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Strategic planning in pediatric dentistry: the students' perspective*

Curtis J. Creath, DMD, MS

Encouraging Undergraduates to Enter Pediatric Dentistry

One of the first questions a dental student can ask in regard to pediatric dentistry is, "Why is there a need for a specialty of pediatric dentistry?" Quite a few students give at least some thought to this question, but very few receive a complete answer. And, I don't believe that students are the only ones who are asking this question right now. This involuntary ignorance is likely due to a lack of both information and experience. The average dental student and the profession would benefit greatly if these two issues were properly addressed.

During the undergraduate dental curriculum pediatric dentistry needs to be presented in such a way that students will consider further study of it, either once out in general practice or by entering a postdoctoral program. To increase interest in and acceptance of pediatric dentistry, we may need to consider new innovations in lectures, clinics, extramural experiences, research, and recruitment. In other words, we need to determine what is necessary in an undergraduate dental curriculum to interest students in pediatric dentistry.

I suspect that many students are hesitant to consider the field because they feel that it is very limited in its scope. We need to emphasize its diversity and promote its benefits and much of this must be done outside the classroom. Regardless of what is discussed in lecture, if the student's only experience in pediatric dentistry is filling primary teeth, then his/her overall perception of the specialty will be just that. We need to accent and reinforce the unique experiences of the specialty in order to change the focus from simply silver crowns and fillings to growth and development, space maintenance, minor tooth movement, various resin restorations, and the whole world of special and medically compromised patients.

The students need special and representative clinical experiences in and outside of the undergraduate children's dental clinic. In the clinic they should be given opportunities to try posterior composite and preventive resin restorations as well as sealants. They should be given the opportunity to assess and monitor growth and development in patients. They can learn the use of various appliances. Allowing clinical experiences earlier in the curriculum, such as in the sophomore or junior year, even if limited, could be advantageous in generating interest in the field. Providing elective courses and clinics could extend their knowledge and experience into areas which they did not know existed within the specialty. The "pedo clubs" need to be re-evaluated and reinforced with new activities. Students need at least some experience with special patients if they are to be expected to treat them in private practice or at least the option to seek more training in that area. It may be necessary to devote an entire lecture to one big public relations campaign for pediatric dentistry.

Outside the clinic one may want to consider substituting a clinic rotation with a half day at a private pediatric dentist's office or at least in the pediatric dental residents' clinic. Or, local pediatric dentists (or residents) could spend a lunch hour at school talking to students about the real world of the specialty. The benefits of pediatric dentistry should be emphasized. The students need to hear that the personal reward, the opportunity to help influence lives, and the chance to help those who cannot help themselves are all strong incentives, certainly as strong as in any other field in dentistry.

Grant monies and special summer research projects in which students can participate may also spark the interest of certain students.

None of these ideas are really new, but that is why we need to be more innovative. Many schools are doing

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these things effectively, but for those who are not, another look at some of these options, regardless of their previous lack of success, is essential.

This Academy has established curricular guidelines and goals and objectives for pediatric dentistry that are sufficiently broad and relevant. Putting them into practice, of course, is the challenging part. Not only can we do a better job, but we need to in order to:

- adequately equip the general practitioner with the skills and knowledge necessary to treat appropriate patient types
- help the average student and future dentist to have a better perspective of what pediatric dentistry really consists of and to appreciate and utilize those services
- interest qualified students in pursuing postdoctoral training in the specialty.

Recruiting Pediatric Dental Residents

Recruiting students into postdoctoral pediatric dentistry programs is a topic which I feel needs extensive evaluation. First, who are we trying to recruit into our specialty? In other words, what are we looking for in a potential pediatric dentist? This question will become increasingly important as the application picture continues to change in the coming years.

It is no secret that the number of applicants to dental school has decreased dramatically during the last 10 years. The number of dental school graduates has declined simultaneously as have the number of applicants to postdoctoral pediatric dental programs. So, we have fewer people coming into pediatric dentistry and, in all honesty, those who do are somewhat less academically accomplished than they were just a few years ago. We have to deal with these facts and how we deal with them will greatly influence the future of the specialty.

Fewer applicants does not necessarily mean less qualified applicants. We have to look at the quality of dental students 20 and 30 years ago for comparison, not just the student numbers and quality of 10 to 15 years ago. On the other hand, we currently have a good number of slots to fill in our postgraduate residencies. What are we going to do with these openings? There are at least two issues I believe we need to consider with regard to these openings.

