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 platinum – not even a golden – era. The unprecedented demand for services and the benefits of being an orthodontist are no secrets. Postgraduate programs 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 technologies have helped create this exciting 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 between corporate entities and the specialty. This situation has the prospects of many benefits to our academic institutions and the individual orthodontic clinician, but is fraught with some potential problems and conflicts of interest. Corporate support for our academic institutions and our orthodontic forums (AAO meetings and Alumni Society meetings) is welcome and needed; and many of us are grateful and appreciative of these corporate efforts. However, we must also remain critical and unbiased in our acceptance of new products and services 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 emphasis of income earning in their practices will be done in greater frequency in the future. Women, for example, who frequently have to juggle professional activities and family responsibilities might choose partnership or group practice settings as a way to successfully resolve potential conflicts. The younger generation of orthodontists 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 educate orthodontists in our postgraduate programs, continuing education forums and specialty publications. Many of my efforts have been focused in these areas. As a clinical orthodontist, 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 explored 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 orthodontic 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 patients will benefit from such successful investigations in this arena.

Another area of interest has been my involvement with the NYU Orthodontic 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 residents to carefully consider all aspects 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 complex. There is a need to close the gap between “town and gown” so that our orthodontic residents are more capable 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 structured and enriched year with teaching responsibilities included. I am comfortable 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 ERASMIUS program) some time ago, and we should do the same.

More efficient academic training program clinical facilities have the potential to be better teaching programs as well. Such a model would most likely eliminate the same faculty 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 scholarly 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 which 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 of investigations has been minimal, I suspect that it will become significantly important in the future. This will also be reflected in our educational process. As such, orthodontic residents are going to be receiving more training in research design and biostatistics than they do currently. They will become increasingly less insular to other branches in dentistry. As such, there will be more of a relationship with other departments 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 technique, learned from Dr. Anthony Gianelly, Professor and Chair Emeritus of the Orthodontic Department 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 modern treatment objectives and goals.

Our residents, however, are exposed 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 orthodontic 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 streamlined without diluting the exercise in
obtaining certification. Decreased number of cases required, more choices of cases to be presented, removal of the post-retention requirement, and the ABO calibration gauge all represent positive steps to encourage more colleagues to obtain certification. Regrettably, these measures did not seem to significantly raise the percentage of ABO-certified orthodontists. In response to this dilemma, the ABO embarked upon a radical departure from an evolutionary change to what has been described as a “revolutionary” change. Previously, board certification in orthodontics was considered, by some, an exclusionary process in which clinical excellence was a chief goal. Moving toward the “medical model” would shift the priority to create more of an inclusion effort, in which, at least a “baseline” level of competence (such as found in medicine) would be established. The ABO created a “Gateway” path (which will expire in July of 2007) which allowed orthodontists who have passed their written examination to become immediately certified and subject to a “recertification” exam within five years of their certification. Secondly, they have made it far easier for graduating orthodontic residents to receive board certification as the “medical model” has been emulated. I remain supportive of the ABO, but feel that until the underlying reasons why orthodontists do not care about board certification are addressed, no ABO system or exam will be effective in encouraging the vast majority of our colleagues to seek certification. Until it becomes a necessary staple for orthodontists to become certified, the number of board certified orthodontists will remain lower than desired.

For those not interested in teaching or consulting positions, board certification is simply not important to them. I think board certification is important, and those of us who prepared and passed the comprehensive testing procedure understand why. You simply have to become a better orthodontist in the areas of diagnosis, patient management, critical thinking and a general knowledge of orthodontic principles. We learned what we did successfully and what areas needed more improvement; that is the real benefit of becoming board certified. And I believe that this process can impact patient care in our individual offices.

As far as awarding ABO certification upon graduation, one has to examine the underlying philosophy of the entire current process. If you want to emulate the “medical model” and restructure the original vision of the ABO, then such a process would appear as making sense with respect to establishing minimal competency levels. Adopting the medical model of board certification will place greater demands upon residency training programs as our residencies must now become unprecedented stake holders in the entire ABO certification process.

Ortho Tribune would like to extend its sincere thanks to Dr. Moskowitz for donating his time and effort, and for sharing his expertise with us!

Dr. Elliott Moskowitz graduated from New York University’s College of Dentistry in 1972 and then did a general practice residency program from 1972-1975 at the Catholic Medical Center of Brooklyn and Queens, NY. He returned to the NYU College of Dentistry and graduated the postgraduate orthodontic program in 1975. Additionally, he received an M.Sd degree from the department of orthodontics. Dr. Moskowitz has a broad and keen interest in clinical orthodontics and education. He has been practicing orthodontics for almost 55 years, and is a clinical professor in the Department of Orthodontics at NYU’s College of Dentistry as well as President of the NYU College of Dentistry Orthodontic Alumni Society. His perspectives and editorials have been published in numerous orthodontic and dental publications. Several of these editorials have won awards from the International College of Dentists and the William Gies Foundation. Dr. Moskowitz is a contributing editor to the Journal of Clinical Orthodontics and is editor of The New York State Dental Journal. He maintains a private practice in Greenwich Village in Manhattan and a practice on the Upper East Side of Manhattan.

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