

# Modeling Mentoring: Early Lessons from the W.K. Kellogg/ADEA Minority Dental Faculty Development Program

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*Abstract:* In 2004, the American Dental Education Association (ADEA) proposed several major strategies to improve the recruitment, retention, and development of underrepresented minorities (URMs) in the dental profession. One of the strategies was the establishment of the ADEA Minority Dental Faculty Development (ADEA MDFD) Program. This report presents key early lessons from the ADEA MDFD program. It also presents results from surveys of ADEA MDFD program directors, grantee mentors, and mentees on the dynamics of their mentoring programs and the important characteristics of successful mentors and mentees. In addition, the report provides a comprehensive program implementation logic model that other schools can use as a guide to establishing their own faculty mentoring programs.

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In 2004, the American Dental Education Association (ADEA) proposed several major strategies to improve the recruitment, retention, and development of underrepresented minorities (URMs) in the dental profession.<sup>1</sup> One of the strategies was the establishment of the ADEA Minority Dental Faculty Development (ADEA MDFD) Program. This report presents key early lessons from the ADEA MDFD program. It also presents results from surveys of ADEA MDFD program directors, grantee mentors, and mentees on the dynamics of their mentoring programs and the important characteristics of successful mentors and mentees. In addition, the report provides a comprehensive program implementation logic model that other schools can use as a guide to establishing their own faculty mentoring programs.

For more than a decade, ADEA and its partner institutions have diligently worked to solve the problem of the significant shortage of dental faculty members in general and the severe shortage of URM dental faculty members specifically.<sup>2,3</sup> Dental school pipeline programs for high school and college students aimed at raising awareness about the field and

preparing students early to consider dental education are examples of such efforts.<sup>4,5</sup> Also, a number of dental schools have increased their emphasis on the need to recruit and retain URM practitioners and faculty members.<sup>6,7</sup> Together, these efforts emphasize the role diversity plays in enriching the educational environment and strengthening the school's contribution toward eliminating oral health disparities.

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## W.K. Kellogg/ADEA MDFD Program

ADEA launched the ADEA MDFD program to increase the number of URMs who pursue academic careers in dentistry. With funding from the W.K. Kellogg Foundation, ADEA has set out to foster mentoring, build academic partnerships, and bolster institutional commitments to faculty diversity. The ADEA MDFD program also seeks to enhance the faculty database in the ADEA Academic Dental Careers Network. These tools will assist in identifying underrepresented minorities who are interested in

full-time faculty appointments and advanced training opportunities that prepare dentists for academic careers.

There are six dental schools (University of Michigan, University of Oklahoma, University of Illinois at Chicago, Baylor College of Dentistry, University of Alabama at Birmingham, and Howard University) and one consortium of dental schools (the New York Consortium, which consists of Columbia University, University at Buffalo, New York University, Stony Brook University, and University of Rochester Eastman Dental Center) participating in the ADEA MDFD program. Program funds support grantees with tuition, faculty development seminars, intercollegiate seminars, and other academic activities such as presenting research at national conferences.

For three years each grantee has been funded and supported based on its experience and strength of application for the following program areas:

1. *Formal faculty mentoring program.* Grantee has a mentoring program either in place or in the late stages of development, meaning mentor/mentee connections have been defined, arranged, and monitored.
2. *Academic partnerships* (established or planned). Grantee has established reciprocal academic partnerships with other programs on campus and pipeline programs or other dental programs in order to advance academic and service agendas related to the diversity of each participating institution.
3. *Other minority/supplemental training opportunities.* Grantee has either received or applied for supplemental funding to support mentoring activities and URM training opportunities.
4. *Community-based practice and projects.* Grantee has established at least one community-based project or practice opportunity for URM mentees.
5. *URM faculty data collection and reporting.* Grantee has a system for collecting data on URM students interested in full-time faculty appointments and advanced training opportunities that prepare dentists for academia. Grantee also collects data on URM academic work including journal publications, academic presentations, etc.
6. *Institutional culture and leadership.* Leadership (dean, provost, etc.) at grantee institution has made a visible commitment to diversity and supports diversity programs including URM-oriented activity taken in the field regarding eliminating oral health disparities.

