

## Editorial Growing Your Knowledge Base and Practice with Specialist Referrals

As a new dentist at age 24, I contacted various local specialists and asked to spend a morning in their office. I wanted to know whom I was referring my patients to and to see if specialty practice might be a future direction for me. I was impressed with their attractive offices with personable staff. All had a lot of confidence and experience from their residency training. They followed thorough diagnosis protocols and didn't seem to have my issues of patients declining examinations, x-rays, or a treatment plan that entailed significant cost.

Although I felt competent with simple endodontics and extractions, I observed endodontists and oral surgeons do complex cases in a fraction of the time with consistently excellent results. Each specialist had his or her own style with patients and most had a talent for concisely describing the essential problem and solution in a way that patients easily understood. A few seemed more focused on production than the patient, which was inconsistent with my practice.

I referred to the specialists I liked and occasionally would receive a referral from them. I viewed myself as conscientious but didn't think I was much different from other GPs; nor did I consider that specialists could be the best referral source for new patients. With extensive continuing education and reading on all aspects of dentistry, I focused more on restorative dentistry and referred out the "specialty" procedures that I once thought integral to general practice. Honestly, I couldn't do the other procedures as quickly, comfortably, or predictably as my specialists.

My conception of comprehensive dentistry was based on my dental school paradigm: Complex cases were not admitted and multidisciplinary cases were planned by the specialists. Peter Dawson's courses and textbook changed my understanding of predictable restorative dentistry. L.D. Pankey, Irwin Becker, and the visiting faculty at the Pankey Institute taught me how to put these concepts into everyday practice. My periodontal prosthesis course with Gary Reiser led me to a completely different level of communication that connected me with specialists I work with to this day. These were the most important experiences in my professional education and formed my standards for interdisciplinary patient care.

I realized that the outcomes were largely dependent on the work I put into diagnosing, planning, and directing the case. To be an equal team member I had to know my work at the same level as my specialists,

as well as why and how they did *their* work. It was my responsibility to develop relationships so they could teach me, which, in turn, obligated me to expand my vocabulary, read the same journals, and develop a solid foundation of scientific knowledge. Years of working through cases together made me appreciate how hard my specialists work for my patients but also changed the specialists' view of who I am and how I can help their patients.

Now, all my specialists have spent time in my office as well as me being in theirs. I have shown them all aspects of my practice philosophy and protocols: 2-hour initial examination, diagnostic casts verified in centric relation and computer-driven occlusal analysis, precision occlusal splints, equilibration prior to restoration, preparations refined under the surgical microscope, composite/acrylic provisional restorations, and PowerPoints/videos of completed comprehensive care. I share my professional evolution and how I like to communicate with patients and specialists alike. A high priority in my practice is that I educate patients to the level that they understand what is optimal and appropriate care for long-term success.

All patient information is summarized in a problems/solutions list and reviewed with the specialist. I enumerate my restorative goals for the patient and specify what I want the specialist to do to facilitate that result. This requires that I know the principles of specialist diagnosis and technique. My workup starts the conversation about the indications and limitations of their procedures. A synergy develops from each of us contributing our perspectives on the case, and learning occurs on both sides of the conversation. The success of both our practices is based on making correct decisions that lead to predictable care. Once all specialist consults are completed, I can present the patient with the best comprehensive plan and confidently speak about every aspect of it. Consequently, my specialists now have educated patients who ask intelligent questions about their treatment, and my patients benefit from receiving planned interdisciplinary care. Many of my new patients now come from specialist referral, and many of these specialists are now my patients.

Roger A. Solow, DDS  
Private Practice  
Mill Valley, California, USA  
Visiting Faculty, The Pankey Institute  
Key Biscayne, Florida, USA