



2009 IACA Newsletter  
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**KHERANI'S KORNER**

This year many are faced with the grim reality of dealing with economic woes. Burying our heads in the sand is not the answer. At no other time has it been more important for the dental professional to be ready, relevant and focused on the provision of value-based dental services for the potential client. I use of the words "potential client" since one cannot take for granted the patronage that our patients provide us.

This is where the International Association of Comprehensive Aesthetics (IACA) becomes your necessary vehicle for education, camaraderie, networking, trending and the many other necessary aspects that complete the circle towards success. The Annual meeting will provide significant information on the economy as it relates to the dental professional, new treatment modalities that further expand the relevant services you can provide and a wide variety of topics for all dental professionals.

During this year's Annual meeting, family members joining will be entertained like never before. Events have been planned for the young, the mature and the entire family. There are some relatively short events, some longer day events that include sight-seeing, walking, cooking tours, interesting districts, popular attractions and more. New initiatives by the IACA such as "IACA after Dark" and "IACA Idol" have been planned.

With all there is to do in the legendary San Francisco area, I strongly recommend you to bring your spouse and family and plan to come in a few days early or stay a few days after the meeting. It is going to be a blast! Furthermore, you will end up listening to many more speakers in the three days than just about any other dental meeting. Also, if you miss a speaker, you will be able to load up the recorded lectures on your own iPOD after the meeting. ***If there is only one meeting in your budget for 2009, this meeting HAS TO BE IT.***  
 – Shamshudin "Sam" Kherani, DDS, FAGD, LVIM

**NOTES FROM YOUR EDITOR**

Dan Jenkins, DDS, FICD  
American Association of Dental Editors, Certified Dental Editor

**Has Cosmetic Dentistry Become Ugly?**

I remember in dental school listening to faculty members deriding the efforts of their fellow faculty member in his efforts to perfect bonding resin fillings to blend to a patient's natural shade of their teeth. The deriding faculty members became really upset when they found out this early cosmetic dentist was charging more for a resin filling than they were for a gold foil filling! They did not agree with his passion to provide a restoration that could duplicate teeth in appearance and longevity.

Over the years with the improvements in bonding strengths, all porcelain restorations, preparation techniques to blend in shades of porcelain, and occlusion techniques to maximize longevity cosmetic dentistry has become common place. However, just last night I overheard some faculty members of a dental school discussing problems with composite margins leaking after only six months. They have even moved away from using composite and use glass ionomer instead. They essentially admitted that their cosmetic bonded resin restorations had become ugly after only six months. They did not seem open to any suggestions on what to do about the leaking resin problem – they only wanted to laud each other about their "solution."

**CONTINUED PAGE 4**

WEBINAR SERIES

**MANAGING TMD PATIENTS IN TODAY'S PRACTICE.**

Joseph Barton, DMD

Thursday  
April 2, 2009 5pm Pacific

Members: Free Non-Members: \$95

**the board of directors**

- |                    |               |
|--------------------|---------------|
| Anne-Maree Cole    | Chuck Flume   |
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**SUBMIT YOUR CASE NOW**

## Tales From the Couch: Applying Contemporary Psychology to Dental Practice

Michael Klein, Psy.D.

*If only there was a way to know how patients will behave prior to their first appointment.*

*If only there was a way to predict staff performance before hiring them.*

*If only there was an easy way to make sure that I'm taking full advantage of my natural abilities as practice owner WHILE insuring that I'm aware of any potential blindspots.*

What information could this possibly provide? Allow me to be specific:

1. The patient who always panicked whenever you reviewed the risks of any procedure.
2. The employee who had an amazing resume and experience, but, after coming onboard, was in need of constant supervision and reassurance.
3. Your realization that you seem to be more in tune with your patients' fears than some of your colleagues (and how to build your personal "brand" around this talent),
4. Your hesitation to embrace the fact that you'll never be motivated enough to spend the time necessary to take advantage of opportunities for the exponential growth of your practice, and the subsequent opportunity to find a partner or hire a manager who will help double your income.

Traditionally, all of these key insights take time to uncover. Just like any other skill, over time with effort, and focus, you can learn to better identify potential patient behaviors, do a better job of "reading" potential staff, and increase your ability to come to terms with your strengths and weaknesses, and make adjustments to suit your personality and style.

