OPERATIVE DENTISTRY

SUPPLEMENT 1
1977

How Long Can Operative Dentistry Survive without Faculty?

OPERATIVE DENTISTRY

Aim and Scope

Operative Dentistry publishes articles that advance the practice of operative dentistry. The scope of the journal includes conservation and restoration of teeth; the scientific foundation of operative dental therapy; dental materials; dental education; and the social, political, and economic aspects of dental practice. Review papers and letters also are published.

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OPERATIVE DENTISTRY
SUPPLEMENT 1

How Long Can Operative Dentistry Survive without Faculty?

SECTION ON OPERATIVE DENTISTRY

American Association of Dental Schools
54th Annual Meeting
Las Vegas, Nevada
March 16, 1977

PROGRAM

Theme: How Long Can Operative Dentistry Survive without Faculty?

KEYNOTE ADDRESS: Louis G Terkla, University of Oregon

Major Topics

I Problems of Recruitment

II Institutional and Administrative Support

III Retention of Faculty

Subconsiderations for I:
- Location of Applicant Pool
- Competition with Private Practice and Specialties

Subconsiderations for II:
- Salaries and Fringe Benefits
- Opportunity for Advanced Education
- Research Opportunities

Subconsiderations for III:
- Opportunities for Personal and Professional Growth
- Opportunities for Clinical Practice
- Student Contact Hours
- Evaluation (peer, student, etc.)

KEYNOTE ADDRESS

How Long Can Operative Dentistry Survive without Faculty?

LOUIS G TERKLA

INTRODUCTION

The theme of this section meeting reflects the many frustrations that have been expressed by operative dentistry faculty for at least the past 10 years in their continuing struggle to preserve a modicum of stature for what they perceive to be an eroding discipline. The degree of erosion of operative dentistry has not been quantified but qualitatively there is strong feeling that a complex mixture of factors has been causing a slow decline of the discipline, principally manifest by the loss of faculty and the absence of interest in the discipline among those dental school graduates who aspire to a career in teaching. The question chosen to set the theme of this meeting seems to imply a pending crisis if current conditions persist and suggests that operative dentistry faculty must get down to the serious business of preventing their own demise. Although the answer to the question is obvious irrespective of the discipline involved, the theme no doubt was chosen to force an examination of the causes of the perceived erosion of operative dentistry and to project some solutions to stop or reverse that trend. Philosophically, one could also be open-minded and ask whether what has been happening is a logical and expected result of the evolution of our profession and if the conclusion is affirmative, why should anyone resist it? Maybe that question should be addressed first to determine whether the discipline of operative dentistry is worth saving. The first step in answering that question is to determine whether the people of our country are still suffering from diseased and injured teeth and worn out, fractured, and unesthetic restorations. The second step is to determine whether the people of our country want to have their damaged teeth restored. The third step is to determine who is expected to restore those teeth.

For the first step, abundant data are available to demonstrate that fluoridation and the fervent emphasis on prevention in dental practices have made only a small impact, if any, on reducing the total number of decayed teeth in the United States; further, teeth and restorations continue to wear out, and as our longevity

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increases and the population ages, there will be a greater demand for that kind of treatment. For the second step, there also are data available to demonstrate that the demand for dental care is increasing steadily and will continue to increase in the future. For the third step, the actions of the House of Delegates of the American Dental Association in 1975 and 1976 have made it clear that the practicing profession is not willing to relinquish the task of restoring people's teeth to expanded function dental auxiliaries. The conclusion is that at this juncture in our evolution, practicing dentists are the only human resource available in the United States to restore diseased or damaged teeth and to replace unsatisfactory existing restorations. It follows, then, that operative dentistry is the major educational discipline within our dental schools that is prepared to teach future dentists how to provide intracoronal restorations as part of patient service. What does not follow, evidently, is the recognition and support of the discipline of operative dentistry within our dental schools as a major educational resource to meet an exceptionally great public need.

This article identifies the problem as it relates to (1) recruitment of faculty, including locating the pool and competition with practice and the specialties; (2) institutional and administrative support including salaries and fringe benefits and opportunities for advanced education and research; and (3) retention of faculty as related to opportunities for personal and professonal growth, opportunities for clinical practice, student contact hours, and evaluation.

