

An Innovative, Comprehensive Faculty Recruitment and Development Program at One U.S. Dental School: Early Results

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Abstract: Dental faculty recruitment and development are critical to replenish and cultivate sufficient and adequately prepared educators to educate future generations of dentists. At Rutgers School of Dental Medicine, the From Practice to Preceptor (FP2P) program, now in the last of its five years of funding from the U.S. Health Resources and Services Administration (HRSA), has an overall aim of recruiting, training, and retaining a diverse and well-prepared dental faculty workforce. The FP2P program introduced novel methods for recruiting and preparing new faculty members since its goal is to help participants transition from being practicing dentists to becoming part- or full-time faculty members. The recruitment and selection process has emphasized reaching community practitioners in general or pediatric dentistry, individuals from underrepresented groups, and those with a passion for teaching. The two-year program with weekly meetings was designed to develop participants' skills to meet the teaching, clinical, and administrative roles of dental faculty. The aims of this study were to determine if the program recruitment methods used would result in participants who were more ethnically and racially diverse than the school's current faculty and to determine if, after training, participants perceived they had increased knowledge, skills, and abilities in specified areas as compared to before training. Participants completed pre- and post-program surveys assessing their perceived level of preparedness in critical competencies for dental faculty. Surveys were completed by 94% of participants in cohorts one through four; 75% (n=15) of cohorts two and three completed both the pre- and post-program surveys, which were used for this analysis. Over 30% of the 35 participants to date were from an underrepresented group. Survey results suggest the participants increased their perceived preparedness in administrative, clinical, and educational competencies. Follow-up is needed to ascertain how many go on to become dental educators and whether they are better prepared to succeed as new faculty compared to nonparticipants.

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Ensuring an adequate number of dental school faculty members has been a concern over the past two decades, although the severity of the challenge has varied. In 2000, the U.S. surgeon general's report on oral health explained the situation at the turn of the century in dire terms: "Current and projected demand for dental school faculty positions and research scientists is not being met. A crisis in the number of faculty and researchers threatens the quality of dental education; oral, dental, and craniofacial research; and, ultimately, the health of the public."¹ The level of concern has declined since then. The number of vacant budgeted positions in all U.S. dental schools was in the mid-300s throughout the 1990s, but decreased to 296 in 2003-04 and 275 in 2004-05.^{2,3} In 2013-14, U.S. dental schools had 297

vacant positions;⁴ in 2014-15, this number climbed to 348, likely driven by a growth in dental schools and student enrollments.⁵ Most of the vacancies were in clinical science positions, mainly general and pediatric dentistry, and the majority were at the assistant professor rank or lower. Over the past decade, nearly all positions have been filled within a year of becoming vacant.²⁻⁵

However the level of demand varies, each year there is a need for dental schools to fill an ongoing number of vacant positions. In 2014-15, over half (53.4%) of new faculty members came from private practice, and 13.8% were new graduates of advanced dental education programs.⁵ Unlike in many graduate level programs outside the health sciences, dental students are generally not trained in teaching and

scholarship and may be unfamiliar with academic careers.⁶ Also, early and mid-career dentists may have concerns about working in a dental school setting due to their high educational debt and comparatively lower income of dental educators.⁷

In addition, there is an ongoing need to increase the number of minority dental faculty members to help diversify dental education overall and enhance access to care for underserved populations.⁸ Nationally, only 12% of dental faculty members identified as racial/ethnic minorities underrepresented in dentistry in 2004,⁹ about half the percentage in the national population. That level has actually declined a bit since then: in 2014-15, 11% of new faculty members self-identified as an underrepresented minority.⁵

The From Practice to Preceptor (FP2P) program at Rutgers School of Dental Medicine (RSDM) was launched in 2012 to help address these needs. The U.S. Health Resources and Services Administration (HRSA)-supported program has the following objectives: 1) Design and implement a faculty training program that will provide oral health care providers with the knowledge and skills necessary to teach in an academic health care environment; 2) Recruit a diverse group of general and pediatric dentists into a faculty development program; 3) Track the future endeavors of program completers, particularly with regard to recruitment and retention in academic and community-based settings; and 4) Evaluate the program's content, processes, and effectiveness in meeting its objectives and assess participants' satisfaction with their participation in order to continually improve the program's quality and effectiveness. The aim of this study was to assess the validity of the following hypotheses: first, the methods used would result in recruitment of program participants who were more ethnically and racially diverse than the school's current faculty; and second, after training, the participants would perceive they had increased knowledge, skills, and abilities in defined program areas as compared to before training.

