

Practicing the pediatric dentistry we teach

A short time ago Dr. Hugh M. Kopel called to my attention an editorial by Dr. Martin T. Stein, associate professor of pediatrics at the University of California at San Diego, that appeared in the January, 1985, issue of the *American Journal of Diseases of Children*. Both Dr. Kopel and I believe that the editorial has relevance to pediatric dentistry, and Dr. Stein has given me permission to quote sections of his editorial. Throughout this reprinting pediatric dentistry will be substituted for pediatrics.

It is suggested that the teaching process of general pediatric dentistry is enhanced immeasurably by participation in the actual practice of primary care pediatric dentistry. Day-to-day repetitive clinical encounters in the office and the hospital provide rich new sources of material that can be utilized by clinical teachers of pediatric dentistry. Can the academic primary care generalist maintain the skills and sensitivity that come from the ongoing care of children by participating in direct office-based care one or two half-days per week? Does one lose touch with the daily practice of pediatric dentistry caring for children within families longitudinally when not participating directly?

Dr. Stein presents convincing evidence that actual clinical practice is crucial to optimal teaching. He states that while experience with 5 cases of streptococcal pharyngitis may be sufficient to become an expert teacher in this area, personal experience with 20 children who each have infant colic, a sleep disturbance, a school phobia, or a learning disability may be necessary to evolve effective teaching methods. Pedagogic insights into the care of children who have acute physical illness, as well as those with chronic handicapping conditions, come from numerous personal encounters with families experiencing critical moments of health and disease. Dr. Stein relates that from his own recent practice experience,

clinical insight into child, family, and disease is richer qualitatively and quantitatively than what he was able to learn from a time-limited practice during full-time academic work.

Unfortunately, most individuals in academic appointments do not have an opportunity to practice except for limited sessions of one or two half-days each week. Responsibilities for the planning and implementation of teaching programs and the administration of clinics, research projects, and committee work consume available time and energies. Little time remains for direct patient care even when interest is high.

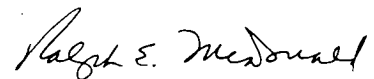
There are specific limitations inherent in a combined clinical practice-teaching role. Most emerge from the time factor created by unplanned daily events in a pediatric dental practice. Unexpected telephone calls and hospital rounds may impinge on clinic teaching responsibilities and conference commitments. Relationships with residents and postdoctoral students need to be nurtured more carefully when time is limited. Less time for discussions during lunch or reviewing patient needs over a cup of coffee before clinic sessions means that more care must be given to developing a productive student-teaching relationship with the time available.

Dr. Stein proposes a dialogue about the significance of practicing the pediatric dentistry we teach. We need to look at the foundation of our clinical experience individually and collectively and ask ourselves if we are serving our students and ourselves well. Is there a value to continuing practice for the teaching of general pediatric dentistry? Where significant time for a primary care practice is not feasible within an institution, perhaps a periodic sabbatical in a general practice of pediatric dentistry would yield similar rewards. It is believed there is an enormous pedagogic utility to the clinical practice experience. It is suspected that many will find it intellectually stimulating,

personally gratifying, and of tremendous importance to one's personal growth and development as a teacher of pediatric dentistry.

The trend toward allowing faculty in dental schools and in hospital-based programs to conduct an intramural private practice will result in

strengthening our advanced education programs through practicing the pediatric dentistry we teach.



Publication Deadlines

Please note the following deadlines for the *Newsletter* and *Journal*. In some instances the deadlines do not follow the general pattern of one month prior to publication date for the *Newsletter* and three months prior to publication date for the *Journal*; these are instances in which the first of the month falls on a weekend. Submissions received after the deadlines will be placed in the subsequent issue of the publication if appropriate.

Newsletters

September	August 1, 1985
November	October 1, 1985
January	November 29, 1985
March	January 31, 1986
May	April 1, 1986
July	May 30, 1986

Journals

September, 1985 (Vol. 7, No. 3)	(May 31, 1985—closed)
December, 1985 (Vol. 7, No. 4)	August 30, 1985
March, 1986 (Vol. 8, No. 1)	January 1, 1986
June, 1986 (Vol. 8, No. 2)	April 1, 1986
September, 1986 (Vol. 8, No. 3)	May 30, 1986
December, 1986 (Vol. 8, No. 4)	September 1, 1986