

CAD/CAM

international magazine of digital dentistry

4²⁰¹⁶



study

Exploring the fracture resistance of retentive pin-retained e.max press onlays in molars

case report

Immediate implant placement and digital workflow

cone beam supplement

Diagnostic imaging in clinical practice

including
cone beam
supplement

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Magda Wojtkiewicz
Managing Editor

Dear Reader,

During the last several years, we have witnessed widespread digitisation of life. I read recently that as many as 6 of the 7 people use their smartphones in the first hour after waking up, and 75 percent of smartphone owners use it for a while before falling asleep. Interestingly, the younger the owner of the smartphone, the higher the percentage is, and using the device after waking occurs within a few minutes. Is it searching for knowledge or an addiction of accessing information? I think that everyone should personally answer this question.

Our publications are also available online; we offer mobile applications, create newsletters and webinars. We provide news and information in 25 languages, 7 days a week to keep our readers updated whenever they open their smartphones.

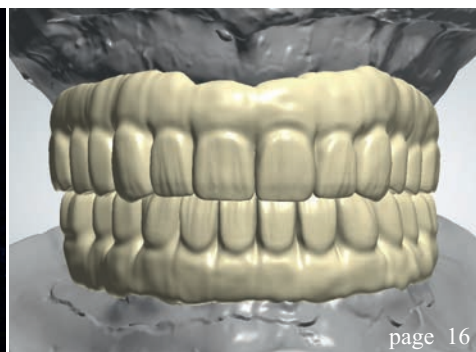
In this issue of the **CAD/CAM magazine**, you will find articles on CAD/CAM-supported restorative dentistry, digital workflow, practice management as well as a **cone beam supplement** with very well documented articles on diagnostic imaging in clinical practice and implant treatment. Lina Craven explains how to manage expectations of the management role to turn into success, and highly experienced business consultant Chris Barrow presents his opinion on globalization in dentistry. Also informative is the interview with Dr Margareta Hultin, a senior lecturer at the Department of Dental Medicine at Karolinska Institutet in Stockholm in Sweden, about immediate CAD/CAM restoration and recent developments in implant dentistry.

I hope you will find this issue interesting and I would like to remind you that all DTI publications are available as E-Papers at www.dental-tribune.com.

Sincerely yours,

Magda Wojtkiewicz
Managing Editor

A handwritten signature in black ink, appearing to read 'Magda' followed by a stylized flourish.



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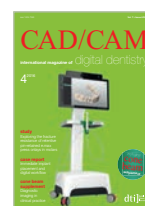
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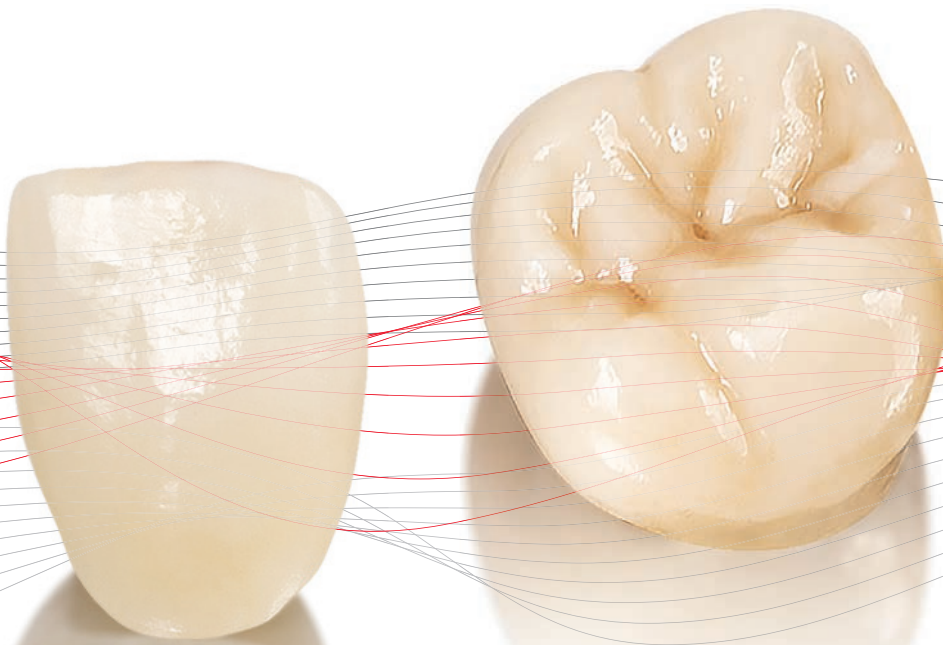
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Manager versus clinician

How to manage expectations of the management role and turn it into success

Author: Lina Craven, UK

Practitioners' expectations of the kind of manager they want for their practice vary considerably in terms of experience and skills. How guilty are you of promoting a nurse or receptionist to a management role without determining the skills gap and providing the necessary training? It is a common scenario in our industry.

