

We have met the future, and it is "US"

Congratulations to "us", the specialty! We have been thinking constructively! We have honestly and openly looked at our specialty. We are seeing our problems as specialty problems. We have generated many solutions to some of these problems. We are working to make our specialty more viable, productive and efficient, all for the benefit of the public we serve. We as specialists are working together to strengthen our profession -- dentistry, and our specialty - prosthodontics.

Dr. Ned Van Roekel, the President of the American College of Prosthodontists, with good foresight, sought to continue and expand the January 1998 ProsStars Newsletter theme: "Advanced Education in Prosthodontics, Moving on to the next Decade, Century, and Millennium." ProsStars and two subsequent ACP Messenger newsletters (March and May, 1998) brought forth opinions, comments, identification of problems, solutions and recommendations from educators, deans and individuals serving on the ACP's Board of Directors. Their comments were significantly open, frank and truthful. It was quite evident that they truly believe that their specialty has great value, and that they are going to do their best to strengthen it to meet the challenges of the future. Dr. Van Roekel and all contributors are to be complimented for their participation in this exercise.

How refreshing! When seeing ourselves as specialists, and when talking like we are truly concerned about the specialty, we show that we understand this specialty has certain values not existing elsewhere in dentistry. We realize that we have unique educations, training and clinical experiences; and we are advancing solutions to our problems from those vantage points.

In review, the exercise has been worth it. Certainly, the problems identified and the solutions offered are important; but greater than that, you the reader will now think, talk, project and work toward a better specialty. Prosthodontics -- the specialty -- is preparing itself for the next millennium! ■

Now - on into the Next Millennium!

Where do we go from here? Easy - we condense and organize the contributor's statements. We review and analyze to see if the problems stated are really valid problems! We must be careful here because our limited energies and resources must be guided and channeled without waste. As summarized from ProsStars and two ACP Messenger newsletters:

The Issues and the Problems

Exposure to Prosthodontics in Undergraduate Education

- Dental students are overwhelmed by the undergraduate experience.
- Undergraduates are not exposed to prosthodontics or prosthodontists.
- Prosthodontics is frustrating in the learning process because of rigid faculty, rigid teaching and much subjectivity. It's "their way or the highway."
- Prosthodontists are great at diagnosis and treatment planning, but poor at teaching the complexities of the specialty to beginning students. We over simplify.

Recruitment into Advanced Training in Prosthodontics

- The recruitment pool is diminishing - especially for U. S. citizens.
- The majority of applicants are foreign nationals and they will return home following training.

Recruitment Cont.

- Watered down prosthodontic curricula reduces interest in the specialty.
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Financial Considerations

- Advanced education in prosthodontics is too expensive with questionable benefit.
 - Enormous previous debt impedes the pursuit of specialty education.
 - The most prevalent reason students do not seek advanced training in prosthodontics is a low income level following training - especially in comparison to orthodontics, oral surgery and endodontics.
 - States supporting programs in prosthodontics may decrease funding and /or cause cessation of the programs if the state fails to see graduates not staying in or returning to the state.
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Image

- The public doesn't recognize the specialty of prosthodontics.
 - The specialty of prosthodontics has an inadequate public and professional image.
 - There is a wrong perception of prosthodontics in dental schools.
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The Need for Board Certification

- The advantage of completing post-doctoral level education and obtaining Board certification is not clear.
 - General dentists see little difference between their practices [*general restorative dentistry*] and the specialty of prosthodontics.
 - Insufficient numbers of individuals taking and passing the American Board of Prosthodontics may cause the ADA to revisit prosthodontics for another defense of the specialty.
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Length of Specialty Training

- The revised standards approved by the Commission on Dental Education that increased the minimum length of all programs [*in prosthodontics*] to 33 months caused the applicant pool to drop.
 - The revised standards demanded increases in competency and proficiency levels in some areas, but didn't delete or lessen others.
 - The length of training is excessive in comparison to other specialties.
 - Our educational process has impeded our creativity. Many innovations in treatment have not been developed by prosthodontists.
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The fact that similar problems were cited by many observers does not make them valid -- it means they are commonly perceived, but possibly misunderstood. The best finding of proven problems will be through applied research. When the problems are identified and the results published, the correct solutions will be forthcoming. ■

Solutions and Recommendations

Now on to the solutions offered in the referenced newsletters. Condensed and edited there were 55 recommendations for helping the specialty meet the future. Some recommendations were very similar and will be stated as one. Some were too general and lost their meaning because of a lack of specificity. Some were restated problems, and not solutions, and were eliminated.

