LETTERS TO THE EDITOR

Objectivity and subjectivity in dental admissions

Dear Editor,

Dr. Hupp’s January editorial1 makes a compelling case for reducing our overdependence on so-called “objective” numbers in dental admissions, and instead attempting to value character traits, which are necessarily more subjective. As a long-time member of our predoctoral admissions committee I applaud him for bringing this topic to the forefront.

It is too easy to rely on numerical formulas that completely ignore important matters of character and ability, especially when facing an applicant pool increasingly willing to litigate disappointing admissions decisions (isn’t everyone entitled to become a dentist, after all?), and backed by university administrations sometimes burdened with a legal bunker mentality. In fairness, it is very, very difficult to base a negative decision on a character inadequacy and then defend it publicly.

But there are other reasons to question the value placed on GPAs and DAT scores. Hupp states that, “DATs, in particular, are felt to be of great value, since they are administered in a way that puts all candidates on an equal footing...” This is commonly assumed, but not necessarily the case.

Like all institutions in the United States, the American Dental Association, which provides the Dental Admission Test, is subject to the provisions of the Americans with Disabilities Act. Upon documentation of a candidate’s disability, the DAT may be administered with special accommodations, typically including such things as extra time or an isolated environment. Of course, the DAT administrators are prohibited by law from disclosing this occurrence with the scores. So, does that reading comprehension score really mean what you think it does?

The issue is not whether reasonable accommodations for disabilities should be made; the answer to this question is unequivocally “yes.” The problem we face is understanding the potential limitations of the data presented to us, and ultimately deciding what constitutes reasonable accommodation. A high score on the DAT reading comprehension test or in organic chemistry may represent strong ability: if the individual is given 1½ or two times longer than everyone else to digest the material. Is this reasonable, not just for four years of full-time dental education, but for perhaps 3 to 6 years of additional, even more intensive, specialty training?

There is a point where accommodation for a given disability is no longer reasonable, but in fact may jeopardize patient care and eventually the profession itself. Perhaps for certain disabilities that point is somewhere in predoctoral or postdoctoral dental training. We need to discuss this. In our pyramidal educational process, we are surprised by these cases once we have admitted them, and then we must silently pass them on to the next level, or into clinical practice. If the society around us is any example, we can expect demands for accommodation to grow louder and greater, not smaller. Like my mother used to say, “One of these days, somebody is going to get hurt.”

Unfortunately, in dental admissions, we have been moving to ever greater dependence on “objective” data, when in fact that data is becoming even less objective than we thought. It is clearly time for us to take on the hard tasks of finding fair ways to evaluate the character and ability of our future colleagues, and of defining much more clearly and broadly the capabilities we expect them to possess. Thank you for bringing up the matter.

Sincerely,

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REFERENCES
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Autogenous mandibular canine transplantation

Dear Editor,