

Building Strong Partnerships between Dental Education and Health Centers through Student Rotations and Residency Programs

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Why are we doing this?

- Food
- Love
- Money
- Power
 - Ego
- Religion
- Altruism



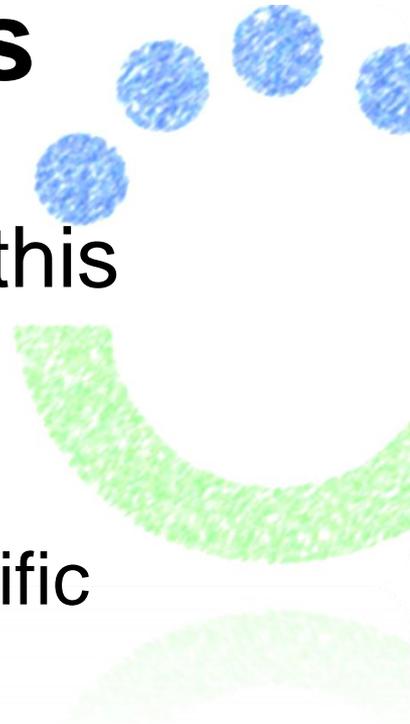
Defining Expectations

- What does your center expect from this partnership?
 - Production
 - Recruitment
 - Money – from production or from school
 - Retention and current provider satisfaction
 - Further the Mission
 - Press



Defining Expectations

- What does the school expect from this partnership?
 - Clinical experiences - general
 - Clinical requirement fulfillment – specific
 - Money – revenue sharing
 - Educational experience for the student – specific or general
 - Cultural competency development



Experience

- Drawing mainly from two sources for what you should expect and what should be expected of you.
 - Pipeline, Profession & Practice: Community-Based Dental Education. Robert Wood Johnson Foundation (RWJF). 2001 – 2007
 - ASDOH experience

Experience

- RWJF Pipeline, Profession & Practice: Community-Based Dental Education. *(RWJF Program Results Report. October 8, 2009)*
 - First phase included 15 schools and were required to do 3 things.
 - 1. Establish community-based clinical education programs.
 - 2. Revise dental school curricula to support community-based clinical programs.
 - 3. Take action to increase recruitment and retention of underrepresented minority and low-income students.

Experience

- RWJF Pipeline, Profession & Practice: Community-Based Dental Education. *(RWJF Program Results Report. October 8, 2009)*
 - Results
 - All 15 schools increased the length of time senior students spent on community rotations. From an average of 10 days to an average of 52 days.
 - All schools made changes to their curricula to prepare students for rotation. Adding courses or integrating content on community dentistry, patient management and community/cultural sensitivity.

Experience

ASDOH

- ICSP = Integrated **C**ommunity **S**ervice **P**artnership
- Students will complete a Summer Rotation at the end of their 3rd year
- At least 50% of the 4th year clinical education is done at external sites.
- Starting in the 4th year student completes 4 rotations of 4 – 6 weeks in duration. Average of 95 days in D4 year.
- Each external rotation is followed by an equal amount of time in the ASDOH clinic
- Participation in all assigned rotations **is required** but the student must complete a minimum of two (2) rotations for their graduation requirement

What should you expect from the school?

- Effective and frequent communication before and during rotations through a specific program contact for all administrative and clinical issues.
- Clear requests for site and provider information.
 - Application or site profile.
 - Information on potential preceptors and credentialing process.

What should you expect from the school?

- Send prepared, competent and educated students.
 - Describe the process for determining how students are competent to go out.
 - Communicate the level of competence to expect when they arrive.
 - Describe the curriculum have the had to prepare them for rotation and community-based clinical education.
- Professional liability coverage for the students.

What should you expect from the school?

- Communicate specific clinical procedure requirements.
 - General clinical experience provided by your site OR
 - Are there any specific clinical experiences you will be required to provide.
- Adequate length of rotations.
 - Less than 3 weeks usually not productive.
- Faculty credentialing and training.
- Housing expectations
- Revenue sharing expectations.

What should the school expect from you?

- They expect you to be a good site!
- What defines a good external rotation site?



Characteristics of a successful site

- Hosting the student.
- Keeping the student busy.
- Quality faculty feedback.



