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STOMATOLOŠKO OBRAZOVANJE U SJEDINJENIM AMERIČKIM DRŽAVAMA

DENTAL EDUCATION IN THE UNITED STATES OF AMERICA

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Kratak sadržaj

Stomatološko obrazovanje u Sjedinjenim Američkim Državama predstavlja model složenog profesionalnog obrazovanja. Uloga stomatoloških fakulteta na matičnim univerzitetima uključuje obrazovanje, istraživanje i rad sa pacijentima. Članak objašnjava aspekte obrazovanja u oblasti stomatologije u Americi, kao što su uslovi potrebni da bi se upisale studije stomatologije, akreditacija (priznavanje ispunjenja standarda koji kvalifikuju za dalje školovanje ili profesionalnu praksu), misija i definisanje kompetentnosti, programi, ispiti i dobijanje licence. Raspravlja se i o pitanjima kao što su upisivanje studenata, distribucija radne snage, školarina, takse i zajmovi za studente. Zaključak: Obrazovanje u oblasti stomatologije u SAD je dinamičan proces. Budući da se danas informacije vrlo brzo šire putem svetske internet mreže, profesionalnih organizacija i na druge načine, vrlo je verovatno da će evropski i američki model obrazovanja u oblasti stomatologije tokom vremena bivati sve sličniji.

Ključne reči: *obrazovanje u oblasti stomatologije, program, akreditacija, licenca, stomatolozi*

Abstract

Dental education in the United States of America is one model of comprehensive professional education. The role of the dental school in the parent university has evolved to include the missions of education, research and patient care. Aspects of American dental education such as prerequisites, accreditation standards, mission and competency statements, curriculum, examinations, and licensure are addressed. Issues such as enrollments, workforce distribution, tuitions and fees, and student indebtedness are also discussed. Conclusion: U.S. dental education continues to evolve. It is more and more likely that the European and American models of dental education will develop similarities, since information is so rapidly shared via the World Wide Web, through professional organizations, and in other ways.

Key words*: dental education, curriculum, accreditation, licensure, dental workforce*

Uvod

Obrazovanje u oblasti stomatologije u Americi izraslo je u savremeni program profesionalnog obrazovanja. Trenutno u 34 savezne države SAD uključujući oblast Kolumbije i Puerto Riko (teritoriju) postoji 56 stomatoloških

Introduction

American dental education has evolved into a comprehensive program of professional education. At present, there are 56 dental schools in 34 states of the U.S., plus the District of Columbia and Puerto Rico (a territory). In the

fakulteta. Istraživačka studija sprovedena na Institute of the Medicine's Publication 1995. godine pod nazivom *Dental Education and the Crossroads* ukazala je na pet elemenata za poboljšanje obrazovanja u oblasti stomatologije u SAD u budućnosti:

• Da bi se uspešno prilagodili, stomatološko obrazovanje i stomatologija dalje će se integrisati sa medicinom i zdravstvenim sistemom u celini.

• Da bi se studenti i fakulteti pripremili za promene, stomatološko obrazovanje mora da podučava o poželjnim modelima kliničke prakse i da iste primenjuje.

• Da bi se osigurali izvori neophodni za poboljšanje, stomatološki fakulteti moraju doprineti matičnim univerzitetima i široj zajednici.

• Modeli akreditovanja i licenciranja se moraju reformisati tako da one mogu da podrže, umesto da opstruišu, napredak u struci.

• Na kraju, stalno testiranje alternativnih modela obrazovanja, prakse i procenjivanje kvaliteta je neophodno u okviru pripreme profesije za neizvesnu budućnost.[1]

Stomatološki fakultet kao deo Univerziteta

Postoje razna otvorena pitanja u vezi sa pozicijom stomatološkog obrazovanja u okviru univerziteta, odnosa između stomatologije sa medicinom i celokupnim sistemom zdravstvene zaštite. Stomatološki fakulteti imaju misije obrazovanja, naučno-istraživačkog rada i rada sa pacijentima. Da bi se ove misije ispunile, stomatološki fakulteti se oslanjaju na intelektualnu vitalnost, podršku i disciplinu univerziteta i akademskih medicinskih centara. Za uzvrat, nastavnici moraju da doprinesu univerzitetskom životu, naročito kroz istraživački rad, stipendije, i efikasno sprovođenje edukativnih programa i programa za brigu o pacijentu.

Misija obrazovanja. Da bi se ostvarila misija obrazovanja većina stomatoloških fakulteta u SAD poštuje dogovorene standarde Komisije za akreditaciju pri American Dental Association (ADA). Štaviše, American Dental Education

1995 landmark study of the Institute of Medicine's publication, *Dental Education at the Crossroads*, five elements for excellence in the future of U.S. dental education emerged:

• To successfully adapt, dental education and dentistry will become more closely integrated with medicine and the health care system.

• To prepare students and dental schools for change, dental educators must teach and implement desirable models of clinical practice.

• To secure the resources essential for improvement, dental schools must demonstrate their contributions to their parent universities, and communities.

• Accreditation and licensing practices must be reformed so that they support rather than obstruct the profession's evolution.

• Lastly, continued testing of alternative models of education, practice, and performance assessment is necessary to prepare the dental community for an uncertain future.[1]

The dental school as part of the University

Questions persist about the position of dental education within the university and the relationship of dentistry to medicine and the overall health care system. Dental schools have the missions of education, research and patient care. To fulfill these missions, dental schools rely on the intellectual vitality, support, and discipline of universities and academic health centers. In return, dental educators must contribute to university life, especially through research, scholarship, and efficient management of educational and patient care programs.