## Program Evaluation

We conducted a two-pronged evaluation of the ADEA MDFD that included an annual series of qualitative and quantitative assessments of grantee programs based on the funding criteria described above. The goal of the evaluation was to determine the best practices and strategies for dental institutions to bolster their URM faculty. In addition to examining the overall program structure and support systems, including advising and directing of mentees, we were specifically interested in how well programs promoted academic skills among ADEA MDFD mentees. Several other program dynamics were evaluated on how well they were integrated into the ADEA MDFD programs. These included emphasis on experiential learning, network/knowledge sharing, and the extent to which ADEA MDFD mentees received constructive criticism and feedback that would potentially benefit their academic careers.

Data were collected using a wide variety of techniques in order to ensure richness, validity, and a satisfactory level of reliability. The data collection methods were as follows:

- *Site visits.* Site visit data included interviews, focus groups, and direct observation of program operations. Participating in the site visits were deans, program directors and other campus leadership, mentors, and mentees.
- *Document review.* We collected and analyzed a wide range of written documentation from the sites including policies and procedures, program descriptions, budgets, assessment/referral forms, curricula, periodic reports, etc.
- *Surveys.* We conducted a web-based baseline survey and web-based surveys of leadership, mentors, and mentees.
- *ADEA MDFD Annual Leadership Meetings.* We held annual meetings with ADEA, ADEA MDFD program directors, mentees, and the external evaluator. Meeting agendas focused on the progress of each program, follow-up on mentee successes, and issues facing each program.

## Program Implementation Logic Model

We used the W.K. Kellogg Logic Model as both a planning and evaluation tool. A logic model presents a visual picture of the systematic planning and implementation processes of a program.<sup>8</sup> Sometimes called program theory in the evaluation field, a

logic model shows how a program will tie together resources and activities (i.e., a program's planned work) to produce a desired set of short- and long-term outcomes (i.e., intended results). A logic model offers some programmatic flexibility, but allows all stakeholders to identify potential weaknesses as well as strengths of the ideas upon which a program is built. Lastly, a logic model allows for accounting of contextual factors. These are either internal or external influences that can impact (positively or negatively) the planned work and intended results.<sup>9</sup>

As part of the planning and evaluation, we conducted a series of training sessions at each site on how to best use the logic model and provided constructive feedback in order for each program to have the best model to meet its needs. Figure 1 presents a comprehensive logic model synthesizing key elements of effective program planning and implementation drawn from all of the ADEA MDFD programs. Resources and inputs needed to recruit and retain ADEA MDFD mentees are determined by ADEA MDFD program directors and their support team. There were seven main resources and inputs identified by grantees: 1) visible commitment by university leadership to diversity; 2) financial commitment to diversity; 3) time commitment by faculty; 4) adequate patient base/clinical opportunities; 5) adequate research opportunities; 6) strong academic partnerships; and 7) pipeline/recruitment base.

Identified resources and inputs are then used for activities targeted to cover all six program areas (formal faculty mentoring, academic partnerships, other minority/supplemental training opportunities, community-based practice and projects, URM faculty data collection and reporting, and institutional culture and leadership). The six program areas have been grouped into three broad categories in the logic model with activities aimed at yielding outputs for change: 1) URM faculty development; 2) academic partnerships; and 3) leadership commitment/sustainability. Three outputs for change were common among the ADEA MDFD grantees and serve as key benchmarks of program success. The first output for change is to develop URM faculty members with advanced training and research credentials. The second output for change is dental schools' increased capacity to provide educational experiences with the support of academic partners. The final output for change is dental schools' increased capacity to attract and retain faculty to the profession.

