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ADEA-ADEE Shaping the Future of Dental Education III: Engaging with Global Networking to Enable Global Oral Health

Upen S. Patel
University of Birmingham

Lior Shapira
Hebrew University, Hadassah

Jennifer E. Gallagher
King's College London

Joan Davis
A. T. Still Missouri School of Dentistry and Oral Health

Lily T. Garcia
University of Nevada, Las Vegas, lily.t.garcia@unlv.edu

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Authors

Upen S. Patel, Lior Shapira, Jennifer E. Gallagher, Joan Davis, Lily T. Garcia, and Richard W. Valachovic

ADEA-ADEE Shaping the Future of Dental Education III

Engaging with global networking to enable global oral health

Upen S. Patel BDS, AHEA, MFDS RCSEd, MJDF RCSEng, PhD¹ | Lior Shapira DMD, PhD² | Jennifer E. Gallagher MBE³ | Joan Davis PhD⁴ | Lily T. Garcia DDS, MS⁵ | Richard W. Valachovic DMD, MPH⁶

¹School of Dentistry, University of Birmingham

²Department of Periodontology, Hebrew University – Hadassah, Faculty of Dental Medicine

³King's College London

⁴Special Projects & Initiatives, A.T. Still Missouri School of Dentistry & Oral Health

⁵University of Nevada, Las Vegas, School of Dental Medicine

⁶American Dental Education Association, Washington, DC

Correspondence

Dr. Upen Patel, University of Birmingham, The School of Dentistry, 5 Mill Pool Way, Edgbaston, Birmingham, B5 7EG, United Kingdom.

Email: u.s.patel@bham.ac.uk

Abstract

Global networking has been identified as an important method of enhancing health care education and services in the field of dentistry.¹ The ability to share expertise, resources, knowledge, and experience to benefit all is highly desired among students, educators, health care professionals, and communities globally. Both our student and patient populations are dynamic societies that are becoming increasingly complex and facing growing needs and expectations, which is a constant challenge for educators and health care professionals to satisfy.² The key question, stemming from the Global Networking (GN) workshop of the 2017 ADEE-ADEA Shaping the Future of Dental Education II meeting, was identified as, “How can dental educators around the world network to share ideas, experience, expertise, and resources to improve our curricula and teaching and learning environments for our educators, students, and communities that they serve?” The action plan devised by the GN workshop from the 2017 meeting indicated two key steps in these early stages of setting up a global network: 1) “...grassroots participation for input and consumption of meaningful and needed content,” and 2) “...advisors/consultants for organizational top-down guidance to define and maintain the global networking philosophy and platform...”.¹ The GN workshop of 2019 SFDE meeting aimed to deliver guidance and discussion with those experienced in engaging local communities from both a grassroots and an organizational approach.

KEYWORDS

academic mobility, community, dental, developing countries, education, faculty development, global networking, networking, patient care, sharing, strategy

1 | INTRODUCTION

The Global Networking (GN) workshop of ADEA-ADEE Shaping the Future of Dental Education (SFDE) II, which

took place in London, UK, in 2017, was foundational, setting the purpose and methodology for establishing a GN in dental education. The publication summarizing the 2017 workshop¹ sets out a clear action plan for the short-, intermediate-, long-,

and longer-term path on which a GN could be founded. The authors also acknowledge the challenges, efforts, and commitment needed for GN to be successful and to maintain that success.

The GN workshop of the SFDE III meeting was tasked with building on the GN workshop held in 2017 and to take the early steps to establish a GN. The short-term action plan indicated two key steps: 1) "...grassroots participation for input and consumption of meaningful and needed content," and 2) "...advisors/consultants for organizational top-down guidance to define and maintain the global networking philosophy and platform...".

2 | METHODS AND WORKSHOP FORMAT

To ensure appropriate discussion and guidance in these two areas, it was important to identify workshop speakers with experience planning and delivering oral health education and health care to a diverse range of local communities and speakers with a top-down organizational role in managing a GN.

