

SEPTEMBER 2009

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Vol. 4, Nos. 27 & 28

**Office managers meet in Vegas**What to do after the lectures have ended?
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The World's Cosmetic Dentistry Newspaper · U.S. Edition

Patient acceptanceLearn the Mix-to-Match Method, an extra step
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The World's Dental Hygiene Newspaper · U.S. Edition

Preventing cancerOral cavity cancer is one of the most preventable
cancers in the U.S.▶ [Page 1C](#)

'These are exciting times in which we live'

An interview on stem-cell research in dentistry with Prof. Thimios Mitsiadis, head of the Institute for Oral Biology at the University of Zurich

Dental Tribune Germany: Prof. Mitsiadis, which factors determine the formation of enamel?

Prof. Thimios Mitsiadis: This is a very complex process, which is determined by the dental epithelium at a very early stage and different to that of the skin epithelium that covers the body.

There is a multitude of transcription factors, one of which is Ptx2, which governs the formation of oral and dental epithelium.

Based on this, there are other transcription factors. At the moment, we only know of Tbx1, which co-

forms the ameloblasts. Of course, there are further transcription factors that we do not yet know much about and that are regulated by certain growth factors.

The transcription factors occur within a very tight timeframe to form enamel. It is a highly complex process from the beginning to the final formation.

Which factors may disrupt the formation of enamel?

Dental enamel can be damaged

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The ADA says 'Aloha!' from Hawaii



The ADA celebrates its 150th anniversary this year! At last year's meeting, DeeDee was on hand to teach children the importance of brushing.

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Hundreds line up to receive free dental care

By Fred Michmershuizen, Online Editor

At various events around the country, hundreds of people with little or no insurance have been lining up for hours for the chance to receive free dental and medical care.

In La Crosse, Wis., for example, the Wisconsin Dental Association (WDA) and WDA Foundation held a two-day event, called Mission of Mercy,

in which 1,533 children and adults received dental care at no charge. More than 900 volunteers, including 170 dentists and 87 hygienists, were involved in the setup, two treatment days and cleanup of this inaugural, large-scale oral health care event, held at the La Crosse Center.

Medical professionals from Wis-

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from the start because there are genetic factors that disrupt the correct formation of enamel. However, epigenetic factors that occur during the course of a pregnancy, for example, result in a deterioration of dental enamel through discoloration.

In addition, we are currently examining the effects of fluoride. Fluoride protects the tooth, but may also lead to its decomposition during the process of dental enamel formation. Other epigenetic factors, such as the consumption of alcohol, can affect the formation of dental enamel.

Dental erosion is a growing problem, which is certainly driven by the increase in life expectancy. However, statistics demonstrate that younger patients are also increasingly being affected. What is the cause of this development from your point of view?

Yes, it is a fact that loss of enamel has been detected mostly in elderly people. In my opinion, two factors have to be considered here. Nowadays, we know much about prevention, but in the past many people did not take care of their teeth sufficiently.

General health conditions and other diseases were considered more important. Research and medication in these areas have improved significantly. Over time, however, we realized that we had not paid sufficient attention to our many dental problems.

Another possible reason is migra-

'We recently formed a European consortium with researchers working with stem cells in Germany, Finland, Switzerland, Italy and France. The objective is to isolate stem cells from teeth, the face and the head, and to use them to generate products.'

tion. We tend to travel more and live in various countries. For example, I was born in Greece, but now live in Spain with my Spanish wife. My children, therefore, possess features of both nations. This may result in abnormalities and deterioration of enamel.

What innovative perspectives have arisen from these new findings?

These are exciting times in which we live. It is evident that in the near future — in about 20 to 30 years — we will be able to create new tissue with the aid of microbiology and genetics. Clinical studies that examine the use of dental stem cells for the regeneration of jawbone are already under way.

This is proof that progress in this regard is being made. We just need more information on how to achieve natural protection.

What progress has been made in stem-cell research for the forma-

tion of enamel?

