



# In Practice

WITH DR. RONALD E. GOLDSTEIN

## Continuing Dental Education



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[Introduction to be provided by Dr. Goldstein]

### How do you decide which continuing education course(s) to attend?

**Dennis P. Tarnow, DDS**—I decide which continuing education courses to take by the topic being discussed and the person teaching the course. If the lecture is one in which new research is being presented, then I am usually there. Also, I always want to attend meetings where a new technique will be shown. Lecturers that just talk about “what works for them” rarely interest me. I believe heavily in the evidence-based approach to dentistry.

**E. Steven Duke, DDS**—The profession today has a great number of continuing education courses dentists should attend. I decide on which courses to attend by using some simple criteria: credentials of speakers; formal affiliation with American Dental Association; focus, or indirect focus to discipline of restorative dentistry; and format of course (size, hands-on, lecture, etc).

**Ross W. Nash, DDS**—First, is the course pertinent to my practice? Will it enlighten me to the application of the latest technologies, materials, and techniques? Next, will it inspire me—help me be a “possibility thinker?” For example, I recently heard David Breashears speak, the mountain climber who shot and directed the IMAX film on Mt. Everest. Although it had nothing to do with dentistry, it had everything to do with being a better, stronger person of commitment and passion.

**Larry Rosenthal, DDS**—I always have felt it necessary to seek out the best speakers in both esthetic and restorative dentistry. I enjoy many of the major meetings such as the American Association of Cosmetic Dentistry, the Association of Esthetic Dentistry, and Prosthetics and Practice Management. Some key decisions that have helped me were always choosing the best, most influential speakers in any field. Most of these icons have become my mentors, without whom I would not have been able to advance as a dentist. Notwithstanding, I have always sought out that which is controversial, as I believe this is essential to the learning process. I believe there must be a logical sequence in developing knowledge, skill, and phi-

losophy. I encourage dentists to spend a few moments creating the proper agenda to put themselves on the appropriate continuing education journey.

### What has been one of the most beneficial course(s) you have ever taken?

**Dennis P. Tarnow, DDS**—Besides my periodontics and prosthodontic graduate programs, one of the most beneficial courses I ever took was a 4-day course in Sweden given by Drs. Jan Lindhe and Sture Nyman. This was in 1982 and they covered the step-by-step evidence-based approach to periodontics/prosthodontics.

**E. Steven Duke, DDS**—I attended a workshop recently that involved a CAD/CAM system. There was a limited attendance and all present went through an orientation followed by working with the system in a simulated practice. The course was followed up by continued work that was critiqued by the program directors.

**Ross W. Nash, DDS**—The C1 Occlusion course at the Pankey Institute. It helped me establish the fundamentals of all my restorative dentistry, knowing that if the function is incorrect, the restoration is doomed to fail.

**Larry Rosenthal, DDS**—The best courses that I have taken were both hands-on courses taught by my mentors, Drs. [QA: First name?] Dawson, Ronald Goldstein, David Garber, Frank Spear, and John Kois, among others. These dentists are the premier leaders in their field. The scope of their knowledge and understanding of their respective subject matter make the material easily digestible and leave the student craving more.

### Do you think hands-on courses are especially helpful?

**Dennis P. Tarnow, DDS**—I think hands-on courses are excellent, however, they should always be accompanied by didactic courses that let the attendee learn why things work and why procedures are designed the way they are. Some courses are strictly “cookbook.” They do not really tell people why, just “how to.”

**E. Steven Duke, DDS**—There is no question in my mind that hands-on courses are helpful, especially when they are structured in a practice simulation. To do just “hands-on” without a practice environment may be misleading. [QA: Edit okay?]

**Ross W. Nash, DDS**—Well, this is a bit of a loaded question for me, because we teach hands-on courses in our programs in Charlotte, North Carolina; New York, New York; and Chicago, Illinois. I think hands-on courses are essential, but we are a little different in that our students watch a live patient demonstration and perform the procedures on typodont models. We believe this is the first step—acquire the skills and become comfortable and confident to take it to the chair. Taking a patient to treat during a hands-on program would be







an advanced level after the dentist acquires the specific skills to do the procedure. That way, they benefit more from the live patient experience than if they were learning it for the first time during that course.

