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Where is Leadership Training Being Taught in U.S. Dental Schools

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Abstract

Leadership is vital in all professions and organizations. Our purpose was to determine where in dental schools leadership is taught, and to what degree it is emphasized so that we could establish a base line from which to generate recommendations for best practices. Therefore we surveyed all US Deans of Academic Affairs in Dental Schools to determine where in the curriculum leadership is taught and emphasized. Our results showed that leadership training is delivered in many different parts of the curriculum, and at various levels. Generally, respondents indicated that leadership education is delivered either in the setting of practice management, community outreach or in public health settings. In some cases, specific training programs are dedicated specifically to leadership development. Thus several models for leadership development were identified showing design and flexibility to address regional and national needs. In the future it would be of value to assess the effectiveness of the different models and whether single or multiple pathways for leadership training are most beneficial.

Introduction

Each year graduates of US and Canadian dental schools leave the halls of academia and venture forth into the “the real world.” In this environment they are expected to care for patient’s oral needs and lead a group of health care providers. This includes setting strategic directions for their practice and communicating a shared vision of what the practice should, or could be^{1,2}. Each of these activities requires leadership. In a recent Gallup Poll (2009), dentists were ranked sixth among twenty-two occupations as the most trusted and honest professionals³. With the high level of trust society places in the dental profession there is an expectation that dental professionals will give back to our communities. Either by assuming leadership positions within our communities and/or in professional organizations. Moreover, dentists are frequently called upon to advocate for the oral health care needs of their patients^{4,5}. The ability to lead teams and to participate in local and professional organizations implies that leadership development should be important focus of a dental education.

Leadership can be broadly defined as the ability to move individuals towards a goal or vision^{6,7}. Likewise, leadership in dentistry can be defined as the ability to move communities forward towards greater oral and systemic health. Leadership in dentistry encompasses many venues, including but not limited to, research and scholarship, education,

public health, organized dentistry and industry⁸. It also encompasses areas related to practice management. The development of leadership skills in one or several of these areas entails many aspects often building upon the experiences and knowledge that students already have. In addition, good communication skills, the ability for self reflection, critical thinking and problem solving skills, ethical behavior and professionalism all represent areas that health care professionals must be able to function at to a high level⁹.

Many industries most notably the airlines, business and military have begun to identify some of these qualities and are beginning to develop specific training methods that can complement natural leadership traits¹⁰⁻¹⁴. There are clear benefits to having good leadership in a variety of situations¹⁵⁻²¹. In dentistry, the development and cultivation of leadership skills has always been important, but takes on greater emphasis during times of major change²². Clear benefit can be envisioned by effective leadership in running an effective and clinical practice, serving as a change agent in the community, and participating in the decision generating process that will mould our profession into the future¹⁶⁻²¹.

In most dental schools, the Chief Academic Officer or Dean for Academic Affairs charts and implements the dental curriculum established and taught by the Dental Faculty. Therefore Deans for Academic Affairs represent a pivotal point in the education process; they are charged with maintaining a cutting edge curriculum and meeting the basic educational standards for education required of all dental practitioners. Yet most dental students and current practitioners do not believe that their dental curricula are cutting edge^{2,19,23-25}. If the development of leadership skills among dental students represents an important investment that the profession needs to make, then understanding where in the curriculum leadership training currently takes place and what is emphasized represents a first step toward addressing a growing need^{26,27}. Towards this goal in August 2011 all Deans for Academic Affairs at all US dental schools were invited to participate in an eight question survey that pertained to the leadership curriculum at their institution. The results of this survey are presented here.

Methods

Participants

A complete and up to date list of Deans for Academic Affairs in the USA in August 2010 was obtained from the American Dental Educators Association. A personal introductory electronic mail message and eight question survey were sent to all of the Deans. To obtain additional responses, at one week intervals and continuing for 8 weeks, individuals who had not responded on behalf of their institution were sent follow up notices. Oversight to contact the Deans for Academic Affairs was obtained from the University of Michigan Health and Behavior Sciences institutional review board (IRB) and at the University of Missouri-Kansas City. In both cases the review boards determined that as the survey did not ask for personal opinions and pertained exclusively to the content and delivery of existing academic programs and therefore was deemed exempt for the need of additional IRB oversight.