We recently formed a European consortium with researchers working with stem cells in Germany, Finland, Switzerland, Italy and France. The consortium's objective is to isolate stem cells from teeth, the face and the head, and to use them to generate products.

With stem cells, for example, natural implants could be produced. There are also tests being conducted in Italy to recreate teeth, but in my opinion this is far too complex to be realized at the moment.

At this stage, we should only concentrate on creating tissue as a replacement for damaged or destroyed material, such as dentine and dental tissue. ■

[Editor's Note: This interview originally appeared in the July 2009 edition of our sister publication Dental Tribune Germany (No. 4, Vol. 7, 2009). Translation was provided by Annemarie Fischer, Germany.]

Distraction osteogenesis vs. autogenous

Endosseous implants fare equally well after either distraction osteogenesis or autogenous bone grafting, according to a new report published in the September 2009 issue of the Journal of Oral Implantology, the official publication of the American Academy of Implant Dentistry and of the American Academy of Implant Prosthodontics.

Following alveolar reconstruction, endosseous implants support and retain the prosthesis. Therefore, it is important for the method of alveolar reconstruction to be highly compatible with the subsequent implantation. The authors conducted a retrospective analysis to determine whether distraction osteogenesis or autogenous bone grafting offers a greater chance of clinical success.

The authors included 82 consecutive patients from the patient population of Loma Linda University in a retrospective analysis of the two alveolar reconstruction techniques

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consin and four other states — Iowa, Illinois, Kansas and Minnesota — took part. In all, 6,900 procedures — including 1,700 extractions, 1,525 fillings, 597 cleanings, 135 treatment partials and at least 18 denture repairs — were performed.

“Charity alone is not a sufficient health care delivery system for meeting the needs of some 1 million low-income individuals enrolled annually

← continued

and the subsequent endosseous implantation. All patients had been evaluated for implant success in a 36- to 61-month follow-up. Implants preceded by autogenous bone grafts had a success rate of 97 percent, and those preceded by distraction osteogenesis had a success rate of 98 percent. There was no statistical difference between the two methods.

The entire article, “Implant Success in Distracted Bone Versus Autogenous Bone-Grafted Sites,” is available online. Visit www.allenpress.com/pdf/orim-35-04-196-200.pdf. DT

(Source: *Journal of Oral Implantology*)

in the state dental Medicaid, BadgerCare and BadgerCare Plus programs,” stated the WDA in a news release following the event. “These patients suffer for various reasons: failure to care for their own oral health; inability to find a dental office for routine care, because small businesses can’t absorb too much income loss; and lawmakers’ failure to sufficiently fund the dental care they promise.”

Organizers of the event estimated that more than \$850,000 in donated care was offered.

The WDA acknowledged the support of various corporate sponsors — including Delta Dental of Wisconsin, Henry Schein Dental, the Henry Schein Employee Sunshine Committee, American Orthodontics, the La Crosse Community Foundation and Ho-Chunk Nation — for making the event possible.

The event in Wisconsin is one of many such events being held nationwide. Another similar event, held at the L.A. Forum in Los Angeles, offered both dental and medical care free of charge. About 1,500 people lined up to receive care at that event.

Such events are drawing the attention of many manufacturers of dental supplies and equipment. One of them, Aseptico, provided dental exam and treatment equipment for the Los Angeles event, according to Stefan A. Geffer, director of international sales.



A patient receives free dental care as part of a two-day event held by the Wisconsin Dental Association.

WDA Mission of Mercy

WISCONSIN DENTAL ASSOCIATION FOUNDATION

“Aseptico regularly supplies public health and humanitarian organizations, either directly or through dealers, with portable dental equipment as part of our business,” Geffer told Dental Tribune.

“While we are directly involved in all such events, it is always gratifying to see portable equipment being used, regardless of manufacturer, to help those less fortunate.”

According to a government report, “Oral Health in America,” released by the National Institute of Dental and Craniofacial Research, 110 million Americans do not have dental

insurance and there are enormous oral health disparities according to socioeconomic determinants.