Short-term outcomes describe learning impacts that are immediately realized following outputs, while

long-term outcomes describe conditions ultimately changed by the outputs produced and short-term successes. For ADEA MDFD grantees, the summative short-term outcomes include a measurable increase in the number of URM candidates, strong pipeline to dental education, change in academic environment for career enhancement, and change in institutional climate concerning diversity. In all, the long-term impact of each grantee's program is to increase the number of URM researchers and faculty, increase the number of URM deans and directors, and increase the number of URM leaders in dental professional organizations.

Contextual factors are factors that simultaneously shape and are shaped by resources, activities, and outputs—both short-term and long-term. These factors tend to be unique to institutions and range in variability and predictability as they pertain to influence in planning and evaluation. The contextual factors included in Figure 1 highlight three key issues grantees were facing. One issue is related to federal funding and institutional cuts to diversity programs. The other two issues are related to political/economic climate and attractiveness to the profession. Both influence opportunities to improve diversity.

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## Factors Influencing URM Recruitment and Retention

It takes a number of factors working in concert to successfully develop a URM candidate for an academic dental position. To date there have been a total of forty-six URM candidates in the ADEA MDFD program (twenty-four African American, eighteen Hispanic/Latino, four Native American), with fifteen of these candidates finding full- or part-time junior faculty placements and another twenty-eight candidates currently in the program.

Each ADEA MDFD grantee sought to either retain its ADEA MDFD mentees using existing resources to support new research, continue existing academic work, or place the mentee at another institution that had a funded junior faculty vacancy. Candidates who could not be retained full-time or placed elsewhere full-time were sometimes offered a part-time faculty position at the ADEA MDFD grantee's institution, an academic partner's institution, or a dental program of their own choosing. A number of candidates completing the ADEA MDFD program were retained briefly as assistants to the pro-