Dr. Lior Shapira was selected as speaker for this workshop based on his role on the EFP Executive Committee, EFP President-elect (2021), and lead for the EFP global initiative, Gum Health Day 2019. The European Federation of Periodontology (EFP) was identified as a GN with a successful track record for establishing and maintaining a network with the goal of informing dental professionals and the general public about the role of periodontal disease and its links to general health. The EFP manifesto recommends "...a fundamental change in the perception of dental professionals' responsibilities with regard to achieving the general health of patients and affirms that patients' needs will best be met through collaborative development between the dental and medical communities in applying multidisciplinary approaches and guidelines for patient care, independently of a patient's presenting location."³ A consensus for this objective was reached after the 9th European Workshop in Periodontology in 2012.

Prof. Jenny Gallagher was selected as a speaker based on her educational contributions and research interests, including her role in investigating the links between general and oral health, community engagement and strategic health planning for King's College London and Public Health England. Her research interests focus on considering support for the dental health care workforce to meet the needs of the general public and promoting oral health and preventing disease. Prof. Gallagher leads research globally, exploring the motivation and career expectations of the dental team in a range of different countries, workforce-skill mixes, widening participation in dentistry, planning human resources, and professionalism in support of oral health.

3 | WORKSHOP PRESENTATIONS

3.1 | Engaging international dental teams at a local level. Prof. Jenny Gallagher

3.1.1 | Community engagement and cultural competence in dentistry

The global burden of disease can be demonstrated by four metrics found in a global sample of adults: untreated caries (tooth decay) in permanent teeth (34.1%), untreated caries in primary teeth (7.8%), severe periodontitis (7.4%), and total tooth loss (4.1%).⁴ This challenge must be approached globally with GN as a tool to effect change. A key group of people who are critical to addressing oral health needs are dentists; however, globally there is much variation in the population-to-dentist ratio with the African and South-East Asian World Health Organisation regions significantly below the global average.⁵ The session will review the links between oral and general health using Public Health England (UK) as a case example and the engagement of the dental team with global networking. Professor Gallagher considered challenges and opportunities for engagement with global networks at a local institution and dental team level to enhance education and improve the quality of patient care.

3.1.2 | Dental education and cultural competence

Priority must be given to training future dentists with the appropriate competencies to allow them to better support oral health provision in their communities and populations they serve. A curriculum framework for the graduating European dentist⁶ identifies four domains: 1) professionalism, 2) safe and effective clinical practice, 3) patient-centred care, and 4) dentistry in society. Each domain has been developed to prescribe the qualities needed by dentists for our current and future health care environments. Domain 4 specifically advised that a dentist must understand population demography and health trends in the context of the health care system within which they work.⁷ The concept of cultural competence is gaining wider acceptance as we better understand the extent of the diversity of the populations that we serve and aim for reducing inequalities in health. Culturally competent health care has broadly been defined as services that are respectful of and responsive to the cultural and linguistic needs of patients.⁸ Building a generation of health care professionals that have a set of skills, values, and principles that acknowledge, respect, and work toward optimal interactions between the health care professional and various cultural and ethnic groups plays an important role for engaging and maintaining GN.⁹

FIGURE 1 National Institute for Health and Care Excellence Key Principles for Community Engagement¹⁰

- Ensure local communities, community and voluntary sector organizations, and statutory services work together to plan, design, develop, deliver, and evaluate health and well-being initiatives.
- Recognize that building relationships, trust, commitment, leadership and capacity across local communities and statutory organizations needs time.
- Support and promote sustainable community engagement by encouraging local communities to get involved in all stages of a health and well-being initiative.
- Ensure decision-making groups include members of the local community who reflect the diversity of that community.
- Give feedback to local communities and other agencies.
- Develop collaborations and partnerships to meet local needs and priorities.
- Involve people in peer and lay roles to represent local needs and priorities.
- Make community engagement an integral part of health and wellbeing initiatives.
- Make it as easy as possible for people to get involved.