The mission of education. To meet the mission of education, most U.S. dental schools follow the agreed upon standards of the American Dental Association's Commission on Dental Accreditation. In addition, the American Dental Education Association has published guidelines for curriculum, consensus statements developed by representatives from the many schools. For example, *Curriculum Guidelines*

Association (ADEA) je objavilo instrukcije za plan i program studija i izjave konsenzusa izrađene zajedničkim radom predstavnika različitih fakulteta. Tako su, na primer, preporuke za curriculum iz oblasti fiksne protetike objavljene 1993.[2] Programske smernice za mnoge predmete osnovnih studija su poslednji put štampane u *Journal of Dental Education* ili oko 1993. godine.

Misija naučno-istraživačkog rada. Istraživanje je fundamentalna misija stomatološkog obrazovanja, ali mnogi nastavnici stomatoloških fakulteta su minimalno uključeni u istraživanje i kontinuirano obrazovanje. Predanost istraživanju na stomatološkim fakultetima je važna zato što se istraživanjem podiže nivo znanja i poboljšava nivo efikasnosti zdravstvenih usluga; time se obogaćuje nastava; osnažuje uloga fakulteta kao davaoca validnih praktičnih saveta kliničarima; na kraju, time se značaj stomatologije u univerzitetskom okruženju podiže na viši nivo.

Misija brige o pacijentu. Američki stomatološki fakulteti rade na odbacivanju modela orijentisanih ka procedurama gde briga o pacijentu nije u centru pažnje, sa ciljem da se ide ka modelima orijentisanim ka pacijentu i društvu, usmerenim na kranje rezultate, savremene naučne i tehnološke metode, i zasnovane na timskom radu i efikasnosti. Postoji potreba da se briga o pacijentu bude ekonomski opravdana, i da se dokumentuje i proceni kvalitet njene efikasnosti. Nega pacijenta je jedna od tri osnovne misije obrazovanja u stomatologiji.

Potrebni preduslovi

Poželjno je da studenti koji nameravaju da se upišu na neki od stomatoloških fakulteta najpre završe program studija koji im omogućava da pri univerzitetu ili koledžu steknu zvanje Bachelor of Sciences (B.S). Trenutno, minimalna srednja ocena (prosek) B u toku tih studija je najčešće neophodna za prijem na stomatologiju, s tim da najniža ocena u toku tih studija bude C.

Većina stomatoloških fakulteta zahteva minimum od 90 sati po semestru (otprilike tri godine rada) akreditovanog koledža, sa barem

for Fixed Prosthodontics was published in 1993.[2] Curriculum guidelines for most predoctoral dental subjects were last published by the *Journal of Dental Education* in or around 1993.

The mission of research. Research is a fundamental mission of dental education, yet many dental faculty members are minimally involved in research and scholarship. A commitment to research in dental schools is important because research builds a knowledge base for improving the effectiveness and efficiency of oral health services; enriches the educational experience for students; reinforces the school's role as a disseminator of validated practice advice to dental practitioners; and strengthens the stature of dentistry within the university and the community.

The mission of patient care. American dental schools are working to abandon the procedure-oriented model of care which is not patient-centered, in order to move toward a model that is patient and community oriented, focused on outcomes, scientifically and technologically up to date, team based and efficient. There is need to make patient care economically viable, and to document and assess the quality and efficiency of care. Patient care is one of the three chief missions of dental education.

Pre-Requisites

Students applying for admission to dental school are advised to choose a program of study leading to the baccalaureate of sciences (B.S.) degree of the university or college. At present, a grade of B or better in overall course work is usually necessary for admission. A grade of C (average) or better must be earned in each of the required courses.

Most dental schools require a minimum of 90 semester hours (approximately three years work) from an accredited college, with at least 30 of these semester hours completed at a four-year college or university. The prerequisites

30 semestralnih sati odrađenih na četvrtoj godini koledža ili univerziteta. Neophodni preduslovi uključuju odslušane i položene sledeće predmete: engleski jezik, biologija, fizika, biohemija, opšta hemija i organska hemija.

Pored navedenih zahteva za prijem na Stomatološki fakultet, neophodno je da svi kandidati polažu prijemni ispit (Dental Admission Test). Ovaj test se organizuje u centrima za testiranje u svakoj državi u organizaciji Division of Educational Measurements pri savetu za obrazovanje pri ADA. Test se uglavnom polaže u proleće one godine u kojoj je podneta molba za prijavu. Više informacija o ovom testu dostupno je na sajtu ADA.[3]

UPIS na Stomatološki fakultet

Na stomatološke fakultete u SAD je 2003. godine primljeno 4.618 brucoša, a ukupno je bilo prijavljeno 7.987 kandidata. Od ovih brucoša, 5.4% su crnci, 5.9% su Hispano/Latinskog porekla, dok je 0.4% američkih starosedelaca. Procenat studenata stomatologije iz manjinskih grupa još uvek ne reflektuje njihovu zastupljenost u celokupnoj populaciji SAD.

