



2010 ADEA EXECUTIVE DIRECTOR'S REPORT
m e e t t h e f u t u r e



Flash forward. *Students are working in teams, evaluating research literature, solving problems derived from actual cases, learning clinical procedures on high-fidelity simulators, and treating patients in the community. Teachers have left their podiums to become guides, facilitators, mentors, and role models. Education is distributed, culturally competent, and interprofessional. It spans ethics, genetics, and materials science.*

Meet the future of dental education.

In a classroom here, a department there, in some cases in an entire school or program, this future is already visible.

This should come as no surprise to ADEA members. With a compelling vision of the future in sight, we have directed our energies forward, and many have eagerly sprinted ahead.

Three years ago, the ADEA Board of Directors demonstrated its wisdom in articulating four strategic goals:

- Preparing institutions for the future
- Generating the workforce of the future
- Developing leaders for the future
- Delivering value to members

This relentless focus on the future has guided the work of a growing cadre of active and committed members. The result?

The future we have been preparing for is with us here today.

Dental education is undergoing a profound transformation. The information and skills we teach and learn today differ dramatically from what my generation experienced, and so do the ways in which we teach and learn. That is as it should be. Dental and allied dental careers are undergoing a significant evolution, and today's students, residents, and fellows must prepare differently for the careers that will emerge.

As ADEA members, you are driving this change—on campuses, in community settings, through publications, at professional meetings, and through your

participation in Association forums. What type of future is this change engendering? Just look around.

THE "FUTURE" OF TODAY

Today's classroom is a far cry from the one I once sat in. New dental schools and programs offer a dynamic environment where change is an integral part of everyday life, and established institutions are also on board, riding the current wave of innovation.

According to the *2009 Dental School Curriculum Format and Innovations Survey*, conducted by ADEA and the Academy for Academic Leadership, teaching strategies that encourage students to become independent learners are gaining ground. We're seeing greater use of approaches that promote critical thinking and employ teams to solve problems. More clinical education takes place in community-based settings. And more and more students, residents, and fellows are learning alongside their counterparts in other health professions.

We're witnessing increased interprofessional awareness among faculty as well. In a six-month period last year, MedEdPORTAL®, the free online publication service designed to promote educational collaboration by facilitating the open exchange of peer-reviewed teaching resources, tracked an impressive 500+ downloads of dental education resources by medical schools and individuals. The service is provided by the Association of American Medical Colleges in partnership with ADEA.

MedEdPORTAL® represents just one of the technologies considered novel only a decade ago. Simulation, podcasts, and iTunesU are among the widely available educational technol-



ogy tools that enrich education in the classroom and extend it across campus and around the globe.

Most recently, ADEA partnered with the American Dental Association (ADA) to launch a groundbreaking educational opportunity. The ADA Annual Session *Education in the Round* webcast allowed students, residents, fellows, and faculty to access high-quality live-patient courses via the Internet without leaving their home campuses. During its inaugural run, more than 47 U.S. dental schools took advantage of this innovative delivery mechanism. *Education in the Round*, generously supported by a grant from Henry Schein Dental, offers six courses per year. It represents a strategic alliance between ADEA and ADA that should have long-term benefits for both organizations.

We've also witnessed substantial change in what we teach and learn. Today's students are expected to acquire cross-cultural communication skills and the ethical and professional values that will earn them marks for

good citizenship throughout their years in practice. They are expected to know how to evaluate the latest scientific research and perhaps to conduct some of it themselves. Tissue engineering and regeneration, new dental materials, and salivary diagnostics are emblematic of the rapidly evolving science of dentistry with which future practitioners will have to keep pace.

ADEA is fortunate to have acquired more than a dozen new corporate and nonprofit partners in the last year, despite the economic downturn. They join a forward-thinking group of allies eager to support educational innovation and share advances. With their generous support, the ADEA Curriculum Resource Center will develop web-based learning guidelines and curriculum materials to help faculty integrate cutting-edge research findings and evidence-based practices into their courses. The first modules are already in development and will appear online in 2010.



