

## Leadership, Stewardship, and Prosthodontic's Future

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At some point in time we all realize just how far we have come as a specialty. However, making an assessment of our future direction, even based upon past achievements, is more difficult. After all, civilization's journey through time has been punctuated by remarkable phases of development and achievements, from the Stone Age to Iron Age and on through the Agricultural Age, Industrial Revolution Age, Space Age, Technology and Information Age, Integration Age, and the current Alternative Energy Age...but wait...*what exactly is the Integration Age?*

By now, most *IJP* readers are familiar with Thomas Friedman's book, *The World is Flat: A Brief History of the Twenty-First Century*. The globalization process and free exchange of information in the Technology and Information Age have eliminated barriers and leveled the playing field, providing opportunity where none previously existed. It is easy to comprehend how various countries with greater resources and freedoms have transitioned through these ages much more quickly than others, but now the otherwise under-achieving or latent countries are posed to eclipse if not advance beyond the traditional front-runners.

As we move through the Technology and Information Age there will be an integration process of all of the ages with a contraction of time and an accompanying redistribution of both financial and intellectual prowess. Country boundaries and other intangible processes that previously limited informational exchange will simply disappear. These boundaries will be replaced by rebalanced economic frontiers caused by the overwhelming demand for equalization. From an altruistic perspective this process may be good for everyone, but we may have to decide if we want to steer the wheel or be crushed by its inertia. *Is there a parallel phenomenon in prosthodontics?*

It is important to recognize that prosthodontics, on its many levels, is not some exclusive western-nation discipline. Education has ensured its universal appeal because we now deal with the concept of an electronic blackboard. Through globalization, foreign dental laboratory competitors have equal access to cutting-edge technology, but have less costly labor rates—a fact that threatens the dental laboratory industry as we know it in some western countries. Concerns will be expressed relative to quality of care, materials used,

or infection control, but they may all be unfounded. Moreover, the cost of dental supplies, including gold, platinum, and titanium, may sequentially follow the oil market. And those countries with higher labor expenditures will experience pressures on the “cost of doing business,” further impacting their practices; just ask any Detroit automaker about what's happened in their industry.

Published reports as well as Internet search engines reveal that currently, prosthodontic incomes are favorable. Interestingly, the Millennium Research Group preliminary surveys and similar publications suggest that there may be integration beginning between scope of practice and the disciplines. As a result, the conventional thinking regarding “gate-keeper” referral patterns will likely be interrupted, if not challenged. If this premise is true, it is likely that health care providers best positioned in the Integration Age will be those with the best available science, those best trained, and those economically prepared to deliver such services.

In our discipline, we can look back on our own “Prosthodontic Ages” that were both decisive and absolutely necessary for the development of the specialty. These eras might include the Tooth Replacement Technique Age, Organizations and Journals Age, Occlusal Geometry and Materials Age, TMD Age, Education and Symposia Age, Adhesive Porcelain Age, Implant Age, Science and Best Evidence Age, and now the Leadership and Stewardship Age. While their beginnings can be traced, these ages may fade and become indistinct over time—though they never really end. Instead, they transition in tandem into an inter-related continuum. These prosthodontic epochs were marked by “tipping points” that might include the formation of seminal organizations to advance prosthodontic education, the development of a glossary creating an acceptable and common terminology, the creation of peer-reviewed journals asking the “right” scientific questions and publishing cogent prosthodontics manuscripts, the establishment of national certifying specialty examinations and performance verification standards, and symposia and workshops that create consensus and collective purpose among prosthodontists. These endeavors were further enhanced by pivotal and forward-thinking strategic

planning sessions, at least in North America, such as Prosthodontics 21. This brought to the forefront an awareness of the future direction of the specialty and the need for evidence-based dentistry to promote the best available science for treatment and at the same time empower the prosthodontic research mind. Many individuals have long forgotten and some have never heard of the American Dental Association's moratorium on dental implants more than 25 years ago. Brånemark's scientific breakthrough of osseointegration proved to be a true revolutionary paradigm in North American prosthodontics and pre-prosthetic surgery. All over the world, opportunities were created for prosthodontic communities to be represented in many spheres of national health interest activities, and this expanded the voice of prosthodontics accordingly. In the USA, for example, the American College of Prosthodontists' Parameters of Care, Prosthodontic Classification, and Diagnostic Indices provided the necessary documentation to firmly establish the specialty's presence, scope of care, and degree of patient treatment difficulty. Many educational foundations have nurtured these endeavors by providing financial support for research, patient care, and education that created new opportunities for those pursuing an advanced training program in prosthodontics. All of these accomplishments demand an answer to the question, *"Will it all be enough in this 'flatter' world with integrated global equalization?"*

