Dual Training

Question:

How do you see dual Orthodontic/Pediatric Dental training as beneficial to our profession and the patients we serve?

It came about by chance, but the opportunity to share the views of our three panelists—all jointly trained orthodontists as well as pedodontists—seemed too good to resist. They represent a minority within the specialty of orthodontics. Individually and collectively, they present compelling arguments to support their dual specialty training. Read on and see if you are persuaded to reconsider your former belief system.

— Michael A. Sales, DMD

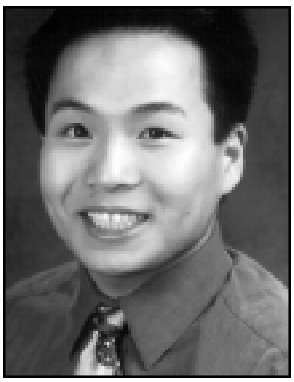
Dr. Clarice Law

It is a special pleasure for me to address this question publicly because I have found that, as a dual-trained specialist, I am often misunderstood by practitioners in both specialties. My original goal in seeking specialty training was to be equipped to offer the best possible care to children and adolescents. I was also interested in a possible future in academics. The UCLA combined program in Pediatric Dentistry and Orthodontics proved to be the best way for me to achieve these two goals.

Upon graduation in 1998, my "home base" was as an associate in a multi-disciplinary practice owned by two general dentists. I practiced orthodontics three to four days a week, sharing responsibility with another orthodontist. I spent one day a week in our satellite office practicing pediatric dentistry. As an orthodontist, I could enhance comprehensive patient care by offering alternative treatment options to the endodontist, periodontist, oral surgeon, and restorative dentists who were a part of the practice. And, as a pediatric dentist, I found that I could predict their global oral health concerns, since I dealt with these same concerns in my pediatric practice. Ultimately, working in this setting confirmed my hunch that the population that benefited most from my dual training were my pediatric patients. I was able to plan their restorative treatment according to their anticipated orthodontic needs. Thus, I made choices for restorations, extractions, and space maintenance based on dental and skeletal development and according to the degree of crowding I projected. I was also able to identify and initiate early interventions on a number of primary dentition cases with severe skeletal problems. Finally, I was able to make many treatment decisions, confident of excellent follow-up, because I knew that the majority of my pediatric dental patients would continue their orthodontic treatment within our orthodontic practice.

More recently, my dual training has served me in an entirely different and ultimately satisfying manner. In the fall of 2000, I left private practice to take a faculty position at UCLA School of Dentistry where my time is equally divided between the Sections of Pediatric Dentistry and Orthodontics. I teach residents from both sections and also attempt to promote communication between their two specialties so they can better understand each other. I am also involved with the predoctoral students as an instructor in both the orthodontic and pediatric dental clinics. In this context, my goal is to help students think about comprehensive patient care instead of emphasizing specialties. In the pedo clinic, we discuss orthodontic problems, and in ortho clinic, I make sure we address the oral health status of the patients. My hope is that these future dentists, periodontists, endodontists, prosthodontists, and oral surgeons will understand comprehensive care and how to communicate seamlessly with pediatric dentists and orthodontists.

Dr. Jonathan Lee



The multi-trained orthodontic and pediatric dental specialist as well as the board certification process in both orthodontics and pediatric dentistry are very beneficial to our profession of dentistry and to the patients we serve. I feel strongly about this because I am both an orthodontist and a pediatric dentist who is in the process of becoming board certified in both specialties.

It has often been stated by fellow colleagues, "Once you graduate you will practice exclusively orthodontics

because you will make more money. Plus, you should forget about being board certified because it is a waste of time and money and it does not make you any richer!" But, Humphrey Bogart, a.k.a. Linus Larabee, says in the 1954 classic movie *Sabrina*, "What's money got to do with it? If making money were all there was to business, it would be hardly worth going to the office. Money is a byproduct." Being able to provide optimum care and as well as professional satisfaction are the reasons I went into pediatric dentistry and orthodontics. I currently practice with my father, a pediatric dentist. Even though I could have practiced orthodontics exclusively within his practice, When I applied to both pediatric dental and orthodontic residency programs, I made a decision to practice both. By choice, I devote approximately 90% of my practice time to pediatric dentistry and the other 10% to orthodontics (the majority of the cases being interceptive orthodontics). To the delight of my orthodontic colleagues, our practice does not accept exclusive orthodontic patients and refers the majority of the orthodontic cases geographically.