Needing more insight about the matter and its magnitude, I sent a questionnaire to 57 chairmen of departments or divisions of operative dentistry. Fifty-one were returned for a response rate of 89.5%. The replies were especially rewarding because of the deep interest manifested by the respondents who often wrote several pages of comments to accompany the returned questionnaire. On the basis of those responses, there is no question that among the majority of operative dentistry chairmen pervasive concern exists about the discipline's future. (See page 7.)

A second questionnaire was sent to deans of dental schools in an attempt to obtain a cross-section of opinion or philosophy that would substantiate or negate the alleged role of dental school administrators in advertently or inadvertently potentiating the problem. Of the 59 questionnaires sent to the dental school deans 53 were returned for a response rate of 89.8%. (See page 9.)

The results of the questionnaires will be interwoven in the following discussion of the three major elements of the problem. Although I shall try to keep the elements distinct, the subject is so complex that some overlap and consolidation will occur.

PROBLEMS OF RECRUITMENT

Locating the Pool

This subheading implies that a pool of operative dentistry faculty may exist and we are challenged to find it. The only major pool that exists consists of 259 full-time and 144 full-time equivalent part-time faculty currently employed in dental schools across the United States. Potential pools outside of this resource can be identified, such as those of practicing dentists, graduating dental students, and dentists retiring from the federal services, with each pool having certain drawbacks depending on one's perspectives.

The absence of a pool beyond dental schools is confirmed by the response to the first question on the operative chairmen's survey for which 41 out of 51 (four-fifths) of the operative dentistry chairmen reported difficulty in locating satisfactory candidates for full-time appointments. Twenty-seven out of 51 (over half) reported difficulty in locating satisfactory candidates for part-time appointments. Further confirmation is evident in the response to Question 10 where 28 out of 50 chairmen (over half) reported that they were short 95 full-time faculty to meet teaching and other commitments in operative dentistry. Twenty-one out of 50 chairmen (nearly half) reported a shortage of 65 full-time equivalent part-time staff. There appears to be a national shortage of at least 160 full-time equivalent staff, which is 39.7% more than the current national total of full-time equivalent faculty employed in operative dentistry.

The response to Question 14 indicates that department chairmen are happy with existing full-time staff. Twenty-three chairmen checked

"extremely pleased" and 27 checked "satisfied." Only one checked "dissatisfied." The tally for the performance of current part-time staff is not quite as good, with 11 chairmen "extremely satisfied," 34 "satisfied," and 6 "dissatisfied." The existing pool, then, seems to contain teachers whom chairmen would be comfortable in stealing from each other, but we all know that this practice is self-limiting and that a supplementary pool of teachers must be identified.

Evidently the talent outside of dental schools is limited in both numbers and quality. The response to Part c of Question 14 shows that 25 out of 51 chairmen (almost half) are dissatisfied with the qualifications of recent applicants for positions in their departments. The questionnaire results do not provide the answer to what kinds of qualifications are expected, but they do give a clue to some of the qualifications that evidently *are not* expected. For example, on Question 2, 47 out of 51 chairmen do not require their full-time appointees to have a master's degree in addition to the dental degree, and 50 out of 51 do not require it for part-time faculty. On Question 4, 45 out of 51 chairmen do not require their full-time appointees to have had previous teaching experience and 48 out of 51 do not require it for part-time faculty. As shown in the answers to Question 5, 41 out of 51 chairmen do not require their full-time appointees to have research abilities and 49 out of 51 do not require it for part-time faculty. Twenty-eight out of 51 chairmen do not require their full-time appointees to have had previous experience in private practice (Question 3).

The vast majority of operative dentistry chairmen, then, have eliminated previous teaching experience, research ability, and a master's degree from the requirements for a full-time appointment, and 54.9% of them have eliminated previous experience in private practice. Yet 25 department chairmen are dissatisfied with the qualifications of recent applicants for staff positions. This comment is not meant to be critical, but to point out that, as a group, the teachers of operative dentistry may be vague and uncertain about the qualifications expected of new appointees. On the other hand the response of the dental school deans to Question 9 on their survey: "Do you believe that any clinician can teach operative dentistry?", was overwhelmingly "No" (46 No; 5 Yes); so even deans think that teachers of operative dentistry have distinct qualifications.

