

# today

UAE International Dental Conference & Arab Dental Exhibition Dubai • 7-9 February 2017



### Interview

Dentist and AEEDC presenter Dr Kashif Hafeez explains the fundamentals of patient-centred care and why he believes it should be implemented in every dental practice.

» Seite 6



### Dental products in focus

The AEEDC 2017 will be an excellent opportunity to see the most up-to-date technologies and achievements in the field of dental medicine.

» Seite 16



### What's on in Dubai

Apart from its rich cultural and culinary scenes, Dubai offers something for everyone. Here are some tips how to spend your time off in the Emirate.

» Seite 22

## Wide educational offering and state-of-the-art technology

Twenty-first edition of AEEDC Dubai promises to be another memorable experience



■ After 20 previous successful editions, the next UAE International Dental Conference and Arab Dental Exhibition (AEEDC Dubai) returns this week to the Dubai International Convention and Exhibition Centre. Being held from 7 to 9 February, the event will offer pre-conference courses, a diverse scientific programme and an industry exhibition that will showcase state-of-the-art dental technology and products.

Thousands of high-calibre dental professionals and oral health industry specialists will be at this year's conference to inform themselves about the latest advances in all fields of dentistry. The organiser expects over 48,000 visitors and participants from 130 countries to attend the 21<sup>st</sup> edition. Over 150 prominent speakers from the region and around the globe will be sharing their expertise in over 170 lectures. According to the organiser, the 2017 programme covers paediatric dentistry,

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oral and maxillofacial surgery, implantology, laser and microscopic dentistry, dental practice growth and dental emergencies, among other topics. The exhibition area will host over 600 dealers and manufacturers in an astounding area of 74,000 m<sup>2</sup>.

With the Dubai World Dental Meeting, on 4-6 February, the number of pre-conference courses were nothing short of impressive this year. In these special sessions, ranging from in-depth hands-on workshops to the presentation of real-world case studies, led by experts in their respective fields, participants from all over the

three days, offering dedicated dental sessions in French.

Another collaboration starts this year with the International Federation of Dental Hygienists, which has organised a symposium on optimising prevention, oral health and the economics of employing a dental hygienist in every dental clinic.

Finally, the AEEDC Student Competition provides a unique opportunity for all final-year dental students to interact actively with their fellow students from ten leading dental colleges and universities across the region. In a live competition,

**"The second largest dental event in the world..."**

world were able to gain and exchange ideas on how to expand their business and deliver better patient outcomes.

And it did not stop there, as the AEEDC Dubai World Oral and Maxillofacial Surgery Conference, which ran on 5 and 6 February, focused on prevailing topics in the field. Furthermore, the AEEDC Dubai World Orthodontic Conference, also held on 5 and 6 February, addressed trending topics in orthodontics.

As part of the AEEDC Dubai 2017 main conference programme, a dedicated symposium on digital dentistry, organised in collaboration with the Digital Dentistry Society, will be held on the first and second days of the conference. Through this event, both the society and AEEDC aim to create better opportunities for the exchange of knowledge, research and education, as well as to increase interaction and networking among the global dental community.

In addition, Stomatologie Aujourd'hui (dentistry today) will run a half-day programme for

students will have to answer questions on various dental subjects, including infection control, four-handed dentistry, implantology and oral surgery.

Past editions have always offered great opportunity for learning and networking. The meeting is a place where professional relationships are born and business is conducted. The second largest dental event in the world and the first in the Middle Eastern region, AEEDC Dubai has been held annually since the mid-1990s. It is organised in strategic partnership with the UAE Ministry of Interior Naturalization and Residency Administration and has support from the Dubai Health Authority, Global Scientific Dental Alliance, Arab Dental Federation, Gulf Health Council for Cooperation Council States, Oral Health Committee of the Cooperation Council for the Arab States of the Gulf, Riyadh Colleges of Dentistry and Pharmacy, Arab Academy for Continuing Dental Education and International Association for Orthodontics.

For more information about AEEDC Dubai 2017, the congress programme and the exhibition, please visit the organiser's official website at [aeedc.com](http://aeedc.com). ◀





# But it's different here

An international perspective on the business of dentistry. By Chris Barrow, UK

■ In this article for *today International* 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 compassion, but I gradually realised that, in each of these locations, there were dentists who were just getting on with the job and enjoying great success, because they were either oblivious of or immune to those self-limiting beliefs. Now, do not get me wrong here, if your dental practice is situated in a town where a significant proportion of the population is dependent on one major employer

that then closes down, even the greatest optimist and positive thinker would have to take a reality check and respond. Thankfully, such economic disasters are relatively few in number. Most of the time, the aforementioned statements of difference are a self-fulfilling prophecy on the part of the conference questioner.



