State and regional board examinations of dental students

Rating performance, ethics and professionalism

By Jonathan Shouhed, fourth-year dental student, Ostrow School of Dentistry, University of Southern California

Do dental students treat patients holistically and humanely during dental competency examinations? As student dentists progress through their education, clinical skills are learned and then challenged during competency and licensure exams to make certain that the student is prepared to practice dentistry independently.

State and regional board examiners detail the requirements and percentage value for caries preparation form, restoration anatomy and integrity and the maximum length of time allowed to complete any procedure (including periodontal, endodontic and operative treatment) in order to achieve a passing grade. Unfortunately, the emphasis on ethical and professional behavior during these exams is far less specific. Beauchamp and Childress (2001) agree that dentists fulfill the criteria of professionals because they are specially trained and licensed, and they are committed to the provision of important health care services to their patients. As Tartakow (2010, p. 96) reported “Certosimo cited five principles of ADA codes that included: non-malfeasance, beneficence, justice, veracity, and patient autonomy. [suggesting] that these were the obligations for all health-care providers to make available in order to address the needs of patients and the profession.” As defined by Rule and Veatch (2004, p. 45-46), patient autonomy, or the "pa-

State and regional board examiners detail the requirements and percentage value for caries preparation form, restoration anatomy and integrity and the maximum length of time allowed to complete any procedure in order to achieve a passing grade. Photo/www.sxc.hu

Studying oral health in the United States vs. foreign countries

By Jaclyn Kostelac and Nicole Ranney, third-year dental students, Ostrow School of Dentistry, University of Southern California

Abstract

The aim of this study was to compare the oral health status of underserved individuals in the United States with underserved individuals in two other countries, Colombia and Kenya. Each year, dental students from the Ostrow School of Dentistry of University of Southern California (USC), Dental Humanitarian Outreach Program (DHOP) travel overseas to countries where residents with untreated dental problems have no access to dental care. The 2011 and 2012 locations visited were Cartagena, Colombia, and Nairobi, Kenya, both are considered third-world countries.

Inhabitants in these locations were compared to Los Angeles residents who also had untreated dental problems with no access to dental care. All patients at each of the three dental clinic locations were treatment planned by student dentists, obtaining approval for proceeding with dental care from USC dental school volunteer faculty.

Once formal and appropriate data were collected, specific dental needs were determined as low, moderate or severe. Dental treatment was limited to prophylaxis, restorative treatment and extractions. Final analysis of dental care from each of the three clinics showed that the individuals from both third-world communities as well as Los Angeles had varying degrees of dental needs. Regardless of whether patients treated lived in third-world countries or in the United States, their needs for dental care were emergent and crucial to bettering their general and oral health condition.

Introduction

The DHOP dental students travel overseas each year to countries where residents are underserved with respect to their dental needs. Dental treatment and procedures completed included (a) periodontal cleanings, (b) restorative dentistry, i.e., caries cleanout followed by amalgam or composite-
Teaching residents to act morally in the presence of risk

By Dennis J. Tartakow, DMD, MED, ED, PhD, Editor in Chief

As Rushworth Kidder (2006) suggested, moral courage bridges talking ethically and performing ethically. Although Kidder’s book is meant for everyone, it is a must for physicians and dentists. Performing ethically is not always easy and is therefore important to be stressed during formal educational programs. Dental students must recognize that moral courage is frequently needed to address ethical issues in order to take action to do the right thing when questionable issues arise with patients that place the clinician in an uncomfortable position.

Health-care professionals often face complex ethical dilemmas in the workplace; some clinicians tackle ethical issues directly while others turn away. Regardless of whether a doctor is involved with private clinical practice, education, research or administration, they are not immune to facing moral dilemmas or experiencing unethical behavior. Moral courage takes into account the principles of ethics and the courage to act accordingly. Courage is not the absence of fear. It is doing what’s right even in the presence of fear.

Educators and scholars have disputed the diverse meaning of moral courage over the centuries. Ancient Greek philosophers Plato and Aristotle repeatedly used this term in reference to character strengths. As a result of cost control procedures, inadequate staff levels, shortage of clinicians in some areas delivering patient care, merging of health-care organizations and ineffective leadership, there is an increase of ethical dilemmas in the health-care milieu today and it directly affects all doctors.

The AAO’s Principles of Ethics and Professional Code of Conduct, Section VI, states, “Members may exercise discretion in selecting a patient into their practice, provided they shall not refuse to accept the patient because of the patient’s race, creed, color, sex, national origin, disability, HIV seropositive status or other legally recognized protected class.” Although dental schools and hospital clinics often accept fee reimbursement from federal funding, most private practitioners do not. It is considered discriminatory for a dental school or hospital faculty to refuse a patient based on a disability, even though a “contract” between the clinician and the patient at a screening evaluation might not yet have been established.

