie and Spencer’s deductive approach was used to explore how students indirectly considered and reflected on the three selected categories from the BCPS document. Such a deductive approach comprised an analytical process involving distinct and yet interconnected stages to examine the content of the reflections in the context of the social responsibility framework. As a starting point, essential codes (e.g., words signifying an attribute or denomination that can be associated with one of the BCPS categories) were then identified inductively from excerpts from the reflections to ensure the completeness, accuracy, and relevance of the categories using the NVivo 8 software program for data management. This software does not analyze the gathered information per se since the researcher assigns a code inductively. Although one single reflection can be assigned various codes and various codes can be linked to the same BCPS categories, it is unlikely that a single reflection would cover all three categories at once.

Constant comparison allowed for a thorough analysis in which codes assigned to excerpts of the reflections were gathered together in a format of a map for each of the three categories referring to the supporting framework used. See Figure 2 for a map in development for the category “diversity” using two codes from one excerpt. I was interested in exploring the extent to which students’ reflections, directly or indirectly, incorporate aspects of any of the three categories from the social responsibility framework shown in Figure 1.

This is a retrospective study in which most of the reflections used in previous studies are reanalyzed in light of this study’s objectives. Approval from the Behavioural Research Ethics Board of the University of British Columbia was obtained for those previous studies on reflections. That approval included a clause approving future use of the same data and thus covered the study described in this article. Excerpts from some of these reflections are used to illustrate the extent to which students embraced, directly or indirectly, the categories out-
Table 1. Four years of the University of British Columbia PACS module

