



GP NEWS



The Publication for the General Practitioner

Volume 41, Number 1

February, 2017

CAGD Dentists Go To China

MEMBER-DENTISTS TREAT PATIENTS, TEACH, COMPARE TECHNIQUES, MAKE NEW FRIENDS AND EXPLORE THE GEOGRAPHY IN CHINA

Mike Lew, DMD, MAGD, CAGD Trustee

Members of the California Academy of General Dentistry visited China in October of 2016. Our mission was to treat, to teach and to tour. Dr. Bruce Bosler from Vacaville organized and lead California AGD member-doctors George Schneider, Gisella Angarta, Hermant Joshi and Mike Lew, together with AGD member Dr. Larry Leggieri from Pennsylvania. We treated over 100 patients. We also taught dentistry at an Affiliated Hospital at Guilin Medical University School Dental Clinic. We toured both Guilin and Zhangjiajie.

Supported by generous donations by Septodont, Ultra-dent and Fuji, we provided dental hygiene, endodontics, temporization with indirect pulp caps, composite resins, and basic oral surgery. Dental residents at the school assisted us during our procedures including translating our English into Mandarin Chinese.

It was extraordinary to both treat the patients and compare notes with the local Chinese as to how they treatment plan their *(continued of page 14...CHINA)*



Especially attentive students of "stomatology" at a lecture and demonstration at the Guilin School of Stomatology



New concepts in Chinese medicine to treat orofacial pain



Dr. Bosler teaching in the clinic

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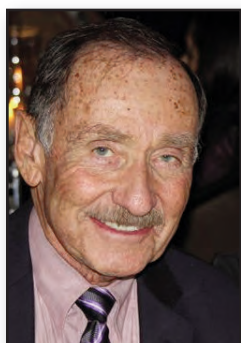


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DR. CHETHAN CHETTY
Eagle Rock

Moving Forward

One of my favorite sayings is, “If you are not moving forward, you’re moving backward.” I’m not sure where I heard it, or who said it. Possibly a 90s rap song. But, this saying has always stuck with me. As a dentist, this rings in my head when I think about how I can be a better dentist. I am a CE junkie—I love learning new things about dentistry and technology.

Your dental education doesn’t end when you graduate from dental school. To me, this is where my education began. There is nothing more humbling than to get into private practice and realize how much you don’t know. I was fortunate to have my dad, with whom I work, to help guide me and bail me out on occasion. This is when I realized (read: encouraged) my salvation was to go find high quality continuing education. Being a member of the AGD since dental school, this is where I first turned. And it was easy, because fifteen years ago, there were not a lot of choices on good quality CE.

But, things have changed. If your inbox is like mine, you get at least five to ten emails a day offering low cost, high “value” dental CE. It is tempting and no doubt you will get something out of attending. But, here is where you can fall into a trap; spending way too many hours attending courses and not really getting anywhere. We learn some great tips and tricks, but for the most part, return to our office and go back to our comfort zone. Or worse, spend your day off attending an eight-hour infomercial. If I am going to spend time away from my family and from my office, I want it to count. I want to say that I learned something of value that will improve my skills as a dentist, that I am moving forward.

This is why I think the AGD is special. Not just because I am a leader here at the CAGD. On the contrary; I am a leader here, because I believe in what we do. I recently became a fellow in the AGD. The process of getting my Fellowship in the AGD was great because it justified to me that the 500-plus hours of courses that I took were worth something. It moved me forward. Passing the exam proved to me that I am a better dentist for doing so. For the same reason, I am currently pursuing my Mastership in the AGD (I’m not only a client, I’m the president). I love this program. Over the course of four years, we are being exposed to some of the greatest minds in dentistry...speakers and students. I have made friends and developed relationships that will last a lifetime.

As we start our new year, I encourage all of you to move forward. Not only will it continue to challenge you and re-ignite that spark, but your patients will thank you for being the best dentist that you can possibly be. After all, in the end we are here for that one reason.

Chethan Chetty, DDS, FAGD

“Over the course of four years, we are being exposed to some of the greatest minds in dentistry ...speakers and students.”



