ADEA AMERICAN DENTAL EDUCATION ASSOCIATION Charting Progress

SEPTEMBER 2010

A Monthly Newsletter from ADEA Executive Director Richard W. Valachovic, D.M.D., M.P.H.

In this month's letter, Dr. Rick Valachovic, Executive Director of the American Dental Education Association, summarizes recent changes to the accreditation standards for predoctoral dental education and their implications for the future.

New Accreditation Standards Affirm a New Direction for Dental Education

A rich variety of tools are and will be available to help us meet new standards incorporating diversity, evidence-based practice, and assessment of overall competency.

While some of us were at the beach and many more were dreaming of ways to escape the sweltering heat this summer, members of the Commission on Dental Accreditation (CODA) gathered in Chicago and adopted a resolution to approve new Accreditation Standards for Dental Education Programs. This historic vote marked the culmination of a process begun three years earlier and affirmed a growing consensus that our institutions must evolve to ensure that dental students graduate well prepared for 21st century practice.

How do the new standards differ from those of the past? In a nutshell, they incorporate new language related to important areas such as critical thinking, professionalism, diversity, research, evidence-based practice, interprofessionalism, and lifelong learning. They introduce the assessment of overall competency, and they encourage predoctoral programs to graduate lifelong learners who are prepared to adapt to an unpredictable future.

You can get the full picture by looking at the standards yourself, but here are some highlights:

• The scope of general dentistry and its competencies are clarified, with the intent of graduating dentists who can apply both current and emerging science and technology in practice.
• Patient care provided within the dental school must be evidence-based, and graduates must be able to avail themselves of scientific literature to provide evidence-based care once they are in practice. Additionally, dental schools must engage in quality improvement efforts that involve monitoring patient care and producing data that can serve as a basis for its improvement.
• Diversity is recognized as an essential component of academic excellence. Dental schools must work to graduate dentists with the interpersonal and communication skills needed to manage a diverse patient population. The diversity of the student body, faculty, and staff and the inclusion of diversity in the curriculum are essential to creating a diverse learning environment that improves the patient outcomes of those from all backgrounds.
• In an acknowledgement of the importance of community-based education programs, schools must make opportunities available to students to work in various community health care environments in order to develop a culturally competent workforce and foster an appreciation for the value of community service.
• Research or other scholarly activity that aligns with the mission and goals of each institution must be an integral component of dental education programs. Students should be introduced to the principles of research and given opportunities to take part in research while mentored by faculty.
• Finally, the standards state: "Programs should assess overall competency, not simply individual competencies in order to measure the graduate's readiness to enter the practice of general dentistry."

As those of you who have been following the work of the ADEA Commission on Change and Innovation in Dental Education (ADEA CCI) can easily see, the new standards reflect many of the ideas and concepts that ADEA CCI has promoted. In fact, ADEA CCI is one place where revision of the predoctoral accreditation standards began. In 2006, ADEA CCI joined together with CODA to form the ADEA-CODA Task Force. Its charge: to examine and recommend changes to the CODA accreditation standards for predoctoral dental education.

In December 2007, the task force submitted proposed standards revisions to CODA through that body's Predoctoral Dental Education Review Committee (PRDC), and after a lengthy revision and public review process, the PDRC presented the standards to the Commission for the August 2010 vote.

Last month I called Dr. Michael Reed, Dean Emeritus and Professor of Oral Biology at the University of Missouri-Kansas City, to congratulate him on the successful completion of the PRDC's work. Mike serves as an ADEA representative to CODA and chaired the PRDC. He praised the inclusiveness of the revision process and the hard work of his fellow committee members.

"I was impressed by the kind of responsibility and commitment that I saw from our colleagues," he told me. "The revision process we followed was very open, very transparent. Communities of interest had two years to comment on the proposed changes, open hearings were held at both the ADEA and ADA Annual Sessions, and the committee worked diligently to evaluate and incorporate suggestions that emerged."

Dr. Eugene Anderson, Associate Executive Director and Director of the ADEA Center for Educational Policy and Research, which oversees ADEA CCI, also lauded the committee's work, calling the passage of the new standards "a monumental step forward for dental education. It took a long time to reach this point," he acknowledged, "but the standards reflect the concerns of many stakeholders and address all the essentials."

I also wanted to hear the reaction of another ADEA member involved in the initial phase of this endeavor, Dr. Kenneth L. Kalkwarf, Dean of the University of Texas Health Science Center at San Antonio Dental School. Ken served as the inaugural Chair of ADEA CCI and was a member of the ADEA-CODA Task Force.

When we spoke, he was quick to put this recent achievement in its historical context, noting that the last time CODA adopted new standards, we moved from quantifying and evaluating processes to measuring student competency. The latest standards take this a step further.

"We are now comfortable measuring the components of competency," Ken said, "but we are not so sure of how to measure overall competency."

Ken believes that this will require consistent observation of the entire care delivery process for multiple patients. In his view, the crux of the problem lies in evaluating students' values. "We do a good job of evaluating their knowledge, we do a pretty good job of evaluating their skills, but their values override all of that. We need to ask, are they making the right treatment decisions? Are they providing the right care? Do they have the patient's welfare in mind?"

No doubt it will take some time before institutions figure out how to measure overall competency within their individual programs, but the recent proliferation of new assessment methods (such as portfolios and OSCEs; see the February 2010 issue of *Charting Progress*) suggests that a rich variety of tools are available to help us meet this new standard. Community-based education and the institution of general dentistry group-practice models in dental school clinics also show promise in facilitating the evaluation of overall competency.

CODA has wisely provided an extended implementation window to give schools—and evaluators—time to get up to speed on the new standards and adapt their programs to meet them. Programs may elect to implement the new standards as early as January 1, 2012, but they retain the option of being evaluated under the old standards until the mandatory implementation date of July 1, 2013.

Many of our schools are already moving in the direction of the standards, thanks in no small part to the conversations initiated by ADEA CCI and the work of the nearly 200 ADEA CCI Liaisons at dental schools across the country. And as Mike Reed reminded me, ADEA's publication of *Beyond the Crossroads: Change and Innovation in Dental Education*, a collection of ADEA CCI white papers, also played an important role. "Bringing so many concepts together in one volume helped people understand what dental education might look like moving forward," he observed.

Nevertheless, I have heard that some members of our community are understandably nervous about the curricular changes needed to meet the new standards. ADEA recognizes that its effort to support curriculum change and innovation is not complete. We will continue to help institutions share best practices by publishing their findings, creating toolkits, and hosting forums for dialogue around these important issues.

These changes are coming none too soon. ADEA's annual survey of graduating U.S. dental students in 2008 revealed feelings of being underprepared: 38 percent of seniors felt underprepared to care for disabled patients, 23 percent to care for rural populations, 22 percent to adapt treatment plans for low-income populations, 22 percent to care for children, and 17 percent to provide care to a diverse society. If the new standards prompt us to live up to a higher standard, they will go a long way toward closing these gaps.

Richard W. Valachovic, D.M.D., M.P.H.
Executive Director
valachovicr@adea.org

American Dental Education Association

1400 K Street, NW, Suite 1100, Washington, DC 20005
For member service questions, call toll free 888-ADEA OPEN (888-233-2673)
Phone: 202-289-7201 Fax: 202-289-7204