Dear Doctor,

Greetings!

Welcome to the first edition of the 3M ESPE Times. We look forward to sharing our latest news with you along with wonderful insights from our colleagues in the Dental World. I hope these articles will stimulate your interests and further your knowledge. Hopefully I can guide this publication and help it transform into something you look forward to every quarter, I would like to extend a big Thank You to you, for your continued patronage of our products and services, leading us to be named “The Most Innovative Dental Company in the World!” for the 9th year in a row! I eagerly look forward to receiving your inputs on our upcoming editions.

What’s the Deal with Digital?

The world of dentistry is constantly evolving to best suit patient needs and comfort by both empowering information to them and empowering us with technology. In my 24 years of clinical practice, I have seen and experienced several changes in the field of dentistry and of course I have adapted most of them in my practice. All of us started off from college visioning for ourselves, a fulfilling career, especially with our inner drive to make life better for our patients. For me, it has been passion rather than immediate necessity to adopt these latest technologies and use them in my day to day practice. Starting to use them in your practice will make things much simpler, more time effective and bring a sense of excitement to an otherwise mundane regular practice.

Technology is a wonderful way of learning, providing comfort and ease, being accurate, saving time and building our branding quotient, which in today’s world is equally important as skill. As a care provider, we must always be on the lookout for new and emerging technology to make our patients’ experience as comfortable as possible.

Here are just a few of the different technologies that I use in my practice which I believe have now become hygiene factors as opposed to “good to have” services that a clinic must provide.

Digital X-Rays | With the image appearing on the computer screen in a matter of seconds, assessing and educating the patient just gets easier. Needless to say, digital X-rays are also less harmful for patients as they contain up to 90% less radiation compared to traditional X-rays. Ease of use and the possibility of instant magnification are an added bonus! Digital Cephalometric imaging is also a great diagnostic tool for impacted teeth, orthodontic and other oral and maxillofacial anomalies along with Sleep apnea, ENT disorders etc. Very soon, normal X-rays will be obsolete like traditional film cameras compared to digital cameras.

Laser Dentistry | Lasers are used to improve efficiency and eliminate discomfort in a number of dental procedures including caries removal, reducing tooth sensitivity, removing tumors, and whitening. Not only treating previously traumatic procedures like excision of tumors, regular conservative procedures can now become painless and convenient with less bleeding, more accuracy and requiring fewer patient visits. Waterlase: a revolutionary device uses hydrokinetic technology to cut teeth. It produces a laser beam that energizes an exact stream of water in your practice will make things much simpler, more time effective and bring a sense of excitement to an otherwise mundane regular practice.

Digital Impressions | Digital impressions use imaging technology to create your dental restoration on a computer – no invasive trays or material involved. In fact, digital impressions have all but eliminated the mess and discomfort often associated with dental impressions. Digital imaging allows for the impressions to be sent to the lab immediately, resulting in a shorter turnaround time to produce your dental restoration and also allowing us to store and reference cases in our system forever. Of course things like waxing, shrinkage, dimensional stability etc now seem a thing of the past. These scans show us real time errors in prep, crown design options etc and put things more in control of the clinician.

Practice Management | The most important thing that we build through all our years of practice is our patient database and this data becomes our basis for future revenue and a plan for reaching out to check effectiveness of treatments, patient follow-up and treatment plans. Most of us have now graduated to maintaining our data on computers, but when you think of the dangers of data corruption, viruses, malware physical damage etc we become aware that our complete practice dangles on the effectiveness of our software or hardware manufacturer.

But now, cloud based online practice management systems remove all the possibility of this failure through multiple redundancy layers and seamlessly connects all this data between all our devices making us more mobile and at the same time more effective. Some of these systems also provide us methods to boost our online presence and ensure that we are represented in this fast growing method for patient references, through very little effort of our own.

Several smaller but equally important parts of this digital landscape are digital prescriptions, automated follow-up, 24-Concierge systems, digital data management etc.

To sum this up, eventually we will look back at the practice we build and tell ourselves that we were part of the “Age of Flux” in dentistry.

An age similar to several other segments, where technology swept off the brick and mortar platform provided to us by our formal education and made us planners that steered this platform of healthcare to a new age where digital is the only way to practice. In another 10 years, we will look back at the way we operate now and we will have learnt that technology has completely changed the way we work like it did automation and design. It will make our practices stronger, faster and better making us Olympians in our own right.