Survey Instrument

An eight item questionnaire was designed and piloted with dental faculty at the University of Michigan (Table I). Closed-ended questions were used to gather information pertaining to the specific question (e.g. Yes vs. No responses) but follow up open ended queries were also solicited.

Return Rate

Of the surveys sent, 22 were returned but only 21 were complete and usable. One respondent only answered the first question (Is the term “leadership” part of your mission / vision statement for your institution?). The response rate was 39% returned completed surveys. These responses were representative of all geographic regions of the country, with equitable distribution between private and public institutions.

Statistical Analyses

In preparation for analyses, data were entered into an Excel spreadsheet. All entries were re-checked for data-entry errors. Data were then imported from Excel into SAS (SAS Institute, Cary, NC), a statistical software package for the analyses. Responses were summarized descriptively for each question and expressed as percent frequency.

Results

The first question of the Academic Dean’s survey asked if the term “leadership” is part of the mission/vision statement of institution. Sixty-two % (N=13/21) of the respondents answered the question that yes, leadership was part of their institutions mission/vision statement.

The second question in the survey was “Is leadership training part of the current curriculum at your institution?” Of the 21 Deans that responded to this question 71% (15/21) responded in the affirmative. In response to the follow up query, “if not, can you please specify as to why” four written responses were obtained. The first response stated indicated that leadership training is presented, but it is focused on faculty and a limited number of students.. Two similar responses suggested that leadership training is provided outside of the curriculum and in a number of other courses. The fourth response indicated that leadership education was not part of mission of the statement for the institution.

The third question asked “if leadership training is part of your curriculum, what is the primary focus? The two choices in responses were “Our focus is on leading a dental team” or “our focus is on other aspects of leadership”. For this question only 19 of the 21 responding Deans provided a response. Here 63% (12/19) of the academic dentists reported that the primary focus of their leadership curriculum is on developing leaders for leading the dental team. In the follow up question “If other please specify” four respondents indicated community leadership, one indicated practice management, and three comments pertained to leading the profession, organized dentistry and that their curriculum had multiple foci.

The fourth question in the survey asked “If leadership training is part of your curriculum, in what courses or academic setting is the training provided?” Here 16 responses were obtained. Eight of the responding Deans indicated that leadership training was provided within practice management courses. Three Deans indicated that leadership training was provided within the behavior sciences, community dentistry settings, ethics and professionalism curriculum or in clinical settings. In two cases, specific seminars tailored to leadership training were reported.

The next question which was answered by twenty Deans queried, “What areas of dentistry does your leadership training program focus on?” Here the respondents were directed to answer their questions ranging from no, some, moderate or strong emphasis in the categories of academic dentistry, public health, practice management, organized dentistry, health care delivery, legal aspects of the profession, or business. Almost all programs provided some emphasis within their leadership curriculum in all of the areas with the majority reporting moderate- strong emphasis (Figure 1). In some cases, at least two of the responding Deans

indicated that their program provided little or no exposure to practice management, legal or academic dentistry from the stand point of leadership development.

For our sixth question we asked per academic year “How many hours in the curriculum are specifically devoted to leadership training?” Here the discrete categories of 0–2 hours, 3–9 hours, 10–49 hours or 50 or more hours were presented. As shown in Figure 2, the majority of academic programs focused 2 or fewer hours on leadership training in the D1 year. By the D3 year the majority of the dental programs reported that they were spending between 10–49 curricular hours focused on leadership development. In one case, a program reported that their leadership training programs were supported by more than 50 hours of academic time.

