

## Honolulu welcomes orthodontists

*It's sun, sand and syllabi at AAO annual meeting*

By Sierra Rendon, Managing Editor

Between the top-notch educational program and the ortho-focused exhibit hall, the American Association of Orthodontists' annual meeting in Honolulu provided orthodontists with knowledge, products and services aimed specifically to them, unlike most other large conventions.

More than 300 companies brought their newest, most popular and most innovative products and services to the May show, which took place at the Honolulu Convention Center, and many offered discounts and special offers.

In addition to the variety-filled exhibit hall, education was a top priority at the annual convention.

Nary an orthodontic topic was missed at this show. From extractions to Class II treatment to perio considerations, the program was extensive and varied.

In addition to the official scientific program, many exhibitors offered educational events on the exhibit hall floor.

See Page 6 for a special photo scrapbook from the annual meeting.



American Association of Orthodontists members stream into the Honolulu Convention Center for the AAO's annual meeting in May.  
Photo/Sierra Rendon, Managing Editor

## Study: Will the NBDE Part I pass/fail grading format affect student preparation?

By Hamid Barkhordar, Pooyan Nasibi  
Advisor: Dennis J. Tartakow, DMD,  
MEd, EdD, PhD

### Abstract

The aim of this study was to assess how pass/fail scoring format of the NBDE

Part I exam will influence Ostrow School of Dentistry of USC student motivation with regard to preparation for the exam. A multiple-choice, 11-item, web-based survey was administered through the Ostrow School of Dentistry student list-

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# Fallen heroes of orthodontics

By Dennis J. Tartakow,  
DMD, MEd, EdD, PhD, Editor in Chief



There are many outstanding clinicians, researchers, teachers, mentors and leaders who have been referred to as the pillars of modern-day orthodontics. Many of these individuals are like fallen heroes of other walks of life — gone and forgotten, and that is a shame.

Quite possibly it is because of the digital generation, where the literature has not been able to cite these men and women, but why is that? Could it be that our educational programs are not providing residents with the historical and evolutionary data necessary to recognize these individuals who were really the pioneers of modern-day orthodontics? That is really too bad and too sad. In order for any of us to know where we are going, we must know where we came from.

As an example, numerous articles on self-ligating orthodontic brackets can

*'In order for any of us to know where we are going, we must know where we came from.'*

be found in the literature (Self-ligating brackets, 2012).

Since the early 1990s, there have been more than 20 patents for self-ligating brackets; some have come and some have gone, and some have lasted the test of time. It is interesting, and yet so sad, that many orthodontists have referred to self-ligating brackets as the “new buzzword” in orthodontic treatment when, in reality, the self-ligating bracket has prevailed since the 1960s.

Case in point: it has been more than 50 years since Drs. Maxwell Fogel and Jack Magill first introduced their original “Combination Technique” and yet they are hardly ever cited in any article, reference or bibliographic list on self-ligating bracket systems. No one is an island unto himself or herself ... “We are [all] merely pigmies on the shoulders of giants” (Dr. Maxwell S. Fogel, 1974).

Hindsight provides us with an unequivocal opportunity to review and reflect upon our own experiences. “It is at the end of a man’s life when he realizes how important his decisions were in the beginning.” (“The Prince and Me,” 2004, Paramount Pictures).

Only by educating generations of

highly motivated individuals seeking academic advancement will our residents be spawned from learner to leader, from student to specialist and from success to significance.

As John F. Kennedy (2012) so adroitly stated, “A man may die, nations may rise and fall, but an idea lives on ... We must find time to stop and thank the people who make a difference in our lives.”

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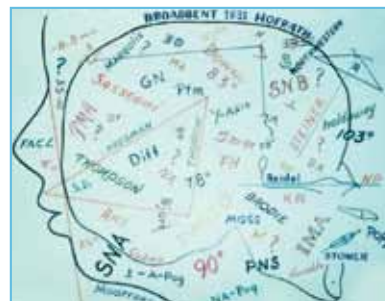


Image courtesy of Dr. Earl Broker.