Dr. Hassan Prakash
A graduate from Government Dental College Bangalore, Dr. Hassan Prakash went on to complete his fellowship from the prestigious Pierre Fauchard Academy. He has been in clinical practice for over two decades and is currently a member of The Indian Dental Association, the Indian Academy of Implant Dentistry and the American Dental Association.

3M ESPE India  |  3M Unitek India

Rajeev N. Menon
Division Manager

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Are Dentists from Mars and Orthodontists from Venus?

The profile of the contemporary orthodontic patient is changing. Trends globally of more adults seeking orthodontic care are likely to continue. Once upon a time, orthodontists would do their thing, general dentists would do theirs and endodontists and periodontists theirs. Today’s mandate for interdisciplinary communication and treatment planning represent the biggest change in orthodontics today—the team approach—in which all members of the dental team work together to treat the patient in anticipation of what’s ahead, whether it’s restorative dentistry, bonding, or whitening.

By most accounts there’s an enormous untreated portion of the population that might benefit from orthodontics. As per a business of Orthodontics survey in 2013 in India, the total number of patients seeking orthodontic treatment in a year in the private sector is still around 200000 (Two hundred thousand). This figure might be an estimate and may be subject to a 10-15% variation, but for a population of 1.25 billion, assuming even if 1% of the population can afford orthodontics in the private sector, this figure of two lakhs is alarming! It means one thing: despite the patient population being able to afford treatment, not enough are seeking it!

In fact, the Academy of General Dentistry (AGD) reported in 2003, that only about 10% to 20% of orthodontic problems were being diagnosed. It stands to reason that diagnosing and treatment planning orthodontics could provide general dental practices with additional satisfaction and financial boosts. The trends are changing, but still not enough globally!

Orthodontic appliances and techniques today are more centered to the adult patient and to his/her aesthetic and functional needs. Protocols are also geared to long term benefits of treatment effects. However due to poor reaching out on behalf of the orthodontist to the general dental population and the public at large, a lot of potential orthodontic solutions never reach the patient.

It an established fact globally that the Dentist and the Orthodontist need to augment each other in the care that they provide to their patients. However, a lot still needs to be done for this interaction to acquire a confluence protocol.

The fundamental challenges to this in the Indian scenario are:

1) The dentist and or the orthodontist only concentrating on financial bottom lines. In a scenario where the dentist and the orthodontist split fees for orthodontic care rendered in the dentist premises. This happens very often (visiting orthodontic practices). If the dentist’s only concern is the revenue that he/she makes out of orthodontics, without looking at it as an avenue to provide holistic care in the office, sometime unreasonable demands are made that reduces the effort and level of care. In fact, with the current hardware available to the orthodontist, quality service and consumables can only be used, if the cost of these is separated from the fee that has to be split. The orthodontist not insisting on it will either compromise on quality or not try and offer all possible treatment alternatives available to a patient in that office, where all three parties (the orthodontist, the dentist and the patient) stand to lose.

Orthodontics is a value added service if provided in a dental clinic, to augment patient base in the clinic.

2) For a dentist who refers patients to an orthodontist or asks an orthodontist to see them in his/her premises, it’s imperative that (A) Pre Treatment condition, Diagnosis, Treatment plans/alternatives, duration and rationale are discussed with the dentist. (B) During the course of treatment, a 6-month review of every patient referred is a very good method for both the dentist and orthodontist to interact and collaborate. (C) For dentists, who regularly refer their orthodontic patients to a particular orthodontist, a regular clinical meet or lunch and learn session really improves communication where both discuss and understand their concerns and information on how they see different clinical entities. (D) Post - orthodontic treatment, communicate retention protocols with your orthodontist, and also encourage your patients to have a follow up with the orthodontist to monitor retention.

3) Honesty in Communication. Most often, if the dentist and the Orthodontists don’t communicate, the first to sense it is the patient. It is scary for a patient to know that he is going to be looked after by a team that doesn’t have its act together. It is important, that you realize as a dentist, that you have referred the patient, and if the premise is yours, unless you allow the orthodontist complete independence and control to execute his expertise, your patient and you will never get the best they deserve.

Conclusion

Education is key to ensuring that diagnosis, referrals, treatment planning, and subsequently selected procedures are performed appropriately in an interdisciplinary set up.

The biggest trend that we have to converge towards is that orthodontists and general practitioners work together closely and we do things jointly, rather than just “having a patient referred for orthodontics”. For if Martians are only going to blame the aliens from Venus about potential TMJs and White Spot Lesions, and the Venus inhabitants just sniff occlusion and grin condescendingly towards all Martians, we are not going to get anywhere. Remember there are patients on earth, who need caring for, by both the “Dentists from Mars” and the “Orthodontists from Venus” holding hands together, and converging at ground zero on earth to deliver!

