

Teaching, Curriculum Undergo Changes, but Commitment to Excellence Remains

By William S. Bike

The College in recent years has moved from the old discipline-based, requirement-driven, teacher-centered program of dental education that trained students for solo practice to one that focuses on integrated, preventive patient-care measures; internet-based research and electronic records; and collegiality. The objective was to ready students to be patient-centered; to provide evidence-based clinical care founded on public health sciences; to understand how to provide care for today's culturally diverse patients; and to work in modern group practice environments.

Six predoctoral clinics were created for third- and fourth-year DDS students, second-year international DDS students, and second-year dental hygiene students. The clinics each are led by a managing partner who is a full-time faculty member and dentist, and each is staffed by two general dentists and a dental hygienist. Two clinics share the services of a periodontal and endodontal "liaison" or "clinic manager."

Four years after the initiation of the new system, assessments generally are positive.

"The most positive thing in my opinion has been the results for the patients," said **Dr. Marsha Babka**, Clinical Assistant Professor, Restorative



"The most positive thing" about the College's new clinic system "has been the results for the patients," said Dr. Marsha Babka, Clinical Assistant Professor, Restorative Dentistry.

Dentistry, and a Managing Partner. "For them, it's like going to a big group practice. If their student graduates, they're not worried about slipping through the cracks."

Dr. Frank Perry, Clinical Associate Professor, Restorative Dentistry, and a Managing Partner, agreed. "Before when their student would graduate, the patients went to a general area on the first floor to get reassigned. Now, they know the group they're assigned to and can come back, even if they've dropped out of the treatment picture for a while."



"Patients now "know the group they're assigned to and can come back," said Dr. Frank Perry.

The clinic setup has resulted in many of the hoped-for advantages for DDS students.

"Another positive is that the students really do learn how to work in a group practice, interacting with staff and hygiene students, and even mentoring the D-2s and D-3s coming up behind them," Dr. Babka said. "This mentoring reinforces their own education—they not only see and do, but they teach."

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who is in charge of the Department of Endodontics' faculty liaisons in the clinics, concurred. "Students do endodontic treatment planning presentations and case presentations in front of their group practice peers. The small groups result in better interaction and understanding."

"I look at it as a big advanced education and general dentistry program," Dr. Perry said. "It's that good."

Yet, the new setup means better individual attention as well. "Managing partners and liaisons get to know their students very well and can evaluate them better," said Dr. Barrows. "Faculty previously had a harder time because they could not possibly get to know all D-3, D-4, and international students very well. Now, liaisons and managing partners can act as mentors for their students, and advocates for the students in their groups. They can help to get needed patients to their students in some situations. Liaisons will pick up on problems faster and notify me so that appropriate remediation can take place."

Both DDS and hygiene students are benefiting from their interaction.

"Hygiene students get to see a lot more than hygiene issues," Dr. Babka said. "They're involved with urgent care and learn how to interact with their student doctor."

"By the time the dental student gets to the patient the hygiene student has done the medical history, maybe even taken the x-ray, and has some pretty good ideas about what treatment could be done," Dr. Perry said. "That's a dimension hygiene students may not get in another program."

"Dental students learn how to delegate to hygiene students," Dr. Babka noted. "The treatment for the patient progresses much more quickly because, just like in a private practice, you have the hygienist doing some of the maintenance and some of the initial perio therapy. That frees up time for the dental student to do more restorative and endodontic procedures."

"Dental students learn how to communicate with hygiene students," Dr. Perry added. "They're going to have a hygienist in their office, so it's important for them to have an idea of both the limitations of hygienists, and what they can add to a practice."

Coming after years of dwindling state assistance, the new clinic setup also helps the College's bottom line. "From the standpoint of finances, clinic

revenue has gone up," Dr. Perry said. "I think it's easier to hold the students' feet to the fire so far as being responsible for their patients' financial management, which means better fee collection as well."

As with any new system, however, problems crop up. The College continues to make adjustments.

"The groups in the different clinics start to develop their own identities, as the different groups do not always operate identically," Dr. Babka noted. "We faculty have to keep this in mind when evaluating and grading students, and the students have to keep that in mind and not fall into a 'grass is greener in the other group' mindset."

