

Dental Professionalism



When we think about a “professional,” we describe someone who is engaged in an activity that demands specific knowledge or skill. Knowledge or skills may be gained through education, training, and/or experience. This description certainly fits for the people reading this editorial; we are all dental professionals. Becoming that professional takes many steps and may require a variety of paths. Let’s look at a few of those paths.

We often hear the statement that practice makes perfect. Indeed, Malcolm Gladwell, in his best-selling book *Outliers*, described 10,000 hours as the requisite number of hours of practice to achieve greatness. Of course, there must be an appreciation that the individual who is practicing must possess the talent or intellectual capacity to become excellent at their chosen activity. I, for example, could practice golf for the suggested 10,000 hours only to find that I had honed my level of mediocrity rather than developing world-class golfing skills.

Formal dental education is, in most countries, provided at the university level. Admission to dental school is based primarily on academic performance. Clinical excellence, the goal of a professional, depends on a combination of intellectual capacity and manual dexterity. It becomes apparent that the demands of this profession create a difficult situation because academic knowledge may have little or no correlation with clinical skills, and although we know that extensive practice helps, it is those skills that differentiate the quality of the dental clinician.

Educators have tried to help this situation by testing for manual dexterity before an individual is accepted to dental school. We have all heard descriptions of chalk carving during the dental admission test. Unfortunately, the manual skill testing has been problematic in that the consistency and stability of chalk were often called into question, leading to breakage during the test or while the carvings were evaluated. All the while, the academic record of an applicant alone was thought to be insufficient to identify potential students. Today, academic records may be combined with standardized examinations that test two- and three-dimensional perception of the examinee. This is still not a perfect solution, as these examinations assess the perception of the candidate while recognizing that these visual perceptions cannot ensure manual dexterity.

These factors illustrate the difficulty faced by the profession. Indeed, the myriad factors that must be evaluated in patient assessment must be combined with an appreciation of the needs and desires of the patient to develop a cogent plan for patient treatment. In other words, patient assessment and treatment planning combine inductive and deductive reasoning to establish a diagnosis but need to be followed with psychosocial analysis to create a treatment plan that is “right” for that individual patient. There are no “one size fits all” approaches to management of the dental patient. The intellectual knowledge of the clinician is tested at the diagnosis, planning, and prognosis phases. Once the best-laid plan has been established for that individual patient, we still understand that the best possible plan will fail if its execution falls short through

substandard skills of the clinician or through a lack of attention to details of treatment.

Assembling these factors, we see that knowledge and skills must be combined to allow the rendering of professional care. The desires of the patient must be considered, as clinicians should understand that long-term treatment success is dependent upon patient commitment to ongoing maintenance, and a patient who is coerced to accept an undesired treatment is likely to lack the requisite commitment, thereby leading to other opportunities for failure.

If professional expertise demands 10,000 hours of committed practice, then formal dental education cannot provide this amount of repetitive training in a four-year curriculum. Considering the academic and clinical rigors associated with dental education in the classroom, laboratory, clinic floor, and at the computer, even with 60-hour weeks during dental school—a number that is not likely achieved by many dental students—the formal education program would be unlikely to approach such a number of hours and, even if it did, this time would be spent on the broad spectrum of dental education rather than on focused training in any one discipline of dentistry. We might say that dental school creates (in the right student) a “Jack of all trades” but is likely to also create a master of none.

Ultimately, it becomes evident that training after dental school is required to have any hope of achieving professional excellence. Graduate/specialty education will provide focus, but even then, continuing education following specialty training will be necessary to ensure and maintain professional excellence. Less formal continuing education alone may serve similar purposes, but there is a risk that isolated, piecemeal education may not provide cohesive approaches to learning. The attendees of such educational programs might gain much knowledge but may lack the ability to separate the proverbial wheat from the chaff.

Taking this even further, as scientific knowledge increases, knowledge maintenance cannot be anticipated without a commitment to life-long learning. Ongoing education is required simply to maintain currency with changes in materials and practices in dentistry.

It sounds like a daunting task, but there are things that can help. First comes a dedication to review pertinent literature. Scientific journals, such as the one that you are holding, play a valuable role in this process. Second, there is a need for ongoing continuing education, but this needs to be a mixture of review programs and presentations dedicated to new areas of knowledge and skills. By using scientific journals and continuing education, you demonstrate that ongoing commitment to the profession. It is doable, and it ensures the professionalism that we all identified as critical once we started our careers in dentistry.

A handwritten signature in black ink that reads "Steven E. Eckert DDS MS".

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Editor-in-Chief