

It's Not Your Father's Dentistry

Recently, for reasons that are not entirely clear to me, or perhaps in a fit of nostalgic reflection, I pulled my old dental school yearbook from the shelf, dusted it off, and began to look at pictures of my classmates. A number of revelations were apparent. There is no reason to comment on the hair, eyeglasses, and dress standards of those bygone years. Suffice it to say, that at the time, they were all in style.

It was a bit depressing that I had no idea where many of my classmates were practicing or if they had retired. Most astonishing was the overall appearance of the class. We were a group of white men with the occasional Asian, and far, far fewer women, blacks and Hispanics. No American Indians were in my group. Classes that preceded me had even less diversity, but not for prejudicial reasons. Rather, the applicant pool at my school was reflected in the class picture. While it might be unfair to extrapolate, it would not be surprising to see similar picture arrays at our other California schools at that time. We all attended class and took copious notes. Most of us went into general dental practice; a few of us specialized or took postdoctoral general practice programs.

A comparative look at the entering class picture at my school some 35 years later reveals an entirely different mix. Gone is the predominant white male face from the picture. There are numerous Asians, and more than half of the photos are of women. The number of blacks, Hispanics and American Indians remains low but has increased from years ago. The applicant pool in those areas has increased substantially over the years.

Couple that with the increasing number of dental students from other countries, either by birth or their parents' immigration, and there is a different look to the class. Frequently, unless a quiz is given in class, less than all of the students are in attendance. Note pools and computer dissemination of lecture material are popular. In our institution, close to 70 percent of the graduates either enter specialty training or do an AEGD or GPR program.

This is a finding that is not only prevalent at our school but appears to be evident nationally. Recent analysis of entering dental students throughout the United States shows these are emerging and consistent trends. Slightly less than one-half of first-year students are women — a number that has been stable for the past five years. This accounts for approximately 16 percent of the active practicing dentists and is a growing portion. On the state level, this translates into about 44 percent of all new CDA members in the past three years being female.

Black, Hispanic and American Indian enrollees have not grown proportionately but have increased from the early 1970's.¹ According to American Dental Association data, Caucasian dentists are 86 percent and Asians represent 7 percent of all dentists. The remainder nationally includes blacks at 3.5 percent and Hispanics at 3.3 percent. Less than 1 percent of all dentists are Native American.² First-year dental school enrollment for all underrepresented minorities has increased significantly from



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the earlier years on a national level but has leveled off in the past 15 years. On a national level, approximately 20 percent of all first-year students are Asian, with slightly less than 6 percent for each of the black and Hispanic groups.³

Equally important, perhaps more important, are the attitudes these young students bring to their careers. There has been a proliferation of courses and presentations in the area of changing social mores. The gurus have begun to classify all of us by our age and value systems. Most of us who are in the mature dental practice aspect of our careers are in the Traditionalist or Baby Boomer generations, with a series of values and ideals that are somewhat incongruent with those of the younger dentists, known as Generation X, or for entering students, the Millennials.

Traditionalists have expectations of long careers with minimal outside interferences and clearly defined goals. The Baby Boomers have similar values but desire intermittent recognition and self-actualization. In contrast, Generation X-ers do not have the same concept of devotion to one career or job, and are more likely to shift their focus from time to time. Family values and raising children are a high priority for them as is instantaneous reward and continuous feedback. The up-and-coming Millennials are truly multitasking individuals with commitment to numerous activities, work being only one of them.⁴

This generational divergence was hammered home in some recent interviews I conducted for our residency program. Out of 15 applicants, it was surprising to learn that when asked why they wanted to come to Los Angeles, about six or seven of them talked about lifestyle for their family as a priority. A similar attitude was revealed when I asked a potential dental student what he wanted to do after he finished dental school. His reply

was to go practice, make a good living, and raise a large family.

There are several implications to all of this information. First, we, as a profession, can expect changes in our educational system to accommodate the increasing diversity of our students if we are to be effective in completing our responsibility to educate them. Those of us who expect younger dentists to pay large sums of money to purchase our practices as we retire may be surprised to find that the upcoming generation may not be as interested in owning their own practices, or even being a solo practitioner as we were so many years ago. The California Dental Association, the American Dental Association, and the profession need to appreciate the increasing diversity of not only the individuals by gender, ethnicity, or country of origin, but by attitudes toward the profession and organized dentistry. If we are to maintain ourselves, we need to be continually assessing if we are providing the services our new generations need or perceive as important.

During the past 35 years, dentistry has changed and so have dentists. The CDA is sensitive to these issues and is proactive in this arena. This needs to continue to be a high priority for organized dentistry if we intend to be a viable force in the lives of young dentists in the future. CDA

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Comments, letters and questions can be addressed to the editor at [alan.felsenfeld@cda.org](mailto:felsenfeld@cda.org).