If previous teaching experience, research ability, a master's degree, and in some cases, previous experience in private practice are not required for an appointment to an operative dentistry staff, then it seems that private practitioners, dentists retired from the federal dental services, and recent dental school graduates represent a vast pool of candidates. This conclusion is supported by the responses to questions 7 and 9 on the chairmen's survey. For Question 7, 42 out of 51 chairmen consider general practitioners to be a pool of future full-time teachers in operative dentistry. For Question 9, 38 out of 50 chairmen feel the same about dentists retiring from the uniformed services. They showed more reservation when considering 1977 graduates for a 1977-78 full-time appointment, with 28 responding "Yes" and 23 responding "No" to Question 6. The feeling was nearly the same for using a recent graduate for a part-time appointment.

Perhaps the problem, then, is not so much in locating a pool of potential candidates but in finding sufficient numbers of interested dentists who meet individualized, though poorly defined, qualifications and in promising them sufficient tangible and intangible rewards for embarking on a teaching career in operative dentistry.

For those few schools that require a master's degree, previous teaching experience, and research abilities, the pool of candidates outside of ourselves is extremely small. There are only four programs of advanced education available in operative dentistry with a total current enrollment of 16 students. Some schools requiring advanced training are locating good candidates and paying them to obtain it in return for a commitment to teach at the sponsoring school.

INSTITUTIONAL AND ADMINISTRATIVE SUPPORT

Salaries and Fringe Benefits

Many of the comments that accompanied the chairmen's questionnaire stated that the salaries available for teachers in operative dentistry cannot compete with the income available from private dental practice and that this is a factor which turns away potentially good

candidates. On Question 8, 32 out of 50 department chairmen feel that academic appointments are not competitive with the benefits of a busy, successful private practice. Some also say that faculty with specialty training are automatically compensated more than operative dentistry faculty. Others say that the difference can be made up with good packages of fringe benefits and the intangible rewards of a teaching career.

The deans believe overwhelmingly (43 Yes; 10 No) that the outstanding operative dentistry clinician without advanced training should receive as much salary as faculty with advanced degrees or specialty status (Question 5). Whether they do receive equal compensation can be determined only by the analysis of data, currently unavailable, on faculty salary by discipline, but the responses of the operative dentistry chairmen seem to confirm that there is a definite salary differential that occurs automatically without consideration for the respective levels of competence of individuals within their discipline.

If the salary and fringe benefits are inadequate for operative dentistry faculty, the ability of a dental school to attract highly competent private practitioners who have good teacher potential is severely curtailed. If the salaries for operative dentistry faculty are quite disparate from those of specialty faculty, the ability of a dental school to guide young dentists into careers as teachers of operative dentistry also is severely curtailed.

I have no hope that salaries and fringe benefits alone will ever be sufficient to compete with private practice and the specialties. However, if all the benefits of being a full-time dental educator, both tangible and intangible, are put into one package, teaching is competitive. It all depends upon individual perspective. Many who never placed dollar remuneration as the highest priority entered and remained in teaching because it has kept their internal fires burning. It is what they chose to do—what they wanted to do. The love of teaching does not seem to be a primary reason for this choice anymore, and we have been forced into the role of trying to convince potential teachers that it is a good choice for them. The difference between these two kinds of teachers, in my opinion, is rather vast. Nevertheless, we realize that dollar remuneration is extremely important these days. It is doubtful, also, that we shall ever be able to offer enough for initial appointments. What a vast difference between these potential teachers and those that chose teaching because they loved it. The answer to this dilemma is to compare an entire career in teaching to an entire career in private practice purely in terms of total dollar remuneration from the activity itself. Whereas the lifetime earning curve for a practicing dentist rises more rapidly and sharply in the beginning, it peaks out, levels off, and drops toward retirement age while the full-time teacher's lifetime earning curve generally continues to rise and peaks at retirement.