3.1.3 | Partnership working and Co-production

Community engagement should encompass a range of approaches to maximize the involvement of communities in local initiatives to improve their health, well-being and reduce health inequalities. A key initial step in the engagement process is to support those local communities to help identify their needs and tackle the root causes.¹⁰ Working in partnership with the community will help improve success of the initiative by identifying the best model of engagement and expected outcomes. In the UK, the National Institute for Health and Care Excellence (NICE) has published guidance on community engagement.¹⁰ A summary of key principles for engaging with the community (Figure 1) show the importance of grassroots knowledge of communities.

Maintaining a community engagement initiative is almost as challenging as initiating one. A maintenance program requires a cyclical audit approach to ensure the initiative is meeting the community's needs. This often requires an understanding of not just those receiving care, but also local stakeholders who are supporting the initiative in other ways—for example, the provision of infrastructure. Ensuring a partnership is generated and maintained is key, with a focus on building and developing relationships. A partnership encourages benefit for all parties involved in the engagement activity. Any initiative without this consensual agreement can be considered at risk.¹¹

Embedding research and scholarship into the initiative provides learning opportunities for others and a method of keeping the activity current in people's minds. The expectation for the initiative should be long-term and can be costly in terms of both time and expense. Involving junior colleagues where possible is an important step in the maintenance plan for keeping the original ethos of the initiative in mind, while also bringing new thoughts and ideas to the initiative to allow for improved health care.

3.1.4 | Community engagement case study 1: Well London—well communities

Well London is a community engagement and development health and well-being program formed in 2006. It is based on a multisectoral alliance by the London Health Commission. In 2007, the program received funding with research and evaluation to be carried out by the University of East London. Phase I of the program ran from 2007 to 2011 and focused on healthy eating and the benefits of community cohesion. Phase II took place from 2012 to 2015 with the aim of promoting health, including oral health, and access to health services, including dental care, through a multiagency initiative in the area of Lambeth, located in South London. The steering group for Phase II was directed by multiple agencies, and the initial action was to identify the needs of the community to be served by holding various engagement events culminating in a project initiation document. Key features for each initiative of this program is that it must be: 1) free, 2) open to all, 3) promoted locally, 4) monitored, 5) have feedback collected, and 6) evaluated. The research component of this initiative engaged with parents to identify their attitudes, understanding, and beliefs toward oral health, identifying medium to high level of support for oral health initiatives.¹²

3.1.5 | Community engagement case study 2: Listening to older adults

The Smile Society is a group of undergraduate dental students at King's College London who engaged with the local community to support dental public health research. Allowing dental students to engage in this way helps develop their skills for interacting with a different group of people and practice communication for promoting oral health, uptake of dental care, and preventive care advice. Listening to older adults and identifying their issues allows for better oral health care for this population. The engagement activity identified selected

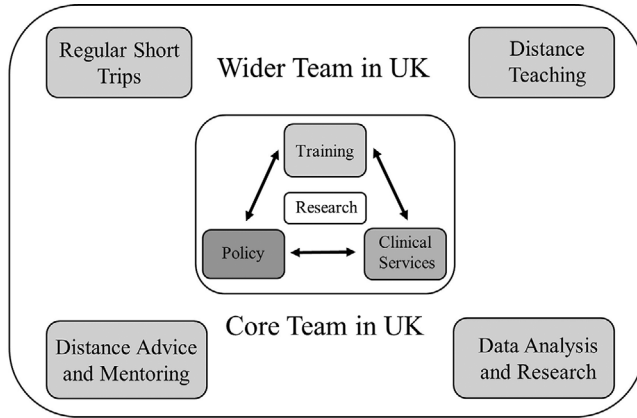


FIGURE 2 King's Sierra Leone Principles of Partnerships¹⁵

topics, which were made into instructional leaflets.¹³ This community engagement initiative allowed for recommendations to emerge for the dental team, dental educators, manufacturers, and policy makers demonstrating a partnership approach where all stakeholders can benefit.

