

## **Faculty of Dentistry Report to Senate**

**A presentation by Dr. Debora Matthews, chair of the Next Steps committee and assistant dean of research, Faculty of Dentistry  
February 22, 2016**

Over 16 months ago, the discovery of offensive Facebook posts made by a group of students from our Faculty uncovered some disturbing truths that extended beyond the social media posts. The first recommendation of the External Task report is that there be universal agreement in the Faculty of Dentistry that fundamental change in our climate and culture is needed *and* that we commit to implementing that change. As we stated in September, and I reiterate today, we absolutely agree. (See Task Force recommendation #1)

Working through the difficult times since December 2014, we have also come to realize this crisis has presented us – as a Faculty and as a university – with an exciting opportunity to make a difference. A spotlight has been shone on the pervasiveness of misogyny, racism and homophobia – not just in our Faculty, but throughout our campus and society as a whole.

We at the Faculty of Dentistry are making a concerted effort to reflect on how best to affect meaningful and sustainable changes in our climate and culture and, in doing so, to become an example to others of how to negotiate this challenging journey.

We are working to re-build sustainable, supportive communities among staff, students and faculty that allow us to embrace diversity and inclusiveness, and to embed a principle-based approach to professionalism in the curriculum and our daily lives. I would like to highlight a number of steps we have taken since September, as a reflection of our commitment to lasting change.

### **Communication/website**

On behalf of the Faculty, Dr. Debora Matthews participated in the November 12<sup>th</sup> Senate Workshop and provided some early steps on our efforts to open lines of communication. Since

then, we have updated [the Faculty of Dentistry section of the university website](#) to make information and resources easier to access for faculty, staff and students. As part of this update, the roles of the assistant deans and administrators are clearly defined so students, staff and faculty know who to approach for the type of help they need, whether in the clinic, classroom or workplace, or for personal concerns.

Students are directed to resources such as the university's human rights, equity, and harassment prevention services and policies, among others. Similarly, faculty and staff have clear access to information about health and safety, unions and human resources, and counseling resources available. (See Task Force recommendation #2)

In addition to directing people to online resources, we have been enhancing access to support and information within our Faculty. A working group has been established to develop a new organizational chart that clearly outlines reporting and decision-making processes. Our dean of students works proactively with student leaders in connection with event planning and activities. The deans have regular meetings with each class to discuss concerns about course and clinic requirements as one way to address the issues of competitiveness identified in last year's reports. Student groups also meet regularly with their faculty advisors to report on their clinical learning experiences – ensuring a supportive environment and a more equitable distribution of patient care. There are regular updates and information provided to staff groups and faculty members about what is happening in the Faculty through our new internal communications piece, *The Loop*. All of this has combined to create greater access to information and multiple avenues for individuals to voice concerns. (See Task Force recommendations #2, 3, 4, 5, 6)

For the November 30<sup>th</sup> Dalhousie University Update on Diversity and Inclusiveness, the Faculty of Dentistry provided a number of examples of how we are taking this issue seriously. We responded to the External Task Force recommendations, the Restorative Justice report, and the

BELONG document with initiatives we have undertaken. Our responses are available online at [the Culture of Respect page](#).

### **Curriculum renewal**

Our curriculum renewal was put on the back burner last year, but is back on track. Our goal is to ensure that the curriculum not only meets accreditation requirements, but will go above and beyond minimum standards, particularly in the areas of ethics, professionalism and social justice. It will allow us to continue to graduate clinicians who remain the most well respected in the country.

Some of you may not be aware, but our students normally spend 20-30 hours each week in pre-clinical laboratories or in the 210-chair dental hospital next door, providing clinical care. As part of our renewal, and to coincide with our facility renovations, we are rethinking how we deliver the curriculum and how we deliver patient care. We are developing vertical teams (or in CIHR terms, a cross-cutting structure). These will be small groups of students from all four years of the Dentistry as well as the two years of the Dental Hygiene program, clinic staff and a faculty mentor. The teams will be built around patient families – patients for whom we provide care while giving our students the experience needed to become competent clinicians – who will work together to learn from and teach one another while completing patient care. This system will be piloted in the late spring or fall.

In conjunction with our new vertical team system, we will have daily ‘huddles’ with each team, including staff, before the start of clinic to discuss potential challenges for the day. To dovetail into this, we will be rolling out a phased plan for ongoing, daily feedback among all members of the clinic teams. All of this speaks to our intention to integrate opportunities for collaborative, reflective practice and ensure issues of professionalism and ethics are embedded throughout the curriculum.

I hope you will see that what we are doing is not just about having a more transparent 'complaints process,' although this is also very important. It is about dealing with concerns as they arise, and acting on them expeditiously and transparently so that the air of competitiveness around clinical experiences is reduced. As well, this will ensure there are regular mechanisms to provide confidential feedback on the experiences for faculty, students and staff. (See Task Force recommendations #3, 4, 5, 7).

