

How good are you?

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As orthodontists, most of us believe that we are among the best in our community at what we do—straightening teeth. Of course, we know that alignment is not the only important outcome of orthodontic therapy. We also strive to produce a good occlusal result and a well-balanced face. But how do you measure the quality of your treatment results? Are you consistent?

One method is to take and pass the American Board of Orthodontics (ABO) phase III examination. Those of you who have accomplished this milestone realize how much you learn about the general quality of your treatment results when you start searching for cases that will qualify. Some clinicians wish they would have banded or bracketed those maxillary second molars so that the alignment and occlusal contacts would be perfect. Others wonder how they could have missed the marginal ridge discrepancies between the molars and the premolars.

But suppose you manage to assemble 6 to 10 cases that satisfy the board's requirements. Is this a true measure of the consistency of your clinical ability to finish patients? Probably not. It is simply 1 snapshot of a small portion of the patients that you have treated. But what the ABO process does provide to orthodontic clinicians is the tools with which they can continuously measure the quality of their treatments throughout their entire careers.

Let me share with you how I use the ABO testing procedures to make me a better clinician. Twice a year, in January and July, I ask my receptionist to give me the pretreatment and posttreatment records of 10 consecutively debanded orthodontic patients from the previous 6 months.

I take these records home, and, usually early on a Saturday morning, I sit down at my desk with a cup of coffee to review these 10 consecutively completed cases. I use the ABO objective grading system to score the post-treatment dental casts and intraoral radiographs, as well

as to assess the cephalometric changes during each patient's treatment. After having performed this assessment twice each year for many years, I can assure you that this is not only a valuable educational experience, but it also provides me with the most accurate and consistent measure of the quality of my work. Do I always see perfect results? Not at all. There is no such thing as a perfect result. I have evaluated ABO candidates for over 15 years as a former director and examiner, and I have never seen a perfectly treated case.

Even the best treatment results have slight imperfections. The board is not interested in perfection. It is more important to achieve a consistent level of excellence that is within the parameters established by the board to pass the phase III examination. That is my target. Personally, I love to find out how many of my 10 consecutive cases would pass the ABO examination.

But what do I really learn from this process? I see what I had overlooked in the finishing of each patient. Perhaps it was in the alignment and positioning of the maxillary second molars. Or it could have been the incorrect buccolingual inclination of the mandibular molars. Or maybe it was the lack of occlusal contact of the maxillary lingual cusps. Whatever the inadequacy, I quickly become aware of what I could do to improve my clinical results in the future.

For the next 2 to 3 months after this exercise, I am keenly aware of the aspects that I might have overlooked in the past. As a result, my current patients are the beneficiaries of this improved awareness, and I become a better clinician as a result of this process.

How do you measure the quality of your orthodontic treatment? If you were to score "10 in a row" every 6 months, you would be able to answer that question. And in the process, you would continue to improve your clinical skills.

So, how good are you?