The sixth question in our survey addressed how “How are leadership competencies evaluated to address CODA Standard 2–18: “Graduates must understand the basic principles and philosophies of practice management, and have the skills to function successfully as the leader of the oral health care team”²⁸. Fifty-two percent of the respondents (n=11/21) indicated that examinations and/or practical were the methods by which their curriculum addressed this CODA standard (Figure 3). An additional 19% responded that their institutions used peer feedback. The remaining 29% indicated that other methods were used for their evaluations including (i) exams and rotation ratings, (ii) a practice plan as part of a community-based training, (iii) development-evaluation of a project, portfolio, (iv) examinations, feedback and faculty evaluations in clinical settings, (v) exams and feedback, (vi) through the use of several of the listed methods.

The final question in the survey asked “Have students indicated a desire for additional courses in leadership beyond what are currently offered?” The majority (82%) of the responding Academic Deans stated “No”, while only 2 Deans indicated “Yes” (Figure 4). The other responding deans indicated that students did ask for leadership training in a different formats including workshops, and that it was the few students understand the value of leadership training at this particular stage of their education. Of those that do, they desire more. Those that do not, want less.

Discussion

Oral health care is undergoing rapid changes which include what defines oral health, who will deliver care and what will be the scope of practice for future graduates of Dental Schools. Existing relationships between practitioners and their patients, other healthcare providers and stakeholders are all undergoing revision and at a pace that few dental educators have experienced in the past^{29–35}. What is driving these complex changes includes interactions between dentistry and market forces, changes in our societies’ perception of what health and changing notions of well being is and what oral health relates to means to systemic health. Additional drivers include a rapid pace of technologic innovations, research and discovery. Only through dynamic leadership will oral health professional be in a position to guide these transformations.

Dental education at its best prepares students as care providers, lifelong learners and as members of a profession charged with leading our nation’s oral health care. Attainment of leadership skills and their successful implementation represents a complex set of competencies that are not easily evaluated and may not be easily taught. While leadership training has become more prevalent in other sectors, few dental schools have specifically implemented training programs focused on leadership development^{27,36–39}. The purpose of our survey was to determine what types of programs US Dental Schools have developed to train dental students to become leaders in their profession. For this purpose all Deans for Academic Affairs from all US were contacted by electronic mail and asked to participate in

a short online survey. When queried; “Is leadership training part of the current curriculum at your institution?” nearly 30% of the responding Deans indicated that their curriculum did not provide specific leadership training for their predoctoral (dental) students. Queried as to why this was the case, several respondents indicated that leadership training was reserved for students and faculty in leadership positions, or because 'leadership' is not part of their stated mission, or it is provided in a number of courses but is not explicitly stated as such.

For those deans who indicated that the curriculum at their institution included leadership training, 55% of the respondents indicated that their leadership curriculum was focused on leading a dental team. This response is quite reasonable for when leadership is absent in dental teams, the outcome is often poor productivity, low employee satisfaction and less than satisfactory treatment outcomes^{40,41}. Indeed, dentists should be leaders in their practice settings and in their local communities. This makes sense given that this is required in CODA standard 2–18 “Graduates must be competent in applying the basic principles and philosophies of practice management, models of oral health care delivery, and how to function successfully as the leader of the oral health care team”²⁸. Half of the respondents indicated that their institution addressed this standard in practice management courses, which also is a logical location for this aspect of leadership.