Of course, change and innovation in education are occurring in the practice environment as well. The emergence of several oral care professional models is particularly striking. The future can be glimpsed north of the 51st parallel, where Dental Health Aide Therapists are treating Alaska Native patients. In Minnesota, meanwhile, the first classes of future Dental Therapists and Advanced Dental Therapists matriculated this past fall. A curriculum for the ADA's proposed oral care professional, the Community Dental Health Coordinator, is currently being piloted at three U.S. educational sites, and the American Dental Hygienists' Association continues to generate support for its Advanced Dental Hygiene Practitioner model.

The results of a survey of the ADEA Council of Allied Dental Program Directors published in the January 2010 *Journal of Dental Education* confirm that leaders in allied dental education support the development of these new practice models. In short, the question of whether we will have new oral care professionals has been answered in

the affirmative. With this vantage point on the future, we must now tackle the complex questions of what will define these practitioners, how they will be educated, and where they will practice. To help find the answers, the ADEA Council of Allied Dental Program Directors will host a summit in June 2010.

Evolution taking place within the patient population will also impact how we practice. Patients of the future will be older, more demographically diverse, and more likely to have multiple chronic conditions for which they will take multiple medications. Indeed many patients already fit this profile, which is spurring a move toward team-based care and greater collaboration across the health professions.

Care is also becoming more patient-centered. Thanks to the Internet, today's patient population is increasingly connected to its own health information and to knowledge about health care and disease. Electronic health records, genetic research, and the growing dominance of evidence-based practice are fueling a quality improvement revolution that should eventually lead to health care that is more closely tailored to individual needs and desires.





HOW ADEA HAS PREPARED FOR THE FUTURE

By keeping a watchful eye on the future, ADEA members have taken the lead in perceiving developments and preparing to accommodate change. How? By building the organizational capacity needed to support our member institutions as they respond to our changing environment.

The ADEA Commission on Change and Innovation in Dental Education (ADEA CCI) has played the central role in this ongoing endeavor. ADEA CCI is articulating the future of dental education by examining curriculum content and how it is delivered, identifying and sharing best educational practices, and creating a network of ADEA CCI Liaisons to build institutional capacity for change.

Our message is getting through. Three quarters of dental schools have charged their curriculum committees with reviewing the recently completed *ADEA Competencies for the New*

General Dentist, and 20 percent more are planning to do likewise. Hundreds of you, both faculty and administrators, are driving this change, and thousands more students, residents, and fellows are furthering it by demanding new pedagogies and embracing emerging ones.

It is inspiring to watch so much change taking hold at the grassroots. In spite of trying financial times, 39 dental schools sent representatives to this summer's ADEA CCI Liaisons Conference, demonstrating their strong level of commitment to ADEA CCI's goals. More importantly, in three short years, 21 dental schools have made significant progress in promoting change and innovation on their campuses, and word of their accomplishments is resounding well beyond our immediate community.

Last year ADEA published *Beyond the Crossroads: Change and Innovation in*

Dental Education, a collection of white papers that can serve as a roadmap for current and future efforts to revise and enhance dental education. The publication is in the hands of influential leaders in dental and higher education, state dental boards, and organized dentistry.

ADEA is also involved with a curricular innovation designed specifically with under-represented minority (URM) and low-income (LI) students in mind. Creating opportunities that bring students from all backgrounds into the pipeline is vital to producing a workforce capable of and willing to provide access to care for those future patients I mentioned.

Moving Forward: Bridging the Gap, a program sponsored by the Josiah Macy, Jr. Foundation and administered by ADEA, resulted in the creation of three innovative, seven-year curriculum plans aimed at preparing URM and LI

Examples of ADEA Collaborative Ventures

Summer Medical and Dental Education Program

Focus: preparing under-represented minority college students for admission to medical and dental school

Collaborator: Association of American Medical Colleges (AAMC)

MedEdPORTAL®

Focus: sharing free teaching resources across the health professions, integrating learning across disciplines, converging basic sciences, sharing a commitment to the scholarship of teaching and learning

Collaborator: Association of American Medical Colleges (AAMC)

Health Professionals for Diversity

Focus: defeat of anti-affirmative action ballot initiatives

Collaborators: AAMC and more than 30 other organizations representing health care providers, researchers, educators, and students

College Board Access and Diversity Collaborative

Focus: develop tools to help institutions meet diversity goals in ways that are legal

Collaborators: medicine, dentistry, law, and graduate schools; co operating organizations; and foundations

