Dr. Paul Belzycki – Here's to Young Dentists

Chiraz: Now, I have one final question for you, which is probably on the minds of a number of young and new dentists. I'm a new dentist, I've just graduated or I haven't been practicing for a long time; and I don't have the number of years of clinical practice that you have. What kind of advice would you give me in order for me to become a good dentist and to practice to the high standard that you mention in your presentations?

Dr. Belzycki: That's a tough question. I know, and the point I try to get across is that dentistry is a tough gig. It's a hard job, day in and day out, I've been doing this for 40 years. It's physically demanding in terms of your eyes, your back and your hands. It's a tough job and it takes a lot of tenacity to sit there and try to get it right. And, to try to get something right, you at least have to know what is right, whether you learn this in a book, whether you saw another dentist doing it, you have to have a vision somewhere in your mind of what's correct. And so much of dentistry is hand-eye coordinated skills, prepping a tooth, you should have an ideal that you may have seen in the textbook. Can you produce what the textbook says you should produce?

Dr. Belzycki: And that takes time. You just don't graduate, pickup a drill and you start zapping off preps one, two, three. You have to sit there quietly, particularly when you're your own boss. And, if you have a passion for doing things right, you have to work at it diligently, slowly to carve that tooth, little by little, the slower you go, the better it's going to be. And all of a sudden, the prep appears in front of you; and when that image of what's correct, when you produce that in the mouth, you'll know that it's right. And that takes a lot of hard work and dedication.

Dr. Belzycki: So, you hone skills and you bring skills to bear, your own hand-eye coordinated skills and your knowledge. I always focus on if I've done my part, I don't want other things to let me down. So, I try to use materials and I've harped on this many times. I try to use materials and methods that have not only worked in my hands, but at the hands of clinicians that I admire and that I want to follow. It's worked in their hands too. So, if it's worked in multiple hands over a good breadth of time, then I want to use those because I don't want to bring excellence to bear as far as I'm concerned; and then I'm using some new material, some new porcelain or some new cement that has no track record and that's the weak link that lets me down. And that's happened, that's happened when new materials came out and a lot of my classmates were hungry to get Dicor and some of these new aesthetic porcelains, they ran into problems when all of these things started breaking. And I just kept going on with porcelain-fused to metal for all of my career for the first near 25, 28 years.

Dr. Belzycki: And then when lava came on board the zirconia, well you could take that, throw it against the wall and it wouldn't break. That's the only test I needed. If I could do that and the thing didn't break, that was something worth trying. So, go with

the tried and true. And also, if you can be proficient as much as you can in the various phases of dentistry; and I keep telling people I do perio, endo and restorative dentistry because to provide good, comprehensive dentistry, you have to do those things and it makes for an interesting day. It makes for intellectual stimulation and there's no sense of boredom because the more you see, the more you can treat more engaging your day is. So, that's an important factor too.

Dr. Belzycki: And finally, to recognize that dentistry is a craft of the hand and I've made a video that I did once, fashioning a provisional, a lower provisional for a full arch. And I sat there. I have a vision of what that final prosthesis should look like and using nothing more sophisticated than a sandpaper disc going round and round in an electric handpiece. I can get all the anatomy, fashion, embrasure spaces, angulation of pontics, the occlusion. You do all of that. And I know that some folks say, well, you can have a lab technician do that, or somebody else can do it. Well, if I've done periodontal surgery when you work on tissue and you work on the gums, you respect it more. So, I knew all that I had to get into making that that tissue healthy. I need to have a restoration that will back up what I've done, not only in the short term, but I know if the tissue responds accurately with the provisionals I fashioned, then that's the guide for the lab, because the lab technician or some mindless computer using algorithms that I don't understand, how are they going to come up with what I feel is necessary? So, I don't want anybody's vision of what's correct but my own. Because I know from experience it will work. It will give me pink healthy, non-bleeding tissue.

Dr. Belzycki: So, the 3D printing that I do with my own hands is invaluable because I can guide a lab and say this is how I want my embrasure spaces. This is where I want a pontic. Here's the inclination. Don't guess, don't give me anything you think I should have, because you haven't banged around in somebody's mouth and have the knowledge of what it takes to treat a human being. Yes, you're good at wax and stone models, or if you're doing it digitally, you'll make it on the computer screen. But computer screens don't bleed. They don't. They don't know the ramifications of making an embrasure too tight that a patient can'T clean. So, being able to do this on my own, I just feel most comfortable in delivering to a patient what I know is correct. So, practice craft the hand.