We are fortunate to live in a society in which we have access to comprehensive health care and in which the level of dental care is considered among the best in the world. Unfortunately, this is not the case for countless other regions in the world.

In an attempt to pay it forward, I have for many years now been doing charitable work for the people of Jamaica, in addition to teaching the local dentists there how to provide proper endodontic care to their patients. Recently, a new dental school was constructed at the University of Technology in Kingston, Jamaica, and I was appointed Adjunct Professor of Dentistry and was asked to construct an endodontic programme, which will produce its first graduates in 2015. Following the graduation of these well-trained individuals, for the very first time, the 2.6 million residents of Jamaica will finally have accessible to them the number of dentists per capita that is required.

This past weekend I had the good fortune to return to Kingston and speak at the Rosalie Warpeha Caribbean Institute for Strategic Planning and Research in Oral Health.

I spent the weekend with a restorative dentist, an oral radiologist, a cosmetic dentist, an orthodontist, an oral pathologist and a paediatric dentist. What started out as social events quickly became brainstorming sessions, during which we all soon realised how integrated all disciplines of dentistry need to be but are unfortunately lacking in many respects.

As specialists, we tend to pigeonhole ourselves into our specific areas of expertise and often lose perspective, unable to see the forest for the trees. Discussions of horizontal and vertical integration in dental school curricula soon became a topic of total agreement among our esteemed colleagues. A continuum of integration through case learning is both beneficial and essential. This allows students to be capable of using their acquired foundational knowledge to approach subject matter with critical thinking skills.

Case-based teaching has a long tradition in medicine, nursing, law and many dental programmes. It is an important method of distilling the basic knowledge learnt in texts and lectures and applying it to a patient in a practical manner. As practising dentists, many of us were not exposed to this type of learning, and were left alone with the skills that we acquired in dental school to figure it out on our own.

Through properly structured continuing education programmes, we can return to the roots of education and combine our knowledge in an interdisciplinary manner by conferring intimately with members of other specialties, through panel discussions and case presentations. By approaching learning in this capacity, all of our patients in all of our respective countries will benefit from continued oral health, with successes that will be enjoyed at levels never seen before.

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