Professional Diversity Roundtable Group

Focus: diversity in graduate education and the professions

Collaborators: AAMC, Graduate Management Admissions Council, and the Law School Admissions Council

Interprofessional Professionalism Collaboration

Focus: measuring professionalism across the health professions

Collaborators: AAMC, National Board of Medical Examiners, American Association of Colleges of Pharmacy, American Speech-Language-Hearing Association, and American Physical Therapy Association

Fourth ADEA International Women's Leadership Conference

Focus: advancing women's leadership and fostering global alliances to improve health

Cosponsors: among others worldwide, the National Institute of Dental and Craniofacial Research and the Office of Women's Health at the Department of Health and Human Services

students for the practice of dentistry. It will soon be put to the test as the schools that received grants begin admitting students in 2010.

In a related effort, the Dental Pipeline II program funded by the Robert Wood Johnson Foundation allowed ADEA to bring together leading educators last year to review how diversity is addressed in predental accreditation standards and to make recommendations for revisions. These addressed three dimensions of diversity: the representation of minorities in the student body, cultural competency education, and the impact of diversity on the academic climate. All the recommendations were accepted for consideration by the Commission on Dental Accreditation and distributed for public comment.

Another endeavor that supports ADEA's diversity goals, the ADEA/W.K. Kellogg Minority Dental Faculty Development Program, is drawing to a close. This initiative identified best practices and lessons learned around partnerships and mentoring that provide critical support to minority faculty development. These will be shared through a supplement to the *Journal of Dental Education*.

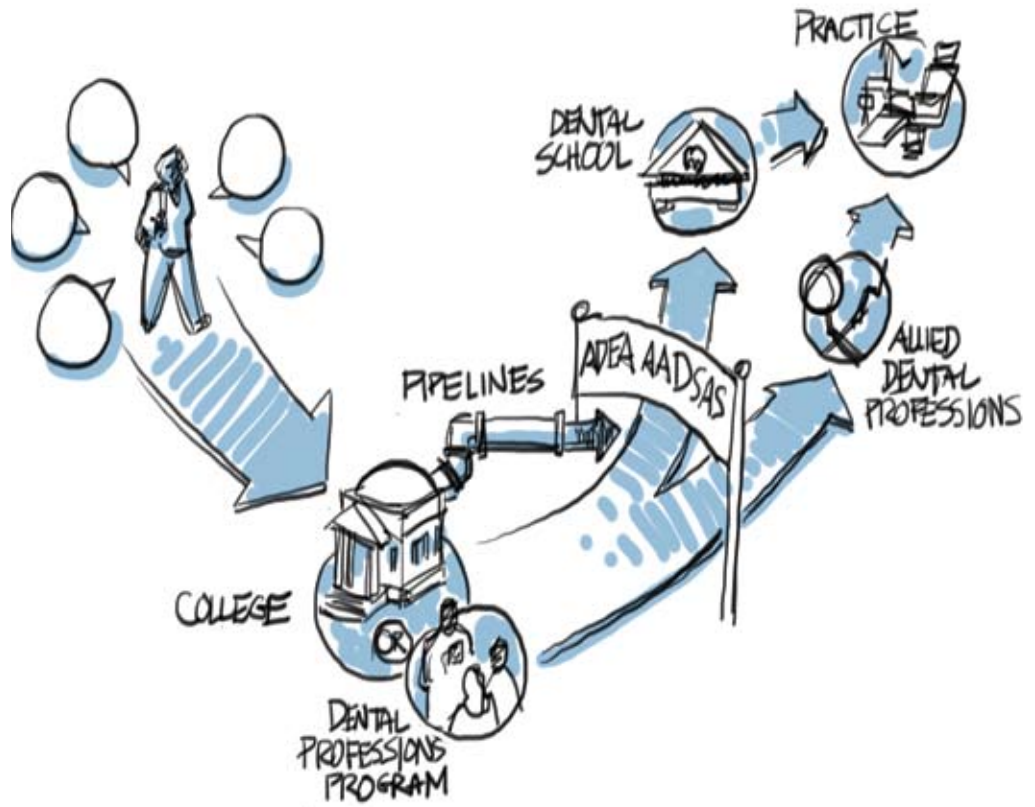
Bringing URM and LI students into health professions schools is the best strategy we've found so far for getting health professionals into underserved communities. I am excited to announce that in 2009, for the first time, there was a URM student in every dental school. This is welcome news, inspiring us to strive for greater gains.

