



Is It Time for a Fifth?

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From recent conversations with colleagues involved in dental education and pertinent publications, it has become apparent that the forces influencing our professional education system will soon dictate considerable change. Costs, competition for resources and students, as well as new technologies and patient care delivery systems have increased the focus on how best to prepare candidates for clinical dental practice in the 21st century.

One bit of evidence that the current modus operandi for undergraduate dental education is not completely meeting the challenge is the disconcerting failure rate of new graduates participating in state board examinations. This is not to say that the state board examination process is infallible. However, regional testing agencies have made some accommodation to address changes in clinical practice and laboratory technology. But before federal rules and regulations force the elimination of live patients for competence/skill testing, ways need to be found to better select and prepare new dental graduates for the realities of patient care in today's health care environment.

It must be acknowledged that the current dental school curriculum is super saturated. However, the operations of most practice settings suggest that attractive services such as implant restorations are in demand, but the new dental graduate is insufficiently prepared to provide the treatment. Recurrent curricular restructuring seems to have favored all but basic science-based clinical restorative dentistry in the distribution of clock hours. Further significant change in this alignment is not likely to occur without critical philosophical adjustments.

The dental profession has not completely escaped health care reform in the persona of managed care. However, analysts and those knowledgeable in this arena suggest that dentistry has been able to maintain its independence partly because of an 80:20 generalist-specialist ratio and a resultant favorable service cost factor when compared to medicine. Furthermore, an attractive patient-doctor ratio in many areas of the country has sustained better demands for service than has an overpopulated medical community. If dental generalists are to continue in this position and provide a quality and quantity of services of which the profession can take pride, they must be better prepared, particularly for the delivery of all restorative services, at the time of entry into the community of need.

Certainly the impact of computer science and technology has yet to be completely realized in dental education. While many advantageous applications have and will be incorporated into the learning, diagnostic, record-keeping, and laboratory

phases of dentistry, the fact remains that hands-on skills have been proven essential for a successful practicing dentist and can only be achieved through repetition and experience.

Among others, these factors suggest that the time has come to seriously consider the addition of a fifth year to the dental curriculum, one that is limited strictly to the delivery of clinical services. This idea, while not new, has been partially implemented in the establishment and accreditation of general practice residencies. The luxury of this experience being elective seems to no longer exist. If incorporated into the required dental curriculum, these opportunities would not only benefit the participating student, but they would also augment clinic income for the sponsoring institution. Thus, student and faculty practices alike could contribute to the revenue numbers through clinical service. Students could receive commensurate stipends to help relieve their accumulated educational debt.

As a community resource to help satisfy both intramural and extramural patient demands for pediatric, emergency, and special restorative services, these clinics could provide the opportunity to obtain valuable clinical experience and confidence so important for the new graduate. To generate income for the amortization of loans, securing personal or family benefits, or saving to establish a home, some currently accept salaried positions in HMOs or other provider facilities. In years past, dental internships and the military service have provided vehicles for acquiring knowledge and skills that evolve from regular patient management. Why not the university-based school of dentistry being an extended service provider?

Unencumbered by procedure numbers and didactic/laboratory requirements, a fifth year of dedicated clinical dentistry could provide timely and varied experience for the neophyte dentist, as well as contribute to the profession's role in meeting the health care needs of an expanding and aging population.