

Evolution



The International Journal of Oral & Maxillofacial Implants (JOMI), your green journal, continues to evolve. Over the past 6 months, the editorial staff and I have been able to move the editorial process into a new phase of rapid review and response. As I mentioned in the editorial in the third issue this year, building on legacies is key, but authors in the competitive space want the best in clinical and research implant sciences to be published. Fast.

They want, like the rest of our societies, a rapid response. In the past 3 months, we have moved from an average total review time of more than 180 to 365 days to less than 60 days. As mentioned in the last editorial, this has meant that the editor-in-chief has needed to be very focused on efficiency and assessment of articles that are not just confirmatory but the very best in contemporary, high-quality clinical science. I want to express to the many authors who have submitted their work to JOMI, only to hear a negative response: Thank you. Thank you for your trust in us and for submitting your work. Our role is, in turn, to provide a respectful but rapid response to your work and provide an answer, allowing you to respond, revise, or move on. It kind of sounds like dating to me. We kick the tires and try out ideas, but it isn't always a good fit, and that is okay. We evolve. The key is professional civility and respect.

Professional civility is the framework of our specialties working in a collaborative manner around the best in patient care. This can be in the educational, clinical, and/or research spaces. The key is respect for each other. Without respect, we cannot evolve as a discipline providing the best in tooth replacement therapy and regardless of our differences, we cannot provide the upmost in patient safety. Losing professional civility between the general provider community and the specialties or between the specialties themselves, in the end, endangers patient safety.

Professional civility = Patient safety.

More than 20 years ago, the National Academy of Sciences published a groundbreaking report on the lack of safety in the US health care system: "To err is human: Building a safer health system" (<https://pubmed.ncbi.nlm.nih.gov/25077248/>) outlined a series of

recommendations. More than 20 years later, we are only incrementally better. Evolution moves either in spurts, novel mutations, or incremental changes. The key for implant dentistry to learn from this report is that patient safety is grounded in open communication between all providers and the acceptance of all providers to have the ability to provide care (surgical and/or prosthetic) based on a risk-based, evidence-based diagnostic criterion where the team communicates clearly around the best care for the patient (and not the egos in the room). Egos can maim and can even kill. The key for us as a multi- and interdisciplinary profession is to respect the education and experience we each have, to set our professional egos on the curb, and to utilize all the tools of professional civility to communicate, educate, and collaborate with all members of our wonderful dental profession providing tooth replacement therapy through the provision of oral implant care. It is all about patient care.

As an educator and clinical prosthodontist, I highly value the education and experience of my collaborators on my team (fellow surgical and orthodontic specialists), and like a version of Jurassic Park, I fully recognize it is the expertise of every team member that has allowed the evolution of care, along with the evolution of implant systems, to continue to improve patient care outcomes. I don't want to see sharp, unexpected, uncleanable prostheses with Tyrannosaurus-like "implant support-teeth." We have evolved through professional civility, technology, and mutual education.

We are positioned to defend our provision of care through this evolution to our patients for the best in patient care outcomes. The National Academy of Science report in 2000 outlined that failures in communication and collaboration within the healthcare team were leading to patient endangerment. We have and we must continue to evolve as a team to a stronger future. I know we will get there. Will you join me?

Thank you.

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Editor-in-Chief