

# ADEA Commission on Change and Innovation in Dental Education

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“It’s easier to move a cemetery than to change a curriculum.” When these words were originally spoken, dental education probably wasn’t the focus. However, numerous authors and speakers over the past twenty years are convinced that these words describe the reality of curriculum reform in a contemporary dental school. The literature, conference proceedings, and private conversations are replete with discussions of the frustration that arises when significant curriculum change is attempted, along with commiseration about efforts toward major curriculum reform that ended up as minor schedule tweaking. In 1995, the Institute of Medicine (IOM) reported a variety of challenges in dental education: individual courses and curriculum reflect past dental practice rather than current and emerging practice and knowledge; clinical education does not sufficiently incorporate the goal of comprehensive care, with instruction focusing too heavily on procedures; linkages between medicine and dentistry are weak; and the curriculum is crowded with redundant material, often taught in disciplinary silos. The IOM also identified a fundamental pedagogical dichotomy in the curriculum: “basic and clinical science teaching do not stress the basic sci-

ences as a relevant foundation for clinical practice.”<sup>1</sup> A decade after the IOM study, these problems still persist in dental education.

A number of recent articles have been published that identify obstacles to and strategies for change in dental education.<sup>2-6</sup> Kassebaum et al. found that 86 percent of dental schools characterized their curriculum as traditional discipline, lecture-based, or largely discipline-based with few interdisciplinary courses.<sup>6</sup> The obstacles to change are numerous: the need to convert clinical education to a general practice-based comprehensive care model, only to find an inadequate number of academic general dentists who can serve as role models; the desire to eliminate “outdated” clinical approaches only to have faculty from the various specialist disciplines successfully argue that their interpretation of accreditation standards is that all students must demonstrate achievement of discipline-based competencies that are “above and beyond” the skill set of an entry-level general dental practitioner; a desire to move to an active-learning, problem-based approach only to have some faculty members make a case that they have no background or training to be a facilitator and bring forth the pervasive assumption that national boards test only

*Editor’s Note:* A number of important issues and initiatives regarding dental education—including access to care, diversity in dental education, curriculum reform, national licensure examination, and faculty shortages—are on the current discussion and debate agenda at the national level. In an effort to give ADEA members and other JDE readers the benefit of important individual perspectives on matters likely to have significant impact in the immediate future, with this issue the journal is launching a new section titled “Perspectives.” The articles in this section are meant to be thought-provoking, perhaps even provocative, in an effort to stimulate ongoing debate and sharing of ideas. These articles will not be peer-reviewed, and within reason, there is no limit to their length. I eagerly encourage individuals at all levels in dental academia to participate in this forum; doing so has the potential of providing a valuable service to our profession and community. In this issue, Dr. Kenneth Kalkwarf and his coauthors present their perspectives on the ADEA Commission on Change and Innovation in Dental Education.

“facts” that can best be delivered in a lecture format. Kassebaum et al., for example, found that 87 percent of schools use either National Board results or National Board exam content as a basis to evaluate the effectiveness of the school curriculum.<sup>6</sup> The list goes on to include attempts to integrate basic science and clinical science instruction, move parts of the curriculum into prerequisites, and provide more sequential education in the context of an educational continuum.

The American Dental Education Association (ADEA) has explored a number of strategies to assist dental schools in developing curricula, standardizing curricula with contemporary concepts, aligning educational methodology to focus on the development of core competencies, and fostering curricular innovation. Among the Association’s initiatives are “Curriculum Guidelines,” with the first set published in 1986 and the last in 1993; “Competencies for the New Dentist,” approved by the American Association of Dental Schools House of Delegates in 1997; the publication of best practices that include innovations in curricula; and open forums on dental school curricula at the ADEA annual sessions. The ADEA Council of Deans considered new directions in curricula at its November 2004 meeting. The ADEA Council of Sections provided the catalyst for the most recent ADEA initiative to engage the communities of interest to investigate systemic change that will advance and sustain curricular reform and innovation.

