

The quality driven practice

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When relating to the changing marketplace and the high expectations of consumers today, have you ever asked yourself what the "Lexus" of an orthodontic practice would look like?

Similar questions regarding the importance of quality are being asked by corporate leaders throughout America and it's a fair question for orthodontists as well. More directly, it includes a recognition that quality is the cornerstone of competitive strategy for firms that hope to survive the 20th century. One of these quality experts is Dr. W. Edwards Deming, best known for setting Japanese business upon the course that has made it number one in quality throughout the world. In 1950, he went to Japan to help the U.S. Secretary of War conduct a population census, and was invited to speak to top business leaders on statistical quality control. Deming told the Japanese they could "take over the world" if they followed his advice. He is an advocate of employee participation in decision making noting that it is management's task to help people work smarter, not harder. "The first step is for management to remove the barriers that rob the hourly worker of his right to do a good job," he says. We all think we know what we're doing, but as it has been so often noted -- ignorance is the illusion of knowledge.

These challenging concepts come to mind only days after two of my employees came to me with requests to improve their office skills by taking commercial courses being offered in a number of

different cities over the next six months. Although the price was right, I was concerned with the quality of material to be offered and who would do the teaching.

I am reminded of the "quality experts" again and what they have to say about the training of employees. Without exception, Deming and his peers all advocate policies which encourage individual employees to establish improvement goals for themselves, and insist it is critical for management to provide training.

What am I doing in my own practice about the increased demand for quality? To me, this is a call for the most highly educated professional staff available...and therein lies the problem. Historically, the education of orthodontic auxiliaries has been handled by the doctor. If the doctor's proficiency was weak in a specific area, then the entire staff remained deficient in the same area, often without even realizing it. Is it possible for the practicing orthodontist to be an authority in all areas such as radiology, dental materials, sterilization and disinfection, patient compliance, communication skills, etc.?

Of course not, and this is why we need to support education for our auxiliaries as never before. To the best of my knowledge, the American Association of Orthodontists has not taken a leadership role in this area. The American Association of Oral and Maxillofacial Surgeons spends more than \$100,000 a year on the education and testing of their office personnel in 105 sites throughout the country. According to Sean Hutchinson, an

Letters

Support for "pathology rationale" for orthodontic treatment

Editor:

I would like to know what studies are referred to in the Consumer Reports article reprinted in the Summer 1992 edition of the *Angle Orthodontist*. The article states: "... reasons usually given for straightening a child's teeth -- to prevent cavities and gum disease -- have been questioned by studies that failed to show a protective effect."

Prevent caries and gum disease? I have seen too many adult patients with severely crowded ante-

rior teeth and concomitant caries and periodontal problems to believe that aligning the teeth is not helpful in proper oral hygiene. If a patient is dextrous and determined, he may well be able to keep any malaligned set of teeth clean and disease free. But my clinical experience has shown me that most patients are better off with straight teeth.

If Dr. Lax does not believe in the "pathology rationale" for orthodontics, he needs to evaluate his rationale for what he does.

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Editorial

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administrative associate to the Director of Education, the AAOMS has considerable experience in the development of a comprehensive educational program and might even welcome some sort of collaboration.

If the AAO were to develop the ideal curriculum, a number of avenues exist for teaching its various components. While the prospect of implementing an educational program through the structure of the AAO is attractive, other avenues for use include local vocational schools and community colleges.

It seems clear that if we wish to continue as leaders in providing quality orthodontic services, some changes should be considered. One of these might include a commitment to improve access to education for all orthodontic personnel. As we are learning from the marketplace, quality is an ingrained attitude. It's the way we do our day-to-

day jobs. It's a dedication to excellence by each and every staff member. Most importantly, it's driven by our patient's desire to receive the benefits of the very best orthodontic care possible.

Correction

The Author Address section of the article entitled "Advanced Chinese NiTi alloy wire and clinical observations" in the Spring edition of *The Angle Orthodontist* (*Angle Orthod* 1992;62:59-66) should have read: R. Chen is a post-doctoral fellow in the Department of Orthodontics at Albert Einstein College of Medicine and is an Attending Doctor in the Department of Orthodontics, School of Dental Medicine at Beijing Medical University in Beijing, China."