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ORTHODONTIST BURNOUT?

Editor in Chief Dennis J. Tartakow addresses the very real concern of burnout and what can be done.

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MAKING PATIENTS HAPPY

Study looks at how the doctor-patient relationship can affect patient satisfaction.

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BEHIND CLOSED EYES

Treatment system can address the underlying root causes of children's sleep disordered breathing.

▸ page 12

Sit down and settle in

Attendees listen to an educational presentation at the Invisalign iTero booth during the 2018 AAO Annual Session, held in Washington, D.C. This year, a wide variety of booths in the exhibit hall will also be offering educational sessions at various times throughout the weekend.
Photo/Ortho Tribune File Photo

If there's one thing you can be sure of when you attend an AAO Annual Session, it's that the quality of the learning experience will be top-notch, and this year is no exception.

On hand this weekend are renowned lecturers addressing traditional topics, such as Class II and Class III treatment, biomechanics, anchorage/TADs and esthetics. Other lecture series will cover newer and diverse topics, such as 3-D printing/in-house aligners, finishing, sleep apnea, retention/lingual orthodontics and impacted canines/missing teeth.

Highlights will include the 2019 Salzmann, Angle and Mershon lectures as well as one special lecture being held as a memorium.

Jacob A. Salzmann Lecture

Dr. Hugo De Clerck will present the 2019

▸ See SIT, page 4

Director Ron Howard to headline 2019 Excellence in Orthodontics Awards

Academy Award-winning filmmaker Ron Howard, one of his generation's most popular directors, will serve as the keynote speaker for this year's Excellence in Orthodontics Awards Ceremony.

The luncheon ceremony takes place from noon to 2:15 p.m. Sunday at the JW Marriott. The awards ceremony, including the keynote address, begins at 2:15 p.m. A ticket is required to attend either portion ($60 with lunch; $15 to attend the keynote address only).

Howard has created some of Hollywood's most memorable films, from the critically acclaimed dramas "A Beautiful Mind" and "Apollo 13" to the hit comedies "Parenthood" and "Splash" and holiday favorite "How the Grinch Stole Christmas." His work includes "Cinderella Man" starring Oscar winner Russell Crowe, for which Howard earned an Oscar for Best Director and which also won awards for Best Picture, Best Screenplay and Best Supporting Actress.

Many of Howard's other films have also received nods from the academy, including "Backdraft," "Parenthood" and "Cocoon," the last of which took home two Oscars.

Howard began his career in film as an actor, first appearing in "The Journey" and "The Music Man," then as Opie on the long-running television series "The Andy Griffith Show." He later starred in the popular series "Happy Days" and drew favorable reviews for his performances in "American Graffiti" and "The Shootist."

(Source: American Association of Orthodontics)

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Orthodontist burnout

By Dennis J. Tartakow, DMD, MEd, EdD, PhD, Editor in Chief, Ortho Tribune, U.S. Edition

According to Boyers (2012), education is the single greatest catalyst for lasting change on our society, and the author suggests committing ourselves, as well as helping others gain access, to quality education. It is one of the best ways for sustained personal and professional success.

However, it is no secret that orthodontists' job dissatisfaction is soaring to unprecedented levels as a result of removable aligner therapy from general dentists guided by laboratories; now even the patient directs and controls his/her own orthodontic treatment from over-the-counter marketing companies without any professional supervision. Peck (2018) so adroitly stated: "It makes a retired orthodontist with a long memory wonder, when did we go astray as a learned, university- and hospital-affiliated, clinical scientific group, and why? Also, what have we missed along the way? Why is the orthodontic industry now doing a lot of our thinking? Did we do it to ourselves or have we been subtly manipulated into a changed perception?" (p. 672)

The practice environment is becoming more difficult to provide compassionate, high-quality care for patients (Van Dyke, 2019). There appears be at least six symptoms of orthodontists' burnout: (a) feelings of contempt, (b) loss of zeal, zest and enthusiasm for work, (c) increasing competition, (d) passive pressure from social media comments, (e) excessive documentation and (f) general feelings of malaise.

The doctor-patient relationship becomes more threatened by the insurer and/or employer-provider relationship. Contempt is difficult to elude and circumvent as employers change insurers, insurers change physician groups and patients are required to change physicians as a result of insurer-employer renegotiations. This often results in doctors having to accept reduced fees for services. All this leads to motivation, which can also contribute to what is driving clinical burnout in orthodontics.