Improve Undergraduate Education

- Teach prosthodontics with skilled prosthodontists [*have completed a certified program and/or are board certified.*]

**Solutions directed
to Undergraduate
Education -- Cont.**

- Recognize talented students with interests in prosthodontics, and through "role modeling" and elective / selective programs encourage them to seek specialty training in prosthodontics.
 - Have students in the advanced education programs in prosthodontics train for teaching and actively teach in the undergraduate programs.
 - Prosthodontists should become personally involved with recruitment. Every prosthodontist should identify with and take special interest in one student, guiding that student toward the specialty.
 - The process of teaching prosthodontics needs to be more flexible, more fun, and more interesting.
 - Make dental students aware [*of the specialty and its rewards and benefits*]
 - Prosthodontics needs to be presented to our students as the specialty with the greatest growth potential of all.
 - Develop honors programs -- identify gifted students in predoctoral courses.
 - Push fully trained and Board certified specialists to teach.
 - Direct a change in the commonly seen "students are exposed to either GPs in practice who teach prosthodontics or prosthodontists with limited or no practice who teach."
 - Stress specialist mentors in dental school.
 - Stress better "grouping" of prosthodontists in dental schools, i.e. collegial grouping / one happy family.
 - Expose dental students to prosthodontics more frequently and more informally -- use extra curricular activities such as lunch seminars.
 - Postgraduate prosthodontic training should include: a) part-time teaching, b) tuition remission, and c) the opportunity to practice in the dental school.
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**Improve Recruitment into
Specialty Training**

- Identify creative and unique ways to insure a viable applicant pool. Create an ACP Task force or Commission in order to carry out this goal.

- Prosthodontists should become personally involved with recruitment.
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**Address Financial
Problems**

- Implement tuition reduction with stipends.
- Foundations should reassess the effect of their scholarship allocations.
- Make the specialty more lucrative.
- Financially support the trainees, especially the graduates of U. S. schools.
- In a reevaluation of prosthodontic training give consideration to paying stipends and eliminating tuition.
- Increase financial remuneration of specialists.
- The ACP should develop a fund for educating specialists and earmark \$32,000 per year for each.

Better Define the Specialty and Improve Its Image •Prosthodontists need to be more involved in organized dentistry outside of prosthodontics. They also need to be involved in dental schools, societies, and communities.

•Prosthodontists should be recognized as the master treatment planners and manage the entry of patients into dental schools.

•There should be a strategic plan to identify the specialty.

•Better define prosthodontics -- as diagnosis based. Market this concept.

•Educate the public by publicizing and advertising the specialty.

•Define the specialty better [*more clearly*] by separating it from general practice.

•Disseminate information on the specialty to dental schools, GPR programs, AEGD programs.

•We must define ourselves by what we do and not by comparison to another group. We should not be perceived as a discretionary service or as a service only for the elite.

•If prosthodontics is thought to be an elective, discretionary, expensive service -- then a committed decision must be made to incorporate external marketing and advertising into every dental practice.

•Show the need for specialists in prosthodontics by demographic studies.

Improvement and Changes in Advanced Education Programs that will Better Position the Specialty •If prosthodontics is to flourish as a specialty, then the education process must be designed to create prosthodontists with skills and knowledge helpful to [*in*] private practice.

•Reinstate the 2-year advanced program.

•Streamline requirements. Reinstate the 24 month minimal length of education program.

•Return to the two year certificate program. Those seeking a Masters Degree could be given an additional year for its completion.

•Remove impediments to creativity. Heighten [*increase / reward*] creativity. Change the educational process to be creative and innovative in nature.

•Base treatment decisions on data -- evidence based education. This will challenge old canons and theories.

•Emphasize taking Boards and provide funding to challenge Parts I and II.

ACP Actions that would Strengthen the Specialty •Promote ACP Sections and their functions.

