2023 Grantee Annual Meeting

Dental Faculty Recruitment and Development

Hyatt Regency Crystal City
Arlington, VA

A partnership between

NORTH CAROLINA AHEC

WCRGME
WISCONSIN COLLABORATIVE for RURAL GME

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Objectives

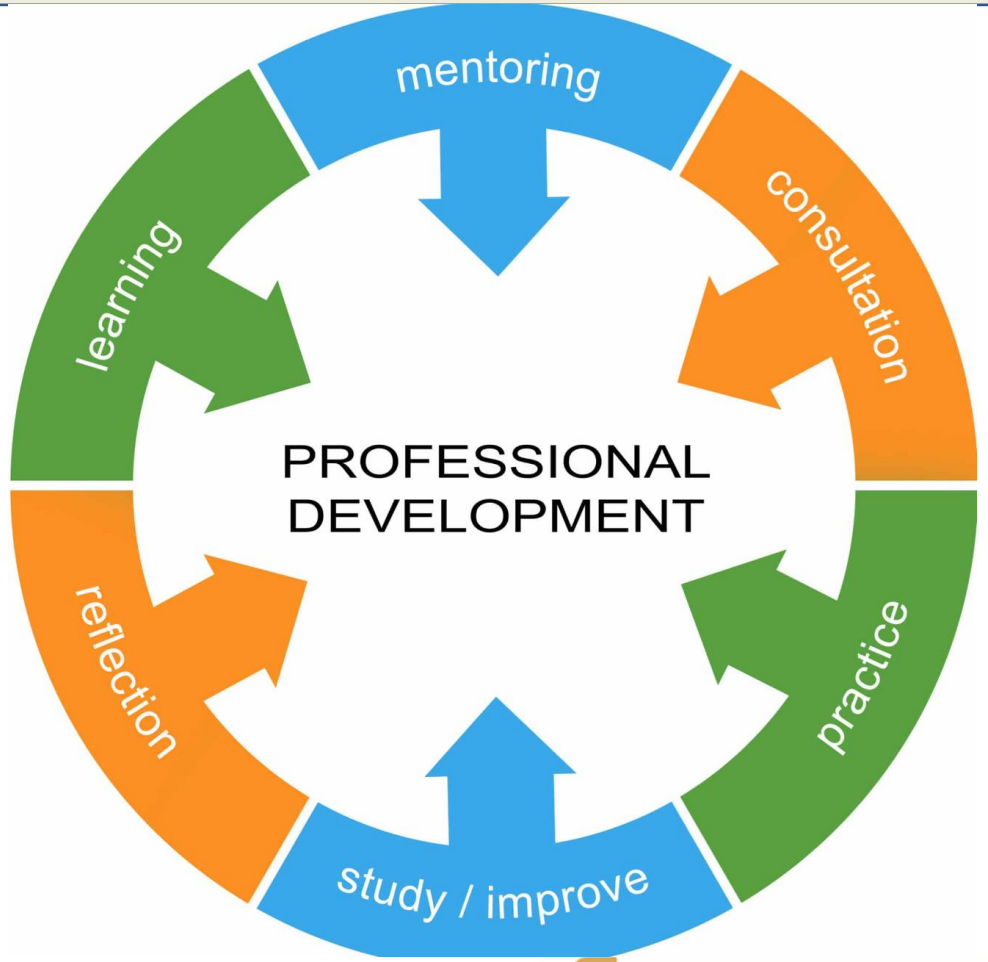
- Learn the CODA requirements for Faculty development
- Understand the issues of recruiting Faculty into rural programs
- Understand the issues of turning clinical staff into faculty
- Learn various Faculty recruiting strategies
- Discuss ways to enhance current staff clinical/ teaching skills

CODA Standard 3-4

All sites where educational activity occurs must be staffed by faculty who are qualified by education and/or clinical experience in the curriculum areas for which they are responsible and have collective competence in all areas of dentistry included in the program.

Intent: Faculty should have current knowledge at an appropriate level for the curriculum areas for which they are responsible (e.g., the faculty member responsible for endodontics is not required to be an endodontist. Instead, it could be someone with current knowledge and appropriate level of experience in endodontics). The faculty, collectively, should have competence in all areas of dentistry covered in the program.