ADEA has become the place to go for students considering a career in dentistry. The *ADEA Official Guide to Dental Schools* continues to serve as a valued resource, and we are priming the pump for the other health professions as well. Our website

www.ExploreHealthCareers.org proved its value by attracting over 50,000 visitors a month in 2009. The Robert Wood Johnson Foundation, which provided funding for the site when ADEA assumed it in 2007, renewed its commitment this past year with a prestigious President's Grant to support the site's expansion. The site was also included in Medicine 3.0's Top 50 Medical Career Blogs and won Silver Awards for Distinction for Copywriting and Health Career Information through the International Academy for the Visual Arts in 2009.

ADEA also uses the popular YouTube site to prime the applicant pump. A series of testimonial videos from dental and allied dental students have been posted, and they are resonating with viewers and increasing the visibility of URM students in the health professions.

As for those who are ready to give serious consideration to a career in dentistry, ADEA continues to cosponsor the Summer Medical and Dental Education



Program (SMDEP) with the Association of American Medical Colleges. SMDEP gives younger college students the academic enrichment and confidence building they need to become viable candidates for dental school. Of the 2006 cohort, 61 students applied to dental schools and 43 enrolled; of the

2007 cohort, nine applied and seven enrolled. Fifty SMDEP alumni may be counted among the 2008 entering class. An initial grant from the Robert Wood Johnson Foundation, which expired in 2009, has been renewed. It will continue to sustain the program through 2011.

Finally, ADEA is facilitating increased acceptance of URM and non-traditional students into dental school by addressing the admissions process. Thanks to a pipeline grant from the Robert Wood Johnson Foundation, ADEA has been able to train 10 dental school admissions officers to present workshops to admissions committees on how they can implement holistic admissions and foster greater diversity. Workshops have been presented to 19 admissions committees.

Last year the applicant pool for dental school held steady at over 12,000 individuals, and ADEA members continued to improve the application process in notable ways. A partnership with the matching service for postdoctoral stu-



dents, residents, and fellows was successfully launched in May, and an application service for international dental graduates came online in June. Both are running smoothly and efficiently.

A new initiative this year is DENTPIN, a joint effort of the ADA, ADEA, CODA, and Joint Commission on National Dental Examinations (JCNDE). DENTPIN eliminates the use of Social Security numbers and provides a unique identifier to each applicant that stays with him or her through their education, professional licensure exams, or both. The DENTPIN provides a consistent means of identifying individuals across multiple interfaces and facilitates the collection, reporting, transmission, and tracking of essential student data while protecting more sensitive personal identifying information.

The ADEA Division of Educational Pathways, which oversees these endeavors, is well on its way to a paperless future. Over the next two years, application processes will move entirely online, and ADEA will enhance its web portals to make it easier for admissions committees to review applications without printing them out.

So that is where we are headed, but we need some maps to guide us. To get our bearings and chart a course, we devote considerable resources to discovering where we have been.

The ADEA Division of Knowledge Management (ADEA DKM) conducts surveys and analyzes trends in dental education over decades. This window on the present and the past helps ADEA member institutions prepare for the future. The three faculty surveys that ADEA has traditionally fielded (ADEA Faculty Salary Survey, ADEA Survey of Vacant Budgeted Positions, and ADEA

Survey of Dental Educators) were combined into one last year to lessen the reporting burden on schools and increase our efficiency.

The division also developed an ADEA Allied Faculty Salary Survey in response to member requests for data. Starting in 2010, this new tool will begin to address the dearth of information in this area. Other new surveys include the ADEA Student Survey to assess student interest in academic careers, and the ADEA Deans' Profile, a snapshot of the current leadership at American dental schools. It will allow comparisons with earlier reports so we can see how the leadership has changed over the years, not only in terms of demographic variables, but also in terms of the work they engage in and their attitudes about dental education. This survey will also provide a vehicle to collect deans' attitudes and perspectives about current and future faculty vacancies, recruitment challenges, and retention issues.

Many of the ADEA Legacy Surveys will use new "dashboard" technology that will allow access to the database with a unique password to view school-specific data along with national and regional data and create tables based on user-defined variables.

