

The Ghost Curriculum: What are we NOT teaching our students?

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Unseen lessons, unspoken challenges

In every curriculum document, carefully scaffolded modules outline the knowledge and skills deemed essential for competent dental practice. Yet, within the margins of these structured learning outcomes, and skirting the oft-mentioned hidden curriculum, lies a parallel curriculum: unwritten, unspoken, and often unexamined. This “Ghost Curriculum” comprises critical topics and competencies that are either superficially addressed or entirely absent, despite their profound impact on the personal and professional journeys of our dental graduates.

From burnout and ethical ambiguity to environmental sustainability and post-graduate life planning, today's dental students are graduating into a profession fraught with complexity and contradiction. The essential traditional curriculum, clinical, scientific, and technical, is no longer sufficient on its own to prepare graduates for the nuanced realities of 21st-century dental practice.

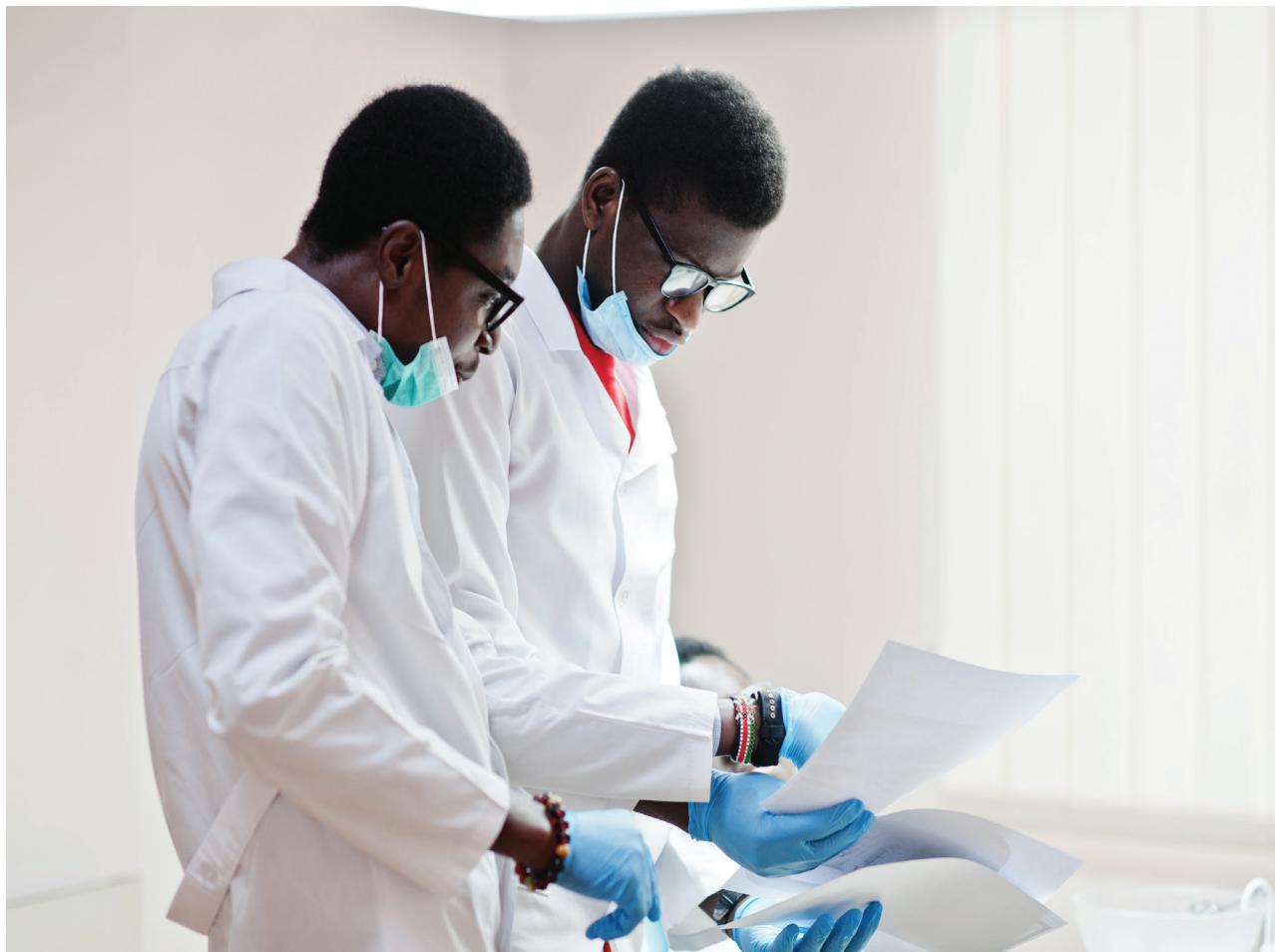
In this editorial I aim to illuminate the blind spots, not to undermine the existing curriculum, but to invite introspection

