

## Helping the Future Become the Present

As the "new technology" in dentistry continues to develop and progress, as new products find their way to the marketplace, and as more and more information is made available about these advancements, it is interesting to observe the attitudes of our confreres in the dental profession. Some greet these developments enthusiastically—eager for improvements and willing to invest both the money for procurement and the time required to conquer the "learning curve." They see the opportunity offered by these programs, materials, and devices, and want to be a part of progressive development. These are the people who drive the profession, are willing to take the risks of leading-edge advancement, and underwrite the placement of prototypical products. These people are the upper 10% of our profession, the target of the new product developers, and the group that fuels progress.

There are others who are also eager but are more reluctant or unable to invest either the time or money to become actively involved. They are willing to let others break the new ground and report their experiences. Their decisions will be made on the basis of vicarious rather than direct experience, and actions will be delayed and tempered. Active involvement will come, but it will not be aggressive and immediate. Although those in this more conservative group are not the driving factor in new development, they are the important "second echelon" helping new products to become accepted.

Still others show an interest but are not inclined to actively participate. Instead they adopt a wait-and-see attitude and most likely will become involved only after second-generation products make the initial release more available and economical. This group probably constitutes the majority of the profession—the reactive middle rather than the active top. They validate the confidence manifest by the initial users and establish products as meriting an established place in the average dental office.

The individuals who completely amaze and perplex me are those who greet each new idea with contempt and derision. Every flaw is accentuated, every limitation is exaggerated into a major disadvantage and obstacle to acquisition. Nothing is as good as that currently being used, and the expense of a new product is always considered unreasonable and unthinkable. Rejection and negation are the primary instruments of these people. Upon being presented with information on a new product or material, the usual response is "Why should I try that, I get along fine with what I use now."

However, I believe that I understand what prompts such responses in many people. These individuals have a very narrow comfort zone. Their need for self-protection is greater than their desire for expansion and

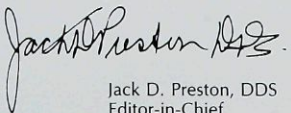
exploration. Whatever is "new" is threatening, whatever is currently functioning is comfortable. Learning represents a challenge. To admit that something might be better or offer improvement would necessitate some action. The consideration of having to undertake such action might raise thoughts of self-doubt, and at least suggest inconvenience and discomfort.

This is particularly true with the new computer-based technologies for dentistry. To those unfamiliar with computer use, there is a certain mystique surrounding computer-based systems, and the novice may be intimidated. This is understandable, and manufacturers recognize these responses and try to make programs and systems easily addressable.

Individuals who have already established a reputation for some particular talent or ability also are reluctant to accept new concepts or techniques. These people may be academicians who lecture on a particular topic or general practitioners who focus on some aspect of care. A program or technology that represents an improvement or innovative approach is seen as a threat to their present expert status. For this group, making a computer-based program more friendly will not solve the problem.

Progress will be made, however, with or without the help of all these less-cooperative individuals, but it could be made faster if everyone would work together to evaluate and incorporate the new products in an integrated program. Dental schools should lead in the investigation and application of appropriate systems. If progress with electronic clinical systems is to be universal, the underlying concepts and knowledgeable applications of these products must be incorporated in the routine curriculum of all dental schools. Early programs and applications must be viewed as prototypes—shadows of what is to come—and must be met with some vision of where dentistry is going. Criticism must be tempered with understanding.

There is an exciting generation of new products available now, and even better systems are coming in the very near future. Those secure and innovative enough to try these new systems are leading us into that future, and their evaluations will make future users more comfortable in accepting new products. We should all be more open-minded and circumspectly aware of each new system or device, and see where it might fit into our new vista of dental practice. The future comes more quickly for those who start the journey early.



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