The caring speaker will try to engage the attendee in meaningful dialogue, but experience shows that, sadly, the critic rarely wants to be persuaded away from his or her unfalsifiable hypothesis. Bringing this phenomenon into the second decade of the twenty-first century, the most frequent use of the phrase "ah, but it's different here" relates to the digital marketing landscape. Whenever I comment in writing or at a conference on the explosive growth of digital, there will inevitably be a listener who wants to tell me that people in his or her postcode are not on the Internet, do not use social media and do not have e-mail addresses. Mirroring my earlier experi-

ence, I then meet dentists in the same location who are happily generating digital sales.

A recent internal survey of my top clients (located across diverse geographical and economic locations) revealed the startling fact that almost 66 per cent of their

requested a hand mike and I knew what was coming: "Chris, we have all enjoyed your lecture so far, but you need to understand that here in India things are different," he said.

I listened, acknowledged and then simply carried on, in the knowledge that

website visits were from mobile devices—smartphones and tablets—thus demonstrating that website appearance on a 27-inch iMac screen is no longer as important as how it looks on mobile.

If I now refer back to the international locations in which I have had the opportunity to work, I can think of not one of the listed countries in which I would argue that the situation is different. Perhaps the most notable of these is Pune in northern India, where I was privileged in February to deliver a two-day workshop to 50 dentists from that city and nearby Mumbai. Halfway through the morning on my second day there, an attendee rose to his feet and

Mumbai is now regarded as the health care tourism capital of the world, that technology is influencing society as rapidly as anywhere and that the traditional Indian business model of sole-trader dentists with no nurse, no hygienist and no associate is rapidly being replaced by dental corporates and retailers, as is the case everywhere. In my original list of countries, there is not one excluded from the information and connection revolution that is reshaping all of our lives.

People are people. The independent traveller of 50 years ago would have commented on diverse cultures. In 2016, the same traveller will comment



on similarities, whether good or bad. The global village contains dental patients and they have similar needs and expectations of value. So if you are looking for tips on how to improve your dental business, you now gain a global perspective when observing best practise.

I have visited and worked with the best in all of the countries listed and found that no nation is behind the curve when it comes to innovation in the business of dentistry and we can all learn from each other. Except, of course, in your place—if it's different? ◀

**autor**



**Chris Barrow** is the founder of 7connections business coaching. An active consultant, trainer and coach to the UK dental profession, he regularly contributes to the dental press, social media and online. Chris Barrow can be contacted at [chrisbarrow999@gmail.com](mailto:chrisbarrow999@gmail.com).

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- From left: Carlos Aznar Portoles, Roberto Cristescu, Nicola Grande, Ana Arias, David E. Jaramillo, Freddy Belliard, Ahmed Abdel Rahman Hashem, Stephen Jones, Gary Glassman, Sergio Rosler, Gianluca Plotino, Piotr Wujec, Walter Vargas Obando, Imran Cassim and Bojidar Kafelov.

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## ROOTS SUMMIT 2016 held successfully in Dubai

■ Two months ago, over 300 people from over 45 countries gathered at the Crowne Plaza hotel in Dubai for the 2016 ROOTS SUMMIT. For the past 15 years, the meeting has been an open and inclusive global learning forum, accessible to anyone involved in the practice of endodontic therapy. Featuring 20 distinguished speakers and a comprehensive industry exhibi-

tion, the 2016 summit was one of the most important events of last year's endodontics calendar.

According to co-chairman Stephen Jones, the audience at the 2016 ROOTS SUMMIT was the most geographically diverse in the history of the event. It saw a large number of people from the Middle East and North Africa, as well as

many attendees from Europe and India. Some members even travelled to Dubai from Brazil, Chile, Australia and Paraguay.

During the promotion of the event, the organisers encouraged all dental professionals who have an interest in endodontics to attend. This resulted in not only endodontic specialists attending, representing about half of the participants, but also in a considerable number of general dentists, oral surgeons, prosthodontists and dental students joining the meeting.

On 30 November, participants had the opportunity to attend a number of pre-congress hands-on workshops. Over the next three days, the scientifically and clinically relevant lectures, covering topics such as roots canal treatment planning, complex anatomy, clinical cases, irrigation, efficacy of treatment options and obturation, were all well attended. In addition, almost 20 companies showcased their latest products in the field of endodontics at the ROOTS SUMMIT industry exhibition.