Prosthodontists in clinical practice will be quick to point out that "patients don't care how much you know...until they know how much you care." A great education that meets each country's national dental accreditation requirements may not be enough to separate us from the rest. Just because we think we are special will not necessarily make it so...*where do we go from here?*

The beginning of the next age will be signaled by the cessation of our specialty being defined by the prostheses we construct. Instead, we will be defined by our ability to apply scientific rigor and research outcomes to our knowledge-based diagnoses, balanced by the value-added "service" differential to the care that we provide. Which brings us to the next question...*how do we get there?*

As prosthodontists, we have been remarkably reluctant to change, and a sort of "prosthodontic personality" evolved, clinging to the old ways and failing to grasp the many new and challenging opportunities that were changing the face of the profession. Protecting the status quo is a transient undertaking simply because if we are not progressing, we are most certainly regressing. We need to call upon those visionary leaders within our specialty who have the

foresight to recognize these opportunities for change. Only strong leadership will ensure the much-needed resiliency and resolve to harness and successfully complete them.

As organized prosthodontists, we will need to recognize our own personal role as the stewards of the specialty. It is not a spectator sport and everyone needs to be involved. This responsibility not only requires open-mindedness and the recognition of the need for change, but also the willingness to develop new strategies when necessary. Additionally, we have the responsibility of leading by example to provide continuous and perpetual mentoring of fellow prosthodontic colleagues, offer the commitment of time and involvement, and support those efforts that will promote and grow the specialty.

The growth of the specialty will require that we tap our true resource potential. Of all the dental specialties, the prosthodontist is well suited to become the future researcher who guides change. The correlation of diagnoses and treatment protocols with the best available science remains paramount. This correlation may not be possible unless the prosthodontic specialty inspires a greater number of prosthodontists to conduct rigorous research. The entire cycle must be supported through its conveyance in advanced prosthodontic education and closure of the loop by prosthodontic clinical trial confirmation.

A greater interface with our international constituencies for intellectual exchange will further enhance this process, and organizations such as the ICP have already committed themselves outstandingly to this purpose. It may also be opportune to form a Research Intermedicus for Prosthodontic Exchange (RIPE) to promote prosthodontic science and research mentorship worldwide. The infrastructure is in place to reach fruition quickly, and the scientific community is certainly "ready for the picking" for such a timely opportunity in this flatter world.

The future prosthodontist as researcher, teacher, and clinician will become the master of diagnosis and treatment that will *focus* the scope of care for the patient's advantage. One obvious example is the placement of osseointegrated implants as an inherent prosthodontic realm that will improve the treatment outcome and the patient's quality of life. As a result, it should be incorporated in our educational programs now at a comprehensive and in-depth level; at the same time, we should also be preparing for change. Just imagine the possible displacement of titanium endosseous implants by the notion of stem cells implants that require no mechanical interlocking components or gold retaining screws...*are we positioned to lead such a change?*

The prosthodontic legacy must incorporate leadership and stewardship to ensure its advance. Neither quality comes with bows or colorful wrappings, but both are the “unwrapped gifts” to the specialty as their value is immediately apparent. Our challenge is to grab these essential keys and use them wisely and with greater frequency. In this new Integrated Age, the future of prosthodontics will not be found in fortifying our professed practice domains based upon a particular prosthesis type, but in evolving to the next level as Prosthodontic Research Scientists.

## Suggested Reading

1. Friedman T. *The World is Flat: A Brief History of the Twenty-First Century*. New York: Farrar, Strauss and Giroux, 2005.
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