It was interesting however that many Academic Deans indicated that leadership development was not important to dental students. Recently Victoroff *et. al.*, reported that the majority of dental students are interested in leadership development^{26,27}. However they are also very focused on completing their requirements in dental school. While students may not understand or appreciate the immediate importance of leadership skills as students, many reflect upon graduation that leadership is a crucial aspect of their professional responsibilities once in the work force^{37,38}. How therefore dental students achieve competency in this area of dentistry be it through continuing dental education courses remains unclear but as professionals is clearly one of the crucial aspects of their jobs^{19,42}. If true, then where leadership training in the curriculum is positioned is of great importance. When Academic Deans were asked “If leadership training is part of your curriculum, in what courses or academic settings is the training provided?” the responses were varied indicating many aspects of leadership training were embedded into existing dental curriculum elements including “dental public health, practice management, behavioral sciences, oral health sciences, community based coursework, ethics & jurisprudence and professionalism curriculum, components of problem based learning (PBL) cases, numerous dentistry clinic in which dental students function as teaching assistants”. In some cases respondents reported that their institutions have established either elective courses or Dean’s supported sessions focused on leadership. Thus there are many models in which to choose from to deliver training. The effectiveness of this diverse set of competencies however has not been fully evaluated in a systematic and defined fashion within dental education and therefore warrants further investigation.

There are several limitations to our investigation. The first is that our study failed to obtain answers from all of the institutions contacted. Eight weekly electronic mail reminders for participation were sent to those Academic Deans who did not participate in the online survey. Although low response rates are common in all health care provider surveys⁴³, our response rate was lower than we had expected and those reported in similar surveys even though a cover message was sent indicating our purpose and that we were asking for their responses as representatives of their institutions. Therefore caution should be applied when generalizing our results as the biases of those who respond may have skewed the results.

A second limitation of our study was how we defined “leadership training”. Purposely, leadership training was not defined. The reason being that leadership training means many

different things to many people and therefore we hoped the respondents would define it broadly as reflected within their institutions curriculum. It was therefore not surprisingly that at least one academic dean raised issue by stating “This survey is ill-defined as you allow an open interpretation for what you mean by leadership. You should have specified a specific definition in the survey and then focused the questions to appropriately address that.” In fact, defining the traits and characteristics of leaders has been ongoing for centuries. Philosophers dating from the time of Plato examined the premise that leadership is rooted in the characteristics that certain individuals possess. Others have described events leading to the emergence of leaders. Yet leaders in one situation may not necessarily be leading in all circumstances. Moreover, consensus for a definition of what leadership constitutes in dentistry is elusive as it is in other branches of healthcare. Even if there was a consensus, defining a path to achieve competency in the area is difficult. As an example H.C. Slavkin states that “there is no infallible step-by-step formula for becoming an effective or transformational leader.”⁸ Where both the leader and the follower engage each other to create a shared vision which motivates both. However “leadership signifies the act of “making a difference”. Where ‘leadership generally entails sustaining, improving, or changing strategic directions within small or large, simple or complex, organizations.’⁸ Nevertheless future surveys would benefit from addressing this critique to “frame” the discussion further⁴⁴.

This survey represents an initial attempt on our part to quantify the divergence in curricular activities related to leadership development in dentistry. We believe that a specific focus on leadership is an essential component missing from the curriculum of many institutes of dental education and our data, limited though it may be, certainly has identified a divergence of opinions and practices in this area of education. We believe that a failure to plan, foster and invest in the development of future dental leaders is a grave mistake and places our profession at risk. More importantly, we believe that this countries oral health is best promoted by professionals with the skill, knowledge and passion to put the needs of our patients first. We believe that a failure to invest in leadership development could hasten an erosion of the stature of our profession, while at the same time placing decisions and processes into the hands of others who may not place as high a value on oral health. We therefore feel that it is essential to find time within the rigorous curriculum regulated by the ADA accreditation standards that leadership training of future dental leaders be expanded.