and dialogue. What are the hidden costs of omitting difficult conversations? Who is affected when equity, wellness, and sustainability are afterthoughts rather than embedded principles? Can we afford to teach the hand without nurturing the heart and the mind? In exploring the ghost curriculum, we are not chasing shadows. We are giving shape and voice to that which haunts the edges of our educational frameworks, urgent truths we ignore at our peril.

Mental health and resilience: the silent crisis

Behind the polished smiles and clinical precision of dental professionals lies a largely unspoken epidemic: mental health challenges that begin during undergraduate training and often persist throughout one's career. Dental education is notoriously high-pressured, marked by demanding academic loads, intense clinical requirements, and the persistent pursuit of perfection. These pressures are often normalized, internalized, and unaddressed.

Studies from South Africa and abroad have consistently reported high levels of stress, anxiety, and burnout among dental students. Yet, formal strategies to support mental



wellness, such as resilience training, emotional intelligence development, or coping mechanisms for clinical failure, remain peripheral, if present at all. Informal spaces, like peer support or mentorship, are inconsistently available and rarely framed within structured support systems.

The result? Many students graduate with a well-developed handpiece technique but a poorly equipped psychological toolkit. They enter private practice or community service with limited training on how to manage the emotional toll of patient dissatisfaction, treatment complications, financial pressure, or professional isolation. What's more, self-care is often implicitly framed as indulgent or secondary, rather than essential. This ghost lesson, that mental wellbeing is one's personal burden to quietly bear, reinforces a culture of silence and stoicism that can erode professional longevity and personal fulfilment.

Resilience, when taught and supported explicitly, is not a luxury, it is a foundation. The ability to navigate failure, regulate emotion, and seek help when needed is as vital as any technical skill. In a profession where perfection is idealized and mistakes carry real-world consequences, students must be prepared not just to endure stress, but to grow through it. Recognising mental health as a legitimate domain of professional competence is the first step toward rewriting this part of the ghost curriculum. The next step is to embed it, not as an add-on wellness week, but as a longitudinal thread interwoven with clinical and academic experiences.

The ethics of the business: teaching financial literacy and integrity

For many new graduates, the transition from dental school to clinical practice is accompanied by a rude awakening: dentistry is not only a healthcare profession, it is also a business. Yet few students receive adequate preparation for the ethical, financial, and operational decisions they will face daily.

Practice ownership, employment negotiations, treatment planning under financial constraints, and balancing quality with affordability all require nuanced decision-making that extends well beyond the biomedical model. Without foundational knowledge in financial literacy, many young dentists make early career decisions that lead to debt mismanagement, professional dissatisfaction, or ethical compromise.

Even more concerning is the subtle but powerful influence of industry. Sponsored education, product placement, and incentives can shape prescribing patterns, material choices, and treatment recommendations, often without conscious reflection. This intersection between commerce and care is rarely explored in undergraduate curricula, leaving students vulnerable to manipulation or conflict of interest.

Moreover, critical discussions on ethical gray zones, like overtreatment, cosmetic upselling, or the pressures of meeting financial targets, are often absent. The silence around these issues suggests they are either taboo or not important enough to warrant curricular time. Yet these are precisely the dilemmas that cause moral injury and erode public trust when poorly navigated.

Embedding business ethics and financial literacy into the curriculum is not about turning students into accountants or

cynics. It's about giving them the tools to practice with clarity, confidence, and conscience. It is about cultivating a new generation of practitioners who can maintain ethical integrity in the face of commercial realities, and who are equipped to lead sustainable, principled practices. In doing so, we reframe the business of dentistry not as a necessary evil, but as an opportunity for ethical leadership and responsible innovation.