Methods

The FP2P program and program evaluation activities were approved by the Rutgers Biomedical Health Science's Institutional Review Board (PRO2012002180 and PRO201200218, approved 2013). The program has been advertised to practitioners annually through several avenues, including the RSDM Continuing Dental Education (CDE) bulletin,

an email blast sent by the New Jersey Dental Association (NJDA), mailings to Federally Qualified Health Centers (FQHCs) in the New York and New Jersey region, and presentations to professional groups, including chapters of the Hispanic Dental Association (HDA) and the National Dental Association (NDA). Due to the general diversity of the region where the program is advertised, we expected the program applicants would be a more diverse group than our dental school faculty. In 2015-16, RSDM's 206 paid faculty members were 29% female, 3% Black/African American, and 6% Hispanic. Through grant funding, program participants received stipends of \$5,000 in year one (Y1) and \$9,000 in year two (Y2), as well as 40 CDE credits; these benefits were outlined in the program advertisements.

A selection committee comprised of RSDM faculty members with representation from the HDA, Commonwealth Dental Association, NJDA, and RSDM alumni developed written criteria, an application form, and a process for conducting the Y1 selection. This group was chaired by the RSDM assistant dean of admissions and student recruitment, who has expertise in holistic admissions review. The committee sought to select candidates with a true desire to work in academia, as well as the clinical expertise necessary to be a successful dental educator. Each interview was conducted by two members of the selection committee using predetermined questions and criteria. The selection committee met to vote and determine acceptances and a wait-list. Before selection was considered final, participants signed a learning contract that delineated program expectations. Participants also were granted volunteer faculty appointments so they could grade predoctoral students and use the clinic's electronic health records system in Y2 of the program.

Program Development and Implementation

Notification of program funding was received in mid-July 2012. The program has been conducted one day per week over a two-year period for each cohort and requires participants to come to the dental school for each session. Each program year has spanned approximately 30 weeks. The pilot cohort (C1) started in October 2012 and completed the program in May 2014. Subsequent cohorts (C2, C3, C4) began their training in September of each year, with the program culminating in May of their second year.

The program's curriculum was written during the grant application process. The competencies, learning objectives, and activities were developed by the grant steering committee, consisting of faculty and administrators from throughout the dental school, including academic affairs and clinical affairs. Competencies were loosely modeled on Hand's list of competency statements for dental faculty.¹⁰ Overarching educational objectives as well as competencies associated with these objectives were defined. The expectation is that, by the end of the two-year program, participants will be able to:

1. Utilize innovative instructional strategies and assessment methods grounded in learning and educational theory and incorporating state-of-the-art technologies;
2. Instruct and assess learning in a competency-based clinical education system;
3. Demonstrate culturally and linguistically competent skills essential in providing oral health care to diverse patient populations and supervise students to ensure their provision of care is technically and culturally competent;
4. Apply administrative knowledge and skills essential to function as academic and clinical faculty in the current era of health care reform; and
5. Apply research principles in evidence-based practice and in conducting scholarly research in clinical dentistry with an emphasis on issues related to access to oral health care.

The FP2P curriculum totaled approximately 200 hours in the first year. The curriculum was divided into three sections: teaching, clinical, and administrative. The director of the teaching curriculum has been the RSDM director of faculty development, the director of the clinical curriculum has been the senior associate dean for clinical affairs, and the director of the administrative curriculum has been the senior associate dean for academic and student affairs. The curriculum directors have held meetings with individual presenters to discuss program goals, competencies, and learning objectives and to schedule learning modules. Presenters have been selected from RSDM's current faculty based on subject matter expertise.

Table 1 shows the average hours by topic in the first-year curriculum of the program. It is comprised of approximately 45% teaching topics, 37% clinical topics, and 18% administrative topics. The Y2 curriculum involves on average approximately 200 hours of clinical or preclinical teaching, six hours of community service, and 15 hours to prepare and deliver the interprofessional grand rounds, for a total

of approximately 221 hours in Y2. Cumulatively, over 420 hours of instruction have been developed and delivered.