Opportunities for Advanced Education and Research

The stature, glamor, and financial remuneration of the dental specialties were listed in the survey of chairmen as factors significantly responsible for the diversion of potential full-time teachers away from operative dentistry. The response of the deans was overwhelmingly "Yes" (45 Yes; 8 No) to Question 4: "Do you believe that the discipline of operative dentistry has suffered by the absence of associated advanced education and research programs?" Despite the fact that operative chairmen believe the specialties are attracting the young teacher talent and despite the prevailing opinion of dental school deans that the discipline of operative dentistry has suffered from the absence of associated advanced education and research, there is not much evidence that the people most interested in the discipline have addressed these problems in a significant way. There have been paranoid verbalizations and talk about specialty status, but the number of programs of advanced education in operative dentistry remains at four and the quantity and quality of research in the discipline leave much to be desired. I believe that specialty status is out of the question and that a drive to obtain it would not be supported by the majority of dental school deans, the faculties, and the Council on Dental Education. Oral radiologists have tried for years to break the specialty moratorium without success. The recent trend to merge a variety of clinical disciplines into departments of restorative dentistry adds further opposition to the concept of specialty status for operative dentistry.

In the deans' survey, Question 1 asked whether they believed that operative dentistry is a dying discipline. The response was overwhelmingly "No" (51 No; 2 Yes). Question 2 asked whether they believed that the stature once held by the discipline of operative dentistry can ever be regained. This was a loaded question that some deans refused to answer because the question itself states that status has been lost. However, the vast majority of deans responded "Yes" to this question (33 Yes; 12 No) but "No" on the previous question of whether the discipline is dying. Further, Question 3 asked the deans whether the efforts of operative dentistry teachers to maintain a distinct identity should be encouraged. Seventy-three percent of the respondents answered "Yes" (37 Yes; 14 No).

The combined questionnaires revealed that both dental school deans and operative dentistry chairmen believe that the discipline is very important and should remain distinct in its identification. Parting of the ways is evident, however, when, on the one hand, the deans infer that the discipline suffers from insufficient advanced education and research effort while, on the other hand, most chairmen of operative dentistry do not require advanced education, research abilities, prior teaching experience and, in addition, some do not require private practice experience as qualifications for a staff appointment.

The hue and cry of operative dentistry faculty is that heavy teaching loads have prevented the discipline from developing a strong base of advanced education and research. This subject will be addressed in the next, and last, part of this article.

RETENTION OF FACULTY

Opportunity for Personal and Professional Growth

In the dean's survey, Question 8 asked whether the school had a program of career development for the faculty. Thirty-six answered "Yes" and 17 answered "No." In the operative chairmen's survey, Question 13 asked whether the department or school offered incentives for self-improvement and professional growth to faculty members. Thirty-nine answered "Yes" and 12 answered "No." Unfortunately, these responses do not reveal much about the nature of programs of individual career development. For example, my definition of such a program includes much more than a privilege of sabbatical leave, and yet, I am certain that some deans responded "Yes" to the question on the basis of that benefit alone. It is encouraging to know that many schools have something akin to a career development program, but it is doubtful whether any of them are very sophisticated or complete. On the matter of schools offering incentives for self-improvement and professional growth, one would expect 100% affirmative response. It is discomforting that 12 of the operative chairmen stated that no such incentives exist at their schools.

The existence of career development programs and related incentives evidently does not carry with it any guaranteed opportunity for faculty to participate. A common complaint of the operative chairmen is overassignment to the teaching programs. This denies them and their staff adequate opportunity for self-improvement and professional growth. Not only is this disheartening to the chairmen, but it seems to affect the retention of good teachers at some schools. In the operative chairmen's survey, Question 11 asked whether good teachers have been lost because the department is understaffed and overworked. Seventeen responded "Yes" and 34 responded "No." In the deans' survey, Question 6 asked whether they believed that their operative dentistry faculties are overassigned with student contact. Twenty-seven responded "Yes" and 26 responded "No." Some deans answered "Yes" with the qualification that operative dentistry faculty were no more overassigned than other clinical faculty. That qualification identifies what seems to be a common dilemma among many clinical teachers—that is, teaching responsibilities are so time-consuming that opportunities for self-improvement and professional growth must be sacrificed. In the deans' survey, Question 10 asked what ratio of faculty to students seemed appropriate in the operative clinic and the average of the 50 responses to the question is 1:6.8. Some deans suggested a higher ratio for junior than for senior dental students on the premise that seniors need less supervision and instruction.