<table>
<thead>
<tr>
<th>Topic</th>
<th>Methodology, Assignments, and Assessments</th>
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<tbody>
<tr>
<td>Community service-learning</td>
<td>Lectures, community site visits, field work&lt;br&gt;Reflections, health promotion project (situational analysis, plan, evaluation, and sustainability), community service-learning portfolio, poster presentation&lt;br&gt;Tutor evaluation of reflections (pass or fail) and health promotion project (graded, 0-10), community representatives’ feedback</td>
</tr>
<tr>
<td>Ethics</td>
<td>Lectures, guest speakers, standardized patients, ethical case presentation, discussion&lt;br&gt;Case work-up, reflections&lt;br&gt;Tutor evaluation of case work-up and reflections (pass or fail)</td>
</tr>
<tr>
<td>Evidence-based dentistry: clinically appraised topics</td>
<td>Lectures, online literature search&lt;br&gt;Research report&lt;br&gt;Course instructor evaluation</td>
</tr>
<tr>
<td>Professional behavior and practitioner health</td>
<td>Lecture, guest speaker&lt;br&gt;In-class exercise, reflections&lt;br&gt;No formal evaluation</td>
</tr>
<tr>
<td>Addiction medicine</td>
<td>Guest speakers, panel discussion with community members&lt;br&gt;Large class discussion, reflections&lt;br&gt;Tutor evaluation of reflections (pass or fail)</td>
</tr>
<tr>
<td>Gay and lesbian (queer) health</td>
<td>Guest speaker, panel discussion with community members&lt;br&gt;Large class discussion, reflections&lt;br&gt;Tutor evaluation of reflections (pass or fail)</td>
</tr>
<tr>
<td>Aboriginal health</td>
<td>Guest speaker, video presentation&lt;br&gt;Large class discussion, reflections&lt;br&gt;No formal assessment</td>
</tr>
<tr>
<td>Teaching and learning methods</td>
<td>Guest speaker&lt;br&gt;In-class exercise&lt;br&gt;No formal evaluation</td>
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<tr>
<td>Caries management</td>
<td>Lecture&lt;br&gt;Laboratory: salivary test and bacterial analysis&lt;br&gt;No formal evaluation</td>
</tr>
<tr>
<td>Oral self-care module</td>
<td>Guest speaker&lt;br&gt;Disclosing tablets and proper oral hygiene practices&lt;br&gt;Tutor evaluation (formative feedback on student participation)</td>
</tr>
<tr>
<td>Dental geriatrics (demographics of aging, frailty, caries management, abuse and neglect, oral health and quality of life in the elderly)</td>
<td>Lectures&lt;br&gt;Large class discussion, group discussions, no assignment&lt;br&gt;Final exam (graded, 0-10)</td>
</tr>
<tr>
<td>Ethics in long-term care facilities</td>
<td>Guest speaker&lt;br&gt;Large class discussion, group discussions, no assignment&lt;br&gt;Final exam (graded, 0-10)</td>
</tr>
<tr>
<td>Tooth loss in old age</td>
<td>Guest speaker&lt;br&gt;Large class discussion, group discussions, no assignment&lt;br&gt;Final exam (graded, 0-10)</td>
</tr>
<tr>
<td>Nutrition and systemic health in the elderly</td>
<td>Guest speaker&lt;br&gt;Large class discussion, group discussions, no assignment&lt;br&gt;Final exam (graded, 0-10)</td>
</tr>
<tr>
<td>Diversity in aging</td>
<td>Guest speaker&lt;br&gt;Large class discussion, group discussions, no assignment&lt;br&gt;Final exam (graded, 0-10)</td>
</tr>
<tr>
<td>Hospice care</td>
<td>Guest speaker&lt;br&gt;Large class discussion, group discussions, no assignment&lt;br&gt;Final exam (graded, 0-10)</td>
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<tr>
<td>Year 1: PACS 400, August to December</td>
<td>Topic</td>
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<tr>
<td>Long-term care experience</td>
<td>Field work experience, Log of activities, reflections, Tutor evaluation of students (graded, 0-10), student self- and peer evaluation (graded, 0-10)</td>
</tr>
<tr>
<td>Evidence-based dentistry: clinically appraised topics</td>
<td>Guest speaker, online literature search, PICO (patient/problem/population, intervention, comparison, outcomes) research report, Course instructor evaluation</td>
</tr>
<tr>
<td>Conflict management</td>
<td>Guest speaker, Large class discussion, no assignment, OSCE (objective structure clinical examination)</td>
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</tbody>
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<tr>
<th>Year 2: PACS 420, August to December</th>
<th>Topic</th>
<th>Methodology, Assignments, and Assessments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community service-learning (clinical rotations in elementary school and fluoride varnish clinics)</td>
<td>Lectures, community site visits, field work, Reflections, students’ group seminars, Tutor evaluation of reflections (pass or fail) and clinical care (graded, 0-10)</td>
<td></td>
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<tr>
<td>Managing behavior of children</td>
<td>Guest speaker, Large class discussion, no assignment, Final exam (graded, 0-10)</td>
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<tr>
<td>Caries management in children</td>
<td>Guest speaker, Large class discussion, no assignment, Final exam (graded, 0-10)</td>
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<tr>
<td>Practice organization, quality assurance and law</td>
<td>Guest speakers, video presentation, Practice philosophy statement, No formal evaluation</td>
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<tr>
<td>Dental trauma and prevention in children</td>
<td>Guest speaker, video presentation, Large class discussion, no assignment, Final exam (graded, 0-10)</td>
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<tr>
<td>Evidence-based dentistry: clinically appraised topics</td>
<td>Lecture, online literature search, PICO research report, Course instructor evaluation</td>
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</tbody>
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<tr>
<th>Year 3: PACS 430, August to December</th>
<th>Topic</th>
<th>Methodology, Assignments, and Assessments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community service-learning (clinical rotations in community clinics, hospital, and health organizations)</td>
<td>Lectures, guest speakers, community site visits, field work, Reflections, students’ group seminars, Tutor evaluation of reflections (pass or fail) and clinical care (graded, 0-10)</td>
<td></td>
</tr>
<tr>
<td>Evidence-based dentistry: clinically appraised topics</td>
<td>Guest speaker, video presentation, online literature search, PICO research report, Course instructor evaluation</td>
<td></td>
</tr>
<tr>
<td>Managing complex patients</td>
<td>Lecture, guest speakers, Large class discussion, no assignment, No formal assessment</td>
<td></td>
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<tr>
<td>Practice management</td>
<td>Lecture, guest speakers, video presentation, Practice philosophy exercise, No formal evaluation</td>
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</tr>
<tr>
<td>Ethics</td>
<td>Lecture, Large class discussion, no assignment, No formal evaluation</td>
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Source: Information gathered from the University of British Columbia Faculty of Dentistry curriculum database on July 30, 2011. It is subject to change.
lined above. When contextualization of the excerpts is necessary, the academic year in which a particular reflection took place is specified to better guide the reader but without identifying students by name to maintain anonymity and confidentiality.