Norton (2018) noted: "... autonomy, mastery, and purpose to be drivers of intrinsic motivation. But we also experience the human factors, friction, and uncertainty in a highly complex delivery and reimbursement structure. This reality demands grit and resilience to sustain the high standards of excellence and compassion necessary for delivering personalized care." (p. 3).

Retaining such valued resources as improved patient care and appreciated, high-valued staff is also waning.

The realization that these workload pressures have a direct contribution to clinical burnout is apparent (Tartakow, 2010). The proliferation of imperfect treatment performance is also quite obvious, which is not peripheral to patient care but rather the bullseye of the target. Less clear is how to successfully address this raging epidemic. Promoting an ethical practice environment is omnipotent. A holistic approach to care that ensures the orthodontist, as well as the patient and family have a voice in the treatment plan, is underlying in resolving ethical conflict. Maybe it is time and necessary for a "third-party" to help sort out what appears to have become not only a basis for clinical burnout but, in some instances, an underlying ethical dilemma.

Emergent policies, regulations and possibly legal intervention are necessary to solve what has become an ethical and moral crisis in our profession. We cannot change what history has already written; we can only change ourselves and begin with unsure hands to write a new chapter.

As Peck stated: "...all this may help assure the best destiny for the specialty of orthodontics. And for those of us who care deeply about it, that will mean a lot." (p. 674).

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◂ SIT, Page 1

Salzmann Lecture, "Miniplate Skeletal Anchorage: An Update and New Perspectives," at 8 a.m. today in Room LACC 408.

A frequent lecturer at orthodontic meetings worldwide, De Clerck is an adjunct professor at the University of North Carolina at Chapel Hill and maintains a private practice in Brussels, Belgium. His research interests include skeletal anchorage, biomechanics and orthopedics.

Edward H. Angle Lecture

Dr. Peter Buschang will present the 2019 Angle Lecture, "30 Years of Achievements — Our Proudest Moments" at 1 p.m. today in Room LACC 150/151.

An anthropologist with a PhD degree, Buschang is regents professor and director of orthodontic research at Texas A&M University Baylor College of Dentistry. He has published more than 260 peer-reviewed articles, numerous book chapters and several books.

John Valentine Mershon Lecture

The 2019 Mershon lecture will be given by Dr. Greg Huang, a professor and chair of the orthodontic department at the University of Washington School of Dentistry. Huang will present "Results from the National Dental PBRN Adult Anterior Openbite Study," at 2:10 p.m. today in Room LACC 150/151.

Huang led the AAO Practice Based Research Network Committee, formed in 2013 to encourage orthodontic research in network settings. The adult anterior openbite study was the first project to be approved, and the AAO began recruiting member participants in 2015. Huang's lecture will include results of the study.

In memorium

Following the recent passing of Dr. William Proffit, the 2019 Annual Session Planning Committee designated the lecture period during which Proffit was to speak as the William R. Proffit Memorial Lecture (10:20 a.m. Sunday in Room LACC 403). Dr. Kevin O'Brien of Manchester, United Kingdom, has accepted an invitation to give the lecture and will present, "Standing on the Shoulders of a Giant: A Retrospective on Bill Proffit."

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Treatment satisfaction and the orthodontist-patient relationships

Part one of two

By Angelica Chaghouri,
Herman Ostrow School of Dentistry,
University of Southern California

Abstract

Patient-centric care has been pervasive across health systems in the United States during the last several years (Epstein, Lesser and Levinson, 2010). The same approach of putting patients first in dentofacial treatment is no exception. Individualized care is no easy feat and requires a combination of factors: understanding patients' goals and expectations, treatment planning, utilizing up-to-date instruments and tools and an open and positive relationship between health-care providers (i.e., orthodontists) and patients.

Researchers and practitioners alike have poured hours into implementing the best treatments and tools to achieve patient success, and less attention has been paid to how orthodontists' relationships affects patients' satisfaction with their outcomes.

The study sought to understand how doctor-patient relationships influence patient satisfaction with their orthodontic treatment by soliciting survey questionnaire responses from patients in three different clinic environments. A majority of patients who were satisfied with treatment and the overall experience also had very positive relationships with their orthodontists.

