

Graduate Program Recruitment

It's Not the Problem It's the Process

The Problem

The Winter 2000 issue of *the ACP Messenger* pointed out a major issue facing the specialty. A falling number and a change in the sources of graduate students is seen as a problem. The *Messenger* says that "Graduate prosthodontic program directors are having difficulty attracting the best qualified dental students to the specialty of prosthodontics."

Well stated! Further they note that "We have the highest percentage of foreign applicants of any of the recognized specialties." And ADA published statistics prove it.

Finally, the ACP's solution seems to be the development of a "task force", a task force that will address the issue of graduate recruitment.

In the same *Messenger* ACP Fellow Gordon Christensen immediately sets forth his solutions to the problem. He recommends using attractive public relations programs in dental schools. He would further use financially and technically successful prosthodontists to help recruit dental students into prosthodontics. He thinks "prosthodontics should be made more attractive to potential recruits by emphasizing private practice and lifestyle, rather than [by emphasizing] academics and research." He thinks using some "poster boys and girls from our successful prosthodontic groups" whatever groups he may be thinking of will downplay what he recognizes as the

specialty's "stodgy, serious, lackluster image."

The thing that is remarkable about these observations is that they are not new! The word "task force" implies a crisis just developed. Not so! The problem has been festering for well over a decade. The solutions have been bantered about without concerted action or an organized effort by any one or more organizations that should have been publicizing the problem's critical importance long ago.

Talking amongst ourselves has brought frustration and added delay in finding effective workable solutions. Yes, give credit to the individuals who have seen the problem, and who individually have tried recommendations that should have resulted in the best of dental students arriving at our great specialty training grounds. But it just hasn't been working!

The right name can't be task force. A well chosen group using long term planning and setting long term goals will go a long way toward solving the problem. A task force is restricted to working within the organization appointing it. The task force tries to find solutions to the problem that they themselves can manage. Often they think that doing the same, but more of it, will bring emphasis to the solution. And always they determine that a little more publicizing brought about with a little more money will put a better image on what they want to make better.

In fact, working out the box will become the greatest task of any task force!

Recruitment continued

Fortunately there may be a healthy change taking place as the ACP Task Force begins its work.

As pointed out by ACP president elect and *Messenger* editor Tom McGarry, there is a new recognition of the importance of the private practitioner in the specialty. He notes a swing away from the influences of the prosthodontists in academia and the military. He is correct in this observation! It is healthy; it is evolutionary, not revolutionary; and it may be just what is needed to attract talented dental students from our U. S. schools that have been gravitating to other specialties. It rounds out the circle of influence needed to come up with effective solutions; the circle of influence being the deans, the undergraduate departments, the directors of specialty training programs, the specialty organization, the Board, and finally the ever more important end product, the private practitioner.

Maybe, just maybe, more and more successful specialty practitioners are all that is needed to attract sufficient numbers of good dental students into prosthodontic specialty training. After all, if that's the answer, and it may be, then the dental students will awaken to a challenging specialty on their own with no further prodding or reward.

Remember, five highly respected prosthodontists (Gary Goldstein, Jim Holtan, Howard Landesman, Steve Morgano, and Tom Taylor) offered valuable insights to the recruitment process in the January, 1998 *ProsStars Newsletter*. Those observations* were:

* observations condensed and edited

Goldstein

•The 3 year curriculum has added financial and time burdens leading to decreased enrollments in advanced training programs.

•Time spent on prosthodontics has been diminished in most undergraduate programs.

•Since the inception of the 3 year program there has been a statistically proven drop in applications to the advanced programs in prosthodontics.

•The ACP should develop and recommend to deans and chairpersons a minimal curriculum for undergraduate prosthodontics.

•Advanced program students should teach in the undergraduate courses.

•The 2 year certificate program should be reinstated, adding a third year for a master's degree, if wanted.

•The ACP Foundation should increase amounts of money allocated to scholarships, increasing their number and the amounts awarded.

Holtan

•The recruitment pool, especially that of U.S. citizens has been diminishing for at least seven years.

•Most acceptances who are foreign nationals will return to their country of origin and not practice in the U.S.

[This example may cause fewer challenges to the American Board of Prosthodontics, thereby putting the specialty in jeopardy; and secondly, may lead to a cessation of state funding.]

•The 33 month long program causes an excessive debt load. Organizations, educational institutions, the state and federal governments, and the ACP must deal with this issue.

Landesman

•The major responsibility should fall on full-time educators to recognize the students who need channeling into specialty training in prosthodontics.

Morgano

•There has been a documented 50% drop in the applicant pool, which coincides with the increase in the training program to 33 months.

•The increase in training requirements has not been accompanied by a deletion of obsolete and unnecessary training standards.

[This will result in a shrinking of the applicant pool and possible loss of accreditation of programs not able to meet the new standards.]

•The 24 month training program should be reinstated in order to compete effectively with other specialty programs.

Taylor

•Students are overwhelmed by the undergraduate prosthodontic experience, but think they are qualified to treat any and all restorative needs of their patients.

•Prosthodontic training is too expensive considering three years of "horrendous tuition."