The first is our recruitment tactics. Essentially, we need to be more aggressive and efficient. Some of the aforementioned curricular ideas are important to generate student interest in the field. Perhaps more active identification of those individuals who have the potential to make a positive contribution to the specialty is needed. The top students do not always have to go into other specialties. Identifying these students in advance, interacting with them one-on-one, and offering special opportunities in intra- and extramural clinics or with private pediatric dentists may be as fruitful in the long run as any other approach.

The second issue is a more philosophical and ethical one. The broader question is, "What is the purpose of the postdoctoral pediatric dentistry program?" If we do not have enough qualified applicants, what are we going to do? Do we lower the standards of acceptability? Do we accept more foreign students in order to fill the slots? What, exactly, is our mission? Is it to train qualified pediatric dentists for the American public? Or do we take a more global view and help train the world's pediatric dentists? Is our motivation to assist the provision of adequate health care by training qualified pediatric dentists or is it one of self-preservation by filling postdoctoral slots? With whom are we filling those slots? Perhaps we need to reconfirm or re-evaluate our responsibility to our institutions and to our society. Perhaps we need to re-evaluate the number of openings available. Perhaps we do have too many openings. I believe that supply has outpaced demand, but who is going to be the first to volunteer to close a program?

There needs to be an honest assessment of the applicant pool, the public health and manpower needs, and the mission of residency programs with appropriate adjustments that follow. These are sticky issues and some would even question their relevancy, but sooner or later we will have to deal directly with them. Will the university-based programs have to compete more with the sometimes better funded hospital-based programs? What is that going to mean in the future?

This idea of competition brings to mind another point regarding recruitment. I had the opportunity to go through the application process some three and a half years ago and was fortunate to have more than one offer. But even though I avoided many of the awkward situations my friends encountered, the process still left me with a somewhat bitter taste in my mouth. The pressures and deadlines were inconsistent, tenuous and, I believe, inappropriate for professional education. As you may know, the Council of Students has introduced a resolution to the 1988 American Association of Dental Schools (AADS) House of Delegates calling for a uniform postdoctoral program acceptance date, much like what currently exists for undergraduate programs. I noticed the topic of a matching program is on the agenda for later this afternoon. I would highly encourage you to consider some type of solution to this issue in the near future as it is of great concern to many students. Quite frankly, unethical application processes are uncalled for. Each year the students and the program directors need to make decisions that are in the best interest of

both parties. In addition, all the programs need to work with, not against, one another in this matter.

The Role of Organized Pediatric Dentistry in Educating Society

As I see it, there are eight target groups that we as pediatric dental educators have a responsibility to address. The first two, of course, are the undergraduate dental students and the postdoctoral residents. The topic of educating residents will be left for discussion at some future opportunity, though I will add that we probably have been most successful in educating this group.

I have already addressed two components of educating undergraduate dental students: increasing their awareness of the spectrum of the specialty and trying to interest potential candidates to the specialty. The third component, from my point of view as a student, needs some philosophical re-evaluation. This is the question of what a graduated dental student, i.e., a general practitioner, should be able to do in the field of pediatric dentistry within his/her own practice? Which procedures should they be doing routinely and which are better referred to a specialist? Pediatric dentistry is, without question, an area in which the students really do not have a grasp of their responsibility. And, after defining those things within the general practitioner's realm, are we being faithful in adequately training them? Are there interferences with this training such as curriculum time, territorialism with orthodontics or other departments, lack of motivation to revise curricula, or administrative ignorance, subjectivity, or blunders? Whatever the hindrance or barrier, we need to ask how it is affecting the dental care available to the American public. That is the crucial issue. If it is an adverse effect, then we must renew our efforts to remove those barriers. As a profession, our responsibility to society outweighs personal inconveniences to fulfilling those responsibilities. If we are adequately training dentists to give appropriate pediatric dental care, then let's make sure we stay at the cutting edge, for the patient's benefit.

The next two target groups to educate are pediatric dentists and general practitioners. The specialty journals, the American Academy of Pediatric Dentistry and component group-sanctioned continuing education courses, and other mechanisms are helping the specialist stay on top of the current knowledge and techniques. This is another group we have been successful in educating.