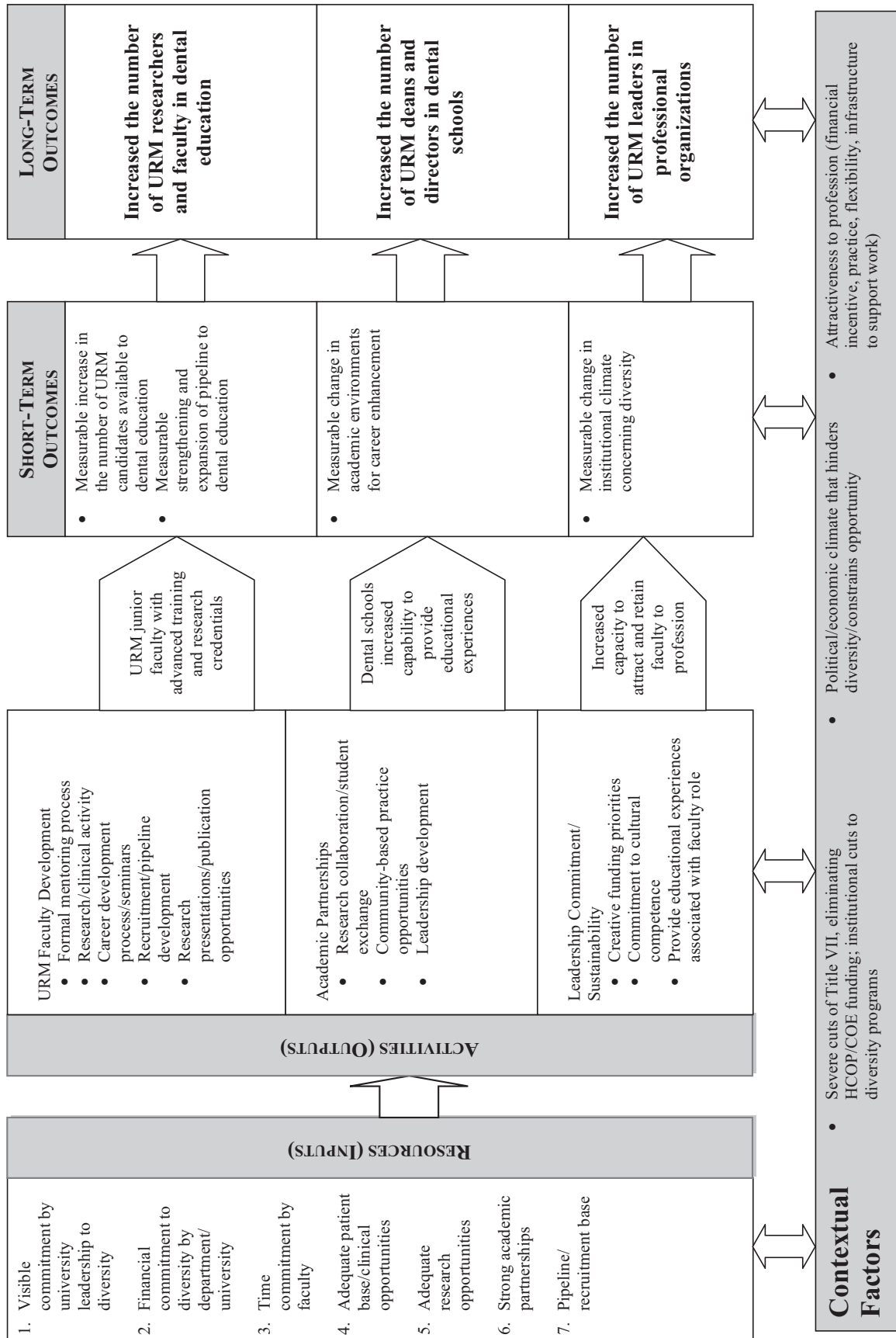


Figure 1. ADEA MDFD program implementation logic model

gram or in supporting research roles before moving on to private practice.

In addition to the ADEA MDFD/W.K. Kellogg funds, grantees currently use federal- and state-funded grants to support URM candidates. While the ADEA MDFD funding primarily provides financial assistance in terms of tuition and some other educational expenses, the supplemental funding helps fill gaps in need for many of the URM candidates.

The ADEA MDFD program has helped prepare URM candidates for academic positions by including them in preparation of preclinical courses, tutoring, preparing and presenting lectures on assigned subjects, and completing clinical rotations. ADEA MDFD URM candidates periodically meet with faculty members to develop plans for successful career development in the areas of teaching, clinical practice, research, and professionalism. They also interact with faculty, administrators, and guest speakers through lectures and focus group discussions, some of which center on cultural competence issues, oral health equity research, and academic career preparation. Some of the trainees are able to pursue independent funding to support research and teaching interests. For grantees securing independent funding and beginning a successful academic career, mentoring, academic partnerships, and institutional leadership are critical components.

## Mentor-Mentee Relationships

Even highly performing undergraduate and graduate students may not necessarily understand academia as a profession. A good mentor can help URM candidates and junior faculty members learn how to manage their time and ideas, establish supportive academic relationships, engage in academic committees and forums, and maximize opportunities for success.<sup>10</sup>

Tables 1, 2, 3, 4, and 6 provide results from a survey of mentors, and Tables 5, 7, 8, and 9 show results from a survey of mentees in the ADEA MDFD program. The surveys asked about the benefits drawn from the ADEA MDFD experience and key factors that help stimulate interest in a research and teaching career.

ADEA MDFD mentors reported having established formal mentoring relationships with mentees. Formal mentoring primarily means that there was a preceding verbal or written agreement between mentor and mentee describing the mentoring relationship and setting expectations. For the most part, mentees selected their mentors or participated in a group selection process (Table 1). Seventy-four percent of mentors responding to the survey indicated they held regular meetings with their mentees. Although the majority of the mentors (72 percent) had outlined a plan to address their mentees' issues or concerns, most didn't either document the meetings or keep progress notes on their mentees (Table 2). Mentors tended to rate their programs as good to excellent and believed that their mentees would also rate the programs as good to excellent (Table 3). Academic issues, time management, and professional planning were issues identified by mentors as frequently or always discussed during mentor/mentee meetings. These were followed by family issues, financial concerns, and personal relationships as sometimes discussed between mentors and mentees (Table 4). Table 5 displays the mentees' responses to the same questions. Fifty-nine percent of mentees responding stated that academic and clinical issues were always discussed, followed by family issues (76 percent) as sometimes discussed.