•Prosthodontics is known to be a difficult specialty to get started in.

•There is a misconception that the student graduated after four years of dental school is a master restorative dentist. but for fear of complication and lack of knowledge the student keeps away from advanced periodontal, endodontic or oral surgical procedures.

•There is a need for skilled prosthodontists to teach the complexities of the specialty to beginning students.

•Institutions sponsoring prosthodontic training must be willing to support these programs financially including tuition reduction and student stipends.

•Institutions must quit looking at prosthodontic training programs as "cash cows." Education is not a commodity to sell; it is an obligation of one generation to the next.

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Statistics bear out these observations and crystallize the problem. Gary Goldstein (Professor and Director of the Advanced Education Program in Prosthodontics, New York University) presented the following information to the Greater New York Academy of Prosthodontics in June 1999:

In U. S. Advanced Education Programs in Prosthodontics:

"First year enrollments dropped from a high of 201 in 1993/94 to 145 in 1998/99.

"The enrollment of students from foreign countries went from 138 in 1991/92 to 225 in 1998/99.

"In 1991/92 we graduated 126 U.S. citizen prosthodontists; in 1998/99 - 53.

"The number of active Board Certified Prosthodontists dropped from a high of 794 in 1992 to the current 706. [1999]

"A serious concern is that the number of prosthodontists who are Fellows of the ACP— only 556." [1999]

The Process

Why is a review of these observations and their recommendations necessary? It isn't! The old well stated problem needs no more attention! Peter Drucker puts it well by saying, "Don't solve problems. Pursue opportunities."

It is important to note however, that the above contributor's observations do show most every segment of the circle of influence contributing to the problem. Another public relations program attempting to make prosthodontics more "attractive" just isn't going to cut it! And most certainly, changing the name of the specialty in order to solve the problem would be folly indeed!

A new process, a process other than doing away with specialty's "stodgy image" by using "poster boys and girls" is vitally important! That means a strategic plan; a long-term plan directed to these separate but interrelated influences must be drawn, financed and actively pursued. We must ask by whom? when? at what cost? for how long? and what "opportunities" will be pursued?

The who has partially been answered. The specifics of the process will be left to the ACP's

Task Force, but the parameters of their process should include:

• Membership from each segment of the circle of influence.

If the task force is made of members whose main credentials are being well known and active in the ACP, their conclusions and recommendations will be restricted. Further, in order to avoid stagnation of input the group's members should have limited tenure (one year) and a scheme for member replacement should be developed at the start.

• Development of a strategic plan. The plan should have an identifiable name. It should publish semiannual reports of their progress and distribute them to responsible members of the circle of influence. It should have a life long enough to periodically assess its effects, its shortcomings and its financial condition.

• Development of a sustaining budget. There should be no shortage of funds and no compromise in need for fiscal support.

Organization "Foundations" have historically found funds to support social events at meetings, trips to provide treatments for indigent groups, and symposiums for research and evidence based study groups. A way should be found for all foundations to fully, but fairly support the task group's initiatives.

Significant commercial support should be sought. Unquestionably it will be to the commercial entity's advantage to support an increase in the number of specialists in prosthodontics.

• A measure of independence. The task group can then make sensible recommendations to any segment of the circle of influence without such recommendations being interpreted as organizational bias.

• An emphasis on the specialty, not prosthodontics.

We can't continue to placate and apologize to the general practitioner while saying that the specialist in prosthodontics is different, and that the specialist is an absolute necessity in dentistry. The differences between the generalist and the specialist will have to be carefully defined, emphasized and stated repeatedly in writing and in our oral presentations.

• Considerations for a change in the formal title of the study group. The name "Task Force" puts limits on a problem long in existence and wide in scope.

• Questions and more questions. What is dentistry's image of the ACP? The American College of Prosthodontists advertises its meeting like a circus! "Come one, come

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Recruitment continued

all!" Who needs to be a prosthodontist or subject themselves to extra training, when indeed any dentist can attend an ACP meeting and come away thinking they have an equal foundation of knowledge, and with more time at the chair, an equal degree of skill? If non-trained meeting goers come out on equal footing with the trained specialists, who needs training? What does three years of training, plus a great expenditure of time and money preparing for the Boards and finally, ACP membership get you? Is this the beneficence we were taught and learned?

Would general dentists or even trained specialists go, if invited, to the American Academy of Otolaryngologists, and then surmise that they had been equally as trained and skilled as the ENT specialists?

Is the purpose of the ACP Annual Session to train general dentists to have the same competences as the specialist? If it is, why don't we advertise it as such?

Is the purpose of the ACP Annual Session to make money by including all of dentistry? If it is, why don't we say "you are being invited to something you don't understand and have little training in, but we would like to have your dollars?"