Acknowledgments

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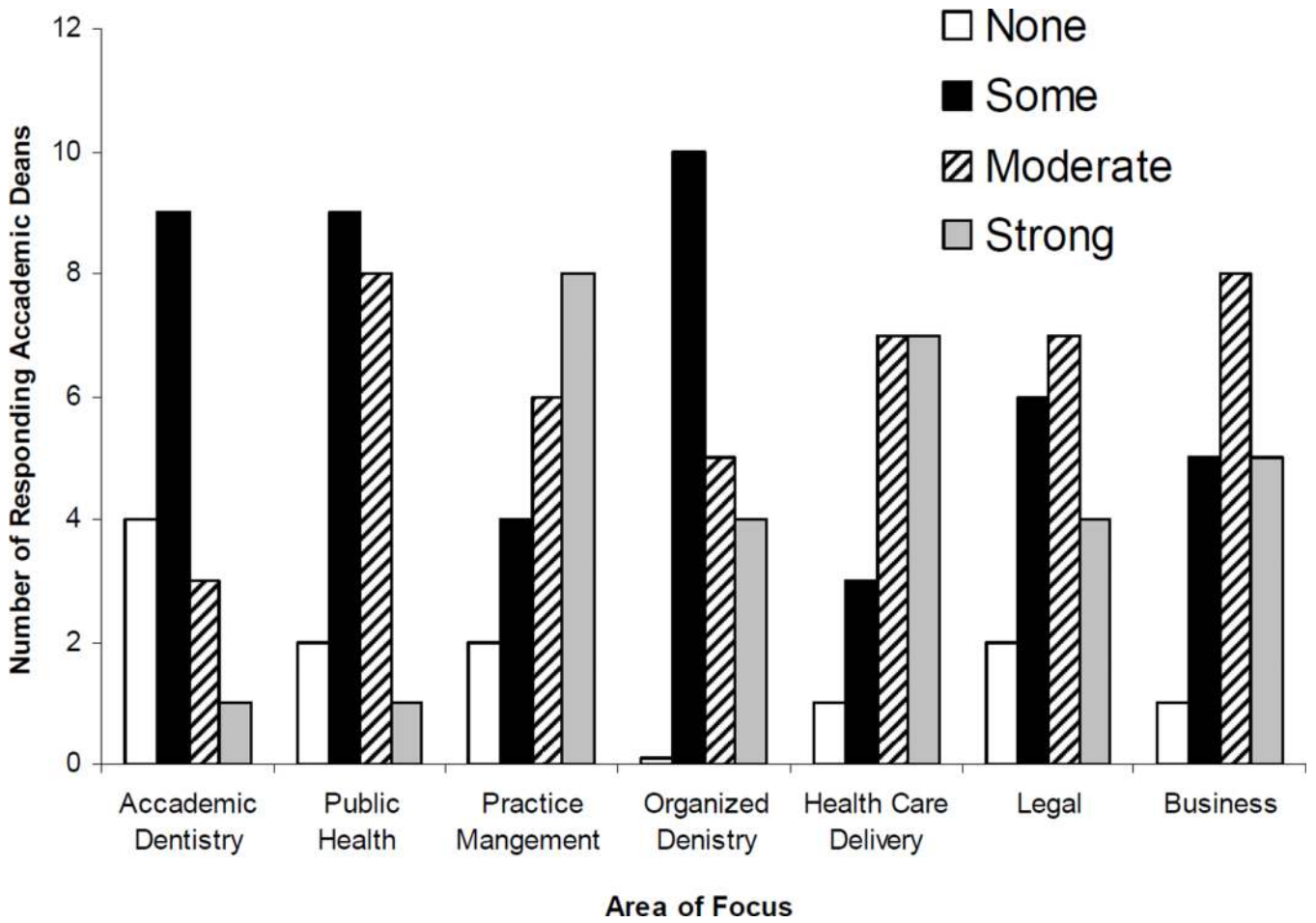


Figure 1. Which Area of Dentistry is Emphasized in the Leadership Curriculum.