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serv to individuals of the junior and senior classes. The questionnaire addressed the following: a) start date of studying, b) hours of average study, c) amount of monetary investment and d) the number of times participants went through or planned on going through Dental Decks® (the flashcard company). The survey results showed that student motivation is expected to decline with pass/fail scoring. Participants reported beginning their studies at later times in their dental student careers in addition to lower average study hours. Monetary investment for resources showed to be independent of grading format.

**Introduction**

On Jan. 1, a highly anticipated change occurred to the National Board of Dental Examiners Part I test. From then on, student performance on the exam would be reported as pass/fail as opposed to percentile grading. Historically, pass/fail grading systems were implemented in medical and dental programs to reduce student stress and promote group learning. It was believed that this system would allow students to focus on learning as opposed to simply memorizing to score well in courses.

A variety of studies throughout the past 50 years have demonstrated that pass/fail pedagogies do, in fact, enhance student well-being, while decreasing anxiety and depression (Spring 2006). However, there is conflicting data on the affects of pass/fail grading in regards to academic achievement and student motivation. Thus, a study was conducted at the Herman Ostrow School of Dentistry of USC to analyze the influence of pass/fail grading on NDBE Part I examinees in regards to student preparation and effort.

**Materials and methods**

Data was gathered by administering a multiple-choice, 11-item, web-based survey to students of the junior (2013) and senior (2012) classes at the Ostrow School of Dentistry via the student list-serv (See appendix for survey). Juniors and seniors (how many students were surveyed, how many students in each class) were targeted as the population sample because they completed the NBDE Part I exam scored on a percentile basis.

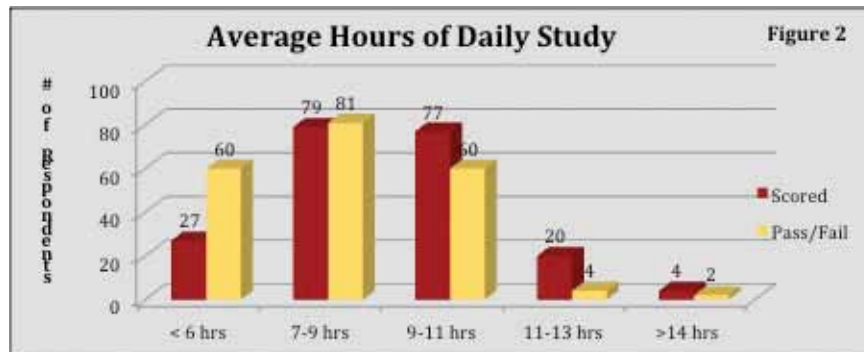
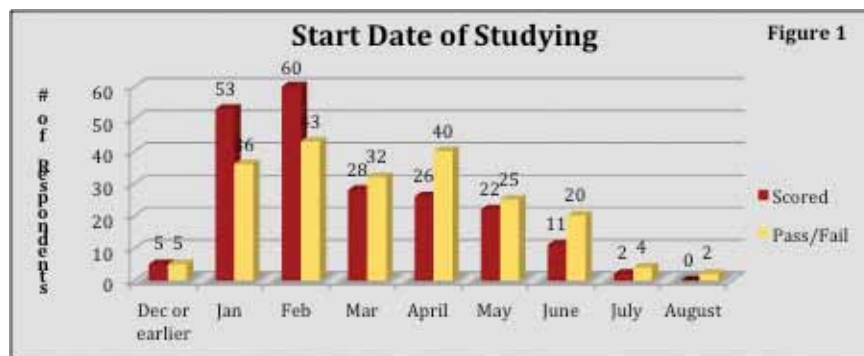
Respondents were first asked about their actual exam preparation tactics and efforts. In addition, the questionnaire enquired about respondent gender and future specialization plans. Next, the same variables were tested had the participants' exam been reported as pass/fail, taken on the exact same date of their actual test, and of equal difficulty. The following topics were addressed in the survey to measure and compare student motivation, preparation and study tactics: a) start date of studying, b) hours of average daily study, c) amount of monetary investment, and d) the number times the Dental Decks were reviewed. IRB guidelines were respected via informed consent, secure transmission and anonymity. Participation was voluntary, and all students were assured of confidentiality. The data was gathered, scored, charted, cross-tabulated and analyzed statistically for mean and distribution

patterns. Data analysis was performed using MedCalc software.