Cene školarine i takse variraju u državnim i privatnim stomatološkim fakultetima. U izveštaju iz 2000. godine, za brucoša sa boravkom u dotičnoj državi (state resident, oni koji u toj državi žive duže od godinu dana) godišnja cena se okvirno kretala od $8.000 za državne fakultete do $28.000 za privatne fakultete. Oko 88% studenata stomatoloških fakulteta i škola oslanja se na zajmove iz izvora kao što su vlada (vladini zajmovi ili garantovani zajmovi), banke i druge izvore.[4] Po diplomiranju je prosečno dugovanje studenta za 2003. godinu iznosilo $118,720 za sve stomatološke fakultete u SAD.

Diplomiranim stomatolozima na raspolaganju stoji 2.838 mesta za prvu godinu specijalizacije iz raznih oblasti i naprednih programa opšte stomatologije. Ovi programi su izbornog karaktera (fakultativni). Većina njih nudi godišnje stipendije u iznosu od $8.915 do $37.772 (vraćanje mnogih studentskih zajmova može biti odloženo do kraja specijalizacije). Korisno je primetiti da je prosečni neto prihod novodiplomiranih stomatologa na fakultetima u SAD između 1999. i 2001. bio veći od $142.000.

include the following courses: English, biology, physics, biochemistry, general chemistry, and organic chemistry.

In addition to the scholastic requirements for admission, all candidates are required to take the Dental Admission Test. It is given at testing centers in each state by the Division of Educational Measurements, Council on Dental Education of the American Dental Association. This test is usually taken in the spring of the year in which the application is initiated. There is more information about this test at the website for the American Dental Association.[3]

Dental school enrollments

In 2003, there were 4.618 first-year dental students at U.S. dental schools. For that year, there were 7.987 applicants. Of these first-year dental students, 5.4% are African American, 5.9% are Hispanic/Latino, and 0.4% is Native American. Minority dental students do not yet reflect the numbers of minorities in the U.S. population overall.

Tuition and fees vary greatly between public, state-related and private dental schools. In a report from the year 2000, the average first-year resident (of that state) yearly tuition and fees ranged from approximately $8.000 for the public school to $28.000 for the private school. About 88 per cent of dental students rely on loans from sources such as the government (and government-backed or guaranteed loans), banks and other sources.[4] The educational debt of dental students upon graduation from dental school in 2003 averaged $118.720 for all dental schools in the U.S.

There are 2.838 first-year residency positions for the graduates in specialty programs and in advanced general dentistry programs. These programs of study are elective (optional) for the graduate. Most offer annual stipends during the training year of $8.915 to $37.772 (and many student loans can be deferred until the end of the training). It is useful to note that the average net income of new dentists graduating from U.S. dental schools between 1999 and 2001 was greater than $142.000.

Plan i program

Tipični plan i program studija stomatologije traje četiri godine, uz određeno vreme provedeno van fakulteta tokom letnjih raspusta. Plan i program prve godine studija uključuje histologiju, celokupnu anatomiju, biohemiju, fiziologiju, anatomiju zuba, neurologiju, mikrobiologiju, imunologiju, bolesti zuba, biomaterijale, okluziju, ishranu i ostale biološke nauke.

Druga godina studija uključuje stomatološku farmakologiju, lokalnu anesteziju, bolesti usta i parodonta, protetiku, endodonciju, ortodonciju, internu medicinu, implantologiju, oralnu hirurgiju i dečiju stomatologiju. Takođe mogu biti uključeni i uvodni kursevi o kliničkoj stomatologiji i kliničkom protokolu.

Treća godina studija mnogo više ističe kliničku praksu u odnosu na prethodne dve godine. Obuhvaćen je klinički rad u dečijoj stomatologiji, endodonciji, radiologiji, protetici, bolestima zuba, oralnoj hirurgiji, bolestima usta i parodonta, ortodonciji, planiranju tretmana, urgentnim stanjima, oralnoj patologiji i opštem stomatološkom zdravlju. Glavni izazov u trećoj godini studija je integrisati biomedicinske (ili bazične) nauke i bihevioralne nauke sa ovolikim brojem kliničkih predmeta.

Četvrta godina studija stomatologije naglašava sprovođenje savremene i sveobuhvatne brige o pacijentu. Dodatni napredni kursevi u okviru različitih stomatoloških disciplina mogu biti uključeni.

Na mnogim fakultetima od studenata se očekuje da pohađaju određenu izbornu nastavu, u skladu sa ličnim interesovanjima. Ovi izborni predmeti mogu biti u okviru različitih stomatoloških disciplina, ili povezani u teme kao što su fiziologija, jezici, istraživanje ili tzv. comunity dentistry (u okviru socijalnih programa).

National boards

Pri kraju druge i četvrte godine studija stomatologije svaki student je u obavezi da polaže pisani ispit koji je pod jurisdikcijom American Board of Dental Examiners i pod ADA pokroviteljstvom. Ispiti su u velikoj meri bazirani na pojedinim kliničkim slučajevima i

Curriculum

The typical dental curriculum spans four years in U.S. dental schools, with some summer time away from the school. The first year of dental curriculum would include histology, gross anatomy, biochemistry, physiology, dental anatomy, neurosciences, microbiology, immunology, operative dentistry, biomaterials, occlusion, nutrition, and other biologic sciences.

The second year of dental curriculum would include dental pharmacology, local anesthesia, more operative dentistry and biomaterials, general and systemic pathology, radiology, periodontics, prosthodontics, endodontics, orthodontics, internal medicine, implantology, oral surgery, and pediatric dentistry. Courses introducing clinical dentistry and clinical protocols may also be included.

