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EDITORIAL

Dental education in Saudi Arabia: Areas of attention



In this short communication, I present several critical aspects of dental education. During my years as a dental educator, administrator and reviewer of dental curriculums, I have observed that academic accreditation of curriculums of dental schools need continuous attention. Roy et al. (2017) have listed several challenges faced by dental colleges. Multiple challenges at national level continuously impose hidden effects on the outcomes of graduates from Saudi dental programs.

Education is the basis for developing professionalism. Piaget (1970) stated that the success of educational reforms ultimately lies with individual instructors and their capacity, individually and collectively, to implement “new ways of doing things” during their day-to-day, hour-by-hour, moment-by-moment interactions with students. Faculty members in Saudi dental colleges face different challenges at different levels. One of the challenges is “designing well-structured dental curriculum that will ensure that dental students in their colleges get the best learning outcomes”. In dental colleges all over the world, the objective is almost similar: “to graduate highly qualified dentists”. The curriculums, methods of teaching, years of study, and levels of “qualified graduates” vary between dental colleges at national and international levels. What is usually applied to minimize the variations between dental graduates level is “benchmarking” one college to another one or ones. *Is that enough?* Is benchmarking the key to reduce the variation(s) between different colleges’ graduates? In spite of different dental education societies and associations all over the world, little is done to approximate the gap in the dental education learning outcomes’ parameters.

The variations in the learning outcomes between dental programs might be attributed to “traditionally following previous work when writing the curriculum of the dental college”. In other words, a group of dental experts sit together and write the dental curriculum based on “their background” and “other dental curriculums from other colleges/schools”. What is missing in this process is simple question: Is the application of a

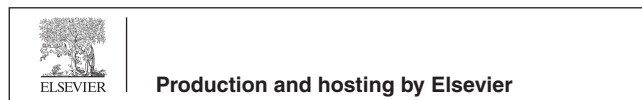
curriculum which might be benchmarked with world-famous programs will result in better learning outcomes that will result in better dental graduates? Another noticeable problem when writing the curriculum is “bias” toward faculty members’ specialties. Many dental educators focus on their specialty when discussing different aspects of dental education. This has caused a shift in the overall teaching objective(s) for the dental program. What dental colleges may need is to increase the involvement of its stakeholders in its education activities.

The most important stakeholder of any dental program is students. Surprisingly, we do not have enough data/ publications on simple question: Are we teaching our dental students what they are supposed to know when they graduate as general dentists? Based on this, I encourage Saudi dental colleges to do more research in this area. One of the major problems in dental curriculum is “too many redundant subjects/materials”. Making the daily timetable of students busy “usually from 8 am to 5 pm” gives our students little time to really utilize “critical thinking concept” during their study. What we need is to increase the students’ involvement in the learning process by means of introducing “group discussion” activities. The second important stakeholder is the community. Dental colleges should see what the country need when designing the curriculum. Saudi Arabia has the largest prevalence of dental caries: What dental colleges should add in the curriculum to reduce this high percentage?

Another area that needs attention is collaboration between Saudi dental colleges. In the last two decades, new dental colleges have been established in Saudi Arabia. Most of the colleges are well-established. Others are still building their academic strengths through graduating students, hiring demonstrators “future faculty members”, and building the infra-structure of the clinical and pre-clinical facilities. All the Saudi dental colleges have bachelor dental program. Based on the number of graduating students, a national problem is raised. Most of the dental graduates look for governmental or semi-governmental jobs. The interest of the dental graduates to establish or work in a private practice is low. Dental colleges should investigate the reasons behind this attitude.

In spite of the large number of dental colleges in Saudi Arabia, few colleges have post-graduate programs. Number of graduating dentists is approximately 1500 per year. The

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need to open the opportunities for them to continue their studies is high. It might be important to work on plans to open postgraduate programs in dental colleges. This might be better before these colleges face sudden “instructions” to open these programs. Well established dental colleges must convey its experiences in all aspects to other emerging colleges. This collaboration is beneficial to all parties involved in dental education in Saudi dental colleges.

Based on my knowledge, there is “lack of “intra- college collaboration”. Different types of collaborations including: visiting professor, external examiners, student interchange during summer, and research collaboration needs to be promoted. Other possible types of collaborations include exchanging experiences with purchasing materials and equipments, faculty and staff recruitments.

In conclusion, dental administrators including deans in Saudi dental colleges are encouraged to focus on national interest. Saudi 2030 vision needs all dental colleges to collaborate to fulfill national objective(s). Young faculty members

have the potential to be part of this target, in all Saudi dental colleges.

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