**Results**

The survey was successfully completed by 207 of the 279 junior and senior students at the Ostrow School of Dentistry. Of the 207 participants, 73 reported future plans of attending a residency program in a particular field of dentistry. Start date of studying and average daily study hours were the most impacted variables with pass/fail grading. However, monetary investment for resources proved to be independent from grading format. Both respondents who reported future plans of applying for residency programs and those who reported no plans of specializing showed no significant difference in the degree of decline in NBDE-I study preparation and effort.

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### Start date of studying

The data indicates that 57 percent of subjects began their studies for the NBDE Part I examination in February of their second year or earlier. This decreased to 41 percent when participants were asked when they would begin studying if their exam performance was reported on a pass/fail basis. In addition, scoring of the responses associated with this variable reveals a mean of 3.7 with percentile grading and a mean of 4.2 with pass/fail. The smaller values represent an earlier NBDE-I start date of studying. The results suggest that pass/fail grading on a board examination eliminates a sense of urgency in which scored exams inevitably create.

### Average daily study hours

When assessing average daily study hours, the data illustrates another distinct drop in student motivation and preparatory tactics (Fig. 2). The survey results showed that 49 percent of the participants were studying an average of nine or more hours/day during their latter half of NBDE Part I studies. On the other hand, when asked the same question in regard to an exam that would be reported as pass/fail, only 27 percent of students would study nine or more hours/day.

These same responses were scored from 1-5, in which 1 represents less than six hours of average study hours and 5 represents greater than 14 hours of average daily studying. Analysis of this data demonstrates a mean of 2.3 with percentile grading and a mean of 1.9 with pass/fail grading. The data suggests that students are willing to work harder and aim for greater achievement when national board examinations are graded competitively on a percentile basis.

