

REVIEW ARTICLE

Class practice and mass practice in dentistry: A review

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Abstract

This review critically examines the dichotomy between class practice and mass practice in dentistry, focusing on patient outcomes, satisfaction, and implications for dental education. Class practice, characterized by individualized instruction, aims to tailor treatment plans to the unique needs of each patient. In contrast, mass practice prioritizes standardized efficiency to accommodate a larger patient population. Our analysis draws from a comprehensive review of studies indexed on PubMed, highlighting the strengths and challenges of each approach. The personalized nature of class practice fosters a deeper practitioner-patient relationship, potentially enhancing patient satisfaction and treatment adherence. However, concerns arise regarding the logistical feasibility of individualized care within time constraints. Mass practice, while efficient, raises questions about its impact on the quality of care and long-term patient outcomes. Patient satisfaction emerges as a critical metric, with class practice associated with higher levels of satisfaction due to its patient-centered approach. Efficacy and long-term outcomes reveal potential advantages for class practice, emphasizing the need for further research into the durability of treatments under different models. The practical implications for dental education underscore the importance of adapting curricula to prepare graduates for diverse practice environments. In conclusion, this review provides valuable insights for practitioners, educators, and policymakers, emphasizing the need to strike a balance between personalized care and operational efficiency in the evolving landscape of dentistry.

Keywords: Class practice, Mass practice, Dental care, Patient satisfaction, Efficacy

Introduction

In recent years, the landscape of dental practice has undergone significant transformations, prompting a reassessment of traditional methodologies. The contrast between class practice and mass practice has emerged as a prominent theme in the discourse on optimizing dental care [1]. Class practice, characterized by its emphasis on personalized, patient-centric approaches, stands in juxtaposition to mass practice, which prioritizes efficiency through standardized procedures [2]. The shift in focus from a one-size-fits-all approach to individualized patient care has garnered attention in the dental community [3]. Class practice involves tailoring treatment plans based on the unique needs of each patient, fostering a more nuanced and personalized interaction between practitioners and their clientele [4]. On the other hand, mass practice advocates for the benefits of streamlined, high-throughput methods, emphasizing cost-effectiveness and reduced treatment times [5]. As the dental profession navigates this dynamic interplay between class practice and mass practice, it becomes imperative to scrutinize existing evidence to delineate the strengths and weaknesses of each approach. This review aims to contribute to this discourse by critically examining studies from PubMed, a repository of peer-reviewed medical literature, to ascertain the impact of class practice and mass practice on patient outcomes, practitioner dynamics, and the overall landscape of dental care. The choice between class practice and mass practice extends beyond the realm of treatment methodologies; it influences the patient experience and satisfaction [6]. Patient-centered care, inherent in class practice, has been associated with higher levels of patient satisfaction [7]. The emphasis on tailored treatment plans and individualized attention fosters a sense of trust between patients and practitioners, potentially contributing to better treatment adherence [8]. Understanding the implications of these divergent approaches on patient satisfaction is crucial for practitioners seeking to enhance the overall quality of care. Moreover, the debate surrounding class practice versus mass practice extends to considerations of efficiency, resource utilization, and the scalability of dental services. Proponents of mass practice argue that standardized procedures allow for increased efficiency, reduced treatment times, and potentially lower costs, making oral healthcare more accessible to a larger population [9]. However, the impact of this efficiency-driven model on the quality of care and long-term patient outcomes remains a subject of ongoing inquiry [10]. As the dental profession strives to strike a balance between personalized care and efficiency, this review aims to provide a comprehensive overview of the existing literature. Through a critical analysis of studies published in reputable journals indexed on PubMed, we seek to unravel the complexities surrounding class practice and mass practice in dentistry. By examining the evidence, we aim to offer valuable insights to guide practitioners, educators, and policymakers in making informed decisions that align with the evolving landscape of dental care.

Individualized Instruction in Class Practice

Class practice in dentistry places a strong emphasis on individualized instruction, aiming to tailor treatment plans to the unique characteristics and needs of each patient. This approach is rooted in the belief that personalized care contributes to improved patient outcomes and overall satisfaction [1]. One of the key advantages of individualized instruction is the ability to address the specific oral health concerns of each patient. By conducting thorough assessments and considering factors such as medical history, lifestyle, and patient preferences, practitioners practicing class-based methods can formulate treatment plans that are precisely tailored to the individual [2]. This personalized approach extends beyond the clinical aspects of care, encompassing communication and patient education to ensure a comprehensive understanding and collaboration between the practitioner and the patient [3]. Studies have shown that individualized instruction in class practice settings is associated

with higher levels of patient satisfaction [4]. The attention to detail and the customized nature of the treatment contribute to a sense of trust between the patient and the practitioner. Patients often appreciate the time and effort invested in understanding their specific needs, leading to increased confidence in the proposed treatment plans [5]. Furthermore, the individualized nature of class practice has been linked to improved treatment adherence. Patients are more likely to follow through with recommended oral health regimens when they perceive that the instructions are tailored to their unique circumstances [6]. This aspect is particularly crucial in long-term management of chronic conditions or preventive care, where patient cooperation is vital for successful outcomes. Despite these apparent advantages, challenges exist in implementing individualized instruction within the constraints of time and resources. Critics argue that in a fast-paced clinical environment, dedicating sufficient time to each patient may be logistically challenging. Striking a balance between personalized care and efficient practice remains a continuous challenge for dental professionals adopting class practice methodologies [7].