The third year of dental curriculum emphasizes more clinical experience than the two prior years. Courses would include clinics in pediatric dentistry, endodontics, radiology, prosthodontics, operative dentistry, oral surgery, periodontics, orthodontics, treatment planning, emergency procedures, oral pathology, and dental public health. A major challenge is to integrate the biomedical (or basic) sciences and the behavorial sciences with these many clinical dental sciences.

The fourth year of dental curriculum would emphasize comprehensive care patient management. In addition, advanced courses in the various dental disciplines would be required.

In many schools, the students are expected to take a number of elective courses in topics of individual interest. These electives might be in the various dental disciplines, or in associated topics such as psychology, languages, research, and community dentistry.

National Board Examinations

Near the end of the second and fourth years of dental education, each student must take a written national examination administered by the American Board of Dental Examiners under the auspices of the American Dental Association. These examinations are largely “case-

studenti ih moraju položiti da bi stekli pravo na dozvolu za rad, a na nekim fakultetima čak i pravo na diplomu. Svaki od ovih ispita u proseku traje jedan do dva dana. Generalno posmatrano, prvi deo pokriva biomedicinske (bazične) nauke, a drugi deo pokriva stomatološke discipline. Ove ispite moraju položiti svi diplomci, a još su važniji za one studente koji žele da upišu specijalizaciju.

Akreditacija i licenca

Akreditacija i licenca jesu komponente strategije kojom se osigurava kvalitet stomatološke zdravstvene zaštite tako što se javnost štiti od slabo obučenih, nekompetentnih pojedinaca, kao i od onih koji se ne pridržavaju etičkih principa. Trenutno, proces sticanja akreditacije više je usredsređen na proces obrazovanja nego na promene obrazovnog modela.

Kao što je navedeno u principima komisije za akreditaciju pri ADA, cilj akreditacije je da se osigura i obezbedi kvalitet stomatološkog i odnosnih modela obrazovanja. Ako je efektivna, akreditacija:

1. štiti javnu dobrobit vodeći računa da diplomirani stomatolozi budu dobro pripremljeni za pružanje zdravstvenih usluga;
2. uverava studente da njihov obrazovni program zadovoljava osnovne obrazovne standarde;
3. sprečava da državni fondovi budu iskorišćavani od strane inferiornih programa i
4. pomaže obrazovnim programima u postizanju i poboljšanju minimalnih standarda.

Standardi za akreditaciju pokrivaju aspekte kao što su efikasnost institucija, obrazovni programi, nastavnici i osoblje, pomoćni obrazovni servisi, servisi za negu pacijenata i istraživački programi.

Komisija za akreditaciju trenutno akredituje 56 protektivnih stomatoloških programa, 421 specijalni program (uključujući i one u bolnicama), 325 naprednih osnovnih stomatoloških programa, 259 stomatoloških pomoćnih programa, 266 programa stomatološke higijene i 25 programa zubno-laboratorijskih tehnologija. Uopšte uzev, ovi programi se procenjuju i

based", and students must pass them to be eligible for a licenseand in some schools, pass them to be eligible for the diploma for graduation. Each of these examinations takes approximately one to two days. Part 1 generally covers the biomedical (or basic) sciences. Part 2 generally covers the dental disciplines. These examinations must be passed by all graduates, but are often even more significant for the student wanting to enter a specialty.

Accreditation and Licensure

Accreditation and licensure are components of a strategy to ensure the quality of dental care by protecting the public from poorly trained, incompetent or unethical practitioners. At present, the accreditation process remains very focused on the process of education rather than on educational innovation.

As stated in the mission statement of the American Dental Association's Commission on Dental Accreditation, the purpose of accreditation is "to ensure the quality of dental and dentalrelated education". If effective, accreditation:

1. Protects the public welfare by ensuring that dental school graduates are appropriately prepared to provide oral health services;
2. Ensures students that their educational program meets basic educational standards;
3. Guards public funds from use in support of inferior programs; and
4. Assists educational programs in achievingand improving on-minimum standards.

The standards for accreditation cover aspects such as institutional effectiveness, education programs, faculty and staff, educational support services, patient care services, and research programs.

The Commission on Dental Accreditation accredits approximately 56 protectoral dental programs, 421 specialty programs (including those in hospitals), 325 advanced general dentistry programs, 259 dental assisting programs, 266 dental hygiene programs, and 25 dental laboratory technology programs. These programs are generally evaluated and accredited every seven years. Although accreditation is an

akredituju svake sedme godine. Iako je akreditovanje veoma skup proces, ona nudi sve gore navedene povoljnosti.

Svaka savezna država ima svoj sopstveni standard i pravila izdavanja licenci. Međutim, klinička i druga ispitivanja za dobijanje licence se sada često obavljaju u okviru regiona SAD. Glavni nedostaci licenciranja stomatologa uključuju sledeće: rad na pacijentima pri polaganju ispita za kliničko licenciranje, različitost sadržaja kliničkog ispitivanja; neopravdane barijere za rad stomatologa u raznim saveznim državama i neadekvatne metode za procenjivanje kompetentnosti nakon dobijanja početne licence. Sve više preovlađuje ideja da se ovi ispiti obavljaju na nacionalnom nivou i da budu prihvaćeni u svakoj saveznoj državi u SAD.