The meeting originally started as a mailing list of a large group of endodontic enthusiasts in the 1990s, and has since 1999 evolved into organised ROOTS SUMMITS around the world. The summit has taken place in Canada, the US, Mexico (in conjunction with the Asociación Mexicana de Endodoncia), Spain, the Netherlands, Brazil and in India last year.

Since the establishment of a dedicated Facebook group in 2012, the ROOTS SUMMIT has increased its membership from just under 1,000 participants to its current level of more than 23,000, including many global endodontic opinion leaders. Well over 100 countries are represented in the group. Members of the community engage in discussions regarding endodontic treatment, the various issues that affect the patient, prognoses, current literature, new equipment, as well as new procedures and protocols, among others. The online community is also moderated by a volunteering group of endodontists.

In addition to this English-speaking, global ROOTS community, the Spanish-speaking global endodontic Facebook forum Endolatinos, which currently has 13,000 members, was established in 2010 from a mailing list of about 2,500 people. In 2013, Endolatinos organized the pre-congress of the Asociación Española de Endodoncia, the Spanish endodontic society, and about a month ago, the Asociación allowed Endolatinos to create the scientific program for its annual meeting, which was attended by 1,300 people.

The 2016 ROOTS SUMMIT was organised in collaboration with Dental Tribune International. At the closing ceremony, the organisers already disclosed that the next meeting will be held in 2018 in the German capital of Berlin. The exact dates are still to be announced.

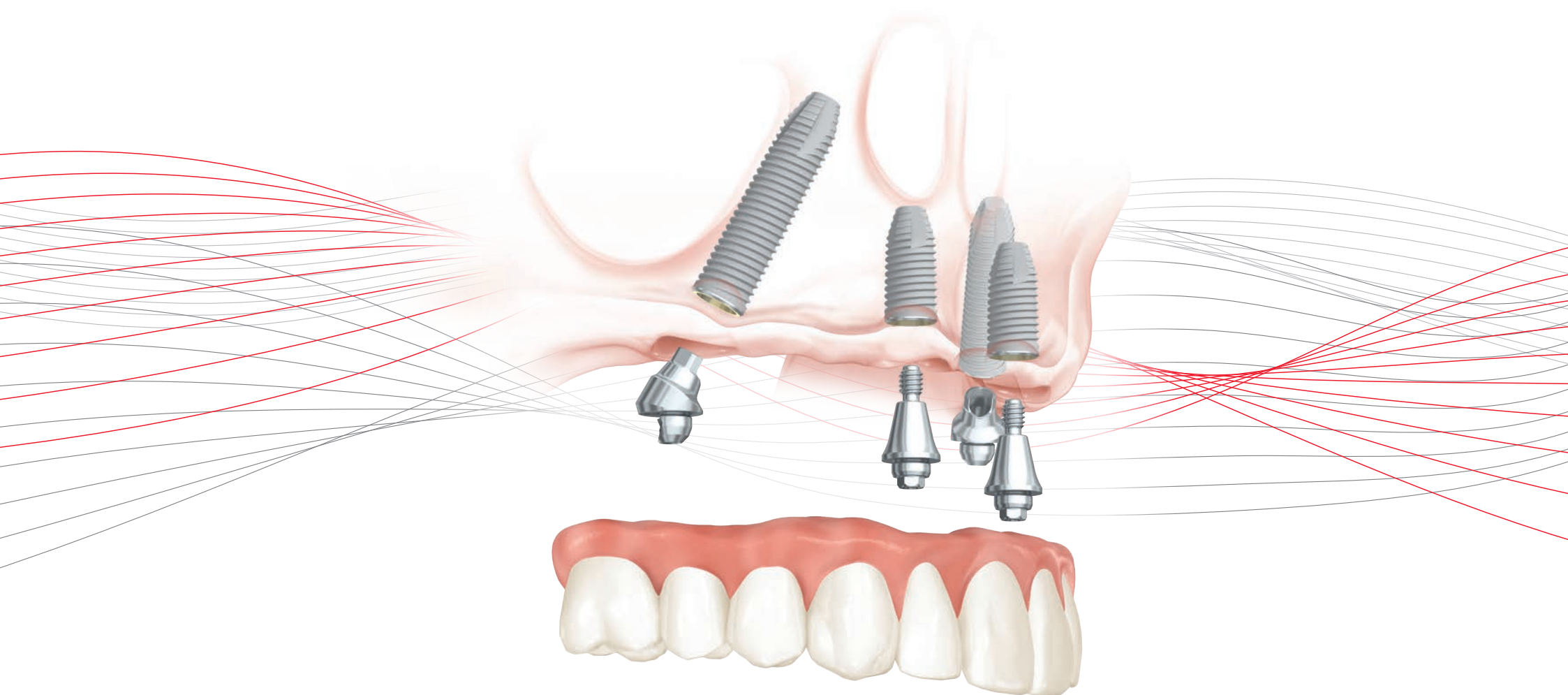
Dental professionals are invited to join the ROOTS Facebook group or visit booth 408. ◀