The data from the recent national curriculum survey of the American Dental Association reveal that the average national ratio of faculty to

students in operative clinic is 1:8.7 with a range of 1:2 to 1:15. It is evident that the national average represents a poorer ratio than the 1:6.8 ratio considered appropriate by the deans. It is clear that many operative dentistry departments are understaffed.

One of the major rewards for participating in career development activities is academic promotion. On the operative chairmen's survey, Question 12 asked whether it is more difficult for full-time teachers in operative dentistry to receive academic promotions than it is for basic science teachers. Twenty-two (43%) responded "Yes" and 29 responded "No." On the deans' survey, Question 7 asked whether it is more difficult for an operative dentistry teacher to receive academic promotion and tenure than for other faculty. Twelve (23%) responded "Yes" and 41 responded "No." Some deans who replied "No" meant, "No, as long as they do research," or "No, as long as they publish." These qualifiers provide a different perspective about at least part of the "No" answers on the deans' survey.

It seems commonplace among our dental schools to hear not just operative faculty but most clinical faculty members complain that their excessive teaching loads deter self-development and professional growth. It has always been that way at Oregon, despite concerted effort on my part to improve the clinical teacher's condition. Having accomplished all of my growth in academic rank from instructor to professor while serving as a full-time teacher in operative dentistry, I have a deep appreciation for that condition. However, I know also that a dedicated teacher is not going to be held back by inadequate time during working hours and the existence of inequities between his or her opportunities and those of other faculty members. If the individual is a true achiever, his or her personal development will occur at the expense of so-called free time. The 9 a.m. to 5 p.m. teacher with heavy student contact will not publish, will not perform research, and probably will not contribute much time to the profession outside of formal working hours. Every school has both of these types of faculty members, and I think that we always will.

Opportunity for Clinical Practice

The relationship between the opportunity for clinical practice and the shortage of operative dentistry faculty seems to focus on the need to supplement inadequate salaries. Some schools require full-time clinical faculty to engage in intramural practice, the generated income being made part of their salaries. Some schools have restrictions on how much annual income a clinical faculty member may receive from the combination of academic salary and earnings from private practice. Although it is generally felt and seems logical that full-time clinical teachers are better at their jobs if they conduct some private practice activities either intramurally or extramurally, the premise has not been proved.

The opportunity for clinical practice is not a universal requirement among dental schools in order for them to recruit qualified operative dentistry faculty or to retain them. Oregon is an example where intramural practice is not allowed, where all clinical faculty including department chairmen are expected to be active clinical teachers and where every attempt is made to provide dollar remuneration competitive with national averages. There is no evidence that this has diminished the quality of the clinical programs or reduced the clinical competence of students.

The influence of the opportunity for clinical practice on the recruitment and retention of operative dentistry faculty would seem to be a local rather than a national problem, and the true relationship of these two factors should be researched.

SUMMARY AND CONCLUSIONS

Operative dentistry chairmen and dental school deans were surveyed independently by the use of questionnaires to obtain attitudes and opinions about factors related to the shortage of teachers for the discipline. Fifty-three out of 59 department chairmen responded (89.8%) and 52 out of 59 dental school deans responded (88.1%). The following conclusions appear justified from the questionnaire results.

1. There is a national shortage of operative dentistry teachers, estimated at 160 full-time equivalent positions required to meet current teaching and other commitments at desired levels.

2. The only potential pool of future teachers of operative dentistry is composed of new

graduates, dentists retiring from the federal services, and dentists in private practice.

3. The existing workforce in operative dentistry teaching is considered to be well qualified.

4. About half of the operative dentistry chairmen are dissatisfied with the qualifications of current applicants for teaching appointments.

5. New appointees are not expected to have a master's degree or research abilities or previous teaching experience. Over half of the department chairmen do not require new appointees to have had private practice experience.

6. The qualifications of a potential candidate for a full-time teaching appointment in operative dentistry are not well defined among department chairmen.

7. The perspective of dental school deans and department chairmen is that operative dentistry teachers do possess distinct qualifications for their disciplines.