“We need to find a way for all Americans to experience optimal oral health, especially children under 5 and our elderly,” said Dr. Harold C. Slavkin, a policymaker, educator and researcher who was one of the authors of the report.

“From my perspective, comprehensive health care must be available for all people of all ages and must include mental, vision and oral health with an emphasis upon prevention,” Slavkin said. DT

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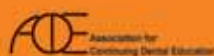


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CDA meeting offers something for everyone

By Robin Godman, Group Editor
& Fred Michmershuizen, Online Editor

The California Dental Association held CDA Presents the Art and Science of Dentistry Sept. 10–13 at Moscone West in San Francisco.

The meeting featured four days of educational offerings. One of the highlights was a session featuring Joe Massad and Jack Turbyfill. Friendly jibes between the speakers and amusing simulated “patient” videos were a hearty warm-up for attendees of their joint lecture.

These two “giants” in removable prosthetics have a long-standing and entertaining repartee, the goal of which is imparting their knowledge to all those within earshot.

During their dueling dentures match — complete with a simulated boxing poster of the two speakers in gloves and trunks — Massad and Turbyfill took turns answering six questions that helped illustrate their different approaches to treating edentulous patients.

For example, the first question was: How do you arrange anterior maxillary teeth? In turn, each speaker presented a case that helped to illustrate his answer to the question.

Those who stayed for the entire two and half hours of this lecture walked away with pearls of information about how to make not only a comfortable, esthetically pleasing and functional denture, but also how to make the entire experience a pleasant one for the patient.

In another educational highlight of the meeting, a quartet of lecturers presented “Forensic Dentistry: ‘CSI: San Francisco’ — Who was this?” The speakers for the forensic dentistry session were Anthony “Rick” Cardoza, DDS; Duane E. Spencer, DDS; James D. Wood, DDS; and Jeannine Willie.

Moving at a fast pace and using actual casework to illustrate the leading principles of forensic dentistry, the four presenters taught attendees how to acquire an understanding of the varied roles of forensic dentists as well as the forensic value of dental records. Attendees also learned how to cooperate with the legal system.

The lecturers’ second session focused on the analysis of bite marks and how they are used within the legal system.

Detailed case presentations illustrated human and animal bite marks and covered the spectrum from good to bad, and even ugly, aspects of such cases. Understanding the limitations of bite mark analysis was a prime focus of the course.

Meeting attendees also crowded the exhibit hall floor for three days of commerce and hands-on learning. Among the highlights:

Those who stopped by the Triodent booth expressed interest in the company’s new Griptab tool for holding and placing indirect restora-



A copy of the poster given away during Dr. Joe Massad and Dr. Jack Turbyfill’s ‘Dueling Dentures Match at Ringside’ (we were one of the lucky ones to get it autographed, too!).



Jeannine Willie, from left, Dr. Anthony ‘Rick’ Cardoza, Dr. Duane E. Spencer and Dr. James D. Wood just prior to their joint lecture, ‘Forensic Dentistry: ‘CSI: San Francisco’ — Who was this?’

tions. Sort of like a handle to a cup, the Griptab is designed to make handling restorations easy. Also new at Triodent was the Triotray for posterior impressions and the company’s previously released V3 Ring for Class II composites.

At the WOW Oral Care booth, tooth whitening inventor Michael Arnold was showing attendees his new WOW Powder Oral Rinse, a plaque absorbent featuring xylitol and baking soda that is designed to leave users with a clean taste and fresh breath. Designed for people who cannot brush, the product cleans and disinfects while making teeth whiter.

At the 3M ESPE booth, attendees could check out the new Lava chairside oral scanner. Designed to help dentists increase productivity by reducing seating times and remakes, the Lava allows the practitioner to capture and simultaneously view continuous 3-D video images on a touch-screen monitor.

For those who want to be able to keep track of patients via iPhones or BlackBerrys, PracticeWorks introduced a new application. The PEARL enables clinicians to view and act upon real-time information related to patient and treatment details, scheduling, financials, call-backs, prescriptions and more.

