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COMMENTARY ARTICLE

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Dental Education in Syria: A Kafkaesque Scenario

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In my first year as a dental medicine student at Damascus University, I was asked to cut in half a number of extracted teeth as part of my dental anatomy module. After finishing my first tooth, I handed it into the lab supervisor who signed my clinical card and marked it with a “Z minus”. Of course, I asked him what this grade letter meant and about the quality of my work but he dismissed me without addressing either of my questions. This scenario was repeated multiple times during my dental education and is still, until today, a common practice at Damascus University Dental School. I later learned that supervisors have their codebook for grades that they are not allowed to share with students. But why? I asked myself this question on several occasions and even asked the supervisors, who as it turns out, do not know the exact reason. It was the dental school policy that the student stays blind to his/her grade on any assessed task. This situation and many other lived experiences during my dental training struck me as really Kafkaesque; I was being judged by people I do not see, by rules I do not know and the tragedy here is that I did not know the judgement until very later. This became a serious issue for me and my peers, especially during clinical years in which we have the responsibility of treating a large number of patients. It was quite nonsensical to blind students to their grades and the reasoning behind it, especially since this data, positive or negative, has major consequences on trainees’ future performance. Later on, I started questioning the dental education process itself, asking myself: why we, students, were asked to perform certain clinical tasks and not other relevant ones? For instance, why do we perform scaling manually, when ultrasonic scaling was available? Why do learn to use outdated techniques and even materials to treat patients when better more evidence-based alternatives are readily available? Why the large majority of the overall grade is based on paper-based examinations rather than clinical or procedural examinations?

It was very bewildering and disorienting to me not to have an answer to any of my questions. The illogical educational processes and the mechanisms seemed unnecessary, complicated and frustrating- a Kafkaesque scenario. In the “Metamorphosis” story by Franz Kafka(1), the protagonist awakes one morning and finds himself transformed into a giant insect; however, his greatest concern is to catch the train to get to work on time, not attend to his unexplained physical transformation. Similarly, dental students in Syria are caught up in a reality where success seems pointless; passing courses and finishing the requested tasks in the manner requested, may not equate to being able to treat patients competently. Like the protagonist in Kafka's "Metamorphosis" who struggles with an impractical new reality, Syrian dental students face a similar dilemma. They achieve academic success but often find that their education does not fully prepare them for the practical aspects of dentistry, revealing a significant gap between their training and real-world requirements. The irony in Kafka’s story and dental students’ lives in Syria are similar. Unfortunately, this truth may not be realized by many until graduation. The truth is that the dental education system is not serving its purpose in preparing competent dentists but is only perpetuating itself. The momentum of the dental education system and its processes seem unstoppable. Curriculum reform without understanding this might be unachievable as experience shows (2), making the change up to the students’ reaction to this education system and how they manoeuvre the system and self-regulate their learning to become qualified dentists (3).

Recent research assessing the learning environment at both undergraduate and postgraduate levels highlights a progressive decline in the quality of the educational system(3-5). The highlighted shortcomings were: outdated teacher-centred approaches, authoritarian teaching, outdated learning materials, teachers’ inaccessibility, a major lack of resources accompanied

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by increasing student intake, and unfair and biased examination practices(3, 5). Examining the root causes is important to design proper interventions; research indicates the interaction and existence of multiple factors that contributed towards the deterioration of the dental education system, some of which are: war-related factors, outdated policies, obstructive rules and regulations, lack of educationally qualified staff, lack of resources, misuse of resources, poorly designed curriculum, overwhelming student-to-faculty ratios, and a general lack of motivation to improve the system (2-5). Some researchers have tried to adopt several strategies (2) to tackle these issues; however, none were sustainable changes due to the lack of cooperation. While not intending to adopt a pessimistic outlook, this article aims to draw attention to the often-ignored harsh reality within this system. I truly believe that acknowledging the educational shortcomings is the first step and most important step the dental school can make currently to lead a systematic reform. When that is accomplished, Damascus University Dental School will need help from medical education experts to reform its dental curriculum. Raising public and international awareness towards this pressing issue is necessary to stop the momentum of outdated health professions education systems for the sake of better healthcare provision for patients in disadvantaged contexts like Syria.

Key words:

Dental education, Syria, Kafkaesque, outdated curriculum

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