NYU Dentistry is developing an alternative model of dental education, which we are calling HEED for High Efficiency Education in Dentistry. HEED is based on a mentor-protégé model that, conceptually, is an adaptation of predoctoral dental education to preceptorship and residency-based teaching models. The idea has been described previously, as follows:

Under the mentor-protégé model, a professor-practitioner mentors a very small group of student protégés or associates. The professor is identified as the patient’s dentist, remaining so from year to year and engendering the patient’s loyalty to the faculty member-dentist and to the system. Insofar as practical, faculty and students would treat patients side-by-side. The efficiency and productivity of a private practice would not be attained nor expected, but efficiency would be much greater than it is now in most dental school clinics. Sometimes procedures would be performed by the faculty member, sometimes by the student associate, but the relationship and identity of the faculty member as the patient’s dentist (in the mind of the patient) would continue through the years. Discussion and assignments could occur using a morning rounds format or a daily case-conference between mentor and protégés.

In the summer of 2019, a four-month Phase I pilot project based on the HEED concept was conducted at NYU Dentistry’s main campus in Manhattan. Ten rising D4 students and five supervising faculty members were involved in the project. Due to the assignment of students to required rotations, six of the 10 students and two of the faculty members were assigned to HEED at any given time. Those students assigned to HEED had eight one-hour appointments scheduled daily. The HEED pilot was conducted in this manner five days a week with six students and two faculty members participating each day.

A key element of this approach was that the faculty would serve as hands-on, active teachers, performing clinical care along with students. For example, the faculty member might take over clinical care of a patient if a procedure becomes too complex for the student to complete in the scheduled appointment time. In such a situation, the student’s role is shifted to that of a clinical associate and would learn how to complete the

appointed procedure within the designated time while the clinical schedule is maintained. The competency requirements and method of assessment of competency remains the same for students in the HEED pilot and those in the standard program; the pilot was treated as an “elective,” and thus competencies were not evaluated. Student and faculty feedback revealed that the close student/faculty interaction generated in the HEED pilot obviated the need to track minimum requirements as qualification for competency assessment.

During the Phase I pilot, the average number of monthly patient visits per student increased by more than 3.3-fold compared with the number of visits recorded during the same period by students in our general clinics. In October 2020, we launched a Phase II pilot, with the opening of a new $13M facility located in Downtown Brooklyn in the highly diverse and populous City Point development. NYU Dentistry Brooklyn Patient Care was designed specifically to accommodate the HEED approach. It consists of six dental office suites, each with six operatories.

Currently no students are assigned to the Brooklyn HEED practice as the pandemic necessitated a delay in the planned timeline for student participation. A pilot elective rotation for a small cohort of senior dental students is planned for January 2022, with full implementation of the program as the practice acquires a patient roster sufficient to provide the rich educational experiences that align with the goals of the HEED model.

A central component of this new dental education model is student selection. Fourth-year students will be selected from among those who are planning to enter general practice, with heavy reliance on interviews between the proposed mentor and student protégé to ensure chemistry and commitment. Further, dental assistants and dental hygienists will also be incorporated into the model to ensure a practice environment similar to that of a private general dental practice. Students participating in this model will also benefit from direct participation in the management of the practice.

Efficiency and patient satisfaction are prioritized in the HEED approach just as they are in private practice. This approach will encourage patients to return for continuing care. At the same time, it is likely that this new model of dental education will expedite training of dental students and lead to greater professional satisfaction of faculty.

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