Because the application was designed specifically for the iPhone and BlackBerry, it takes full advantage of the systems’ specific capabilities. For instance, with the iPhone, practitioners are able to not only view digital X-rays but to zoom in on them for a more detailed look.

MyRay was offering a wireless digital X-ray system called the

X-pod. This pocket-sized device is capable of instant diagnostic-quality radiographic images in the palm of your hand. Just like with an iPhone, you can zoom in and out by the touch of your fingers.

Discus Dental introduced Insight ultrasonic inserts, featuring LED technology that offers enhanced visibility in the maxillary buccal, maxillary lingual, mandibular lingual, furcation and gingival/tissue transillumination. Also new from Discus was the Riskontrol disposable air/water syringe tip, featuring separate air and water lines.

DentalEZ Group introduced a new everLight LED operator light, an alternative to halogen-based operator lights. It provides color-corrected lighting and a precise light pattern.

According to DentalEZ, it lasts 30,000-plus hours, or 10 times longer than halogen, reducing the need for regular replacement of light bulbs. It also uses less than 35 watts of energy, which is 70 percent less than halogen-based systems.

Even Under Armour was at the CDA fall meeting. The company that revolutionized the sports apparel industry has designed a mouthpiece for athletes in non-contact sports.

Crafted for optimal fit and comfort, the Under Armour Performance Mouthwear is designed to help athletes train harder and compete at a higher level than before. It was one of many offerings at the booth of Patterson Dental, exclusive distributor of the mouthpiece.

Many companies, including DEXIS and others, offered educational presentations right on the exhibit floor. **DT**

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**Mouth Motion Fatigue and Durability Study
Petra C. Guess, Ricardo Zavanelli, Nelson Silva and Van P. Thompson, NYU

Experience is no substitute for training

By Sally McKenzie, CMC

Problems, problems, problems. At times, it can feel as if the problems are going to take over your existence.

If you're fortunate to have a reasonably well-adjusted attitude about life and work, you've probably come to realize that problems are a fact of life and not all problems are bad. In fact, in dentistry, you make your living identifying and solving oral health problems for your patients.

However, some problems can be far more draining than others, namely, dealing with the dreaded problem employee. Take this scenario:

The dentist has a vacancy to fill. She needs to hire a scheduling coordinator immediately. She wants someone with plenty of experience because there will be little time for training in her busy practice. A pleasant personality and nice demeanor are good qualities to have if they are part of the package, but the driving factor on the winning applicant's scoring sheet will be experience.

The resumes come in and in a matter of weeks, the dentist finds Cassandra. She definitely brings experience, having worked in two dental practices and a medical office in the past 10 years. Cassandra is it, and the dentist can't wait to get her in the door and at the desk so that she can scratch this vacancy problem off the list. Slam, bang, another hire done, back to the important stuff — dentistry.

Eight weeks down the road more serious problems have taken over. The schedule is a disaster. No-shows have skyrocketed. On some days production comes to a screeching halt, other days the team is racing from dawn till dusk. And at least once a week the dentist or the hygienist is double-booked, sending everyone scrambling.

The dentist is about to have a meltdown and Cassandra is about to have a meltdown. That list of problems has grown tenfold. So what went wrong? This dentist was drawn in by the illusion of experience.

When hiring a new employee, how many times have you said: "I want to get someone in here who

can hit the ground running!" Dentists often think that just because the employee brings experience she/he will know exactly how to perform the job she/he is hired for, and according to the dentist's preferred standards.

It doesn't occur to the hiring dentist that the new employee cannot "hit the ground running" without some training, without a job description or without daily feedback and periodic performance reviews.

Certainly, a more experienced new hire may pick up systems more quickly, but it doesn't mean you show the experienced new hire the desk, the computer, the phone and the bathroom and expect her/him to perform as though she/he has been in your office for years.

Spell it out

New hires need to understand your big picture. What are your goals for the practice and how does this employee's responsibilities fit into achieving those goals? Explain it to the new hire. Just because the new hire has worked in another dental practice before does not mean she/he will understand your objectives, your desires and your preferred ways of doing things.

