

As dentists, we usually keep our bad experiences to ourselves and are prone to share only our successes. A seemingly limited proportion of us participate in serious efforts at continuing education programs, in the hope that we will provide better service to our patients and avoid exposing ourselves to potential hazards in our professional lives.

It is painful to all concerned when the papilla reconstruction does not resolve the esthetic problem, when the soft tissue augmentation results in the continued appearance of a long tooth, when the implant torques with cover screw loosening, or when the new crown evidences caries too soon after cementation. Wouldn't it be better in these situations to be able to learn from the experiences and mistakes made by those who came before us? Our educators, both in dental school and in continuing education, would provide a most valuable service if they shared their failures in addition to their successes. This would help the clinician and the patient by disseminating information that explains failures and the methods of correcting them.

Instead, many of the new generation of speakers at dental seminars are prone to show only their best cases. There is suspicion that some results are computer images, enhanced to be too perfect. It is important to search for answers to this dilemma. Has the new practice of giving only short presentations (1 hour)—with no need to justify the statements made and the positions taken—led us to this point? Are there too many meetings with too little substance? Surely the profession is best served by providing innovative dentists with the opportunity to teach new techniques with the most contemporary materials. But how is the practitioner to differentiate factual results from commercial presentations? Who and what is to blame?

Much of this difficulty results from the attitudes of the participants, who invest too little time in reading and evaluating the results of the research. It is astounding that many dentists fall short of serious goals in continuing education in an era when there has been substantial change in the delivery of dental care. Both organized dentistry and the practitioner therefore have the responsibility to rethink their positions and plan more serious programs. They can also reject rather than solicit industrial funding when it hinders the forces of the educational experience. In addition, clinicians must rethink the goals of their presentations.

We all know that the color of ceramics can be improved many times by changing the camera's aperture. The first slides may be a little bit underexposed and in front of an unappealing background. The treated case seems to have visited a cosmetic studio, a weight loss spa, and a hair stylist, and for the final slide depicting this case, the patient is living in a lovely, newly painted apartment. The patient has been reborn without effort! A well done case, indeed—bravo to our esteemed colleague. But how do we extrapolate the information into our daily practice? It is of no use other than to make a great show.

We have learned that we can profit more from a different type of presentation. It takes more courage to show mistakes and discuss them. Should we expect all of our clinical efforts to reach their endpoint goals, or would it be reasonable to mix the ideal maxillary anterior cases with those of patients with rotated teeth, serious periodontal disease, or both, in less attractive patients?

It is no wonder that as practitioners we prefer mentors with strong clinical experience who can direct our education toward both successful treatment and the realistic management of our problems. We also require individuals to present new treatments and ideas to help us mature clinically and stay contemporary, so that we can provide the latest information to the patients who confidently expect this of us.

It is time for all of us to participate in change. We need to become active in organized dentistry, at the universities and in our own study clubs, and help to stimulate an improved direction. It is time to stand up and be counted, so that the system can be improved.

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