Table 6 shows the results from a mentor survey related to characteristics of a successful mentor based on three areas of success. Questions 1–5 are related to

**Table 1. Mentors' descriptions of the formality/informality and selection process of ADEA MDFD mentor programs, by percentage of total respondents**

	Percentage
Would you characterize your mentoring program as	
Formal	56
Informal	44
How are students assigned mentors?	
Formal selection process (advisors decide in group process)	33
Individual selection (mentor selects)	19
Individual selection (mentee selects)	37
Other (e.g., faculty recommendations, shared research interests, shared campus activities, clinical experience)	11

**Table 2. Characteristics of ADEA MDFD mentor programs as identified by mentors, by percentage of total respondents**

	Yes (%)	No (%)
Are there scheduled meeting times between mentors and mentees?	74	26
Are mentor/mentee meetings recorded or documented?	44	56
Do you keep progress notes on your mentee?	27	73
Is mentoring openly encouraged or valued by your institution?	92	8
Is mentoring formally recognized?	58	42
Have you and your mentee outlined a plan to address most if not all of the mentee's issues or concerns?	72	28

**Table 3. Mentors' perceived effectiveness of ADEA MDFD mentor programs, by percentage of total respondents**

	Poor (%)	Fair (%)	Good (%)	Excellent (%)
How would you rate the effectiveness of your mentoring program?	2	15	53	30
How do you think mentees would rate the effectiveness of your mentoring program?	2	19	48	31

**Table 4. Frequency of issues discussed with their mentees as identified by mentors in ADEA MDFD mentor programs, by percentage of total respondents**

	Never Discussed (%)	Sometimes Discussed (%)	Frequently Discussed (%)	Always Discussed (%)
When I meet with my mentee, we discuss the following issues:				
Family issues	11	74	15	0
Academic issues	4	11	44	41
Clinical issues	11	19	30	40
Financial issues	30	52	17	1
Personal relationships	19	67	14	0
Time management	7	26	52	15
Professional planning	4	22	48	26

**Table 5. Frequency of issues discussed with their mentors as identified by mentees in ADEA MDFD mentor programs, by percentage of total respondents**

	Never Discussed (%)	Sometimes Discussed (%)	Frequently Discussed (%)	Always Discussed (%)
When you meet with your mentor, what issues/challenges are discussed?				
Family issues	10	76	10	5
Academic issues	0	32	9	59
Clinical issues	0	32	9	59
Financial issues	18	45	27	9
Personal relationships	14	45	32	9
Time management	5	45	14	36

Note: Percentages may not total 100% because of rounding.

mentors' perceptions of competence as a characteristic of success, questions 6–11 relate to their ability to build mentees' confidence in their relationship, and questions 12–17 relate to their interest in and level of

commitment to helping others. The most important characteristics in the area of competence were the mentor's ability to build on the mentee's strengths and offer constructive feedback (80 percent of re-

**Table 6. ADEA MDFD mentors' perceived characteristics of a successful mentor, by percentage of total respondents**

	Most Important (%)	Somewhat Important (%)	Not Very Important (%)	Not at All Important (%)
What would you say are the important characteristics of a successful mentor?				
1. Has appropriate knowledge and experience to be effective within the institution	65	23	4	8
2. Has ability to build on mentee's strengths and offer constructive feedback	80	8	4	8
3. Has ability to command respect from others	42	31	19	8
4. Provides reliable information	76	12	4	8
5. Provides reliable resources	48	40	0	12
6. Shares network of valuable contacts	35	50	15	0
7. Is imaginative and creative	42	42	8	8
8. Demonstrates initiative	35	50	12	3
9. Uses influence appropriately	46	35	15	4
10. Leads and offers clear direction	81	12	0	7
11. Shares credit for achievements	50	27	12	11
12. Provides faculty and staff development	58	42	0	0
13. Is people-oriented	62	38	0	0
14. Is interested in seeing others develop and advance	100	0	0	0
15. Invests time, energy, and effort in others' success	88	12	0	0
16. Desires to motivate others	79	21	0	0
17. Shares personal experiences, knowledge, and skills	67	33	0	0