It would also be unwise to refuse a patient from your private practice if the reason is based on discrimination, including any of the reasons listed in the AAO’s Principles of Ethics and Professional Code of Conduct. Even though there is no universally accepted Hippocratic oath for dentists, it should be stressed to our dental students that they must adhere to affirmations to serve the (a) individual, and (b) community education services, outreach programs, welfare agencies, public service, etc., are risk management issues (Walzer, 1983). Such concerns are becoming increasingly more critical for the profession as well as society. According to Wren (1993), “Since the function of leadership is to produce change, setting the direction of that change is fundamental to leadership.” Setting direction and planning are two separated activities — activities that coincide with teaching and which directly relate to teaching our dental students how to ethically and morally cope with adversity and risk.

References

Tell us what you think!

Do you have general comments or criticism you would like to share? Is there a particular topic you would like to see articles about in Ortho Tribune? Let us know by emailing tribunedatabase@dentaltribune.com. We look forward to hearing from you! If you would like to make any change to your subscription (name, address or to opt out), please e-mail an email at database@dentaltribune.com and be sure to include which publication you are referring to. Also, please note that subscription changes can take up to 6 weeks to process.

Image courtesy of Dr. Earl Broker.

Corrections
Ortho Tribune strives to maintain the utmost accuracy in its news and clinical reports. If you find a factual error or content that requires clarification, please report the details to Managing Editor Sierra Rendon at s.rendon@dental-tribune.com.
YOU TREAT TO BOARD STANDARDS.
MAKES IT FASTER AND EASIER.

With accurate, CNC-machined slots, Avex brackets help you achieve beautiful, board-standard finishes with less wire bending.

"The accuracy of the arch wire slot significantly reduces the need for arch wire bending." — Dr. Richard P. McLaughlin

Research has shown that most brackets have oversized and/or irregular slot sizes.\(^1\) Opal Avex brackets are made using a proprietary CNC process that provides more accuracy than any other bracket.

Find out how the Avex Suite can help you get board-quality finishes. Predictably and efficiently.

Call 888-863-5883 or contact your Opal Orthodontics representative to learn more.

SCAN HERE to view a video about the complete Avex Suite.

Avex brackets are also available in two ceramic options: Avex CX and Avex CXI.

888.863.5883 | opalorthodontics.com

© 2013 Ultradent Products, Inc. All rights reserved.

tient’s right to make decisions based on his or her values, priorities or ideals, can only be upheld if the health-care provider respects the patient’s rights to be adequately informed and acts according to the patient’s wishes. By acknowledging that the principle of justice delineates the intrinsic worth and certain rights that every person possesses and that others are obliged to respect, signifying that no one patient deserves any more or less comprehensive treatment than another. This ideology works in concert with the principles of veracity, which according to the AMA (Rule and Veatch, 2004) urges an individual to act honestly and without concealment regardless of benign procedure or harm encountered. These principles of social justice create a unique environment of honesty and respect in which fair treatment of patients is contextualized.

During dental competency examina-
tions such as state boards, circumstances arise that can jeopardize these principles of justice. One such experience is evident when students are required to perform a procedure in the allotted time, completing more than 15 minutes later garners a score of “O.” As a result, student doctors may use improvised isolation, etching time and instrumentation as ways to complete exams when time becomes limited. They may also ask patients to limit the treatment being received during the appointment, failing to follow proper protocol regarding informed consent in an effort to gain more “working” time. Under these circumstances, standard care can occur. This quasidary, though, is not the only ethical gray-area on test day.

During the preparation and restoration of teeth, dental students must review students’ work and may lower a score for any technical errors found during these checkpoints. This risk of losing valuable points threatens to erode the students’ fear of forthright communication, which would directly result in error detection. For instance, a student may be aware of a void in a composite restoration or an open margin on a provisional crown, but fail to inform their instructor of an evaluation. A minor restorative can be “corrected” by removing sound tooth structure or being built-up with adhesive resin. Corrective errors made during procedures become a risk as a student can instruct a patient to “tap lightly” when occlusion is being checked. These examples encompass the inherent conflict of interests. Articulating the student’s desire to pass an exam and his or her obligation to honesty to the patient and the examination process itself, these conflicting ethical boundarys are that vital to the concept of being a professional.

