Graduate Dental Education in Norway for Students from Developing Countries

Dear Dr. Alvares:

I wish to inform readers of the Journal of Dental Education about a type of international dental education available in Norway. The universities of Bergen and Oslo offer research training programs leading to a master’s of philosophy in dentistry. This program is coordinated by Norway’s Center of International Health (CIH). The emphasis in research training is the field of public health. The objective of these programs is to help students from developing countries attain master’s degrees, which will be beneficial in stimulating research and teaching careers in public health in the students’ home countries. Financial assistance is provided to these students through the Norwegian Quota Stipend Scheme for the M.Phil. but not the Ph.D. program.

Until a few years ago, these programs were available to students from all developing countries, but, of late, both Norwegian universities have formed collaborative partnerships in selected African and Asian countries, mainly with universities in Sudan, Ethiopia, and China. The universities have now established policies to admit only students from developing countries who are affiliated with their collaborative partners. They no longer enroll students from noncollaborative universities, even those with academic merit.

It is sad that students with higher academic merit are denied admission simply on the grounds that they aren’t students from partner universities. The only consolation these Norwegian universities offer to students from noncollaborative universities is to allow a few of them to enroll as “Guest Students.” It would be ideal if these universities followed the U.S. system of education by admitting students solely on their academic merit, so that deserving students from all developing countries could benefit from these programs.

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Supporting the Evolution of Clinical Education

Dear Dr. Alvares:

I read with great interest the Formicola et al. article entitled “Evolution of Dental School Clinics as Patient Care Delivery Centers” in the December 2006 Journal of Dental Education. As dean at the University of Louisville School of Dentistry during the evolution in the clinical education program, I want to add some additional perspective about the educational changes that were successfully made.

First, I compliment the willingness of the Louisville faculty to undertake a major clinical change and explore a new way of educating dental students. Their dedication to and concern for students are remarkable, even passionate in some cases. I saw their willingness to change and appreciated their hard work and commitment.

Second, the University of Louisville financial climate in 1999 to 2004 had another impact on our ability to maximize clinic changes because the state imposed dramatic budget cuts over these years. In response, the university implemented significant tuition increases for the dental school, which were mostly retained by the central university. If the financial
environment had been more stable, the gains from productivity increases derived from the new clinic system could have been used to hire additional generalist faculty and compensate the group managers at a more competitive level. Outstanding generalist faculty can be recruited, but we must adequately compensate them for the roles they take in the leadership of group practice management and teaching.

Third, the increase in clinic productivity, while measured by real increases in clinic revenue, is really a proxy measure of the student experience gained by treating more patients. Deans are typically concerned with finances, but clinical education is all about our students gaining sufficient clinical experience to best prepare them to function as independent beginning practitioners. As educators, we have an obligation to provide them with maximal clinical experience—which is happening at Louisville.

We need to continue to try new things. I applaud the efforts of Dr. Formicola and his coauthors in sharing these three cases of clinical education for our consideration. I look forward to continuation of this evolution, which was enhanced in the 1920s by Dean Alfred Owre at Columbia University and continues to this day.

—John N. Williams, D.M.D., M.B.A.
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