Year one curriculum. The didactic components of the teaching, clinical, and administrative sections have been delivered primarily in a classroom setting during Y1 of the FP2P program. The teaching section has focused on applying educational theory to design of dental instruction and utilizing varied teaching methodologies and technologies. Appreciation of cultural diversity in the classroom and clinical settings has also been covered during this section of the curriculum. Much of the clinical section has focused on grading calibration. The administrative section has provided an overview of administration and finance, important policies and regulations related to academic and student affairs, and conducting committee meetings. The committee meeting agendas have been designed to reinforce previous subject matter as well as introduce trainees to the complex issues faced by dental faculty members.

Two mentors—one a senior administrator and one a senior clinical faculty member—have been assigned to meet with the Y1 participants at regularly scheduled intervals to discuss their progress in the program. The mentors have also been available to answer any questions related to faculty development that arose during the program.

Year two curriculum. In Y2 of the program, participants have been placed as student teachers in the school's community-based extramural sites or the school's clinic with third- and fourth-year dental students or in the school's preclinical laboratories with first- and second-year students, depending on participants' preferences. At the beginning of Y2, the participants have completed calibration exercises in the department in which they were placed as student teachers. All of the faculty at RSDM are calibrated annually, and the FP2P participants have completed the same calibration training as the regular faculty. After completing calibration, the trainees began to work with the predoctoral students in the preclinic and clinic and graded the students on the same basis as the regular faculty. Y2 participants have also completed a community service project and presented "interprofessional grand rounds" to an interprofessional group of faculty, residents, and students.

Evaluation

The evaluation plan for the program has focused on the trainees' perceptions of their preparedness to work as faculty members in a dental school;

Table 1. Curriculum hours by topic in year 1 of the From Practice to Preceptor (FP2P) program

Curriculum	Modules	Hours
Teaching Total hours: 90	From Foundations to Innovation	45
	Dental School Curricula/Classroom Technology	4
	Cultural Competence	9
	Mentoring	10
	Assessment, Design, Development, Implementation, and Evaluation of a Course	14
	Student Assessment and Evaluation	2
	Role Play/Presentations to Peers	6
Clinical Total hours: 74	Infection Control	2
	Clinical Competence/Student Requirements/Licensure	2
	Clinical Calibration	44
	Treatment Planning	3
	Periodontics	6
	Fixed Prosthodontics	7
	Removable Prosthodontics	4
	Endodontics	3
	Operative/Mock Board	7
	Oral Medicine	3
	Oral Surgery	3
	Special Care	4
	Pediatric Dentistry	4
	Orientation to Community-Based Sites	7
	Quality Assurance and Standards of Care	2
Evidence-Based Dentistry/Research Design	12	
Community Service	5	
Administrative Total hours: 35.5	Intro to Committees/Committee Work	6
	Legal and Regulatory Issues; Policies Impacting Academic and Student Affairs	6
	Administration and Organization	9
	Contemporary Issues in Dental Education: Midlevel Providers, Student Debt, Ethical Violations	3
	Legislation and Policies; Communicating with Organized Dentistry	5
	Writing Policies and Job Descriptions; Conducting Evaluations	3
	Admissions	3.5

it was developed by the grant's steering committee. The plan includes pre- and post-program surveys for each year of the program to assess participants' perceptions of their preparedness and to collect demographic information. Evaluation also includes the collection of feedback on each module of the curriculum and an annual review meeting with an external advisory board.

IRB approval was sought for both the program development and evaluation activities. Since IRB approval for the surveys had not been received prior to the start of the first year of the program, the pilot cohort (C1) did not complete the pre-program survey; they completed a survey only at the end of their Y1. In subsequent years, participants have been given a pre-program survey at program orientation (Y1) and an identical post-program survey the last day of both Y1 and Y2 to assess incremental changes.

Participants have been given a code, generated by the school's Office of Institutional Assessment, to identify and match their pre- and post-program surveys. All participants in the FP2P program have signed a consent form indicating they agreed to participate in research. Completion of the surveys was voluntary. Matched surveys (15 from C2 and C3) were utilized for the program evaluation presented in this article.

Results

This analysis sought to determine the outcomes of the FP2P program to date. Specific outcomes assessed were the demographic make-up of the participants in comparison to RSDM's faculty and the participants' perceptions of their preparedness with regards to administrative, clinical, and teaching competencies.