At its interim meeting in October 2003, the ADEA Council of Sections presented and discussed a proposal to develop foundation knowledge guidelines and revise the ADEA “Competencies for the New Dentist.” In March 2004, the ADEA Board of Directors considered the proposal and concluded that it provided an opportunity to engage all communities of interest in a dialogue about foundation knowledge, clinical competencies, and the relationship between foundation knowledge and clinical competencies—all in the larger context of systemic change for major curricular innovation. As a means to build upon and move forward the Council of Sections proposal, the ADEA Board of Directors concluded that the Association should hold a Forum on the Predoctoral Dental Curriculum to involve all the major stakeholder groups required for a systemic change. This forum took place on October 21, 2004. It included representatives from the American Dental Association (ADA), Commission on Dental Ac-

creditation (CODA), Council on Dental Education and Licensure (CDEL), Joint Commission on National Dental Examinations (JCNDE), ADEA Council of Deans, ADEA Council of Sections, academic deans, and others.

There are a number of ways to conceptualize curricular reform in dental education. What is lacking in most proposals for innovation is a single Archimedean leverage point by which to shift the entire system. Based on feedback from the ADEA Forum on the Predoctoral Dental Curriculum, a lever for systemic change could be created by involving all communities of interest in the development of a new document: “Competencies for the New General Dentist.” This document would include foundation knowledge linked to competencies that encompass the desired entry-level skills for a general dentist who is prepared to serve the public’s oral health needs. As envisioned by the forum participants, this document would provide a common reference for the development of new curricula, the construction of National Board examinations, the update and revision of CODA standards, and the reform of the clinical licensure process—processes, tasks, and outcomes that should be intertwined in a well-orchestrated professional development and credentialing pathway that is based upon the official curriculum model for the dental accreditation process: that is, competency-based education.<sup>7,8</sup>

The forum recommended that the ADEA Board of Directors engage groups inside ADEA, as well as across the dental and health care communities, to contribute to the development of the “Competencies for the New General Dentist” under the leadership of an oversight committee. The ADEA Board of Directors accepted this recommendation, and in April 2005 ADEA President Eric Hovland appointed the oversight committee—the Commission on Change and Innovation in Dental Education. With the October 21, 2004 forum as a model, the commission represents the various components of ADEA as well as advanced education, the licensure community, the ADA, CODA, CDEL, JCNDE, and other areas of health care education. President Hovland appointed Dr. Kenneth L. Kalkwarf, ADEA President-Elect and Dean, University of Texas Health Science Center at San Antonio Dental School, to chair the commission. The commission held its inaugural meeting on May 12, 2005.

Work on the document “Competencies for the New General Dentist” began on June 8, 2005. With

the oversight of the commission, an ADEA Council of Sections Task Force met to begin the development of a new set of competencies along with accompanying descriptions of appropriate foundation of knowledge. In its oversight capacity, the commission charged this task force to construct the competences for a new general dentist as an interdisciplinary model with thematic units rather than discipline-specific courses and to identify foundation knowledge for each competency as well as the knowledge that should be a prerequisite to admission to dental school. As documents are developed, the commission will distribute them to a broad array of the communities of interest, including other health professions, and the various ADEA councils for input.

“Competencies for the New General Dentist” is not the endpoint of the ADEA process, but the reference point for innovative change. Curriculum guidelines are envisioned to delineate the specifics underlying clinical competencies and foundation knowledge. This information will prove useful in determining appropriate prerequisites to dental school admission as well as identifying curricula that are extraneous to education for entry into the profession of a new general dentist. Through its councils, ADEA will engage its membership in workshops and forums to explore new educational and assessment methodologies, to identify best practices in curriculum as models, and to create a dynamic model and process to assist dental schools in curricular innovation. With the guidance of the commission, ADEA is developing a communications plan to engage faculty, students, administrators, and communities of interest in the change effort.

The ADEA Commission on Change and Innovation in Dental Education presents a unique opportunity for ADEA to work with its members, CODA, CDEL, JCNDE, and the clinical licensure examining community to initiate meaningful, systemic change into dental education. Working together through the commission, these groups will provide a conduit for continuous innovation to prepare the new general dentist for the challenges of the twenty-first century.

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