

Editorial



Autonomous or heteronomous: the need for role models

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*Correspondence:

Yeek Herr

Department of Periodontology, Kyung Hee University School of Dentistry, 26 Kyungheedaero, Dongdaemun-gu, Seoul 02447, Korea.
E-mail: yherr@khu.ac.kr
Tel: +82-2-958-9382
Fax: +82-2-958-9387

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ORCID iDs

Yeek Herr
<https://orcid.org/0000-0001-9243-7119>

Yeek Herr , President of the Korean Academy of Periodontology

Department of Periodontology, Kyung Hee University School of Dentistry, Seoul, Korea

Professors and trainee dentists in periodontology departments regularly teach patients how to brush their teeth correctly and emphasize the importance of proper toothbrushing. As is familiar for all periodontists, patients respond to these instructions differently. Some patients realize the importance of proper toothbrushing and try their best to brush their teeth in accordance with the instructions provided by the periodontist, while other patients continue to use their own methods, as if it is highly annoying to try a new method a few times. One important thing that patients often fail to realize is that periodontists can quickly tell if they have not brushed their teeth enough. If periodontists recognize that self-performed mechanical plaque control has not been satisfactory, they apply the “tell, show, do” rule—in other words, they show how to brush one's teeth in order to motivate patients.

Most clinical professors have often expressed frustration with recent training programs. Similar to the method applied to patients, trainee dentists are initially left to learn autonomously, but their execution of training is below expectations when judged from the perspective of educators. Without a doubt, the length of time that they spend in the hospital has decreased in absolute terms.

In the past, it was a traditional norm for junior employees to leave the hospital only when the senior staff had left, but this has become vague without a clear expectation of when to leave, and this decision is now unfortunately one that trainees make autonomously, because it is not legally mandatory.

The most important advantage of staying in the trainee room until late at night is the interpersonal chemistry that develops, and more senior clinicians teach their juniors clinical know-how from their own experiences. Of course, I know that there are disadvantages of this system—and I have experienced them myself—but I would like to claim that these disadvantages are manageable.

I would like to invite the periodontal community to reflect upon the study methods of trainee dentists together. When I discuss academic issues with trainees, I think that they are often too biased with their own perception towards academic studies. Most theories have advantages and disadvantages, but trainees only study the advantages that suit their taste. At times, I have been surprised to answer questions from them about disadvantages that they never seem to have considered.

I would like to suggest that all the staff in charge of residency programs in periodontology might find it productive to adopt the "tell, show, do" rule. In other words, staff will need to show trainees how to study. I do not mean to place blame only on trainee dentists; instead, my point is that we, as training staff, must take the initiative first.

In other words, we have to change first so that we may change them. This seems to be the nature of the times.