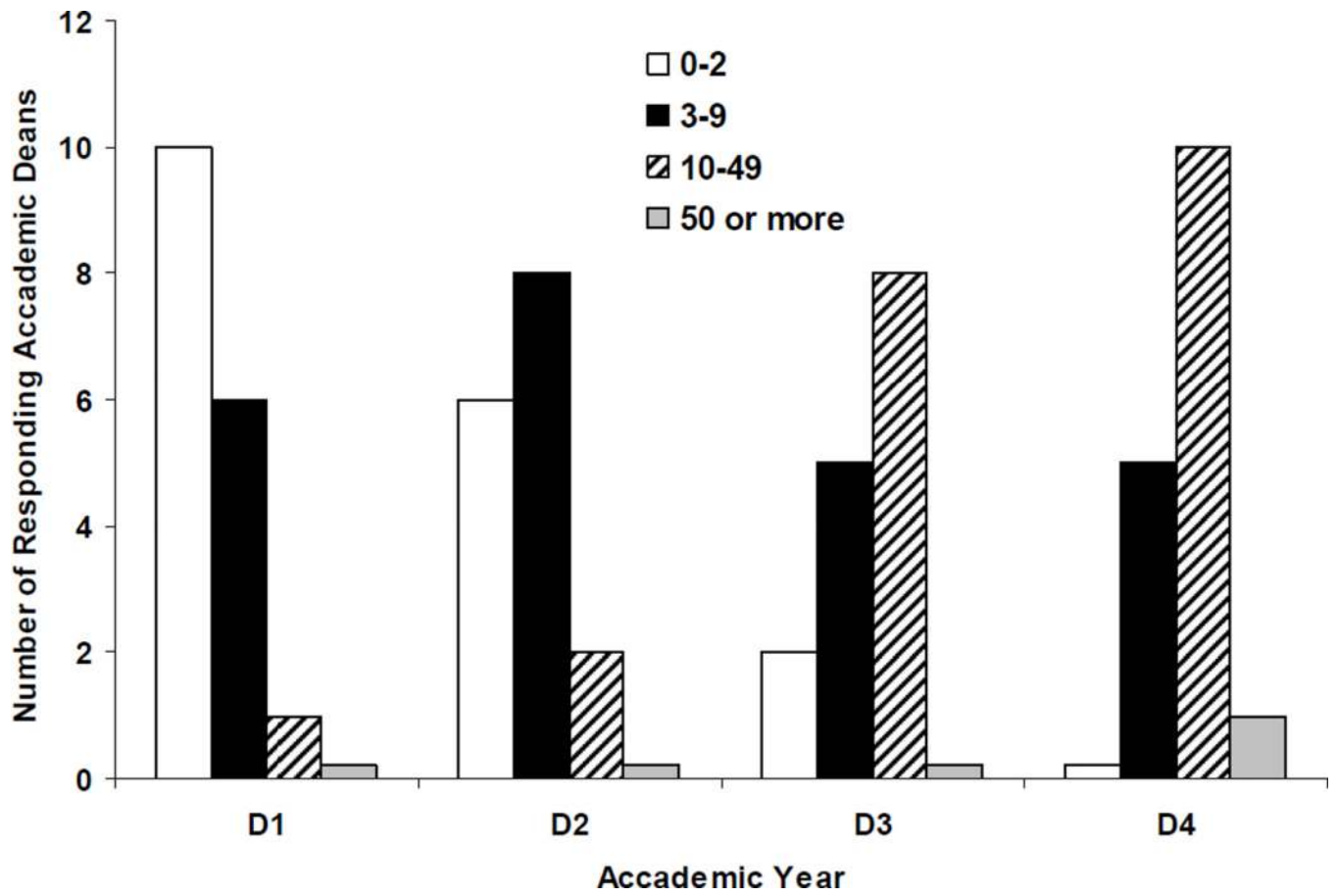


Figure 2.
Hours Spent in Leadership Training Within the Dental Curriculum.