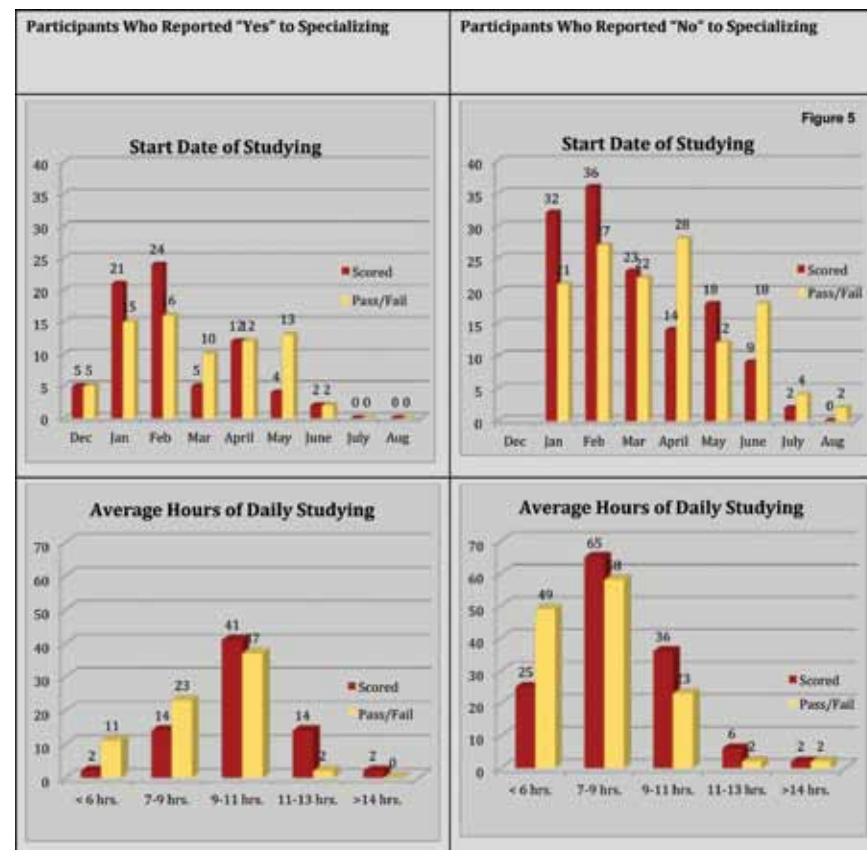
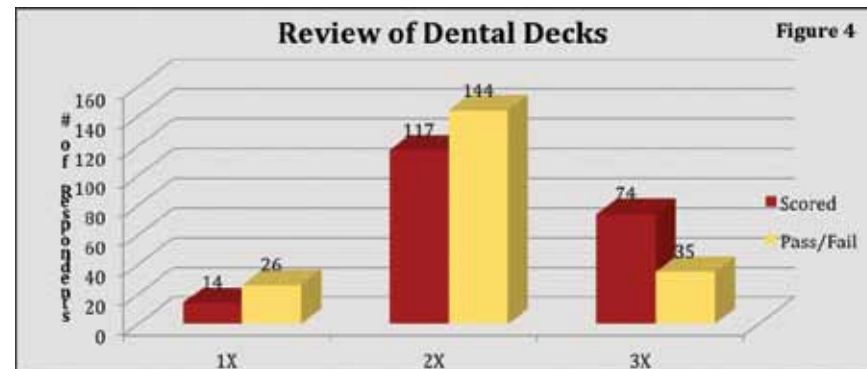
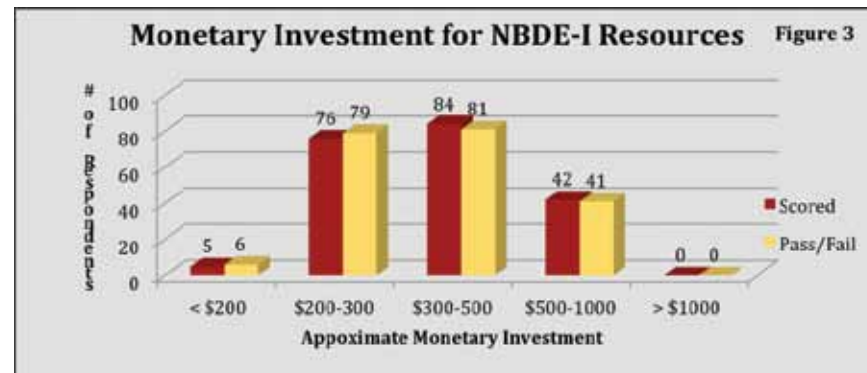
### Review of Dental Decks

Although not as dramatic, similar results were reported in regard to the number of times the Dental Decks were to be reviewed (Fig. 3). Thirty-nine respondents, who reported reviewing the Dental Decks three times for their actual exam, stated they would only go through them once or twice with pass/fail grading. The results to this question were also scored from 1-3 and analyzed for mean. Respondents who reviewed or would plan on reviewing the decks once received a score of 1, and respondents who said they reviewed or would plan on reviewing the decks three times received a score of 3.

Analysis of the responses shows a mean of 2.3 with scored grading, and a mean of 1.9 with pass/fail grading. This data indicates that pass/fail grading results in a decline in student study effort. It is also important to note that of the 207 respondents, 168 reported unchanged responses in regard to this variable with the transition from scored grading to pass/fail.

### Monetary investment for resources

The variable that proved to be independent of grading format was monetary investment for study resources (Fig. 4). The frequency diagram illustrates that approximately 98 percent of participants reported no change in the amount they would be willing to spend



Provided by authors Barkhordar and Nasibi

on NBDE-I study materials. This suggests that although students are willing to spend less time and effort studying for a national board exam that is reported as pass/fail, they are still willing to make monetary sacrifices to purchase the required study materials.