While these examples may present complex scenarios, the response should not be to eliminate time constraints during exams or the examination process as a whole. Instead, ethical virtue can be assessed during dental procedures, with proper planning and execution. For example, by explaining the risks and benefits of treatment to patients during a prior appointment, with or without access to descriptive videos, a patient’s true informed consent can be gained without pressure to do so during an exam. A patient’s rights should never be sacrificed for time efficiency. False expectations and unmet demands are unavoidable. No amount of time saved or advantage gained by a student justifies the failure to deliver a patient their best interests.

A student must show preparation and confidence in clinical skills during an exam but must not attempt a competency exam in which he or she is unqualified. Proper care selection is vital to this concept. An example of this is the attempt of a potential graduate to complete a gold complete veneer crown preparation on a second molar with no gingival contact and a gingival overgrowth in the area for a test. Independent of skill and experience, a satisfactory crown preparation, gingival reduction, final impression and provision of restoration fabrication would be an ambitious task for any dental student. The examination procedure brings about the potential for: (i) excessive patient discomfort; (ii) poor treatment execution and (iii) irreversible damage to the gum line through which the patient’s treatment needs been assessed for clinical exam appropriateness with a faculty member prior to test day, the student may have been advised against performing a procedure that is not in the best interest of the patient. Articulating the procedural responsibility, there are also personal obligations of the student doctor to professional behavior that protect the interest of one another.

Above all other extrinsic factors, a student must value and protect his or her integrity as a doctor. He or she should always portray this decorum, that is, to pass exams based on merit and capability, not good fortune and concede. The honesty with which doctors act engenders a trust between patient and doctor, honesty that has not been corrupted by selfishness and self-interest, the way Allan Bloom (1987) suggested modern honesty has, is central to this trust. Bloom’s argument for a review of contemporary “honesty” during a time in which moral code is being eroded by knowledge of popular greed, is of particular importance to the medical field. A doctor’s commitment to selflessness displays profound strength of character, and makes him or her worthwhile.

Continuing this tradition is pivotal to the esteemed reputation doctors possess. Dharamsi et al. posited “dental and nursing students encounter a process of making a transition from a student to an independent practitioner. This process is characterized by personal growth, and the ability to work with patients as a health care provider. The student learns that the use of substandard practices during exams can be applied to the test taking process in order to prove true proficiency in the principles of medical and dental practice.” Brown opined that “only through critical reflection, lucid dialogue, and strategic praxis can programs be set into practice for future leaders regarding ethics, social justice, and the equity to grow in awareness and action.” (Tartakow, 2010, p. 102). Presently, a disconnect exists between the values of the medical profession and the standards to which students are held during performance examinations. Standards such as close attentiveness to others and procedural fairness, for example, have been marginalized in a culture where time is the driving force. This disconnect with the potential for patient mistreatment.

Brown urges an individual to act honestly and with integrity as a doctor. He or she should.always portray this decorum, and the ability to work with patients as a health care provider. The student learns that ethical standards during exams can be applied to the test taking process in order to prove true proficiency in the principles of medical and dental practice.

Proportionally, more prophylaxis than restorative treatments were completed in Cartagena, suggesting that many palette did not have previous dental treatment and/or better oral hygiene. In Kenya, dental prophylaxis and restorative treatments were found to be equal, with no student records of previous dental treatment. The decreased numbers of patients treated in Kenya compared to Colombia were affected by the lack of power supply, and time allotted to treating each patient as a result of the severity

• Foreign, Page 14

Results

Data analysis from each of the three dental clinics showed that individuals in underserved, third-world communities had varying degrees of dental needs, but overall greater than did U.S. citizens. This was determined by (a) limited power supply, (b) supply of water and (c) time allotted to treat patients.

Discussion

Proportionally, more prophylaxis than restorative treatments were completed in Cartagena, suggesting that many patients had previous dental treatment and/or better oral hygiene. In Kenya, dental prophylaxis and restorative treatments were found to be equal, with no student records of previous dental treatment. The decreased numbers of patients treated in Kenya compared to Colombia were affected by the lack of power supply, and time allotted to treat patients.
ortho:

essentials

A comprehensive program that empowers your patients and helps grow your practice

- **Improves Oral Hygiene**
  The PRO-HEALTH SYSTEM® helps ensure that orthodontic patients complete their treatment with healthy, beautiful smiles.

- **Drives Patient Compliance**
  Introducing EMBRACE IT! — an exciting new tool that helps patients and parents stay engaged in oral care.

- **Supports Practice Building**
  Provides online customizable referral materials to connect to the community and local dentist offices.

