Editorial

What Happened to Our Prosthodontic Advocates?

I JUST received the latest issue of the *Journal of the American Dental Association*, and read the article by Dr. Gordon J. Christensen, who writes an article for each issue of *JADA*. As you may be aware, Dr. Christensen is a prosthodontist and a member of the ACP. The article in the March 2007 issue (JADA 2007;138:387–390) dealt specifically with the increasing need for lifelong learning, or as we know it, continuing education (CE).

Dr. Christensen begins his article with his personal assessment of the learning needs of a dental practitioner based on his/her years in practice. Dr. Christensen continues with a ranking of the "educational value" of various types of CE programs, with "hands-on patient treatment" ranking as the most important, and "large lecture courses with little interaction with the instructor" ranking as having the least educational value. There were four other types of CE categories ranked between these highest and lowest categories in his scale. I must admit, I was somewhat surprised by his rankings. Dr. Christensen has come to UNC every other year for decades, and has given a one-day CE program for our Department of Operative Dentistry. He fills the largest room we have on campus (it holds 450 participants), and we turn people away due to a lack of space every time he speaks. I have seen him fill auditoriums across the country as well. For Dr. Christensen to admit that what he has been doing for decades ranks at the bottom of his own list in "educational value" was quite a revelation to me. For one of the best known prosthodontists in the world to inadvertently admit to his shortcomings in such a public forum is truly impressive.

Dr. Christensen continues his article with an alphabetical listing of the various CE topic areas in dentistry, and his assessment of the "need" for CE in each area. I've taken the liberty of re-ordering them below based on his assessment of "need," rather than alphabetically (for areas with more than one topic, I have listed them alphabetically). Here goes:

Extremely High Need: Esthetic Dentistry, Implant Dentistry, Orthodontics, Practice Management

High Need: Diagnosis and Treatment Planning, Oral and Maxillofacial Radiology

Moderate-to-High Need: Oral and Maxillofacial Surgery

Moderate Need: Occlusion, Preventive Dentistry, Prosthodontics

Low-to-Moderate Need: Endodontics, Operative Dentistry, Pediatric Dentistry

Low Need: Periodontics

A few things really jumped off the page as I read through his listings, along with the narrative below each of his various topic areas. First, if I were in the low-to-moderate, or low "needs" groups, I'd certainly be concerned, especially if I were a CE provider or in academics in these areas. However, to me, the really frustrating part of this article was the fact that Dr. Christensen, as one of the most well-known and respected prosthodontic educators of our time, separated diagnosis and treatment planning, esthetic dentistry, occlusion, and implant dentistry from prosthodontics in his listing. What group of individuals teaches these aspects of prosthodontics, nay, dentistry, at the very highest levels—we PROSTHODONTISTS do! And, to separate these "extremely high" to "high" needs CE topics ***from*** prosthodontics is just plain WRONG! These critical aspects of dental care have universally been taught by prosthodontic departments for nearly a century—why anyone would think they could be or should be taught separately from prosthodontics, or by some other group than prosthodontists, simply amazes me.

I recall having a graduate resident propose a treatment plan for a patient several years ago with some of the most outlandish techniques I had ever seen. When queried about where he had learned about his proposed treatment techniques for this patient, he presented me with a textbook, the entire text of which outlined his proposed treatment on a single patient. When I informed him that

"just because it made it into print does not make it correct," followed by a lengthy discussion of what constitutes appropriate peer review, he finally understood. As the old saying goes, "the pen is mightier than the sword." Now that Dr. Christensen has another *JADA* article "in print," does that make what he says in it correct, or irrefutable? What does the ACP need to do to have our most visible members stand up and promote the Specialty of Prosthodontics, rather than continue to dilute the Specialty (and, their years of Specialty training) as something "anyone can do"? What has become of the advocates of prosthodontics?

My final concern in this is related to a potential conflict of interest. You should go online and visit pccdental.com, which appears to be Dr. Christensen's web site for his personal on-line CE courses, and peruse the list of videos and DVDs in his "library," along with the "hands on" courses he offers at his continuing education center. These offerings, along with his recent appointment as Dean of the New Scottsdale Center for Dentistry, which will apparently provide all forms of CE noted in his *JADA* article, leads me ask the same question I asked in my January/February 2007 editorial: "Does a potential conflict of interest exist here?" The perception that Dr. Christensen has used his position on the *JADA* staff to very cleverly promote the CE interests of both ppcdental.com, or those of the Scottsdale Center, may now exist, and if that is the case, I am most concerned and disappointed. I hope you are as well.

I asked Dr. Christensen to comment on this editorial, and, graciously, he has. His response follows.

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Editor-in-Chief
Journal of Prosthodontics
American College of Prosthodontists

May 2, 2007
David A. Felton, DDS, MS, FACP
Editor-in-Chief
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Dear David:

Thanks for letting me respond to your editorial. I appreciate and respect your views.

As I understand your comments on my article (JADA 2007;138:387–390), you objected to my segregation of the various divisions of dentistry. Of course our specialty involves **all** of dentistry, and my comments could have been discussed or divided in various ways. As an example, diagnosis and treatment planning is needed in every area of dentistry, not just in prosthodontics, and I indicated it has high need for CE.

Continuing education (CE) in all areas of dentistry is highly important, ranging from "hands on" patient treatment, to laboratory exercises, to lectures, to journal articles. I am involved in all levels of it. In the *JADA* article, I attempted to indicate which type of CE is most influential relative to learning retention, which is well documented in the education literature. I strongly promote CE for all dentists regardless of specialty or previous education. In my opinion, there should be no secrets or guarded "turf" in our profession. The responsibility for implementing CE should be up to the moral integrity of individual dentists.

I have "no conflicts of interest" in my CE activities. Yes, we have videos, courses, and published information available to the dental public, which bring in revenue. You may be interested to know that a major portion of the income from these activities is donated to research, scholarships, and needy students. Our "donated" educational videos are present in developing countries throughout the world. Similarly, our videos are sold at cost to dental, dental hygiene, dental assisting, and dental technology schools and are used globally.

Teaching, researching, and practicing prosthodontics has consumed my professional life. I love the specialty, promote it constantly, and would elect it again without hesitation.

Thanks for your comments!

Sincerely,

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