Participant Demographics

Descriptive data concerning the number and demographic makeup of participants were used to assess the first outcome. The program enrolled five participants in its first year (C1) and ten in years two through four (C2, C3, C4) and intends to enroll ten participants in the final year (C5) for a total of 45 (Table 2). Cohort size has been limited by budget constraints as well as the number of training placements for Y2 of the program, when the participants act as faculty in the pre-clinic and on the clinic floor.

The characteristics of the participants have varied in terms of gender, race, ethnicity, age, and years of experience (Table 3). As of the end of the fourth

year of the program, 35 participants had completed pre and/or post surveys. Among these 35 participants, 60% were female, and 12 (32%) belonged to a minority group underrepresented in dentistry (Black/African American or Hispanic, including participants indicating two or more races). The participants had earned DDS/DMD degrees between 1978 and 2012 and ranged in age from 30s to 60s, further indicating the program is drawing a diverse population. Over a third had been in private practice for over 15 years. The participants have had a wide range of professional experience, with work experience in suburban communities (72%), urban communities (50%), dental clinics (22%), rural communities (6%), and university centers (3%).

Table 2. Applicants and participants per year in the From Practice to Preceptor (FP2P) program

Entering Year	Number of Applicants	Number Interviewed	Number Selected
2012-13 (pilot, C1)	22	12	5
2013-14 (C2)	35	17	10
2014-15 (C3)	33	24	10
2015-16 (C4)	28	17	10
Total to date	118	70	35

Table 3. From Practice to Preceptor (FP2P) program participants' demographics by cohort

Variable	Cohort 1	Cohort 2	Cohort 3	Cohort 4	Total
Gender					
Female	4	7	3	7	21
Male	1	3	5	3	12
No response	0	0	2	0	2
Race/ethnicity					
Asian	0	3	1	3	7
Black	1	1	2	2	6
Hispanic	1	1	2	2	6
White	3	5	4	2	14
Two or more races	0	0	1	2	3
No response	0	0	2	0	2
Age in years					
30-39	0	3	3	3	9
40-49	2	3	2	1	8
50-59	3	4	3	4	14
60-69	0	0	0	1	1
Years of experience					
1-5	0	2	2	4	8
6-10	0	1	4	0	5
11-15	2	0	1	2	5
More than 15	3	5	3	3	14
No response	0	2	0	1	3
Total	5	10	10	10	35

Perception of Preparedness for Competencies

The FP2P program introduced a novel method for recruiting and preparing new faculty members since its goal is for the participants to transition from practicing dentistry to part- or full-time positions in academia after completing the program. The first hypothesis was assessed via pre- and post-program survey comparisons and paired t-test analysis along with calculation of an effect size. Analysis of pre and post surveys was completed for C2 and C3 (as C1 did not take a pre-program survey, and C4 has not completed the program) to determine gains (Table 4). The participants demonstrated an increase in perceived preparation across all competencies over the program. The difference was statistically significant for most competencies (paired t-test at the $p < 0.01$ level). All teaching, clinical, and administrative competencies had a positive gain from the pre-program survey to the Y2 post-program survey, and most had a statistically significant increase in perceived competence.

Teaching competencies. Five teaching competencies were significant at $p < 0.001$: apply educational theory in the design of dental instruction, develop effective written test items, develop performance-based educational objectives, serve as a mentor, and utilize item analysis in designing a class examination. At baseline, the participants reported feeling least prepared to use web-based platforms and item analysis, while they felt most prepared to serve as a mentor and to model appreciation for cultural diversity. After the program, these strengths remained, and, overall, participants reported being between somewhat and very prepared to handle all educational competencies with the exception of utilizing a web-based educational platform to develop online instruction, for which they reported improvement from a little prepared to somewhat prepared.

Clinical competencies. Four clinical competencies were significant at $p < 0.001$: apply learning theories, techniques, and materials taught to predoctoral dental students; communicate with diverse populations; develop clinical research; and grade students in laboratory and clinical environments. At baseline, on average, participants felt most prepared to comply with requirements related to OSHA, HIPAA, and infection control theories and to utilize electronic searches to answer clinical questions. They reported feeling least prepared to develop clinical research, to develop a community outreach dental

program, and to apply the rules and regulations regarding Medicaid billing and coding. The largest gains were seen in preparedness to grade students in clinical and laboratory environments. At follow-up, faculty trainees felt most prepared to grade students, utilize electronic searches for clinical questions, and apply learning theories.

