



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, reports on the rigorous steps that will inform a new strategic plan for ADEA's work related to advanced dental education.



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A Very Thought-Filled Process

In my mind's ear I hear a mighty hum rising from the meeting rooms of Baltimore's Wyndham Inner Harbor Hotel two months ago—the sound of hundreds of good minds tackling the important issues of their professional community.

There in Baltimore, for the first time ever, ADEA convened five meetings in one place. One of those was the Second ADEA Advanced Dental Education Summit. Very sharp minds indeed were focused on issues of deep and ongoing significance at the three-day Summit.

Representatives from the entire advanced dental education community—deans, program directors, department chairs, division heads, chiefs, and faculty members—came together with representatives of all the specialty groups, the corporate world, and other concerned parties. Their task was to confront the challenges and opportunities facing advanced dental education and to recommend ways to meet those challenges and opportunities.

I admire the collegial spirit that prevailed at the 16 working sessions on the future of advanced dental education. Although some participants came to the Summit with passionately held views, all were willing to listen to new ideas and points of view. One example of this dialogue took place in the working session that considered making the completion of a postgraduate program mandatory for licensure.

Coming in to the working session, the vote was almost evenly split pro and con. Then some participants advocated for a requirement that postgraduate students successfully complete a year of study in an accredited program, but not necessarily an entire program. This argument convinced enough "cons" to make a dramatic difference in a second vote, and mandatory PGY-1 became one of this particular working session's two recommendations.

Each working session labored under this same charge: distill 90 minutes of deliberation into two recommendations. When all 32 recommendations were in, the entire body of participants met to vote and assign priorities with the help of an electronic audience response system.

At the conclusion of the Summit, five recommendations had won top billing. As the Executive Director, I feel a need to note that these are not official ADEA policies, but an honest reporting of the outcomes of the Summit. Here they are:

- *Advocate to improve compensation and workforce issues within institutions, the government, and the specialty associations and foundations (participants noted that attracting and retaining board-certified faculty and attracting residents to academic careers hinged on these issues).*
- *Encourage uniformity (and reform) of national licensure that will, at a minimum, favorably influence access to dental care for underserved and special needs populations.*
- *Require a postgraduate year for all dental school graduates in an accredited advanced dental education program (Advanced Education in General Dentistry, General Practice Residency, or specialty program) prior to licensure.*
- *Promote interdisciplinary interaction, where appropriate, throughout all advanced dental education programs in didactic and clinical curricula (one working group urged more collaboration to make educational practices and faculty work loads more efficient and to reduce overlap among specialties' scope*

of practice).

- *Engage the Commission on Dental Accreditation to discuss the process and protocols used in the accreditation of nonrecognized specialties. (A proposed moratorium on accreditation of nonrecognized specialty interest groups, with the exception of oral medicine and dental anesthesiology, was the subject of one of the most energetic Summit dialogues. Specialists strongly supported the moratorium; general dentists did not. This is definitely a discussion to be continued.)*

This kind of productive meeting of the minds from widely assorted specialties and settings doesn't just happen. It was the fruit of 18 months of planning that followed the First ADEA Advanced Dental Education Summit in 2004 in Tucson. The planning committee for the second Summit devoted countless hours to attracting participants, choosing and framing issues for discussion, and devising a format that would allow everyone who wanted to be heard to be heard. The decision to use an electronic audience response system at the Summit's general sessions yielded immediate feedback about participants' priorities for action, helped to focus the dialogue and discussion, and made it possible for ADEA to analyze the responses by specialty area and position within dental education.

From here, Summit recommendations go to the ADEA Annual Session in New Orleans this March. The ADEA Council of Hospitals and Advanced Education Programs (COHAEP), led by Dr. Sheila H. Koh as Vice President and Dr. Todd E. Thierer as its Chair, will discuss all 32 recommendations and open the floor for comments by interested parties. Following the Annual Session, the Council Administrative Board will draft a strategic plan and collect feedback from members via the ADEA Communities of Interest. The final draft will be forwarded to the ADEA Board of Directors for input and approval. And that's how the action plan that will guide our work related to advanced dental education will be crafted. It is a very thought-filled process.

It is a wide-ranging process, as well. For instance, at the Summit one working group that addressed the role and responsibility of academic dentistry in improving access to care for the underserved and encouraging diversity in the dental workforce recommended collecting evidence on what would draw minorities to dental education, including focus group and marketing research. This group also discussed intervening as early as grade school to interest students in dentistry and to ensure that minority candidates are prepared to enter dental school. Middle school, they said, may be too late.

Another working group, looking at the increasing overlap of education standards among advanced specialty programs, called for establishment of diagnostic codes to facilitate a common language and sharpen the evaluation of treatment outcomes, leading to better care for patients.

The rich substance and nuances of the three-day ADEA Advanced Dental Education Summit deliberations, including highly detailed charts that track votes by specialty and position, will be captured in Proceedings that will be released at the ADEA Annual Session next month in New Orleans. ADEA will distribute 2,000 hard copies. Dr. Koh and Dr. Thierer deem the production of this document, with its concrete recommendations about the issues that are most important for the advanced dental education community to address, the major accomplishment of the Summit.

The Proceedings ultimately will be available on the ADEA website. This kind of synthesis and recordation is important to ADEA's leadership of the dental education community. It makes the most of the sharp minds that came together on those cold days in Baltimore, by creating a truly useful body of knowledge. Not incidentally, ADEA already has developed a very useful body of statistical information about advanced dental education, attractively presented. Check out ADEA's award-winning "Trends in Dental Education" resource at <http://www.adea.org/tde>

And keep up that good hum of good minds at work. Start thinking about the Third ADEA Advanced Dental Education Summit, scheduled for October 2008 in Philadelphia.



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

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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

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