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The Dental School Outside the Dental School's **Shrinking Enrollment**

Bad news for patients and the dental profession.

dearth of mentor-associate relationships impairs new dentist professional development and threatens dentistry's privilege to self-regulate.

Dental education, like the formal instruction in most professions, relies upon on-the-job training for recent graduates to attain proficiency in critical areas of performance. For the past century, dental students moved directly from either dental schools or postgraduate studies into associateships in private practices with a compatible practice philosophy, where the parties intended the associate to, at some point, purchase an ownership interest. This private practice model of equity transition incentivized mentoring relationships that continued the associate's professional development and, thereby, facilitated the transfer of patient goodwill to the new dentist.

As the large corporate practice model proliferated and student debt soared, opportunities for associate buy-ins diminished, along with the supporting mentor-associate relationships. Regardless of the length of formal training in dentistry, institutions alone cannot make new dentists competent to own and operate a dental practice and achieve clinical proficiency. Only a private practice mentorship can complete the training necessary to develop and manage a financially viable entity and professionally responsible practice.

Ultimately, only new dentists adequately mentored in financial, administrative and advanced clinical skills, who also transition into practice ownership can guarantee they will possess the means to provide optimal care to their patients. Dental practice owners, organized dentistry, and dental schools and residencies must re-establish adequate mentoring opportunities for new dentist employees to better meet both parties' ethical duties to patients and maintain our profession's privilege of self-governance.

Apprenticeship Model

The apprenticeship model involves a longstanding three-level training structure-apprentice, journeyperson and master-still utilized, to varying degrees, in most professions.^[1] The model overlays both the formal instruction in dental schools and residencies, and the informal mentor-associate relationships in private practices. Formal education raises students and residents to various levels of expertise on the apprentice or journeyperson ladder depending

upon the specific competency and leaves the remainder of their instruction to on-the-job mentorship.

The apprentice, as a beginner or assistant, gains basic technical knowledge and skills. Once proficient in an area, the apprentice graduates to the second level as an associate or journeyperson. The associate performs many routine tasks without supervision but continues to receive guidance from mentors regarding unique or complex cases. Finally, when the journeyperson/associate masters a set of skills in the eyes of the mentor, the new master earns the authority to mentor incoming trainees.

A private practice mentor typically employs varied techniques, dependent upon the skill involved and the dentist employee's stage of competency. When the trainee requires prescriptive advice to fix a problem or respond to a question, the mentor may teach or model a specific solution or answer. Mentors also offer more general developmental guidance regarding more global career or philosophical issues through emotional support and active listening. Ultimately, mentors turn knowledge gained in formal education into the skills required to operate a financially viable and professionally responsible practice.

Mentorship Curriculum

We can refer to the body of knowledge private practice mentors transfer to new dentists as the mentorship curriculum. It intends to pick up where formal instruction ends. Typically, it addresses the competencies required in the four key roles of a dentist in private practice: entrepreneur, manager, professional responsibility officer and clinician. Since new dentists enter private practice at different levels in the apprentice model for each competency, mentors gradually identify the trainee's level of accomplishment for each competency and then advises accordingly.

A state dental license, accredited school diploma and residency program certificate provide little to no assurance to a private practice mentor that a new dentist possesses the abilities to act as a competent entrepreneur or manager. Most trainees present as an entrylevel apprentice with respect to these competencies. Entrepreneurs create the vision for a successful dental practice and, importantly, undertake the personal financial risk of practice ownership to earn the authority to implement their vision. Hence, private practice mentors must model and teach, among other things, the skills to draft and implement personal and professional mission statements; manage personal debt and opportunities for practice equity interest purchase; plan strategically; and build and lead their team.

While practice owners can and should delegate many business and management functions to trained staff, to delegate competently, owners must develop an understanding of how each business task ultimately relates to practice financial viability and the dentist's professional responsibility to patients. Hence, mentors must demonstrate the systems they utilize to collect and interpret practice financial metrics; manage human resources, dental benefit insurances, billing and collections; and comply with legal, regulatory, ethical and professional duties.