As a multi-trained specialist, I am able to provide more comprehensive care as well as better information and education for my patients and their parents. For example, as a pediatric dentist, I provide optimum oral health care to children starting as early as age one. During this time, a special bond and trust is established between my patients, their parents, and myself. I also have the advantage of knowing whether the child is mature enough for certain orthodontic procedures. As an orthodontist, I can identify potential orthodontic problems and make the proper referrals. When I make a referral to an orthodontist, I always prepare my patient and his/her parent about the problems that need to be addressed and the rationale for seeing an orthodontist. Both my patients and their parents really appreciate this and they know that the orthodontist to whom I send them will provide the same type of excellent care that they have received in my office.

The board certification process has also been a wonderful and beneficial learning opportunity. Since my father was a former chairman/president of the American Board of Pediatric Dentistry, I understand the importance and the process of diplomacy. Becoming board certified is the pinnacle of one's career. Reading articles for written examinations and preparing cases and site visits have allowed me to gain important scientific and clinical knowledge. Patients and the dental profession also benefit because the process teaches dental professionals self-discipline and quality management.

Dr. Rob Sheffield

I have always considered myself very fortunate to have acquired training in both orthodontics and pediatric dentistry. The chance to learn from outstanding practitioners in both fields has contributed a great deal to my development as a dentist. I am frequently asked why I chose to specialize in both areas. To be frank, I enjoy both. Throughout our formative years we are exposed to many people who, in retrospect, have a profound influence in shaping who we are and what our goals may be. The countless hours I spent with both my childhood pediatric dentist and the orthodontist, observing and learning, led me to my present position.

I currently own a two-office orthodontic practice in the East Bay and practice pediatric dentistry as an associate in a general practice located in a city close to my ortho offices. My time is currently split approximately 80% ortho and 20% pedo. I plan on continuing in this fashion for the foreseeable future.

Dual training can have a positive impact on patient care. Parents appreciate the continuity of care provided by having just one dentist for their children. Additionally, the opportunity to establish a relationship with a child prior to initiating needed orthodontic treatment vastly improves compliance in areas of hygiene and appliance wear.

Another area where my background has enhanced patient care is a good relationship with the general dentists in the community where I practice. I am frequently called with questions relating to restorative or emergency care for children—questions not usually directed to an orthodontist. As a young practitioner, new to the community, this has provided an entrance to the "club" that might not always be available.

Because of my training, despite my younger age, dentists frequently refer their patients to me. While the majority of patients do not require intervention at an early age, the opportunity to discuss with the parents their children's development and possible future orthodontic needs has proven valuable. Because of these early referrals, I can often head off problems such as ectopically erupting first permanent molars or crossbites leading to functional

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shifts that require minimal intervention when identified early and which frequently decrease the severity of a child's future orthodontic needs.

Another area where I see dual trained specialists benefiting both orthodontics and patient care is in providing treatment to those patients who have difficulty finding an orthodontist who will see them. I see a fairly large number of children from the local craniofacial center and parents from other counties frequently seek me out. While I attribute my confidence in treating these patients to the extensive experience that I received at UCLA, I firmly believe that my pediatric dental background adds a degree of comfort not normally attained by a young practitioner. Additionally, I have the privilege of providing care to children who are blind, deaf, autistic, and developmentally disabled. These children are commonly seen in pediatric dental residencies but rarely by orthodontic residents.

Some orthodontists prophesied patient referral doom for me if I attempted to practice both pediatric dentistry and orthodontics in the same area. However, I have found just the opposite is true. I believe the general dentists actually appreciate that I am still in the trenches, so to speak, as they are.

At times during my residency I worried that I might be spreading myself too thin trying to specialize in two separate, though interrelated, fields. However, one of my ortho instructors said to me " Rob, just always remember to treat every patient you see as if they were your own son or daughter and you won't have any problems." I remember that every day before going to the office. It is the guiding principle upon which I am building my practice.