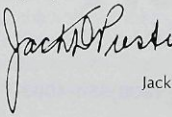
Rethinking the Curriculum Crunch

In recent years there has been considerable attention given to the fact that dental school curricula are increasingly demanding and have forced downward adjustments in the amount of time allowed for instruction in prosthodontics. At the same time, the discipline of prosthodontics has been complicated by more sophisticated techniques, and the advent of implant dentistry mandates additional time be given this treatment option. It has never been proven how many complete, removable, or fixed partial dentures an "average" student must fabricate before being certified as competent (possibly that should be stated as "not being dangerous"). That such a number even exists is open to question, and most would agree that students vary greatly, as does the rapidity with which concepts are grasped and technical skills are developed. Furthermore, there is a vast international disparity in both the quantity and quality of instruction given and the competency required for graduation. Whereas it is easy to simply demand more hours for prosthodontic instruction, such demands are easily rebuffed when today's complex curriculum is scrutinized. Simply put, students have much more to learn than they did even a decade ago. It is impossible to compare the time allotted to prosthodontics two or three decades ago to the time available in the curriculum of a modern dental school. It is also impractical to consider extending the time required to obtain a dental degree. Decreasing expectations for annual income and increased competition for patients preclude a longer period for education, and the cost cannot be justified.

Rather than lament the apparent dilemma, perhaps it is time to approach the problem exoterically and also somewhat iconoclastically. First, most of the time prosthodontics—and many other subjects—is largely being taught in the same manner as the mentors were taught. Lecture sessions, rote learning, and learning from models that only remotely resemble actual patients and dentitions are typical. Slide series get dusted off annually, and the mentor presents the techniques and teaches the principles in the same manner as they have been taught for years. I am convinced that much of what we teach (and I use the word "we" accurately) is the result of rote repetition, not active consideration of what might now be essential. More thought must be given to what material might be deleted or presented differently. How many of us are so comfortable with a teaching routine that new material is the exception rather than the rule? How many faculty would be comfortable if they were told that their next course presentation must be totally reworked and all material presented must be justified to their peers? How much of what is being taught is repeated fallacy and ill-considered pseudoscience? Do new luting techniques and materials demand rethinking preparation design? Can we truly justify much of what we teach about occlusion? I contend that if the "experts" cannot agree on which occlusal philosophy is correct, then perhaps it is time to reject any and all mechanically derived philosophies that are surviving dinosaurs from a previous era of incomplete science. Too often a technique, philosophy, or clinical dictum was carried forward purely on the strength of the personality of the proponent. Rather than fight for more curriculum time, prosthodontic instructors should stress creativity and efficiency. We must teach better, not longer.

Is it now time to rethink prosthodontic education in view of the vast resources that are becoming available? Do courses have to follow "traditional" classroom scenarios or can we take advantage of international sharing and the ready access to vast quantities of data offered by the worldwide web? Are simulations possible that preclude working with outmoded manikins and models? Should students be exposed to patient care in group sessions so personality of patient care is given as much consideration as technical skill? With imaging and image transmission so practical, why should students learn from black-and-white textbooks that lack life and substance? The exoteric ax can bring down long-held esoteric concepts, and I believe it is time to swing that ax with greater force through a wider path. If every mentor reading this page were to review the practicality of the material being taught and the scientific and clinical basis upon which it rests, and then were to set out to truly revise and modernize just one facet of each course, we could begin to progress. If we continue to repeat our mistakes and parrot our dogma year after year, we deserve less and less of the curriculum as other sciences progress and earn their place in our students' education. Prosthodontics is a demanding discipline, and all general practitioners must be properly prepared to recognize what is within their capability and what should be referred. There is no place in education for protectionist thinking. All concepts, practices, and techniques must be held open for review. Once content is validated, then we must reconsider how to best convey that information to students in the most economical, lucid, and enjoyable fashion possible. (Yes, learning should be, and can be, fun). In short, rather than sit back and lament the "curriculum crunch," we should work together to develop shared resources, derive consensus opinions that change with the rapidity of advancing science, and rely less on textbooks and stored 35-mm images and more on modern technology for information transmission and assimilation. This editor would be delighted to receive information from instructors who have taken such steps and wish to share the concepts and results with fellow mentors. If this column serves to spur even one graying prosthodontist to rethink course materials and rejuvenate the content and the concept, then this space will have been wisely used. Will you be that one person, or perhaps pass this on to an instructor you think either needs it or is willing to work for change? Our specialty and the discipline deserves and demands better educational efficiency than we are giving it.



Jack D. Preston, DDS
Editor-in-Chief