Are we, the specialists, operating on a different plane just because we want to be exclusive? Or are we exclusive because we operate on a different plane? Neither! Exclusivity has nothing to do with it! We recognize and know we are different because we trained by sifting through years and years of documented knowledge in our literature, and we are different because we honed our skills by repetitive clinical treatments directed to the most difficult of dental deformities and abnormalities. Shouldn't other practitioners and patients alike recognize our differences and our extraordinary skills in order that our differences and skills be used to their best advantage? We cannot imply and we cannot pretend that the general practitioner is on the same plane of knowledge and level of skill as the specialist, and then be successful in the recruitment of the dental student or general practitioner. And we cannot continue to hide our differences and expect the public at large to benefit from our differences, when in fact the public at large thinks there are no differences. The basic question most probably is: how do we educate these students and inform the public about these differences?

A Successful Conclusion

From here on, it won't be further definition of

the problem that leads us to success. Success will lie in the process of our specialty's coming out of the closet. It will no longer be a recruiting problem. It will be the process of public identification of our specialty's worth. An identification so obvious that good students who want to practice in the United States will easily recognize differences between the specialty and their general practice. They will see the benefits and want, yes eagerly want to specialize in prosthodontics. We are now entering the process of "seizing the opportunity."

Let's know that a good plan, money and a long-term good sense of direction will get us there. Communicate. Dig in. Talk with the ACP, your dean, the director of your school's advanced education program in prosthodontics and members of the American Board of Prosthodontics. Be involved. Let's get this problem under control! □

Dental Schools Digitizing All Four Years

Beginning this next academic year students at seven dental schools: the College of Dentistry at New York University, the University of Texas Health Science Center in San Antonio, SUNY at Buffalo, the dental schools of Boston University and the University of Florida and the Navy's Postgraduate Dental School will be toting only a digital video disc (DVD) that will contain their entire curriculum. The DVD will hold everything for four years of dental school or 2 to 3 years of the Navy's postgraduate training in comprehensive dentistry and the recognized specialties. The objective is to replace millions of printed pages in multiple books, manuals and syllabi and thousands of illustrations and slides with a single DVD. This most probably is the first time that any institutions of higher learning have put an entire curriculum in an electronic format that results in a degree.

What are the disadvantages? We know reading an entire textbook on a computer screen will not be fun. Large groups of slides, both photographic and microscopic, studied without a paced lecture presentation will be difficult to comprehend. Personal interactions can't be eliminated, but faculty contact will change.

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One great dilemma in this change in education will be training and molding an established faculty that is willing to develop a complete new method of teaching. They will have to use seminars and study labs versus lectures. They will have to look at individual computers versus lecturing to a group as one. They will have to know what to do with fast paced students and those that cannot self teach. The computer is now not just an additional tool; it is the only tool. The freedoms and choices in teaching will be gone.

Another great disadvantage is that a DVD with updates is going to be very expensive. Vital Source Technologies, the developer company, expects students to pay \$3,000 to \$6,000 for the disks over time. Remember how we had the choice to pick and choose our texts, or even use a library copy when we needed it? The disk does away with those prerogatives. In addition, students will have to have a laptop computer with a DVD player. By making the purchases of the disk and computer mandatory, the schools will ensure that the hardware and the software qualify for federal education loans covering required materials.

Vital Source says advantages are portability and convenience in use, easing searches through all forms of information, and a more organized integration of four years of information. Beginning course information can be tied to later courses and clinical needs.

The company was founded by Todd Watkins, a dentist and former faculty member at the University of Texas Health Science Center in San Antonio. Kenneth Kalkwarf, the dean of the Texas school encouraged Dr. Watkins to digitize dental courses, seeing the advantages of incorporating rapid course content change, extensive use of color illustration, and and improving student acceptance of offered information, which the students have routinely been turning down. Dean Kalkwarf convinced officials at other dental schools of the advantages in using digitized materials. It was implied that dental education, which is closely structured with class after class repetitions, is especially adept to this change.

Dr. Watkins has developed software to assist students in the use of the discs. The software's image will be a turned page, as if reading a printed book, when clicking on a textbook page. A search using specific words will go to any of the included material for response. Students can create bookshelves containing material they wish

to link, like chapters from several books that are related.

These changes have already caused dental publishers to add CD-ROMS to some of their textbooks. The publishers think that the CD's animations and videos may assist learning. If they go to complete digitizing (elimination of the printed word) the electronic versions of the texts are thought to be much more easily revised, and more cheaply with more frequency. The technology is easily transferred to the Web as well. An electronic library that can stock books bought and downloaded is presently available at Ebookcity.com. The next step these technologies have created is "distance learning", and already universities are offering online courses available to anyone electronically registered and using the internet.

This is an experiment that can't be avoided. Can the faculties be changed and keep up? Will it be business as usual with the technology used only as an add-on; or will it lead to a complete change in the structure and conduct of dental education? Can the students afford this technology when it can't be substituted for or avoided? If seven schools are teaching identical things why are there seven schools? Billion dollar companies merge for efficiencies and avoidance of administrative duplications. Why can't dental schools doing the same things become one? And finally, will the dental schools institute joint or separate studies documenting the effect of these changes on their end product: a knowledgeable, functioning clinical dentist able to deliver dental treatments effectively and efficiently?

Oh yes and finally, won't it be something to see dental students using the computer as a role model? Ah, this new age! ☐