Characteristics of a successful site



- **Hosting the Student**

- Communication with student before they arrive.
 - Solid organizational commitment to having students at your site.
 - Welcome and comprehensive orientation for student.
 - If necessary, provide clean, safe appropriate housing for the student.
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Characteristics of a successful site

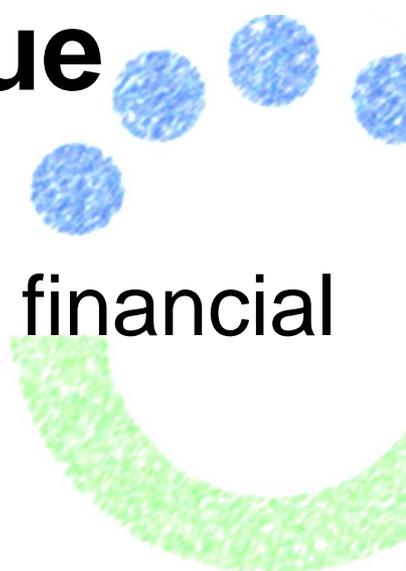
- Keeping the student busy
 - Provide an effective assistant for the student.
 - Provide the student with their own schedule of patients.
 - Ensure enough patient volume to keep the student busy.
 - Sufficient operatory space available. 3 operatories/FTE staff dentist to allow room for student.

Characteristics of a successful site



- Quality Faculty Feedback
 - Ensure participating providers have a desire to teach and mentor.
 - Allow flexibility in production expectations to allow for feedback and interaction.
 - Take the time to provide timely, effective and constructive feedback.
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Production and Revenue



- **Myth** – “Students will reduce clinic productivity and generate significant financial losses by:
 - 1. Being so much slower than dentists.
 - 2. Decreasing my dentists production because they are supervising students.
 - 3. Taking up an operator chair that my dentist could use to make significantly more money.”
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Production and Revenue

ASDOH Rotation

Gonzales, Texas

4 students in 2009 - 2010

16 weeks on rotation

Average patients seen/ day: 5

Payor mix: Medicaid - 24%, SFS - 76%

Revenue produced: \$29,899



Production and Revenue

ASDOH Rotation

Sikeston Missouri

2 students, 4 week rotation – 20 working days.

Average patients seen/ day: 4 – 10

Average number of procedures:

Operative – 93

Oral Surgery – 30

Perio – 5

Prosthetics – 5

Endo – 3 – 5

Patient mix: Children (MC+) – 35%

Adults (SFS) – 65%

Revenue produced: \$1,400/ day/ student

\$56,000 for 20 days



Production and Revenue

- Supplemental Report from the RWJ Pipeline Project. *Journal of Dental Education*, October 2011; Vol 75, no. 10 Supplement
- Le H, McGowan T, Bailit HL. **Community-Based Dental Education and Community Clinic Finances**
 - Finances were reviewed over a 10 month period.
 - 6 students equaling 2.0 FTE's
 - 377 days worked
 - 1,952 patients seen
 - 4,684 patient visits
 - 6,625 services delivered

Production and Revenue

- The 2 FTE students generated
 - \$420,549 in billed revenues or \$1,116 per day.
 - Reduction in dentist revenue was only \$57 per day and over 10 months \$24,225.
 - “Thus the two FTE students had little financial impact on dentist productivity and they generated a large gross surplus of \$396,324”
 - With an assistant, the students were easily able to treat one patient per hour and some averaged more than eight patients a day.

Other Benefits to the Site



- The dental staff has the opportunity to share their expertise and experience.
 - The experience that the student receives at the site can be a very effective recruiting tool.
 - In most cases, all revenue produced by the student is retained by the site.
 - The organization has the opportunity to be a partner with in educating future dental professionals about cultural, societal and health issues unique to the communities they serve.
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Other Benefits to the Site



