

On Graduate Programs and Their Leaders

Learning prosthodontics has traditionally resulted from both education and training—twin pillars of a lifelong professional remit. The former demands intellectual engagement to ensure thinking critically; the latter, in contrast, seeks correct answers as rapidly as possible without necessarily improving the mind. Both are needed in clinical practice; yet uneven overlaps during preparatory undergraduate years, dominated by numerous clinical requirements, often trump the quality of the educational journey undertaken. The two eventually coalesce in a far more significant way after years of practice and experience, particularly when learning is undertaken at a graduate level. It is then that the discipline is no longer reducible to technical exercises and instead becomes the most opportune time for clinical educators to take over.

Fifty years of a close personal association with clinical academia at both the dentist and specialist educational levels has led to strong convictions regarding the importance of nurtured synergies between part-time clinical instructors (usually outstanding practitioners in the community) and the small core group of full-time clinical educators committed to enriching and challenging a discipline's scholarly pedigree. This is because there are, and should logically be, subtle yet profound differences between the roles of clinical instructors and teachers. Under the right leadership, their duality of skills and time commitments can be combined to ensure that clinical dentistry is not taught as rigidly ordered credos or tidy technical formulas. I realize that numerous other dental educators have already wrung out the dishcloth on this issue, but it still remains worth more than a passing squeeze. The best prosthodontic programs are in the business of teaching critical thinking while dispelling clinical

myths and dogmas,¹ and above all, not pandering to them. They seek to avoid contrived therapeutic interventions for clinical problems that are manufactured by fashion and anecdote. All of this needs strong and courageous leaders who willingly resist resting on their laurels and influential commercial enterprise.

Such leadership for our discipline has been gratifyingly forthcoming from numerous program directors in the international community. They are incisive thinkers—well-informed minds who never tire of taking second looks at pedagogic bubbles and proposing alternative explanations. This role was played brilliantly by Professor Sandro Palla throughout his long career at the University of Zürich. Here was a very distinguished colleague who never genuflected to what was popularly regarded as correct clinical political thinking. Instead, he remained a strong voice of reason and prudence, particularly in the world of temporomandibular disorders and oral physiology. It was also appropriate to invite Iven Klineberg, one of his long-standing friends and an indispensable member of our editorial advisory board, to interview Dr Palla for this issue. Both clinical educators' career trajectories reflect the sort of intellectual boldness that makes our discipline the exciting area for scholarly development it continues to be.

George A. Zarb
Editor-in-Chief

References

1. Carlsson GE. Critical review of some dogmas in prosthodontics. *J Prosthodont Res* 2009;53:3–10.

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