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THE EDITOR'S CORNER

Go to the Head of the Class?

A third-party negotiator once asked me, "Does the bottom third of the class treat patients as well as the top third?" Considering the source, this was a frivolous question—third parties have been paying non-orthodontists to perform orthodontic treatment since the beginning of dental insurance without regard to their qualifications. If the quality of treatment is related to the amount of specialty training, some of these non-orthodontists might be qualified, but most would not. Still, it is an interesting question to ponder.

While successful completion of an orthodontic graduate education program generally qualifies one as competent in diagnosis and treatment, it seems likely that class standing may be weighted in favor of manual dexterity as opposed to intellectual knowledge. Manual dexterity not only varies from one individual to another, but it is also a learning process. Moreover, a great deal of the mechanistic aspect of an orthodontic practice today depends on the manual dexterity of operatory personnel and the training program carried out in the office.

Given acceptable manual dexterity, or the ability to hire it, the orthodontic graduate's skill in diagnosis and treatment planning would seem to determine where he or she stands in the class rank of treatment quality. In one sense, the same insurance negotiator who asked the question may be contributing to lesser quality by perpetuating diagnosis according to the Angle classification and installing other limitations. Of course, orthodontists are not limited by third-party standards unless they permit themselves to be.

Will the best diagnostician from a given graduating class end up treating patients better than other members of the class? A great deal of the most important development of an orthodontist occurs after graduation. How much time is devoted to continuing education—keeping up through courses, journals, textbooks, study clubs? How dedicated is the individual to excellence? How much does the orthodontist learn from clinical practice? How much time, attention, and money are invested in

continuous improvement?

Personality can play a significant role in determining the quality of a practice. Some orthodontists are better at dealing with people than others are. That is reflected in the way patients and parents are managed; in the ability to generate referrals; and in the selection, training, and management of staff members.

When I was an undergraduate dental student, our professor of operative dentistry was a wonderful man and a superb dentist. His cavity preparations and his gold-foil fillings were works of art. Perfection. But he was a failure in private practice, simply because he treated people like typodonts. I have known orthodontists who were much admired by their peers, who would universally be placed at the top of our profession, but who could not develop highly successful practices because they also treated people like typodonts. The obverse of that are the orthodontists whose patients will do whatever is asked of them. In a specialty that depends to such an extent on patient participation, this is not a skill that can be learned in school.

To answer the negotiator's question: class ranking may in fact be irrelevant. With acceptable manual dexterity, with an adequate grasp of diagnosis and treatment, one's position on the curve of professional accomplishment may be more strongly related to personality, entrepreneurial drive, management ability, and people skills. ELG