Standardized Efficiency in Mass Practice

Mass practice in dentistry represents a departure from individualized approaches, focusing on standardized procedures and high-throughput methods to achieve operational efficiency [1]. Advocates argue that this model streamlines workflows, reduces treatment times, and enhances cost-effectiveness, making oral healthcare more accessible to a larger population [2]. One of the central tenets of mass practice is the implementation of standardized procedures that can be efficiently replicated across a broad spectrum of patients. This standardization aims to minimize variations in treatment delivery, ensuring a consistent level of care [3]. Proponents contend that this approach facilitates the adoption of evidence-based best practices, contributing to a more uniform and predictable patient experience [4]. Efficiency is a key selling point for mass practice, as it enables practitioners to see a higher volume of patients within a given time frame. This can be particularly advantageous in community or public health settings where there is a demand for timely and accessible dental services [5]. Additionally, the reduction in treatment times may contribute to increased patient turnover and improved resource utilization, potentially lowering overall healthcare costs [6]. However, the efficiency-driven model of mass practice raises questions about its impact on the quality of care and patient outcomes. Critics argue that the standardized nature of procedures may overlook the unique aspects of individual patient cases, potentially compromising the effectiveness of treatments [7]. The challenge lies in finding a balance between efficiency and personalized care to ensure positive patient experiences and satisfactory outcomes [8]. Moreover, the scalability of mass practice may pose challenges in maintaining the same level of patient satisfaction observed in class practice settings. Patients accustomed to the personalized care and attention offered in class-based methodologies may perceive mass practice as impersonal or rushed [9]. Addressing these perceptions is crucial for the successful implementation of mass practice, especially in environments where patient satisfaction is a critical metric.

Patient Satisfaction: A Key Metric in Dental Care

Patient satisfaction is a paramount metric in evaluating the success and quality of dental care, playing a crucial role in the ongoing debate between class practice and mass practice in dentistry [1]. Class practice, with its emphasis on individualized instruction, has been associated with higher levels of patient satisfaction compared to the efficiency-driven model of mass practice [2]. In class practice settings, the personalized attention afforded to each patient contributes significantly to overall satisfaction [3]. Patients appreciate the thoroughness of assessments, the detailed communication about their treatment plans, and the

tailored approach that considers their unique circumstances [4]. This personalized interaction fosters a sense of trust and collaboration between the practitioner and the patient, positively influencing their perception of the quality of care received [5]. Conversely, the challenge in mass practice lies in maintaining high levels of patient satisfaction despite the standardized and often more rapid nature of procedures [6]. Patients accustomed to the personalized care of class practice may perceive mass practice as impersonal or transactional, potentially impacting their overall satisfaction with the healthcare experience [7]. This is a critical consideration, as patient satisfaction not only influences the practitioner-patient relationship but also plays a role in treatment adherence and the likelihood of positive oral health outcomes [8]. Several studies have investigated the correlation between practice models and patient satisfaction, shedding light on the nuanced dynamics at play. Research suggests that the time invested in understanding patients' concerns and providing personalized care contributes significantly to enhanced satisfaction [9]. Additionally, the communication style of practitioners, including their ability to explain procedures and involve patients in decision-making, has been identified as a key determinant of satisfaction in dental care [10]. Understanding the factors that contribute to patient satisfaction is essential for dental practitioners seeking to optimize their practice model. Beyond the clinical aspects of care, the interpersonal skills of practitioners and the overall patient experience influence perceptions of quality [11]. Striking a balance between the personalized care associated with class practice and the efficiency-driven nature of mass practice is crucial for ensuring positive patient experiences and, consequently, better oral health outcomes.

Efficacy and Long-term Outcomes

Assessing the efficacy of dental treatments and their long-term outcomes is pivotal in determining the success of different practice models, particularly when comparing class practice and mass practice in dentistry [1]. Class practice, with its focus on individualized instruction, has been hypothesized to contribute to better long-term outcomes and maintenance of oral health [2]. Studies examining the efficacy of class practice often highlight the benefits of tailored treatment plans. The individualized nature of care allows practitioners to address specific patient needs comprehensively, potentially resulting in more effective interventions [3]. Additionally, the emphasis on patient education in class practice settings may contribute to improved oral health behaviors and self-care practices, further enhancing long-term outcomes [4]. Contrastingly, mass practice, while often efficient in the short term, raises questions about the durability and effectiveness of treatments over time [5]. Standardized procedures, while streamlining processes, may not account for the diverse factors influencing individual patient responses and long-term treatment success [6]. Investigating the comparative efficacy and durability of treatments under different practice paradigms is essential for guiding practitioners in selecting models that optimize both short-term and long-term patient outcomes. Long-term outcomes in dentistry extend beyond immediate treatment success to considerations of patient satisfaction, recurrence of dental issues, and overall oral health maintenance. Class practice, by fostering a deeper practitioner-patient relationship, may contribute to increased patient trust and commitment to long-term oral health regimens [7]. On the contrary, the challenge in mass practice lies in ensuring that standardized procedures do not compromise the durability of treatments or patient adherence to long-term care plans [8]. Research in this domain often involves longitudinal studies tracking patients over extended periods. Understanding the factors that influence the longevity of dental treatments and the sustainability of oral health practices is critical for practitioners aiming to provide effective, enduring care. Additionally, investigating patient-reported outcomes and assessing the impact of different practice models on the quality of life related to oral health contributes to a holistic understanding of efficacy [10-15].

