Editorial

An endangered species

Nestled between the bald eagle and the spotted owl is another rare bird whose numbers are also dwindling.... the pediatric dental educator. Decline in pediatric dental providers has gotten more attention recently, but another serious problem is the decline in pediatric dentists seeking careers in academic dentistry.

In this issue of *Pediatric Dentistry* is a letter to the editor from Frank Catalanotto, assistant dean at the New Jersey Dental School, who surveyed programs about the academic environment. The letter describes the symptoms of the problem and proposes some reasons why academic pediatric dentistry is having trouble maintaining itself. The letter is worth reading. It portends a critical problem for our specialty in the years to come.

One explanation suggests that the environmental changes occurring in dental schools which have consolidated traditional disciplines into megadepartments have hurt recruitment of faculty. This alteration of "habitat," while beneficial to institutions for economic and administrative reasons, destroys the identity and attraction of the specialties in academic dentistry. It may be a factor responsible for turning potential educators away from the flock.

Another more subtle environmental change has been in the shifting caries pattern. The conclusion by federal authorities that dental caries in children had been conquered opened the season on pediatric dental departments in our schools. Administrators needed only to hear that the dental caries pandemic was over to relegate the specialty to a preventive service.

The responses of dental school departments to the changing caries patterns also may have hurt the specialty to some degree. Those departments that opted to seek preventive-oriented pediatric dentistry clinics for predoctoral students only reinforced the notions that the specialty has little to do and what it does do is simplistic. These types of educational experiences for students may be novel initially, but in time, become humdrum. Both students and faculty become bored when the most difficult clinical decision is choosing the flavor of topical fluoride. This type of experience doesn't stimulate faculty nor is it a great recruiting tool. The best and brightest look toward more interesting challenges.

The other tack for departments has been to seek meaningful experiences through extramural clinics in communities where *Happy Days*-vintage restorative dentistry can still be found. This usually means rural or inner city sites treating the poor, far removed from the dental school. Faculty travel, a more difficult patient population and far more hands-on dentistry face the pediatric dentistry faculty person in these environments. Departments eventually "own" the dental health needs of the population and find it difficult to extricate themselves from these expensive, but educationally meaningful, programs. Faculty who came to teach and enjoy the academic environment of the dental school find themselves rendering care in out-of-the-way places — again, not a great recruiting tool for the academic specialty.

We also are plagued by our orientation to age rather than procedure. We discovered the implication of this in our attempt to renew our specialty status with the American Dental Association. There is no clearly defined body of pediatric dentistry research. We are sprinkled across dental materials, cariology, sedation and growth and development. Bright young faculty interested in care of children and an academic research career often get shunted to another specialty or a basic science and we lose them. Our poor showing as a specialty in federally funded dentist-scientist awards validates this observation.

Role modeling is still another problem. Our largely male academic community is graying (and balding), and may not be the most ideal advertisement to the young or to female students looking at the specialty. Our compassion, control, and comedy in working with children also may ruffle the feathers of those who have entered dentistry to gain the respect, stature, and profile of a professional, and can't understand what it takes sometimes to care for a child.

Pediatric dentistry has never attracted a large number of academic candidates. You have to love kids and pediatric dentists are born, not made in dental schools. Renewing faculty ranks in the past has been slow and measured. Today, the problems cited above and the lucrative offers of associateships are taking a toll on potential faculty. We run the risk of decimating our specialty and effectively preventing its continuation for want of trained full-time faculty.

The vignette of the older pediatric dentist having to sell a practice to a general dentist for want of a young pediatric dentist soon may have a correlation in academia!

One also has to ask the question of who will treat the more complex medically compromised and handicapped children in university medical centers? Today, interdisciplinary teams rely on educator-clinicians to manage these children, too complex for the private practice model.

The solution to this problem won't be simple and probably won't come from the federal government as it has in the past. I'm not sure we know its extent. Leaders of our specialty, educators, and other groups who have an interest seeing to it that the pediatric dentist-educator remains a part of the academic environment need to establish a dialogue. Perhaps this is a topic for an in-depth symposium for educators and specialists sponsored jointly by the AADS Pediatric Dentistry Section, pediatric program directors, and the Academy. Maternal and child health officials and the Public Health Service would be logical interested parties in the discussion.

The most distressing warning in the letter is that 20 programs did not respond, possibly because they had little to report in the way of research, grants and publications. If 40% of our training programs are truly in that position, we need to move with haste lest pediatric dentists join gold foil operators in the ranks of vanishing species of dental educators.

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