

Quality

Leslie C. Dort, DDS, Diplomate, ABDSM, Editor-in-Chief *Journal of Dental Sleep Medicine*

Calgary, Alberta, Canada

Quality of care, quality assurance, quality measures: these are terms used frequently in discussions of health care. How is quality determined in dental sleep medicine? Quality in research, in continuing professional education and in clinical practice are required to deliver “the right care for every person, every time.”¹

The aim of the *Journal of Dental Sleep Medicine* is to provide good quality information on all aspects of dental sleep medicine in the broadest sense. Peer-review, while not without limitations, is the best process available to provided good quality information. Our reviewers (unpaid volunteers) check submissions for many things including appropriate methods, analyses, reasonability of conclusions and the use of current references. You as the reader have this assurance of quality in the journal’s offerings. Scientific and professional debate is useful and necessary so not everyone will agree on all manuscripts. I look forward to respectful debate on issues raised by journal publications.

There are questions to ask about information published elsewhere. You should know what quality control measures have been employed. Are you reading opinion without evidence? Though not necessarily useless, has it been made clear by the publication?

Few dental schools give undergraduate training in dental sleep medicine.²

The challenge of continuing education in dental sleep medicine is that it is entirely a post-dental school endeavor. We don’t have a body of basic dental school knowledge to build on. Therefore judging the quality of what is presented can be more difficult than in other areas.

The quality of courses and conferences in dental sleep medicine should also be scrutinized. There are charismatic speakers on the dental sleep medicine circuit whose presentations contain significant amounts of opinion, or fringe information, presented with the same emphasis as information with a solid evidence base.

Because there is no dental school base of information, those of us new to the field are vulnerable to speakers and writers presenting as fact that which is only speculation. The American Academy of Dental Sleep Medicine (AADSM) emphasizes evidence-based presentations in all its continuing education programs and conferences. AADSM offerings may not be as exciting or as flamboyant as presentations “on the circuit” but will be of good quality.

Measurement of quality in clinical practice is coming to all aspects of health care, I encourage you to look at the ADA publication “Quality Measurement in Dentistry: a Guidebook”³ for an in depth review of quality measurement. The report identifies challenges to measurement, the first being a lack of

evidence-based guidelines. As a result of collaboration between the AADSM and the AASM, dental sleep medicine is a leader and an example for other areas of dentistry. Evidence-based guidelines for the use of oral appliances in the treatment of sleep disordered breathing where first developed in 1995 and revisions based on the new evidence published since 2005 are underway.^{4,5}

First, the careful, meticulous work of our research colleagues provides the foundation for guidelines. Then the thoughtful and evidence-based presentations of our best educators provide an approachable summary of research findings. Third, the quality measures and clinical guidelines will give us the ability to critically evaluate our clinical processes and outcomes. None of these is likely to be flamboyant, immediately exciting, or lead to rapid revenue, but they will give us the foundation to offer each patient the best quality care possible.

CITATION

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Address correspondence to: Leslie C. Dort, DDS, 1016-68th Ave SW, Suite 150, Calgary, AB T2V 4J2, Canada; Tel: (403) 202-4905; Fax: (403)202-0266; E-mail: lcdort@gmail.com

DISCLOSURE STATEMENT

Dr. Dort is Editor-in-Chief of *Journal of Dental Sleep Medicine*.