8. On a short-range basis, the salaries and fringe benefits of an academic appointment in operative dentistry are not competitive with private practice.

9. Data are needed to determine whether a true salary differential exists between operative dentistry faculty and other clinical faculty.

10. According to deans, the discipline of operative dentistry has suffered by the absence of associated advanced education and research programs.

11. Deans do not believe that operative dentistry is a dying discipline, although its separate identity is being challenged by the formation of departments of restorative or family dentistry.

12. Both deans and department chairmen consider operative dentistry to be an extremely important clinical discipline.

13. Not all schools offer programs of career development or incentives for self-improvement and professional growth to clinical faculty.

14. Most department chairmen and deans do not feel that operative dentistry faculty are understaffed or overworked, but deans feel that an appropriate ratio of faculty to students in the clinic is 1:6.8.

15. Forty-three percent of the department chairmen and 23% of the deans feel that it is more difficult for an operative dentistry teacher to receive academic promotion than for other faculty.

16. The relationship between providing private practice opportunities to operative dentistry faculty and their abilities as clinical teachers should be researched.

Because my role as keynoter was to identify the problems, I will not attempt to suggest solutions. However, I will be happy to participate in the process of evolving some.

Read before the Section on Operative Dentistry, American Association of Dental Schools, Las Vegas, Nevada, March 16, 1977

RESPONSES OF OPERATIVE CHAIRMEN

1. Do you have difficulty in locating satisfactory candidates for full-time appointments to your department or division:	41 *yes*	10 *no*
part-time?	27 *yes*	24 *no*
2. Do you require new full-time appointees to have a master's degree in addition to a dental degree?	4 *yes*	47 *no*
part-time?	1 *yes*	50 *no*

3. Do you require new full-time appointees to have had previous experience in private practice?	23 *yes*	28 *no*
4. Do you require new full-time appointees to have had previous teaching experience?	6 *yes*	45 *no*
part-time?	3 *yes*	48 *no*
5. Do you require new full-time appointees to have research abilities?	10 *yes*	41 *no*
part-time?	2 *yes*	49 *no*
6. Would you hire a 1977 dental school graduate to teach full-time during the 1977-78 academic year?	28 *yes*	23 *no*
part-time?	32 *yes*	19 *no*
7. Do you think that the ranks of highly qualified full-time general practitioners represent a pool of future full-time teachers in operative dentistry who may come aboard without undertaking a master's program?	42 *yes*	9 *no*
8. Do you believe that full-time appointments in operative dentistry can be competitive with the benefits of a busy, successful private practice?	18 *yes*	32 *no*
9. Do you believe that personnel retiring from the uniformed services represent a pool of future full-time teachers in operative dentistry?	38 *yes*	12 *no*
10. Is the number of full-time staff in your department or division sufficient to meet teaching and other commitments?	22 *yes*	28 *no*
part-time?	29 *yes*	21 *no*
If understaffed, how many more f.t.e. do you need?	95 *full-time*	65 *part-time*
11. Have you lost good teachers in operative dentistry because, at your school, the department is understaffed and overworked?	17 *yes*	34 *no*
12. Is it more difficult for full-time teachers in operative dentistry to receive academic promotions than it is for basic science teachers?	22 *yes*	29 *no*
13. Does your department or school offer incentives for self-improvement and professional growth to faculty members?	39 *yes*	12 *no*

	extremely pleased	satisfied	dissatisfied
14. To what degree are you satisfied with			
a. the performance of your current full-time staff?	23	27	1
b. the performance of your part-time staff?	11	34	6
c. the qualifications of recent applicants for positions on your staff?	4	22	25

15. Your comments on this matter are welcome.

RESPONSES OF DEANS

1. Do you believe that operative dentistry is a dying discipline?	2 *yes*	51 *no*
2. Do you believe that the stature once held by the discipline of operative dentistry can ever be regained?	33 *yes*	12 *no*
3. Do you believe that the efforts of operative dentistry teachers to maintain a distinct identity should be encouraged?	37 *yes*	14 *no*
4. Do you believe that the discipline of operative dentistry has suffered by the absence of associated advanced education and research programs?	45 *yes*	8 *no*
5. Should the outstanding operative dentistry clinician without advanced training receive as much salary compensation as faculty with advanced degrees and/or specialty status?	43 *yes*	10 *no*
6. Do you believe that your operative dentistry faculty are over-assigned with student contact?	27 *yes*	26 *no*
7. Is it more difficult for an operative dentistry teacher to receive academic promotion and tenure than for other faculty?	12 *yes*	41 *no*
8. Does your school have a career development program for its faculty?	36 *yes*	17 *no*
9. Do you believe that any clinician can teach operative dentistry?	5 *yes*	46 *no*
10. What is your idea of an appropriate ratio of faculty to students in the operative clinic?		1:6.8 *average*

Your comments are welcome.