To learn more, contact your Crest Oral-B representative, visit dentalcare.com/ortho, or call 1.800.543.2577.
Impact of automated patient appointment reminders on orthodontic practice no-shows

By Diana P. Friedman, MA, MBA, and Tim Williams, BA, MS

The internet age has dramatically altered communication patterns. Face-to-face interactions continue to give way to digital message exchanges. Channels for these digital communications have rapidly morphed and expanded over the past years towards a faster, more interactive means of exchange.

This is the reality that faces orthodontic practices — interaction with current and prospective patients will predominately take place online. In order to maintain a productive level of engagement, orthodontic practices have to identify effective ways to leverage these new channels of communications. Patient engagement not only drives retention, but new patient acquisition — two cornerstones of a profitable practice. Research has consistently shown patients welcome the adoption of digital interchanges.

A national research study by Sesame Communications documented that 92 percent of orthodontic patients stated they find it more convenient to find answers online rather than calling the practice. The same study found that orthodontic patients prefer SMS text and email reminders over phone reminders four to one.

Automated appointment reminders

Sesame Communications pioneered the first automated appointment reminder system for dentistry in 1999. Automated patient reminders enable the practice to confirm scheduled appointments via email, text messages, or automated voice reminders. Sophisticated patient portals let patients define their preferred method of contact. This type of service not only provides a great convenience and benefit to patients, it can dramatically improve efficiencies for the practice.

Increased production is at the epicenter of a practice’s financial performance, impacting cost structure, revenue flow, and ultimately profitability. Appointment no-shows have a devastating impact on practice financial performance. In a 2012 national research study, 20 percent of orthodontists stated their top need was to reduce no-shows in the practice. Automated reminders have the potential to cost effectively and efficiently address this need.

Research shows that today almost 70 percent of orthodontic practices have some form of automated appointment reminder solution. However, until recently there has been very limited research to document the impact these solutions on no-show rates and practice production. With advanced systems costing $300 per month on average, the Return on Investment (ROI) justification for this investment has, to date, been a challenge.

New practice production study

Sesame Communications recently announced the results of a breakthrough study measuring the impact of automated patient appointment reminders on practice production. The study analyzed five years of performance data and tracked the detailed confirmation and attendance rates on 19,773,041 appointments across 427 practices.

The study tracked no-show rate changes, both pre and post-implementation, of automated appointment reminders. The study found that orthodontic practice no-shows were reduced by 21.85 percent.

The financial implication of schedule compliance is significant. This research documented $105,552 in incremental production for orthodontic practices due to schedule compliance — revenue that would otherwise be lost. The benefits of practice production improvements continued throughout the 36 month post-activation period.

The data clearly demonstrates a positive productivity impact when integrating automated patient appointment reminders into the practice. First-year fees for this service should be recovered within the first six months post-activation. Additionally, time previously used by the administrative team on confirmations can now be leveraged to build relations with patients, market the practice and activate patients.

Conclusion

Automated appointment reminders dramatically reduce practice no-shows and positively impact production. It enables communication in the patient’s preferred method. It improves efficiency and profitability. Finally, 90 percent of dental professionals agree that automating patient reminders gives them peace of mind that all patients are consistently contacted prior to appointments.
Imaging Sciences debuts new i-CAT FLX

Cone-beam 3-D system optimizes clinical control, ease of use and fast workflow

By Imaging Sciences International staff

Imaging Sciences International is pleased to announce a new addition to the award-winning i-CAT® family of cone-beam 3-D imaging — the i-CAT FLX — an innovative 3-D imaging solution that can help clinicians to quickly diagnose complex problems with less radiation and develop treatment plans more easily and accurately. This newest system to the i-CAT brand offers 3-D planning and treatment tools for implants and restorations, oral and maxillofacial surgery, orthodontics, plus TMD and airway disorders.

i-CAT FLX has a range of innovative features that deliver greater clarity, ease-of-use and control.

- Visual iQuity™ image technology provides i-CAT’s clearest 3-D and 2-D images.
- QuickScan+ allows for a full-dentition 3-D scan at a lower dose than a panoramic image.
- SmartScan STUDIO’s touchscreen interface and integrated acquisition system yields more control and workflow flexibility by allowing the clinician to easily select the appropriate scan for each patient at the lowest acceptable radiation dose.
- Ergonomic Stability System (ESS) offers seated positioning, robust head stability, and adjustable seating controls to minimize patient movement, thus reducing the need for retakes. ESS also provides wheelchair accessibility.
- i-Collimator electronically adjusts the field-of-view to limit radiation only to the area of scanning interest.
- i-CAT FLX’s small footprint fits easily into any practice.
- i-PAN for traditional 2-D panoramic images

Of course, as with all i-CAT products, the Tx STUDIO™ optimized treatment planning software provides immediate access to integrated treatment tools for implant planning, surgical guides, and other applications.

