Introduction - Transformation

In 2006, members of the ADEA CCI warned of our profession’s lack of vision for taking care of the oral health needs of society and revealed a “chasm” between the principles we teach in dental school and the core values we proclaim as a profession. More specifically, the dental curriculum was described as convoluted and disjointed, lacking connections and clinical relevance, expensive, and dissatisfying to consumers (Pyle M. et al., 2006).

Although improvements have been made, rather than change, a transformation is needed to remove this gap.

Transformation:
1. Alters the culture of the institution and its underlying assumptions and institutional behaviors, processes, and products
2. Is deep and pervasive, affecting the whole institution
3. Is intentional
4. Occurs over time

Transformation is NOT:
1. “Unplanned” change that arises in response to some unforeseen situation
2. “Superficial” change that reflects a new way of doing the same old thing.

“Transformation of an organization begins with the transformation of its leadership.”
- Barry Pogorel

Transformation of Faculty

1. Transformational Leadership Training for Faculty
   “Fresh approaches by leaders to remove barriers to systemic [transformation] that allow new business models and innovations to emerge may provide the impetus for the preservation of dentistry as a learner profession” (Pyle M. et al., 2006).
   A. “Pogorel Leadership Training” - Personal leadership training through a unique and innovative approach.
      i. 3 week personal leadership training for all faculty/staff.
      ii. Executive Consulting to transform organizational behavior.
      iii. Established a culture of student-staff-faculty collaboration, creativity, and accountability; stress and conflict were replaced with alignment, effectiveness, and enjoyment of patient care.

2. Transformation of Dentists (Clinicians) to Dental Educators (Academicians).
   Through a graduate level teaching fellowship from Brigham Young University, faculty will learn expectations of the academic dentist. This fellowship includes:
   A. Learning theory and effective pedagogy (semester 1)
   B. Backward curriculum design strategies (semester 2)
   C. Mentored teaching experiences and learning communities (semester 3)

Summary

Using a Backward Design approach, we are transforming dental education at Roseman University CODM from a traditional, conformist approach to an evidence-based, integrative, constructivist experience based on well-defined, higher-order skill-based outcomes. We are gathering control data on four transformative outcomes to measure our success. This transformative process will be transparent, well documented, evidence-based, and ready for dissemination.
Deconstruct and develop a new curriculum “map” using Backward Design (Wiggins & McTighe, 2005) such that learning outcomes drive assessment and learning activities.
A. The curriculum puzzle is no longer a matter of putting COURSES in the right place, it is putting the OUTCOME in the right place and using assessment to drive curricular activities.
B. Instead of a “course”, there is a 3 week block of time dedicated to the comprehensive care of a simulated patient. True destruction of course silos.
C. Clear establishment of expected learning outcomes focused on observable skills that indicate a working knowledge of the theories guiding practice, rather than a list of content and procedures to know.
D. Total integration of conceptual understanding with practiced skill in patient care. Emphasis on principles which will allow for future success.

Stages of Backward Design

1) Identify Outcomes
2) Create Assessments
3) Plan Activities

(Wiggins & McTighe, 2005)

4. Transformation of the Dental Curriculum
A. Change from 4-year to integrated 3-year curriculum.
B. Immediate exposure to patient care and simulation clinic (pre-clinic) for D1 students with high-fidelity simulation when working in the sim clinic.
C. Biomedical emphasis moved from its traditional place in the first year to integrate with our skill-based learning outcomes.
D. Tracking clinical outcomes to make data driven decisions allow for early and frequent feedback (first 6 months) of critical skillsets. Is dentistry the right choice for this student?
E. Patient based vs. student based.

Current Progress
Current Progress: Work has commenced on this transformational project with the completion of the first phase of the transformational leadership training course. Working groups have been established for the proposed outcomes. A plan has been put in place and institutional support has been pledged.

Assessment: Current outcomes are being assessed as control data. As transformation occurs, outcomes will be compared to control data. Processes and products will be recorded in a way that allows this transformation to be duplicated.