Strengthening our professional identity: Insights from the 2017 ACHEO conference.

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Earlier this year, on April 21st and 22nd, over 320 members of the dental education community, including educators, clinicians, researchers, students, and academic and professional policy makers, convened at the Faculty of Dentistry of the University San Sebastian in Santiago, Chile, for the second ACHEO conference (ACHEO as acronym for *Asociación Chilena de Enseñanza de la Odontología,* Association for Dental Education in Chile). This two-day meeting was co-hosted by ACHEO and the Faculty of Dentistry of the University San Sebastian, and co-sponsored by the thirteen active ACHEO-member Faculties of Dentistry.

The conference gathered delegates around the topic of 'strengthening our professional identity', which was discussed mainly centred on three themes:

1. Bioethics and professional ethics in the curriculum,

2. implications and challenges for promoting autonomous motivation in students,

3. minimum contents and outcomes in the dental curriculum, and

4. teaching and learning in dentistry through a simulated environment. Additionally, over sixty posters were presented by delegates in a number of topics concerning research in dental education and innovative teaching and learning strategies.

Dr José Antonio Giménez, Dean of the Faculty of Dentistry of the University of the Andes and President of ACHEO, started the discussion with a keynote lecture on bioethics and the dental curriculum. Several issues on professionalism, ethical and legal aspects and how these should be taught were described, which have been referred to as fundamental for graduates and safe beginners by several international institutions, such as the General Dental Council in the U.K,[1] the Association for Dental Education in Europe,[2] and the American Dental Education Association.[3]

To date, these issues have not been fully and formally addressed throughout the Chilean dental curricula, and agreeing with the vision of Dr Giménez, an aspect of such relevance cannot be learned by intuition and as part of the informal curriculum. This is perhaps reflective of the importance that the aforementioned dental governing bodies place on the inclusion of ethics on the dental undergraduate curricula, with a view to producing well rounded and 'professional dentists'. The current trends in the development of our profession do not come without encountering some complex ethical dilemmas. For instance, finding a clear balance between a mixed environment of therapeutic and cosmetic treatments can be challenging for a junior dentist, which is beyond the observation of confidentiality or of an informed consent.[4]

This raises several questions, for instance, how should our students learn to analyse as well as act to avoid professional ethical pitfalls? which learning

and assessment strategies should we implement to produce ethical dentists?

The answers to these questions are not straightforward and the discussion then moved towards ethics being frequently described as a soft skill that lacks importance compared to the hard dental skills and procedures. Addressing both skills and ethical analysis might facilitate the delivery of an ethics course and its vertical integration. Ways of reducing students' claims of ethics courses as irrelevant or ineffective might be the implementation of competency-based didactics and assessment, including the use of workshops, small groups, problem-based learning, situational judgement tests and particularly trough reflection and self-examination.[5] The discussion closed with a main idea on developing dental ethics teaching and learning, for which students should understand its purpose, patients' views should be included, and there should be a special focus on a better and more disciplined reflection.

Moving forward, I had the privilege of delivering the second keynote lecture, which was aimed at raising awareness on the relevance of optimal types of motivation and their implications for students' educational outcomes, and how to promote autonomous motivation in our day-by-day teaching practice. Coming from the Self-determination Theory of Motivation,[6] I presented several examples from the literature and from my own research on academic motivation in dental and health professions education.[6-8] Motivation has been traditionally understood as a unitary concept and often misunderstood as ways of controlling someone's behaviour. On the contrary, my discussion pointed at distinguishing autonomous or self-determined motivation from controlled motivation, highlighting that by supporting students' basic psychological needs of feeling autonomous, competent and related to important others, the educational environment can foster their self-motivation.

For dental education, and general higher education overall, it is not an easy task to engage the current generation of students to commit and take responsibility for their learning process. However, if their basic psychological needs are satisfied then optimal types of motivation can predominate, having positive implications in terms of the stability and maintenance of academic motivation in order to contribute to a lifelong learning experience.[9]

There followed a lively discussion where I had the opportunity to engage and further discuss with the audience. Special attention was given to ways in which current teacher-centred approaches to education can be moved towards student- and patient-centred teaching and learning styles.

Dr Marcelo Navia, Director of the Dental School at the University Diego Portales and Executive Secretary of ACHEO, moderated the forum on minimum contents and outcomes for the dental curriculum. Representatives from the Oral Medicine and Pathology, Paediatric Dentistry and Orthodontics groups presented the reports from their consultations and consensus agreement. This constitutes an on-going task in which ACHEO, with the collaboration of several academics from its member institutions, are defining and setting the minimum standards, contents, and outcomes for dental curricula in Chile. This strategy mirrors the successful experience that a number of international institutions have already reported.[1,2] This is of particular relevance, as having a common set of pre-defined outcomes that are set and agreed upon by key members of our dental community may contribute to the quality assurance of our graduates and towards patient safety. A step forward might be the guidance on how to design teaching, learning, and assessment strategies by which these minimum contents and outcomes can be met.

Dr Ximena Lee, Director of the Education Office at the Faculty of Dentistry of the University of Chile, presented the third keynote lecture discussing the importance and state-of-the-art of simulation in dentistry. Different technologies were described with a special focus on virtual reality and haptics, contrasting current trends with the simulation-based teaching and assessment methods throughout Chilean Dental Schools' curricula. Although there are differences on how and when simulation is used amongst Chilean dental schools, there seems to be an agreement on its relevance for patient safety and for the novice student. The latter, for instance, to gain familiarity with surgical operations, to acquire knowledge of anatomical structures within the oral cavity, and to master dexterous sensorimotor skills.[10] Compared with the traditional practice on typodonts (artificial teeth and jaws) mounted in phantom heads, digital dentistry and virtual reality training systems integrated with multisensory feedback possess potentials advantages in terms of their technical features, learning opportunities, and social requirements. To date, however, these new technologies are still a step behind with regards to traditional methods, mainly because of the lack of common accepted standards that imply differences in design, systems, function, and assessment methods.

A final panel discussion closed the conference, where the audience engaged in questions and answers with the keynote speakers, dealing with issues such as compulsory accreditation of Dental Schools, number of newly qualified.

dentists, and the role of ACHEO and its future challenges, amongst others.

Not only was the conference a most interesting and enjoyable one, but it was also noteworthy because of the high turnout. As an emerging new conference, there is still much work to be done and plans are currently underway for the third ACHEO meeting. I hope many readers of the *Journal of Oral Research* join this conversation and share their best practices in the next conference, so as to continue strengthening our professional identity as dentists and as dental educators.

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