

# The Third Educational Conference to Develop the Curriculum in Temporomandibular Disorders and Orofacial Pain: Introduction

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*The principal aim of the Third Educational Conference to Develop the Curriculum in Temporomandibular Disorders and Orofacial Pain was to enhance the teaching of temporomandibular disorders (TMD) and orofacial pain to predoctoral dental students and to postdoctoral students in this field. Within this context, the conference sought to: (1) provide information regarding the current status of the predoctoral and postdoctoral teaching of TMD and orofacial pain, (2) present ways in which teaching of the basic sciences can be better integrated into the teaching of TMD and orofacial pain in the predoctoral and postdoctoral curriculum, (3) present ways in which the teaching of oral medicine can be better integrated into the teaching of TMD and orofacial pain in the predoctoral and postdoctoral curriculum, and (4) discuss how TMD and orofacial pain should be taught in a manner that is consistent with newly proposed accreditation standards. The papers addressing these specific aspects, as well as a summary paper on the conclusions from the conference, are presented in this issue of the journal.*

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**Key words:** orofacial pain, temporomandibular disorders, dental curriculum, educational conference

From a historical perspective, the First Educational Conference to Develop the Curriculum in Temporomandibular Disorders and Orofacial Pain in 1990 featured presentations on a proposed curriculum model for predoctoral education, existing models of postdoctoral temporomandibular disorders (TMD) and orofacial pain programs, existing models of continuing education curricula, and workshops involving 160 conference registrants. One of the significant outcomes of the first conference was the publication of the plenary session presentations; the workshops' outcomes regarding suggested curriculum guidelines for the study of TMD and orofacial pain for the predoctoral, postdoctoral, and continuing education programs; and the philosophical overview perspectives.<sup>1-9</sup> Another significant outcome of the first conference was the review by the American Dental Education Association (formerly the American Association of Dental Schools [AADS]) of the respective suggested curriculum guidelines, which resulted in their formal adoption by the AADS.<sup>10</sup>

The second educational conference was conducted in 1992. The goal was to discuss the educational methodologies for the implementation of the formal curriculum guidelines in the dental education curriculum. Presentations featured problem-based learning (PBL), decision analysis, and computer technology and involved 64 conference participants. Workshops included hands-on experience with PBL and various TMD and orofacial pain interactive computer programs.

The Third Educational Conference to Develop the Curriculum in Temporomandibular Disorders and Orofacial Pain was held in April 2000. The conference was sponsored by the American Academy of Orofacial Pain, and it was endorsed by the Association of University TMD and Orofacial Pain Programs, the American Academy of Oral Medicine, the Canadian Academy of Oral and Maxillofacial Pathology and Oral Medicine, and the Association of Canadian Faculties of Dentistry. Over 130 educators participated in the conference.

The principal aim of the third conference was to enhance the teaching of TMD and orofacial pain to predoctoral dental students and to postdoctoral students in this field. Within this context, the conference sought to: (1) provide information regarding the current status of the predoctoral and postdoctoral teaching of TMD and orofacial pain, (2) present ways in which teaching of the basic sciences can be better integrated into the teaching of TMD and orofacial pain in the predoctoral and postdoctoral curriculum, (3) present ways in which the teaching of oral medicine can be better integrated with the teaching of TMD and orofacial pain in the predoctoral and postdoctoral curriculum, and (4) discuss how TMD and orofacial pain should be taught in a manner that is consistent with newly proposed accreditation standards.

The attempt to address these general goals necessarily raised a series of more specific issues and questions, which constituted the essence of this conference. The charge to the speakers of the conference constituted the following questions to be addressed in their respective presentations.

1. *Since knowledge of the basic biomedical sciences is essential to understanding the underlying factors that predispose, cause, or result from TMD and orofacial pain, how, under what circumstances, and by whom should the basic biomedical sciences be taught in the predoctoral and postdoctoral curricula?*

2. *Since evidence-based care is the desirable standard in the care of TMD and orofacial pain patients, how, under what conditions, and from whom should predoctoral and postdoctoral students learn how to evaluate the information upon which the purported evidence is based?*
3. *How, under what circumstances, and from whom should students learn that, unless there is objectively derived clinical evidence to the contrary, treatment choices for TMD and orofacial pain should be those that are the least invasive, the least irreversible, the least costly, and have the best (albeit anecdotal) likelihood of success?*
4. *How, under what conditions, and from whom should predoctoral and postdoctoral students learn the principles and process of diagnostic and therapeutic clinical decision-making?*
5. *Since supervised "hands-on" experience is essential to the training of clinicians, how, under what conditions, and from whom do predoctoral students obtain experience in caring for patients with TMD and orofacial pain? If such clinical experiences are not available, what are the educational goals and alternatives?*
6. *What are the curriculum and faculty staffing implications for dental schools if TMD and orofacial pain were to become a recognized dental specialty and/or were to become a required component of the dental curriculum or of other dental specialty programs?*

It was hoped that the third conference would also make its mark in dental education at the predoctoral and postdoctoral levels and thereby influence the dental profession relative to the field of TMD and orofacial pain. The absence of an accreditation standard for the clinical area of TMD and orofacial pain presents a dilemma for dental educators to promote the inclusion of TMD and orofacial pain in the predoctoral curriculum, and it was hoped by the conference organizers that the outcomes would be of assistance in the development of an accreditation statement for predoctoral programs for TMD and orofacial pain.

Although the issues addressed bear particularly on dental schools in North America, dental schools in other countries can use many of the approaches, principles, and standards discussed in this conference when assessing their own training programs. The teaching of TMD and orofacial pain to dental students should and can be enhanced by recognized educational standards that are included in dental school accreditation pro-

cesses. It was expected that a focus on this issue would help “internationalize” the conference.

The conclusions from the conference are presented in a summary paper in this issue of the journal.<sup>11</sup>

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