ADEA members often spur the Association to find new efficiencies in gathering data and create meaningful new ways to present it. The ADEA Online Library, which will debut at the 2010 ADEA Annual Session & Exhibition, represents a significant stride in this direction. The purpose of the ADEA Online Library is to connect our knowledge assets in a meaningful way and in one place. Reports, summaries, charts, tables, graphs, presen-

tations, and other sources of data and information that members, staff, and the public need will be housed in an online repository. This will contain information and data from the past and present and highlight items of significance. In many cases, users will be able to drill down to find more information and actual data sources.

Delivering value to members may be just one of the four strategic goals that guide our Association, but it is the primary reason more than 18,000 members of the dental education community choose to be part of ADEA.

The ADEA Fall Meetings in particular epitomize member value. Over the past three years, these traditional planning meetings have morphed into crucial networking events with educational, professional development, and collaboration opportunities. Despite the austerity that has gripped the academy of late, our individual and institutional members took full advantage of this gathering in 2009. Attendees formed and strengthened connections with their colleagues, and these should bear fruit in the years ahead.

The ADEA Deans' Conference also showed no significant drop in attendance despite severe cutbacks in travel and professional development budgets. Senior leaders at our member institutions availed themselves of the chance to talk with peers about ways to do more in a time of constrained resources.

Of course, ADEA members interact online year round. Recent investments in the security and stability of our IT infrastructure have positioned ADEA to provide reliable service as information proliferates and traffic increases in the years ahead.

ADEA Leadership Development Programs

- ADEA Leadership Institute. Ten years in operation, with 191 graduates. In a 2009 alumni survey, 99% rated their experience as positive, with 72% indicating that the ADEA Leadership Institute had been important or very important to their career advancement. Five current dental school deans are graduates.
- ADEA Allied Dental Faculty Leadership Development Program. Six years in operation (2011 will be next class), with 103 graduates. Anecdotal evidence suggests alumni have assumed leadership positions in their institutions, ADEA, or both. A survey of all six classes will be fielded in January 2010.
- ADEAGies/AADR Academic Dental Careers Fellowship Program. Began in 2006 with start-up grant from the American Dental Association Foundation; 2007 and 2008 funded by ADEA and AADR. Thirty-one students from 21 dental schools have completed the program. ADEAGies Foundation is supporting the program for 2010, when seven students will begin the fellowship at the 2010 ADEA Annual Session & Exhibition.
- ADEA/Johnson & Johnson Healthcare Products Enid A. Neidle Scholar-in-Residence Program for Women. Fifteenth year. 64% of fellows promoted in academic rank. Sponsor: Johnson & Johnson Healthcare Products.
- ADEA/AAL Institute for Teaching and Learning. Six years in operation, with 174 graduates representing 44 U.S. and Canadian dental schools and 29 private practices. In a November 2009 report in the *Journal of Dental Education*, 99% of graduates indicated they were positive or highly positive about their learning experience, and 96% stated the program was important or very important in their effectiveness as teachers.
- ADEA/AAL Institute for Allied Health Educators. Four years in operation, with 133 graduates. The first ADEA program to be conducted entirely online, starting in 2009, with synchronous (live) sessions and self-study units.

ADEA publications also play a central role in keeping our members connected and in the know. In November, our flagship publication, the *Journal of Dental Education (JDE)*, began using a comprehensive online submission and review system hosted by Scholar One.™ It is efficient, easy to use, and saves time for authors, reviewers, and

