“A career path change and discovering my passion” by Moiz Mohammed

The Dawson academy has provided me with the knowledge and the tools to communicate treatment planning phase rather than start treatment with no concept of how it will conclude- an unfortunate error many of our profession have made and are still making.

At this transitional time, Dr. Buckle is there to help. He encourages bringing models and helping with the treatment making decisions, while always insisting that all the records are as accurate as possible. Poor records mean all further stages are compromised. Unlike many of the restorative gurus out there, Dr. Buckle is always approachable.

This course has truly changed my practicing career and I am now doing the kind of dentistry I could only have imagined a few years before. I have since gone on to the advanced set of modules and slowly have gained the confidence to tackle complex and difficult cases.

The Philosophy of the Dawson approach really emanates from Peter Dawson himself, possibly the most important figure in the advancement of complete dentistry, and Ian Buckle, along with John Cranham, Glenn Dupont, Dewitt Wilkinson and Andrew Coblentz have brought this philosophy forward. They teach with a passion and desire to spread their knowledge as Peter Dawson would have wished when the academy was first set up.

Moiz Mohammed had expected. Despite there being an abundance of post-graduate training and CPD we realised that there was no place to hide and that there were gaps in our knowledge. A chance find on a temporary crown course gave us that solution.

By changing a career path is no easy task. Having worked for many years I struggled to apply the principles that I had learnt. Focusing on the approach of a systematic diagnosis and treatment plan I began to approach my treatment decision making in a different way. I used the three dimensional approach taught by Dr Buckle and started to visualise and create plans in the diagnostic wax up phase myself rather than expect a technician to guess where the teeth should go and what they should look like. This alone improves clinical and diagnostic skills and coupled with the additional modules of anterior restoration and equalisation helps to make important treatment decision making in the planning phase rather than start treatment with no concept of how it will conclude- an unfortunate error many of our profession have made and are still making.

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