🚟 Editorial

Go Boldly!

- A middle aged pediatric dentist gives a sigh of relief as he signs the papers selling his well-respected practice. He will enjoy the profits from a lifetime of effort and continue part-time in familiar surroundings working for his new partner... a teaching hospital.
- A much younger, but equally successful pediatric dentist finds herself too busy in practice to have "a life", but not busy enough yet to hire a full-time associate. She finds help a couple of days a week from a dentist who also happens to be a pediatric dental resident in a local program. The young dentist and the program exchange teaching and funding in a mutually beneficial relationship.
- A future-thinking dental school dean sits across from a half dozen of the brightest and best applicants to his dental school. They are not only future dental students, but have chosen to pursue specialty training and give back time as full-time faculty for tuition forgiveness. One of them is a future pediatric dental educator who will leave school with a fraction of the debt of her classmates and realize her dream of teaching.

Am I dreaming, or can images like these be realized as we confront the future of pediatric dentistry? This issue of the journal brings to the forefront significant challenges to our specialty. Our program directors clearly see the demon before them, but do the rest of us, and more importantly, do those on whom we must rely? I speak specifically of our deans, hospital administrators, dentist colleagues and policy makers. While our program directors seem ready and able to take on these challenges with fresh ideas and enthusiasm, I fear those in our "communities of interest" may lack the vision to see beyond the horizon of tradition.

We have seen tumultous changes in health care; many sacred cows have not spared the slaughter. Why can't our responses to the challenges of educational funding, predicted shortages in pediatric oral health care providers and declining access for children be equally as formidable as these problems? Why must we tinker when we can create; why can't our solutions shake the foundations that anchor us with the same vigor as the quakes that health care reform, declining budgets and demographic change send through them!

Bob Creedon's report to the program directors stands out as both a business plan and a call to arms. The Cincinnati program is not alone in seeking bold creative funding alternatives to traditional postdoctoral education, and even more programs, hopefully, will join in the exodus from the bondage of traditional thinking. What remains to be seen is whether those who control the purse strings and determine accreditation status will have the same vision to move beyond what has always been.

I would challenge all who will shape our destiny as we tackle the behemoth before us:

- If the accreditation community truly believes in outcomes, then allow our programs to reach beyond the fluff and format of boilerplate language and standards constrained by political pressures and traditional thinking. Give more attention to our product and less to our process.
- Our hospital and university administrators should give us the trust and freedom to try new methods of education and funding. Let us venture capital — the investment will yield benefits that will go far beyond the pediatric dental community.
- We as a specialty need to read and heed the messages in these proceedings. Our educational system is far from gasping its last breath, but we are clearly in our adulthood. Unless the specialty unites around solutions, we will diminish. Barry Waldman paints a vivid picture of who will miss us the most.

Go boldly to action! We have a lot to lose and everything to win. And thanks to our program directors, the conference leaders and organizers and our Foundation for what they have accomplished!

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