3.1.6 | Community engagement case study 3: King's Sierra Leone Partnership

King's College London has engaged in a partnership with Sierra Leone that helps to strengthen health care training, policy, and clinical services through research over much of the past decade. The challenge is that governments in low socioeconomic countries are struggling to provide people living in poverty with access to health care. This causes unnecessary suffering and prevents them from living healthy and productive lives. The partnership supports governments to improve health care and its outcomes by providing technical advice, mentoring and training, research and evaluation, access to resources, and by facilitating calibration. The Tropical Health and Education Trust (THET)¹⁴ supports partnerships for global health and has developed principles of partnerships to improve the quality and effectiveness of GN relationships, such as the King's Sierra Leone Partnership (Figure 2).

The King's Sierra Leone Partnership¹⁵ is based on research-informed action whereby an investigation of the workforce, oral health needs assessment, and scenario modelling regarding need, demand, and supply were undertaken. Key stakeholder interviews from different sectors in Sierra Leone and the UK were conducted to deepen understanding and awareness of the challenges faced in this setting and potential solutions.¹⁶ The findings indicated that members of the indigenous workforce demonstrated loyalty to their nation and family, exhibiting resilience in challenging circumstances while embracing opportunity and striving to serve the needs of

the population.¹⁶ It also identified an opportunity for international health care professionals who welcome the opportunity but on a short-term basis.

3.2 | Successful global networking with the european federation of periodontology. Professor Lior Shapira, DMD, PhD

The European Federation of Periodontology (EFP) was founded in 1991 as a nonprofit umbrella organization. The federation, which represents 14,000 health professionals globally, works with national societies to be a leading global voice on gum health and disease, producing evidence-based recommendations. The EFP's key priorities include the global promotion of research, education, and awareness of periodontal science and practice, and they have developed the motto, "Periodontal Health for a Better Life."

3.2.1 | EFP committee structure

The EFP's Executive Committee is made up of the Secretary General, the President (supported by President-elect, Past-President and two Vice Presidents) and the Treasurer (supported by a finance team/accountant). The Executive Committee is supported by a head of operations and an administrator. Subcommittees include (but are not limited to) Workshop, Project, Communication, Scientific Affairs, Post-graduate Education, Undergraduate Education and Congress. The Executive Committee meets twice a year and has monthly video conference meetings. A larger meeting for all committees is held once a year, but numerous video conference meetings take place throughout the year to achieve their goals. While it is extensive, the need for a defined committee structure is essential in order to serve the multiple stakeholders involved in different projects and respect the priorities for each project. Though it is challenging to navigate, it is important to keep of specific projects visible to different channels to ensure the goal is achieved as efficiently and effectively as possible.

3.2.2 | Communicating with the media

A key component of successful networking at the organization level is to ensure timely and effective public engagement. An EFP subcommittee is the European Observatory of Periodontology and Implant Dentistry (EOP), which is a repository for evidence-based information and the authoritative body for comment and statements on issues relating to periodontal diseases and relevant issues around implant dentistry. The EOP is directed to release press releases, media

alerts, and statements, and hold press conferences on behalf of the EFP. They are a channel for media inquiries and for the EFP to engage with the media. The majority of EFP news is related to the EuroPerio Congress meeting, *Journal of Clinical Periodontology* (the official scientific publication of the EFP), and specific events and initiatives such as the Gum Health Day (GHD). Following is the process by which a publication is communicated with the media:

1. The editor of the *Journal of Clinical Periodontology* identifies an upcoming paper.
2. The press officer decides whether it is newsworthy.
3. A medical writer interviews the paper's author.
4. The medical writer makes a draft press release.
5. The author and media committee approve the draft press release.
6. The press release is disseminated under embargo to media, lands on distribution platforms.
7. The press officer answers requests for content.
8. The press release goes live online in the EFP press section and the article begins to appear in the media.
9. The EFP press office monitors the media coverage and reports the publicity value and total reach of each press release.