Practical Implications for Dental Education

The debate between class practice and mass practice in dentistry extends beyond clinical settings to influence dental education. Educators face the challenge of preparing future practitioners to navigate the diverse landscape of practice models. Understanding the practical implications of class practice and mass practice is essential for shaping comprehensive dental education that aligns with evolving trends [1].

- 1. Curricular Adaptations for Diverse Practice Models:** Dental education must evolve to encompass the principles and skills required in both class practice and mass practice. Curricular adaptations should include exposure to diverse clinical settings, providing students with the opportunity to understand and experience the nuances of different practice models [2]. This exposure can foster adaptability and equip graduates to thrive in various professional environments.
- 2. Emphasis on Patient Communication and Relationship Building:** Given the patient-centered nature of class practice, dental education should emphasize effective communication skills and relationship-building. Training students to engage in comprehensive patient assessments, understand individual needs, and establish trustful relationships is critical for success in class-based methodologies [3]. Integrating patient communication modules into the curriculum can enhance these essential skills.
- 3. Integrating Technology and Efficient Protocols:** Mass practice often relies on technology-driven efficiencies and standardized protocols. Dental education should integrate training in modern technologies, such as digital imaging and computer-aided design, to prepare students for the demands of efficient, high-throughput practices [4]. Exposure to streamlined protocols during training can enhance students' readiness for mass practice settings.
- 4. Balancing Efficiency and Quality in Clinical Training:** Dental education should strike a balance between efficiency and quality in clinical training. While efficiency is emphasized in mass practice, educators must ensure that students are also well-versed in delivering high-quality, individualized care. This balance prepares graduates to adapt to diverse practice settings and meet the varying needs of their future patients [5].
- 5. Encouraging Critical Thinking and Decision-Making:** Both class practice and mass practice require practitioners to make informed decisions, albeit in different contexts. Dental education should prioritize the development of critical thinking skills, allowing students to assess individual patient cases critically and make evidence-based decisions. This approach ensures that graduates are well-equipped to navigate the complexities of diverse practice models [6].

Conclusion

In navigating the intricate dynamics between class practice and mass practice in dentistry, this review has illuminated key considerations for practitioners, educators, and policymakers. The dichotomy between individualized instruction and standardized efficiency presents a nuanced landscape that significantly impacts patient outcomes, satisfaction, and the structure of dental education. The examination of class practice revealed its potential to enhance patient satisfaction through personalized care, fostering trust and adherence to treatment plans. The emphasis on tailored instruction and patient-centric approaches positions class practice as a model that prioritizes the unique needs of each patient. However, challenges persist in terms of time constraints and resource allocation, necessitating a careful balance between personalized care and operational efficiency. Conversely, mass practice, with its emphasis on standardized procedures and high throughput, offers advantages in terms of accessibility and resource utilization. The efficiency-driven model may address the demands of a larger patient population, but questions arise regarding its impact on the quality of care and long-term

patient outcomes. Striking a balance between efficiency and patient-centered care is essential to address potential concerns related to patient satisfaction and treatment durability. Patient satisfaction emerged as a critical metric influencing the success of both practice models. The individualized nature of class practice contributes to higher levels of patient satisfaction, emphasizing the importance of trust and collaboration between practitioners and patients. In contrast, mass practice faces challenges in maintaining patient satisfaction amid standardized procedures, requiring careful attention to interpersonal dynamics and patient experiences. The evaluation of efficacy and long-term outcomes underscored the need for a comprehensive understanding of treatment durability and sustainability. Class practice, with its focus on tailored interventions, may contribute to better long-term outcomes, while mass practice necessitates scrutiny regarding the effectiveness and durability of standardized treatments. The practical implications for dental education highlight the importance of adapting curricula to prepare future practitioners for diverse practice models. Integrating elements of both class practice and mass practice into education ensures that graduates are equipped with the skills and mindset required to navigate the evolving landscape of oral healthcare. In conclusion, this review provides a comprehensive exploration of the class practice versus mass practice debate in dentistry. As the field continues to evolve, practitioners and educators must consider the delicate balance between personalized care and operational efficiency. By understanding the impact on patient outcomes, satisfaction, and education, stakeholders can make informed decisions that align with the evolving needs of the dental profession.

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