Coming up

To read part two of this article, please pick up the Ortho Tribune AAO Show Daily Issue 2, available outside the convention center, on Sunday.

Orthodontist-patient relationships and treatment satisfaction

Are orthodontia patients satisfied with their outcomes upon the completion of treatment? The days of the all-knowing doctor are over, and as health-care providers, we cannot be satisfied solely if a patient received and completed a treatment (Anwar, 2017). Doctors need to give attention to the wholeness of a patient's experience throughout treatment, which is commonly referred to as patient-centric care.

Before patient-centric care was a priority, doctors solely dictated treatment plans, but that has changed in recent years. Today, doctor-patient relationships are a large part of the patient's overall experience. It is no longer satisfactory to simply address a patient's chief complaint. Patient satisfaction with treatment outcome is a function of the care received.

The relationship between orthodontists and their patients was studied to determine if the nature of these relationships had an impact on the patient's feelings about his or her treatment outcome. More than two dozen patients were surveyed about their relationship with their orthodontist.

The survey data was not meant to find a causal or correlative relationship between patient satisfaction and doctor-patient relationships. Still, this researcher finds meaningful insight can be gleaned from the data to explore the importance of doctor-patient relationships for treatment outcomes.

This research study was motivated by my personal experience with orthodontic care as a young patient. For many young patients, orthodontic treatment can be the first contact an individual has with a health system, and the orthodontist could become a standard for all future doctor visits.

The long-term contact with an orthodontist may also color an individual's perceptions of future contact with other health-care providers.

Literature review

The literature demonstrated that factors impacting patient satisfaction varied. Pacheco-Pereira, Pereira, Dick, Perez and Mir (2015) found that patient satisfaction was associated with at least three different factors: perceived esthetic outcomes, psychological outcomes and quality of care. According to Bos, Hoogstraten and Prahl-Andersen (2003), a patient's attitude toward his/her appearance before orthodontic treatment would affect the perception of treatment after completion. If a patient has pre-treatment goals, how hopeful can the orthodontist be regarding improving perceptions by providing care? Pacheco-Pereira et al. suggested that "quality of care" could be one of the answers.

Pacheco-Pereira et al. defined "quality of care" in terms of dentist-staff-patient interactions during the course of treatment. Sinha, Nanda and McNeil (1996) concluded that orthodontist-patient relationships had a significant effect on satisfaction, compliance and adherence during treatment.

Sinha et al. (1996) surveyed more than 200 adults before and after completing orthodontic treatment that provided evidence linking doctor-patient relationships and satisfaction. They suggested that an orthodontist's behavior was correlated to patient satisfaction. They identified behaviors such as politeness, friendliness, empathy and communicativeness as influential in affecting satisfaction — the most important were politeness, reassurance and concern. Their research revealed that the doctor's calm, confident attitude and unhurried approach increased patient satisfaction (Sinha et al., 1996).

Sinha et al. emphasized that patient compliance was definitely related to treatment satisfaction. Nanda and Kierl (1992) found that patient-doctor relationships have a significant effect on patient compliance and treatment outcome.

There was conflicting research on the topic of compliance. In 2003, Bos et al. found that individuals who were generally satisfied with their smile had different expectations than those whose self-perception of their teeth was bad.

In 2005, Bos et al. found that there was not a strong correlation between compliance and satisfaction but that sex was a better predictor of satisfaction than compliance.

This suggested that a function of patient satisfaction with treatment outcome might be based on pre-treatment appearance, which an orthodontist would have no control over.

(Editor's note: References will be included at the end of part two.)

