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Continued Competency

I feel I must respond to the guest column in the January issue ("Yet Another Test," Page 5) regarding continued competency examinations by Dr. Felsenfeld.

Continued competence presupposes the premise that experienced dentists need to be constantly updated and graded on the materials, techniques, and procedures that are regularly being introduced into dentistry. It, therefore, also postulates that dentists who have graduated and have been licensed some years ago are somehow inferior academically and clinically to those dentists more recently graduated and licensed. I have found that both these premises are flawed.

Competency is more a result of integrity, ethics, and morals than improper training or knowledge. A cursory examination of the State Dental Board's actions is quite revealing in this regard. There appears to be no statistical relationship to years of practice and clinically unacceptable dentistry. State Board sanctions are actually skewed to the more recent graduates, those who have the benefit of just learning and being tested on the same methods and techniques that continued competency would address. So how are we to assume that continued competency will alleviate the presumed incompetence of dentists?

As a former member of the peer-review committee of my local component, I saw many instances where dentists knew what was right but somehow veered off course. Some of these cases were inadvertent and quickly remedied. Other dentists insisted they were doing the right thing and, even in the face of an impartial jury of their peers, refused to admit wrongdoing. The majority of this latter group apparently simply chose to ignore their training. Again, as in the cases disciplined by the State Board, there did not appear to be a statistical relationship in regard to length of practice.

In all of these cases, were these dentists required to take a competency test I am sure they would all pass. But take them out of the spotlight of a testing situation and they would quickly revert to delivering poor dentistry. Please note I am not talking about "ivory tower" dentistry, but rather clinically acceptable dentistry that restores health and adheres to the first principle of medicine: DO NO HARM.

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Can the principles of integrity, morals, and ethics really be taught? What changes some dentist's perception of right and wrong when thrust into the real world? We all know the pressures brought upon recent graduates. The tremendous debt of dental school, the establishment of a practice, and the need to fulfill dreams and expectations seem to overshadow some dentists' training. For some, this becomes a burden that appears to require a short-term solution that turns into a pattern of practice.

To compare us to our physician brothers is ludicrous. Studying outcomes in medicine is akin to closing the proverbial barn door after the cows have left. The same moral and ethical dilemmas we face as dentists also confront physicians. We no longer are a cottage industry in which we can treat our patients void of any peer review.

The issue of flying an airplane and the training and continued re-examination required to maintain a license to fly is quite true. However, with all these precautions there are still private pilots who commit what is euphemistically called pilot error: Poor judgment resulting in tragic results.

I am frankly appalled at the notion of third-party involvement in the demand of training and competency of dentists. It is bad enough some of these organizations dictate our fees. It is bad enough they diagnose our cases and demand lesser treatment so as to save money. Is it not bad enough they direct clients to dentists of their choosing rather than allowing their clients to seek the dentists the patients choose? To now cower to this kind of possible third-party pressure of our training is beyond understanding. It is not out of our control to resist this kind of meddling in our profession. Just because physicians have succumbed to this type of extortion does not mean we have to do the same. It is the role of the CDA and us as dentists to stand up, individually and as a group, and withstand this assault on our profession.

This is not meant as an indictment of any individual. Rather, it is an attempt to look at the issue of continued competency through a different prism. If continued competency training becomes an institution in our profession, it is my opinion that, with the foregoing in mind, our patients will not be better served. Those of us who oppose continued competency testing do so not from fear of peer assessment nor are we cowed by presumed guilt. It will only open a Pandora's box that will be impossible to close and will not result in better dentistry for our patients.

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Reader Begs to Differ With Editorial

Dr. Kerry Carney's March editorial ("When Good Ideas Go Bad," Page 145) describing problem-based learning in dentistry as a good idea gone bad didn't resonate with me as true.

I graduated from USCSD's PBL program in 2000. It was a pilot project then and we shared school space with the traditional class, so there was a lot of interaction. While I admit it was always a challenge, often frustrating, and some-

times we weren't sure what was going on, for me, it was even still far superior to my "traditional" schooling from an earlier health care professional career and to my subsequent traditional dental residency training program. In fact, if it wasn't for PBL, I don't think I would have ever made it through dental school. I barely made it through my residency, as mind-numbingly didactic and boring as it was.

There are more objective measures, too. My PBL group had among the highest National Board parts I and II scores compared to the traditional class, and we all passed the California licensing exams the first time around — in a year when a startlingly high percentage of our traditional classmates had to retake the test. Most of us went on to pursue specialty training.

Finally, whenever I run into my traditional dental classmates, they invariably remark how much they hated dental school and would have loved to be in the PBL program. Seems to me, then, didactic dental training may actually be the better example of a good idea gone bad?

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Reader Agrees With Editorial

As a retired life member, I loyally read the *Journal*. I will admit, as do many of my friends, that we first turn to the last page to read Bob Horseman's article. Dr. Jack Conley did a great thing in asking Bob to write these articles.

After reading Dr. Bob's article I turn to the editor's column, scan it for content and determine if I should read further. Does that sound familiar? Your article in the March *Journal* ("When Good Ideas Go Bad," Page 145) caught my eye, mainly the PBL comments.

I have been involved in dental journalism for a long time (now it's over) and was privileged to co-edit our USC 100-year history book (1897-1997), and it was a task, but fun. Turned out to be 518 pages. All departments were asked to contribute and we edited and placed photos. I was given an article on PBL for the book. I must say, I read it of course, but understand it, I did not.

Some on the committee tried to explain it to me but to no avail. I spoke to the dean at the time and he said "Bill, I will send you a paper which will explain it all to you." He did send it, but it was the same content as the article that was to go in the book, so I was no better off. I then asked one of my committee members to proof it as I would not be a good one for that job. We did print the article and I still do not understand it. One of the specialists on PBL called me and said I should go down to the school and sit in and learn about it. For some reason I did not go and retired shortly after that.

So, I am in agreement with you that PBL is a good idea gone bad; real bad in my view. However, there is always the probability that I am convinced that the manner in which I was taught was the preferred manner.

In conclusion, thanks for your effort and I know it takes a lot of work. I wish you success in this endeavor. Maybe we will meet soon.

REGARDS,
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