Knowing-doing gap in dentistry

By Dr Ana Stevanović, Switzerland

According to a 2002 study by Douglas CW in *The Journal of Prosthetic Dentistry*, 38 million adults in the US will be in need of one or two complete dentures by 2020. What is being done to address this shocking prognosis? There are more than 14 million implant placements per year worldwide. Consequently, the efforts invested in preventing implant complications have risen significantly. But are we doing enough to reduce the need for implants in the first place? Why, when we know that 99 per cent of dental disease is due to nothing other than biofilm, are our predictions on the future of oral health still so pessimistic?

Despite dentistry’s knowledge of these facts and predictions, results indicate that not enough is being done. There is a vast difference between knowing and doing, a gap between intention to make a change and the action of bringing about such a change. It is a gap that dental professionals experience daily. So the question is simple: how do we bridge the gap between knowledge and action?

As a dentist, communication with my patients was never an easy part of my job. For example, telling a patient to brush better. What does brushing better even mean? If I simply advised the patient to apply the Bass technique, I would see 100 different forms of the technique.

A changing world without change

A colleague once commented that patients are responsible for their own oral health. I could not agree more. However, as medical experts, do we not first have to empower patients by providing knowledge and teaching them the skills necessary to assume full responsibility? The truth is that most patients received their oral care instruction from their parents. This contrasts with the modern approach of individual prophylaxis and this is the gap that must be bridged.

Present-day dentistry does not seem to allow enough time for proper training and instruction. Either patients are not willing to pay for this service or the dental professional does not have the necessary time during an appointment to provide this service. Most countries do not have the luxury of a one-hour appointment with a dental hygiene specialist, which would allow enough time for cleaning and instruction. Switzerland is one exception. Other countries need to follow its example in order to implement an effective knowledge transfer during dental appointments.
Unacceptable status quo

One thing we will always have to deal with is the mind-set of our patients: ‘I get decay no matter what I do or how much I brush’, ‘My parents too had bad teeth’, or ‘A tooth can be easily replaced today.’ Patients are, firstly, quick to put the blame on their parents or point the finger at dental professionals. Secondly, dentistry is still associated with a great deal of discomfort. Lastly, patients know about many of the treatments and solutions available.

Charles-Edward Winslow, founder of the Yale School of Public Health in the US, once said that it a duty of each generation to redefine “unacceptable”. Is 38 million Americans with at least one complete denture not absolutely unacceptable? We live in such a fast-changing world that we have lost our connection with our mission and at times also with our patients. The time has come to change the status quo.

Change must be accepted

How do we bring about this change? The answer seems too simple to be true. Through the service of coaching. Nowadays, there is truly a product sold without a value-added service. No treatment without maintenance. No dental practice without dental hygiene. In-depth instructions have become crucial for the success of a product. Is a dental office not an accumulation of service efforts? Why, then, since we as dental professionals have the competence, do we not include coaching as a value-added service in a dental practice?

Successful coaching in dentistry depends on three crucial factors: establishing personal connections, developing trust, and growing relationships. Patients should become part of a long-term relationship with the office. It is not about regularly bringing in new patients, but cultivating the ones the practice already has. The most modern practice and the friendliest team will avail nothing if the patients do not stay with the practice.

Personalised connection through individual coaching is key to building a long-term relationship. No technology can replace a durable connection between a dental professional and a patient. Digitalisation cannot replace trust.

A programme designed for change

This is why Curaden brought individually trained oral prophylaxis (ITOP) to life. This is a programme introduced 20 years ago by Dr Jiri Sedelmayer, an established dentist and past professor at the University of Hamburg in Germany. During his time at the university, he realised that dental students studied every detail about restoration, but knew nothing about keeping their own mouths healthy. Dental students were never practically taught any techniques to maintain their own oral health. This realisation led to the establishment of ITOP—to train future dental professionals.

What began in 2006 as a single two-day course has since grown and been attended by more than 14,000 dental professionals worldwide. ITOP operates with the support of over 200 instructors in 44 countries. In our seminars, we do not differentiate between a dental hygienist, dental nurse, dentist or oral surgeon. All of their daily work contributes likewise to shifting the paradigm from restoration to lifelong oral health. Each of their endeavours aspires to the best for their own health and the health of their family members, friends and patients. All of them share one common understanding: a clean tooth cannot become diseased.

The ITOP programme is based on three simple criteria: acceptable, effective, non-traumatic. These pillars are the foundation for all oral healthcare products that Curaden offers to its clients.

Knowing is good, action is better

In order to achieve clean teeth, we employ a unique practical training concept called “touch to teach”. It is based on the idea of the dental professional experiencing and practising the ITOP techniques on him- or herself first, before teaching it to others. No phantom model will ever replace the feeling of a toothbrush, interdental brush and solo brush on one’s own teeth and gingivae. Oral health needs to be taught individually and practically. Sometimes it is necessary to go back to the basics to achieve change in the future.

There continues to be a huge gap between knowing and doing. But let me be clear: what we know, we should apply repeatedly, every single day. It is our job to repair teeth, but it is our mission to keep our patients healthy. We should not confuse our job with our mission. Only then will we, 20 years from now, have those 38 million people smiling with their own healthy teeth denture-free.

about

Dr Ana Stevanović is Head of Professional Education at Curaden. She has spoken at numerous events on the importance of a paradigm shift in dentistry and bridging the knowing-doing gap in preventative oral care. Her background as a dentist, manager and development coach aids her in utilising her work with both dental professionals and patients to help shape a change in the mindset of individuals in order to change the future of oral care.