Social justice, equity, and the call beyond the chair

Dentistry, by its very nature, is both intimate and impactful, it affects how people eat, speak, smile, and interact with the world. Yet the stark disparities in access to dental care remain a global concern, and South Africa is no exception. Despite our constitutional commitment to equality, oral health inequity continues to persist across rural-urban divides, socioeconomic classes, and vulnerable populations such as the elderly, institutionalized, or disabled.

Still, undergraduate dental education often fails to explicitly address issues of social justice, advocacy, and the structural determinants of health. Outreach programmes are typically short-term and charity-driven, well-meaning but insufficient. They rarely cultivate the skills, attitudes, and critical consciousness required to become long-term advocates for public oral health.

What if students were challenged to reflect more deeply on their positionality as future health professionals? What if curricula encouraged them to interrogate the systemic forces that produce inequity: poverty, racism, access to fluoridated water, food insecurity, or the politics of resource allocation? What if advocacy was framed not as optional, but as intrinsic to being a healthcare professional?

Equity cannot be achieved through clinical competence alone. It demands moral courage, public health literacy, and an expanded sense of duty that goes beyond the private practice setting. It requires that we teach our students not only how to treat disease, but how to see injustice. Can we attest that our curricula cover this sufficiently?

Introducing structured modules on health equity, social determinants of oral health, and community engagement, supported by reflective assignments and community-based placements would go a long way toward humanising our profession. It would help students to see dentistry not as a service to the wealthy, but as a public good and a human right.

Environmental sustainability is becoming the forgotten responsibility

As the world grapples with climate change, resource scarcity, and environmental degradation, healthcare systems are being called to account, not only for how they treat disease, but also for how they contribute to planetary health. Dentistry, with its reliance on single-use plastics, heavy water consumption, energy-intensive equipment, and chemical waste, is far from exempt.

Yet despite this urgency, sustainability remains almost entirely absent from the dental curriculum. Few students graduate with even a basic understanding of the environmental footprint of dental practice. Fewer still are empowered to make changes in their clinical environments that reduce waste, conserve energy, or promote eco-friendly alternatives.



The consequences of this omission are far-reaching. As new generations of dentists enter practice without environmental literacy, they unwittingly perpetuate outdated models of care that are both wasteful and unsustainable. Sustainability is not simply a “nice-to-have”, it is fast becoming a professional imperative, one that intersects with ethics, economics, and global public health.

Introducing even basic content such as green procurement practices, digital workflows that reduce material waste, or sustainable infection control protocols, could plant seeds for long-term change. Simulation clinics and clinical assessments could begin to integrate sustainability checkpoints. Regulatory bodies could begin to incentivise eco-conscious behaviour in practices and continuing professional development. Crucially, sustainability education also reinforces a broader message: that dentistry does not exist in isolation, but in a complex web of social and ecological interdependence. When students learn that small choices, like material selection, supplier partnerships, or waste segregation, can have planetary impact, they could begin to see themselves as stewards, not just service providers.

Life after graduation

Dental education often follows a narrow trajectory: undergraduate training, community service, private or public practice, and for a few, postgraduate specialisation. While this traditional pathway has served many well, it leaves little room to explore the rich and diverse career possibilities that exist beyond the clinical operatory.

Students graduate into a world where dentistry intersects with research, policy, education, technology, law, corporate

consultancy, and global health. Yet, how often are these avenues presented as viable options during undergraduate training? How often are students encouraged to consider how their unique interests might translate into roles as academic scholars, medico-legal advisors, healthcare entrepreneurs, or NGO-based clinicians?

This gap in guidance not only limits student potential but contributes to burnout, dissatisfaction, and attrition within the profession. When graduates feel boxed into a singular definition of success, clinical productivity, they may struggle when life's realities or personal aspirations demand change.

In an era where artificial intelligence, teledentistry, corporate consolidation, and insurance structures are reshaping the profession, flexibility and adaptability are no longer luxuries, they are essential competencies. And yet, dental curricula often overlook the need to train graduates to pivot, to lead in non-traditional settings, or to innovate in response to systemic shifts.

