



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, looks at the relationship between dental schools and their parent institutions.



Metaphors, Similes, Service, and Survival

This is my month to offer you figures of speech. Have you heard these before?

- "A dental school is the front porch of a university." To many people, we are the face of the university, because we lead in community service. Dental school patient care clinics welcome community residents and invite them in—and many times they are among the few parts of the university that do so.
- "A university is like a tree." If your dental school allows itself to be an isolated branch of that tree, it is easy to lop it off. Embrace that tree trunk! Integrate your school into the university and its mission.
- "Within the university family, there have been times when the dental school has resembled a reticent teenager who shuts himself in his room with his computer, pursuing his own interests, rather than joining the family picnic."

The lesson that endures unchanged is the critical need for dental schools to mesh their priorities with their parent institutions.

That last is a quote from [The Value of the Dental School to the University](#), a discussion paper written for the 1998 ADEA (then AADS) Leadership Summit that for the first time brought together dental school deans and senior university administrators to discuss the future of academic dentistry.

During this time period a university administrator generally had no trouble affirming the value of the dental school to the parent institution. The dental school was the "front porch" that, for instance, gave a university president a way of demonstrating the institution's public contact and public service to the governing board. The dental school was a source of curriculum innovation that could be applied universitywide. It was the home of research that was of interest to many other disciplines and specialties within the institution.

Paradoxically, in this era, the vulnerability of dental schools was writ large: By 1993 six schools had closed, and another would close in 2001. The high cost of dental education was a universal factor, but it was not the whole story behind these closings. For complex reasons, these schools had become dispensable to their parent institutions.

A different story was also being written—although we couldn't have known it at the time. This thought has come to me as the [Arizona School of Dentistry and Oral Health](#) (ASDOH) is about to graduate its first class at a ceremony in Mesa. ASDOH, along with [Nova Southeastern University College of Dental Medicine](#) in Fort Lauderdale, Florida, and the [University of](#)

[Nevada, Las Vegas School of Dental Medicine](#) have debuted in the past 10 years.

There are three more schools on the way. [Midwestern University](#) is accepting its first class for fall 2008 at its Glendale, Arizona, campus. A dental school at [East Carolina University](#) in Greenville, North Carolina, is being planned. And [Western University of Health Sciences](#) in Pomona, California, announced at the end of 2006 that it would form a College of Dental Medicine.

So, what is this new story's moral? Some schools vanish, but new schools are born, to be sure. But the lesson that endures unchanged is the critical need for dental schools to mesh their priorities with their parent institutions. A dental school needs to resist insularity (the reticent teenager, the isolated tree branch) and make its value to the university and to the community as highly visible as a welcoming front porch.

One of our contemporary "givens" is that a dental school belongs in a university setting but, you know, that wasn't always the case. In fact, in 1865, only 15 percent of dentists in the United States were graduates of any kind of school—the rest had served some kind of apprenticeship. [The University of Maryland Dental School](#) is the direct descendant of the world's first dental college, the Baltimore College of Dental Surgery, which was chartered by an act of the Maryland General Assembly in 1840. [Harvard's dental school](#) became the first university-based U.S. dental education program in 1867, and by 1884 there were 10 university-based schools. However, most of the almost 60 dental schools operating at the turn of the 20th century were freestanding, for profit, and of dubious quality. State legislatures stepped in to mandate licensing exams and to try to keep graduates of proprietary schools from taking them.

Two turning points in the 1920s encouraged a rapid shift toward university-based dental education. The first was the formation in 1923 of the American Association of Dental Schools (AADS), ADEA's predecessor organization. The second was the 1926 publication of the Gies report on dental education, written for the Carnegie Foundation for Teaching by Dr. William J. Gies, whose name may also be familiar to you from the ADEAGies Foundation.

A Columbia University biochemist with a strong interest in dental research, Dr. Gies made such a compelling case for university-based dental education that the point became virtually indisputable. As *The Value of the Dental School to the University* puts it, "the university is the best place for schools of dental medicine, for the sake of both the school and the university, as it is the key place in American life and culture that supports both learning and research, bestows credibility on individuals, and valorizes pursuits."

Interestingly, four of the six new dental schools, including ASDOH, are associated with schools of osteopathic medicine. This is as good a juncture as any to dispel any lingering doubts about the credibility of that connection. Suffice it to say, U.S. medical schools that grant the D.O. degree and those that give the M.D. degree have similar curricula. The degrees are equivalent, and the recipients of the degrees are almost universally licensed by the same state boards of medicine. D.O. graduates compete equally with M.D. graduates for the most prestigious residency slots in hospitals throughout the country. Osteopathic medicine's emphasis on treating the whole person—body, mind, and spirit—fits well with

dentistry. We in dental education have long been pointing out the holistic concept that oral health is a key to systemic health. The mouth is a part of that whole person, and it matters!

What matters most to ASDOH's parent institution, the A.T. Still University of Health Sciences, is establishing and nurturing programs to fill substantial unmet health care needs in Arizona. At ASDOH, fourth-year dental students have been rotating through community clinics, including those that serve Native Americans. They will graduate with both a D.M.D. degree and a certificate in public health management. If they wish, they can use the certificate credits to work toward a master's degree in public health from the University of North Carolina at Chapel Hill. So, the presence of a school of dentistry not only lends prestige to the A. T. Still campus but also reinforces its public health mission.

"Centrality of mission" was a theme that ran through our landmark 1998 summit meeting of dental school deans and university administrators. Looking back, I am struck by the continuing relevance of the issues and advice. "How can the deans tell what the university executives are thinking about in terms of centrality of mission?" one participant asked, and another immediately responded, "The first thing is to open up the dialogue." (The [Summit Proceedings](#), by the way, are interesting reading.)

And here are more ideas—some for deans and senior administrators, some also for others—for improving and strengthening your school's relationship with the rest of the university, gleaned from the summit and from more recent reflection.

- *Give thought to how the dental school can be integrated into university life through teaching, research, and public service. As a former university president advised, integrate and, if necessary, "infiltrate and even ingratiate."*
- *Become involved in university governance. Put your best people forward for committee assignments, particularly for committees to select vice presidents and other deans.*
- *Blow your own horn, inside and outside the university. Take every opportunity you can to let people know the importance of oral health and oral health research, the role your school is playing, and the value of your work to society. And don't be afraid to state the obvious—it may not be obvious to others. The authors of a [Journal of Dental Education](#) article, "[Perceptions of Dental Schools from Within and Outside the University](#)," interviewed a state legislator who "was indignant when informed about the link between periodontal disease and systemic disease and demanded to know why this information had not previously been made available to his office."*
- *Participate in national organizations and specialty associations. National exposure brings prominence back to the parent institution.*
- *Think of yourself not only as part of the dental education community but also as part of the higher education community and the academic health community.*

And may your school live long and prosper—on the front porch of your university.



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