Editorial

The tragedy of discipline-based training—and a solution

Thirty-five years of exposure to dentistry, 25 in private general practice and active participation in organized dentistry, and the remainder in academic settings, entitles one to comment about the profession that has provided security and achievement beyond every expectation. That time period insures that the observer has made most of the possible mistakes in practice, and, fortunately, has had time to correct most of them.

Most of those problems arise from three failures: *(1)* failure to establish an accurate comprehensive diagnosis; *(2)* failure to visualize and plan a patient-centered end result; and *(3)* failure of the attending dentist to assume full responsibility for planning and implementing a sequential plan of treatment based on logical patient-centered priorities, using specialty referrals appropriately.

Most dental schools use a traditional approach of teaching basic sciences in the first two years and clinical sciences in the last two. This fragmentation makes it difficult for dental students to relate science to clinical practice and results in clinicians who have difficulty integrating the two in practice. To make matters worse, clinical skills are usually taught separately also, reinforcing the concept that people with broken cusps are "crown" patients, people with missing teeth are "denture" or "crown and bridge" patients, and people with periapical abscesses are "root canal" or "extraction" patients.

The unhappy result with this approach is the triple failure listed above. We simply don't emphasize to many of our dental graduates around the world that competent practice in 1998 demands comprehensive, patient-centered, sequential care based on an accurate diagnosis and a definitive treatment plan to achieve the best possible health, form, function, and esthetics under the particular patient's circumstances.

The solution is twofold:

1. Dental schools should adopt *comprehensive* care education models utilizing "diagonal" curricula that begin clinical contact with patients in the first year of dental training.
2. A mandatory 1-year *comprehensive* general dentistry internship or residency should be completed, *at a different school or venue* than the one granting the dental degree, before graduates are eligible to take licensing examinations. The curricula for these programs should stress the ideal attending doctor model, engaged in full patient-centered comprehensive sequential care.

The core philosophy, then, for both predoctoral and postdoctoral training, including continuing education programs, should address the triple failure described above. The suggested approach is simple in concept but difficult in execution.

To achieve an accurate beginning point, a complete diagnosis of all factors that contribute to undesirable oral conditions in an individual must be made and an accurate maxillomandibular relation recorded so that study models can be mounted correctly on a semiadjustable articulator. Without this information, treatment is reduced to hopeful patchwork typical of the outdated mechanical approach to dental practice.

Planning a desirable outcome is now easier because one can predict the effects of these "contributing factors" on the outcome of proposed treatments. A diagnostic waxup allows simultaneous considerations of form, function, health, and esthetics to be made, often in consultation with various specialists in cases of complexity that are beyond the attending dentist's capabilities.

Sequential care under the guidance of the attending dentist can now be initiated with predictably successful results that have the following basic components:

1. Teeth and restorations in harmony with the bones, ligaments, and muscles of the craniofacial apparatus
2. Teeth and restorations that reside within the functional envelope of motion
3. Anterior, lateral, and posterior guidances that are in harmony
4. An uncompromised neutral or esthetic zone
5. Uncompromised phonetics
6. Absence of pathologic conditions
7. A compliant, enthusiastic patient who cooperates in maintaining oral health and promoting well-being among friends, coworkers, and family

Everybody wins under this approach. It's the best we can do for the profession and the patients we serve. Therefore it's the least we can do if we are to maintain the respect and admiration of society.

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