



On Prosthodontic Leadership

Since its creation as a specialty in the early 20th century, the field of Prosthodontics has been often led by a strong cohort of individuals with visionary and transformational¹ leadership qualities. Unsurprisingly, however, our discipline has also suffered at times a bumpy road in its evolution in the domain of leadership, moving in parallel with concurrent societal leadership dynamics which were encountering the Dunning-Kruger effect² (don't know what they don't know), Griffin and Tversky's foibles of the expert³ (often wrong but rarely in doubt), and Furnham's categories of unsuccessful leaders⁴ (Bad, Sad, or Mad). There were also times when our specialty was influenced by strong personalities whose dominant beliefs, based on little if any scientific evidence, led to the creation of follower cults, whose disciples in turn bore contempt toward the followers of other such demagogues. We have indeed come a long way.

My own graduate work in leadership theory, validated by practice and observation in leadership positions in a series of very large organizations with missions of consequence, brought me to the conclusion that a true leader at any level must have equal measures of three interdependent domains of competency: credential, experiential, and behavioural. Shortfalls in any predispose most individuals to ineffective leadership performance. These elements are represented in the model I call *The Leadership Competency Trigon*®:

- Credential competency is the acquisition and maintenance of formal validated qualifications in knowledge and skill areas directly and generally pertinent to both a series of specific positions and to the wider organization, as well as to relevant external entities. With a shortfall in this element, an individual may have demonstrated effective leadership behaviours and may have occupied positions of consequence, but has never attained the necessary credentials to grasp the full scope of these positions, thus consistently diminishing performance. Such an individual will likely experience limitations in career opportunities until the requisite formal credentials are gained but can usually rectify their situation on their own initiative.
- Experiential competency is gained through mentored and evaluated performance in a variety of diverse but iterative leadership roles of progressive scope and scale of responsibility. With a shortfall in this element, an individual may have attained the necessary credentials and demonstrated effective generic leadership behaviours but has never actually performed in positions of consequence, and is thus an unproven performer as a leader. Such an individual will likely experience limitations in career opportunities until the requisite experiences are gained. While in certain circumstances individuals can rectify their situation on their own initiative, there are times when one must seek a competent mentor to gain access to such experiential opportunities.
- Behavioural competency is the concurrent application of diverse but situationally relevant objective knowledge elements through situationally relevant subjective approaches to achieve successful outcomes in circumstances of progressive complexity. With a shortfall in the necessary credentials, one may have

nominally occupied positions of consequence but has not demonstrated effective leadership behaviours in these positions, thus consistently diminishing performance. Such an individual will likely (one hopes) experience limitations in career opportunities until the requisite behaviours are developed. This is of course a much more subjective process than the remedies discussed for shortfalls in the two previous competencies; for instance, our colleagues in neuropsychology have traditionally cautioned that changes in neural pathways associated with character are not common after the age of 25.

Regardless of internal factors (such as the three competencies), leadership can only be effective in an environment of trust: trust from internal cohorts, such as those within the institution or organization that one leads, and trust from external entities, with which one must transact and/or collaborate in the course of one's duties. This trust is based not only on their awareness of a leader's capacities in the three domains of competency, but on the perception of their ethics. While ethics is one of the traits that underpins success in the domain of behavioural competency, it bears further discussion and lends itself to concrete examples with which members of the global prosthodontic community will likely be familiar; it is also tied to the legal responsibilities and fiduciary duties of leadership positions in many global jurisdictions. It all boils down to this question: Are the actions one is taking or not taking in the best interests of the patients, institution, or organization one has committed to serve as a leader? Whether the scope of one's leadership is limited to being within a private practice or a university department, or spans the globe at the senior executive level, this is a key concept in leadership success.

The global oral health community is a complex system of systems, by necessity having a diversity of activities with their own vested interests. Those who earn a living by treating patients can have external personal obligations and/or relationships with industry that could pose a conflict of interest with the best interests of their patients. Those who earn a living as professional speakers can have relationships with other professional speakers and/or with industry, which could pose a conflict of interest with the best interests of their patients and/or their paying audiences. Those who earn a living in academia can have relationships with other academics and/or industry, which could pose a conflict with the best interests of their students, the patients of their university, and/or the university itself. And, while those who earn a living in institutions/government normally have clearly defined and routinely scrutinized fiduciary obligations, they may also have external private practice activities and/or relationships with industry or other institutions that are in real or perceived conflict with the best interests of their institution or government.

The complexity increases when a prosthodontist occupies more than one of these roles simultaneously and further increases when they then accept a leadership role in organized dentistry, whose organizations are often incorporated not-for-profits with directors and officers that have a clear (and published) fiduciary duty of loyalty to that organization based in law. Individuals without well-developed ethical competencies in the domain of leadership behaviours may well stray into actions of economic self-interest toward one or more of their other roles, thereby violating the trust of their position and their credibility as leaders.

Today's prosthodontists seek and gain higher levels of doctoral and postdoctoral education. They broaden their leadership competencies and perspectives by earning pertinent credentials and higher positions outside of the domain of clinical and academic responsibilities, and indeed beyond dentistry itself. I think I can confidently state at this point that the collective prosthodontic community has the breadth

of knowledge and wisdom to recognize competent leadership that is relevant in the modern milieu. That, along with the geographic, cultural, and gender diversity of modern prosthodontics, gives me great confidence in an even brighter future for our specialty.

James Taylor



James Taylor undertook his dental school studies at the University of British Columbia in Vancouver and his postgraduate training in prosthodontics at Walter Reed Army Medical Center in Washington, DC. He went on to complete a Master of Arts degree in leadership at Royal Roads University in Victoria, British Columbia, and is a graduate of the Department of National Defence National Security Program. Following a full career in the Royal Canadian Dental Corps, which culminated in his appointment as Honorary Dental Surgeon to the Queen and Canadian Armed Forces Chief Dental Officer (CDO), Dr Taylor was appointed CDO of Canada in the federal Ministry of Health. Dr Taylor is past president of the Association of Prosthodontists of Canada and currently serves as the president of both the Academy of Prosthodontics and the Academy of Osseointegration. He is the Secretary of the FDI World Dental Federation Section of CDOs & Dental Public Health, a member of the steering committee for the Network for Canadian Oral Health Research, and a member of the Standards Council of Canada delegation to the ISO Technical Committee 106 on Dentistry. Dr Taylor also currently serves as an Associate Editor of *The International Journal of Oral & Maxillofacial Implants*, a reviewer for the *Canadian Journal of Public Health* and *Armed Forces & Society* journal, and on the editorial boards of *The International Journal of Prosthodontics* and *Quintessence International*.

References

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2. Kruger J, Dunning DA. Unskilled and unaware of it: How difficulties in recognizing one's own incompetence lead to inflated self-assessments. *J Pers Soc Psychol* 1999;77:1121–1134.
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4. Furnham A. *The Elephant in the Boardroom: The Causes of Leadership Derailment*. New York: Palgrave Macmillan, 2010.



My editorial in Issue #2 acknowledged the impressive contributions of the IJP's female editorial cohort. I inadvertently left out a picture of Professor Ting Jiang from Beijing, who is also an invaluable member of the reviewing team.

—George Zarb

Ting Jiang