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Leaders or Managers: Who Will Define a New Vision for Dental Education?

Fred Certosimo, M.S.Ed., D.M.D.

Abstract: Leaders and managers are vital to any organization; however, each possesses intrinsic characteristics ideally suited to produce entirely different outcomes. Modern dental education finds itself in a predicament as it assesses new ways to meet the ever-changing demands of its profession and the superimposed mega-issues and global concerns of the new millennium—all competing in an organization and curriculum imprisoned in the first two-thirds of the twentieth century. The purpose of this article is to highlight the role of leadership in dentistry and more specifically dental education. It compares and contrasts characteristics commonly found in leaders who seek long-term, outward-looking organizational changes and managers who work with short-term, inward-looking changes. Both are needed in dental education; however, only leaders can provide a clear vision of our future. Having leaders will allow dental education to begin to address its professional and educational challenges not only today, but in the decades to come.

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Bob Dylan got it right in “The Times They Are A-Changin’” when he told us that old ideas cannot be contained and must give way to a new vision: “Your old road is rapidly agin’./Please get out of the new one if you can’t lend your hand/For the times they are a-changin’.”

Dental education cannot be exempt from the push made by changing times. In 2006, Glick stated that the “dental curriculum has remained essentially unaltered for decades. This is in contrast to the practice of dentistry, which has undergone dramatic transformation over the same period.”¹ Pyle et al. echo this assertion: “The curriculum in most dental schools is based on a model of educational delivery that is at least fifty years old, while emerging science, technology, and disease patterns promise to change oral health care significantly.”² The need for more efficient delivery systems leading to increased access to dental care, comprehensive dental care delivery, more effective engagement of technology, better understanding of the relationship of oral disease to its systemic manifestations, faculty recruitment, and maximization of teaching faculty utilization are just a few such critical concerns that must be addressed.

However, the purpose of this opinion article is not to propose solutions to these complex and

compelling issues, but rather to discuss the role of leadership in dentistry and more specifically dental education—for without leadership and a clear vision of our future, we cannot even begin to address these major issues. The American Dental Association (ADA)’s *Future of Dentistry* report elucidated a vision of improving the quality of life through the delivery of optimal health care. The report further challenged the dental profession to provide the leadership necessary to make that vision a reality.³ However, before we can embark on this noble journey, we first need a definitive diagnosis of our shortcomings. Once this is accomplished, our leaders must then define the vision needed to address these concerns, design a framework, and identify the resources necessary to mobilize this transition and ultimately realize that vision.⁴

Business leaders would refer to this process as alignment, defined as a situation in which “all the elements of a company work together in concert within the context of the company’s core ideology and the type of progress it aims to achieve—its vision.”⁵ Our system of dental education is out of alignment and could be described as “convoluted, expensive, and often deeply dissatisfying to consumers”⁶ or as “overcrowded, unmanageable, inflexible, disjointed,

irrelevant, and lacking in connectivity.”²² In short, it cannot readily adapt to the rapidly changing demands of our dynamic profession. As a result, real progress is stymied. Collins and Porras stated that “if the organization structure inhibits progress . . . change the organization structure. . . . Attaining alignment is not just a process of adding newer things; it is also a never-ending process of identifying and doggedly correcting misalignments that push a company away from its core ideology or impede progress.”²⁵

A significant part of the alignment process must narrow the gap between the dental school and the real world experience of our students: “Today, there is an increasing chasm between the principles that we teach in dental school and the core values that define the profession.”²² The ADA code of professional conduct defines five fundamental principles: patient autonomy, nonmaleficence, beneficence, justice, and veracity.⁷ These normative principles provide guidance to help dental educators provide our students with a foundation to better address the needs of their patients and our profession.

Leaders Versus Managers

Essential to this discussion is the very definition of leadership and how it markedly differs from management. Let us first consider management, which Kotter defines as “a set of processes that keep a complicated system of people and technology running smoothly. The most important aspects of management include planning, budgeting, organizing, staffing, controlling, and problem solving.”⁸ A manager produces a degree of predictability and order and has the potential to produce short-term results. Managers deal with complexity. They allow us to systematically address the chaos that develops from rapidly expanding organizations and enable those organizations to attain their desired mission (profit, quality, health care, production). Kotter states that “management ensures accomplishment by controlling and problem solving. . . . Managers accomplish this through meetings, reports, spreadsheets, and organizational diagrams which allow for the smooth day-to-day operations of our organizations. Leadership complements management; it does not replace it.”⁹