3.2.3 | Networking with the dental community

Engaging the global dental community is a challenge that the EFP meets using a multiplatform approach. The *Journal of Clinical Periodontology* is the world's leading periodontal journal and has an offspring publication, *JCP Digest*, which is a multilingual publication of concise periodontology research that enables clinicians to keep their knowledge up-to-date. *Perio Insight* is a quarterly EFP publication that focuses on science and clinical practice. Every three years, the EFP hosts the EuroPerio Congress meetings, which attract more than 10,000 participants. Perio Master Clinics are conducted globally to present innovative clinical techniques based on sound scientific principles in periodontology and implant dentistry. The EFP has developed an app to allow mobile access to EFP content. EFP engages with all major social media platforms, providing updates and links to content, ensuring the community is updated and informed as effectively as possible.

3.2.4 | Projects and workshops

Workshops are run once a year with a specific scientific subject to investigate. Three to four working groups are formulated to produce systematic reviews focused on their designated subjects, with each group's outcome published as

a consensus paper. Workshops are conducted in partnership with other academic organizations or health organizations with the aim of providing a consensus view with recommendations for health care professionals, policymakers, and the general public. The project committee is tasked with producing materials to increase public health awareness. Material is generated from the outcome of workshops and is shared with EFP partners. Commercial partners are engaged to help support the production of materials—such as posters, leaflets, and videos—which, due to the global nature of EFP, require translation into multiple languages.

The GHD is a specific example of a successful global health project delivered with the use of GN. The GHD takes place every year on May 12. A new slogan is created annually and promotional materials are prepared and delivered to all EFP societies and those interested national Periodontology societies. The 2019 GHD was promoted in 45 nations. Evaluation of previous years' GHD identified where improvements could be made, such as social media optimized content, animations, simpler content downloading procedures, and guidance for local media engagement. The success of the GHD requires building on previous work and listening to the partner associations in the different countries who are “on the ground,” engaging with their local populations. Having the EFP oversee the initiative ensures quality control and global awareness of the project.

4 | DISCUSSION

Global networking is a challenge and both workshop speakers have shown the work required to achieve success in this area. The key message from both presentations is that GN has been and can be successful as long as good practices are followed with the benefits being abundantly clear to all. The audience was keen to acknowledge the hard work involved, but also excited to now know how to make a start with GN and felt it was achievable. A key outcome was the understanding of importance of GN among the audience members. Prior to the discussion, over 90% of the audience agreed or strongly agreed that engaging with GN was beneficial to their field of practice, and most engagement activities currently undertaken were research collaboration based. The key challenges identified were costs, language, and time. The presentations showed that for GN to be successful, multiple stakeholders with input into the initiative are needed, which can help with costs and allow time from their respective “day jobs.” Language barriers can be overcome with investigating the local workforce and identifying volunteers for translation. Take-home messages from the workshop were to learn from experience and to be open to different possibilities; and to consider the role of education in GN, both at home and in different countries, and the importance of partnership working.

5 | RECOMMENDATIONS

Through the collaborative effort of workshop participants, speakers and leaders, several recommendations emerged:

- Global networking is about generating partnerships with all stakeholders.
- Long-term success with global networking is based on mutually beneficial partnerships.
- Any organization looking to engage in global networking needs to have a well-defined manifesto, organizational structure, and paths of communication.
- Global networking initiatives need long-term planning and methodology involving evaluation at every stage of the process.

6 | CONCLUSIONS

This paper has explored the concepts and practices of global networking in the 21st century in relation to dental education and educational developments in order to meet population health needs.

- Consideration has been given to start locally and work internationally to develop cultural competence, working in partnership with as we equip future dental professionals to operate in society.
- Global networking is part of contemporary academic practice and requires cultural competence to enable effective partnership working in support of global oral health challenges.
- Global networks need to be well led with an acknowledged hierarchy and paths of communication.
- Within an organization that is engaging in global networking, a core team of people who are all aware of the projects is needed to ensure continuity.
- Communication between committees ensures that projects progress and there is quality assurance of the work completed. All are key to improving in patient care and overall success.

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