“We are thrilled to debut the i-CAT FLX — a complete 3-D treatment solution,” said Kalpana Singh, senior product manager for Imaging Sciences International. “Given its high level of control over radiation dose and easy workflow, we know that the i-CAT FLX can benefit dental team members and patients they treat.”

In 2012, Imaging Sciences International celebrated two decades of dedication to dental imaging, developing and manufacturing advanced dental and maxillofacial radiography products including the i-CAT Next Generation® and i-CAT Precise® and their exclusive software applications. The i-CAT brand has become among the most trusted 3-D radiographic systems in the dental industry. Now, i-CAT FLX continues this legacy.

About Imaging Sciences International

Serving the dental industry since 1992, Imaging Sciences is at the global forefront in the development and manufacturing of computer-controlled dental and maxillofacial radiography products and internationally recognized by highly regarded dentists and radiologists as one of the most innovative companies in dental imaging. The i-CAT system offers clinicians enhanced features for highly effective treatment planning and surgical predictability. For more information, visit www.i-CAT.com.

‘Given its high level of control over radiation dose and easy workflow, we know that the i-CAT FLX can benefit dental team members and patients they treat.’
FORESTADENT Orthodontics, Dr. Ronald Roncone team up

By Forestadent Orthodontics staff

FORESTADENT Orthodontics recently gained attention and support from a high profile leader in the orthodontic community. Dr. Ronald Roncone kicked off 2013 with a big announcement that he is joining forces with Forestadent. The thriving global orthodontic manufacturer has seen rapid growth in the last few years and is excited to have attracted the attention of such a respected leader. Roncone will contribute on many levels within the company, both domestically and internationally, as an advocate, product advisor and lecturer.

Roncone received his dental degree at Marquette University School of Dental Medicine where he simultaneously completed his graduate studies in physiology and neuroanatomy. He obtained two postdoctoral certificates from Harvard School of Dental Medicine and the Forsythe Dental Center.

In addition to his extensive resume of worldwide seminars, Roncone has developed an extensive training course called JSOP (Just Short Of Perfect), covering everything from the business of orthodontics, to in-depth training of the Roncone philosophy, and marketing and communications.

These year-long courses consist of four sessions and are held in Southern California where Roncone maintains a private practice specializing in adult treatment (esthetics, surgical and TMD) as well as “early” treatment for children.

Roncone has dedicated his career to the advancement of the specialty of orthodontics and continued awareness of a pre-adjusted appliance. As such, he developed the Roncone prescription. “There is and never will be a perfect orthodontic prescription due to biological and anatomical differences between patients,” Roncone said. “However, an orthodontic prescription and treatment system should make treatment (especially finishing) easier. An orthodontist should not have to undo unwanted effects of a pre-adjusted appliance or use special wires to finish cases.”

The Roncone prescription and system of treatment has been proven during the last 14 years. Forestadent has agreed to improve even more this J.S.O.P. system. Roncone added “I am pleased to join such a distinguished orthodontic family organization. FORESTADENT has a history of success and dedication to the orthodontic profession. This remains a company totally focused on orthodontics and orthodontists. It continues to understand that orthodontists and the practice of orthodontics is very unique. In the current changing corporate environment, it is very refreshing.”

With more than 100 years of experience, FORESTADENT is a leading global manufacturer of orthodontic products, specializing in brackets, bands, screws and functional appliances. FORESTADENT USA is headquartered in the heart of the United States in St. Louis, Missouri.

During the past 25 years, the company has experienced exceptional growth due to the high quality products and excellent customer service. For more information, about the company or scholarship opportunities, visit the website at www. forestadentusa.com.

Complete Clinical Orthodontics Summit: Connecting individuals, ideas and inspiration

The orthodontists of Complete Clinical Orthodontics understand that curiosity can’t be taught, but it can be satisfied. If you’re an orthodontist of unusually high standards, then you’re invited to join us in Philadelphia on the day before the AAO for the inaugural Complete Clinical Orthodontics symposium. The CCO is a comprehensive system that addresses diagnosis, treatment planning and treatment delivery in a single, inclusive approach.

This year’s speaker list includes Dr. Antonino Secchi, Dr. Ryan Tamburrino, Dr. Celestino Nobrega, Dr. Jerry Clark, Dr. Rafael Spera and Dr. Julia Garcia-Baeza. Don’t miss this new generation meeting of the minds on May 3.