But you don't need to wait that long anymore.

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## Abstract Alley - Sahag Mahseredjian, DMD

### Resolution of Obstructive Sleep Apnea After Microvascular Brainstem Decompression

Robert M. Hoffman MD<sup>1</sup> and Ronald A. Stiller MD, PhD, FCCP<sup>1</sup>

From the Division of Pulmonary, Allergy, and Critical Care Medicine, University of Pittsburgh School of Medicine  
Lesions of the brainstem have been associated with obstructive sleep apnea in previous reports. We now report a case in which retromastoid craniectomy with microvascular decompression of the medulla and ninth and tenth cranial nerves resulted in the complete resolution of severe obstructive sleep apnea.

### Hybrid layer seals the cementum/4-META/MMA-TBB resin interface

Tanaka, Saori, Sugaya, Tsutomu, et al

<http://hdl.handle.net/2115/17256>

Journal of Biomedical Materials Research Part B Applied Biomaterials. 80(1), 2007, 140-145

Although 4-META/MMA-TBB resin has adhesive properties to dentin, and has been clinically used for the bonding treatment of vertically fractured roots and apicoectomy, there has not been any investigation on the adhesion of 4-META/MMA-TBB resin to cementum. The purpose of this in vitro study was to evaluate the bonding and the sealing ability of 4-META/MMA-TBB resin to cementum. Bovine root cementum and dentin surfaces were treated with a citric acid and ferric chloride solution, and the 4-META/MMA-TBB resin was applied on the treated surfaces before testing. The microtensile bond strength and the leakage levels obtained for the cementum were almost equal to those for the dentin. In SEM and TEM observations, a hybrid layer approximately 2-3 microns in thickness was observed at the interface between the resin and the cementum. It is concluded that 4-META/MMA-TBB resin adhered to cementum via a hybrid layer on cementum, as previously reported for dentin.

2009 Conference



The Westin  
*St. Francis*

[click here for room reservations](#)

### FUTURE MEETINGS

#### 2010 Annual Conference

The Westin Boston Waterfront  
July 22 - 24  
Boston, Massachusetts

#### 2011 Annual Conference

Grand Hyatt on the Bay  
July 28-30  
San Diego, California

## Tales From the Couch: Applying Contemporary Psychology to Dental Practice *continued from page 2...*

Thanks to advances in psychological assessment, as well as in the application of these instruments in corporate settings over the past two decades, we now have the ability to easily and quickly increase our understanding of individual personalities, emotional/social style, values and motivations as well as potential “derailers.”

Personality testing grew out of a need for the military during WWI to evaluate “fitness for duty” of draftees. By the sixties, the Myers-Briggs assessment (or MBTI) was very popular in business settings, but this faced some fears in the 70s and 80s related to the legality of using such tools for hiring or promoting staff. By the mid-nineties however, the legal issues had been identified, sorted out, and addressed by the testing community, and today, we have legally defensible, reputable, comprehensive “psychometric” instruments that can be used in a variety of settings.

Assessments can now quickly be administered online (some of the most respected tools take just 10 minutes to complete), and reports are usually available instantly via email. You can choose to share or not share the results with potential employees and patients, but you must weigh the pros and cons carefully before determining your own process.

Consider just a small sample of the type of information quickly available thru this type of testing:

1. Ability to tolerate stress
2. Overall ambition
3. Tendency to plan ahead
4. Ability to control impulsive behavior
5. Thinking style
6. Level of empathy
7. Ability to function independently
8. Interest in helping others

The applications of this type of testing are many. As I indicated earlier, you can arm yourself with patient personality data prior to an appointment so that you know how much time you will need to spend, what type of information will be most important to cover, and who on your staff may be best suited to attend to the needs of that particular patient based on their temperament.

In terms of staffing issues, matching an open position to an individual applicant based on their personality, behavioral style, and emotional/social competencies will greatly increase your likelihood of a good fit, and minimize the chance that you will be caught off guard by their behavior once hired.