Results and Discussion

This article follows the practice of social science studies that present thematic findings and discuss them in light of the literature on related top-
ics. Consequently, it reflects the same interactive manner in which the information was collected. The deductive-inductive approach used was helpful to explore the extent to which dental students from various years addressed the three categories of classroom and community, diversity, and responsibilities. Each of these categories is illustrated with excerpts from students’ reflections.

Classroom and Community

In this category, reflections expressed students’ understanding of shared responsibilities, as voiced by a third-year student in 2009 attending community outreach initiatives with children three years of age and under: “I enjoyed this activity because it was efficient . . . However, I found that we were limited in what to say [to children] since they were too young [but] it was helpful to have the recreationist and the pediatric dentist there to reinforce what we were trying to say and to help us [with] engaging the parents on how to brush their [child’s] teeth and to remind them to avoid bottle feeding before bedtime.” This student reflected on the role that the dental team and the patient’s family have in the maintenance of the oral health of young children who can be at high risk for tooth decay, specifically early childhood caries.25

From a senior fourth-year student in 2010, issues of vulnerability and stigma for individuals with HIV surfaced when pondering clinical dentistry and professional roles:

The patient came in for a general oral screening and his chief concern was tenderness on chewing over the past three years. He told me that it was not “that bad” although he tried to see a dentist, but did not have coverage and could not afford the appointment fee. Another time, the dentist told him “there is not much I can do” and he wondered if that was due to his HIV status. At age 50, he has been HIV-positive for the past 23 years . . . a “survivor” as he told me. He has had a buffalo hump removal, a history of Hepatitis A, Kaposi Sarcoma, and syphilis. He has a plate in his leg, anxiety, and depression. He is on a number of medications, yet he was joyful and cheerful. It does not take too long to vanish any stigmatization one might have about patients like him: they are as anybody else and it is our role to help them to the best of our ability.

For a second-year student providing preclinical activities in a long-term care facility, the context of the small-group learning itself was deemed relevant to achieve the desirable outcomes because “the group dynamics changed a lot compared to the beginning of the year. After working together for so long, I started to see more clearly each individual’s strengths and weaknesses and the role they take on in the group. It is important to work around each other’s weaknesses and confront them when needed as this is a skill we will all have to learn to develop and will be of great use for us in our future community activities.” According to the BCPS, there is a need to engage students in reflecting on the experience of participating and contributing to small-group learning while immersed in the context of the community activities as demonstrated by this student’s reflection.

For other students, the understanding of their roles as socially responsible health care providers was not clearly defined or at least not promptly articulated. When reflecting on the experience, a first-year student developing a health promotion program in a community health clinic commented: “I was somewhat skeptical about the experience I would get from doing such a project, and at the same time, I was just thinking about the benefit to the community that would be participating. Will they gain anything? What would be our role as educators and learners to those we serve?” This student echoed two critical issues also raised by Brondani et al.2 and others who are involved in community service: there is a need to collaboratively engage the community in identifying the needs to be addressed, and the value in critically analyzing the impact of any given project on the students and the community.

Later in the year, another student from the same group mentioned that “it was really worth the time and [was] definitely a different experience than just textbooks and paper.” There is a substantial body of literature on community service-learning, from development and implementation to evaluation and assessment, but little written in terms of social responsibility. Littlewood et al.,27 for example, reported mixed effects regarding social responsibility when they reviewed initiatives in which junior U.S. dental students provided oral health promotion and preventive dental care to underserved elementary school children. On the other hand, Dharamsi et al.26 concluded that community-driven initiatives were important in nurturing social responsibility among dental students at earlier stages of their education. As a multifaceted concept, however, social responsibil-
Diversity

UBC’s commitment to Trek 2010 emphasizes that its students “will value diversity, work with and for their communities, and be agents for positive change.”\(^5,^{10}\) The PACS module addresses issues of diversity at various levels, from guest lectures and panel discussions about ethics,\(^15\) sexual diversity,\(^20\) and addiction medicine\(^2\) to activities with diverse communities while emphasizing vulnerability and the determinants of health.