FACULTY DEVELOPMENT



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CODA Faculty Development Requirements

- **Standard 3.4** All sites where educational activity occurs must be staffed by faculty who are qualified by education and/or clinical experience in the curriculum areas for which they are responsible and have collective competence in all areas of dentistry included in the program.
- **Standard 3.7** The program must show evidence of an ongoing faculty development process

CODA 3-4 Suggested Evidence

Examples of evidence to demonstrate compliance may include:

- Full and part-time faculty rosters Program and faculty schedules
- Completed BioSketch of faculty members
- Written criteria used to certify a non-specialist faculty member as responsible for a specialty teaching area
- Records of program documentation that non-specialist faculty members are responsible for a specialty teaching area

CODA 3-7 Suggested Evidence

- Participation in development activities related to teaching, learning, and assessment
- Attendance at regional and national meetings that address contemporary issues in education and patient care
- Mentored experiences for new faculty Scholarly productivity
- Presentations at regional and national meetings
- Examples of curriculum innovation
- Maintenance of existing and development of new and/or emerging clinical skills

CODA 3-7 Suggested Evidence

- Documented understanding of relevant aspects of teaching methodology
- Curriculum design and development Curriculum evaluation
- Resident assessment Cultural Competency
- Ability to work with residents of varying ages and backgrounds
- Use of technology in didactic and clinical components of the curriculum Evidence of participation in continuing education activities

Faculty Development Needs

- Develop overall dental knowledge
- Develop and expand clinical skill sets
- Develop resident mentoring skill sets

Turning Clinical Staff into Resident Faculty

- Start referring to them as Faculty from day one
- Set expectations: You are now both a CHC and a Teaching Facility
- Set up regular Faculty meetings
- Involve them with all the major decisions
- Seek their input in the development of the residency
- Create Faculty positions with specific responsibilities and duties
- Develop a plan for Faculty development: Each of the following slides can be agenda topics for Faculty meetings

Characteristics of an Effective Preceptors

- Proactively understands and attends to the training needs of the resident
- Flexible and able to adjust to various learning abilities and styles of individual residents while maintaining high expectations
- Takes the time to clearly deliver expectations to the resident in a timely manner
- Can explain clinical procedures clearly not only in what is being done or needs to be done but why
- Acts professionally at all times with patients, staff and residents
- Maintains a positive attitude even in difficult teaching situations
- Models efficient time management and organization
- Is a role model for our profession

Faculty Must Understand Their Legal and Ethical Responsibilities

- They are legally responsible for the care delivered by their residents
- They are ethically responsible for the development/ training of the residents
- They must understand that being Faculty is not just about clinical oversight- It is also about learning sound teaching skills
- They will shape the professional future of the resident
- Being Faculty is a calling that all of your professional staff may not have

CHC Required Courses

- All accredited sponsor do require CE for accreditation
  - ✓Cultural competency
  - ✓Risk management
  - ✓Infection Control
- CODA does not specify how to do faculty development

Expectations of a Preceptor

Orient	Orient the resident to the dental program
Establish and review	Establish and review learning objectives with the resident.
Oversee and coordinate	Oversee and coordinate the daily clinical training of the resident
Be	Be aware at all times of the resident's clinical requirements and seek to find appropriate teaching clinical cases
Oversee	Oversee the residents clinical care as appropriate considering the procedure and resident's abilities
Submit	Submit accurate, well thought out resident evaluations to the NDR Residency Director in a timely manner.

Expectations of a Preceptor

Mentor	**Be a trusted advisor to the resident**
Guide	**Guide the residents future professional path**

Expectations of the Residents

- Be on time and prepared to give the assigned patient all the attention needed and deliver a high level of quality care
- Listen to the Preceptor and follow instructions given
- Alert the Preceptor immediately if any clinical or other critical patient care issues arises
- Be on time and attend all didactic session required by the Program
- Treat patients, staff and clinical faculty in a positive and respectful manner
- Fill out all required forms and evaluations required by the clinic and Program in a timely and thoughtful manner
- If non- clinical issues arise the resident should discuss them with their preceptor and, if unresolved, with the Residency Director in a timely manner