Henry Ford once said, “Quality means doing it right when no one is looking” and I suggest, clinicians should make that a motto.

At the beginning of my career as a general dentist, I promised myself that I would use premium material at all times, making my life easier and my practice better. Your clinical judgement, along with the basic understanding of material science can significantly improve clinical outcome. As we evolve as clinicians, the materials we use also evolve with us. That’s when being in a study group helps us exchange ideas and learn more. I have not changed the restorative range I use from 3M ESPE. I know when it comes to bonding dentistry, their products are excellent. It’s also good to know how the material is performing. I always make it a point to know it well.

Dr. Mumtaz Patel graduated from Government Dental College and hospital, Mumbai. She enjoys working at her two private practices in Thane.

Dr. Nikhilesh R Vaid is a Consultant Orthodontist at Breach Candy Hospital Trust, Mumbai. Apart from being the Director of the Orthodontics- Mumbais, Professor at YMT Dental College & Hospital Navi Mumbai and Editor- in-Chief of the Journal of the Asian Pacific Orthodontic Society, he is also the President Elect of The Indian Orthodontic Society (2013-2014).

Coming soon from 3M ESPE!

**Filtex™ Bulk Fill**
Flowable Restorative

- The bulk fill flowable restorative that reduces procedure times without reducing your confidence.

**Pentamix™ Lite**
Mixing Unit

- You can’t afford voids— you can afford Pentamix Lite

**RelyX™ Ultimate**
Adhesive Resin Cement

- Choose ultimate bond strength, get ultimate simplicity

**Lava™ Ultimate**
Resin nano Ceramic Restorative

- The ultimate implant restoration
Not all memories in one’s lifetime are enjoyable and memorable and especially during your POST – GRADUATION days. It is actually the most difficult time in the making of a doctor. You are required to deal with all kinds of stress. All this doesn't leave any significant time for creating special memories to be cherished throughout your life.

What if I tell you I had 3 days of my post graduation life which I want and will keep wanting back in my life if I get an opportunity. Not that I was on a holiday nor am I talking of a national conference where enjoyment comes at a cost quite heavy for your pocket. No boring lectures, no full day working like a machine and you are your own boss. I am actually talking about my experience at the ALL INDIA POST GRADUATE SYMPOSIUM by 3M ESPE INDIA. All this comes with a special advantage that one actually gets to learn something in a really different and attractive manner. Accommodation just awesome, organization perfect, entertainment at it’s best, the R&D center fantabulous and great food (being a Punjabi, something important for me).

Now coming to the main thing: THE SYMPOSIUM. If you have had a tough time cramming the compositions of various types of cements, GICs, composites, recent impression materials, this is a place just perfect for you. Not that you will learn everything by heart, but you understand the logic behind the invention of different types of materials and the actual need for research that lead to all their inventions. All this is not just talked about like making castles in the air, but you actually see and deal with the various kinds of equipments and materials involved in the process. The R&D center in Gurgaon is actually a museum in itself. The state of the art machinery, the aura of the place and the interactive personalities of the research and sales team are just enough to make your experience a grand one.

Overall, it was not just those 3 days but it was a beginning to the continued process of learning by interaction which pumps you up when you meet the 3M ESPE team at various national conferences and trade fairs.

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Dr. Harsimran Singh Sethi is a postgraduate in the field of Pediatric Dentistry from the prestigious Christian Dental College and Hospital, Ludhiana, Punjab. He is presently working as an Assistant Professor at Maharaja Ganga Singh Dental College and Research Center, Sri ganganagar, Rajasthan.
Beyond clinical dentistry

How about your OWN BRAND?

The most frequently asked questions at my practice management workshops are:

“How do I enhance my practice?”

“How do I increase new patients?”

“How do I retain patients?”

“How do I increase my top-line and bottom-line?”

“How should a patient come to my practice?”

I always encourage participants to ask themselves this question. Most times the question leaves the audience bewildered, for the simple reason that we never think on those lines. The two most important terms that answer this question are ethics and brand. We need to be ethical at all times in all our endeavours as professionals. We also need to create a brand of our own and our patients will spread the word around to others. There is an urgent need to train ourselves in the field of management and to acquire skills in business strategy, organizational leadership, finance, marketing, information technology and associated subjects in order to excel in our practices. Of course it is a given that all professionals have the ability to deliver an acceptable standard of care.