### Cross-tabulation analysis of prospective residency applicants

The third item of the survey assessed each respondent's future plans of attending dental residency programs. Of the 207 respondents, 73 reported plans of applying for a dental residency program. Through cross-tabulation and distribution pattern analysis, our team calculated and compared the results of the respondents who wanted to specialize to those who didn't. In addition, the responses were scored and further analyzed for mean and standard deviation.

### Dental residency applicants

Individuals who reported future plans of attending residency programs re-

ported beginning their NBDE-I studying earlier in their dental student careers, as well as greater average daily study hours (compared to non-residency applicants). Most (68 percent) respondents in this subgroup reported beginning their studies in February or earlier with scored grading.

In addition, analysis of the distribution patterns shows a curve that is skewed to the left, indicating earlier starting times of studying. When considering average daily study hours, 78 percent of respondents in this subgroup (residency applicants) reported nine or more hours with scored grading. The shape of the distribution curve is bell-shaped with the center of the curve located at nine to 11 hours. However, analysis of the same subgroup across the same variables under pass/fail grading demonstrates the influence grading can have on student preparation and motivation.

With pass/fail grading, the shape of the bar-graph curve shifts from skewed

right to a uniform distribution. In addition, only 49 percent of this subgroup reported planning on studying in February or earlier with pass/fail grading. In addition, 39 percent of respondents from this subgroup reported planning on studying nine or more hours a day had their exam been evaluated on a pass/fail basis.

### Non-residency applicants

In comparison to the respondents who reported plans of specializing, participants who did not plan on applying for residencies reported starting their NBDE-I studies at a later time, and with lower daily study hours. Of the 134 respondents in this subgroup, 51 percent reported beginning their NBDE-I studies in February or earlier with scored grading. The curve associated with this variable is similar in shape (skewed left) to the prospective residency applicants. Consideration of average daily study hours across this subgroup reveals that 33 percent of respondents reported studying more than nine hours/day with scored grading.

Analysis of the non-residency applicants across the same variables under pass/fail grading suggests that this subgroup is also affected by changes in grading format. With pass/fail grading, 64 percent of the participants associated in this subgroup reported plans of initiating their NBDE-I studies in the months of March or later. The distribution curve associated with this subgroup and variable under pass/fail grading is uniform — as opposed to the skewed left shape seen in scored grading, therefore, illustrating that both residency applicants and non-residency applicants are expected to study a shorter period of time for the NBDE-I exam with pass/fail grading.

Evaluation of average daily study hours reveals that with pass/fail grading only 20 percent of participants reported planning to study more than nine hours/day on average. However, the shape of the remains skewed to the right with even with pass/fail grading.

### Discussion

Many argue that if students aren't driven by their own intrinsic motivation to learn, they shouldn't be in that particular field. Professor Tim Wilkinson, associate dean of medical education at the University of Otago, states: "Do we want to graduate doctors who will only learn if someone pats them on the back and rewards them?"

It is clear that the goal of health professional educators is to train individuals who possess enough desire and interest in that particular field so that grades will not influence one's study tactics and motivation. Although competition and percentile scores shouldn't drive students, psychological educational studies have determined this to be the case.

A study by Harackiewicz, et al., "found learning goals to predict greater intrinsic motivation, but only performance-approach goals predicted better (letter grade) achievement."

Again, this demonstrates that although students are interested in learning, their driving force for academic

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achievement is a “pat in (on) the back.” Our results demonstrate that percentile grading, in regards to national boards exams, serves to drive students for greater achievement and superior preparatory tactics.

Although there is an apparent decline in student motivation in regards to an NBDE Part I exam graded on a pass/fail system, not all students were equally affected by this change. Many respondents reported minimal or no change at all in preparation and motivation with pass/fail grading.