**Larry Rosenthal, DDS**—In my opinion, hands-on courses are the best learning experience.

For a dentist to have one-on-one teaching and a live patient or just a typodont is the ultimate learning experience. I have been teaching hands-on courses for about 10 years now. I may be a bit biased, but these weekends are my favorite moments as a dentist. To teach hands-on anterior esthetics and watch students

develop from the Level I basic course to the Level II advanced and then the Level III Master's Program has been my most gratifying experience as a practicing dentist and as a teacher. I believe that the learning curve is greatly accelerated via hands-on courses and that for most general dentists this is a must. Several

schools such as New York University are providing beautiful settings for advancements in dentistry.

*Who are your favorite lecturers and what makes them so good?*

**Dennis P. Tarnow, DDS**—My favorite lecturers are Gerald Chiche, John Kois, Jan Lindhe, Vince Kokitch, David Garber, and Sigmund Stahl. They all are clear thinkers that tell you what they are going to teach you, they then teach it to you in an evidence-based approach. They will also tell you what they taught you in their summary statement. There are certainly many others and it is always difficult to just pick a few but these always stand out for the reasons I mentioned.

**E. Steven Duke, DDS**—Dr. Dennis Fasbinder is an up-and-coming lecturer in CAD/CAM systems. What makes him very effective is his knowledge of the technology and experience in using the technology in practice. He is able to adapt to the variable clinical environment and not present a one-way approach to restoring teeth. Dr. Terry Donovan presents a balance of science and practice. He further provides information that can be applied to practice. Dr. Robert Cronin is always full of information about new developments in implants and presents with an authority that you can trust. Dr. John Kois presents with confidence and high interest in his specific area. This allows for maximum uptake of new knowledge. Dr. Ed McLearn is extremely well read and can transfer his knowledge with trust and practical application.

**Ross W. Nash, DDS**—For materials, there is nobody like Dr. Karl Leinfelder. He is a wealth of scientific data and laboratory study results. Dr. Ronald Goldstein has a wealth of experience in the area where I love to practice—esthetics. His devotion is clear and true. Dr. Irwin Smigel has an innovative approach to esthetic rehabilitation. He is a very global thinker and brings international modalities to his lectures.

For team building and practice management, I choose Debra Engelhardt (by the way, she was my favorite practice management lecturer before we were married). She teaches people how to communicate and do the business of dentistry in the real world, and she really understands how to take a practice to the next level. For his commitment to indirect composites, I enjoy Dr. Buddy Mopper.

**Larry Rosenthal, DDS**—As I stated previously, Drs. Ronald Goldstein, Gerber, [QA: David Garber?] Frank Spear, John Kois, Dawson, etc; and for practice management Drs. [QA: First name?] Jameson, QA: First name?] Blatchford, and Roger Levin all bring something special when it comes to education. Their ability to communicate, educate, and stimulate myself and thousands of other dentists makes them particularly special. Some have incredible visuals; others are captivating in their particular system, but all have great material.

#### *How practical/relevant are continuing education courses today?*

**Dennis P. Tarnow, DDS**—Continuing education courses today are a mixed bag. Unfortunately, as I mentioned before, many are just cookbook courses without the didactic back-up needed for participants to understand what they are doing. Those that do both are excellent and well attended.

**E. Steven Duke, DDS**—Many are lacking trust and do not have an adequate base of science to support techniques proposed. Many are “trend” lectures that come and go.

**Ross W. Nash, DDS**—I think we have to be constant students. Although I teach courses, I continue to attend continuing education courses as a participant. The art and science of dentistry is constantly changing. To stay current, one must be a perpetual student. They are not only practical and relevant—they are essential. For those of us who teach, they may be even more vital to our success.

**Larry Rosenthal, DDS**—Today they are more relevant than ever. Because of the constant change in materials and philosophies, it is essential for the practicing dentist to stay current. The constant evolution in our profession is creating a need for education beyond what they are learning in school and/or in their practice. I have found that some of the best dentists seek out the most current and innovative hands-on and lecture courses. They have a passion and a need to become better.