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# “We need to establish patient-centred care in all practices”

An interview with dentist and AEEDC presenter Dr Kashif Hafeez

■ As a practising dental implantologist in southern England, Dr Kashif Hafeez regularly speaks on clinical governance and the concept of patient-centred care at congresses and seminars worldwide. In a lecture on Thursday as part of AEEDC 2017’s scientific programme, he will be discussing the various aspects

of this approach. In this short interview, he explained the fundamentals and why he believes patient-centred care should be implemented in every practice.

**today international:** While “patient-centred care” is a widely used term

around the globe, there seems to be little understanding of what it actually entails. Could you explain the fundamentals of this concept in your opinion?

**Dr Kashif Hafeez:** There is indeed an international trend towards adopting a patient-centred approach and modern health care services are aiming

to incorporate it in their policies. This approach refers to a system in which the patient is the focal point of practice and all the services health care professionals provide. I call it the democracy of the health care system, which translates to a system by the patients for the patients.



• Dr Kashif Hafeez



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The basic principle behind patient-centred care is that patients provide the maximum input to improve their state of health. It is a self-critical and self-correcting mechanism that will allow patients to have their say in the system through feedback, including surveys, questionnaires and complaints. The system analyses the feedback data, learns from it, and makes changes to the policies and their everyday application. It is cyclical and keeps evolving.

The system has to be open to critical analysis and be prepared to make the desired changes. Audits are a fundamental part of this system and these allow an organisation to evaluate itself against certain standards and set goals to improve further towards excellence.

Education is a cornerstone of this approach, which allows health care professionals to learn new skills and techniques to improve patient treatment and provide them with the best care possible.

In our practice, where we focus on implantology, we ensure that patients are the focal point of our services and pay special attention to their concerns. We understand that our primary aim is to address those concerns and allow patients to have the final say in our treatment plans. They are consulted through several appointments prior to treatment and given ample time to digest and understand the proposed treatment plan. With the help of mock-ups, patients are briefed about the final outcomes and assured that they are an integral part of the dental treatment.

**What is the value of patient-centred care, and why should patients be generally more involved in their treatment process?**

The value is that patients are an inherent part of their treatment. The journey of dental treatment with the patient sitting in the dental chair for hours after administration of dental an-



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aesthetics and with the dentist holding a device in his or her hands to perform surgeries in the patient's mouth is very daunting. Especially if patients feel that they are not in control and in charge of the whole process, it makes it even more scary for them. Involving patients in each aspect of treatment is very reassuring and comforting, giving them a measure of control. As dentists, we are often too occupied with clinical matters—the right proportions, angles and lines—sometimes forgetting what our patients really want. Listening to them and their concerns allows us to consider their wishes and needs in each aspect of dental treatment.



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In our practice when the patient shows interest in dental implants, for example, our treatment coordinator provides all the necessary information to help him or her choose the most suitable treatment options. The patient is then consulted by our team and taken through the whole journey virtually. This helps us to explain the proposed treatment in great detail. With patient concerns at the centre of our planning, dental treatment is performed with the patient involved in every step. This allows our patients to enjoy the overall dental experience they have with us.

*“Involving patients in each aspect of treatment is very reassuring and comforting.”*

**Are there lessons that can be drawn from the practice of patient-centred care in the UK, for example?**

In the UK, we are very lucky to have an open culture receptive to criticism. We use criticism as an opportunity to learn and improve ourselves. I would like to mention anaesthetist Prof. Stephen Bolsin, who laid the foundation for the openness in our health care system. With regard to the deaths of 29 babies and children at the Bristol Royal Infirmary in the late 1980s and early 1990s, he tried first to raise this issue with colleagues, but when he was initially ignored, he took his concerns to the Department of Health.

In the UK, we have learnt a great deal over the last 20 years and have moved forward in improving ourselves. Now, we have a culture of transparency and placing patient concerns at the centre of our daily practice. The General Dental Council has made it mandatory for health care professionals to report any concerns about patient safety and patients possibly being at risk. It is also mandatory for health care professionals to receive continuing training throughout their careers on the issue of whistle-blowing and how to raise their concerns to the proper authorities.

Patient-centred practice breaks the cavalier attitude some of us may develop over the years. In our practice, we consider patient feedback as an important source of suggestions and inspiration to improve ourselves. We audit the feedback received and make appropriate

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