Svi stomatološki fakulteti u SAD teže akreditovanju od strane komisije za akreditaciju pri ADA. Komisija za akreditaciju služi javnosti tako što uspostavlja, održava i primenjuje standarde koji obezbeđuju kvalitet i kontinuirano poboljšanje stomatološkog obrazovanja i reflektuje nove metode u stomatologije. Čitav rad ove komisije usmeren je ka upravljanju na stomatološke programe, napredne programe (specijalizacije) i odnosne dentalne obrazovne programe (dentalna higijena, zubni asistenti i tehničari).[5]

STANDARDI za obrazovanje stomatologa

ADA komisija za akreditaciju razvila je akreditacione standarde za stomatološke obrazovne programe.[6] Ovi standardi su doneti iz četiri razloga: da bi se zaštitila javnost; da bi se institucije usmerile ka razvijanju svojih akademskih programa; da bi se omogućila pokretljivost timova koji idu u obilazak (ocene od strane kolega) radi donošenja suda o kvalitetu programa; i da studentima pruže verodostojna uverenja da će program zadovoljiti standardne ciljeve. Štaviše, standardi su dizajnirani tako da zadovolje i sledeće dodatne ciljeve: poboljšanje procene kvaliteta stomatoloških obrazovnih programa; ubrzanje procesa akreditacije uključujući samo osnovne standarde za procenu

extremely costly process, it also offers the benefits mentioned above.

Each separate state has its own licensing standards and regulations; however, clinical and other testing for the state license is now often managed within regions of the U.S. The major deficiencies of dental licensure include: the use of live patients in clinical licensure examinations; variations in the content of clinical examinations; unreasonable barriers to the movement of dentists across state lines; and inadequate means of assessing competency after initial licensure. There is encouragement for a national level examination which should be accepted by each state in the U.S.

All dental schools in the U.S. strive for accreditation by the Commission on Dental Accreditation of the American Dental Association (ADA). The Commission on Dental Accreditation serves the public by establishing, maintaining and applying standards that ensure the quality and continuous improvement of dental and dental-related education and reflect the evolving practice of dentistry. The scope of the Commission on dental Accreditation encompasses dental, advanced dental (i.e., specialties) and allied dental (i.e., dental hygiene, dental assisting, and dental laboratory technician) education programs.[5]

Standards for dental education

The ADA's Commission on Dental Accreditation has developed accreditation standards for dental education programs.[6] These standards were developed for four reasons: to protect the public welfare; to guide institutions in developing their academic programs; to provide a vehicle for site visit teams (peer reviewers) to make judgments as to the quality of the program; and to provide students with reasonable assurance that the program is meeting its stated objectives. In addition, the standards were designed to meet the following additional goals: improve assessment of quality in dental education programs; streamline the accreditation process by including only standards critical to the evaluation of the quality

kvaliteta obrazovnog programa; povećanje fokusiranosti na definisanje kompetencije u standarda koji se odnose na plan i program studija; naglašavanje obrazovnih ciljeva da bi se obezbedilo kontinuirano usavršavanje diplomiranih stomatologa.

Svaki od 56 stomatoloških fakulteta u SAD odgovoran je za razvoj svojih sopstvenih izjava (stavova) o kompetentnosti. Tipično, svaki fakultet donosi iskaz o svojoj misiji i svojim ciljevima. Na osnovu toga fakultet donosi standarde o kompetentnosti i kriterijume za procenjivanje i merenje kompetentnosti studenata. Uopšte uzev, kompetentni stomatolog se definiše kao "dobar početnik". Moguće je i da studenti ili stomatolozi-početnici budu verzirani ili čak eksperti u nekim oblastima. Kompetencija za studentski nivo curriculuma može sadržati stavove koji se odnose na dijagnostikovanje pacijenta, planiranje tretmana, kao i uspostavnjanje i održavanje zdravlja pacijenta. Primer specifičnog stava o kompetentnosti bi bio "lečenje pacijenta sa periodontalnom bolešću". Za ostale primere stavova o kompetentnosti, čitalac se može osloniti na Internet prezentaciju Stomatološkog fakulteta u Hjustonu.[7]

Navedena dokumentacija fakulteta se zatim procenjuje od strane kolega svake sedme godine, u odnosu na sopstvene stavove o kompetentnosti i ciljeve i načinu na koji se oni odnose prema ADA standardima za akreditovanje. Ovi standardi naglašavaju važnost savremene nege pacijenta i potenciraju nastavne principe i stomatološku terapiju koji su orijentisani ka pacijentu. Podstiče se uspostavljanje formalnih veza između stomatoloških fakulteta i privatnih ordinacija.

Dodatna razmatranja

Broj stomatologa u odnosu na 100.000 stanovnika je bio najviši 1994. godine – 60.2, što je predstavljalo značajan porast u odnosu na 1960. godinu kada je bio 49. Smatra se da će ovaj broj u narednih 15 godina opadati do 54 stomatologa / 100.000 stanovnika. Dispariteti su znatno uočljivi u geografskoj distribuciji stomatologa. Veliki deo populacije SAD ima poteškoće pri iskorišćavanju potrebne ili željene stomatološke zaštite.

of the educational program; increase the focus on competency statements in curriculum-related standards; and emphasize education goals to ensure that graduates are life-long learners.