"We've been rotating liaisons so that the students would be exposed to different treatment philosophies, but there's also the argument that it might be better for continuity to keep the same liaison with the same group," Dr. Barrows said. "We continue to work on this."

"It's labor intensive for the faculty," Dr. Perry explained. "Each of the clinics has a small faculty, so if someone is out sick or attending a meeting, his or her responsibilities fall on the others and on the managing partners. With the managing partners' other responsibilities, that can become a burden. We could use more faculty, but there's a faculty shortage in every dental school."

"And because this new system is so efficient, we're seeing more patients and building a huge recall population," Dr. Perry noted. "Will we be able to handle them down the road? We'll find out."

In the end, however, the College's administrators feel the new system has increased clinical productivity, enhanced on-time graduation rates, and provided a more accurate assessment of student performance.

"All in all, it's a very beneficial way of teaching students," Dr. Babka said. "They're a lot more prepared for the real-world dental office."

Excellence in Teaching

Students would not be so prepared for that real-world office were the faculty not so committed to excellence.

"I think excellence is being able to sit down with students and identify with them what their difficulties are," said **Dr. Larry Kolar**, Clinical Assistant Professor, Oral Biology. "We've got to remember they haven't done these things before, so we can't



"I think excellence is being able to sit down with students and identify with them what their difficulties are," said Dr. Larry Kolar, Clinical Assistant Professor, Oral Biology.

just lecture to them. We have to *tell* them, we have to *show* them, and we have to do it *with* them. If we do it that way, we know everyone's on the same page and weren't waiting for them *not* to do it right when they turn the assignment in."

Dr. Babka agreed. "Number one is availability to the students. Because if you're not around as much as possible, it's really hard for them to be able to come to you to enhance their education. You've got to be current in practice and practice principles and have some skills in practice management and in communicating with students and patients.

"It's also important to try to customize and tailor the process to individual student needs, and to serve as a good role model," she said. "Now with the new curriculum, a faculty member committed to excellence has to be committed to monitoring students' progress individually, so people aren't falling by the wayside."

"I think that as a faculty member committed to excellence you have to give a student a firm foundation," said **Dr. Gene Sbalchiero**, Acting Head of the Department of Oral and Maxillofacial Surgery. "You have to motivate them. They get feedback from you, and you can see how they go in the

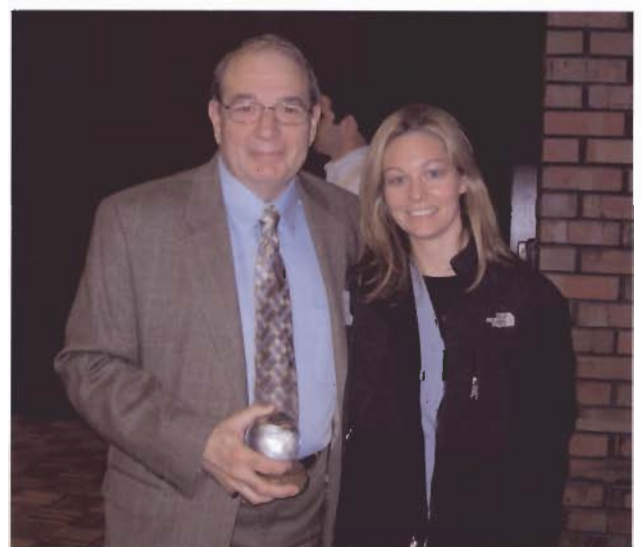
direction you're trying to motivate them towards.

"The best thing is positive feedback," he continued. "Some of our alumni didn't get that, but today we understand that is so important. You have to listen to the complaints of the students, and if they're right you have to act on them and make things right.

"But the best thing is a compliment, even if it's a little one," Dr. Sbalchiero said. "If they think they've done something positive, they're motivated."

"You do have to understand psychology to achieve teaching excellence," Dr. Kolar said. "They were in a competitive environment

trying to get into dental school, and they still tend to think in terms of competition and GPAs.



Dr. Gene Sbalchiero, Acting Head of the Department of Oral and Maxillofacial Surgery, with two apples of his eye: his Golden Apple teaching award and his daughter, D-4 Gina Sbalchiero Jacobsen.