### **Community service initiatives**

As a result of the report recommendations, a community service component was added in years three and four of the DDS program in September 2015. This requirement has prompted students to initiate a number of different projects, and has proven to be very successful. For example, during Study Break (when many students try to escape to someplace warmer), 20 of our students, together with staff and faculty, volunteered their time to provide dental care at the North End Community Health Centre. (See Task Force recommendation #15)

Second-year Dental Hygiene students provide regular oral health care and education to new immigrants at the Immigrant Services Association of Nova Scotia (ISANS) clinic. Early on in this service, it was clear interpreters were needed to help verify patients' medical histories and convey dental-specific vocabulary. Thirty third and fourth-year dental students, who speak 20 different languages between them, now provide translation services for the hygiene students and their patients. Students from *other* health professions heard of the interpreter project and also volunteered their time. (See Task Force recommendation #7)

Two of our senior students formed the Halifax Dentistry Student Society for Refugees to sponsor a refugee family for their first year in Canada. Independent of faculty assistance, they set up an incorporated society with by-laws and signatories and have more than 20 supporters to date. Their objective is to involve students from every year of the Dentistry program so that as one class graduates, members from the next fourth-year class are ready to step up and lead the society. (See Task Force recommendation # 16)

We continue to build upon the long standing commitment and connections of the Faculty to social justice and outreach within the community, not only to provide care, but to encourage interest and develop capacity within a wide variety of diverse communities to consider dentistry as a future profession. For example, as part of this recruitment strategy, and in collaboration with the Faculties of Medicine and Health Professions, we co-host two annual summer camps for junior and senior high school students of African Nova Scotian and Aboriginal descent. The objective of these camps is to increase the numbers of students from these communities to enter the health professions by exposing them to information, involving them in a range of hands-on activities, and providing an opportunity to gain a feeling for university life. The camp for Aboriginal students has been running for six years and the camp for African Nova Scotians just completed its second year. The newly created Johnson Foundation, an initiative of all three health Faculties, will provide funds for scholarships as well as programming. The Faculty of Dentistry has also created two new scholarships to support students of Aboriginal and African descent. (See Task Force recommendations #9,10,15)

### **Reducing isolation**

We have always been strongly connected to other parts of the university through membership on committees external to our Faculty, and our 20-year involvement in interprofessional health education. We have been a member of the Atlantic Health Promotion Research Centre (now Healthy Populations Institute) since 1998, and participate in a number of research projects with other research scholars from the centre. We have a long history of transdisciplinary research on vulnerable populations, ethics, frailty, radio-embolics, local drug delivery systems and emergency medicine – not just at Dalhousie, but nationally and internationally. (See Task Force recommendation #15)

Within the profession, we have been working with the Nova Scotia Dental Association on its mentorship program, which focuses heavily on professionalism and ethics. The Women in Dentistry Circle brings together women from the profession with a variety of life and

professional experiences to share issues that are unique to women. Through the international Restorative Justice conference in June, we will be sharing what we have learned from our experiences with members of the profession as well as local, national and international participants from the fields of justice, education, law, criminology, social work, psychology, ethics and professionalism, political science and women's studies. (See Task Force recommendations #9, 13, 14, 15)

### **Accreditation process**

This is no longer just about the Facebook incident, but about what we have learned and how we are engaging in an ongoing process to change our climate and culture – actively reflecting on how we treat one another, how we model professionalism to our students, and building in processes to ensure that we do things differently. How will we know we are having an impact? One example would be from our recent accreditation. In early February, we underwent an accreditation site visit from our national accrediting body for dentistry, the Qualifying Program, Dental Hygiene, and graduate programs. As well, we are in the midst of a Senate unit review and a review by the Faculty of Graduate Studies. In addition to reading masses of documents prior to their site visit, the accreditation teams met several times with students, with staff, and with faculty. At the end of their week-long visit, the dental accreditation team prefaced their report with two comments. First, our students universally reported there were multiple avenues available to them to voice their concerns; and secondly they felt they were being *heard* – their concerns were taken seriously and acted upon. This was not the case 16 months ago. The team also remarked on the resilience of our faculty and our staff. Despite what we have been going through, they could not detect resentment or bitterness. *We* think this is true, but it felt good to have validation from outside eyes that we are moving in the right direction.

It is our experience and sense that our Faculty is prepared and indeed willing to move forward. Significant resources and time from the Faculty as a whole and individual members have been committed over the last year. We have accepted the advice, insights and recommendations

from the various processes and reports and are actively engaged in integrating them into our work, ensuring we are responsive to those recommendations in a meaningful and genuine way.

Like any significant change, it will take continued and intentional effort to be sustainable. *This* is how we will change the climate and culture in our Faculty, and *this* is how we will serve as an example to our university, our profession and our public.