Finally, and perhaps most powerfully, you can use these tools (with the help of a trained professional) to increase your ability to maximize your own effectiveness, building your practice in a way that best suits who you are, not some anonymous model of a dental practice.

Now, anyone can publish an assessment tool so *the buyer must beware!* Dental practice consultants and others may use one or two assessment tools that claim to get at some of these attributes and competencies, but, in many cases, they have distribution agreements with only one test publisher and may recommend a tool that is not appropriate (i.e. when all you have is a hammer, every problem looks like a nail).

Therefore, consider the following issues prior to utilizing such a tool:

1. A reputable test publisher should have a “technical manual” that adheres to APA (American Psychological Association), SIOP (Society for Industrial & Organizational Psychology), or EEOC standards.
2. The assessment used should have evidence of positive peer review and testing in an established journal or professional compendium (e.g. the Buros Mental Measurements Yearbook).
3. The consultant should be able to provide a clear explanation as to why the chosen assessment tool is the best choice, and provide alternative selections.

Feel free to contact me for the names of well-respected test publishers, as well as specific instruments that can be integrated easily into your practice.

*Michael Klein, Psy.D. is the President of MK Insights, LLC, a firm dedicated to the growth and development of professionals, their practices, and their clients. Michael has provided individual assessment, coaching, and workshops to thousands of physicians, corporate executives, business owners, sales professionals, managers, and a variety of professionals in transition. He is a member of the Society for Industrial and Organizational Psychology (SIOP) and is an advisor for the Emotional Intelligence track at the Human Capital Institute (HCI). Michael can be reached at 413-320-4664 or mklein@mkinsights.com*

**Has Cosmetic Dentistry Become Ugly?** *continued from page 1...*

As I peruse the yellow pages or google cosmetic dentists I quickly find that virtually every dentist advertises that they are a cosmetic dentist. Cosmetic dentistry has become very common place now. The public is becoming numb to the term. The public assumes that all dentists are cosmetic dentists and can provide bonding, veneers, and "smile makeovers." The public indeed does want and expect dentists to give them a great smile with a great cosmetic effect. The ADA recently released results of a national study that indicates people feel a person's smile is the most attractive feature about them – more than hair, eyes, or body! (www.ada.org) However, the expectations that people have about cosmetic dentistry is why a cosmetic issue is the most common for a malpractice complaint according to an insurance company in California.

With all of the increased knowledge of cosmetic dentistry techniques and better materials, why is cosmetic work the most complained about? While one reason might be unreasonable expectations by the client, the other reason might be lack of training in the techniques. While those faculty members I mentioned above felt that resin fillings would fail in six months, I have seen bonded resin fillings that I know are several years old that are not leaking. I have seen pictures of Ron Jackson's bonded resin fillings that are over twenty years old that are still intact and not leaking. I would therefore propose that if another human can do it – another human can do it too! But...Why?

At the IACA annual meeting in San Francisco attendees will find the opportunity to learn many cosmetic dentistry techniques that will allow them to provide long lasting cosmetic restorations. Of course all of these techniques will not be mastered at one meeting and I would suggest many additional hours of courses on these various techniques. The point is that unless a dentist keeps their mind open to new knowledge they will undoubtedly find it difficult to improve their results.

Since now every dentist out there is a "cosmetic dentist" it is important for dentists to set themselves apart to the public's perception as to why they should go to them. With additional quality training it is possible to let people know the difference between an average cosmetic dentist and a quality highly trained cosmetic dentist. The information changes and improves continually. Even if a dentist has had many courses and attended many lectures in cosmetic dentistry, there is the need to keep learning more. If we all do not strive to keep up on the edge of cosmetic dentistry then our cosmetic dentistry will not be the best. If our cosmetic dentistry is not the best it can be – it gets ugly!



**Do YOU have what it takes to become the next IACA entertainment sensation?**

**NOW IS YOUR CHANCE TO SHINE!**

You are invited to submit a one to three-minute video presentation of your entertaining act for the IACA Idol competition. Submissions must be accompanied by an entry form.

**[CLICK TO SUBMIT YOUR VIDEO TODAY](#)**

Finalists will be selected and viewed at "IACA After Dark" which will take place during an evening of the 2009 IACA Conference!

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