DISCUSSION

Problems of Recruitment

Report by: WALLACE W JOHNSON
University of Iowa

A person that has the responsibility of recruiting new faculty in operative dentistry has to be aware of two main concerns: the problems he may have in finding and screening candidates; and his awareness of how his job opening looks or appears to a candidate.

The recruiter will have problems:

1. In defining the applicant pool.
2. From the candidates he identifies, he must do preliminary screening to eliminate those unsuitable for the position.
3. He will have to deal with the requirements of the department in relation to educational background, teaching or practical experience, accomplishments, and interests.
4. Few operative programs exist for advanced training. Candidates with advanced training who want to teach in operative dentistry are scarce. The usual candidate picks a specialty in which to train if he is going to put forth the effort.
5. Location of the school may affect recruiting.
6. Salary level will affect recruiting.
7. Reputation of school will affect recruiting.

When asked what single primary factor was more important than all others in hiring a new faculty person, the group mentioned sincerity, flexibility, receptiveness, and enthusiasm, which could be placed under the heading of *attitude*. This was placed before clinical and teaching ability. The reasoning was that attitudes are formed early in life, and are not changed much during formal education. Therefore to hire a person whose attitude would be disruptive to department functions would adversely affect the teaching program even though he was an expert clinician. It was felt that an individual's clinical and teaching ability can be changed, improved, and broadened at most any stage of life, but attitude cannot be changed to any great extent, and must therefore be considered first in importance.

A recruiter must look at the position he has to fill from the viewpoint of the recruitee, and see to it that all is in order:

What does the job offer?

- Does it offer freedom of expression of concept and ideas.
- Does it offer course and teaching responsibilities.
- Does it offer administrative responsibilities and experiences.
- Does it offer individual credit and responsibility for publications.
- Does it offer support and opportunity for research, private practice, travel to meetings, personal growth, and advanced education.
- Does it offer opportunity and support to progress through the ranks in the academic community.
- Does it offer input into department affairs, concepts, teaching methodology, and other forms of recognition.

It must be remembered that the recruitee as well as the recruiter is also selecting, screening, and interviewing. Recruiting is not a one-sided affair.

Institutional and Administrative Support

Report by: T A GARMAN
Medical College of Georgia

Salaries and Fringe Benefits

The consensus was that dental schools cannot hope to offer salaries that compete with income from private practice. However, the institutions must attempt to offer maximum starting salaries to qualified personnel along with a viable plan for regular salary increases and criteria for merit increases.

The main thrust, then, must be in the area of fringe benefits. The following areas were identified:

1. Extra- or intramural practice as a salary supplement
2. Life insurance
3. Hospitalization plan (including partial or total disability plan)
4. Professional dues
5. Travel
6. Continuing education
7. Retirement plan

RECOMMENDATIONS

1. Extra- or Intramural Practice

(VERY IMPORTANT): One day per week should be provided for direct remunerative private practice to supplement salary and maintain clinical skills. Faculty member should be exempt from state board licensure if this practice is physically located in the dental school.

2. Life Insurance: A base amount of free term life insurance should be offered the faculty member, the amount determined by his salary. Additional insurance should be available at minimum premiums as an option.

3. Hospitalization Insurance (VERY IMPORTANT): A free plan of total-family coverage should be offered. Increased coverage offered at minimum rates should be included as an option. This area should include some form of partial or total disability plan.

4. Professional Dues (VERY IMPORTANT): Dues to the ADA, state and local dental societies should be paid by the institution. Also, dues to two specialty-related professional organizations should be paid, such as AADS, IADR, or Academy dues.