Administrative competencies. Four administrative competencies were significant at $p < 0.001$: apply laws and university policies, conduct meetings, apply understanding of academic/student affairs policies, and write grant proposals. At baseline, overall, the participants felt least prepared to write grant proposals and budgets as well as apply understanding of academic affairs policies to case-based scenarios and describe legislation impacting access to dental care. The participants, at baseline, felt most prepared to communicate with others, including faculty peers, students, and other health practitioners. At the end of the program, all participants felt very prepared to communicate with students and other practitioners, and they reported feeling a little prepared to write grant proposals and budgets.

Overall Program Evaluation

In addition to the pre- and post-surveys, evaluations of individual elements of the curriculum were completed to gather feedback regarding methodology, pedagogy, and content. All of this feedback was reviewed in conjunction with the survey results at the annual external advisory board meeting. As a result of these evaluations, some elements of the curriculum were modified slightly across the years of the program to meet participant needs. For example, a module on grants writing was added to the administrative curriculum following low post survey scores. Additionally, a main element of the teaching curriculum, the “From Foundations to Innovation” course, was modified twice in an effort to provide a more effective learning experience—transitioning from a traditional course (C1), to an online course (C2 and C3), to a hybrid course (C4) specifically designed for the program by the Rutgers Graduate School of Applied and Professional Psychology.

Discussion

With regards to our first hypothesis, the recruitment methods resulted in recruitment of participants who have been more ethnically and racially diverse than the current dental school faculty, so the hy-

Table 4. Participants' perception of preparedness in faculty competencies as measured by pre- and post-program surveys

Competencies	Pretest	Year 2 Posttest	Δ	Paired t-test
Teaching				
Apply educational theory in design of dental instruction	2.53	3.67	1.14	<0.001**
Develop effective written test items	2.21	3.50	1.29	<0.001**
Develop performance-based educational objectives	2.27	3.53	1.26	<0.001**
Effectively deliver presentations to varied audiences	2.67	3.60	0.93	0.004**
Model an appreciation for cultural diversity	3.43	3.71	0.28	0.104
Serve as a mentor	2.93	3.87	0.94	<0.001**
Utilize a web-based educational platform to develop online instruction	1.67	2.73	1.06	0.001**
Utilize item analysis (including item difficulty and reliability) in designing a class examination	1.93	3.00	1.07	<0.001**
Utilize PowerPoint to prepare professional slides	2.87	3.60	0.73	0.003**
Utilize varied teaching methodologies and techniques, such as demonstration, case study, and podcast	2.13	3.00	0.87	0.003**
Clinical				
Apply learning theories, techniques, and materials taught to predoctoral dental students	2.73	3.60	0.87	<0.001**
Apply rules and regulations regarding Medicaid billing and coding	1.53	2.40	0.87	0.007**
Appropriately assign patients to students based on patient needs and student capabilities	2.27	3.40	1.13	0.002**
Communicate with diverse populations (such as limited English proficient patients)	2.47	3.47	1.00	<0.001**
Communicate with special needs and vulnerable populations	2.73	3.33	0.60	0.120
Comply with requirements related to OSHA, HIPAA, and infection control theories	3.33	3.60	0.27	0.217
Conduct quality assurance processes derived from RSDM standards of care	2.13	3.07	0.94	0.005**
Develop a community outreach dental program	1.60	2.73	1.13	0.001**
Develop clinical research	1.40	2.53	1.13	<0.001**
Grade students in laboratory and clinical environments	2.33	3.80	1.47	<0.001**
Operate clinical management systems such as those involving electronic records	2.80	3.33	0.53	0.120
Practice evidence-based dentistry	2.73	3.47	0.74	0.01*
Track student requirements and grading in a clinical setting	2.13	3.13	1.00	0.008**
Utilize electronic searches to answer clinical questions	3.00	3.60	0.60	0.045*
Administrative				
Apply laws and university policies (FERPA, ADA, CODA) to case-based scenarios	1.80	3.00	1.20	<0.001**
Apply understanding of academic/student affairs policies to case-based scenarios	2.40	3.47	1.07	<0.001**
Communicate effectively with faculty and peers	3.47	3.87	0.40	0.028*
Communicate effectively with other health practitioners	3.47	4.00	0.53	0.006**
Communicate effectively with students	3.47	4.00	0.53	0.001**
Conduct meetings	2.67	3.53	0.86	<0.001**
Conduct staff evaluations	2.53	3.33	0.80	0.005**
Describe major legislation impacting access to dental care	1.93	2.80	0.87	0.007**
Interface with professionals from other organizations, foundations, unions, etc.	3.13	3.60	0.47	0.089
Serve on committees	2.80	3.53	0.73	0.010*
Write budgets	1.93	2.00	0.07	0.774
Write grant proposals	1.13	2.00	0.87	<0.001**

