

## **ADEA New Thinking for the New Century Reviewer Feedback Survey**

### **ADEA New Thinking for the New Century: Preparing for the Next 100 Years**

ADEA launched the New Thinking for the New Century Initiative (NTNC) to identify solutions to some of the chronic and emerging challenges facing dental education. The NTNC Steering Committee engaged ADEA's membership through surveys to identify these challenges and then developed problem statements to clearly define the specific issues to be addressed through this initiative. The subcommittees have narrowed down the problem statements and have proposed solutions that reflect the research and recommendation of these subcommittees.

As you review these proposed solutions, please note that the goal of the NTNC Initiative is to provide actionable solutions to the dental education community and these papers are not a research paper intended for publication.

The three identified domains for the NTNC Initiative include:

1. Faculty and staff recruitment,
2. Leadership development and succession planning and
3. Preparing students for the future of collaborative practice.

#### **Faculty and Staff Recruitment**

##### **Problem Statement:**

The impact of the twin pandemics—COVID-19 and the racial equity movement, combined with a paradigm shift in faculty and staff need for adequate compensation, recognition and incentives, along with a need for work-life balance has contributed to a shortage of dental faculty and staff in educational institutions. Dental education has to be responsive, innovative and creative in addressing the new needs of dental faculty and staff to include:

- Faculty burnout;
- Belonging;
- Prestige;
- Generational differences;
- Diversity, equity and inclusion; and
- Mentorship.

##### **Preferred Solutions:**

Elevate opportunities to market the benefits of being a dental and/or allied dental educator. Use social media venues to recruit faculty and staff to academic and academic support roles. This can be for both internal and external recruitment by capitalizing on the energy and enthusiasm of those currently in academia as well as those new to academia to convey the benefits of teaching in dental education which include:

- Work-life balance,
- Faculty loan repayment options,
- Awards and recognition, and
- The ability to have a positive impact on future dental and allied dental professionals.

This could be achieved through:

1. Development and implementation of an integrated ADEA initiative with a focus to recruit and support the development of pathways for new faculty and staff.  
*Financial commitment:* This initiative will require ADEA's support with both human and therefore financial resources. Ideally there will be a dedicated staff person to oversee this initiative.
  
2. Formation of Student Faculty Development groups and organizations (utilizing the structure of ADEA Dental and Allied Student Chapters-COSRF) that provides mentorship and best practices for becoming an academician. Utilize the newly developed Pearls of Wisdom Faculty Handbook. (Expected delivery date is March 2023.)  
*Financial commitment:* This initiative would require coordination by ADEA Staff and current ADEA volunteer faculty from dental schools and allied dental programs.
  
3. Grow Academic Dental Careers Fellowship Programs (ADCFP) opportunities within dental schools and allied dental programs and seek assistance from ADEA on identifying and applying for grants to help support ADCFP programs.  
*Financial commitment:* This initiative would require coordination by ADEA Staff to research and develop grants.
  
4. Development of podcasts, videos and informational presentations to recognize and celebrate faculty achievements. These can be used on social media and other venues to recognize faculty achievements. Dental schools and allied dental programs can submit names of faculty who receive outstanding faculty awards and other recognitions to ADEA. These faculty and schools can be recognized at the ADEA Annual Session & Exhibition each year. Podcasts, videos and other information presentations can also be used to inform those not in academia to consider education as a career pathway. Seek engagement of the Corporate Council to recognize faculty on their social media platforms.  
*Financial commitment:* This strategy will have low financial impact on ADEA as current ADEA resources can be used such as recognition at the ADEA Annual Session & Exhibition and featuring faculty in the Bulletin of Dental Education. The financial impact of this strategy for dental schools and allied dental programs can vary from very low to high, depending on the particular institution.
  
5. Encourage the use of the ADEA Faculty Diversity Toolkit and engage dental organizations such as the American Dental Association (ADA), the American Dental Hygienists' Association (ADHA), the Hispanic Dental Association (HDA), the National Dental Association (NDA), the National Dental Hygienists' Association (NDHA), the Society of American Indian Dentists (SAID), the American Association of Women Dentists (AAWD) and LGBTQ+IA dental and dental specialty organizations. Capitalize on recruiting opportunities available through participation in large continuing education events.  
*Financial commitment:* This strategy will have low to no financial impact on ADEA.

Please rate your level of agreement with the following statements:

	Strongly Agree	Agree	Disagree	Strongly Disagree
The problem statement and challenges to be addressed are well defined and understandable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The proposed solution is clearly articulated and understandable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The proposed solution is likely to result in meaningful change in addressing the challenges.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What suggestions do you have to further strengthen, operationalize or implement the proposed solution?

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What, if any, critical issues are missing from the proposed solution?

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What, if any, issues would prevent ADEA or your institution from being able to implement the proposed solution?

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Please share any examples your institution is currently implementing that relate to these proposed solutions.