“Under the new system, we have to break that mold. We’ve got to get them to work together and help each other because they’re not competing with other people anymore. They’re competing with themselves to be the best they can be. And that requires collaboration, yet somewhat counterintuitively, to be able to be critical of each other. Because if they can critique each other without offending each other in a competitive way, then they become collaborative and therefore ready for today’s group practices,…” Dr. Kolar said.

Changes in the curriculum motivate excellent teachers to try new things. In the new curriculum, “there’s a lot more integration,” Dr. Kolar said, and not just under the new clinic structure.

“We faculty used to all be freestanding individuals in teaching courses, but no more,” Dr. Kolar continued. “Now, for example, I have **Dr. James Buckman** from the Department of Restorative Dentistry lecturing and doing lab projects in my course—we coordinate to give the students the best experience.”

During the summer, Dr. Kolar worked with **Dr. Bill Knight**, Assistant Dean for Clinical Affairs, and **Dr. Alex Obrez**, Associate Professor, Restorative Dentistry, as well as other faculty “to enhance the coordination between all the courses in the freshman year and to make sure they were comprehensive and not repetitive,” Dr. Kolar said.

Mission and Vision

The College’s Vision statement calls for integrated educational programs, and its Mission statement calls for the preparation of highly qualified healthcare professionals, the provision of student-oriented educational programs, and the fostering of collaboration. The Vision and Mission statements were enacted by the College’s faculty, administrators, and staff around the same time they changed the curriculum as well.

“I think they’re all synergistic,” Dr. Kolar said.

With the help of the Vision and Mission statements “I think we’ve started looking at a lot of different ways to educate a student,” Dr. Sbalchiero said. “We have evidence-based education, more clinical advantages, and different modalities of dentistry. The students can rotate through the specialties and get a bigger view on what’s going on. We have more research now.

“It all helps us turn out the best dentist we can,” he said.

“I think it’s very much aligned with the Vision and Mission statements for us to provide health-care providers not only for the State of Illinois but beyond,” Dr. Babka said. “We’re also providing researchers and educators who will provide education for future practitioners.”

“You can—and should—write in a Mission statement that you want excellence, but the teachers have to be committed to actually getting in there and making it happen,” Dr. Kolar said. “Once you’ve done that, once you’ve committed to working with the students and not being standoffish, then you’re going to have that Mission statement accomplished.”

Changing Students

In creating a new curriculum and Mission and Vision statements, faculty, administrators, and staff are responding to a new type of student.

“I think a student comes in better prepared, with more experience and broader background than in the old days,” Dr. Sbalchiero said. “They’ve had a lot of undergraduate courses in biochemistry, anatomy, and microbiology, so when they get here they don’t have to be brought up to speed and can concentrate on dentistry.”

“Their academic background is more diverse,” Dr. Babka agreed. “Now you find dental students who were engineering, education, and even language majors. They’re more in tune with community needs and programs. When I was a student the majority wanted to be a private practitioners in the suburbs, but now most of the students understand the problems of access to care and are channeling some if not all of their time toward that.”

“They’re more diverse culturally,” Dr. Kolar said. “Our students not only look like the United Nations ethnically, but with the roughly 50/50 ratio of men to women, there are positive social interactions and connotations that just weren’t here when I was a student.

“Today’s students are probably the most fascinating people I’ve ever dealt with as an instructor,” he continued. “Their insights into life are fascinating, they’re not hesitant to come to my private practice to talk about career plans, and I’m not hesitant to have them come by, to go to lunch, or to even have a group of them come over to my house. They’re students, but they’re more like colleagues and friends. That’s a bond we just didn’t see years ago.”

"They are mature," Dr. Sbalchiero agreed. "They have to be. They're handling patients who have had heart valves replaced, kidneys replaced—a student has to be able to interact with patients like these, whereas years ago we didn't have that. They're also so electronically oriented, and that's perfect because they have to understand our electronic diagnostic equipment, our digital x-rays, new radiology techniques, and the use of TV cameras.

"Their ability to handle our new innovative techniques and equipment opens them up to being able to diagnose and treat problems more quickly and better," Dr. Sbalchiero said.

Patient Care and Performance Testing

Because the College wants students to be able to diagnose and treat problems more quickly and better, as part of its DDS curriculum overhaul in recent years the College has moved from a requirement-driven curriculum to a competency-based curriculum. Quality of patient care, not quantity, is the performance test that students must pass.

