

The gap

As our science base increases exponentially, the danger of knowledge gaps between academia and practice increases apace.¹⁻³ The more disciplines we try to master in our practices, the greater our chances of falling behind the knowledge curve in one or more other areas. The farther we fall behind the knowledge curve, the farther we stray from contemporary standards of care. The farther we stray from contemporary standards, the less ably and predictably we treat our patients. The less competently we treat our patients, the greater the risk of poor treatment outcomes.

A critical personal strategy to help avoid this unhappy spiral is to heed the ageless admonition to remain a lifetime student. That's the purpose of the various journals of the world. Personal reading time remains the primary method used by doctors around the world to keep up with their disciplines. QI has recognized that strategy and established a review system that is meant to assure readers that the contents are reliable reports.

Another important strategy for continuing professional competency is to attend continuing education courses. Progressive schools, institutes, and other groups are offering increasing numbers of curriculum-based postdoctoral programs, comprehensive and integrated in content, focused in interest, and spread out over time to allow serious advanced study while maintaining a practice. The "shotgun" approach to continuing education is less productive: a course here and a course there, unrelated and uncoordinated, wasteful of time and money, and difficult to implement into practice. Sequential learning over time, with plenty of opportunities to practice with the hands what one learns with the mind, is the most efficient way to stay current.

A third preventive measure is to carefully select self-instructional materials⁴ for oneself, staff, and patients. As more offices become computerized, the number of innovative schools offering interactive teaching modules will multiply. Demands for reliable information transfer will result in growing numbers of opportunities to participate in innovative self-instructional programs. Critical selection of journals and texts will continue to enhance self-study efforts.

Yet another wise measure is to develop good relations with specialty colleagues for the interdisciplinary diagnosis, treatment planning, and management of complex cases. In today's world none of us can or should be all things to all patients. Assumption of such a burden is crushing, both mentally and physically, and should be avoided.

In summary, there are five excellent ways to help avoid the unpleasant spiral toward outdated knowledge, inferior care, and unhappy patients.

1. Seek texts and journals from the world's authorities on dentistry, and use them as the best source of reliable, proven technologies. Maintain a lively interest in the nonrefereed "throw-aways"; this is where new ideas of tomorrow are born. Just remember that these articles are usually more anecdotal in nature and may later prove less reliable than techniques that have been proven over time by many operators.
2. Seek, demand, and support excellence in participative, peer-reviewed, comprehensive, accredited postdoctoral courses.
3. Seek, demand, and support excellence in self-instructional materials for yourself and your staff.
4. Seek, demand, and support excellence in collegial specialty relationships that serve the best interest of your patients.
5. Remain scrupulously within your personal comfort zone when treating patients.

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Suggested reading

1. Neidle EA. A paradigm of failure. *J Dent Educ* 1986;50:455.
2. Sonis ST. The three H's are not enough. *Current Opin Dent* 1991;1:715-717.
3. Wathen WF. Petri dish to operator: Bridging the gap. *J Dent Res* 1990;69:502.
4. Race GJ. The winds of change in continuing medical education. *Baylor Univ Med Cent Proceedings* 1992;5(1):7-13.