#### *What do you think of the courses that are sponsored by manufacturers?*

**Dennis P. Tarnow, DDS**—Courses sponsored by manufacturers are fine as long as they are not total sales talk, there is disclo-

sure by the lecturer, and the participants know in advance that it will focus on only one material or procedure. It's all about openness and honesty. I think that the best companies let their research do the selling for them.

**E. Steven Duke, DDS**—Some can be informational and practical. Others are nothing more than a commercial. My rule of thumb is, “Nobody has all the answers. If they suggest they do, they are not worth listening to.”

**Ross W. Nash, DDS**—I feel that there are many manufacturer-sponsored courses that are extremely beneficial for the dentist. First of all, they make course tuitions more affordable and provide exceptional dentists as presenters. Most manufacturers do not expect the speaker to alter the program based on their particular products, however, it is not unusual for a sponsor to hire a dentist who already uses and likes their products. I think a speaker should be a provider of clinical technique and not a salesperson for any particular company.

**Larry Rosenthal, DDS**—The courses that are manufacturer-sponsored are often incredibly good. Most manufacturers seek out the leaders in the field to discuss their products or their area of interest. There is always a risk that one may receive an infomercial but, nonetheless, the material presented is usually beneficial to the dentist. The dentist must go to these programs with an open mind and will usually benefit from the program.

#### *Where do you think continuing education is headed?*

**Dennis P. Tarnow, DDS**—Continuing education courses are headed for a more hands-on approach and will become more interactive.

**E. Steven Duke, DDS**—The field is getting crowded and dentists will have to be more critical of what they attend. With all the new institutes available, many with corporate sponsorship, it will be difficult for the general dentist to find out what is of significance and what is just hype.

**Ross W. Nash, DDS**—I think academic environments may get more involved. There will probably be less need for independent institutes to teach timely information. Programs focused on applying high-end dentistry for grassroots level general practices will continue to be popular.

At the time of this writing, there is the threat of terrorism and war. It seems difficult for many of us to focus on continuing education. I am confident these times will pass, and our quest for excellence will again drive us to strive for increasing our knowledge and improving our work.

# 1935

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Larry Rosenthal, DDS—I believe broad-based continuing education is eventually going to become mandatory for dentists. I believe that dentists will realize the need and understand that without continuing education, they will be left behind. Dentistry is becoming more user-friendly. The more one knows, the more one understands, the

more one is educated, the easier and more rewarding it will be to practice dentistry.

*How will it be different in the next decade?*

Dennis P. Tarnow, DDS—The Internet will definitely be used more. This will be for all aspects of teaching and consultation.

E. Steven Duke, DDS—I am confident we will experience more hands-on courses. The price will increase as the sophistication of courses becomes more enhanced. The “weekend” show should become less available.

Ross W. Nash, DDS—I think there will be more simulated learning. KaVo Corporation has an incredible teaching simulator

station. Satellite learning will become a more expected continuing education format than we recognize today. I also think there will be more training for clinical auxiliaries—they will be involved in chairside efficiency training and equipment use. CEREC® (Sirona USA, Inc) training for example, may become more standard and less elite.

Larry Rosenthal, DDS—The next decade is beginning now. We will be seeing worldwide global education via live remote. The newly developed Rosenthal Institute for Aesthetic Dentistry at New York University is such a vehicle that will allow us to teach both nationally and internationally at remote locations. A student in Madrid, Spain and a student in Chicago, Illinois can enjoy the same presentation at the same time as a result of this incredible Institute. In other words, we will bring the best speakers and educators to the student with live interactive questions and comments, similar to CNN or Nightline.

*Will the audiovisual aspect be different? How?*

Dennis P. Tarnow, DDS—The audiovisual aspect of continuing education will be directed to more courses given with digital interactive abilities. Dentists in a distant country will no longer need to be present at the location where the course is being given. The days of the 35-mm slide presentation are numbered. In addition, video clips will be part of the presentation given by most fine lecturers.

E. Steven Duke, DDS—Without question, information technology will enhance presentations into a more understandable mode. “Virtual” presentation will allow the greater ease of transfer of new technologies into a dental practice.