By uniting some of the brightest minds and ideas in orthodontics (Angle, Tweed, Ricketts, Andrews, Roth, Alexander, McLaughlin and Damon) the Complete Clinical Orthodontics can drastically enhance control, predictability and efficiency for all cases. The CCO represents a philosophy that — when correctly applied — enhances the capabilities of appliance organization. FORESTADENT has a history of success and dedication to the orthodontic profession. This remains a company totally focused on orthodontics and orthodontists. It continues to understand that orthodontists and the practice of orthodontics is very unique. In the current changing corporate environment, it is very refreshing.”

With more than 100 years of experience, FORESTADENT is a leading global manufacturer of orthodontic products, specializing in brackets, bands, screws and functional appliances. FORESTADENT USA is headquartered in the heart of the United States in St. Louis, Missouri.

During the past 25 years, the company has experienced exceptional growth due to the high quality products and excellent customer service. For more information, about the company or scholarship opportunities, visit the website at www. forestadentusa.com.
Oral-B introduces first of its kind power toothbrush to the United States

The New Oral-B Professional Series Deep Sweep is ‘a breakthrough in brushing’ technique for U.S. consumers

Oral-B®, a worldwide leader in the brushing market, recently announced the launch of its newest rechargeable power (electric) toothbrush to the popular Professional Series lineup— the Professional™ Series Deep Sweep™ TRIACTION™.

The new Oral-B Deep Sweep TRIACTION toothbrush is a breakthrough in brushing — the first of its kind in the United States — to combine the familiar brushing motion of a manual brush with the comprehensive power of advanced triple-zone cleaning action to cover more surface area and remove up to 100 percent more plaque vs. a regular manual toothbrush. Furthermore, with up to 48,800 bristle movements per minute, select models of the Oral-B Deep Sweep TRIACTION remove up to 76 percent more plaque in hard to reach areas versus Sonicare™ FlexCare™.

“Taking proper care of one’s teeth and gums is essential for optimal oral health,” said Dr. Jonathan B. Levine, a world-renowned dental expert and Oral-B partner. “I recommend Oral-B power toothbrushes to my patients because they are superior to manual brushing in removing plaque and come with a variety of features to address every patient’s brushing style.”

With its familiar, manual-shaped brush head designed to compliment people’s natural, back-and-forth brushing motion, Deep Sweep TRIACTION has a unique combination of sweeping and stationary bristles, and a dynamic angled power tip that cleans effectively in hard-to-reach areas. Inspired by the dentist-recommended Bass technique, Deep Sweep TRIACTION’s dynamic bristles sweep perpendicular to manual brushing motion while unique two-level tufting makes sweeping bristles longer to ensure they reach deeply between teeth.

“We at Oral-B listen to our customers and strive to continuously provide them with the best oral care solutions,” said Rishi Dhingra, marketing director, Procter and Gamble. “Deep Sweep TRIACTION provides what many customers have long been looking for — the familiarity and experience of a manual brush coupled with the cleaning performance of an Oral-B power brush — and we’re excited to be able to meet that need for our customers nationwide.”

Like other Oral-B power toothbrushes, all Deep Sweep TRIACTION brushes feature a professional timer that signals at 30-second intervals to encourage thorough brushing in the four quadrants of the mouth, and at two minutes to indicate when the dental expert recommended brushing time has been reached. A pressure sensor in the brush head stops pulsations when you’re brushing too hard and Indicator® bristles remind users to replace their brush head every three months, or once bristles have faded halfway.

The Deep Sweep TRIACTION power toothbrush is available in multiple models including the Professional Series Deep Sweep TRIACTION 3000 and Professional Series Deep Sweep + Smart Guide™ TRIACTION 5000, offering consumers a choice of price points and features that best suit their needs.

Oral-B Professional Series Deep Sweep TRIACTION brushes will be available at department, retail and specialty stores nationwide at suggested retail prices ranging from $64.99 to $159.99. Deep Sweep brush head refills will also be available for purchase and are compatible with all Professional Series brush handles. For more information about Deep Sweep TRIACTION, visit www.oralb.com or Facebook.com/OralB.

About Procter & Gamble

P&G serves approximately 4.6 billion people around the world with its brands. The Company has one of the strongest portfolios of trusted, quality, leadership brands, including Pampers®, Tide®, Ariel®, Always®, Whisper®, Pantene®, Mach3®, Bounty®, Dawn®, Fairy®, Gain®, Charmin®, Downy®, Lenor®, Iams®, Crest®, Oral-B®, Duracell®, Olay®, Head & Shoulders®, Wella®, Gillette®, Braun®, Fusion®, Ace®, Febreze®, Ambi Pur®, SK-II® and Vicks®. The P&G community includes operations in approximately 75 countries worldwide. Please visit www.pg.com for the latest news and in-depth information about P&G and its brands.