Practitioners have a responsibility to their teams and to the financial success of their practices to appoint someone who either has the necessary skills or has the capacity to learn them in the appropriate time frame. How realistic are your expectations and how can you ensure your management role results in success?

Creating and managing realistic expectations

Expectations are difficult to control and impossible to turn off. According to Brazos Consulting,

"Expectations are deeper and broader than 'requirements'. Expectation is your vision of a future state or action, usually unstated but which is critical to your success." By learning to identify and influence what you expect, and by ensuring it is clearly communicated, understood and agreed with your manager, you can dramatically improve the quality, impact and effectiveness of your business.

Expectations are created by many different circumstances. It may be something you said or the way that you said it, something you or someone else did, or an expectation of your prospective manager based on his or her previous experience. The vital point here is that expectations, whether right or wrong, rational or otherwise, are not developed in a vacuum. You should consider instances when you were let down by your manager and ask yourself how that expectation was derived. Was it based on an agreement with your manager after a discussion or was it based on something you said or thought

in passing? In retrospect, you may wonder how realistic that expectation was and why you thought your manager was in the strongest possible position to fulfil it.

In my experience, the following scenarios are typical of how unrealistic expectations are created:

- The practitioner is busy and needs someone to take charge. He or she chooses the "best of the bunch", hoping he or she will learn on the job.
- The new manager has his or her expectations of the job and these are often unrealistic.
- No detailed job description or objectives are ever provided. No on-the-job or any other type of training is provided; the practitioner simply assumes the manager will learn as he or she goes along.
- The manager is excited about the new position. For some, the empowerment, the title and the kudos mean a great deal; for others, the challenge and the task at hand mean more. When reality hits, so does the realisation that the original motivating factors are no longer as important.
- Both practitioner and manager are reticent to discuss what is not working and often brush the issues under the carpet until it is too late.
- Resentment grows and what is at stake—the patients, the practice and the staff—outweighs the actual issue, which is poorly managed expectations.

Of course, there are many practices managed by very capable staff members. However, for all the well-functioning practitioner–manager relationships, there are more people in these roles who prefer not to talk about the problems inherent within and who are only too glad for someone else to address the issues.

One of my aims is to facilitate management teams to assess where they are at present, to plan for appropriate change and to implement that change. The outcome is that a weight is lifted from your shoulders and focus moves to a united partnership working towards the success of the practice. In order to move forward, however, you must recognise where you are now.

An alternative approach

The first step towards achieving a successful management partnership is to honestly appraise your current situation. If anything I have said so far has touched a nerve, if frustration exists between you and the manager, or if you simply think things could be better, then acknowledge the fact

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and take action. Knowing what action to take for the best is probably the most difficult thing to assess.

The following are tips on getting started: Vocalize your vision, agree that your vision is realistic and share it with your team. Create a job description with and a training plan for your manager, as well as identify skills gaps and create smart objectives with and for her or him. Also agree and schedule regular one-to-one meetings and plan to assess and review with your manager. Most importantly, however, keep communicating.

Drive your success

Expectations always exist, even if we do not know what they are and despite them often being unrealistic. Managers have expectations of their roles and their employers have expectations of the person given responsibility for managing the practice. The problem is that mismatched expectations can lead to misunderstanding, frayed nerves and ruffled feathers. More seriously, they often lead to flawed systems, failed projects and a drain on resources.

There is nothing wrong with having expectations; the trick is to communicate them and to agree how they might be satisfied over time and with the right support. Managed expectations drive your success.

contact



Lina Craven is founder and Director of Dynamic Perceptions, an orthodontic management consultancy and training firm in Stone in Staffordshire, and has many years of practice-based experience. She can be contacted at info@linacraven.com.