But what about the general practitioner? Are we making sure he is keeping up with new changes as well as maintaining basic skills? I believe the specialty has a unique obligation to ensure, on a continual basis, that the general practitioner is properly equipped to provide adequate pediatric dental services. We are an Academy of Pediatric Dentistry, not an association of pediatric dentists. Perhaps the Academy needs to take a closer look at its role in CE courses for general practitioners and other mechanisms to help improve the public's dental health care. If you do not think that this is a problem, I encourage you to think about the horror stories you have heard regarding attempts at space maintenance, guidance of eruption, bizarre restorations, and minor tooth movement. Encouraging referrals is not the full answer; orthodontics has proved that. If we sow sparingly, society will reap sparse results. Society's benefit must be our ultimate concern.

A fifth group we must educate is the faculty and administrators of our dental schools. Ignorance and misunderstandings are more rampant than caries in some institutions. "Baby tooth fillers" is the perspective through which many educators view our specialty and, therefore, we must struggle for curriculum time, budgetary and personnel resources, and respect. Tension about who teaches and oversees space maintenance, minor tooth movement, resin restorations, permanent tooth restorations, permanent tooth pulp therapy, etc., are indicative of this lack of understanding. An example is the institution where last year the dean decided to combine the pediatric dentistry department with those of dental hygiene, computer science, dental assisting, and community dentistry. Pediatric dentistry does not even exist as a division nor do they now have a chairman or head. What kind of signal does that give to dental students and other faculty as well as to the pediatric dental educators and residents who are directly affected? I know this is not an isolated case, though perhaps an extreme one. There is no greater challenge to this AADS section than this type of problem. There are a lot of unwillingly (even willingly) uninformed dental educators and administrators. Many hallway conversations among faculty and students encourage a limited view of pediatric dentistry on the part of both groups. We need to broaden the perspective of many faculty concerning their impression of our specialty. They need to know that a decline in pediatric dental caries does not inevitably obviate providing care in other areas within the realm of pediatric dentistry. And, of course, caries has not been eliminated yet.

Another group which we have some responsibility to educate are other health professionals. Pediatricians, speech therapists, cancer therapy physicians, hematologists, otolaryngologists, as well as the physicians who take care of various special patients need to have a better understanding of how the oral cavity can help and affect their delivery of quality health care. Generally speaking, they need to be better informed about what to expect, what to watch for, and what to prevent; *anything*

that would help them provide complete care to their patients. This is another area in which the Academy should play a more active role. Helping these physicians know what services the pediatric dentist can provide would benefit everyone.

The public represents another group requiring further education. The Academy has been addressing the public in many ways and is increasing its efforts. This is commendable, timely, and appropriate. I not only encourage continued efforts toward the general public, but I would suggest exploring communication with and education of special components of the public. Specifically, I am referring to the increasing number of parent advocacy groups for particular health disorders. The Parent Advocates of Down Syndrome and the Malignant Hyperthermia Association of the United States as well as other similar groups would greatly benefit from our knowledge. Parents of special patients have unique questions and concerns and often have nowhere to turn. Often, their physicians are of little help. Developing informational brochures or other materials which describe the questions, answers, and current state of dental knowledge regarding each of these disorders could prove invaluable to many parents and physicians. There may be a need, in this time of normalization of the special patient population, to develop and distribute educational materials to help guardians of home-bound patients provide adequate routine dental care. Institutionalized patients and their caretakers also could use such information.

The final group requiring our efforts in education is the government. Whether dealing with reimbursement (e.g., Medicaid or insurance companies), standards of care and malpractice implications, or legal responsibilities to certain patient types, we cannot deny the increasing influence of government in our affairs. If we do not help establish some of the ground rules, someone else will be glad to do it for us. More active roles in peer review, government lobbying, and standards of care among other issues, will probably become mandatory. The recently developed guidelines for sedation are an excellent example of indirect methods of accomplishing this. Are there other areas which would benefit from consensus conferences? How about HOME? We need to think seriously about this, because lawyers are. We should not shy away from direct lobbying (increasing the awareness of politicians) and coordinated letter writing.

Pediatric dentistry and the public would benefit greatly from further educational efforts directed at several specific groups.

