

Dental Curriculum Renewal – Quo Vadis?

Many dental schools around the world are dealing with the challenge and effort of revising the dental curriculum. The changing world, the changes in our profession and perhaps the changes in the students as well make us strive to improve our teaching and develop new educational approaches in dentistry. In our continuous endeavors to improve and excel, we are trying to teach more, create more learning opportunities, give more clinical experience, expose the students to innovations, give them the best set of basic knowledge, and all of that in a shorter time period.

There are several questions, however, that need to be asked when we approach these processes and start the journey toward curriculum renewal. First, we have to ask ourselves, what is it that we are trying to fix? What are the deficiencies or the aspects we want to improve? Then we need to know how to assess them and evaluate current and future outcomes with regard to those goals and aspects. One of the disappointing and changing issues that we face when we search the literature on this topic is the plethora of reports and visions from different dental schools about new methods to design a dental curriculum, but the vast majority of those reports are descriptive with no end-point evaluation or outcome description. As members of academic institutions, we should utilise the evidence-based approach not only for our own line of research but also for this important and visionary long-term voyage. As preachers for evidence rather than beliefs and unsupported opinions, we cannot rely on mere descriptions and thoughts.¹ We should plan those steps as we plan a well-designed research project so we will be able to test it and obtain a valid conclusion. For that we need questions, outcome variables, evaluation methods and most important, proper analysis and appropriate report on the outcomes. Otherwise, we are investing tremendous amounts of time, money and other resources with no actual proof that we are moving in the right direction.

Another important issue to consider is the length of the programme; every now and then we are forced to cut and reduce content delivery, clinical exposure and learning activities due to time restrictions. Obviously we cannot teach everything in the time available, but we need to make sure we in-

clude all the essential background in next-generation education and that we create life-long learners who will keep advancing and gaining knowledge. If this means we have to add more time to the programme, we must consider that as well. We would jeopardize our future graduates' knowledge if we ignored that additional time may be required for proper tools to be delivered and knowledge and expertise to be gained.

Further, the next generation of dental education must prioritise preventive dentistry to decrease the worldwide prevalence of the most common oral diseases, i.e. caries and periodontal diseases.^{2,3} It is almost outrageous that despite recent dramatic progress in dental technology and treatment, we haven't been able to sufficiently improve the prevention of the two main diseases confronting us. It is even more frustrating since we all know that they are highly preventable and plaque related, so we should make an extra effort to incorporate preventive dentistry in the newly designed curricula.

We are shaping the future of our profession. Today's students are our future colleagues; they will be our successors and maybe our own care providers. Thus, renewing, re-evaluating and revising the curriculum is a major task that should be properly designed, executed, evaluated and published.



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