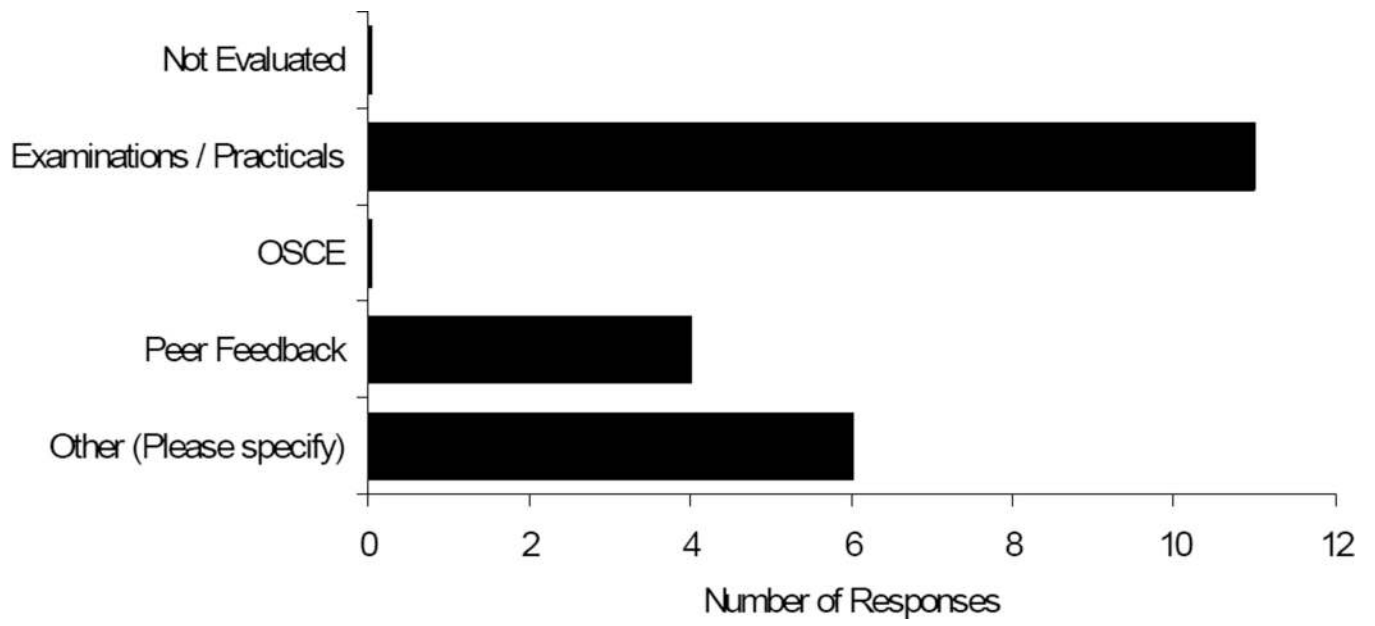


Figure 3.
Evaluation methods for CODA Standard 2–18.

