

The Visual Connection

Prosthodontists have traditionally taken pride in the quality of the restorations they provide for patients, and most prosthodontists regard their services primarily in terms of the restoration itself. We probe margins, look at contours, minutely inspect and adjust occlusions, and fuss over shades. In short, we evaluate our practice in terms of things we create. I have found that students newly entering an advanced prosthodontics program are anxious to lay waste to as much enamel as possible so that they might undertake huge reconstructions, and may initially have less regard for learning the concepts on which such a restoration is based. However, no restoration is of value unless the diagnosis and treatment plan that preceded its fabrication were knowledgeably and wisely completed. Perhaps Negroponce¹ phrased this best when he pointed out that whereas in the past commerce has largely been based on atoms (things), the product is increasingly becoming bits (information). This is true in dentistry—and more so in a specialty practice. Whereas patients expect a superior level of performance from a specialist, they assume (rightly or wrongly) that that performance is based on studied wisdom.

If it still seems that a prosthodontic practice is more “atoms” than “bits,” consider the amount of professional time dedicated to information gathering, diagnosis, treatment planning, patient communication, interspecialty planning and conferences, all the business functions, time consumed dealing with third-party payers, legal and political encumbrances (including OSHA), laboratory communication, and employee management, to say nothing of professional reading and continuing education.

Once one begins to consider the huge amount of time that is spent in information exchange and that much of a practice relies on the quality of that information, it becomes apparent that any improvement or enhancement can only provide more efficiency, pleasure, and profit. Fortunately there are some major changes taking place in how information is transferred. Whereas in the past much time was spent in paper transfers (also atoms), information is increasingly being exchanged electronically (bits). The concept of virtual consultation is becoming a reality. Why should it be necessary to refer a patient to another practitioner in person when the first introduction and discussion could be done virtually? The prevalence of intraoral cameras makes acquisition of digital images

rather routine. Transmission of such images may be accomplished using ordinary telephone lines (generally referred to in computer jargon as POTS (plain old telephone service), or any of the enhanced telephone formats. Practitioners would do well to begin understanding some of the services that the telephone companies are now offering. If acronyms such as ISDN (Integrated Services Digital Network) or ATM (Asynchronous Transmission Mode) are entirely foreign to you, you may wish to become a bit more aware of these. There are many other enhanced modes of telephone communication that make image transmission much faster and easier. Think of all the times image communication would benefit your practice—discussion of implant placement with the surgeon, information for the laboratory, or the initial evaluation of a lesion by an oral pathologist are only a few. The ability of a referring doctor to discuss a patient's needs could expand the doctor's presence in the community.

I know of practitioners who are incorporating not only virtual consultations into their practice, but are also setting up a virtual group practice. We have traditionally thought of a group practice as consisting of two or more dentists sharing office space, staff, and overhead. The virtual group also shares all practice administration, but the practitioners are not physically approximate. When one calls an airline company for reservations or information, it is irrelevant where the person on the other end of that line might be, as long as the needed information is conveyed or business is transacted. Do patients really care if they are calling a place, or is it a knowledgeable, friendly person that they want? Once one grasps the concept that physical distance is not a limiting factor, then the consideration of modalities such as video teleconferencing become increasingly enticing. The video teleconference makes use of enhanced telephone connections to provide a wide range of features, from rather simple one-on-one-dedicated cameras to multiple-image, remote-control, highly sophisticated interactive conferencing.

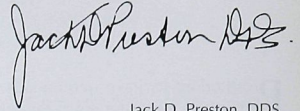
These technologies are changing the way professional people look at the world around them. Certainly, for readers of this journal who have an international orientation, the concept of international video teleconferencing should not be “tomorrow's” concept, but rather one for immediate consideration and investigation. The advance-

ment of electronic technology has placed at our disposal a new set of tools for consideration in professional communication. The world wide web is an intriguing venue for information gathering, but it can be painfully slow. Video teleconferencing, however, can provide real-time full-motion video with simultaneous voice and data transmission. It allows interactive computer use (with both parties having complete control of the program) and distortion-free sound. It is very easy to forget that the image in front of you is not a real person, for communication is complete and efficient.

Technology has also mandated a re-evaluation of education. In fact, it is difficult to imagine what will not be changed by sagacious application of the technology that is available now. New companies based on image transmission and interpretation are already emerging in medicine and dentistry.

If the reader finds that these words seem to be written with the accompaniment of an adrenaline surge, that is not a misperception. Assessment of the continuing

progress indicates that the computer will bring people together—not separate them as once feared. Cyberspace can be very personal, and when real-time images accompany the encounter, then that communication is enhanced exponentially. If virtual consultation, virtual group practice, and routine video teleconferencing do not seem abstract or remote from your present life but appear exciting, interesting, and alluring—then perhaps you are ready for next phase of your present, and your future holds limitless possibilities and fascination.



Jack D. Preston, DDS
Editor-in-Chief

1. Negroponte N. *Being Digital*. New York: Vintage Books 1995:11-19.

1996 IADR Arthur R. Frechette Prosthodontic Research Award Competition

The Arthur R. Frechette Research Award in Prosthodontics recognizes original research by new investigators and is sponsored by the Prosthodontic Research Group of the IADR and supported by Whip Mix Corporation. The award carries a cash prize of \$1,000.

The judges for the 1996 award were the three past presidents of the IADR Prosthodontic Research Group: Dr Aaron Fenton, Dr Joe Grasso, and Dr Sandro Palla. This year two winners were selected based on the originality, method, and scientific merit of their research. The winners were Dr Michael J. Gentile of the Naval Dental School for his research entitled "Intraoral Wear Mechanisms on Dental Ceramics," and Dr Leila Jahangiri of the Harvard School of Dental Medicine, for her research entitled "Effect of Ovariectomy on the Local Residual Ridge Remodeling." The runners-up were Dr Tarek S. AbdelHalim, University of Illinois at Chicago; Dr Mohammed F. Ayad, University of Tanta, Egypt; and Dr Patrick J. Steiner, Naval Dental School.



Frechette Award presentation, 1996. From left to right: Mr Allen F. Steinbock, President, Whip Mix Corporation; Dr Michael J. Gentile, award recipient; Dr J. Robert Kelly, Faculty Advisor; and Dr Stephen F. Rosenstiel, IADR Prosthodontic Research Group (Dr Leila Jahangiri not pictured).