"It used to be all by the numbers," said Dr. Perry. "If you got a prescribed number of procedures done that had been preset by the faculty, you were eligible to advance.

"Now, it's whether you're *competent* at what you do—able to repeatedly perform a procedure with acceptable quality," Dr. Perry said. "We test the students not only on the specific performance exams that they have to pass, but they have to be able to self-evaluate. They have to be able to recognize something that's not clinically acceptable."

The College's group practice clinics include periodontal and endodontal "liaisons" or "clinic managers," so the competency-based curriculum taught within the clinics is allowing early acquisition of specialty knowledge. Emphasis on competency has not slowed students' progress, but rather speeded it up.

"Periodontal skills are needed early in patient care, and students start acquiring these skills in the fall semester of the D-1 year," said **Dr. John Crawford**, Professor, Periodontics. The College's competency model, he continued, "emphasizes the need for multiple measures of students' abilities: experiences in varied, high-fidelity contexts—for example, simulated patients and real patients in the College of Dentistry clinics and in community clin-

ics; faculty observation with feedback to the students; performance examinations, to assess the ability to work independently; and the ability to accurately assess one's own performance. To this end, students spend relatively little time in simulated patient activities

before practicing skills with real patients."

With students getting clinical experience earlier and earlier, Department of Endodontics faculty decided to revise the endo curriculum within the DDS program to reflect that—Endodontics 1 for D-2s, Endodontics 2 for D-3s, and Endodontics 3 for D-4s. "Dr. Bill Knight and **Dr. Chris Wenckus** [Endo Department Head] agreed that we needed performance testing within the new curriculum, which had never been done before in the Department of Endodontics," said Dr. Barrows.

In Endodontics 2, for example, students "have to do an anterior type root canal with minimal faculty supervision but maximum faculty evaluation," Dr. Barrows explained. "And they have to do everything in a clinically acceptable manner with no standards not met. In Endodontics 3 they do a posterior performance exam, hopefully a multi-canal tooth, and again it's minimal faculty supervision but maximum faculty evaluation. At each step, they have to pass a performance exam to move on."

Technological improvements and close observation by faculty have gone hand-in-hand with the competency-based curriculum. "Documentation of student progress has improved with the development of the AxiUm [computer-based] grading mod-



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ule, where faculty make comments about type of case and the extent that the student was able to work independently," Dr. Crawford said. "The AxiUm system has made a significant improvement in the ability to monitor the quantity and quality of student performance. Grading module entries are monitored on a regular basis. Periodontics clinic managers' role is to continually monitor the progress of students in their practices, and the clinic managers work closely with the practice managers in student assessment."

So far, the competency-based curriculum appears to be well-accepted, particularly because of its patient-protection benefits.

"I think the new system does a good job in giving the students the opportunity to really show what they can do," Dr. Perry noted.

"The Department of Periodontics fully supports the concept of competency as a measure of whether a student is ready for the practice of dentistry," Dr. Crawford said. "It also supports the concept that assessment of competency occurs over time and needs multiple parameters. Such a system protects the patients who seek care in the College of Dentistry and protects the future patients of our graduates. **Dr. Philip Marucha** [Periodontics Department Head] has consistently emphasized the responsibility and accountability of the department towards a patient-centered approach to care in the predoctoral educational program."

Dr. Barrows concurred. "Dr. Wenckus didn't want patients to suffer unnecessarily because a student is under a lot of pressure, so Dr. Knight made sure we could have very, very tight faculty supervision and we could stop a procedure at any time for the sake of the patient. When we do these performance exams the faculty members have the option to intervene and stop treatment if they see that it's not progressing the way that it should be. We have safeguards in place."

Although the new system is working out well in terms of both competency and speed, at times the faculty still miss the "old days." "In the past, we wanted the students to have a number of experiences—we called them 'experience points,'" Dr. Barrows said. "That was an important aspect to education and we have been able to keep part of that, but it is no longer what we use anymore in terms of promotion."

There are "certain times," Dr. Perry said, "when it would be nice to have a number to determine if a

student could advance or be promoted, but requirements vs. competency is debated everywhere."

Debate though there may be, accrediting agencies are falling into the competency camp, and dental schools are expected to follow suit.

"I do think the new system allows us to know pretty much when somebody is competent," Dr. Perry concluded. "It gives us faculty a pretty good idea of who's ready to move on."

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