Assessing New Resident Skills

- One on One discussions with the resident at the start of the academic year
- Have the resident demonstrate restorative preps on Dentoform teeth
- Have the resident demonstrate endodontic access preps on extracted teeth
- Have the resident review sets of radiographs to understand his/ her radiograph interpretation abilities
- Shadowing

Positive Signs of Resident Progress

- Presents focused, well thought out treatment plans
- Learns from your instruction
- Self-confidence is growing
- Provides complete and concise chart notes
- Demonstrates a positive, caring attitude with patients and staff
- Eager to learn and take on patient care

Signs of a ‘Difficult’ Resident

- Frustration
- Complainer
- Anxious
- Bored
- Overwhelmed
- Unprepared
- Distracted
- Impaired
- Headstrong

Addressing the Difficult Resident

- Start with clear communication of the issues and your expectations
- Try to understand the issues from the resident's perspective. Are there issues in the clinic causing their issues
- If no improvement, inform the Residency Director
- The Residency Director will decide if more formal action is needed

Mentoring in a Busy Clinical Schedule

- Supervision will take more time and be more difficult at the start of the year
- If done well, supervision will get much easier as the year progresses
- Make sure to schedule lightly when the resident is doing more complicated procedures
- As the resident progresses give him/ her more of the daily schedule of patients

Unconscious Bias

DEFINITION

The attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner

Kirwan Institute for the Study of Race and Ethnicity. State of the Science: Implicit Bias Review 2015

EXAMPLES WHERE BIAS OCCURS

Gender

Age

Race

Nationality

Entrustable Professional Activities Framework

Overall assessment	1. Cannot perform	2. Can perform under direct supervision	3. Can perform with indirect supervision	4. Can perform independently
Dental treatment phase(D)	Could not identify the dental treatment phase or identified it incorrectly	Identified dental treatment phase correctly but could not rationalize choice	Identified dental treatment phase correctly and rationalized choice →	
Patient summary (P)	Omitted relevant information from medical and/or dental history, treatment received so far	Communicated information about patient but it was not succinct, abstracted, or synthesized. Communicated treatment plan. Provided a brief but complete and relevant medical history. Addressed risk factors.	Gave an accurate, synthesized and succinct statement including name, chief concern, etc Communicated treatment plan and anticipated challenges/possible complications including those due to changes in medical status.	In addition to discussing treatment plan, was able to prioritize minor and major anticipated challenges including those in patient's medical status.
Action list (A)	Did not create a "to do list"	Created an incomplete "to do list" and did not prioritize. Medical concerns including medical consult, if indicated., were not completely addressed.	Complete "to do list" that is prioritized, minor edits. Plans in place for dental and relevant medical concerns.	Complete "to do" list that is prioritized: clear, concise, accurate
Situational awareness and contingency plans (S)	No contingency plans	No priority of "if-then" statements	Contingency plan with prioritized but not optimal "if-then" situation	Contingency plan with prioritized , optimal "if-then" situation
Synthesis by receiver (S)	Did not engage others in transition process	Provided information but was unable to answer all questions	Provided information; if unable to answer questions, provided a plan for follow-up	Engaged receiver and anticipated questions in an open and non-self defensive way
Manage time and environment	Time not appropriate, easily distracted, not able to complete handoff	Completed handoff but minimally managed time or distractions	Effectively managed time and distractions →	

[Entrustable professional activities framework for assessment of patient handoffs in dentistry (wiley.com)]

