Third Educational Conference to Develop the Curriculum in Temporomandibular Disorders and Orofacial Pain: Summary/Conclusions

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A Reactor Panel chaired by Dr Norman Mohl (University at Buffalo, Buffalo, NY, USA) and composed of Drs Ron Attanasio (University of Nebraska, Lincoln, NE, USA), Yoly Gonzalez (University at Buffalo, Buffalo, NY, USA), Charles Carlson (University of Kentucky, Lexington, KY, USA), James Fricton (University of Minnesota, Minneapolis, MN, USA), Jeffrey Okeson (University of Kentucky, Lexington, KY, USA), Jean-Paul Goulet (Laval University, Quebec City, Canada), Edmond Truelove (University of Washington, Seattle, WA, USA), Antoon DeLaat (University of Leuven, Leuven, Belgium), and James Lund (McGill University, Montreal, Canada) gave their views and discussed the presented papers, the workshop reports, and the questions and comments from the audience. As a result, a consensus yielded the following conclusions:

1. Dental educational institutions need to recognize that temporomandibular disorders (TMD) and orofacial pain represent a primary care component of the general practice of dentistry, not unlike other clinical dental disciplines.
2. The teaching of a logically planned and sequenced program in TMD and orofacial pain should be integrated into the overall predoctoral curriculum.
3. Dental educational institutions need to recognize that, in view of the large number of patients suffering from non-odontogenic pain, TMD and orofacial pain represent a public health problem.
4 There is a need for better integration of the teaching of the basic and clinical sciences, particularly with regard to TMD and orofacial pain.
5. There is a need for closer collaboration and better integration of the teaching of oral medicine and that of TMD and orofacial pain.
6. The teaching of TMD and orofacial pain should be evidence-based, and students should be taught how to distinguish evidence-based care from anecdotally-based care.
7. A well-trained faculty member should be charged with the responsibility of leading the predoctoral educational program in TMD and orofacial pain and interacting with others who are experts in the field.
8. Dental educational institutions need to recruit faculty who can take active responsibility for teaching TMD and orofacial pain, providing care for patients, and conducting clinical, epidemiologic, or basic biomedical research in the field.
9. The environment for teaching TMD and orofacial pain should be interdisciplinary, cooperative, and mutually supporting.
10. Alternative teaching methods (eg, problem-based learning, interactive computer programs) should be explored to enhance the teaching and continued learning of TMD and orofacial pain.

11. Serious attempts should be made to include some "hands-on" clinical experiences in the care of TMD and orofacial pain patients for students in the predoctoral curriculum.
12. Clear and agreed-upon outcome competencies, both didactic and clinical, should be developed for the predoctoral program, particularly with regard to the understanding of etiologic factors, differential diagnosis, conservative modes of therapy, and criteria for referral.
13. TMD and orofacial pain should be included among the accreditation standards for dental education programs of dental schools.
14. Dental educational institutions should endeavor to increase the number of advanced education programs in TMD and orofacial pain to increase the number of faculty who can teach, provide clinical care, and conduct research in this area.
15. Administrative support for TMD and orofacial pain programs from dental educational institutions, both philosophical and material, should be increased.

Finally, the question of recognition by the American Dental Association of specialty status for TMD and orofacial pain was not specifically addressed at the conference, since this is currently an internal issue in the United States.