Each of the 56 dental schools in the U.S. is responsible for developing its own competency statements. Typically, each dental school would develop its own mission statement, and its goals. From these, the school would develop its competency statements, and criteria for measuring students' competencies. In general, the competent dentist is defined as "a good beginner". It is possible that students or beginning dentists can be proficient or even expert in some areas. Dental competencies for a predoctoral curriculum might include statements relating to patient assessment, treatment planning, and establishment and maintenance of a healthy patient. An example of a specific competency statement would be "manage patients with periodontal diseases and conditions". For further examples of competency statements, the reader could refer to The University of Texas Dental Branch's website.[7]

The school is then evaluated by its peers every seven years, based on its own competency statements and goals, and as they relate to the ADA standards for accreditation. These standards emphasize the importance of comprehensive patient care, and encourage patient-centered approaches in teaching and oral health care delivery. The development of a formal liaison between the dental school and the practicing dental community is encouraged.

Additional remarks

The ratio of dentists to 100,000 population peaked in 1994 at 60.2, having risen from a low of about 49 in 1960. This ratio is projected to decline, over the next 15 years to about 54 dentists per 100,000 population. Disparities are prominently reflected in the geographical distribution of dentists. A sizable portion of the U.S. population has difficulty availing itself of needed or wanted oral health care (typically in the inner cities, or most rural areas).[8]

Zaključak

Obrazovanje iz oblasti stomatologije u SAD se kontinuirano razvija. Sve je verovatnije da će evropski i američki modeli ovog obrazovanja postati međusobno slični, s obzirom na to da se informacije brzo šire putem međunarodne internet mreže i na druge načine. Putem organizacija kao što su International Association for Dental Research (IADR), Federation Dentaire International (FDI), World Health Organization (WHO) i druge, data su uputstva visokog kvaliteta u vezi sa obrazovanjem, istraživanjem i brigom o pacijentu. Nastavnici stomatoloških fakulteta se više ne biraju samo iz redova sopstvenih diplomiranih studenata. Sasvim je moguće da osobe koje su diplomirale na fakultetima širom sveta postanu nastavnici stomatoloških fakulteta u SAD. Svaki stomatološki fakultet može mnogo dobiti usvajanjem i primenjivanjem najboljih istraživačkih i obrazovnih metoda od kolega i fakulteta širom sveta.

Conclusion

U.S. dental education continues to evolve. It is more and more likely that the European and American models of dental education will develop similarities, since information is so rapidly shared via the World Wide Web and in other ways. Through organizations such as the International Association for Dental Research, the Federation Dentaire International, the World Health Organization and others, high-level guidelines are established for teaching, research, and patient care. No longer are dental faculty members selected solely from among the ranks of the school's graduates. It is likely that the U.S. dental faculty members received their degrees from dental schools from around the world. Each dental school has much to gain from appraising and applying the best research and the best education methods from colleagues and schools around the world.

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NOVOSTI I OGLASI
NEWS AND ANNOUNCEMENTS

KONFERENCIJE, KONGRESI I KURSEVI

CONFERENCES, CONGRESSES AND COURSES

FDI World Dental Congress 2004. New Delhi, India

Pragati Maidan Conference Centre, New Delhi.
10-13 September 2004
congress@fdiworldental.org

FDI World Dental Congress 2005. Montreal, Canada
Palais de Congres http://www.congresmtl.com/
24th-27th August 2005
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November 28 December 1 2004
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Language: English
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FDI Singapore Dental Association, Continuing Education 2004
August 7 8 2004
Singapore
Language: English
Dr Yip Wing Kong
wing@yipdental.com

FDI Nepal Dental Association, Continuing Education 2004
September 15 2004
Kathmandu, Nepal
Language: English
Dr Neil Pande (Nepal Dental Association)
neil@ccsl.com.np

FDI Continuing Education 2004
October 22 24 2004
Hangzhou, China
Language: English
Professor Fu Min Kui
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8th DenTech China
26th – 29th October 2004
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UPUTSTVA AUTORIMA

Acta Stomatologica Naissi je naučni časopis Stomatološke klinike, Medicinskog fakulteta Univerziteta u Nišu, koji publikuje radove iz svih oblasti stomatologije i srodnih medicinskih grana.

Ljubazno molimo autore da pažljivo pročitaju sledeće informacije o pripremi rada i podnošenju istog za štampanje. Radovi koji nisu napisani u skladu sa ovim instrukcijama biće vraćeni autorima sa zahtevom da isprave korekcije pre slanja istog na recenziju. Odbijeni radovi se ne vraćaju sem slika.

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Jezik

Svi predati radovi za štampanje moraju biti napisani na srpskom i engleskom jeziku. Apstrakti treba da budu pripremljeni pored srpskog i na preciznom i gramatički ispravnom engleskom jeziku (US engleski stil) (videti niže). Izbegavati korišćenje latinskih izraza; ako su potrebni staviti ih u zagrade.

Etika

Kada se radi o eksperimentima na humanom materijalu ili pacijentima, ukazati da li je primenjeni postupak u skladu sa etičkim standardima odgovornog komiteta za ljudske eksperimente ili sa Deklaracijom iz Helsinkija (1964, amandmani iz 1975 i 1983) Svetske medicinske asocijacije.

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Radovi treba da budu napisani na A4 formatu sa duplim proredom, obezbeđujući 25 mm margine. Samo jedna kopija rada treba da sadrži prezime i prvo slovo autorovog imena u gornjem desnom uglu. Broj stranica rada počinje sa naslovnom stranom kao strana 1 i nastavlja se saređanjem.

