



Challenges of modern dental education

Although I am not an expert in dental education, I do have 20 years of experience teaching dental students and would like to take this opportunity to share some of my thoughts on the issue. Teaching dentistry is a complicated task: Not only is there an extensive scientific and medical component, but students must also learn various clinical procedures and interact with patients. Then comes the most challenging task, which is to teach students to integrate all their newfound knowledge into a flexible, dynamic treatment plan.

Undoubtedly, there is not one absolute method to accomplish this. For example, questions such as how many years of clinical exposure the student should have prior to graduation and to what level of basic science a dentist should be exposed remain open.

My experience in teaching extends to two dental schools on two continents. In one school, the length of the program is 6 years. Students are exposed to a background in basic science and medicine during the first 3 years. This phase is accomplished alongside general medicine students and merely branches off to a dentistry focus. Conversely, at the other school, the length of the program is 4 years and basic sciences are taught mainly in the first year. Despite these differences, the challenges are similar. In both institutions, we question whether new graduates are ready to provide comprehensive dental care in a private practice as soon as they are licensed to practice dentistry. There is no definite answer to this question, though I do believe that, in theory, they are capable enough. However, I would be more comfortable if new graduates had a more senior partner upon whom they could rely in the beginning.

In the United States, many new graduates enroll in a hospital-based General Practice Residency (GPR) program. Through this program, students are exposed to various cases and practice under the supervision of experienced dentists. They also receive support from experts of other disciplines in the hospital. The fact that

many new graduates decide to attend these programs indicates that many of them feel the need for additional training.

In my opinion, GPR training is better than extending the time students spend in dental school. New dentists have the chance to integrate all the knowledge they have gained and provide care to patients with more complicated cases. I am not sure if it would be possible, mainly for financial reasons, but I strongly believe that GPR (or a similar program) should be mandatory.

Teaching dentistry is a symbiotic process, beneficial for both the teacher and student. This is especially true in postgraduate teaching, where the students bring their own backgrounds, experiences, and novel ideas into the classroom and clinic, both physically and virtually.

One of the major goals an educator should have is to expose the students to the process of evaluating and resolving problems. Beyond the sheer excitement and intellectual challenge, this can advance the students' and dentists' skills. We try to educate our students to perform evidence-based dentistry or medicine. This must be taught via an understanding of biology and the scientific process.

There is no doubt that dental students cherish learning and their profession. Therefore, we should provide them with tools rather than simply spoonfeeding them. Teachers can learn from their students while helping them develop their own ideas. However, this does not lessen our responsibility to guide, inspect, and help our students. Close mentoring involving specific goals, deadlines, and time frames is crucial to accomplishing such goals. This type of teaching may require more work from the educator; however, it is more challenging and rewarding. Project-based teaching must rely on a solid scaffold of knowledge earned prior to clinical exposure.

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