



## President's Message

**Chong Lee, DDS, LVIM**

Hopefully, everyone survived the cold winter months around the country. Punxsutawney Phil is happy to report, "three more weeks of winter!" It is amazing how quickly time has flown by since our meeting in Calgary. It is only four months until the IACA meeting at the Atlantis Resort in the Bahamas.

As you know, at the 2014 IACA Meeting, we will be celebrating the Lifetime Achievement Award for Dr. Ron Jackson. Congratulations Ron! In addition, Dr. Bill Dickerson will be coming out of retirement for a speaking engagement at the IACA Meeting.

For those who are coming, please be sure to sign up your team members for courses that are offered simultaneously to the courses being offered to the dentists. We have innumerable programs and workshops to offer this year, including an LVIM workshop. Please bring your Mastership cases to review and let us help to achieve your goal. Go to the IACA website and check out all the exciting courses and workshops.

In conclusion, this will be an incredible opportunity to learn, practice and become even further engaged in and involved with the IACA. Our annual IACA meeting will be packed with gifted and talented speakers, courses that will allow you the opportunity to practice the fundamentals of aesthetic dentistry and integral hands-on techniques that will make your practice of aesthetic dentistry much more proficient. We have also extended special invitations to many of the top dental materials representatives and suppliers across the country that will make your practice of aesthetic dentistry more rewarding and productive. See you in the Bahamas!



## Team Training: Expensive or Valuable? Sherry Blair

*"The IACA feels the attendance of the team members at the IACA meetings is very important to the success of the office. Therefore I have asked Sherry Blair, Director of Team Programs at LVI to write a guest editorial. Thank you Sherry!"*

*Dan Jenkins, DDS, CDE-AADEJ; IACA Editor*

Have you ever found yourself on the other end of a conversation where your friend is telling you about a great scene in a movie they recently saw? You're shaking your head "yes" and you're using all the right facial expressions, but your self talk is saying one of several things; "This doesn't really sound like a movie I want to see," or "I would rather just see the movie myself than you ruin it for me," or "I wish you would hurry and finish because I have a really big to do list today."

I would venture to say that this is the very thing that happens when many doctors return from an amazing, educational dental meeting and they are "filling the team in" on ALL the information they learned.

It's expensive to take the team to these meetings. And I totally agree, however, try thinking of that in a different

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way. Is it expensive or valuable? Put a price on patient care. Yes, I do believe that the motivation, team bonding, the knowledge gained at the meeting does trickle down to patient care. How can it not? The mere fact that your patients know, through your marketing, that you have invested in the team, shows you trust and believe in them. Congratulations doctor, you just transferred that trust that the patients have in you to your team members. Do you spend more time with the patients or does the team? How do you get a patient to say “yes?” Through trust.

The higher the investment, the more valuable this becomes. Yes you can bring the one or two “key” team members and have them come back and tell everyone about “the great scene in the movie.” Same situation as above, worse results. Ask me how I know. My Doctor was a firm believer in team development, but for whatever reason, decided to only take myself and one “key” assistant to a course and in return we would present the information. OMG, did we hit the brick wall when we did our “presentation.” They weren’t thinking they wished we would finish because their to do list was long, but rather had, in our absence, already discussed how to best rebel against anything we said, because after all, why did we get to go and they didn’t? So how much did my doctor really save by not taking everyone?

In addition the investment of team training can further your development of your leadership skills. Those leaders that understand the true value of team training are the ones that will better position themselves to adapt to this constantly changing profession of dentistry.

I believe this might be best summed up by a quote from leaders at General Electric Corporation:

*“Learning is more than a classroom activity. It’s how we come together to embrace change, develop skills to change things for the better, and get energized about it all.”*

**So is your team training expensive or valuable?**

## Abstract Alley

Sahag Mahseredjian, DMD



**Clinical guidelines for oral appliance therapy in the treatment of snoring and obstructive sleep apnoea.**

Ngiam J, Balasubramaniam R, Darendeliler MA, Cheng AT, Waters K, Sullivan CE. *Aust Dent J.* 2013 Dec;58(4):408-19. doi: 10.1111/adj.12111.

The purpose of this review is to provide guidelines for the use of oral appliances (OAs) for the treatment of snoring and obstructive sleep apnoea (OSA) in Australia. A review of the scientific literature up to June 2012 regarding the clinical use of OAs in the treatment of snoring and OSA was undertaken by a dental and medical sleep specialists team consisting of respiratory sleep physicians, an otolaryngologist, orthodontist, oral and maxillofacial surgeon and an oral medicine specialist. Oral appliances can be an effective therapeutic option for the treatment of snoring and OSA across a broad range of disease severity. However, the response to therapy is variable. While a significant proportion of subjects have a near complete control of the apnoea and snoring when using an OA, a significant proportion do not respond, and others show a partial response. Measurements of baseline and treatment success should ideally be undertaken. A coordinated team approach between medical practitioner and dentist should be fostered to enhance treatment outcomes. Ongoing patient follow-up to monitor treatment efficacy, OA comfort and side effects are cardinal to long-term treatment success and OA compliance.

# Now Accepting Aesthetic Eye Applications!

The Aesthetic Eye of the IACA will feature aesthetic photographs submitted by IACA members attending the upcoming conference that will be highlighted at the IACA. The submitted photographs in each category will be reviewed by the panel and selections will be made on the finalists to be displayed. Submit your photos today!!! Click Here to download your application! The categories are as follows:

**Full Mouth Aesthetics Case  
by Dr. Hamada Makarita**



**LVI Core Case  
by Dr. Raul Garcia**



**Glamour  
by Dr. Michael Reece**



**Anterior Aesthetics  
by Dr. Christina Samra**



If you have any questions please contact Minette Galura-Boquieren at [minette@lviglobal.com](mailto:minette@lviglobal.com) or 888.584.3237.



## Mark Your Calendar For this Upcoming IACA Webinar with Dr. Michael Reece complimentary for IACA Members Wednesday, April 9, 2014, 5PM PST/ 8PM EST

### "Removable Restorative Options in the 21st Century"

With dental implants becoming an invaluable tool in 21st century dentistry, removable restorative options have changed. The objective of this course is to highlight the different options available. Removable prostheses can be made to restore the original facial characteristics of patients. No longer do patients have to have that "denture" look. With the addition of implant options, these "NewYou dentures" can be retained with a variety of options. They can also be supported with either bars or with a fixed hybrid. This webinar will cover these options so that the dentist can offer their patients 21st century choices:

#### LEARNING OBJECTIVES:

- **Partial dentures – clasp or implant?**
  - How to use retention?
  - New You Dentures
- **Fabricate a NM denture that makes the patient look 10 years younger than they are vs 10 years older than they are**
  - **Implant Retained Denture**
    - Locators, O-rings, ball attachments*
    - Full coverage palate vs no palate denture*
    - Advantages and disadvantages*
  - **Implant Supported dentures**
    - Bars, Screw retained (non-patient removable)*
    - Immediate load vs delayed loading*

