VIP INTERVIEW
P. Lionel Sadowsky

Lionel Sadowsky is professor and chairman and graduate program director of the Department of Orthodontics at the University of Alabama at Birmingham, USA. His original dental and orthodontic education was at the University of the Witwatersrand in Johannesburg, South Africa, and then repeated at the University of Alabama at Birmingham, USA. He is a diplomate of the American Board of Orthodontics. He is editor of the journal Seminars in Orthodontics and has authored numerous scientific papers and book chapters. Dr Sadowsky serves on the editorial board of the Angle Orthodontist and is a reviewer for a number of dental and orthodontic journals. He continues to supervise numerous graduate student research theses, and has served on numerous regional and national orthodontic and scientific committees. He has lectured widely both in the USA and in many overseas countries. Dr Sadowsky presented the Salzmann Lecture at the American Association of Orthodontists meeting in Honolulu, Hawaii, in 2003 and the John Valentine Mershon Memorial Lecture in Orlando, Florida, at the 2004 American Association of Orthodontists meeting. In addition to his academic responsibilities, he maintains a part-time intramural private orthodontic practice.

Please start by sharing with us your perspective on the current condition of orthodontic education.

There is, and will continue to be, a crisis/problem in orthodontic education insofar as faculty recruitment and retention is concerned, unless the issue is seriously addressed. The problems vary in significance and impact from institution to institution. The issues of great significance that I think cross institutional lines are remuneration and job security.

The salaries paid to new and young faculty are not nearly comparable with private practice. It has been stated that “money is not the issue.” However, young faculty have the same needs and aspirations as private practitioners. When newly graduated orthodontists realize that they can earn so much more than even senior faculty, it most certainly influences their decision on whether to pursue academia. A love for teaching is admirable, but it does not pay the grocery bills or the college tuition of their children.

Universities require certain levels of “academic productivity” for faculty members to earn promotion and/or tenure, and this is rightly so. Young faculty members are also required to prepare for Boards, supervise clinics, prepare lectures, “enhance” income with some form of private practice, and also be academically productive. The latter most often translates into publications and/or grants. To expect young orthodontists, who have been at school for 10 to 11 years, and who are usually competitive, self-reliant, and motivated individuals, to do all of the above and still earn relatively low salaries is not realistic. It is also not conducive to recruitment and more especially retention. Graduate orthodontic students quickly become aware of faculty frustrations and do not want to be a part of it. Notwithstanding the latter concerns, orthodontic departments are still able to recruit some young faculty members who are enthusiastic and bright but who, in a relatively short period of time, become disillusioned and leave. There are also occasions when young orthodontists become faculty members and use such positions only as stepping stones to private practice. These factors often result in wasteful faculty turnover that does little for departmental development. After the chase for promotion and tenure becomes evident, younger faculty, who are not comparatively well paid or who are burdened by debt and/or family responsibilities, quickly become disillusioned and they recognize that they have alternatives that pay much more and allow more free time for their families or other interests. In general, committed full-time faculty likely spend more hours per week working than their private practice counterparts.
Now that you have defined the problem so well, what are the possible solutions?

As explained earlier, the problems are complex and therefore the solutions will be complex as well. It is in the long-term interest of the faculty, the institution, the orthodontic community, and perhaps most of all to the patient population who benefit most from appropriately educated practitioners, to have viable solutions to these significant problems. New paradigms of thinking and action, by department chairs, deans, and the institutions, will be needed. There are models available that will go a long way in addressing some of these problems. Examples include financial agreements within institutions that would more closely follow the medical model. Space precludes an in-depth discussion of the latter, but models are available and should be explored and implemented as considered appropriate to the needs of each institution. Those institutions that elect to address these specific concerns will no doubt reap great benefits, while those who react only to “crises” as they occur will bear the fruits of their complacency or lack of interest. Insofar as departmental productivity is concerned, perhaps the time has come to realize what sports teams have realized for many years. The department should be a team effort, with faculty concentrating on what they do best. In a well-balanced department, exceptional clinicians should concentrate on clinical issues, while gifted researchers should concentrate on their research. There should be close interaction between the diverse faculty, with benefits accruing to all. Many institutions have begun doing the latter, resulting in a more satisfied faculty group. It is widely accepted that universities are the cradle of research and development, and rightly so, but to expect young orthodontic faculty to “be all things to all people” in all areas, is to misunderstand the time and commitment needed for appropriate faculty activities. In addition, the latter imposes too much on younger faculty, who soon become disenchanted and leave for greener (no pun intended) pastures, leaving a department to try to rebuild and fill the loss. Professional football teams do not expect quarterbacks to be kickers as well. Expectations of faculty should be high, and with adequate remuneration, retention of the best is still possible. In addition, educational institutions need to adopt technological innovations and facilities to create a work environment that is not inferior to private practice facilities. Our department has embraced digital technology from photographs, radiology, study casts, appointments, and charts. In addition, patients log in by fingerprint. Besides being more efficient and cost effective, these systems allow for the collection of large amounts of data that, in turn, will allow for greatly improved clinical research opportunities. The vastly improved and digitally available clinical data will assist younger and, indeed, more senior faculty, in their required academic development for promotion and/or tenure.

