

n and observation. *v.t.* to make (dī'æg-nō'sis), *n.* [*pl.* DIAGNOSE *gnōsis*, a distinguishing, discrimination, to distinguish; *dia-*, through to know], 1. the act or process of a diseased condition by examination and investigation of the facts to determine something. 3. the decision or opinion after examination or investigation. *ic* (dī'æg-nos'tik), *adj.* [Gr. *diag* instituting a diagnosis. 2. of value specifically characteristic. *n.* in *n* 2. a symptom. *-cal·ly* (dī'æg-nos'ti-k'l-i, dī'æg diagnosis. 2. with regard to *-cate* (dī'æg-nos'ti-kāt'), *v.t.* & (-id), DIAGNOSTICATING], to *-cian* (dī'æg-nos-tish'ən), *n.* a

out; up, ūse, fūr; get; joy; yet; ch
u in focus; ' as in able (ā'b'l);

HOW DOES A DENTAL SCHOOL ENSURE THE CURRENCY OF PRACTITIONERS WHO GRADUATED SOME YEARS AGO?

William R. Yancey, DDS

Can a dental school convince people they will have to be continuous learners throughout their careers?

We've probably all heard the old quote that "success is a journey." Can dental schools prepare people for this journey in a predictable manner or must we wait for them, as adult learners, to ask us for more? Probably all dental schools, as we do here at the University of California at Los Angeles strive to inculcate the sense of continuous learning as part of the responsibility of being a health care provider. Unfortunately, there is no current system that can absolutely ensure this "sense" among practicing dentists. There is no doubt that in California, there are multitudes of educational opportunities for any dentist, at any level. Everyone these days, it seems, is in the continuing education business. The range of providers is wider than ever before: educational institutions, the dental industry, private educational entrepreneurs, state organizations, local dental societies, the list goes on. In fact, the amount of "overload" in this arena may be pushing practitioners away from advanced courses rather than stimulating them to participate. So what can we do that will be effective?

Maybe the only thing we can do both in our dental schools and in our continuing education departments is to try to understand what it is like to practice dentistry "in the real world," then develop courses that address those needs, and be totally prepared to truly help those that do come back.

So what is it like for a dentist in private practice today?

It's in a state of flux — great change, which presents a good news/bad news scenario for every practitioner today. The good news for a young practitioner is that the number of dentists are aging and declining. We now find that 40 percent of practicing dentists are over the age of 50. It is estimated in the next few years that about 4,000 dentists will leave the profession annually. This shrinkage started in the late 1990s and will continue to grow in the future. Therefore, a young dentist can conclude that he/she will have plenty of patients to choose from in their career. That's a good business outlook.

So what is the bad news? The patient pool has changed dramatically over the past 15 years, and the way we practice dentistry keeps changing to stay up with the shift. Therefore, each dentist will need to change their practice to keep up with these dynamics. They will have to

find new ways to develop competencies in multiple areas. How will they do that?

The dental profession used to be a needs-based industry. The patient needed something, mainly because of pain or decay, and they would wait to come see us when those needs surfaced. That scenario is now disappearing because of the widespread use of fluoride in our nation's water supply. Whereas most Americans 50 years ago lost their teeth by middle age, now, middle-age Americans expect to keep their teeth throughout their lifetime. That translates into many more people needing dental care much longer in life.

Therefore, dentistry has become a wants-based industry, rather than a needs-based industry. In the past, the No. 1 reason patients came to the dentist was for pain. In the mid-1990s, pain was finally replaced as the No. 1 reason by appearance-related issues. Now, patients come to us with wants and desires that are appearance-related. That opens the door to many new techniques and procedures that weren't being done before. Our patients are starting to dis-

Author / William R. Yancey, DDS, is assistant dean and director, Continuing Dental Education, University of California Los Angeles School of Dentistry.

cover we can make them look better, which directly translates into career advancement issues for them, and we can make them look younger, which directly translates into how they feel about themselves. You can't turn on the television these days or pick up a current popular magazine that doesn't refer to some sort of makeover. Whether we like that or not, whether we think it's good or bad for the profession — it has without a doubt, changed the profession forever. An article in the *Los Angeles Times*, "Elective Services Boost Dentists'

are constantly changing and much more difficult to master. Many years before the 1990s, there were two materials that stood the test of time and were the mainstays of dentistry: amalgam and gold. They are not very technique sensitive, in fact, they are both quite user friendly, but if you mastered these two materials, you were indeed a master dentist. Now, two new materials show up in the marketplace almost every month. Some of the time, although not nearly as much as the dental industry would like us to believe, they are better than the material that

of time to be consistent throughout the three or four years of dental school. As previously mentioned, in four years — we might go through five or six generations of new materials and techniques. The only place that can keep up with that pace is some form of advanced continuing education. Which is exactly what we do; we're in the keep up business. For a dentist to stay ahead now, they need to be part material scientist and part artist. Those two skills were never taught in dental school, nor were necessary in the past, but they are today.