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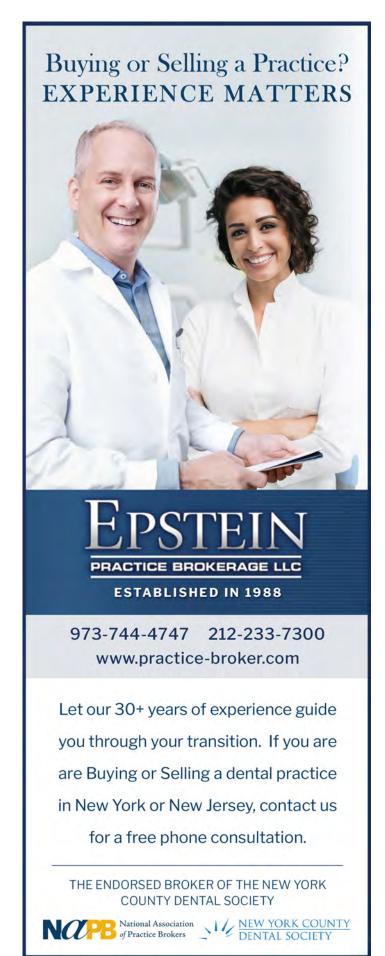
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Dentistry must protect and preserve private practice mentorships to maintain its professional status.

New dentists enter private practice with only a basic didactic knowledge and limited clinical experience, midlevel apprentice status, at best, in how professional responsibility applies in daily practice. Mentors can have significant positive influence upon the new dentists' traits of character that foster adherence to ethical principles. In addition to meeting ethical and professional standards, mentors can model their dentist-patient relationships and the bonds formed with their patients that comprise the greatest satisfaction in the practice of dentistry.

Finally, the dental licensing process does, technically, certify graduates as competent clinicians. A licensee completed the apprentice level in his or her formal instruction and can now function clinically independent as a journeyperson/associate in most cases. However, only within an associate-mentor relationship can the associate expand his or her skills beyond those obtained in school or a residency to competently treat more complex cases and handle unique patient management challenges.

Professional and Ethical Compliance

Large corporate practices operate with the largest profit margin when the fewest number of owners control the largest number of associates for an available patient base. Not only do these owners lack the time to mentor multiple employee dentists, but they may also actually avoid providing free advice for two reasons: first, to not invest time instructing an employee who will never transition to ownership and earn decision-making authority; and second, to protect company trade secrets regarding practice operations from a trainee who may become a competitor.

The failure of private practice owners to mentor their new dentist associates violates both parties' professional and ethical duties. Professionally, dentists must engage in lifelong learning to maintain competence. [2] Section 2A Education of the ADA Principles of Ethics and Code of Professional Conduct states our professional status rests primarily in the knowledge, skill and experience with which we serve our patients and society.

Dentistry must protect and preserve private practice mentorships to maintain its professional status. We cannot continue to allow the financial interests of practice owners who fail

to mentor and groom their associates for ownership to take priority over our new dentists' professional development and patients' best interests.

How We Got Here

The mentorship curriculum evolved to enable the dental profession to serve the best interests of patients through the transition of ownership of financially viable and professionally responsible practices. It recognizes that private practice owners must mentor new dentists to allow them to gain proficiency in advanced clinical procedures and groom them to embrace ownership responsibilities. It importantly recognizes that only a practice owner will earn the authority to implement the policies that meet patient needs.

The American Dental Association can significantly support the mentorship-to-ownership transition path through expansion and increased marketing of its ADA Practice Transition (ADAPT) program. ADAPT utilizes powerful matching technology to connect new dentists to practices with which they would like to mentor and, ultimately, purchase an ownership interest. The ADA must expand marketing of this vital service to every practice owner, dental student and postgraduate resident. Organized dentistry, dental education and practice owners must partner to save the mentor-associate relationship and, in turn, save dentistry's professional status.

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