Exclusivity

What is it about a practice that makes it stand apart from the rest? Most clinics look identical in all ways, both inside and outside. They offer the same kind of treatment options. More often than not, for a patient the only differentiating factor between various practices ends up being the treatment charge. But the marketplace is full of examples where the price war only led to the demise of the sector. Often, low charges may win some new patients, but will it retain them, as they will move on to others who charge lesser? Practices need to convey to their patients why and how they are different from others. This is a subjective issue and each practitioner needs to envisage what will make his/her practice unique. If we are going to set up a practice which looks like and behaves like scores of others then we can’t blame the patient for choosing one based only on charges. The process of creating a niche in the mindset of our services being unique helps us create a brand image. More often than not it is the lack of such business managerial skills and not of professional skills that lead to a practice’s poor performance or even demise.

Walk the talk

Just having a differentiator from the rest of the practices for its own sake is not enough. Mass marketing has created a lot of brands out there in the marketplace but unless a brand delivers on its promises it is bound to fail. Promises made must be kept. Only ethical brands survive the market forces. New practices often have to face tough challenges and make some difficult choices but in order to survive ethics must never be compromised upon. A practice must be able to deliver on its professional standard of care consistently and persistently. The outcomes of all procedures must be predictable if we are to create the right brand image in the patients’ minds.

When is the right time?

Today the foremost confusion amongst the fresh dentists is what to do and when to do it? Having decided to establish a practice it is always beneficial to work in a practice to gain experience and then take the plunge and start one’s own. Managerial decisions need to be made on a daily basis in a running practice and one can only make good decisions when one has gone through enough training for the same. It’s always wiser to learn from others mistakes and/or experiences. I have interacted with many dental practice owners who acknowledge the fact that had they been taught practice management skills before establishing their practices they would have done far better much sooner.

Finally…

the creation of an ethical brand ensures that a practice will remain the first choice of any existing or prospective patients and would also lead to the existing patients’ referring new ones by word of mouth. Interestingly word of mouth remains the most favoured and persevering form of marketing any brand could aspire for. Ethical branding will also lead to better productivity, enhanced efficiency and prevent a professional burnout thereby meaning more success and happiness. Most importantly remember it takes a lot of hard work and patience to achieve success and anything worthwhile takes time to grow!

Dr Sukhdeep Singh maintains an exclusive pediatric dental practice and is the professor and HOD of Pediatric dentistry at School of Dental Sciences, Sharda University. He lectures extensively on various aspects of practice management and conducts various hands on workshops in pediatric dentistry.

Have you ever considered non-clinical options in dentistry?

But… you are a dentist!! That’s what you went to dental college for, slaved over those wax-ups and shivered when your examiner checked the contacts in Class II cases just so you could grab that BDS degree. And yet, have you ever wondered what lies beyond clinical dentistry?

As someone who has practiced for over a decade and whose… um… “disenchantment” with doing dentistry grew exponentially by the day, I had been researching this issue as deeply as I could for quite some time. Clinical practice just didn’t tick my boat anymore so there arose the idea of exploring non-clinical options. But the question was, can pursuing other interests make your dental career more fulfilling and can you really make money in a non-clinical career?

Explore all the possible career paths to complement your clinical career, or switch altogether but keeping in mind your core competencies. What is the nature of work that you now want to pursue? What is the training and qualification required? What is your market value after substantial experience? Remember you have studied hard for that BDS degree. So anything else should ideally be an advancement using your essential education as a stepping stone. You’ll be surprised at the options available. I was fortunate from Scientific marketing to sales, administration, Law, Insurance, Lab, Education, Research, Regulatory Bodies, Biomechanics, Designing, Public Health, to Business Consultation and Information Technology. Some alternatives might require formal training or an additional degree but many can be followed with your basic BDS degree accompanied by sheer business acumen!

The best way to pursue non-clinical options is to get a management degree. This can be in either Healthcare Management– HCM, or Hospital Management- MHA. Employment of medical and health services managers also will be employed by healthcare management companies that provide management services to hospitals and other organizations, and so the scope in related healthcare FMCS sector and material and equipment industry. Job opportunities are good, especially for applicants with work experience in healthcare and strong business management skills. Competitions for jobs at the highest management levels are keen because of the high pay and prestige.

To sum it up, the scope is large, opportunities plenty and returns are good. It’s a matter of knowing what it is you want to follow and then …… follow it.

To borrow a quote from Fight Club- “This is your life and its ending one moment at a time.” So grab that moment and do what you WANT to do and not what you NEED to do!...