An interview with Dr. Elliott Moskowitz - noted professor, distinguished clinician and an “old-soul” visionary

How do you view the future of orthodontics?

The future of orthodontics is very bright; we are experiencing a plat- inum – not even a golden – era. The unprecedented demand for services and the benefits of being an orthodon- tist are no secrets. Postgraduate pro- grams receive an incredible number of applicants each year, and we probably can’t turn out enough orthodontists to meet the demand. Invisalign, advances in lingual appliances and other tech- nologies have helped create this excit- ing atmosphere. There is such a fertile environment for orthodontics that we have to take advantage as we chart the course for the next 10 to 20 years.

The future will see a continuation of consequential partnerships be- tween corporate entities and the spe- cialty. This situation has the prospects of many benefits to our academic in- stitutions and the individual ortho- dontic clinician, but is fraught with some potential problems and conflicts of interest. Corporate support for our academic institutions and our ortho-dontic forums (AAO meetings and Alumni Society meetings) is welcome and needed; and many of us are grateful and appreciative of these cor- porate efforts. However, we must also remain critical and unbiased in our acceptance of new products and ser- vices if we are going to best serve the specialty and the public.

Another change might be in a shift of priorities for individual clinicians. Selecting “lifestyle” over the empha- sis of income earning in their prac- tices will be done in greater frequen- cy in the future. Women, for example, who frequently have to juggle profes- sional activities and family responsi- bilities might choose partnership or group practice settings as a way to successfully resolve potential con- flicts. The younger generation of or- thodontists might want to balance their professional lives with pursuing hobbies and other interests (part-time teaching or even other careers).

What special areas are you interested, and why?

I am interested in the way we edu- cate orthodontists in our postgradu- ate programs, continuing education forums and specially publications. Many of my efforts have been fo- cused in these areas. As a clinical or- thodontist, I am interested in my own continued development in achieving more consistent and better outcomes for my patients.

From an educational perspective, I am intrigued in the melding of clinical orthodontics and research being ex- plored by Dr. Sheldon Baumrind at the University of Pacific in San Francisco. This area might include the study of how expert clinicians routinely make decisions before and during orthodon- tic treatment – decisions that lead to consistent and favorable outcomes. We should be able to identify and measure these factors, and be able to teach them as well. Our specialty and pa- tients will benefit from such successful investigations in this area.

Another area of interest has been my involvement with the NYU Ortho-dontic Alumni Society. We have shown that a strong alumni society can impact our educational process and department of orthodontics; we’ve partnered with the department in continuing education projects and numerous other projects that have benefited our residents and alumni.

What are your most important educational responsibilities to your post-graduate orthodontic residents?

The most important responsibility is to become exemplary role models for our residents, i.e.: practicing what we teach. Also, giving our residents an appreciation for the need to be keenly aware of the various laws and practice guidelines in their particular area where they will practice should be another important pedagogical goal.

Finally, the teaching of critical thinking skills that will enable resi- dents to carefully consider all as- pects of the care that they render to individual patients is perhaps the greatest gift that we can give to our residents.

I believe that our young graduates have the potential to become better orthodontists than their teachers; and if they don’t, we have failed them.

In your opinion, is there a need to change the methods of how post-graduate orthodontic programs educate their residents in this country?

I believe that educating post- graduate residents will become even more challenging as the entire health care environment and the practice of dentistry become even more com- plex. There is a need to close the gap between “town and gown” so that our orthodontic residents are more capa- ble of making the transition from training institutes to private practice.

Additionally, we must make a concerted effort to ensure our future pool of orthodontic educators and researchers.

What changes would you make if you could, and why?

One critical change would be to mandate a three-year course of study for all ADA-accredited orthodontic programs in the U.S., and to ensure that the third year is a carefully struc- tured and enriched year with teach- ing responsibilities included. I am uncomfortable with the co-existence of two- and three-year programs; we need standardization. Our European colleagues have already made this leap and standardized their programs (via the ERASMUS program) some time ago, and we should do the same.

More efficient academic training program clinical facilities have the potential to be better teaching pro- grams as well. Such a model would most likely eliminate the same facul- ty and resident complaints worldwide year after year.

In your opinion, what is the trend for orthodontic education in the future?

Education in the future will be filled with monumental challenges and wonderful prospects. Orthodontic residents are, and will continue to be, educated in an atmosphere of scholar- ly and clinical accountability with a greater appreciation for the value of valid scientific scrutiny in everything we do. Evidence-based orthodontics is a new direction in how we must think and conduct our clinical practices and academic institutions. Although the present impact upon clinical practice as a result of the recent randomized clinical trial type of investigations has been minimal, I suspect that it will be- come significantly important in the fu- ture. This will also be reflected in our educational process. As such, ortho-dontic residents are going to be receiving more training in research design and biostatistics than they do currently. They will become increas-ingly less insular to other branches in dentistry. As such, there will be more of a relationship with other depart- ments and other residents in our academic training institutions.

As an orthodontic educator:

What orthodontic technique do you teach?

How would you compare the quality of the candidates accepted into your residency program compared to years ago?

I teach the Bi-Dimensional Edge- wise technique, learned from Dr. Anthony Gianelly, Professor and Chair Emeritus of the Orthodontic Depart- ment at the Boston School of Dental Medicine. I think it is well thought-out and capable of delivering the type of treatment results consistent with mod- ern treatment objectives and goals.

Our residents, however, are ex- posed to a wide variety of orthodontic techniques taught by other faculty at NYU. They get a chance to observe the successes and limitations of many of the different Edgewise variations, and I think this broad exposure represents a tremendous advantage to them.

The current application pool of or-thodontic postgraduate residents is an interesting subject; they seem to have very notable class standing, scored high on the National Board, and are far more diverse than in previous years.

Regarding the American Board of Orthodontics Certification, in your opinion...

• how has the examination process changed over the past few years?
• will more certified orthodontists benefit the specialty, the patient, or both?
• what are some effects of these changes?
• is American Board Certification as important today as it was in the past?
• do you think it is appropriate to award ABO Certification to a resident upon completion of their orthodontic residency program?

Over the past 20 years, the ABO – and the directors who served during that period – has struggled to meet the challenge of encouraging more of our colleagues to become board certified. Until recently, that process was a gradual evolution. The process had become more objective and stream- lined without diluting the exercise in...