**Table 7. ADEA MDFD mentor program mentees' perceptions about their mentors, by percentage of total respondents**

	Yes (%)	No (%)
Is your current MDFD mentor your first mentor?	71	29
Is your MDFD mentor your only mentor?	37	63
Do you feel that your MDFD mentor has made a difference in your career choice?	73	27
Do you feel that your MDFD mentor made a difference in your life in general?	91	9
Do you have peer-to-peer mentoring in your MDFD program?	36	64

spondents), followed by providing reliable information (76 percent) and having appropriate knowledge and experience to be effective in the institution (65 percent). Pertaining to the mentor's ability to build confidence in the mentor-mentee relationship, the mentor's ability to lead and offer clear direction was identified as most important (81 percent). The mentor's ability to display commitment was best seen by the mentor's interest in seeing others develop and advance (100 percent), as well as their investment of time and energy in others (88 percent). Also for this area, a mentor's desire to motivate others (79 percent) and sharing personal experiences, knowledge, and skills (67 percent) were perceived as important.

The mentees were asked several questions regarding characteristics of successful mentors and mentees. As shown in Table 7, 71 percent of the

mentees stated that their current mentor was their first mentor, 73 percent felt their ADEA MDFD mentor made a difference in their career choice, and 91 percent felt their mentor made a difference in their life in general. Table 8 shows results from mentees being asked their opinion about characteristics of a successful mentee. The most important characteristics mentees identified were being goal-oriented (73 percent) and focused (82 percent), taking initiative (77 percent), accepting personal responsibility (82 percent), and being eager to learn (82 percent). Important characteristics of a successful mentor as identified by mentees were a mentor's ability to challenge others (73 percent), being a good listener (95 percent), sharing of personal experiences, knowledge, and skills (73 percent), and having an interest in seeing others develop and advance (86 percent) (Table 9).

**Table 8. ADEA MDFD mentees' perceived characteristics of a successful mentee, by percentage of total respondents**

	Most Important (%)	Somewhat Important (%)	Not Very Important (%)	Not at All Important (%)
Please identify the characteristics of a mentee you find important for a successful mentoring relationship.				
Goal-oriented	73	27	0	0
Self-promoting	41	41	18	0
Focused	82	18	0	0
Dependent	41	27	14	18
Takes initiative	77	23	0	0
Accepts personal responsibility	82	18	0	0
Eager to learn	82	18	0	0
Outgoing/people-person	45	41	14	0
Keeps busy	23	64	13	0
Doesn't show emotion or weakness	0	45	36	18

Note: Percentages may not total 100% because of rounding.

**Table 9. ADEA MDFD mentees' perceived characteristics of a successful mentor, by percentage of total respondents**

	Most Important (%)	Somewhat Important (%)	Not Very Important (%)	Not at All Important (%)
Please identify the importance you place on each of the following characteristics of a mentor:				
Challenges others to achieve	73	27	0	0
Is a good listener	95	5	0	0
Shares personal experiences, knowledge, and skills	73	27	0	0
Is people-oriented	45	56	0	0
Is interested in seeing others develop and advance	86	14	0	0
Shares a network of valuable personal contacts	59	36	5	0
Shares credit for achievements	36	59	5	0

Note: Percentages may not total 100% because of rounding.

## Academic Partnerships

Academic partnerships open dental schools to new sources of students for graduate school and rich collaborative environments for learning. Exchange and contact between research universities and faculty can increase the likelihood that minority students will not only consider graduate education but also academia as a profession. ADEA MDFD grantees have developed a number of key partnerships along these lines.

