

IN PURSUIT OF CLINICAL EXCELLENCE



Change is a constant. This dichotomy influences many aspects of our lives, our society, and our profession. In dentistry, as in most professions, the pace of change is not constant; it is accelerating. New students entering dental education will be required to assess and learn information from a rapidly expanding scientific and clinical knowledge base. Dental educators and practicing clinicians also have to keep pace with pertinent new information and must learn and incorporate new techniques of increasing technical complexity. This constant change makes it challenging for individuals to reach a level of competency for many procedures. When the goal of treatment is raised from one of competency to the level of clinical excellence, many may try, but few will achieve this goal.

In dentistry today, excellence in treatment requires a high level of precision, minimally invasive procedures, and superb clinical skills. These are traits that increasingly are possible only through the use of enhanced vision and the technical skills required to perform microscopic work. Those who have achieved this level of training and practice have done so by making a considerable investment of their time and resources. In most cases, the training has been provided by a gifted mentor, and the level of technical skill has evolved through a commitment to practice and through interaction with others equally committed to improving their practices. This interaction is one reason why organizations such as AMED, JAMD, ESMD, and ABRAMO are so important to the advancement of this technology.

When one begins to think about expanding the training of dental students and residents to include competence with the dental operating microscope, it is clear that the situation will be similar to the one encountered by those who pioneered the introduction of microsurgery to medical specialties in the 1950s and '60s. The dismissive attitudes and resistance of many in academia were then, and will now, be a problem. This problem will almost certainly be compounded by the lack of available funding at many institutions. I think this challenge can best be met by the combined efforts of *MICRO*, AMED, JAMD, ESMD, and ABRAMO.

MICRO is an excellent tool capable of illustrating the impressive clinical outcomes that can be achieved using the instruments and techniques of microdentistry. The availability of the journal through dental school libraries provides a broad exposure to many who might not otherwise be aware of these techniques. I think the role of AMED, JAMD, ESMD, and ABRAMO should be to develop a construct that can be used to assist with the implementation of microscope training in their member area dental schools.

The pursuit of clinical excellence will remain as one of our goals. Enabling a larger number of dentists to achieve that goal should be an important part of our mission. As in medicine, it will take time for the advantages provided by microdentistry to become widely accepted. It is a noble goal and a worthy mission, and I think that it is a role that we must pursue.

A handwritten signature in black ink that reads "Bryan S. Pearson".

Bryan S. Pearson, DDS, MS
Editor-in-Chief