**Conclusion**

The benefits of pass/fail grading may include “reduced stress, enhanced well-being, a less competitive learning environment and a greater focus on learning rather than on studying minutia purely for higher-grade achievement,” (Spring, 2011). Historically, problems related to the effectiveness of pass/fail grading refer to a decline in class participation, and an overall decline in academic performance and effort.

Although past studies have reported conflicting results in regard to the influence of pass/fail grading on academic performance, our study found that student preparation is expected to decline slightly. Scoring creates a competitive nature that pass/fail grading systems were designed to reduce.

Are we eliminating this driving force of academic performance and effort with pass/fail grading?

The final outcome is unknown until performances are measured throughout the next few years of NBDE testing utilizing the pass/fail method of grading. This preliminary study demonstrates that many students are expected to show a decline in NBDE-I study motivation and preparatory effort.

Respondents reported: later start date of studying, a decline in average daily study hours and no changes in monetary investment for resources.

Although the data suggests a decline in student motivation in regards to an NBDE Part I exam graded on a pass/fail system, many respondents reported minimal or no change at all in preparatory tactics and study motivation with the transition from scored to pass/fail-grading.

A major limitation of this study was the sample population. Our data was limited to the population of Ostrow School of Dentistry juniors and seniors. Future studies should focus on a greater sample of dental students, including participants from other dental schools and those who took the pass/fail NBDE-I examination.

Finally, the data gathered in this study may explain future trends and changes in NBDE Part I national averages, study tactics and pass rates.

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# Scenes from the AAO

*Group holds its 112th annual session in Honolulu in May 2012*



Attendees of the 112th American Association of Orthodontists' Annual Meeting head May 5 into the Honolulu Convention Center.



AAO attendees enjoy lunch in the balmy outdoors in the front of the convention center.



Attendees arrive by shuttle from the various Honolulu hotels for another exciting day of learning.



Elvis (Steve Connolly of Las Vegas) brightened the view at the Ortholnsight 3D booth along with Ana May, left, and Lindsay Davis.



Attendees take a break and enjoy the sunny weather at the base of a statue in front of the Honolulu Convention Center.



Suzanne Wilson, brand manager, shows off the new VALO Ortho Cordless curing light, which could be found at the Opal Orthodontics by Ultradent booth.

The Solomon Orthodontic Systems booth offered pictures taken with 'Smeethy.'

Photo/Provided by Solomon Orthodontic Systems



Attendees who traveled through the AAO exhibit hall to seek out the services of the 300 exhibiting companies were likely to collect an array of generous samples and freebies along the way.

*Photos/Sierra Rendon,  
Managing Editor*

# OrthoVOICE 2012 on slate for October

Enhanced social events and a focus on presenting outstanding clinical and entrepreneurial ideas in a fresh environment have attendees and the event organizers preparing for another dynamic "social meeting" experience at the OrthoVOICE 2012, which takes place Oct. 11-13 at Paris & Bally's Resort in Las Vegas.

Leading off with an entertaining and educational talk with Dr. Lysle Johnston, OrthoVOICE attendees are in for a wild ride of mind-stretching ideas for practice growth, according to organizers.

With a unique take on building the speaker lineup and creative social events, OrthoVOICE is set to be orthodontics most innovative and socially

interactive meeting of the year, its organizers say.

"For OrthoVOICE, it's about education, fun and giving back," according to the event organizers.

Plan to attend the meeting's second charity golf event on Thursday morning, Oct. 11. This year's event will be held at Desert Pines Golf Club to benefit Smile for a Lifetime Foundation (S4L).

The \$229 registration is open online at [www.orthovoice.com](http://www.orthovoice.com) and includes donation to S4L, breakfast and lunch, round-trip transportation, green fees, carts and range balls.

To learn more about the full range of events and lectures at OrthoVOICE 2012, visit [www.orthovoice.com](http://www.orthovoice.com).



The OrthoVOICE 2012 will take place Oct. 11-13 at Paris & Bally's Resort in Las Vegas.

12 C.E. credits are offered and doctor/team registration is only \$299 per per-

son until July 31 (then \$399). Registration is open now at [www.orthovoice.com](http://www.orthovoice.com).