There are two types of partnerships formed by ADEA MDFD grantees: internal and external. Internal academic partnerships are defined as faculty working with other offices, departments, or programs on campus to balance research, clinical practice, mentoring, and teaching. For example, academic partnerships between dentistry and medicine, nurs-

ing, pharmacy, public health, and even graduate programs in education help strengthen a program's diversity network. Internal partnerships foster teamwork and leadership that promote a university-wide commitment to diversity among potential students. For example, the University of Illinois at Chicago College of Dentistry (UIC-COD) partners with the university's Office of Faculty Affairs Underrepresented Faculty Mentoring Program (UFMP). The UFMP is responsible for a university-wide minority faculty development program that includes mentoring and support resources. This partnership allows the UIC-COD ADEA MDFD program to access additional resources to support faculty mentoring and academic development.

External academic partnerships are defined as reciprocal agreements with other universities or institutions that support tuition and/or other costs,



learning/teaching opportunities, community-based research activities, and mentoring associated with faculty development. External academic partnerships help build bridges between other health science disciplines and dental education beyond the campus. For example, Michigan's Pipeline Program partners with schools to reach out to students in middle and high school, as well as undergraduates. In another example, the University of Alabama at Birmingham and Howard University partner with Meharry Medical College School of Dentistry. Howard also has partnerships with programs at the University of Maryland, Columbia University, University of Rochester, and New York University. Such partnerships include student exchange for specialty training, research, and postgraduate placement. Approximately half of the ADEA MDFD mentees completed either undergraduate or graduate school at a historically black college or university (HBCU), as well as a number of Hispanic-serving institutions.

Partnership agreements were in most cases formal written statements outlining, in significant detail, objectives, accountabilities, and measures for success. ADEA MDFD grantees have also established partnerships with a number of community organizations for community-based practice and research.

## Institutional Leadership

One of the most significant lessons learned has been the importance of visible commitment to diversity by institutional leadership. Deans, department chairs, program directors, and other campus leadership play a critical leadership role in motivating all faculty members to participate in efforts of institutional change. For example, deans and department chairs encourage faculty members to develop guidelines regarding mutual responsibilities concerning an organizational environment supportive of diversity and cultural competence. Institutional leadership at ADEA MDFD grantee sites was engaged in discussions about their ideas and experiences regarding instituting a diversity-driven program to recruit and retain URM faculty. Five core competencies for academic leadership (see the Appendix) were identified from these discussions: 1) establish values and beliefs; 2) collaboration; 3) strategic thinking and assessment; 4) persistent and committed change; and 5) effective communication. According to qualitative feedback from ADEA MDFD institutional leadership, formation of the five core competencies is an

evolutionary process that takes focused time, moderate resources, and teamwork. As a best practice, the goal is to have all five work in concert toward building a successful and sustainable diversity program.

Leadership also plays a key role in helping set the tone for a satisfying work environment. Haden et al. recently found that the majority of dental faculty members completing the 2007 Dental School Faculty Work Environment Survey<sup>11</sup> described themselves as very satisfied to satisfied with their dental school overall and with their department as a place to work. Coupled with the aforementioned core competencies, dental school leaders can use the results from this survey to assess their individual dental school's work environment and diversity goals.

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## Summary Discussion

Two trains of thought about the current generation of dental students seem to have emerged. One is that students tend to have a proclivity toward private practice because of financial incentive alone and that academic research is generally unappealing in this regard. Some of this thinking stems from an understanding of the heavy financial burdens and sometimes family responsibilities that many students, particularly URM students, face upon graduation. The other train of thought seems to be that academic careers don't allow much time for developing and maintaining clinical skills and that the tenure process and hierarchical nature of academia are too challenging to master. The ADEA MDFD program has sought to address both lines of thinking by having each grantee develop programs that address the issue of financial imbalance between research and practice as well as disentangling much of the mystery and myth of an academic career.