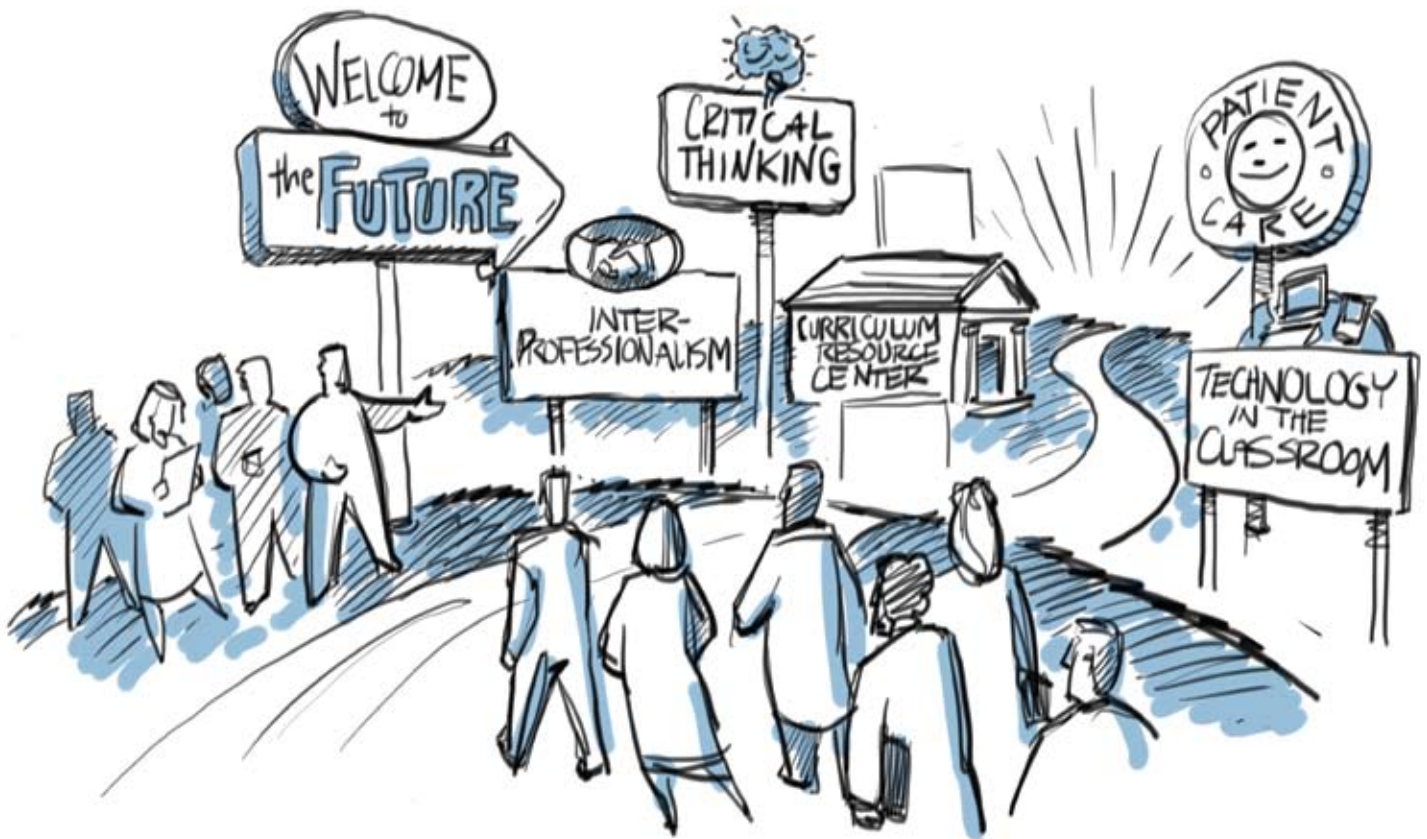
editors. Thanks to this paperless system, the *JDE's* new editor, Dr. Jack Brown, expects submissions to increase by 10 to 20 percent next year, and that's on top of significant growth in 2009. The reputation of the *JDE* is also growing, and the journal has a substantial impact in our community.

Associations must lead as well as serve their members, and ADEA's leadership is evident in a number of spheres: promoting diversity in the health professions, facilitating discussion around oral care professionals, raising awareness of oral health on Capitol Hill, encouraging interprofessional cooperation, and above all, working to ensure that dental and allied dental education evolve to meet emerging needs while retaining the highest standards when it comes to educational quality.

Developing leaders for the future is one of our strategic goals, and many ADEA members at all ranks are leaders who exert their influence in shaping our common future. The ADEA Leadership Institute is just one of many ADEA and ADEA-cosponsored programs that help them develop so they can take dental education to unprecedented heights.

Buttressing these accomplishments are ADEA's advocacy efforts. As the voice of dental education, ADEA members continually speak out on issues of concern to the dental education community. We have taken the lead on issues related to universal coverage, workforce provisions, and funding for Graduate Medical Education, and our collective—and authoritative—voice has garnered the respect of policy-makers.

