SEATTLE STUDY CLUB®

A Powerful Force for Change

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Working with the Seattle Study Club has the potential not only to benefit both parties, but also to revolutionize dentistry world-wide. This statement may be viewed as hyperbole until one recognizes that the Seattle Study Club provides a unique vehicle for dental innovators to change how clinicians in private practice perform dentistry on a day-to-day basis. This opportunity to impact the clinical analysis, techniques and methods that dentists actually use is unparalleled in the field of dental continuing education. Indeed, although dental educators have been slow to recognize the supremacy of the study club concept over the one-day lecture course for postgraduate dental learning, even they are coming around to that point of view. In the scholarly article, "Impediments to Change and Their Resolution in Clinical Practice" (J Dent Ed 1998;62:882–889), Dr. James E. Kennedy had this to say about the efficacy of conventional models of continuing education for getting dentists to change what they do:

> The question of how a practitioner learns is beginning to receive significant attention in academic medicine, and the lessons learned are clearly applicable to dentistry. For the practitioner, clinical experience generates new information that either contradicts or reinforces already existing knowledge and is a major driver of change in practice behavior. Such change is facilitated by peers discussing clinical experiences with peers. Thus it is not surprising that study clubs and replacement of lectures by small group discussions are cited as a preferred approach to continuing education. A second related concept that must be considered is that new information must be incorporated in a meaningful way into relevant preexisting knowledge. If we accept this relationship between new and preexisting knowledge and experiences shared with colleagues as significant elements in lifelong learning, then the relationship between how practitioners learn and how we educate practitioners in the formal phase of their education becomes critical. The educational model that the majority of practicing dentists experienced while in dental school and that continues to dominate continuing education in dentistry is the presentation by the dominant clinician of information deemed relevant. Expressed another way, dental education at all levels … is characterized by passive learning. Consider the continuing education lecture in the light of how practitioners learn. The information conveyed may have three outcomes. It may reinforce an existing practice, and practitioners will continue to do what they have done in the past. If it contradicts, practitioners are likely to reject the new information as inconsistent with clinical experience. The probability of change in terms of either discontinuing an old practice or adopting a new practice without broad-based reinforcement derived through peer discussion is poor. An additional aspect of this resistance to change may be that a practitioner's clinical experience represents active learning and as such the knowledge gained is not easily dismissed.

Clearly, the Seattle Study Club model for lifelong learning is a radical departure from conventional methods of dental continuing education—and it works! As a result, it will be a powerful force for change both in the way that continuing education is delivered in the future and in the content of that education.