From the guest lectures and panel discussions, students have indeed recognized the multiplicity of their community while considering sensitive issues fairly and respectfully. This was the case of a first-year student in 2009 who reflected on the guest panel for the discussion of sexual diversity: “Before this session I used to ask myself about having the ‘other’ category on a medical form next to male and female. Having met Victoria [a transgendered male-to-female] I now understand the importance of this category to be inclusive to all. It saddened me when she said that her father had returned the birthday card. This made me consider what a tough task it is to be transgendered and not having the family support and in our duties as providers.” Brondani and Paterson have discussed the value of didactically exposing dental students to issues of sexuality,\(^29\) and this reflection further reinforces the need to embrace diversity in dental education, particularly in terms of minority groups, to decrease homophobia and enhance inclusion.

From a guest presentation and a panel discussion on addiction, students reflected on their roles as health care providers to a population that is more often than not hard to reach. For a first-year dental student in 2007, the role of the family was again mentioned as important in the recovery process: “I was very surprised when our guest member originally used drugs as ‘party tools’ on the weekends. He was able to remain functional and work as a health care professional for quite some time. Unfortunately, things started to go downhill, and his life reached to a rock bottom. His recovery proved to be a difficult course. He was struggling to quit and was constantly under a negative emotion. When listening to his story I noticed he kept mentioning the importance of family, friends, and religion. I believe that recovery cannot be done alone . . . and it takes a lot of courage to share his stories [with] us.”

Different from the idea of using standardized patients to incorporate role-playing and simulation,\(^15,^{20}\) the presence of guest members from the community enables students to explore their own biases as they have the opportunity to interact with “real people”\(^31\) as opposed to simply hearing about these individuals distantly, such as in lectures or through role-playing with actors. For a first-year student from 2008, “the guest presentation made me realize that addiction is not an uncommon thing and it can happen to anyone.”

Recognition of the universality and commonality of this health issue corroborates a recent review on methadone and oral health undertaken by Brondani and Park,\(^32\) which signaled that up to 90,000 Canadians are addicted to illicit drugs and for whom dental care is neglected at best and denied at worst. Hence, as patients under the influence of illicit drugs might present behavioral and psychosocial challenges that further impinge upon access to oral health care,\(^33,^{34}\) another first-year student in 2009 embraced the role of advocating for social change by “having pamphlets or informative material in [the] waiting room on supporting or rehabilitation services that might prompt them to talk to you about it.” This same student also recognized that “the dental chair would be the least likely place to discuss recovery but we can change that” as dental education should not only prepare students for productive careers but enable them to channel the acquired knowledge to promote good as socially responsible health professionals.\(^34\)

Similar considerations regarding diversity were raised from the community experience. According to a second-year student from 2009 going to a long-term care facility, the issue of diversity surfaced in terms of mental status of the residents since “it is through increased exposure to individuals with dementia that I realized how different people can be . . . and the need to enhance my skills in communicating accordingly and effectively with them.” For another second-year student from 2008, the issue of diversity was expressed by the residents’ behaviors: “today was a very memorable day because [the] different personalities of the residents showed through, from the older widow with moderate short-term memory loss to a surprisingly younger individual with previous diagnosis of a brain tumor.”
Responsibilities

While experiencing an outreach activity in long-term care, a second-year student in 2010 commented that it “must be equally hard on the members of the family who have to make decisions for their elderly [because] they often have to advocate, and there are barriers in making a prompt decision for a dementia patient. . . . Maintaining adequate dental care for the resident is most likely not perceived as the main priority due to a number of other factors taking precedence.” Such considerations echoed the discussions of dental ethics and decision making raised by Brondani and Rossoff in 2010 when presenting the ethical case of an authoritarian daughter deciding on the dental treatment of her institutionalized mother who could still express her ideas to the dentist. Although equally important, the above student also tackled the findings from Bryant et al. as well as Dharamsi et al. regarding the ethical issues in caring for the oral health of institutionalized elders and when interviewing members from organized dentistry, dental education, and public health, respectively. Like this student, the professionals interviewed argued as to where the primary responsibility for the care of the disadvantaged should lie: the dentist, the dental profession, or the society either separately from each other or working collaboratively. Strauss et al. further discussed the fact that dental students might believe that society has the ultimate responsibility for providing dental care for the underserved. Far less often, we recognize that we make the society as it is; we “are” the society to which we are accountable.