About Oral-B

Oral-B is the worldwide leader in the more than $5 billion brushing market. Part of the Procter & Gamble Company, the brand includes manual and electric toothbrushes for children and adults, oral irrigators and interdental products, such as dental floss. Oral-B manual toothbrushes are used by more dentists than any other brand in the U.S. and many international markets.
Aiming for Excellence 2014

March 27 - 29,

102nd Thomas P. Hinman Dental Meeting

Georgia World Congress Center

Atlanta, Georgia

Omni Hotel at CNN Center

Excellence Starts Here

Dr. Brian R. Carpenter, General Chairman
Dr. Jane C. Puskas, President
Ormco Corporation launches enhanced Damon Doctor Locator

Intuitive web, mobile and Facebook interfaces offer increased visibility and simplified doctor location for patients seeking treatment

Ormco Corporation, a leading manufacturer and provider of advanced orthodontic technology and services, recently announced the launch of an enhanced Damon Doctor Locator — a powerful, cross-platform tool that now enables potential patients to quickly and easily find the nearest Damon System® orthodontists via the web, Facebook and web-enabled devices.

The Damon Doctor Locator is a value-added tool from Ormco, created to help drive new patients to Damon System practices with ease and efficiency. It also helps increase practice visibility and generate new patient traffic, said Vicente Rey-Naval, president of Ormco. "We firmly believe that the most successful practices are those that use multiple channels of communication to interact directly with consumers. With the redesigned Damon Doctor Locator, we’ve harnessed the power of the ever-changing digital landscape to create a fluid user experience — on web, mobile and Facebook — that will help Damon Doctors elevate their online footprint.”

About Ormco
Ormco is dedicated to manufacturing innovative products that improve the clinician’s opportunity to achieve excellent patient outcomes and enjoy increased patient satisfaction. Ormco’s Damon System Braces Framework is a lightweight, self-ligated orthodontic system that allows orthodontists to deliver Damon System Braces with the greatest patient comfort. With the added share functionality allowing family members and friends to easily share share results and doctor contact information with those in need of treatment, the Damon Doctor Locator’s ability to allow family members and friends to easily share search results and doctor contact information with those in need of treatment further extends our practice reach and likelihood of attracting new patients,” said John Graham, DDS, MD. "Ormco’s work to better an already effective tool is helping to increase my practice visibility and allows us to be more visible to both new and returning patients.

The Damon Doctor Locator uses location detection technology to guarantee precise search results and present users with a list of Damon Doctors in their area, without ever requesting an address or postal zip code. Additionally, newly added share functionality allows family members and friends searching on behalf of an individual in need of treatment to send search results via email, Facebook and Twitter.

"In addition to multi-platform accessibility, the Damon Doctor Locator’s ability to allow family members and friends to easily share search results and doctor contact information with those in need of treatment further extends our practice reach and likelihood of attracting new patients,” said John Graham, DDS, MD. “Ormco’s work to better an already effective tool is helping to increase my practice visibility and allows us to be more visible to both new and returning patients.

The same user-friendly features and share capabilities are accessible via the Damon Doctor Locator mobile site and Facebook application.

"We are committed to supporting Damon System Doctors in their efforts to increase practice visibility and generate new patient traffic," said Vicente Rey-Naval, president of Ormco. "We firmly believe that the most successful practices are those that use multiple channels of communication to interact directly with consumers. With the redesigned Damon Doctor Locator, we’ve harnessed the power of the ever-changing digital landscape to create a fluid user experience — on web, mobile and Facebook — that will help Damon Doctors elevate their online footprint.”

ABC News features PROPEL Orthodontics

ClearCorrect announces $395 Limited 6 treatment option

PROPEL® Orthodontics, the developer of innovative orthodontic devices and techniques that dramatically accelerates the rate at which teeth are moved during orthodontic treatment, was featured on a special segment of ABC Health News that aired on Feb. 7.

"I think this is the future of orthodontics. The challenge is to move teeth safer and faster and this technique addresses all of these issues.”

The PROPEL System is a simple three-step, in-office procedure that is performed in minutes. The PROPEL System is patented treatment which uses Alveocless enhance the rate of orthodontic force. University-proven scientific research has shown the PROPEL System to reduce the amount of time spent in orthodontic treatment by greater than 50 percent. PROPEL Orthodontics is rapidly expanding its position within the dental market with many more products and treatment options.

By ClearCorrect staff

ClearCorrect has announced a new Limited 6 clear aligner treatment option, available for just $395. This option is ideal for simple anterior adjustments.

The low lab fee includes up to six steps of clear aligners (single or dual arch) along with a treatment setup. Unlike the other guys, Phase Zero and retainers are also included at no extra cost. It’s the same great ClearCorrect product, now even more affordable and doctor-friendly.

