

Bulimic Education

There seems to be a global concern about the quality of education in dental schools. I haven't spoken to anyone that is satisfied with the way students are being prepared for the dental profession or the extent to which they are benefiting from their education. As one would expect, many see the problem differently, and the only point upon which we might agree is that dental education is not as effective as it should be.

As a dental educator, I must consider myself part of the problem. It is easy to oversimplify and blame a lack of funds, the students' preparatory education, "today's generation" of students, or simply to lay the problem at the feet of the local administration. There is no single causative factor, and the problems are undoubtedly as diverse as the schools and countries themselves. However, some common factors are apparent.

There is increasingly more to teach and, as a result, there is less time to present all the material to which students might be exposed. Part of the problem lies with dental educators and their (our) lack of formal education in teaching. We tend to teach as we were taught and, undoubtedly, the same was true of our mentors. We seek to emulate those whom we admired, and to eschew the flaws in others whom we did not.

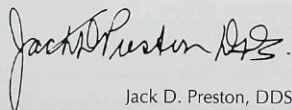
Many hours have been devoted to curriculum reform, but even after the courses are restructured, resequenced, or revised, a basic problem seems to universally withstand the renovation process. Many students complete dental school, receive their degree in dentistry, and are unleashed on the public without the skills, knowledge, or ethical concerns necessary for competent patient care.

It is my observation that the majority of classes, including my own, tend to provide what I term "Bulimic Education." Students learn to binge and purge on the coursework, cramming themselves full in preparation for an examination, and regurgitating the processed matter on demand for the instructor. Following this exercise, little remains of the actual "course caloric content," and little of educational nutritional value has been processed and stored. It is probable that the student learns to follow this procedure very early in life, gaining the perception that "learning" is metered by testing—an external process—and the internal gratification of acquiring knowledge is overlooked and perceived as unimportant. When the results of testing are "successful," the student is praised; when unsuccessful, the student is admonished, disdained, or ignored. Somehow, many students (and unfortunately many mentors) fail to grasp that the goal of the education process is *learning*, not displaying

the ability to rote respond to stereotypical questions. Education becomes a game with the students pitted against the faculty. Education is *not* an adversarial endeavor. Students and faculty must have the same goal—the conveyance and comprehension of knowledge and skills. A contract must somehow be developed between students and faculty that will ensure that both will give their best efforts. Just as in banking, there can be no withdrawals without deposits. Dental education should be a collegial experience. For it to be so requires the cooperation of both parties in working toward the goal of effective knowledge exchange. How one conveys this apparently novel concept I do not know. I have often thought that if dental schools spent less time on process and more time on human interaction, perhaps the learning endeavor might be enhanced. If students beginning their professional educational experience were somehow made to clearly understand at the outset that the purpose of professional school was not competition and gamesmanship but rather the development of skills, acquisition of knowledge, and formation of lifelong habits and attitudes, then perhaps remediation might be possible.

Somehow we must transcend this bulimic process. In this electronic era we must eliminate the idea that the human mind is a repository for rote learned facts. These "facts" often change in the light of new knowledge, but the cerebral encryption remains unaltered. Students must be taught how to access knowledge and how to use knowledge. They should not be forced to be vats into which knowledge is poured, to be later ladled out no matter how stale or stagnant that pool may have become. If learning is to be a life-long process, then the emphasis should be on the *process* more than the force-feeding of immediately pertinent information.

A professional education should be more than repetitive lectures followed by calibration of the volume of student response. There must be a change of attitude on the part of both students and faculty. Perhaps if we were all to consider the educational relationships, ethical obligations, and long-term benefits, we might be able to alter this academic bulimic process and progress to the more gratifying task of truly nourishing the students of our profession.



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