Social responsibility can also be intertwined within the group dynamics that might facilitate or impair learning. Unlike the second-year student who had a rewarding group experience as described above, a third-year dental student going to an elementary school in 2009 highlighted the miscommunication between the tutor and the group in regards to expectations and deliverables as a major factor for frustration. This student said that “this was by far the most challenging rotation I experienced even though I enjoy working with children. The events of the rotation left our group feeling [angry] and at the same time, a bit lost . . . as we had no direction and it was disorganized.” Although all tutors are offered faculty training and meet with course coordinators before the start of the term, some differences might occur in terms of teaching styles as tutors bring their own experience to class. The course coordinator at the time (author M.B.) met with this particular tutor and explored some of the issues raised by the student; the same student later acknowledged that “with a more positive reaction from our tutor, there is now motivation to learn, to engage with enthusiasm.” This point was made under similar circumstances by Harth et al. Both student and tutor were then committed toward a preferred environment that would benefit the community they were serving.

This study did not aim for saturation, the point at which information collected becomes repetitive and has only marginal improvements. In fact, as has been previously acknowledged, saturation might be difficult to reach in studies about experiences. Consequently, the understanding of a multifaceted concept such as social responsibility may never saturate and its meaning and significance might not fully be expressed here.

BC Performance Standards and PACS

Although there is no formal assessment of or a didactic component specifically to discuss social responsibility either through core or elective courses within the PACS module and probably the D.M.D. curriculum, it would be naïve to think that such an idea does not surface in students’ service-learning education. In fact, inductive analysis of the written reflections gathered from the four years since PACS was introduced in 2007 demonstrates that students, while being unaware of the BCPS social responsibility framework, have been considering at least three categories from it: their contribution to the classroom and the community, their views on diversity and sensitive issues, and their responsibilities as future health care providers. Moreover, other initiatives exist in which students can involve themselves on a volunteer basis, including the Community Health Initiative by University Students, which addresses health and development issues in marginalized communities with a dental component run by first- and second-year students. Another example is the Dental Fest, which gathers students from all four years and volunteer dentists to provide clinical services to underserved populations including homeless and intravenous drug users. Both of these include educational opportunities in the Vancouver Downtown Eastside on Saturdays.

Nevertheless, it would also be naïve to think that there are no socially irresponsible students and dentists. I am conscious of response bias, e.g., students might have reflected on what they perceived the tutors would want to read, but did not necessarily express
their real thinking. Dental modules such as PACS try to discuss ethical and sensitive issues in class and expose students to the diversity of their communities. PACS hopes to educate future dental professionals about the societal needs of the underserved and encourages them to discuss issues of community engagement while also attempting to cultivate social responsibility; however, it cannot guarantee that these professionals will act accordingly in the future. Longitudinal and follow-up studies are needed to explore the ultimate impact of a community-based dental education program such as PACS upon students’ perceptions and understanding of social responsibility and professionalism after they graduate.

Conclusions

The PACS module aims to increase students’ understanding of community issues and their collaborative roles as socially responsible members of the dental profession and the wider community. It hopes to involve students in monitoring and evaluating their own professional development and societal roles as they are encouraged to critically reflect and integrate a variety of competencies they are expected to master throughout their predoctoral education. As Brondani and Rossoff concluded, dental ethics and the ethical reasoning theme of PACS may not make unethical people ethical.15 Similarly, socially irresponsible students and dentists may always exist despite these individuals having had exposure to community service-learning. It is my hope that modules such as PACS can educate future dental professionals and encourage them to discuss and act on issues of social responsibility. There are various tools to assess or gauge social responsibility within the context of teaching, via books11 and questionnaires.39,40 The use of such tools within the context of community service-learning in dentistry is another area for future consideration.

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