

WHAT WOULD YOU DO FOR A DENTAL LICENSE?

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Jason is a fourth year dental student with graduation and becoming a licensed dentist as the main goals on his mind. The exam to obtain a dental license, however, involves live patients and trying to find the right person to use on the exam can raise some ethical issues in patient care.

INTRODUCTION

Jason wasn't sure what to do. His patient was an ideal case to use for his dental licensing exam but that would mean delaying her treatment for almost ten months.

Jason Rogers is a dental student in his fourth and final year of dental school. He was a bright student who did well academically and was developing into a great clinician. Fourth year of dental school is a busy time. Seniors take Part II of their written board exams (National Board Dental Examinations) and are trying to finish up graduation requirements. They are also applying for residencies or interviewing to find a job in a dental practice. But arguably, the most stressful part of fourth year is taking a dental licensing exam.

THE DENTAL LICENSING GAME

In order to obtain a license to practice dentistry in the United States, dental students must graduate from an accredited dental school, pass Part I and II of the National Board Dental Examinations (NBDE), and pass a clinical exam administered by one of five testing agencies, unless they are in one of the few states that administer their own exam. While there are many different testing entities administering clinical exams for dental licensure, they all have several unfortunate aspects in common.

First, which exam a student takes is important because each exam is only accepted by certain states. There is no single national clinical licensing exam that can be taken and be able to practice anywhere in the United States. Many have advocated for one but it seems the politics involved to get the testing agencies and state requirements to unite have prevented that from occurring.

Second, these exams are extremely expensive to take with fees in excess of \$2,000. In addition to the exam fee, students are well advised to have an assistant

which can cost anywhere from \$200 to \$400 to hire. Thus, failing and having to retake an exam can be very costly as not only is there a several hundred dollar fee to retake it, but there may be additional travel costs if the retake has to be taken at a different school in another state.

Finally, these exams require students to work on live patients with specific types of carious lesions (“cavities”). Typically, they need to find two carious lesions to treat. One is called a Class III lesion where the cavity is between the front teeth, and the other is called a Class II lesion where the cavity is between the back teeth. So part of the challenge of the exam is finding patients with ideal lesions (i.e. large enough to be an accepted case to work on, but small enough to reduce the chance of any complications during the procedure such as exposing the nerve inside the tooth.).

Another challenge is ensuring one’s patients show up for the exam. If a patient doesn’t show up for an exam and a backup can’t be found, the student fails the exam, will not be given a refund of the exam fee, and must pay to retake the exam. Indeed the uncertainties that relate to working on live patients make the dental clinical licensing exam a nerve wracking one.

LIVE PATIENT NIGHTMARES

Jason had heard the horror stories from past students about things going wrong with live patients. There are the expected problems when a procedure runs into complications such as a dental restoration (“filling”) breaks or a carious lesion is deeper than expected. But there’s always the chance that the patients themselves can cause unnecessary issues.

Patients who don’t show up, are late, or cancel at the last minute are often heard about. Jason had heard of patients that make a surprise demand for several hundred dollars from their student doctor before they sit for the exam...on the day of the exam. One of the worst stories that he had heard was of a patient who wouldn’t travel for a student’s retake exam unless the student paid not only for her and her husband’s travel expenses but also travel expenses for a couple the patient was friends with since they wanted to go on a vacation together during the weekend of the exam. Clearly, there is an avenue for patients to practice extortion and students, with a career on the line, have little to do anything about it.

THE PERFECT CARIOUS LESION

Jason was now about a year from graduation and well on his way to finishing his requirements. He had passed Part I of the NBDE and will be taking part II in a few months. He had finished his application for residencies early and was waiting

to hear back about interviews. The last hurdle, the dental licensing exam was a little over ten months away.

Today, he was cleaning the teeth of one of his favorite patients, Ashley Leigh. Ashley was a pleasant person to work on. She had a friendly personality, cooperative during appointments, and was always thankful for the work he did. She was a college student in her Junior year majoring in chemistry. While she was not poor, she was relying on student loans, so the discounted pricing of treatment at the dental school (about half the cost of private practice) and its proximity to her college are very enticing.

In addition to a cleaning, Jason also took some routine bitewings (“x-rays”) of her posterior (“back”) teeth. Upon examination he noticed that one of the teeth on the upper left had the type of lesion that would be perfect for boards. It was located between teeth #13 (an upper premolar) and #14 (an upper molar) and was large enough to be acceptable to use on boards but small enough to where it should be very easy to treat. The lesion was also ideal as it is easier to anesthetize upper teeth than lower teeth. Furthermore, the patient was very punctual and compliant. Jason thought to himself, “Wow, she would be an ideal person to use for his clinical licensing exam and she has an ideal lesion to work on.”

The problem with an ideal lesion for board exams that are small but just large enough to be acceptable to use is that with an appropriate caries management regimen, these lesions could theoretically remineralize, arresting the progression of the carious lesion and thus no treatment would be needed. It’s not always the case, but it is a possibility.

On the other hand, if the patient’s hygiene is poor or declines (such as an increase in pathogenic bacteria, decrease in salivary flow, change in diet to more frequent intake of carbohydrates), the delay in treatment for ten months could allow the lesion to progress rapidly. Ashley’s hygiene was good but she could do better by flossing daily which she admits to doing only approximately once a week.

Jason was unsure if he should talk to Ashley about using her for the exam as that would mean delaying treatment for about ten months. It’s very possible that the lesion wouldn’t change much but there’s also the chance that the lesion could remineralize if Ashley improved her hygiene. On the other hand, there’s always the chance that the lesion could grow quickly and not only be an unwise choice to use on boards but could mean a larger restoration for Ashley. Radiographically, though, there is a carious lesion there and the patient would be an ideal person to rely on.