

# THE CAVEAT SYNDROME

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I have been going to seminars and lectures all of my adult life, and I have found this form of education to be an effective forum for learning. For me, it has been better than reading because I have a short visual attention span. It may not be unusual that the span becomes more truncated as I get older. The great surgeon Phil Boyne has said that about 20 minutes of reading slides in a darkened amphitheater is the level of tolerance of most members of an audience (he also noted that yellow text on a dark blue background provides the most readable and least fatiguing format).

Lectures with positive audiovisual support, colorful pictures, and consciousness-arousing sounds ("zap," "pop," "zing," "whoosh," to name a few of the myriad choices on my PowerPoint program) keep me alert and create a fertile environment for learning and remembering.

This form of presenting instruction is so popular that it currently represents the single most important arena for imparting information. Lecturers appear before us with spectacular talents, either natural or acquired. Some pound the podium, stamp their feet, make their points in stentorian tones, or stride away from their computers but continue to control them with long-distance remotes and blinding, darting, staccato laser pointers. Others purr and build their presentations with tact, restraint, and eloquence. Recently, lectures bearing these

characteristics have become dramatic, true theaters of science.

One wonders if, in the future, Oscar-like awards will be made for the best of them. They could be called "Volkmanns" or "Eustachians" or "Willises."

Lectures do present a problem or two, which trouble me. Unlike articles, they are not refereed, nor are they evaluated by peers in advance of their formal presentation or reviewed for accuracy. They are simply ephemera, furnished at a brief point in time and then quickly forgotten. This is as it should be. For example, in academia, journals and other learned publications will not accept such citations in their bibliographies or lists of references. However, among groups of clinicians who meet at study clubs, over lunch, or on the first tee, the information acquired at lectures and seminars is exchanged, iterated, and exaggerated until it becomes fact.

Some of the material recently presented by a practicing implant surgeon who was supporting the introduction of a new design, a novel technique of insertion, and an innovative method of postoperative management raised some doubts in my mind. The lecture was convincing but scary. Its entire pitch urged the selection of this system, maybe because it was okay, but certainly because the use of the more conventional systems extant were leading its users directly on the road to perdition. We heard that a shorter, simpler implant avoided a need for host-site enhancement, which was a good point. It became

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blunted, however, when a long and painful series of disastrous results was cast on the screen, showing severe bone loss, exposed TiMesh, and evil-looking yellow-green stuff oozing from dark oral holes. (In addition, it was suggested that an approach to solving the problems of dehiscence could be solved by secondary suturing!)

An additional series of cases that illustrated gaping oroantral communications and inferior turbi-

nates peeking through yawning palatal exposures (caused by failed attempts at maxillary ridge height augmentation) was frightening and shocking. These numerous collected failures were used to encourage the purchase of a new product.

This was overkill. A better way would have been to use positive reinforcement: Here is a new product; it is good, affordable, readily available, and user friendly. Most of us in the audience liked the prod-

uct, but we would have liked it more if the lecture had not been so convincingly effective at scaring us.

I am planning for my next lecture experience armed with these caveats:

- Think positively.
- Do not be intimidated.
- Embrace the unfettered forthright speaker, but do so with tempered enthusiasm.
- Get a money-back guarantee.