However, if you share your vision and goals, you help your new employee understand that she/he is not just another cog in your practice wheel. She/he is essential to the success of something much greater.

There is far more satisfaction in any job when specific goals are identified and ultimately reached than merely going through the motions of just another day in just another practice. Everyone needs finish lines to run toward and stars to reach for.

Spell out your preferences or suffer the consequences. That experienced new employee brings the last office's system protocols into your practice, unless she/he is trained otherwise. Cassandra had come from a practice in which the dentists wanted to be very busy, so patients were booked in any and every available slot.

She was unfamiliar with the new practice's recall system because her former employer used automatic text messages and e-mail to confirm

appointments. Yes, she had experience managing a recall system, but she wasn't responsible for making several daily calls. Consequently, she didn't recognize the importance of that function. Plus she was never given a job description, which should have spelled out her duties exactly. To make matters worse, the scheduling program in the new office was totally different than what she had used in the past.

Success is a step-by-step process

When a new employee is hired she/he must be given a clear job description that details the job responsibilities. Each employee also needs to know exactly what you expect her/him to accomplish in the job.

Specify the skills that the person in the position should have, and outline the specific duties and responsibilities of the job. This enables individual employees to better understand their specific role as well as how they fit into the overall success of the team.

In addition, new hires, as well as existing staff, need to be told what exactly they will be held accountable for and how their performance will be measured. Establish individual performance goals for each employee.

With input from the team member, establish individual goals that complement practice goals, such as increasing the collection ratio, improving accounts receivables, expanding production, reducing time to prepare treatment rooms and increasing clinical skills.

Next, there simply has to be a protocol for training the new employee and orienting her/him into the practice. Create a list of areas that the new employee must be educated on immediately as well as a list of those areas she/he should be exposed to during the coming months.

At a minimum, provide job-specific instruction to ensure that new employees are prepared to carry out their duties according to your specific expectations. In today's dental marketplace, a wide variety of affordable educational options are available. It will save you from a whole host of major practice problems down the road and ensure that neither you nor your employee is ready to "hit the ground running right out the back door."

Give feedback early and often. Remember, the vast majority of employees want to know how they are doing and if they are meeting your expectations. Ongoing feedback is essential in helping to guide employees constructively, to help them solve problems, to direct them over obstacles and, most importantly, to encourage them. Feedback is what you give to employees publicly to recognize something they do well, and privately to redirect them if they are moving off course. It is ongoing; it doesn't happen once a year or

once every six months — that would be performance reviews.

Performance reviews are given on a schedule, typically at least twice a year, and more frequently with new staff. These provide opportunities to sit down one-on-one with individual team members and discuss their overall performance and their progress toward achieving their goals.

Performance reviews are one of the most effective tools in measuring employee success. Take steps to ensure your office has a formalized performance review process. At a minimum, appraise performance in these areas:

- Following instructions, cooperation, quality of work, initiative, innovation, time management, communication, and flexibility
- Work ethics
- Attitude
- General characteristics, e.g., professional appearance, verbal skills, ability to work under pressure, organization skills, ability to prioritize
- Attendance

Experience is certainly an excellent quality for any new hire to bring into the practice, but it's no guarantee that the employee will succeed.

Every new hire needs some measure of training, a new employee orientation to the practice and clear guidelines and direction from day one. **DM**

About the author



Sally McKenzie is CEO of McKenzie Management, which provides proven management services to dentists nationwide.

In addition, the company offers a vast array of practice enrichment programs and team training. McKenzie is also the editor of an e-Management newsletter and The Dentist's Network newsletter sent complimentary to practices nationwide. To subscribe, visit www.mckenziemgmt.com and www.thedentistsnetwork.net. She is also the publisher of the New Dentist™ magazine, www.thenewdentist.net.

McKenzie welcomes specific practice questions and can be reached toll free at (877) 777-6151 or at sallymck@mckenziemgmt.com.

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