5. Travel (EXTREMELY IMPORTANT): Each faculty member should be guaranteed travel and per diem funds to two meetings per year that are related to operative dentistry.

6. Continuing Education (VERY IMPORTANT): Faculty member should be granted time outside of vacation to attend, tuition-free, any intramural continuing education related to operative dentistry. Reciprocal agreements on tuition should be set up with sister institutions in the immediate geographic area.

7. Retirement Plan (IMPORTANT): An attractive retirement plan should be in effect. Early vesting of funds is important. Plan should be set up so that the amount contributed by the faculty member *is tax sheltered.*

Opportunities for Advanced Education

Operative dentistry does not, at present, offer a specialty board. The young faculty member, therefore, unlike others teaching in recognized specialties, lacks a long-range

goal. Operative dentistry loses countless young faculty members to specialties offering certificates, advanced degree programs, and diplomas.

RECOMMENDATIONS

1. Create academic and clinical certificate programs intramurally for the junior faculty member.
2. Create an advanced degree program in operative dentistry intramurally for the junior faculty member.
3. Allow junior faculty members to seek certificate or degree programs at other institutions, the faculty member guaranteeing a certain number of years service at the parent institution after training is complete. A program of faculty member exchange was mentioned in this area.

Opportunities for Research

Junior (and senior) faculty members of operative dentistry can experience tremendous personal and professional growth by participating in well-organized clinical or laboratory research. It is good for operative dentistry and is a source of great personal achievement for the faculty member.

RECOMMENDATIONS

1. Strongly encourage meaningful research in operative dentistry, and provide time and facilities for accomplishing such research.

2. Provide expert guidance in writing grant proposals, protocols, and scientific papers.

3. Encourage memberships in the International Association for Dental Research.

Retention of Faculty

Report by: ROBERT B WOLCOTT
University of California, Los Angeles

Opportunities for Personal and Professional Growth

Salary structures for operative dentistry faculty should be competitive with other institutions, with those in other disciplines, and within the institution. Discrimination in favor of specialists is not justified and fosters antagonism.

Professional growth can be assured by creating opportunities to participate in continuing education and programs of faculty development, to audit courses in other disciplines, to achieve creative efforts during sabbatical leaves, and having opportunities to teach at another institution on a "trading of faculty" basis. Time for research should be available and encouraged.

Evaluation

Evaluation is a necessary mechanism for achieving and improving teaching skills. Evaluation by the chairman is best done on a regular basis from direct observation. One institution described an intriguing and effective method called the Conference System.

Student evaluation appears to be performed regularly at most schools once a year, or at the end of a course.

Hours of Student Contact

Any institution that requires four to five days of student contact deprives the instructor of professional growth, creates tedium, and shortens his affiliation with the school. Promotions are jeopardized if the instructor is unable to pursue other endeavors needed for qualification. Few institutions give an instructor recognition for his student contact to the same level as given for competency, research, publications, or contribution to the community.

The number of students under instruction with an instructor varies, but 6–12 appears workable in the laboratory and clinic.

Opportunities for Clinical Practice

Many schools have provided opportunities for clinical practice on the basis of a half day or full day per week. The purpose is to enhance income and to allow experimentation with new equipment, supplies, and techniques. It provides credibility for instructors, satisfies personal pleasures, and establishes new contacts.

Various types of program exist at each school. Some are strong and well developed but demanding of faculty; others are faulty in their organization and operation.

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OPERATIVE DENTISTRY

SUPPLEMENT 1 • 1977

PROGRAM

Operative Section, American Association of Dental Schools

Theme: How Long Can Operative Dentistry Survive without Faculty?

KEYNOTE ADDRESS: Louis G Terkla, University of Oregon

Major Topics

I Problems of Recruitment

II Institutional and Administrative Support

III Retention of Faculty

Subconsiderations for I:
- Location of Applicant Pool
- Competition with Private Practice and Specialties

Subconsiderations for II:
- Salaries and Fringe Benefits
- Opportunity for Advanced Education
- Research Opportunities

Subconsiderations for III:
- Opportunities for Personal and Professional Growth
- Opportunities for Clinical Practice
- Student Contact Hours
- Evaluation (peer, student, etc.)

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