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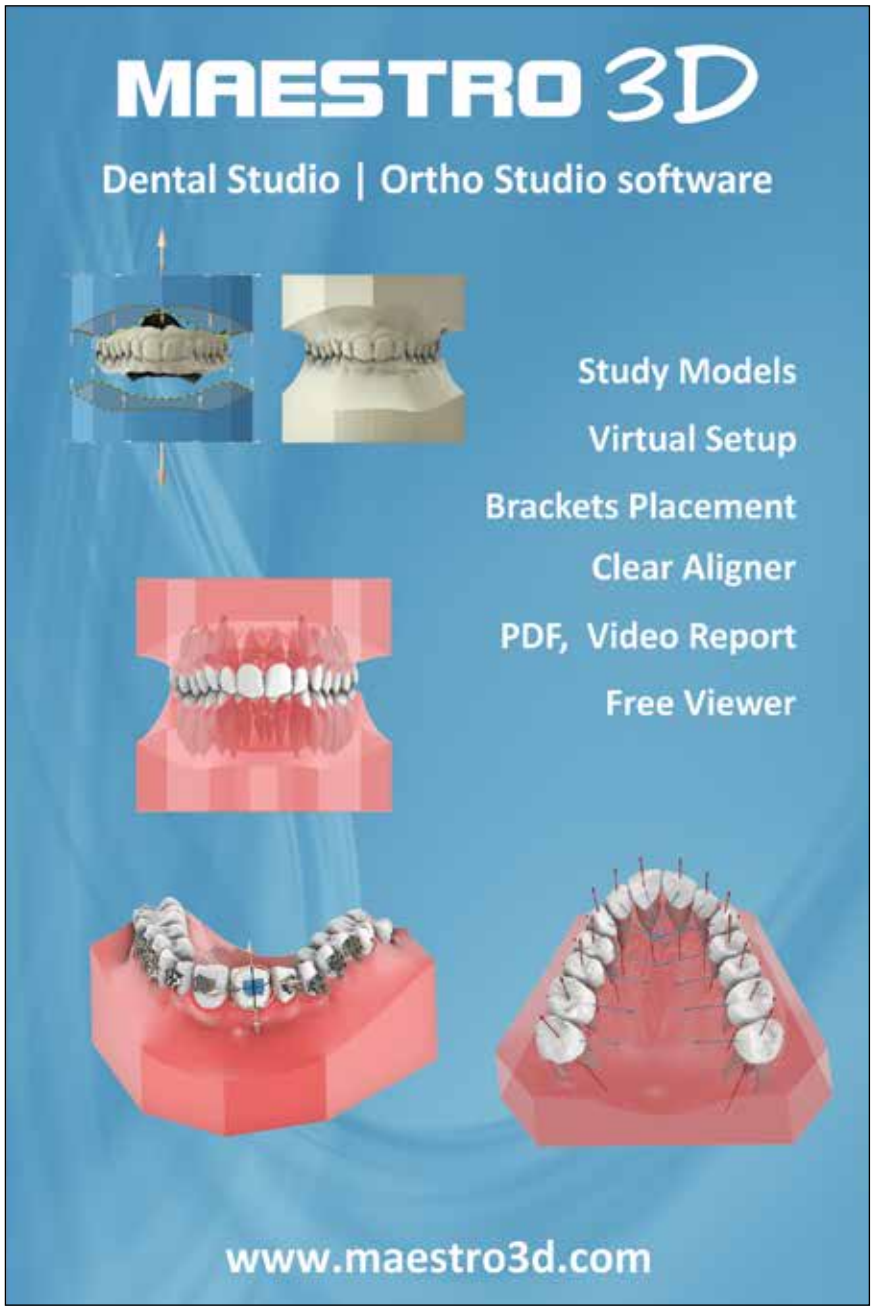

