ADA/DENTSPLY student research program builds future leaders and advances science in dentistry

In more than 450 dental universities across the globe, more than 5,000 dental students each year dig into the foundations of dental science. The International Association of Student Clinicians—American Dental Association (SCADA) program

Meet the 2013 SCADA student clinicians, view their research and earn C.E. credits from 1-4 p.m. Saturday, Nov. 2, at the 2013 ADA Student Research Post-exhibit, in Hall B, Level One, Room B21, of the Ernest N. Morial Convention Center. Learn more about DENTSPLY in booth No. 2501/2601 in the exhibit hall at the ADA Annual Session.

In New Orleans

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What are some of the newer products you’re using that make “minimally invasive” and “maximum esthetics” easier to mutually achieve?

We now have new flowable composites that have high fill rates, which means they are enduring. You can actually use these as universal composites for minimally invasive preparations. We can have a variety of opacities, translucencies and effects, which is to say “enamel effects” in a flowable syringe to achieve esthetics. This is the key to the whole thing. That’s why I’m really keen on these new flowables such as VOCO’s GrandioSO Flow. There are two flowable types: heavy body and regular, depending on if you want the material to move or stay in place once put in the preparation.

How do you determine which new products or techniques you should be using?

The essence of this is for the dentist and the auxiliary to determine where you are in the sequence before you prepare. The minimally invasive dentist understands the product and the chemistries and the preparation guidelines before he or she takes a handpiece and puts it on the tooth. The minimally invasive dentist will focus more on the enamel that can be remineralized — and use that in the preparation instead of simply focusing on removal of decay and much of the enamel around it.

The minimally invasive dentist would stabilize the oral environment using a variety of the aforementioned products, such as Remin Pro or Profluorid, before starting the restorative sequence. Otherwise you are building in an undesirable environment that will decrease the longevity of your work. You must answer the basic question: Are you a physician who diagnoses? Or are you a surgeon who cuts? Those are big questions today. Are you going to be “proactive” or “reactive” in your mindset?

Ultimately, we want to avoid a repeat preparation, what adhesion would you use when you need a repeat? Is it an orthodontic, like a surgeon, every time you cut that tooth open again to replace, there’s more trauma to the tooth. You want to avoid that. If you conserve the tooth structure, you have more strength surrounding the tooth instead of more vulnerability.

Your sessions are sponsored by VOCO. How did you end up associated with the company, and what attracted you to its products and services?

When VOCO was first coming into this market, it was a very creative person. I rely on science to take care of itself (as with immediate dentin sealing). Then, I can mimic nature and create natural esthetics in a very predictable manner.

Any final thoughts?

I try to base much of my thinking on this simple question: ‘What technique, what preparation, what adhesion would you like in your mouth, doctor?’ I don’t just teach for VOCO. There are lots of other companies with good products out there.

I cross-train myself on many of them. I don’t do detailed scientific analysis on everything. But I watch my assistants to see how rapidly they embrace and adapt to something — and how a product can help us work together.

VOCO’s Futurabond U, which is its newest launch, is an example. It does it all. It does all the chemistries. You can use one bottle for every clinical procedure. It’s one of many new products in this area in the marketplace.

That’s where the industry is today. Everything is universal. One bottle does it all. It’s better when your assistants understand the product, can inventory it — can bring it out and dispense it, knowing this is where we are in the preparation sequence. It’s better when they know when we’re ready for adhesion, whether there’s light or no light, whether we have zirconia or resin. These new products make that easier to accomplish.

I won’t claim a particular product is “the best.” But I’ll teach it to you so you clearly understand it — using the Socratic method of questioning and answering. Then, it’s up to you to decide.

In summary, these two courses really allowed the students to learn theory and practice. But it’s up to you to decide which product you want to use in your office with your assistants. And VOCO is strong on science. I can create artwork on removal of decay and much of the enamel around it. The essence of this is for the dentist and the auxiliary to determine where you are in the sequence before you prepare. The minimally invasive dentist understands the product and the chemistries and the preparation guidelines before he or she takes a handpiece and puts it on the tooth. The minimally invasive dentist will focus more on the enamel that can be remineralized — and use that in the preparation instead of simply focusing on removal of decay and much of the enamel around it.

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