DENTISTRY HAS CHANGED FROM a MATERIALS-BASED DENTAL PROFESSION TO a TECHNIQUE-BASED PROFESSION.

Income," stated that "50 percent of a general dentist's income is now from cosmetic work." So it stands to reason that the dentist who can address and serve their patients on these issues will thrive, and those who can't — won't.

Here's the current dichotomy. In the past, patients came in to our office and we told them what treatment they needed based on our exam, diagnosis, and treatment plan. Dentists frequently tell us that one of the biggest changes in their practice is a new type of patient. Some patients now walk through the door and tell us exactly what they want done, and bring pictures to show us what they should look like when we finish. So even if dentists realize what patients want, why is it that so few practitioners know how to deliver that level of esthetic dentistry to their patients? Because dentistry has changed from a materials-based dental profession to a technique-based profession, meaning the good news is we have vastly superior products to help our patients. However, the bad news is they

preceded it. But each of these materials is very technique-sensitive. Now, one small detail left out or not done correctly can ruin the entire procedure. If you haven't perfected these new techniques, then you can't master these new materials, which means you can't offer your patients the results they seek.

In that needs-based practice model, most dentists used to practice repair dentistry. They would fix the one thing that was wrong in a patient's mouth, send them home, and wait for them to show up in the future with the next problem. A patient today may come in with nothing broken, yet desire multiple procedures, some rather complex, but most all technique-sensitive. Therefore, today's dentist needs to be constantly upgrading their knowledge and techniques to deliver the type of high-level wants-based dentistry that patients now desire. That same set of circumstances makes it almost impossible for any dental school to teach at this level. Curriculums have to be in place three or four years ahead

The modern dentist needs to find a place to go for advanced training with established experts in their field as instructors, and should look for one that offers hands-on workshops, with continuums that allow for multiple visits to try things out in the office in real-life situations, and then return for more answers and refinements. Using this advanced education model, a dentist cannot only keep up and learn to deliver care at the very highest level, but will actually separate themselves from the mainstream, allowing them to enjoy their profession again as an artist and modern comprehensive health-care provider.

We, as advanced educators, also have to learn how to keep up. We need to embrace the concept of "learner-centered" education rather than instructor-based. Our educators need to become "facilitators" rather than just teachers. New courses need to be developed, then constantly customized and refined (sometimes even during a current course), to keep dentists competent and up to date.

UCLA continuing education has tried to learn from the many surveys that have been distributed over the years to alumni, what subjects were going to be "hot." Those surveys revealed that yes, the subject matter, although highly varied, was important; however, respondents felt that the teaching methods of any proposed course was

just as important. In other words, dentists wanted hands-on continuums that replaced many of the former lecture courses to better satisfy their needs as an adult learner. Therefore, it becomes paramount to find the right kind of educators, using the facilitator model, to teach these types of courses.

To address the currency of practitioners who graduated some years ago, we need to start in our dental schools to make sure every student knows and understand the following:

■ That no dental school can teach them everything they will need to know as a practicing health care provider in today's ever-changing world. If this is admitted and taught up front by every

dental school, then it becomes a fact rather than an excuse we only admit when they come back wondering why.

■ That to be a continuous learner is the norm for our profession — in truth, it is mandatory. Everyone should strive to be a self-directed learner and we should find ways to help them, even throughout their dental school years, enjoy this journey.

■ That competency is an ongoing process; that it is not bestowed by any dental school, by any residency program, nor by any one continuing education course.

Given the fact they will have to go somewhere to complete this journey, we owe it to every practicing dentist to be the best adult learning center avail-

able. Which means offering the types of courses where they can learn techniques and procedures, rather than ideas and concepts that will actually improve the care they can offer their patients when they return to their office.

Is this task easy and predictable? No, but it is essential. It is not any different than the task facing every practicing dentist in that it is a work in progress, a continuous process — a journey. But a journey worth taking. **CDA**

To request a printed copy of this article, please contact / William R. Yancey, DDS, Continuing Dental Education, University of California Los Angeles School of Dentistry, 10833 Le Conte Ave., Los Angeles, Calif., 90095.