## 24th annual GORP takes place in August

The 24th annual Graduate Orthodontic Residents Program (GORP) will be held from Aug. 2-5.

For the first time, the group will host a welcome reception at the University of Michigan Stadium on Aug. 2. Please plan your schedules accordingly to arrive early for this event.

Once again, GORP welcomes all orthodontic residents from the United States and Canada to attend this meeting, which will be held this year in Ann Arbor on the University of Michigan campus.

GORP began in 1989 as a means of bringing the orthodontists of the future together for a summer meeting, creating an environment to foster professional growth and interpersonal relationships among colleagues and representatives of orthodontic manufacturers.


During the past 20-plus years, the meeting has grown to an event that involves more than 400 orthodontic residents from the United States and Canada. The meeting is held every other year at the University of Michigan, with the alternate years at other institutions.

Past meetings have been held at Harvard University, the University of Texas at Houston, the University of Illinois at Chicago, Ohio State University, the University of Toronto, the University of Kentucky, the University of North Carolina, the University of Washington, the University of Minnesota and Saint Louis University.


This program is unique in that it is the first meeting to bring together residents in a dental or medical specialty program. The meeting is sponsored by donations from orthodontic exhibitors and by the American Association of Orthodontics and its constituent associations and American Association of Orthodontists Foundation.

For more information, visit [www.gorptho.com](http://www.gorptho.com).

AD

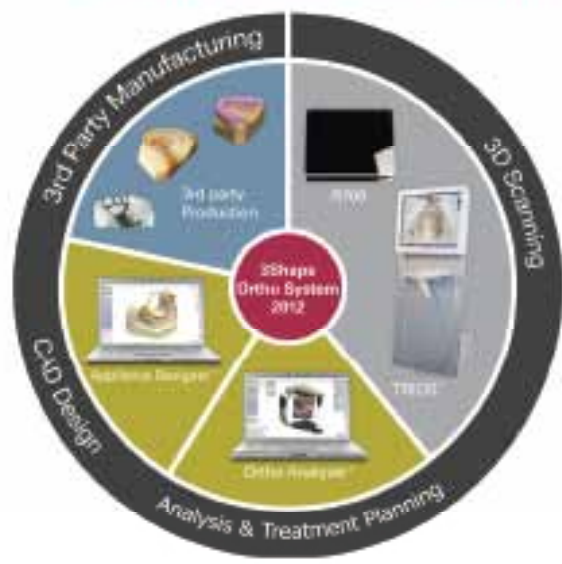


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# VALO's curing light goes cordless

By Sierra Rendon, Ortho Tribune

If you've had the opportunity to experience the durability and fast curing of the VALO Ortho curing light, you know what a revolutionary product it is.

At the AAO's annual meeting in Honolulu, Opal Orthodontics previewed its new VALO Ortho Cordless, now available for pre-order.

"It's the same powerful and durable curing light as before, but now orthodontists have the choice," said brand manager Suzanne Wilson. "It's just another option for the orthodontist."

The VALO Ortho Cordless offers:

- Unique Xtra Power Quadrant Mode that quickly and efficiently cures five teeth with one touch of the button.
- A powerful, optimally collimated beam that delivers consistent, even cures directly over the labial face of the bracket.
- A slim, low-profile design that allows unprecedented access anywhere in the mouth.
- Intuitive, user-friendly timer controls.
- Highly efficient LEDs that keep the wand body cool to the touch.

"I've found most orthodontists I speak to (about the VALO Ortho) are just so happy and surprised with it. They love the fast



Suzanne Wilson, brand manager, showed off the new VALO Ortho Cordless curing light at the AAO annual meeting in Honolulu. Photo/Sierra Rendon, Ortho Tribune

curing and the power of it," Wilson said.

To show just how durable the product is, Wilson says she's even purposely dropped the curing light on the floor to prospective VALO buyers, who often gasp as she does so.

