Quality improvement via systems thinking

By Dennis J. Tartakow, DMD, MSD, PhD, Editor in Chief

We are trained to treat malocclusions and growth and development problems. For the one-on-one relationship with our patients, most clinicians fulfill this job successfully. However, the traditional role of a doctor is carried out with a broader historical, organizational, social and political context — where the diagnosis and treatment of system failures can be as important as clinical interactions with the individual patient.

In order to improve health-care outcomes in our increasingly complex environment, clinicians must confront greater understanding to influence a wider framework. This progression can be achieved by meeting such constraints within the growing science of quality improvement.

Many orthodontists perceive providing high quality care not only as our professional responsibility but our raison d’etre — our reason for being! Our focus is first and foremost our science of quality improvement. There are (a) local level required to produce prolonged, system-wide improvements in quality, education, incentives, leadership and revalidation are key ingredients for quality improvement to be omnipotent at all levels. Quality improvement education differs from traditional dental education in terms of philosophy, culture, ethos, content and style. These are adult learning principles, highlighting active learning, experimentation, self-reflection and feedback. Existing educational programs must share and evaluate quality improvement in order to create effective evidence-based educational programs. Audits, outcome assessments and professional re-accreditation are important components for expanding and advancing the science of quality improvement; it is an explicit and integrated expression of best orthodontic practice.

Many general dentists, orthodontists and other specialists are only partially trained for future challenges, especially as our professional roles evolve within the system and our delivery of health care becomes more complex. Order to promote the science of quality improvement, systems thinking and appreciation for the praxis of theoretical explication and practical optimization are required to be applied. Academe, the profession and clinicians must rise to this challenge.


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