Ross W. Nash, DDS—Absolutely. We already are using movies in Power Point.

We film many of our procedures during patient treatment and edit them for our presentations. This means the participant is not only seeing before and

after photographs and step-by-step images, they are able to see the actual procedure being done on film. There will be more technology allowing our presentations to flow easier. There may be more courses with clinical simulators for participants.

**Larry Rosenthal, DDS**—The audiovisual aspect, as previously explained, will be incredibly high-tech. The live interaction of the participants as well as the live viewing procedure will make education more fun and exciting than ever before. Cross-referencing the views of students globally will create an aura of incredible excitement.

*What contribution do you think the Internet will make to continuing education in dentistry?*

**Dennis P. Tarnow, DDS**—In the future, it will be routine for someone in one part of the world to get a consultation and even present their patient to an expert somewhere else in the world using digital technology. The courses will also feature virtual reality hands-on courses. This is all available now but on a limited basis.

**E. Steven Duke, DDS**—We have a little way to go before the Internet will have an impact. Until greater bandwidth is available to all, presentations will never be able to compete with real-time sessions. Further, dentists need to value the technology greater before it will have an impact.

**Ross W. Nash, DDS**—The integration of the Internet is making changes in our world at light-speed pace. At the very least, it provides information from hundreds of thousands of sources at breakneck speed with fairly reliable consistency. It provides our patients with more information, which requires us to know more than ever before to stay, at least, in step with, if not ahead of our patient population. I am certain we will be downloading continuing education programs to earn continuing education credits. Internet continuing education will replace post article written exams. In fact, Internet magazines may replace hard copy publications as standard information resources. However, there will still be a need to put an actual handpiece in your hand to learn the procedure. Until robotic dentistry takes our place, we will still need to participate in hands-on education.

**Larry Rosenthal, DDS**—The Internet is already changing the way we learn and research all aspects of our lives. Consumers use it, children use it, and dentists can now communicate to other dentists, laboratories, manufacturers, and to their patients what is currently available. Searching the Internet will be a daily routine for anyone who wants to learn who is presenting, what is being presented, and to review the current literature in dentistry.

*If you give lectures, how do you organize your presentations? Do you have a formula or format that works well for you?*

**Dennis P. Tarnow, DDS**—As for my lectures I try to do what I mentioned before: outline what I am going to discuss, discuss it, then I tell people what I discussed, and what they should walk away with.

**E. Steven Duke, DDS**—My basic formula is to inform dentists of new or developing technologies and present evidence that the new technologies have a place in practice and are valuable to our patients.

**Ross W. Nash, DDS**—At the Nash Institute for Dental Learning, we organize our presentations to help the general dentist integrate esthetic procedures in their practices. Our format is to learn through lecture and discussion, hands-on workshops using typodonts, and live patient demonstrations. With this formula, more than 1,000 of our alumni have successfully incorporated these modern procedures in their practices. This approach allows a more economical and expedient way for our participants to learn modern techniques and technology. The faculty is chosen to focus on their particular area of renown during their participation. We create a very nonthreatening environment for learning so participants can fully explore their potential in a comfortable setting. Our dental team is available to discuss all aspects of each participant's practice—from chairside efficiency, patient communication, treatment consultations, and financial arrangements. This makes their newly acquired skills a practical step in their office. We have designed our programs to be affordable, accessible, and applicable.

**Larry Rosenthal, DDS**—I organize my presentations according to my audience. For years, I was a three-carousel/videotape lecturer. New technology, such as digital photography and Power Point, has virtually changed my life. It has enabled me in a short period of time to change my lectures and keep them updated for my audience. It has reenergized me and created great excitement for me to be able to stay fresh, current, and interesting for the audience as well as for myself. The formula that works well for me is a simple thought process that tries to put myself in the audience and allows me to review in my mind what I would like to hear as a student. Coupling that with what is new today allows me to create a logical sequence to what I am trying to teach. I review both my old and new case studies and seek what would best suit my objective. I try to keep it informative and interesting because I believe the best way to learn is with a smile on one's face. ○

# 1995

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