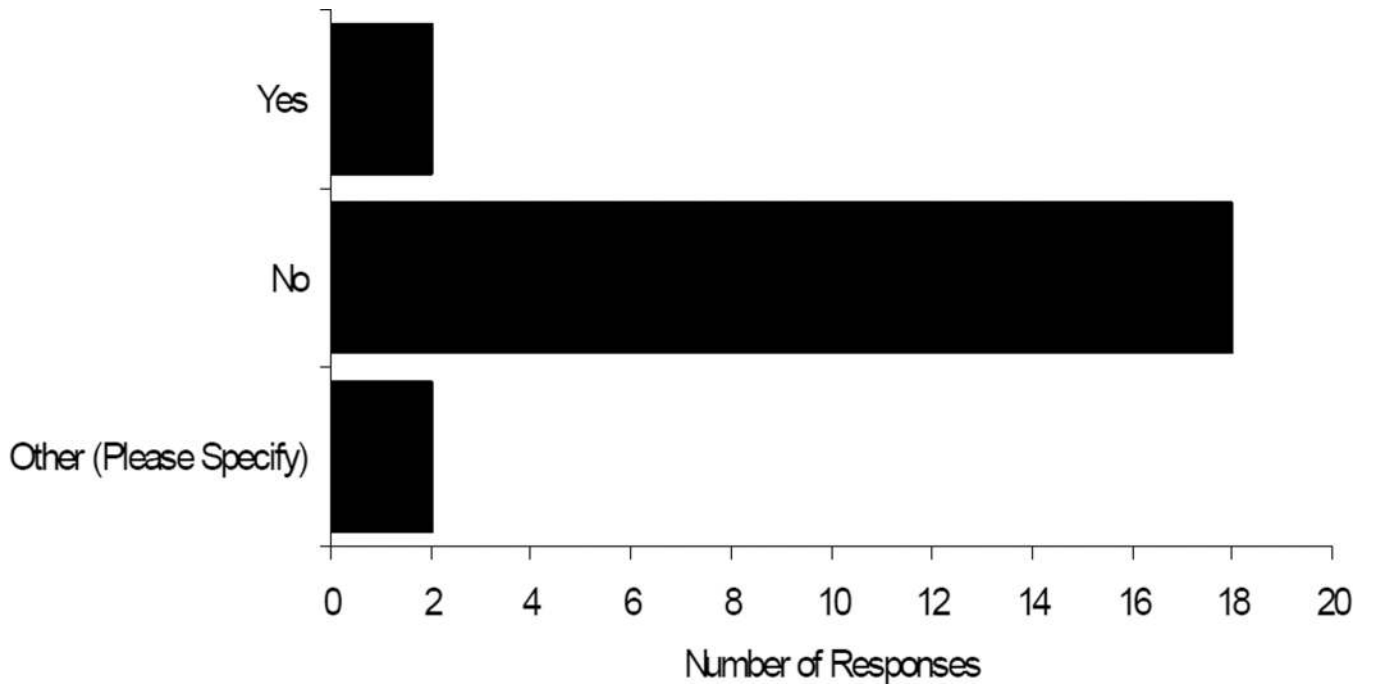


Figure 4.
Students Requests for Additional Leadership Training

Table I

Question	Text of Question																																							
1.	Is the term "leadership" part of your mission/vision statement at your institution? a. Yes b. No																																							
2.	Is leadership training part of the current curriculum at your institution? a. Yes b. No (If no, can you please specify as to why?)																																							
3.	If leadership training is part of your curriculum, what is the primary focus? a. Our focus is on leading a dental team b. Our focus is on other aspects of leadership (If other aspects please specify).																																							
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5.	<p>What areas of dentistry does your leadership training program focus on? Please check all that apply:</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th rowspan="2"></th> <th colspan="4">Emphasis</th> </tr> <tr> <th>No</th> <th>Some</th> <th>Moderate</th> <th>Strong</th> </tr> </thead> <tbody> <tr> <td>Academic dentistry</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Public Health</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Practice Management</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Healthcare Delivery</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Legal Aspects of the Profession</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Business</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Emphasis				No	Some	Moderate	Strong	Academic dentistry					Public Health					Practice Management					Healthcare Delivery					Legal Aspects of the Profession					Business				
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6.	<p>How many hours in your curriculum are specifically devoted to leadership training? Please check one box per academic year (D1, D2, D3, D4):</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th>Hours</th> <th>0-2</th> <th>3-9</th> <th>10-49</th> <th>50 or more</th> </tr> </thead> <tbody> <tr> <td>D1</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>D2</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>D3</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>D4</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Hours	0-2	3-9	10-49	50 or more	D1					D2					D3					D4																		
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7.	<p>How are leadership competencies evaluated to address CODA Standard 2-19: "Graduates must understand the basic principles and philosophies of practice management, and have the skills to function successfully as the leader of the oral health care team."?</p> <p>a. Not evaluated b. Examinations / Practicals c. Objective structured Clinical Examinations (OSCE) d. Per Feedback e. Other (Please specify)</p>																																							
8.	<p>Have students indicated a desire for additional course in leadership beyond what are currently offered?</p> <p>a. Yes b. No 3. Other (Please specify)</p>																																							