ClearCorrect’s new treatment options (including Limited 6 and a new Unlimited option) is now available. ClearCorrect is a leading manufacturer of clear aligners located in Houston, Texas. For more information, please call (888) 331-3323.

ABC News features PROPEL Orthodontics

PROPEL® Orthodontics, the developer of innovative orthodontic procedures and devices which accelerate orthodontic treatment. In 2010, PROPEL Orthodontics developed the PROPEL System, a novel micro-invasive procedure that is relative-
24 au 28 mai 2013
Palais des congrès de Montréal

INSCRIPTION EN LIGNE • www.odq.qc.ca
COURRIEL • congres@odq.qc.ca
of dental needs.

To improve the oral health status of individuals in these countries, USC dental students (a) delivered 15,000 toothbrushes to patients and their families; (b) provided oral hygiene instructions to each patient, emphasizing the importance of proper brushing and flossing; and (c) reviewed nutritional counseling to all patients with poor eating habits.

Conclusion

Regardless of whether individuals live in third-world countries or the United States, the need for dental care and maintenance is imperative. Alarmingly, one does not have to visit a foreign country to see conditions of third-world oral health. As dental professionals, it is our ethical responsibility and moral obligation to society, adhering to the principles of social justice, to provide dental care to less fortunate individuals in our communities.

While this study concentrated on oral health status comparisons from the three countries, no formal oral health surveys have been conducted in specific areas of Kenya, Colombia and the United States (Kaimenyi, 2004). Although the results of this study are not representative for each of these populations as a whole, they did provide a general understanding and appreciation for the oral health status of the Kenyan, Colombian and American populaces.

References available upon request from the publisher.

‘Alarmingly, one does not have to visit a foreign country to see conditions of third-world oral health.’

About the authors

Jaclyn S. Kostelac graduated from the University of Illinois in 2008 with a bachelor of science degree in biology and a minor in chemistry. She continued her education at Southern Illinois University and, in 2010, graduated with a master of science degree in neurobiology. She is now a third-year dental student at the Os- trow School of Dentistry at the University of Southern California (USC), where she serves as co-president of the Orthodontic Study Club. She currently resides in Manhattan Beach, Calif., and can be reached through email at kostelac@usc.edu.

Nicole E. Ranney graduated from the University of San Diego in 2010 with a bachelor of arts degree in biology and minors in chemistry and business administration. She is now a third-year dental student at the Os- trow School of Dentistry at the University of Southern California (USC) where she serves as class president and Orthodontic Study Club co-pres- ident. She currently resides in Man- hattan Beach, Calif., and can be reached through email at ranney@usc.edu.
2013

GREATER NY
DENTAL MEETING

SCIENTIFIC MEETING:
Friday, November 29 -
Wednesday, December 4

EXHIBIT DATES:
Sunday, December 1 -
Wednesday, December 4

NO PRE-REGISTRATION FEE

Attend At No Cost
Never a pre-registration fee at the
Greater New York Dental Meeting

Mark Your Calendar
Educational Programs:
Friday through Wednesday,
November 29 - December 4

Exhibits:
Sunday through Wednesday,
December 1 - December 4

More than 600 Exhibitors
Jacob K. Javits Convention Center
11th Avenue between 34-39th Streets (Manhattan)

Headquarters Hotel
New York Marriott Marquis Hotel

Live Dentistry Arena - No Tuition

Latest Dental Technology & Scientific Advances
More Than 350 Scientific Programs
Seminars, Hands-on Workshops, Essays & Scientific
Poster Sessions as well as Specialty and Auxiliary
Programs

Educational Programs in various languages
Social Programs for the Entire Family

ENJOY NEW YORK CITY AT ITS BEST DURING THE
MOST FESTIVE TIME OF THE YEAR!

The Largest Dental Meeting/Exhibition/
Congress in the United States
89th ANNUAL SESSION

WWW.GNYDM.COM

Sponsored by: The New York County Dental Society and The Second District Dental Society
3D imaging for lower dose than a 2D panoramic* is not magic...

...it’s i-CAT®

The new i-CAT FLX is a reality!
This latest advancement of our award-winning technology offers a range of innovative features that deliver increased clarity, ease-of-use, and control. Now with Visual iQuity™ and QuickScan+ technologies, the power of capturing diagnostic 3D images at a lower dose than a 2D panoramic x-ray is in your hands.

Schedule a demo today! Call 1-800-205-3570 or visit www.i-CAT.com

*Utilizing the i-CAT FLX QuickScan+ exposure protocol. Data on file.