Note: Response options were 1=not at all prepared, 2=a little prepared, 3=somewhat prepared, and 4=very prepared. Pretest and year 2 posttest scores are means.

*Significant at the p<0.05 level

**Significant at the p<0.01 level

pothesis was found to be true. Minority and female participation in the FP2P program is at three times and twice the rate in the recent RSDM and national⁹ faculty, respectively, demonstrating the apparent success of the program with regards to achieving its recruitment objectives. As of this date, 12 of 35 participants were from underrepresented minority (URM) groups, resulting in nearly 35% URM participation as compared to 9% of the current RSDM faculty. Even if there were no URM participants in the upcoming fifth and last cohort, the hypothesis would remain true as that would amount to over 22% URM. The program had far more applicants (Table 2) than could be accommodated, indicating an interest in academic life among dental practitioners.

Regarding our second hypothesis, after training the participants perceived they had increased their knowledge, skills, and abilities in the program, so this hypothesis was found to be true. These results show similar outcomes in the value of training faculty to previous research. A faculty development program at the University of Pittsburgh found that only 2.6% of its participants felt very prepared to teach in the classroom and none prepared to teach didactically prior to the program compared to 41.3% and 14.3%, respectively, after the coursework.¹¹ The FP2P program has a broader focus with participants gaining skills across a range of competencies. In our program, the participants perceived they were better prepared at the program's conclusion in the educational competencies important to faculty success such as applying educational theory, utilizing teaching methodologies, developing effective examinations, and developing performance-based educational objectives. They perceived being better prepared in clinical competencies required of dental faculty such as teaching, grading, and assigning students, as well as other elements relevant to academic dentistry such as clinical research and community outreach programs. The administrative competencies also showed strong gains in academic skills such as applying laws, university, and school policies to student cases.

Nearly all of the areas that did not show a significant increase in participants' perceptions of competence were fields in which the participants likely had good knowledge prior to the program based on their clinical practice: complying with regulations, communicating with special needs populations, operating clinical management systems, and utilizing electronic systems in clinical practice, as indicated by their high perceptions of competence in these areas reported on the baseline survey. Similarly, there was

not a significant gain in modeling an appreciation for cultural diversity or interfacing with other professionals, which was likely due to a strong perception of competence in these areas at the start of the program.

A limitation of this study is that the data available were from a small number of participants: only 15 pre- and post-program survey pairs were available for this interim analysis. It will be imperative to evaluate the overall success of this program to repeat this analysis after the last cohort has completed training; four cohorts of pre- and post-program survey data, representing 40 participants and presumably significantly more pairs of pre- and post-program survey data will be available at that time. When this information is analyzed, differences in perception of competence by demographic group should be investigated. Other elements of the program to investigate in the future include evaluation of whether the teaching methodologies used were actually implemented by the trainees in the second year of the program and during future employment; qualitative factors that drive clinicians to academia, including the appeal of a training program such as FP2P, as well as the impact of debt as a factor in choosing academia or private practice; and long-term employment outcomes of the program, following collection of program alumni surveys. Other related research topics include a comparison of perceived competence of the program participants before or after the program to the perceived competence of new faculty entering academia through traditional routes and, as a separate study, objective evaluation of new faculty competence, both with and without training programs. Finally, since this program was conducted at only one dental school, its findings may not be generalizable to other schools.

Conclusion

The goals of this study were to evaluate the effectiveness of an innovative program to recruit and prepare practicing dentists for future roles as dental faculty members, with a particular focus on recruiting URM participants. This program has successfully recruited both URM and other practitioners who may become future faculty. The participants also reported significant increases in their perceived competence in most areas identified as vital to success as a faculty member. This is a preliminary report, and follow-up is needed to fully evaluate the effectiveness of this program.

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