Research

What are we researching about? Are we expending our resources on merely interesting areas or in important areas which would directly benefit the public? Researching areas that are mainly of individual interest, areas which generate funds from outside groups, and areas which are "hot topics" need to be balanced with researching areas of direct clinical significance to general dentists, pediatric dentists, and the public, even if there is limited funding. My concern is that some areas which we do not understand well are being bypassed in research because of the time requirements and lack of outside funding. An obligation exists to better understand such treatment areas as space maintenance, minor tooth movements including cross-bites correction, pulp therapy, and restorative preparation designs. Do we really know why we do or do not do certain things? Are there better techniques and materials we should use in traditional therapies? The whole issue of formocresol pulpotomies is a good example. One recommendation would be to conduct a consensus conference to identify what are the most pressing research questions and issues that face pediatric dentistry. This may help focus our efforts as well as allow cooperation in securing necessary funding. Could the Academy get involved in this area? I do not see why not. Both dentistry and the public will benefit from our researching some of these more relevant questions.

Another concern regarding research is exemplified by what took place at a major university last year. The recommendation to close the school of dentistry due to a lack of adequate scholarly performance, among other reasons, is an issue we all are or will soon be addressing. We need to make sure our departments are taking the lead in research productivity, grant funding, and school- and university-wide committees. Joint projects with departments both inside and outside the school of dentistry would benefit both parties in many respects, including more scholarly productivity, more widely focused projects, more university recognition, and greater sharing of resources.

To reiterate, we need to ensure that we are researching problems that would directly benefit both practicing dentists and needy patients and we need to help one another meet the demand of result-oriented administrators by increasing involvement and productivity in appropriate activities.

Ethics and Professionalism

The professionalism of pediatric dentistry is the greatest concern I have for our specialty. Whether we fulfill the historical requirements of a true profession depends a great deal on our personal and corporate convictions of what we ought to be. What is the real

focus of our thoughts and efforts? Is it benevolent or simply self-preservation? We need some serious self-examination of our purposes and motivations as we plan for the future.

These are internal considerations for our profession; there are also external ones. The Federal Trade Commission is attempting to dismantle the professional components of dentistry and relegate it to just another small business. The Occupational Health and Safety Administration is trying to tell us how to operate our practice and how to interact with our personnel. What is this all going to mean and how are we to respond? Where do we want to be in the future?

Do we believe there is a need for our specialty? If so, what is our purpose? What is our mission? I have real concerns as to who we are trying to serve. The foremost quality of any profession is "the primary duty of service to the public." Unfortunately, this often appears to be a decreasingly important principle. Do money-making and litigation-avoidance CE courses outnumber courses concerning improved techniques and ethical treatment obligations? For whom are we actually working in our daily routine?

Duty implies responsibility. Are we adequately preparing dentists to treat the public or are we allowing external (or internal) factors to dictate and perhaps limit our curricular and continuing education training? Who are we training to become specialists? Are they the appropriate people? Are we adequately assisting other segments of society to help provide optimal dental care for our children and special patients? Are we expending our research resources in self-serving or in public-serving endeavors? What standards of excellence, if any, are we promoting? Who are we allowing to set the standards? Are we especially helping those who cannot help themselves?

True service requires elements of sacrifice and unconditional commitment. We must lead by example — that of unmatched standards of conduct and benevolence. If we do not take the initiative now, we may later regret our nonchalance.

Summary

1. We need to re-evaluate the students' undergraduate pediatric dentistry experiences outside the classroom with a view to increase knowledge and skills in the specialty, to increase awareness of the specialty, and to increase recruits to the specialty.
2. We need to be intelligent, ethical, selective, and cooperative in our recruitment of future pediatric dentists.
3. For the ultimate aim of appropriately serving the public, we need to adequately educate dental students, pediatric dental residents, dental and university educators and administrators, general dental practitioners, pediatric dentists, other health professionals, appropriate segments of the public, and various levels of government regarding pediatric dentistry and pediatric dental care.
4. Our research and other scholarly pursuits could benefit from greater care in selecting relevant topics, from increased interdepartmental cooperation, and, generally, from expanded activity.
5. The American Academy of Pediatric Dentistry can assist by increasing relations with other health professionals, by identifying and assisting appropriate research endeavors, and by coordinating appropriate continuing education activities for general practitioners.
6. Most importantly, the essential ethical and professional elements of our vocation must not only be maintained, but need renewed emphasis as we struggle with who and what we are and as we decide how we are going to respond to our ever-changing world.

Dr. Creath is an assistant professor, children's dentistry, State University of New York at Stony Brook. Reprint requests should be sent to: Dr. Curtis J. Creath, State University of New York at Stony Brook, School of Dental Medicine, Dept. of Children's Dentistry, Health Sciences Center, Stony Brook, NY 11974.