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## **Leadership Development and Succession Planning**

### **Problem Statements:**

#### **Leadership Development Problem Statement:**

To plan for the future, dental education programs must directly address the shortage of dental faculty prepared to assume leadership positions, specifically focusing on the lack of underrepresented individuals in these leadership positions. Leadership development needs to be included in the institution's overall culture. It should be integrated within the roles and responsibilities of all faculty, and it needs to emphasize inclusiveness for all faculty. ADEA, dental education programs and other organizations offer leadership development programs. However, participation is often limited by the program's inability to cover the training costs or permit the faculty time off to attend. Additionally, existing programs may not be coordinated and may lack critical content, especially diversity, equity, inclusion and belonging (DEIB).

Therefore, due to the difficulties enumerated above, dental education must establish a core leadership portfolio of programs that take into consideration all of the formal leadership development programs currently offered, identify gaps/opportunities for new programs and provide a template/road-map/outline of leadership training that is aligned with the faculty's current role and their individual career plan. This training program must be coupled with the opportunity to apply what is learned within the person's current role and in new leadership opportunities. To ensure a healthy pipeline of leaders within dental education and the broader dental profession, efforts must be made to provide leadership and academic training to students in all Commission on Dental Accreditation- (CODA-) accredited programs.

#### **Succession Planning Problem Statement:**

Succession planning is the process of identifying critical leadership positions within an organization, recognizing individuals for their talent and developing action plans for them to assume those positions. The recent increase in leadership turnover in dental education, coupled with a tendency toward reactive succession planning, in general, has created a challenging environment to maintain the continuity of the institution's mission.

Succession plans should include the identification of internal talent and a strategy of external talent acquisition, paying particular attention to diversity using a holistic approach. For it to be successful and non-threatening, succession planning must become part of the organization's culture. It must recognize that diversity provides added benefits to its long-term health. For example, it may be included in the position description/responsibilities and/or as part of the annual review discussion.

In general, dental education can benefit from succession plans for critical positions within their institutions. Each institution needs to determine its critical positions, key skills required for each position and the individuals who can assume these positions if vacated temporarily or permanently. Appropriate training, experience, and a supportive environment are crucial to the success of this plan.

Although our group initially separated leadership development and succession planning in our

discussions, our goal was to bring these two areas together, as they are strongly related. Our group proposes the development of tools and resources to assist individuals and academic organizations in enhancing leadership development and in addressing the lack of formal succession plans in many institutions.

### **Preferred Solutions:**

#### ADEA Program for Leadership Development and Succession Planning

To promote a culture of proactive leadership development and succession planning at dental schools, ADEA would create a program for dental institutions and allied dental programs. This program would focus on three aspects of leadership development and succession planning:

1. *Critical role assessment and identification:* This section of the program will guide institutions/programs on factors to be considered in defining key/critical positions at the institutional/departmental level. This can include a template for an institutional self-assessment that the institution/program leadership can use to assess and identify key/critical roles and responsibilities. Once created, this template will serve as a guide for potential candidates interested in these leadership opportunities.

This program could provide a guide/standardized questionnaire for institutions to use as a reference in identifying critical roles.

2. *Talent identification:* This section of the program will assist institutions/programs in developing a guide to help identify high-potential talent within the organization for further leadership development and potential inclusion in the organization's succession plan. The guide must ensure that this is a measurable fair process, identify milestones that a candidate needs to accomplish to be considered for any given administrative role, and delineate fair and equitable processes that consider DEIB.
3. *Talent development opportunities:* This program section will focus on assisting institutions/programs in leadership development for their internal candidates and/or integrating succession planning in the hiring strategy for the department/school.

For this, we propose that ADEA would develop the following programs:

A. *Match Program:* We are suggesting that this program be modeled after the Association of American Medical Colleges (AAMC) Council of Deans (COD) Fellowship Program, which provides each fellow with the opportunity to shadow two dean mentors at other institutions for one week. This shadowing opportunity is accompanied by other programming and mentoring for those selected for the program.

1. *External* – ADEA Formal Program: This could be incorporated into the ADEA Leadership Institute, which would be preferred since an application process is already in place, or be offered as a standalone program.
2. *Internal* – Institutional Formal Program: Institutions would implement a match program as described above but at the institutional level.

B. *ADEA Mentor Program:* Develop a formal mentorship program with an organized curriculum. Each year ADEA solicits volunteers who are interested in serving as mentors. Simultaneously, ADEA will put out a call for applications from potential mentees. ADEA would assist in pairing up one to two mentees per mentor, and the

cohorts would follow the prescribed curriculum with staff oversight by ADEA.

C. *Skills workshops*: Seminars and/or workshops would be conducted online through the ADEA eLearn portal and/or at ADEA meetings. The participants would receive certification and recognition for completing the workshops, similar to a micro-credentialing program – or this could be incorporated into the ADEA Micro-credentialing Program.

D. *Strengthen/Rethink the Existing ADEA Leadership programs*:

1. *Refine ADEA ADCFP*: ADEA Staff will work closely with ADEA COSRF (and members from other ADEA councils) to reimagine and revise the ADEA ADCFP with oversight for the program coming from ADEA as it originally did. Infiltration of new ideas will make the program more sustainable, better incorporate DEIB and have a broader reach. The program as it exists is highly variable from school to school. A redesigned program has the potential to invigorate renewed interest and participation in dental, allied, and advanced students exploring a career in academia.

