



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.

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. ○

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