By contrast, according to Kotter, “Leadership is a set of processes that creates organizations in the first place or adapts them to significantly changing circumstances. Leadership defines what the future

should look like, aligns people with a vision, and inspires them to make it happen despite obstacles.”⁸ In short, leadership allows us to cope with and adapt to change. These changes may include the increased role of technology in health care, the demand of access to dental care, the ever-present need for more dental educators, and the skyrocketing cost of dental education. In contrast to the stabilizing influence of management, the vision of change outlined by a leader can be unsettling to the entire organization. However, if the vision is of benefit to the organization and communicated in a cascading fashion throughout the group, and there is buy-in from all levels of the organization, leadership can produce long-term results by inspiring and motivating.

This question arises: what is more important to dental education—managers or leaders? The answer is situational and depends on the desired result. Realistically, both a leader and a manager are essential to any organization. Effective leadership has the potential to produce long-term change that better aligns an organization to deal with the ensuing change. However, vision and leadership alone do not guarantee success. Within each organization, there must be an effective management structure to harness the tremendous energy leadership creates, then to organize and shape it to accomplish the stated mission.

“Managers work with process—leaders work with people,” says Maxwell. “Both are necessary to make the organization run smoothly, but they have different functions. . . . Leaders lead the people who manage the process.”¹⁰ Most good leaders begin as good managers, who first manage their daily lives, then manage their immediate work environment. Over time they develop the social and communication skills to inspire and influence others to perform desired tasks. Although some leaders are born, most are developed through years of practice and persistence. However, the reverse is usually not true. Maxwell states: “Leaders must be good managers, but most managers are not good leaders.”¹⁰

Chambers concisely summarizes these differences: “Leaders understand the potential for growth inherent in groups and organizations; managers tend to be concerned about that. Managers accept the goals of the organization as given and work to achieve them in an efficient fashion. . . . Managers push; leaders pull.”¹¹

If dealing with the enormous forces of transformation in dentistry and dental education is our objective, leadership is the quality most desired:

“Successful transformation is 70 to 90 percent leadership to only 10 to 30 percent management,” says Kotter.⁸ However, effective managers will always be in demand because “For every entrepreneur or business builder who was a leader, we needed hundreds of managers to run their ever-growing enterprises.”⁸ It should be reiterated that “Leadership complements management; it does not replace it.”⁹

Qualities of a Leader Needed in Dental Education

In his book *Winning*,¹² iconic business leader Jack Welch describes five characteristics of a leader. The first essential trait of leadership is positive energy: the capacity to go-go-go with healthy vigor and an upbeat attitude through good times and bad. The second is the ability to energize others, releasing their positive energy, and take any hill. The third trait is edge: the ability to make tough calls and say yes or no not maybe. The fourth trait is the talent to execute: very simply, get things done. Fifth and finally, leaders have passion. They care deeply. They sweat; they believe.

The challenge Welch poses for dental education is this: how do we develop the type of leaders he describes? The answer to this challenge is complex and multifactorial; however, our profession must begin a serious dialogue on how to address this vital process since it will not occur by mere chance. Welch elucidates a path on which we can begin our journey. For present dental school administrators, faculty members, and staff, we should go full force in training and developing edge and execution. Leadership development for educators such as the American Dental Education Association (ADEA)'s Leadership Institute is an example of the type of training that must be developed on the national, state, and local levels. Although academic credentials and clinical prowess are the cornerstones of recruitment of new faculty members, Welch also recommends that the best strategy is to hire for energy, the ability to energize, and passion. Finally, Welch advises us to consider all five traits in the promotion process.¹²

As we begin to select and develop our leaders, it is necessary to define some qualities that define a leader. Although this list is by no means a complete

guide to selecting potential leaders, it provides us with a good point of embarkation.

Role model. Kenny et al. propose that role modeling is the essence of professional character development: “Knowledge and skills are essential, but putting them together in a competent and caring response to patients’ needs is learned in personal interaction and role modeling.”¹³ Wright and Carresse¹⁴ delineate the differences between a teacher and a role model: “A teacher is someone who can teach us something or facilitate our learning, while a role model is a person from whom we want to gain some of their attributes. Role modeling is much more encompassing.” Thus being a skilled clinician, gifted teacher, or wise academician does not qualify one to be a role model. They further argue that “role models . . . represent higher-order clinical skills, including ‘assuming responsibility in difficult clinical situations,’ ‘going the extra mile for patients,’ and ‘being a patient’s advocate.’”¹⁴ Role modeling combined with mentorship and counseling provides a positive synergism to the impact of a leader.