**ASDOH students contribute to our overall clinical operation.
Strongly Agree or Agree 89%**

**ASDOH student are valued by our providers.
Strongly Agree or Agree 95%**

**ASDOH student are valued by our staff and our administration.
Strongly Agree or Agree 94%**

**ASDOH students are valued by the patients and the community we serve.
Strongly Agree or Agree 90%**

**ASDOH students contribute to meeting our organizations mission and goals.
Strongly Agree or Agree 85%**

**ASDOH and its students are seen as a potential source of providers.
Strongly Agree or Agree 90%**

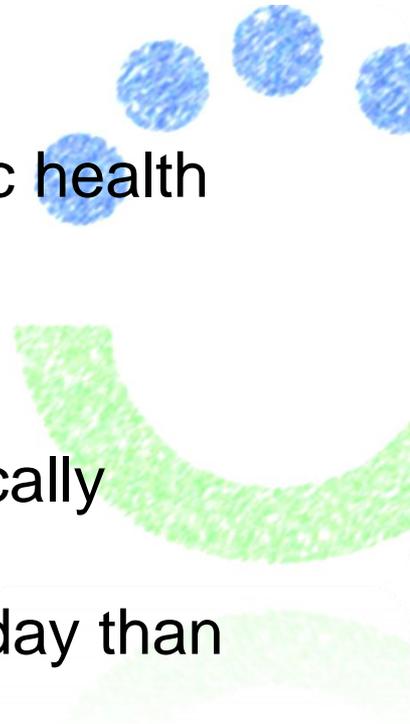
**Participation with ASDOH and its students is seen as a positive retention tool.
Strongly Agree or Agree 75%**

Describe the fiscal impact of student participation with your organization

Positive	44%
Neutral	50%
Negative	6%

Benefits to Students

- Exposure to a variety of community and public health based clinical environments and situations.
- An opportunity to be taught and mentored by excellent clinicians.
- Student competence and confidence dramatically increased.
- Ability to treat significantly more patients per day than in the dental school clinic.
- A deeper understanding of the unique oral health challenges faced by many communities, and the opportunity to learn first hand how to address those challenges.



“Being at the Inscription House, which is located about an hour from Kayenta, I am surprised at how this health center has built its own community.

Being someone that has always lived near a city I always wondered if I would feel right at home in a place that is more than 40-50 miles from the nearest town. Could I as a dentist choose to live and work in a place like this? I found that working in a community like this is an actual possibility for me.

I discovered this when I went for a walk with the IHHC dental clinic director, Dr. Samaddar. Talking with her I learned that there is so much beauty in places like Inscription House. What makes the clinic work and makes your home comfortable are the people in these small communities, people that are there because they want to be there to serve and to enjoy learning about others and the environment. “

I finally figured out what I want to do with my life:

I suspected that I would like working in public health, but I had no idea that I would love it.

I am convinced that community health center is a great place for me to begin my dental career, and the perfect opportunity to give back to the community.

I had already decided earlier in the year that I would like to finish my MPH after graduation, so I think that I have that part of my life figured out.

What about Recruitment?

ASDOH Class of 2010

Plans after graduation: - n=55

Specialty or Residency Training	22
Directly into practice/ employment	33

Of the 33 graduates who went directly into practice/employment -
18 (55%) chose Community/ Public Health/ Military

FQHC	12 (36%)
IHS	2 (6%)
Military	2 (6%)
Other N.P.	2 (6%)
Private practice	12 (36%)
Unsure	3 (9%)

What about Recruitment?

ASDOH Class of 2011

Plans after graduation: - n=59

Specialty or Residency Training	38
Directly into practice/ employment	17
Did not know	4

Of the 17 graduates who went directly into practice/employment -
11 (65%) chose Community/ Public Health/ Military

FQHC	9 (53%)
IHS	0
Military	1* (6%) (*8 military graduates went into military residency programs)
Other Non-Profit	1 (6%)
Solo Private practice	0
Partner/ Associateship	4 (24%)
Group/ Corporate	2 (12%)

What about Recruitment?

Plans after graduation: - n=68

Specialty or Residency Training	41
Directly into practice/ employment	26
Did not know	1

Of the 26 graduates who went directly into practice/employment -
11 (42%) chose Community/ Public Health/ Military

FQHC	9 (35%)
IHS	1
Military	1
Solo Private practice	0
Partner/ Associateship	9 (35%)
Group/ Corporate	5 (19%)
Contract Dentist	1

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