2. *ADEA Sections (BFACA, AFASA, etc.) are asked to create leadership tracks within their areas*. Use mid-year meetings to present/offer leadership development and succession planning sessions to the Council of Sections.

E. *ADEA website*: Create a one-stop shopping location for leadership development, containing a list of leadership resources and programs:

Examples of content:

- Leadership programs available at the national, regional, state, and local levels geared to dental educators offered by ADEA and other organizations;
- Other leadership programs (outside the dental education field) such as Academic Impressions, Center for Creative Leadership, etc.;
- Industry programs;
- Listing of great books, podcasts, blogs, etc. on leadership; and
- Book clubs – choice of books, hold discussions, etc.

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### **Preparing Students for the Future of Collaborative Practice**

**Problem Statement:**

There are several trends that will impact the future of collaborative practice. Dental education will have to anticipate these trends in order to train the diverse oral healthcare workforce to work in collaborative care environments (intraprofessional and interprofessional practice).

The trends that could impact collaborative practice include:

- Changing demographics of the practitioner and the population:
  - Dentists are getting younger.
  - Dentists are more likely to be female (50:50 by 2040).
  - Dentists are more likely to be non-white. (The “face” of practitioners however does not represent the population.)

- Fewer dentists will own their practices.
- There is a sharp generational divide: larger number of young dentists in workforce and a large number of retirement-age dentists.
- There are substantial decreases in enrollment/practicing dental assistants and recent decreases in practicing dental hygienists. (Dental hygiene primary reasons are safety concerns related to COVID-19.)
- Expanded allied health practice models and mid-level providers will be widely accepted in state and provincial practice acts.
- Changing models of care and practice environments:
  - Access to care for many vulnerable “populations” remains a challenge.
  - Solo practice is decreasing.
  - Demand for prevention will continue to grow as oral health literacy improves.
  - Expanded practice for allied health and mid-level providers will be increasingly incorporated into practice models.
  - Integration of services and practice is likely in some settings.
  - Reimbursement models will change (e.g. use of diagnostic codes and national/state models of reimbursement).
- Changes in chair-side delivery of care:
  - Technology will continue to advance in the biological, pharmacological and technical areas.
  - Artificial intelligence and data sciences will drive efficiencies in clinical practice, practice management and use of the workforce.
  - Technology (e.g., telehealth and “personalized” medicine/dentistry) will allow for further integration of services and collaborative care in “non-traditional” settings.

**Preferred Solutions:**

- Dental schools should collaborate with community and university resources to provide dental students at least one rotation, clerkship or equivalent experience in relevant areas of health care and offer opportunities for additional elective experience in hospitals, nursing homes, ambulatory care clinics and other settings.
- Dental education must deemphasize technical skills and address scientific, social and structural competencies within health care. It is critical that curricular developments in dental humanities, structural competency and health policy are treated with the same level of rigor as basic science or technical education.
- Early training and experience of interprofessional education (IPE) have the potential to lead to improved leadership, collaboration and communication between healthcare teams, ultimately improving patient safety.
- Provide educators with a structural framework and building blocks for the development of IPE activities.
- Provide faculty development necessary for successful implementation of IPE activities.
- Implement core competencies:
  - Roles and responsibilities,
  - Ethical practice,
  - Conflict resolution,
  - Communication and
  - Collaboration and teamwork.

One or more of these themes should be considered an outcome when designing an interprofessional activity and where possible matched to an assessment task:



- Role modelling of “interprofessional leadership” by facilitators allows students to witness the collaborative nature of joint leadership, promoting trust and acceptance of interprofessional practice (IPP). Development of “leadership teams” for IPE instruction and experience.
- Dental institutions should continue to educate and emphasize the need for policy making and organized dentistry in furthering the value of dental profession as health care providers.
- Accreditation, licensure, board of registration, scope of practice and billing/reimbursement practices are a barrier to collaborative care. ADEA and partners should work to influence accreditation, licensure, board of registration, scope of practice and billing do not allow for best practice

Based on the above principals/recommendations, ADEA should act on the following:

1. ADEA should hold yearly workshops as designated at ADEA Meetings for IPP and IPE around the following topics:

- Curriculum development,
- Competencies,
- Assessment,
- Faculty development and
- Best practices/working models.

2. ADEA should identify and fund “super-users” (at least 10, with representatives for allied and DEI) that are ADEA ambassadors for IPE/IPP who can attend other health professional events/meetings that have the responsibility of collating and developing tools that can disseminate information to dental/allied leaders through ADEA platforms and at ADEA Meetings. These ambassadors should share how oral health needs to be integrated in the other health professions and share models/host workshops.

3. ADEA should identify one IPE/IPP director/responsible faculty per school that can be taught the requisite skills needed to implement curriculum and assessments (e.g., ADEA CCI representative model).

4. ADEA should host and showcase partners that can facilitate IPE/IPP in the clinics (e.g., integrated health record companies, telehealth companies, etc.).

5. ADEA should lobby on the behalf of schools for changes in licensure/scope of practice/accreditation/billing that allows for more IPP in clinics.

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