Incorporating content on alternative career paths, financial planning for life transitions, and skills for lifelong learning could empower students to proactively shape their professional futures rather than reactively adapt. Mentorship programmes that include professionals outside of direct patient care, or guest lectures from dental academics, innovators, or advocates, can broaden horizons and spark new ambitions.

Preparing dental students for “life after teeth”, or rather, life beyond the drill, means recognising that the value of a dental education extends far beyond clinical practice. It is a foundation for leadership, advocacy, and impact across

society. Ignoring this stunts not only careers, but the growth of the profession as a whole.

Interdisciplinary collaboration and communication

Modern healthcare is no longer confined to silos. Patients are increasingly managed by teams of professionals, medical doctors, pharmacists, psychologists, social workers, speech therapists, dietitians, each contributing distinct insights toward comprehensive care. Yet dental education often lags behind in preparing students to function meaningfully within these interdisciplinary ecosystems.

The traditional image of the dentist as an autonomous practitioner, operating in isolation, is becoming outdated. Complex patient needs, such as those with chronic systemic diseases, special care requirements, or psychosocial challenges, demand a coordinated approach. Effective interprofessional collaboration is no longer optional; it is essential.

However, few dental curricula offer structured training in how to communicate across disciplines. There is limited exposure to shared decision-making frameworks, case discussions with other health professionals, or opportunities to learn the language, priorities, and scope of other fields. As a result, new graduates may feel unprepared, or worse, disinterested, in collaborative models of care.

Equally under-addressed are the soft skills necessary for managing difficult conversations. These include explaining adverse outcomes, navigating patient dissatisfaction, acknowledging errors, and responding with empathy and professionalism. While clinical competence is taught and assessed with precision, communication, particularly in high-stakes or emotionally charged situations, is often left to chance or learned through uncomfortable trial and error.

Incorporating communication theory, role-play simulations, and collaborative case management into the curriculum could begin to close this critical gap. Moreover, dental students should be explicitly taught to recognise and manage power dynamics within interdisciplinary teams, advocating confidently for their role while respecting the contributions of others.

The goal is not simply to teach students how to work *with* other professionals, but how to think like collaborative clinicians,

aware, empathetic, communicative, and responsive to the holistic needs of patients. In doing so, we foster a generation of dentists who are not only technically skilled, but also emotionally intelligent and team-ready.

Why the ghost curriculum matters

The most profound lessons in dentistry often exist outside of radiographs, clinical protocols, or textbook chapters. They reside in the silent spaces between lectures, in the unspoken expectations, the unwritten rules, and the real-life complexities that challenge even the most competent practitioner. This is the realm of the *Ghost Curriculum*, the essential knowledge, skills, and attitudes that are rarely codified but deeply shape professional identity and competence.

When these invisible themes are left unaddressed, the consequences ripple far beyond academic performance. Graduates may emerge feeling clinically adept, yet psychologically unprepared, ethically conflicted, or professionally adrift. They may struggle with the loneliness of practice, the stress of financial decisions, or the dissonance between idealism and commercial reality. Others may quietly internalize feelings of inadequacy when faced with moral grey zones or uncertain career paths for which they were never prepared.

The Ghost Curriculum matters because it represents a bridge between competence and wisdom, between surviving dental practice and thriving in it. It challenges us to teach not only the “how” but also the “why” and the “what if.” In doing so, it honours the full complexity of what it means to be a healthcare professional in the 21st century.

Addressing these curricular blind spots does not require a complete curricular overhaul, but rather a shift in vision, a willingness to create space for reflection, conversation, and interdisciplinary learning. It means inviting students to engage critically with topics like mental health, sustainability, equity, business ethics, and collaborative care, not as afterthoughts, but as integral to their formation as professionals. It requires lecturers to shed complacency and start to accept responsibility for shaping the wholistic future of Oral Healthcare in South Africa.

Ultimately, the Ghost Curriculum urges educators to ask: *What kind of dentists are we graduating? And more importantly, what kind of human beings?*

CPD questionnaire on page 288

The Continuing Professional Development (CPD) section provides for twenty general questions and five ethics questions. The section provides members with a valuable source of CPD points whilst also achieving the objective of CPD, to assure continuing education. The importance of continuing professional development should not be underestimated, it is a career-long obligation for practicing professionals.

