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**Forming an interdisciplinary team: A key element in practicing with confidence and efficiency**

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# Forming an interdisciplinary team

## A key element in practicing with confidence and efficiency

**T**he general dentist faces many challenges each day as a business owner, boss, friend, manager, clinician and leader—each role representing a complex set of variables requiring a variety of skills and knowledge.

Most new practitioners begin by attempting to master all these roles themselves and frequently become overwhelmed by the task. Typically, they then seek help, which may come from continuing education or through a mentor or consultant—someone who serves as a resource to help improve the management and control of specific areas of the practice.

Many dentists become especially frustrated in their attempts to develop a team of specialists to aid in clinical decision making and treatment. The classic model of specialty treatment could be called “multidisciplinary care.” In this model, the general dentist sends the

patient to the specialist, who then performs an examination, makes a diagnosis and develops a treatment plan. The specialist treats the patient and then sends the patient back to the

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referring dentist for the next phase of treatment. In this classic model, often there is little or no interaction between the treating clinicians.

A much more effective and fulfilling method of specialty interaction is interdisciplinary care. In this model, the patient is seen by all the practitioners who may be involved, and a

treatment plan is created through the interaction of these clinicians. This interaction can be accomplished face to face, through conference calls, electronically or through a combination of these methods. The key to success is that the development of a treatment plan and the sequence to be followed are understood clearly by all, including the patient.

Once the treatment plan is agreed on, it should be written down, step by step, so that each member of the treatment team understands the treatment sequence, the anticipated time frame and which member of the team will be performing each phase of care. The patient also should receive a copy of the treatment plan to help minimize confusion about what will occur, when it will occur and who will be providing the care at each phase.

The general practitioner usually assumes the role of team leader in this model, monitoring

progress at normal recall visits. However, each practitioner on the team is responsible for presenting his or her phase of treatment and the fees associated with it.

This system initially may seem like a lot more work than the classic referral model, but, as in all things related to dentistry, creating a unified plan with a clear intended outcome up front results in less confusion and stress for all involved. Having a solid plan also yields a more efficient process and, ultimately, a better treatment outcome.

The key to the interdisciplinary model is to form the correct team of individuals. Characteristics that great team members share include

- commitment: having a desire to function in an interdisciplinary system as opposed to the classic referral model;
- self-confidence: having team members who are able to voice their opinions and discuss options without becoming defensive or judgmental;
- competence: having team members with a mastery of their specific area of expertise who also recognize that true mastery requires constant learning and growth.

One question frequently asked is how to find the right people for such an interdisciplinary group. As is often the case in other relationships,

there is no easy answer. A key requirement in forming the group is having the desire to do so. Someone must decide that the frustration of practicing without the support of a group of specialists is affecting the quality of care provided and detracting from the enjoyment of dental practice. Once the decision is made to get support, the process often involves meeting prospective members and seeing if a mutual interest in forming a network exists.

In 1983, Dr. Ralph O'Connor, a general dentist from Tacoma, Wash., decided that too much dentistry in his practice was not being done. Dr. O'Connor and his partner, Dr. Dick Klein, had spent years on the practice management circuit, teaching dentists four-handed dentistry and how to use expanded-function auxiliary staff members.

As the 1970s were coming to an end, however, Dr. O'Connor noticed that the demand for treatment of dental caries and multiple amalgam restorations was diminishing. He recognized that his practice was changing. Routine operative procedures still would be part of the future, but addressing more complex patient needs would require a team effort.

Dr. O'Connor called together a group of practitioners to tell them about his plans and desires. I was a member of that group, which included Dr. O'Connor as the general dentist, an oral surgeon, an orthodontist, a periodontist, a pediatric den-

tist, two endodontists and me, a prosthodontist. Dr. O'Connor's vision made sense to all of us, and the Northwest Network for Dental Excellence was formed and has been going strong ever since, providing the single most valuable learning experience for all the professionals involved.

Without such a network, dentists who practice restorative dentistry will have difficulty dealing with more complex cases. The support and resources that would help the dentists understand what is possible are missing. In some cases, elaborate restorative plans are developed in an attempt to solve a problem that really is not restorative in nature. Patients may be encouraged to have teeth restored that do not require restoration because the dentist is not aware of alternatives.

Forming an interdisciplinary team is the key to understanding the possibilities available in treatment planning for patients with complex problems. Having such a team to call upon allows the dentist to practice with much greater enjoyment, confidence and efficiency. Time is saved and the quality of treatment improves.

Future columns will explore the specifics of how such a network functions. ■

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The views expressed are those of the author and do not necessarily reflect the opinions or official policies of the American Dental Association.