Perhaps the most significant contributions can be made by the alumni of orthodontic programs. Most are successful and enjoying productive and satisfying lives, both of which are products of their hard work and efforts. However, the opportunities provided to them by educators and their alma mater have without doubt contributed to their success. They should be asked to make generous annual contributions to their orthodontic department to ensure that those who follow them have the same opportunities as they had. While contributions made to “organized entities” are very important, it is unlikely that the amounts of these funds will have a profound effect on orthodontic faculty recruitment and retention.

In summary, we will need new paradigms for departmental operation that closely follow medical models, innovative departmental development to assist in the promotion and tenure of younger faculty, and more generous, ongoing, and regular alumni financial support.

Ultimately solutions will depend on our goals and our insights. We will need organized orthodontics to support our departments in many issues, but organized orthodontics cannot alone solve our problems. Those with first-hand knowledge and a desire to contribute need to be involved in these issues. Good intentions are well and good, but actions are more productive.

What other innovations come to mind that the specialty will need to adopt in the foreseeable future?

Orthodontic biomaterials have rapidly evolved in recent years. Bonding, newer archwire materials, and other technological advances have made the daily operations of orthodontics simpler and more efficient. Newer innovations, such as implants used as temporary anchorage devices, will no doubt assist in our treatment efforts. In addition, digital technology has allowed for greatly improved data collection and retrieval, as well as improved imaging for diagnostic and research purposes. As a result, digital technology should allow for improved research possibilities, if appropriately used. However, perhaps the most exciting area will be a better understanding of the biological processes involved in craniofacial malformations and orthodontic malocclusions. Genetics will, without a doubt, be the next and greatest frontier. Education of future clinicians will require a more in-depth understanding of the basic sciences and the biological processes. Curricula will need to be constantly modified to reflect the needs of future clinicians.

Do you teach “early treatment” in your program?

We teach appropriate treatment timing. “Early treatment” implies the age or developmental stage of the patient. It is probably a misnomer and I prefer the term “appropriate treatment timing”. Some say this is simply semantics, but I think our disagreements in this area would be decreased and our agreements greater if we
selected treatment timing based on specific desired outcomes for each patient. We need proven evidence-based data to support our treatment. The goals of early treatment, or more accurately appropriate treatment timing, should be well defined with a specific endpoint. Marketing and “capturing” the patient is an issue that enters the discussion but should be relegated to its appropriate place.

Can you clarify your views on this topic?

Early treatment over the years has implied treatment essentially in the deciduous or mixed dentition. Objectives have included “to make the definitive orthodontic treatment more predictable or more simple”. Often this turned out not to be the case, and patients have had their treatment times and costs, both financial and biologic, unnecessarily increased. Recent studies have indicated that perhaps single-phase treatments, in certain instances, are more expedient and appropriate. As always, we should not “throw the baby out with the bathwater,” but we should demand that our treatment interventions have the most solid evidence to support them. “Opinions are like ears, we all have them.” But it is encumbent upon us as a profession to at least try to validate our opinions. There are many occasions when early—or rather, appropriate treatment timing—is indicated and needs to be carried out. For these reasons, we teach appropriate treatment timing, which is a philosophical position and not merely altered semantics.

You have educated orthodontists from many foreign countries. What impact do such exchanges have?

Our university, over the years, had (and still has) as one of its goals, an international outreach. We have had numerous international orthodontic graduate students. Such exchanges have broadened the horizons not only of the international students, but also of the faculty and the local students as well. Interpersonal relationships have the effect of better understanding between different peoples, and in addition reinforce an appreciation of our system. We often discuss our problems and highlight our difficulties, but when we stop and think, we have so very much to be grateful for.

Do you have some final thoughts that you would like to share with our readers?

I would like to use this opportunity to express an opinion. To date, orthodontics has been able to attract some of the brightest people. The future of orthodontics, not only from the orthodontist’s point of view, but from the patient’s expectations of excellence of care, will depend largely on our specialty’s goals and objectives. If we desire to maintain high standards and ensure the respect of our patients, then we will need, as a profession, to have specific goals, which should emphasize excellence of care and high ethical standards. The latter will ensure the respect of the public sector, which should see orthodontists and their services as necessary and provided with the interests of the patient first and foremost. Good people do good things and success will follow. If we lose our direction, then we may end up anywhere. If you do not know where you want to go, then you will not know where you are, or when you get there.