Requiem for a heavyweight

The news that Pittsburgh Children's Hospital will not take a new class of pediatric dental residents for 1995 came as a shock to pediatric postdoctoral education. The Pittsburgh training program has been a quality point for pediatric dentistry training for many years. The hospital administration imposed a moratorium in an attempt to control costs in a volatile and highly competitive health care market. Dentistry will undoubtedly continue at Pittsburgh Children's, but residency training may not, and that hurts the specialty.

Pediatric postdoctoral education is not now suddenly in crisis — it has been for some time.

A half dozen years ago our Executive Director John Bogert crystallized for the leadership the decline in program numbers, positions, as well as the impact on the specialty's health. He pointed to the near future when the aging cohort of practitioners should be *replaced with those finishing training programs. That future is upon us and those graphic curves are diverging rather than meeting.*

As a response to the problem, the Academy and local groups began programs to encourage dental students to consider pediatric dentistry as a career. These have been successful and applicants to programs are up dramatically and their qualifications are excellent. Unfortunately, resident positions have diminished and the number of pediatric dentists produced each year remains at a danger point.

The problem today is lack of money, not lack of interest in pediatric dentistry.

The Academy also has been working to find ways to fund postdoctoral training programs through federal legislation. With the next two years shaping up to be a period of budget reduction, it may be an uphill struggle to get funding increased through Washington. At the state level there's little sensitivity for academic funding. A quote from an unknown Missouri Medicaid official speaking about medical residencies says it all, "We support academic health centers... we just don't want to pay for them." Health and government officials are telling education to find a way to survive, but "don't look to us for help because we're trying to survive as well."

Can we do things better and cheaper? Do we maintain the status quo? In fatter times, our educational-funding model worked, but does it now? Few if any programs can pay the freight. Rube Goldberg couldn't have made a less efficient system...

- *Student care providers spend half their time in classrooms*
- *Personnel costs for faculty oversight and nonrevenue generating staff*
- *Patient pool with no money, and extensive needs, who no one else will see*
- *In addition to the usual OSHA regulations, several layers of institutional, academic, and union requisites that would shut down most practices.*

If postdoctoral pediatric dental education is to survive in managed care America in both dental schools and hospitals, we'll need to take a fresh look at it and perhaps redirect our efforts away from saving the system as we've known it, and experiment with alternatives that don't sacrifice quality and still yield a desirable product. Some things I'd like to see happen:

A fresh look at preceptor education that puts residents into the care setting they'll eventually inherit.

Some advantages are reality-based patient populations and the constraints and opportunities that the academic institution can't duplicate. One reason preceptorship died and dental education moved to dental schools earlier this century was that its isolation prevented students from keeping up with scientific changes in a controlled environment. Paradoxically, change has been so rapid and voluminous in dentistry that preceptorship may be one way to learn what parts of all these changes are meaningful to the health of children! It may be time to relook at this town-gown partnership and the opportunities for cost sharing.

Postdoctoral training guidelines need to: be based on measurable health needs, change only when need is documented, and include cost impact of experiences outside of the specific field of study.

Standards used to accredit dental education, medical education, and hospital care all share a common theme; they are developed by experts, but never tested as to whether they make a difference. Ironically, most accrediting bodies today require institutions to assess outcomes, but never do it themselves on their own process! Does an external rotation to the cardiology clinic make a better pediatric dentist or just make the program administrator trying to make up the lost resident income a candidate for its services?

Postdoctoral education needs encouragement to experiment with educational models that serve special populations well.

If critical thinking rather than laundry listing is the goal of education in the informational age, shouldn't innovation and successful solution of a real health delivery problem be rewarded? Our accrediting system does not encourage innovation, but rather rewards a lockstep approach to education.

We need a new breed of faculty willing to deliver education in the context of care—clinician-educators.

This may be the toughest sell. The experience of medical education in emerging managed care environments is that academic faculty are unwilling to change. Dental education faces a similar uphill battle. The educational reward system will have to change if service-for-survival takes the bulk of faculty time. We risk losing our educational programs if our trainers can't figure out how to deliver efficient care and *teach dentistry. The euphemism "good service is good training" may have new meaning.*

Our colleagues in pediatric academic medicine are experiencing the same dilemma. We can rest assured that they will find ways to renew their specialty that involve leaving the hospital, sharing educational risk with the practice community, and addressing the diversity of teaching-care models. Health care is in turmoil; strong federal and state subsidy can no longer be taken for granted; reimbursement models that allow resident training are rapidly falling by the wayside. What happened in Pittsburgh will happen again, and now is the time to act with innovation, thoughtfulness, and courage.