"It's really common for curing lights to fall or get knocked to the ground and, with other lights, you'd be out of commission," she said. "But the VALO is very durable and can even withstand being dropped on the floor."

## More information

For more information on the VALO Ortho Cordless curing light, visit [www.valo-led.com](http://www.valo-led.com) or [www.opalorthodontics.com](http://www.opalorthodontics.com).

VALO Ortho Cordless is designed for the orthodontist performing direct and indirect orthodontic procedures, who is seeking the quality, durability and power of VALO, now with the convenience of a cordless curing light.

The light features custom, multi-wavelength light-emitting diodes (LEDs) to produce high-intensity light at 395 to 480 nm — capable of polymerizing all light-cured dental materials quickly and efficiently.

VALO Ortho Cordless comes with VALO rechargeable batteries and a battery charger suitable for power outlets from 100 to 240 volts. The standard lithium iron phosphate rechargeable batteries are safe, inexpensive and optimized for power and longevity.

The new handpiece is designed to rest in a standard dental unit bracket, or it can be custom-mounted using the bracket included in the kit. It offers consistent curing intensity and output in a durable, aerospace aluminum body with Teflon coating and a sleek, ergonomic design.

# Incognito Lite Appliance System: simplified system realigns the 'social six' teeth

3M Unitek introduces Incognito™ Lite Appliance System, a new lingual brace system that is placed on the inside of the teeth, making it virtually unnoticeable to others. Incognito Lite System realigns the "social six" teeth — those in view when smiling or talking — and is used as a treatment method for mild to moderate malocclusion cases that do not require the full Incognito Appliance System.

The only 100 percent customized lingual fixed bracket system on the market today, Incognito Lite System is an ideal treatment option for adult patients, especially relapse cases. The product has been awarded the international design prize, The Red Dot Award: Product Design 2012. It received the globally sought-after Red Dot for its fine design in the health-care products category.

Incognito Lite Appliance System uses the same advanced technology as the original Incognito Appliance System, featuring completely customized brackets and robotically bent wires. However, the Incognito Lite System requires fewer brackets and only three pre-selected archwires, mounted exclusively on the inside of the teeth, which allow for an efficient, yet targeted treatment.

Orthodontists benefit from the easier accessibility to the area behind patients' teeth during system placement, and fewer wires are used than with the original Incognito System. Another key differ-



The Incognito Lite Appliance System, a product specially bundled for simple 3-3 malocclusions, delivers the same benefits of esthetics and customization as the Incognito Appliance System. Photo/Provided by 3M Unitek

tiator is that it is the first Incognito Braces product to be digitally set up using proprietary software.

Patients can expect the same precise treatment results found with the original Incognito System. In addition, patients may experience shorter treatment time

compared to other "invisible" solutions on the market because Incognito Lite Appliances are worn all day, every day.

"We are thrilled to make this simple and completely esthetic treatment option available to our customers. Our focus was on creating a treatment option that was

simple for our orthodontists," said Gabrielle Minkus, U.S. marketing manager for the Incognito brand, 3M Unitek. "This product offers great ease-of-use for their staff, thanks to simple bonding and simple wire changes, and it's a simple treatment for patients because it requires much less treatment time. We want to help our orthodontists give their patients what they want: straight teeth with hidden braces."

Dr. Adam Schulhof, one of the leading Incognito Appliance System providers in North America, adds: "Even more impressive than the beautiful results my patients get with Incognito Lite Braces is the minimal chair time involved. The initial bonding is very easy and the wire changes are simple and quick. My assistants love it almost as much as the patients do. There is no need for 'reboots' or multiple 'finishing' appointments."

Due to simplified handling, Incognito Lite Appliances perfectly complement the Incognito Appliance System and offer ease-of-use for orthodontists, especially those who want to enter into the world of lingual orthodontics.

According to trial users, patients benefited from quick acclimatization and high comfort while wearing Incognito Lite Appliances. Thanks to the unique production process of the system, precise treatment results can be achieved.

For more information, please visit [www.3munitek.com/lite](http://www.3munitek.com/lite).



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