

The Necessity for Major Reform in Dental Education  
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**“Community-based Dental Education:  
A View from the Trenches”**

A Topic Paper and Presentation  
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The continuing issue of poor access to dental services by a growing number of rural and inner city Americans, people with disabilities and the poor; the low numbers of under represented minorities within the dental profession; the financial pressures facing traditional dental schools and the net reduction of dentists nationally through retirement and old age compared to new dentists entering the workforce, have compelled us to examine new models of dental education.

The ability of traditional dental schools to be responsive to the societal changes facing the dental profession is limited by capital commitments to large underutilized onsite patient clinics, expensive tenured faculty with limited teaching responsibilities and a predisposition to maintain the status quo. This is coupled with the increasing cost to educate dental students has prompted some to question the traditional model and explore ways to provide a quality dental education experience that is relevant to the societal needs facing the dental graduate. The high cost of dental education and the subsequent high level of debt assumed by dental graduates have limited their ability to work in community based settings upon graduation as scholarships and loan repayment programs shrink.

A scan of the dental landscape has shown a profound need to augment the current way we recruit, educate and support the dentist of the future.

The concept of educating medical and dental students off-site during their clinical training has been around for quite awhile. Some dental schools have successfully integrated community health centers, veterans administration hospital programs and Indian Health Service (IHS) rotations into their curriculum. These rotations have traditionally accounted for significantly less than fifty percent of a student's fourth-year clinical experience. The current Robert Wood Johnson Pipeline Project in collaboration with other foundations has provided the financial stimulus to fifteen dental schools to develop or expand fourth year clinical community based programs. The schools will modify current curriculum requirements so that fourth year students will have at least sixty days of community based experience as part of their core clinical requirements.

At the Arizona School of Dentistry & Oral Health, we have chosen to take the community-based clinical experience a little further. It is our belief that the critical elements for a successful community based clinical program include a ready, willing and able student, an enthusiastic, calibrated community-based clinician and a facility equipped to handle visiting students. The facility needs to have the capacity, (i.e. number of operatories) such that the addition of a dental student will enhance the clinic's productivity, not diminish it. Community Health Centers (CHC), in particular, have demonstrated how the addition of a dental student rotation has increased productivity and enriched the CHC experience for patients and staff. The IHS clinics provide a wonderful opportunity for fourth-year students to spend time on a tribal reservation or inner-city clinic. These experiences may assist the IHS in recruiting new dentists to fill their chronic 20+% vacancy rate.

Building a successful community-based dental education model depends on two non-negotiable components. These include who is selected to attend the dental school and the quality and number of the community-based experiences that are provided for them.

At ASDOH, we have developed an admissions philosophy built upon the principle that an applicant with documented community service experience will have a propensity for community service after completing their dental education. This philosophy is a cornerstone of the community-based dental education model. The community service of an applicant does not have to be dentally related, but rather demonstrate a clear commitment of the applicant to "give back" and serve. Examples can include working with Habitat for Humanity, Boys/Girls Club mentor, volunteering or working for a Hospice, Indian tribe or a CHC. We believe that applicants with this commitment to community experience would provide community service in whatever profession or career they choose. We want to identify those that want to express it through dentistry.

The core values and experiences that a student brings to their dental school experience provide the basis for building upon and nurturing these values over the four-year experience. The opportunities provided in the classroom, the clinic, and in the community will reinforce and further develop the interests, service orientation and goals of the student. From the first week of school students are exposed to extraordinary dental leaders through our "Masters and Living Legends" series. Individuals who have spent their careers improving the health of others while promoting a philosophy of community service and clinical excellence are put in front of the students as role models.

In order for the fourth year community based clinical experience model to work, it is essential that the business plan for building out and operating the third year onsite dental clinic be well planned. At ASDOH we have a class of fifty-four students in each class and with the fourth year community based experience comprising 52% of the fourth year clinical experience, we anticipate a need for fifty-four plus twenty-seven students needing onsite clinic operatories when all students are in the clinic. Thus, we are building an eighty-one operatory facility to accommodate these needs. Monitoring the clinic costs to assure the most cost effective options are utilized without compromising either patient care or the educational experience is a crucial component of the planning.

The community-based model has the potential to reduce the cost of dental education. Additionally, the recruitment, selection and education of caring compassionate oral health providers with a predisposition to community service may play a significant role in improving access to quality oral health services by a growing underserved population.