The ADEA MDFD mentees have received strong mentoring support, and many of them have taken academic posts. Solid mentoring and institutional leadership committed to diversity have helped ADEA MDFD mentees find pathways in which to work as academicians and practitioners that are both personally and professionally beneficial. Many of the URM candidates engage in community-based projects/activities to raise awareness of prevention in dental health, volunteering and providing in-kind care to children and seniors. All of the mentees have in some capacity participated in community-based practice and research in ways that have strengthened a willingness to work toward eliminating oral health

disparities both in the United States and abroad. However, a lot more needs to be done to continue to build interest in dental medicine.

The availability of long-term research support for new faculty members to conduct research in dentistry will play a significant role in the early stages of URM candidates, as well as other candidates, who choose careers in academic dentistry. Grants funded through Title VII, the National Institutes of Health, the Centers for Disease Control and Prevention, and other federal agencies as well as awards funded through nonprofits such as the W.K. Kellogg Foundation, the Commonwealth Fund, the Robert Wood Johnson Foundation, The California Endowment, the Josiah Macy, Jr. Foundation, and others can provide opportunities for aspiring young faculty members to find placement in environments that allow them to develop their academic careers.

We need to continue to build pipeline programs beginning with high school science students and undergraduates. Through student counseling, science clubs, professional society chapters, student orientations, departmental brochures, and courses required for majors we can bring more attention and perhaps increased interest in the profession. Moreover, dental schools must commit resources to build institutional mentors and leadership committed to diversity. Mentors must be supported in a variety of ways including training, time allotments, and formal recognition of efforts. Institutional leaders influence cultural changes in dental schools that will attract more diverse faculty members to their programs. Some of the changes include emphasis on cultural competence, clearly communicating the importance of diversity, and creating flexibility in programs that encourage the return of practitioners as part-time faculty.

The commitment to faculty diversity is a work in progress at the eleven institutions with ADEA MDFD grants. It will take a number of process and institutional changes to sustain the momentum being seen in diversity programs such as the ADEA MDFD

program. Through commitment by the leadership and dental faculty to adopting innovative ways to engage students and develop their academic interests, we can demonstrate a collective impact on growing our own URM faculty.

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# APPENDIX

## Academic Leadership Core Competencies for Building Diversity Programs

1. Establish Values and Beliefs
  - Clearly identify values and beliefs upon which to base actions related to building faculty diversity (substantive/empirical evidence can be used to support argument and beliefs).
  - Clearly define direction or focus of change.
  - Identify potential change agents or mechanisms of change and establish a formal plan for engagement.
  - Establish benchmarks for progress toward goals.
2. Collaboration
  - Facilitate shared responsibility and/or authority with partners or change agents.
  - Facilitate forums or mediums for shared knowledge and transparency.
  - Build collaborations in which all partners have vested interests and common goals as part of action steps and objectives for reaching targets.
  - Establish a high degree of trust between the delegated organizer and the rest of the group.
3. Strategic Thinking and Assessment
  - Provide an opportunity for reflection and analysis of action steps, objectives, and outcomes (expected and unanticipated).
  - Reformulate vision if necessary to move agenda forward.
  - Examine communications and ensure that values and beliefs remain relevant.
  - Be prepared to assimilate and accommodate new and relevant information.
  - Encourage idea generation.
4. Persistent and Committed Change
  - Be persistent and committed to values driving change.
  - Avoid ambiguity and overcome resistance; continue to identify and address barriers.
  - Plan for sustainability.
5. Effective Communication
  - Clearly communicate a plan to articulate values and beliefs, both written and spoken, to potential agents of change or partners.
  - Provide a formal presentation of background/ empirical evidence to support the articulated vision.
  - Consider multiple perspectives and provide opportunities to listen to resistance and possible opposition.
  - Conceptualize a framework or model (e.g., logic model) to communicate all of the elements needed for change and anticipated outcomes.
  - Allow some means for immediate feedback.