But it's **different** here

An international perspective on the business of dentistry

Author: Chris Barrow, UK

As a **business consultant**, I have been providing training, coaching and mentoring services to UK and Irish dentists and their teams for the last 23 years. Additionally, I have had the opportunity to work with clients in a number of European and other countries, including Turkey, India, the US, Canada and Australia. I consider myself a bit of a rebel and love to talk about innovation in business and how it applies in dentistry and the wider health care environment.

In this article for DTI I want to take you back to the mid-1990s and my first experience of working with UK dentists, providing team training workshops all across the country. Inevitably, there would come a point in one of those early workshops at which an attendee would raise his or her hand and, instead of asking a question, make

a statement that came down to something like "Chris, this is all very good and exciting, but you need to understand that here in (insert place name) things are different."

Candidates for "insert place name" ranged from the valleys of southern Wales to the West End of London, from north to south, from crowded to thinly populated areas; references were made to cosmopolitan, suburban and rural communities. The speaker would elaborate and suggest that whatever idea I was proposing would fall on stony ground because of the idiosyncrasies of the local population or macro- and micro-economic circumstances.

As a speaker, one learns to deal with such objections and concerns with empathetic listening and

exocad DentalCAD 2016

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Here are some highlights of the new release*:



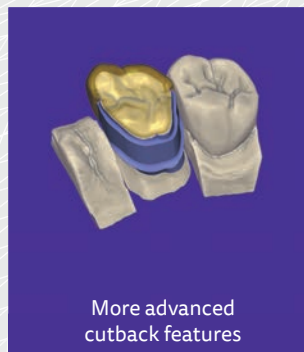
Chain Mode for fast tooth setup



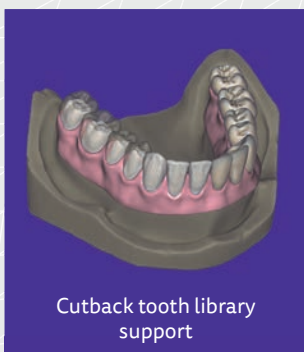
Bar Module: Add anatomic shapes to bar



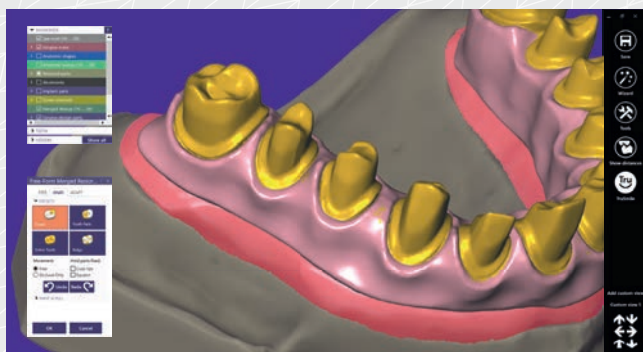
Virtual gingiva design



More advanced cutback features



Cutback tooth library support



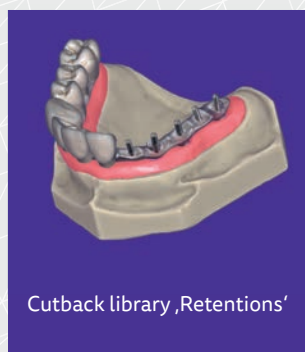
Design bridges and waxups over scanned bars



Edit cement gap with brush tools



Connectorless bridges



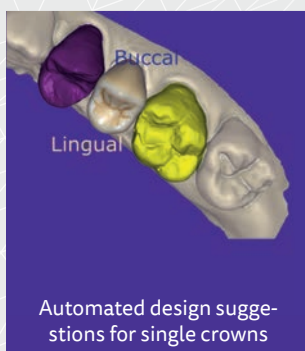
Cutback library 'Retentions'



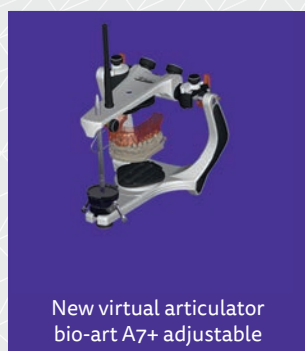
Implant Module: More flexible abutment design



Model Creator Module: Add text to models



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*Availability of features and add-on modules is dependent on individual exocad resellers. Contact your exocad reseller for information on availability.