Editorial

Changing the Paradigm in Dentistry - from Apprenticeship to Evidenced-Based

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Field [1], Field and Jeffcoat [2] reported that there were five major themes that stood out in the Institute of Medicine’s report. The first was that dental clinicians will require more medical knowledge and need to work more closely with other healthcare professionals. However, many clinical faculties have not only a primary focus, but a consuming narrowed vision which only focuses upon procedures. Many clinical faculty are still stuck on the ‘how’ and neglecting the ‘why’ or even the ‘when.’

A focus on excellence with regard to clinical procedures is certainly important, however, it is probably more important for dental students to understand the interplay between such concepts as pathophysiology, etiology, prevention, and patient management. But the transition is difficult, as many faculties were trained as dental technicians rather than educated as healthcare clinicians.

The second theme concerned the necessity of teaching dental students desirable models clinical practice. Once again, the focus in many USA dental schools is directed towards procedures, and therefore the importance of patient management is neglected. Because it is not clear that dental educators can adequately prepare the average novice dental graduates with entry-level skills and acumen, it was suggested that dental graduates should have the opportunity for a year of post-graduate general dentistry experiences. Presently many institutions of dental education have increased dental education perspectives with dental residencies, but some dental schools still have a long way to go. More general dentistry residency programs have been developed, but not nearly a sufficient number to absorb all graduating dentists not pursuing specialty residencies.

The third theme was that dental schools need to demonstrate value to their sponsoring Universities. Dental schools need to support the missions of the University with respect to research, teaching, continuing education, and community service. It is my opinion that this is a given, and that dental schools that have not succeeded within this theme have perished. Certainly, there are dental schools that are not up to speed with one or another of these missions, but in today’s world, Universities do not support dental schools, which do not support the University’s missions.

The fourth theme is continued reforms in accreditation and licensure, particularly with greater uniformity in licensing. The American Dental Association and the American Dental Education Association have both worked to aid in establishing uniform standards of care. However, as states presently control licensure, there is a continuing political problem with regard to limitations upon dentists moving from state to state and a lack of uniformity in licensing. In today’s world, with many two professional families, there are needless difficulties in accepting employment positions in other states because of the difficulty in attaining dental licensure in the new state.

The fifth theme was to direct dental education to adopt experimentation with different models of education. This concept has been challenged with some successes and some failures. Experimentation of any sort will tend to result in some hits and some misses, and often the outcomes are not determinative until the passage of a significant amount of time. We have seen the demise of the Flexible Modular Education System in several dental institutions. We have seen both successes and failures with Problem-Based Learning, Small-Group Learning, Long-Distance Dental Programs, and Satellite Community-Based Dental Education.

In conclusion, dental education continues to evolve. The Dentistry at the Cross Roads, Institute of Medicine Report [2] was written almost twenty years ago and obviously, we still have a long way to go. It will take time and effort to transition the profession and dental professional education from a technical procedural basis towards a health science.

REFERENCES