This past year, our persistent attempts to insert oral health into the debate surrounding health care reform were rewarded when lawmakers on Capitol Hill included coverage of oral health care services for children in both the



House and Senate versions of health care reform. Ensuring the same outcome for adults remains a top legislative priority for ADEA.

Each year members work with the ADEA Center for Public Policy and Advocacy (ADEA CPPA) staff to testify on Capitol Hill. Dozens more meet with their representatives, and hundreds of you make your voices heard in support of our community at all levels of government and within your institutions.

ADEA also ensures that its members are at the table when the federal funding pie is divided. Our efforts are reflected in dental provisions in the reauthorized Ryan White Care and Higher Education Acts. ADEA is also working diligently to modify the parameters

for federal stimulus funding so that ADEA member institutions will become eligible for health information technology incentives under the HITECH Act. Actions taken earlier in the year by Dr. Cecile Feldman and her colleagues at the University of Medicine and Dentistry of New Jersey paved the way for this effort.

You can and will shape the future.

The picture sketched above shows the future visible on the horizon, but its details remain hazy. Will it take a century or a decade to fill in the gaps? Will we use tentative markings or bold strokes? As most of us move forward, will pockets of our community be left behind at the bottom of the hill?

You will determine the answers to these questions as you shape the future that lies ahead. Along the way, ADEA will be there with a helping hand, a welcoming community, and powerful vehicles to propel you forward. Looking for a place to begin?

Connect With the ADEA Commission on Change and Innovation in Dental Education: Read *Beyond the Crossroads: Change and Innovation in Dental Education*. Support your school's ADEA CCI Liaisons, nominate a Liaison, or consider becoming one yourself. Share your innovative practice through ADEA CCI so everyone can consider adopting it.

Attend SoTLfest: Take advantage of this yearly opportunity to explore the Scholarship of Teaching and Learning

through dozens of presentations and workshops at the ADEA Annual Session.

Advocate: Attend ADEA's annual Advocacy Day on Capitol Hill. Invite ADEA CPPA staff to conduct a Field Advocacy Workshop at your school. Come to Washington for ADEA-ASDA National Dental Student Lobby Day. Call or write your representatives. Your voice matters!

Mentor: Take a student under your wing through the ADEAGies/AADR Academic Dental Careers Fellowship Program. Mentor a newcomer at the 2011 ADEA Annual Session & Exhibition. Inspire a student or colleague to become involved and perhaps pursue a career in dental education.

Publish: Share your knowledge through the *Journal of Dental Education* and your teaching resources through MedEdPORTAL®.

Step Up to the Plate: Consider what you can accomplish as a senior administrator or as an active member of an ADEA board or committee. If you are ready to move up to the big leagues, ADEA's leadership development pro-

grams will give you the expertise and confidence to make the transition.

Promote Innovation in Admissions Practices: Reevaluate how you weight grades and scores. Consider whole file review, open houses, even problem-based admissions! Reach out to students in the early grades and provide academic enrichment opportunities for interested future applicants.

Be Where the Action Is: Attend ADEA meetings and connect with colleagues online. Join an ADEA Special Interest Group or Section. Run for office. Volunteer for a working group on your campus.

Let me close by offering my heartfelt thanks to those of you who are already engaged in these and other pursuits, especially our current President, Dr. Ron Hunt, and the other members of the ADEA Board of Directors: Dr. Sandra Andrieu, Dr. Charles Bertolami, Dr. Maria Cordero, Dr. Susan Crim, Dr. Lily Garcia, Dr. Diane Hoelscher, Ms. Barbara Nordquist, Dr. Todd Thierer, and Dr. John Williams. Our community has witnessed such remarkable progress in recent years due in no small part to your commitment to leading the As-

sociation and meeting our strategic goals. I also want to acknowledge the many volunteers who provide leadership on our councils, committees, and commissions, and represent us in other associations and organizations. Your myriad contributions are equally essential to achieving our goals. Finally, let me thank the generous corporations and foundations that partner with us to support all of these undertakings.

Collaboration is key to creating a future that addresses our needs as well as those of the communities we serve. ADEA has the resources to make that collaboration possible.

This is our community. Be an active part of it.

**The future
depends on
you.**



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