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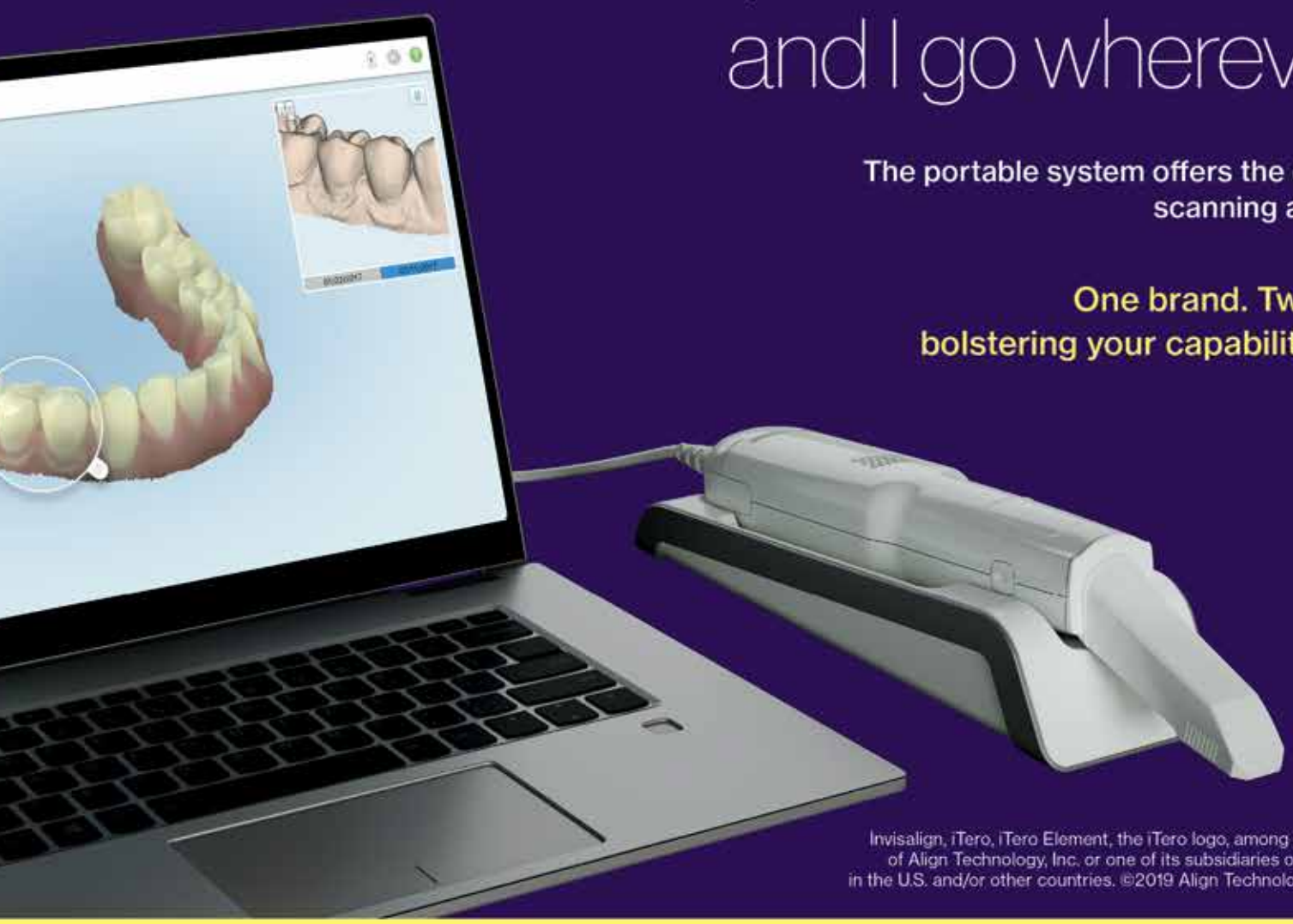

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Dolphin moves its cloud to SaaS model with Cloud Subscription

