

The road to mastery in general dentistry

Finish each day and be done with it. You have done what you could. Some blunders and absurdities no doubt crept in—forget them as soon as you can. Tomorrow is a new day; begin it well and serenely, and with too high a spirit to be encumbered with your old nonsense.—Ralph Waldo Emerson

If dentists possess adequate basic skills upon graduation to achieve licensure to practice independently, we could call them competent. But what if they never learned anything else after graduation? Would they still be competent to practice in 5 years? Ten? Twenty?

In the 4 or 5 years required for formal dental education around the world, only a limited amount of fundamental scientific and clinical skill can be taught. Most new graduates recognize this and are aware that they possess only marginal competence to perform the most basic procedures. In the past dentists improved their skills by experience and grew slowly from competent to proficient, and those special dentists moved on from proficiency to mastery. The need to enhance and refine that transition to mastery is pervasive today and will grow more so in the immediate future.

Beyond the fundamentals of dentistry, today's attending dentist must be diagnostically competent across all of dentistry and much of medicine. We must manage increasingly complex patients whose needs for competent care increase with age and systemic conditions. We must appreciate, learn, and implement strategic practice management philosophy and programs. We must understand alternative treatment plans, complex rehabilitation possibilities, the unforgiving nature of adhesive restorations, and the escalation of patient expectations. We must learn to accommodate intradisciplinary patient management as new and sophisticated therapies beyond our personal competency become available. We must be perpetual students.

Therein lies a problem, because what we have called "continuing education" in the past is in reality nothing more than episodic social activity. If we define education as an activity that produces a change in behavior, our traditional "talking head/slide show" CE format fails as an educational experience. A meta-analysis of 777 studies of continuing medical education confirms that simply disseminating information is not adequate for learning to occur (JAMA 1992;268:1111-1117). Only when additional strategies such as mentored learning and facilitated, side-by-side clinical training events occurred did predictable behavior change take place. It

was concluded that to be effective, continuing education experiences must be broadly conceived, complex, and practice-linked.

So, what is past is past. We should emulate Emerson's advice to "finish each day and be done with it." If our blunders and absurdities of yesterday are not to be repeated, we must change what we do and how we do it. Certainly, if we continue to do what we have always done, we will continue to get the same results.

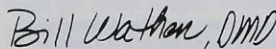
To achieve the next level toward mastery and the rewards that accompany it, a self-directed program of life-long learning that is congruent with the aims, interests, ethics, and goals of the individual practitioner must be developed. That path will not be the same for each individual, and therefore, the course content cannot be the same.

An individualized approach to professional development through collaboration with the help of a mentor yields great dividends. Such courses are part of an integrated, comprehensive curriculum that is flexible enough to educate dentists, staff, and patients about the knowledge required to practice better dentistry easier, often faster, and ultimately more profitably. Dental journals and texts have been the traditional learning tools of professionals and will continue to be important. Electronic media play increasingly important roles, and the day will arrive when any dentist or staff member can order customized educational packets in any format desired.

Courses such as these increase diagnostic and therapeutic competencies, business skills, interpersonal relations, and staff quality. Meaningful postdoctoral education expands one's comfort and competence envelope. Nothing boosts confidence like knowing with absolute certainty where that envelope ends and, consequently, when to seek collegial support for managing complex cases.

A patient-centered philosophy keeps one focused on patient interest, not self-interest. This, of course, is the essence of a profession and a professional. It is the key to having the practice in order and on track for the orderly transition from competent to proficient and on toward mastery.

With these things done, we can indeed begin our new days "well and serenely," leaving the old nonsense behind.



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