



EDITORIAL

Tradition vs Evolution

In many aspects, people appear to be completely different than they were during earlier generations. This ranges from commitments to perform specific tasks, overall lifestyle, preferences to working independently or as a team, as well as incentives and goals.

The new generation is technologically savvy. We can even go so far as to compare their smart device with a part of their body, allowing for manipulation of their mind and emotions to be held in their hands. They require immediate gratification or else a lack of concentration and interest will ensue. They must be stimulated every second and challenged with simultaneous contests to maintain focus.

The effects of these changes are influencing every surgical specialty, and some of them are appropriately moving forward with new approaches for education.

Also, our new faculty members are changing in age, subspecialty, expertise, and habits to educate.

We must be aware of the new trends in education and focus on keeping up with the current generational model of thinking. We also need to consider the nominal changes in our traditional model of teaching and the lack of faculty and we must allow our residents to be more involved in their education.

A few recommendations are:

- To adapt new hand-held technology in the education process of our trainees, including building models of surgical simulation and clinical scenarios. A panel of experts from multiple organizations related to the private and academic world should prepare this new educational platform to meet competences.
- Our teaching programs are struggling with recruiting and maintaining faculty members. There are some programs where part-time faculties from private practice are supporting the academic program with scholastic and monetary remuneration. We must be more open to this model and embrace private practitioners that would enjoy having a part-time academic life¹.
- Creating more private practice rotations to prepare our trainees for the real life work flow outside the academic environment. Some of the rotations will have a specific topic that will stimulate the trainee to pursue a specialized field in different areas of the oral and maxillofacial surgery spectrum. We understand the importance of the resident and staff manpower to keep

program performance, as well as hospital and clinic coverage in order. The outside world may offer stimulation, happiness, and new challenges to our trainees.

- To give our senior residents more responsibility and let them have few months of supervised attending roles to enhance decision making, building patient rapport, teaching junior residents, and enhancing skills for their future professional life².
- Delineate specific times for any kind of research so that our field could again become the leader in investigation and new trends in the diagnosis and treatment of multiple pathologies in the maxillofacial area.
- Work with our educational institutions to develop a plan for debt payment and consolidation as a stimulus based on publications and research during their training.
- Partner with our publishing companies and developing an OMFS e-book and e-journal library with defined topics by areas. These areas will have multiple book chapters and key articles that will quickly assist trainees with research on a topic or area in preparation for grand rounds, presentations, or surgical case preparation.

We are in a time of transition and as humans we are known to evolve when we are out of our comfort zone. Organizations like ACOMS are working toward embracing this change. I invite all of you to take advantage of the virtual learning platform that ACOMS is offering to all its members and resident members. The platform is interactive and evolving every week.

Pedro Franco, DDS

Clinical Assistant Adjunct Professor

Texas A & M University - Baylor College of Dentistry

Oral and Maxillofacial Surgery

pedrofrancodds@gmail.com, drfranco@dfwoms.com

<http://dx.doi.org/10.1016/j.oooo.2016.10.013>

REFERENCES

1. Nix N, Beck L, Rodriguez TE. The benefits of volunteering as and Oral and Maxillofacial Surgery educator. *J Oral Maxillofac Surg.* 2016;74:1295-1299.
2. Fillmore WJ, Teeple TJ, Cha S, et al. Chief resident case experience and autonomy are associated with resident confidence and future practice plans. *J Oral Maxillofac Surg.* 2013;71:448-461.