By Matt Yamamoto, Director of Sales, Dolphin

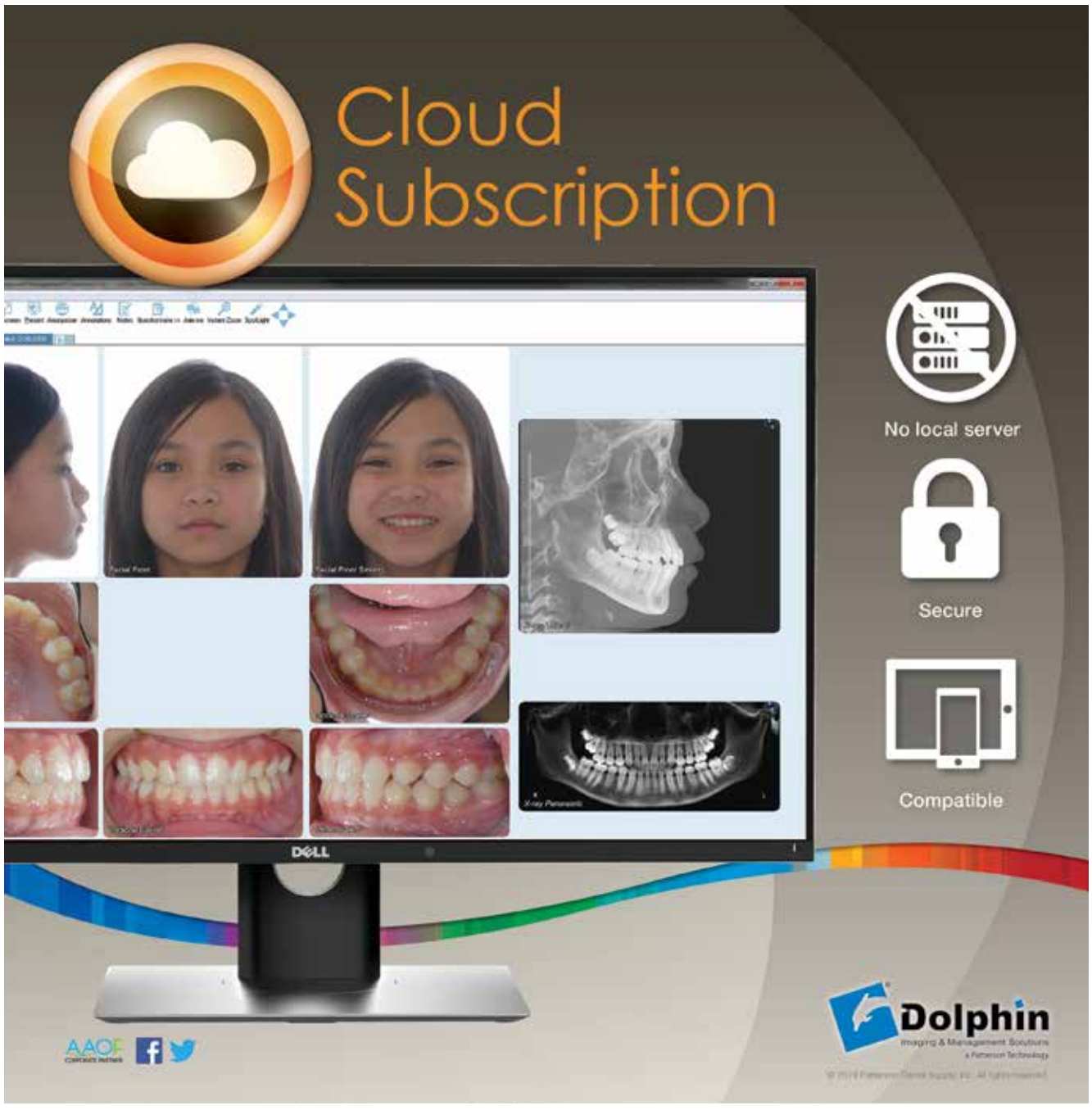
Dolphin's reputation is marked by our eagerness to embrace new technologies and use them to develop cutting-edge solutions for our customers. Back in 2012, we were excited to introduce Dolphin Cloud Sessions — joining the call of "cloud computing" and leading orthodontics into the newest trend.

In this same spirit, and to better serve the needs and preferences of our customers, we are now happy to announce a new SaaS (software as a service) model for our cloud product. We are calling it Cloud Subscription, which essentially means that customers can "subscribe" to the software rather than "buy" it.

Dolphin Subscription will be offered in two three-tiered packages to accommodate the different needs and size of a practice. Customers will have the choice of an Imaging and Imaging & Management package.

All updates, backups and support are included in the subscription price, with plans starting at $180 per month.

Here are some frequently asked questions about the service.



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Tell me again what Dolphin Cloud is?

Cloud Subscription lets you enjoy full-featured Dolphin Imaging and Management programs in the cloud. It eliminates the need for a local server to handle your Dolphin database, thereby eliminating costly server purchases and the fees associated with configuration and maintenance.

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Sounds cool. How does it do all that?

Cloud Subscription utilizes industry-standard technologies such as remote desktop connection, remote apps and virtual workstations. An appropriate combination of these technologies is used to create a virtual server environment to deliver the Dolphin software and data to your practice.

Will my data be secure?

Cloud Subscription is hosted in an "SSAE-16 Type II certified" hosting facility, which adheres to all the latest security and network requirements for professional hosting of data and applications. The Type II Certification measures and evaluates security over time.

OK, OK. What does 'Cloud computing' mean anyway?

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