Effective communicator. Communication is an essential element of leadership and alignment. It serves as an organizational anchor. A leader must be capable of clearly transferring information with a sense of purpose and urgency. We must resist Maxwell’s claim that “Educators take something simple and make it complicated. Communicators take something complicated and make it simple.”¹⁰ Clarke and Crossland state: “The heart of the matter . . . is to communicate so compellingly as to raise consciousness, conviction, and competence.”¹⁵ This must be effectively accomplished through cascading the information to all levels of the unit. Quadracci states that “the leader’s job is to say the same thing over and over again in different ways.”¹⁶ Effective communication is an ongoing process with the potential of great rewards and an essential element of effective leadership. However, if the leader cannot communicate a clear message that inspires others to act, then perhaps it is better to have no message at all.

Other qualities that are vital to leaders in dental education are described in Daniel Pink’s *A Whole New Mind* as being a synthesizer, a systematic thinker, and a designer.¹⁷

Synthesizer. Pink depicts a synthesizer as an individual who is capable of “seeing the big picture and, crossing boundaries, being able to combine disparate pieces into an arresting new whole.”¹⁷ In

our profession, which is keenly focused on the mega-issues of access to care overlaid upon the realities of dwindling resources, the contributions of a synthesizer become magnified.

Systematic thinker. Pink portrays systematic thinkers this way: “They must be not only bridge builders who forge relationships with other disciplines, but boundary crossers who develop expertise in multiple spheres. . . . they identify opportunities and make connections between them.”¹⁷ On a lighthearted note, the comedian Sid Caesar once said, “The guy who invented the wheel was an idiot. The guy who invented the other three, he was a genius.”¹⁸ This concept is tightly aligned with the point that “change and innovation are also influenced by a number of organizations and stakeholders that directly affect each student’s curriculum. Most of these groups operate independently of each other in adopting policy, positions, and regulations that affect dental education. Effective change must be systemic.”¹⁹ As dental education focuses on the delivery of high-quality, interdisciplinary oral health care, the role of systematic thinkers is greatly enhanced: “students who were taught in an interdisciplinary fashion developed a stronger appreciation of the complexity of factors that affect clinical decision making than students who did not have the benefit of this interdisciplinary instruction.”²⁰

Designer. Pink describes the designer as one with the classic whole-minded aptitude.¹⁷ Dental educators must design our current system to meet our demands (attain our mission). Most of our organizational and curricular constructs were designed in the 1960s, yet somehow we expect them to address today’s complex concerns. The perplexing fact is that we are often surprised when they fall short of our expectation. We must have a design change. That process that we define as alignment will enable dental educators to design and attain our vision. Gerzon echoes that concern: “Renewing an institution so that its rules and procedures can adapt to deal with new challenges.”²¹ The longer we delay this design process through the necessary alignment, the more convoluted the path to recovery becomes.

Servant. Finally, “the role of a leader is serve,” says Hunter.²² As Sanders asks, “While everyone is focusing on keeping the boss happy, who’s focusing on keeping the customers happy?”²³ Imagine an organization with an upside-down organizational pyramid in which the focus was serving the customer. In this model the dean would serve the administrators, the administrators serve the department chairs and direc-

tors, who in turn serve the faculty and staff, and ultimately everyone serves our patients and the greater community. The key element of a servant leader is “helping others realize their potential by focusing not on their weaknesses but on their strengths.”²³ Ultimately, servanthood improves the ability of all members of the organization to contribute to the attainment of the mission and builds “communities connected by an emotional bond that shall prevail for generations.”²³ Formicola et al. warn, “If all faculty, staff, and students don’t work toward the same team goals, success will be limited or compromised.”²⁴

Who Will Lead to Systemic Changes Needed in Dental Education?

Leaders in dental education will emerge to rise to the challenges of our profession with new visions that will inspire and enable us to successfully navigate the troubled waters of our times and maximize our potential as educators and health care providers. Winston Churchill stated: “In every age there comes a time when a leader comes forward to meet the needs of the hour. Therefore, there is no potential leader who does not have an opportunity to make a positive difference in society. Tragically, there are times when a leader does not rise to the hour.”²⁵ We should be uplifted by his words and encourage our leaders in dental education and the dental profession to aspire to overcoming these challenges. Our profession cannot afford to experience the alternative.

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