Naslovna strana

Gornji deo naslovne strane treba da sadrži: a) puni naslov rada (velikim slovima), b) puna imena (prvo ime, srednje slovo ako je primenljivo i poslednje ime) svih autora bez akademskih titula, c) nazivi institucija i d) radni naslov od ne više od 10 reči. Na dnu naslovne strane molimo da ukažete na ime autora odgovornog za korespondenciju, sa akademskim zvanjem, poštanskom adresom, telefonskim i fax brojevima i E-mail adresom.

Sledeća strana počinje samo sa naslovom, i dalje se nastavlja sa tekstom. Tekst treba da bude podeljen u delove sa naslovima: uvod, pacijenti/materijal i metod rada, rezultati, diskusija, zaključci, zahvalnost i literatura. Za tabele, figure (slike) i legende vidi deo Tabele i Figure.

Apstrakt i ključne reči

Originalni radovi moraju da sadrže strukturni apstrakt od 250 reči, podeljenih na sledeća 4 paragrafa:

Uvod: opisuje problem o kome se radi u radu

Materijali i metode: opisuje kako je istraživanje sprovedeno

Rezultati: opisuje primarno rezultate

Zaključak(ci): saopštenje autora o zaključcima proisteklim iz rezultata, i implicira njihovu kliničku primenljivost.

Strukturni apstrakti nisu potrebni kod uvodnika i pisma. Ispod apstrakta stoje ključne reči i to tri do pet. Ključne reči mogu biti uzete samo iz Medical Subjects Headings (MeSH).

Apstrakt treba da bude preveden i na engleski jezik (US style), sa naslovom, imenima autora, institucija i ključnim rečima.

Tabele i figure

Svaka tabela sa jasnim naslovom na srpskom i engleskom treba da bude otkucana sa duplim proredom na odvojenom papiru. Obeležiti brojevima tabele jednu za drugom kako nailaze posle prvog navođenja u tekstu (obeležavaju se arapskim brojevima). Dati svakoj kolumni kratko ili skraćeno zaglavlje. Staviti objašnjenja u legendama svih nestandardnih skraćenica korišćenih u tabeli. Za jedinice i merenja vidi odeljak niže. Ne koristiti unutrašnje horizontalne i vertikalne linije. Staviti sve tabele na kraju vašeg fajla. Uvek odvojiti posebne kolumne upotrebom tabulatora, a ne upotrebom razmaknice, tabele moraju biti u tekst formatu.

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Priznanja i zahvalnosti prethode literaturi specificirajući generalnu podršku kao i odeljenje i ime šefa odeljenja, priznanja tehničkoj pomoći i konačno finansijskoj i materijalnoj pomoći.

Literatura

Autori su odgovorni za tačnost literaturnih podataka. Reference treba da budu na posebnom listu i delu odmah iza teksta. Samo reference bitne za studiju mogu biti citirane. Kada je citiranje literature neophodno primeniti Vankuver stil. Autori takođe mogu konsultovati Index Medicus za standardne skraćenice u časopisu. Pokušajte da izbegnete korišćenje apstrakta kao referencu, ali ako je tako, posle naslova obeleži (abstr.). Obeležiti reference jednu za drugom po redu po kome se javljaju prvi put u tekstu, a u tekstu brojeve referenci navesti u superscript obliku. Primeri tačnih oblika referenci :

Radovi u časopisima

1. Standardni članak u časopisu (lista svih autora, ali ako je broj veći od šest citirati tri i dodati et al): Glass DA, Mellonig JT, Towle HJ. Histologic evaluation of bone inductive proteins complexed with coralline hydroxyapatite in an extraskeletal site of the rat. J Periodontol 1989; 60:121–125.

2. Organizacija kao autor: Federation Dentaire Internationale. Technical Report No. 28. Guidelines for antibiotic prophylaxis of infective endocarditis for dental patients with cardiovascular disease. Int Dent J 1987;37:235.

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Knjige ili druge monografije

5. Lični autor (i): Tullman JJ, Redding SW. Systemic Disease in Dental Treatment. St.Louis: The CV Mosby Company;1983:1–5.

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Ostali publikovani materijal

8. Novinski članak: Shaffer RA.Advances in chemistry are starting to unlock mysteries of the brain. The Washington Post 1989 Ang 7; Sect. A:2 (col. 5).

Reference-elektronski citati

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11. World Wide Web.Centers for Disease Control and Prevention. Preventing emerging infectious diseases: Addressing the problem of antimicrobial resistance. Available at: http://www.cdc.gov/ncidod/emergplan/antiresist/. Accessed November 5, 2001.

Jedinice mere

Sva merenja treba da budu izražena u terminima Internacionalnog Sistema Jedinica (Si).

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Poslati 3 kopije rada i elektronsku verziju (disketu, CD-ROM, E-mail). Kopije rada i sav sadržaj treba spakovati u tvrdu kovertu kako bi se sprečilo ostećenje za vreme poštanskog saobraćaja. Radovi moraju biti potkrepljeni sa zatvorenim pismom potpisanim od svih autora. Ono mora da sadrži: a) izjavu da je rad pročitan i odobren od svih autora; b) informaciju o prethodnoj ili dupliciranoj publikaciji ili davanju rada na drugom mestu ili nekog njenog dela ranije; c) izjavu o finansijskim ili drugim vezama koje mogu dovesti do sukoba interesa; d) ime, adresu i broj telefona autora za korespondenciju koji je odgovoran za komunikaciju i korespondenciju; e) izjavu da su klinička i eksperimentalna istraživanja sprovedena u skladu sa institucijskim etičkim komitetom ili sa Helsinškom deklaracijom. Sem ovoga, pismo treba da sadrži i obaveštenje o vrsti rada i da li autori plaćaju ekstra cenu za kolor reprodukcije.