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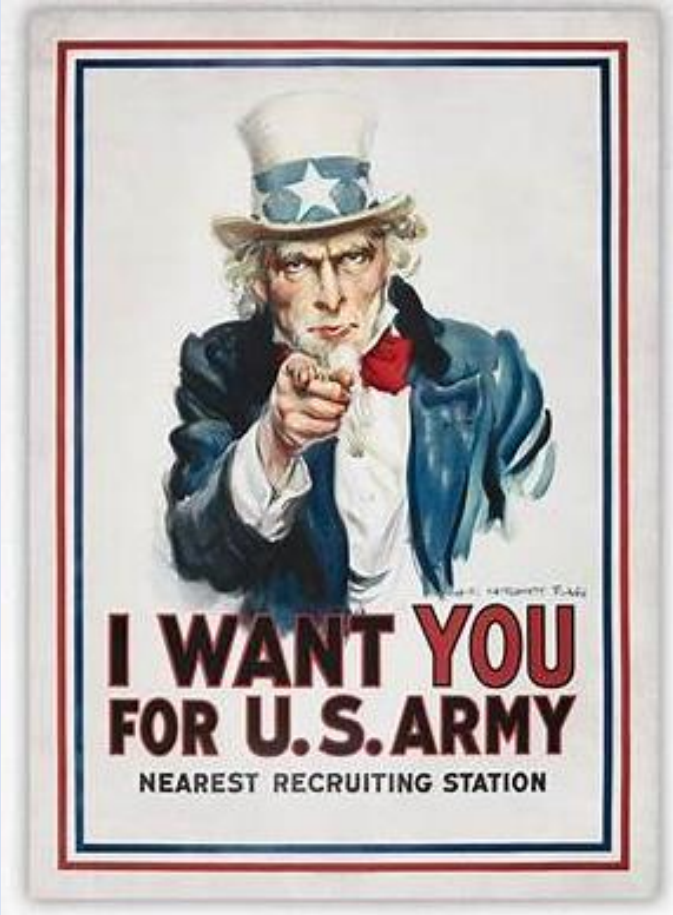
FACULTY RECRUITMENT



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Recruiting Faculty

Have a professional and attractive website and residency brochure

Determine what clinical skill sets your program is missing

If utilizing recruiting firms, make sure they understand the professional you are looking for.

Identify the workload expected so candidates are fully aware of the responsibilities

Stress the Dual Missions- Education and Health Center

Issues To Consider?

- Full time vs part time
- General clinical expertise
- Specialty clinical skills
- Specialists
- Didactic expertise
- Volunteer vs Paid
- Urban vs Rural

Recruiting Specialists and Other GP Faculty

- Private practice: Local dental society
- Dental schools: Ask for permission to contact Faculty and not a full involvement of the school
- Corporate practices; Traveling specialists
- Nearing retirement and recently retired specialists or GPs
- Military
- Other Health care- Medical providers, Behavioral Health etc.
- Other non-health care-Practice Management; Practice recruiters
- Help from State Dental Associations

Specialty Faculty Involvement

- Ease into the ‘ask’
- Didactic and clinical involvement
- Consider giving Titles for engaged specialists
- Equipment/ supply needs
- Ensure all things go smoothly!!!

Paid vs Volunteer

- Greatest barrier to volunteering is time
- More commitment may be possible with paid work but no guarantees
- Honorarium vs paid hours
- Travel/ housing/ per diem

Considerations for Part Time Clinical Faculty

- They must be credentialed by your health center
- They likely will need to be covered by your CHC's malpractice insurance
- You must work with your CHC to determine employment status
- General dentists can teach specialty type care

Building Your Own Faculty- Targeted CE

- Adding new procedures
- Budgeting CE
- Make sure that you attach requirements
- Lunch and Learns for Residents and Faculty
- Form alliances with dental societies and nearby dental schools to support your continuing educations and lunch and learns

Recruiting Inhouse Specialty Faculty Strategy

- Internationally trained specialists
- Recruitment must follow your Resident selection policy
- Will require 2 years of a residency
- Potential THC budget issues
- Depends on your state's dental practice act

Didactic Faculty

- Easier to recruit
- Can be done in-person or by zoom
- Shared didactic program with other residencies
- A strategy for introducing them to be future clinical faculty

Tracking Faculty Development and Competencies

- Track annual CE of in-house Faculty
- Evaluation of Faculty by Residents
- Evaluation of Program by Faculty
- Competency evaluations of residents
- CHC Privileging Forms

Discussion Points

- When considering future recruitment to a new program, what strategies do you plan to use?
- What struggles if any do you believe you'll face in building your faculty?
- Do you have specialists interested in working with your program? Are they from the private sector, education or other CHCs?

QUESTIONS

Rural Residency Planning and Development and Teaching Health Center Planning and Development Technical Assistance Centers

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