•The ACP should publicly identify how non-specialty prosthodontic organizations have contributed to "the problem." [*Editor quotes*]

•Initiate and contribute to demographic studies with subsequent journal publication.

•The ACP should expose the hypocrisy of organized dentistry's push to advance general practice. ■

Observations and Comments

Is prosthodontics all bad? Do we talk about what is right, good, solid needing no change? Do we talk about what prosthodontists have done to greatly contribute to the profession, the specialty, other specialties, the community?

Has any one read a recent annual report from a leading corporation? Without naming the corporations they say:

- "We see ourselves as pioneers of a growth story, not merely participants."
- "We are the fastest growing company of all time. We are convinced that our best years lie ahead of us."
- "We're working hard to meet those challenges, and as we do we continue to be one of the most successful, fastest growing, and exciting companies in our industry."
- "Our future is better than ever." "Our future is emerging." "Our future is sound." "Naturally, our future holds some challenges for us."
- "Our executive team is in place; we are working together with a common purpose"
- "We have successfully led a number of important initiatives."

How about an annual report of the specialty, from the ACP of course. Marketing, advertising, disseminating information-- not in the usual sense! Not even the ADA has caught on to "corporate image projection." When? - Now!

The advanced programs in prosthodontics:

- Is your program financially secure? Is the cash flow positive?
- Does your program produce more finishers who will remain in the U. S. than those returning to foreign countries?
- Does your program see an applicant pool that is of the quality and quantity desired?
- Does your program produce trained prosthodontists who challenge the Board on a programmed basis?
- Does your program produce finishers that meet the needs of the specialty? Do we have finishers who will compete well as teachers, researchers, private practitioners, and who will be and want to be recognized as specialists?

Would a military training program dare to produce a specialist in prosthodontics who could not meet the needs of the service? The training program, military or civilian, must be geared to meeting the need -- the need as the specialty sees it. Is every program doing this?

Has anyone mentioned a universally applied (all programs) part-time program? Repeat - a part-time program!!

If medicine is so successful in training physicians for 2 years in medical school and then farming the students out to profit based hospital programs, why are we in the specialty not training our students one year in-house and then inserting them in a profit based clinic for let's say 18 straight months -- the profit going to the student as a stipend?

Let get real in our recommendations! "Who" emphasizes, promotes, initiates, makes more lucrative, pushes, develops, and stresses??? Who with what money? Where are the plans, the milestones? Is an annual session all we can do?? Let's kill the annual sessions for every other year and use the money to finance -- those things needed.

And finally, why can't taking -- and passing -- the Boards be the primary goal of every effort in the ACP, the training programs, and the specialty in total. Was having an honoring ceremony, a "Right of Passage", recognition by peers, a Convocation on of the list of recommendations? ■

In Conclusion -- a Parable

When watching a golfer, a qualified PGA professional, being interviewed during the British Open, I was struck by his lengthy descriptions of all of the problems connected with the tournament. He gave a precise analysis of the weather problems, the course layout, the preparation of the playing surfaces, his physical and mental condition, and the problems of playing overseas with time differences being factored in. Even though he was on the leader board of one of golfs' most prestigious tournaments, golf that day for him was really a problem!

I'm thinking, "wait a minute, I wonder how many thousands of amateur golfers (and many Pros for that matter) would like to be in his shoes?" Yes, his circumstances that day were a big problem for him, but as one of the "few" fortunate players in all of golf he was going to be able to solve his dilemmas with training, experience and skills greater than most.

What was the "common" golfer thinking about these complaints? Was there any way the professional could have made the duffer feel better about the game? Could the professional have put things in better perspective? Could the pro have been thinking about how lucky and yes, favored he was to have the training, physical capabilities, everyday wherewithal, potential for qualification, family and friend love and encouragement, and finally the envy of those with less in all of the mentioned categories?

What is the old saying? "The man without a problem has a problem!" Maybe we've gone far enough with this! The golfers should know that the professional golf tour is lofty! The specialist in prosthodontics should understand the same. Both should remember that the opportunity is there for those who want to try. Some will make it; some won't. Traps and rough terrain yes, but much like the answer to the question "how do you get to Carnegie Hall?" the answer is "just practice, practice, practice!" -- and when you arrive, stride out, perform your best, and be very proud of it!