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Skladištenje informacije: 3,5" disketa ili CD-ROM u Windows 98 ili veći format. Software: radovi na disku treba da budu u Word-u za Windows. Etiketa: Napišite prvo ime autora na nalepnici diskete, zajedno sa imenom i verzijom korišćenog word procesora. Označiti sve diskete sadržajem figura,dijagrama itd, sa imenom prvog autora, imenom fajla, formatom i sabijenim šemama ako su korišćeni. Fajlovi: priložiti tekst i tabele svakog rada kao pojedinačni fajl, ali stavite sve figure, grafikone itd., u odvojenim fajlovima. Dozvoljeni grafički formati su EPS i TIF. Veličina figura treba da bude 8,5 cm ili 18,0 cm u rezoluciji od minimalno 300 dpi. Molimo Vas da pošaljete originalne fotografije, ne šaljite fotokopije. Format: unosite svoj tekst besprekidno, samo umetnuti hard return na kraju paragrafa ili poglavlja, podnaslova, lista itd. Ne upotrebljavajte softwareski plan stranica. Molimo Vas da koristite YU Times New Roman 12 font za Word za Windows. Neku reč ili frazu u tekstu koju želite da izdvojite označite kroz rad u italic pismu. Boldirajte ono što se koristi uzastopno u tekstu za određene matematičke simbole, na primer, vektori. Molimo da proverite disk na virus i verifikujte da on sadrži ispravan fajl.

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All submitted articles should be written in bilingual (Serbian and English) language. Abstracts should be written in Serbian and precise and grammatically correct English language, preferably US English. Avoid using Latin terms; however if necessary, put them in parentheses.

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When reporting experiments on human subjects, indicate whether the procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation (institutional or regional) or with the Helsinki Declaration (1964, amended in 1975 and 1983) of the World Medical Association.

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Articles should be written on A4white bond paper size (21x 29.5cm) on one side of the paper only, and double-spaced (including illustration legends and references) providing 25 mm ample margins all around. Only one copy of the manuscript should contain the surname and the author's first name initial in the upper right corner. Manuscripts should be organized as follows: Title Page, Abstract and Key words, Introduction, Patients/Materials and Methods, Results, Discussion, Conclusions, Acknowledgments, References, Figure Legends, Tables, Figures. Title page is numbered as page 1, and all other pages should be numbered conse-quently.

TITLE PAGE

The title page should contain: a) the full title of the article (in upper case); b) first name, middle initial, and last name of each author without the academic degree; c) name of department and institutional affiliation for each author; d) running title of no more than 10 characters. At the bottom of the page, please indicate the name, academic degree and address (including E-mail, telephone and fax number) of the author responsible for correspondence.

Abstract and Key words

All original abstracts should be submitted with a structured abstract, consisting of no more than 250 words, and the following 4 paragraphs:

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ACKNOWLEDGMENTS

Acknowledgements are positioned before the reference list specifying general support by department chairman, acknowledgements of technical as well as financial and material support.

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2. Corporate author: Federation Dentaire Internationale. Technical Report No.28. Guidelines for antibiotic prophylaxis of infective endocarditis for dental patients with cardiovascular disease. Int Dent J 1987;37:235.

3. No author given: Coffee drinking and cancer of the pancreas (editorial). BMJ 1981;283:628

4. Volume with supplement: Magni R, Rossoni G, Berti R, BN52021 protect guinea pig from heart anaphylaxis. Pharmacol Res Commun 1988; 20 Suppl 5:75–8.

Books or other monographs:

5. Personal author(s): Tullman JJ, Redding SW. Systemic Disease in Dental Treatment. St. Louis: The CV Mosby Company; 1983:1–5.

6. Chapter in a book: Rees TD. Dental management of the medically compromised patient. In: McDonald RE, Hurt WC, Gilmore HW, Middleton RA, eds. Current Therapy in Dentistry, vol. 7. St. Louis: The CV Mosby Company; 1980:3–7.

7. Dissertations and thesis: Teerakapong A. Langerhans Cells in human periodontally healthy and diseased gingiva. (Thesis). Houston, TX: University of Texas; 1987.92 p.

Other published material:

8. Newspaper article: Shaffer RA.Advances in chemistry are starting to unlock mysteries of the brain. The Washington Post 1989 Ang 7; Sect.A:2 (col. 5).

References – electronic quotations:

9. Online journals without volume and page information. Berlin JA , Antman EM. Advantages and limitations of metaanalytic regressions of clinical trials data. Online J Curr Clin Trials (serial online). June 4; doc 134. Accessed July 20, 2000.

10. Online journals with volume and page information. Fowler EB, Breault LG. Ridge augmentation with a folded acellular dermal matrix allograft: A case Report. J Contemp Dent Pract (serial online). 2001;2(3):31–40. Available from: Procter&Gamble Company, Cincinnat, OH. Accessed December 15, 2001.

11. World Wide Web.Centers for Disease Control and Prevention. Preventing emerging infectious diseases: Addressing the problem of antimicrobial resistance. Available at: http://www.cdc.gov/ncidod/emergplan/antiresist/. Accessed November 5, 2001.

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