Think outside the box!

In April, program directors will meet in Chicago with a healthy agenda of important issues affecting pediatric dentistry postdoctoral education. The meeting comes at a time when funding cuts threaten programs, educational guidelines are on the table, yet the primary care initiative in health care holds promise for our specialty. The program directors have met before as a group and know the issues. Their challenge isn't getting up to speed on forces affecting postdoctoral pediatric dentistry, but addressing them with boldness, creativity, and strategies consistent with changes in education and the health care system — in the jargon of visioning, "to think outside the box."

For us, the box is defined on four sides by education, patient care, research, and funding. Our traditional views of these elements of postdoctoral training give us comfort, but limit our vision. The program directors will address "the box" in an educational and health care environment that includes managed care pressures, governmental downsizing, increased educational accountability, changing disease patterns, and a host of other relevant issues. It would be an opportunity wasted if we did not confront this flux with equally bold and innovative approaches to educating the next generation of pediatric dentists.

Education: *Our postdoctoral guidelines are due for review and approval but it's not too early to begin planning for the future. Predoctoral dental education has already embarked on a serious revision of standards to address weaknesses, lack of discrimination among programs, and other issues that plague the current set of standards. Likewise, we should begin to look at our own approach to guidelines, beginning with a greater emphasis on outcomes and process. We should move away from prescriptive requirements for individual students and cultivate programs that can offer a broad range of experiences. Inside the box we are satisfied with being the cookie cutter; outside the box we can become the chef!*

Clearly our view of educator needs overhaul. The extension of predoctoral educator to "fit" postdoctoral training has reached its end in new-order health care financing and the knowledge explosion. While predoctoral education shrinks to find a common set of entry-level competencies to define a general dentist, postdoctoral pediatric dental education must contend with expanding horizons within an age-defined specialty. Tomorrow's educator-clinician will still need to teach all phases of pediatric dentistry, but also to direct resident clinicians in primary and specialty pediatric dental care in multidisciplinary health centers. Skills in clinical research, patient outcomes assessment and practice management will be as important as teaching the ABCs of the specialty. The educator of the future will look more like the clinician because the view from outside the box shows practice and education converging. Not only is education becoming more patient oriented and cost conscious, but practice is becoming more regulated, accountable, and continuing-education oriented. We should rally around the concept of good practice as good teaching.

Patient Care: *Fiscal and societal pressures are driving dental education to a greater emphasis on patient care. Veterans of dental education can see a very clear movement over the last two decades from patient as teaching material to patient as consumer. This emphasis needs to continue to evolve. Postdoctoral education must move away from viewing patient care as the laboratory exercise for academic coursework, hoping that sooner or later the student sees something talked about in lecture! The reverse should be the operational paradigm — the classroom is the opportunity to explain clinical observations, systematically analyze clinical science and improve on performance. We need to take greater advantage of undergraduate and predoctoral basic sciences to create a truly seamless and nonrepetitive process that permits time for mastery of all the procedures a graduate will be asked to do on day one of practice.*

Research: *In the past, the box has been the sparring ring in the battle over the role of research in training programs. We need to move past this debate to a frank discussion of how to teach clinicians systematic evaluative skills in the practice of pediatric dentistry that will be more and more driven by outcomes. The model for this may not exist. My generation of clinician has been spared for the most part from the systematic accountability the research community demands; my generation of researcher has likewise been spared clinical accountability to those who practice. Research can no longer be an esoteric enterprise, an academic exercise, or an elective. In April, educators, practitioners, and researchers will have the chance to discuss the future of research in our programs.*

Funding: *Reforms threaten graduate medical education as we know it and will domino their way to affect pediatric dentistry programs dependent in any way on traditional residency-funding formulae. The threat extends beyond hospital-based programs to school-based programs that rely on hospital relationships for support. Our level of concern should be just short of panic, because in the academic food chain most dental residencies are prey not predator. There is no simple fix. We should look at changes occurring in medicine and elsewhere that can best be described as "survival," including renegotiating faculty practice plans and other institutional relationships, developing clinical pathways to bring dentistry closer to medicine, preceptorships, and a closer relationship between community practice and community education. Funding is the big one, folks, and without some creative and flexible approaches, the box will become a coffin.*

I wish our program directors well. We have a great opportunity to engage educators, researchers, and practitioners in building the future. To some, the issues facing us are a Pandora's box to be feared, to others, a treasure chest of opportunity. The box is ours to open.