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About the Presenters:

DR. YOLANDA MANGRUM

Dr. Mangrum is a practicing dentist, entrepreneur, author, Fortune Management executive coach and key business strategist. She is the founder of Plan for Health (PFH), co-founder of Virtual Training Innovation (VTI) and owner/CEO Petaluma Dental Group (PDG). Plan for Health is a dental wellness membership plan, created as a patient/practice win-win to fill the gaps of dental insurance. The need to create Virtual Training Innovation came from her desire to stop repeating herself in training. Throughout her practicing years, she has strived to create protocols that would achieve repeatable results and lay the groundwork for inspiring individual growth. She has consistently shared her best practices with her dental colleagues, inspired new dentists and participated in organized dentistry to improve the dental profession. Having worked in every position of dentistry gives her personal experience of what it is like to "walk in the team and doctors' shoes."

LAURA A. BOONE

For more than three decades, Laura A. Boone has dedicated her career to coaching dentists in both personal life and as business strategist. She has built her brand based on one principle strategy: C.A.N.I.— Constant And Never-ending Improvement. Laura's business coaching is designed to empower her clients and their staff with the focus, training and accountability they need to achieve consistent results.



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DR. GUY ACHESON
Rancho Cordova

Watchdog REPORT

Guy Acheson, DDS, MAGD, Rancho Cordova

New Pediatric General Anesthesia Regulations **proposed by the Dental Board of California**

In February of 2016 Senator Jerry Hill, Chair of the Senate Committee on Business, Professions, and Economic Development was made aware of a tragedy in which an otherwise healthy child died after receiving general anesthesia at a dentist's office. He notified the Dental Board of California

For general anesthesia on children under the age of 7:

A minimum of three people attending to the patient; the treating dentist, a provider who is permitted to provide general anesthesia to children under the age of 7, and a staff person dedicated to monitoring the patient. The treating dentist and the staff person must be PALS certified. Note, this eliminates the dentist operator/anesthetist model for children under the age of 7.

If you have any interest in the history of dental sedation in California, especially the history of deaths associated with providing dental care, you should read the report. *Go to the DBC website:*

http://www.dbc.ca.gov/formspubs/anesthesia_study.pdf

This is not the final report, but the background material and research on deaths associated with providing dental care is the same.

More from the December DBC meeting:

Graduates from the dental school in the Republic of Moldova are now deemed qualified to apply for a California dental license. To date, California is the only state that has certified foreign school graduates to be qualified to apply for a dental license. The first was University de La Salle in Mexico.

The portfolio exam licensing pathway is gaining steam. This is where a senior dental student completes the clinical examination requirements while treating their clinic patients in school. To date, thirty-four licenses have been issued via portfolio examination. Four dental schools are participating; UCSF, UOP, USC and UCLA. Pretty soon all the dental schools will be on board. The DBC is being approached by many dental schools across the United States to find out how the process works and are considering doing the same thing.

(continued on the adjacent page)

(Board) of his concern about the rise in the use of anesthesia for young patients and asked the Board to investigate whether California's present laws, regulations, and policies are sufficient to protect the public. In doing the research, Senator Hill asked the Board to review all incident reports collected by the Board related to pediatric anesthesia in California for the past five years.

This has been the BIG LIFT for the DBC in 2016. I feel the DBC has done a fantastic job on producing this report which is in-depth, detailed, and very well vetted. The California Dental Association provided significant support by forming a working group on pediatric sedation that included every player in the dental community involved with pediatric sedation; oral surgeons, periodontists, general dentists, dental educators, dental anesthesiologists, medical anesthesiologists, pediatric dentists, public health dentists, and more. I participated as the general dental and AGD representative. Everyone weighed in and everyone was heard. Some very different opinions exist but all were focused on patient safety and reducing risk.

The DBC accepted their final report at the December board meeting. Their report to Senator Hill includes recommendations for changes in regulations that should enhance the safety of sedation for all, but especially for the very young dental patients who require sedation to overcome their lack of cooperation that blocks dental treatment in a conventional setting. *Remember that these are only recommendations at this point.* Only if the legislature directs changes by passing laws will the rule-making and regulatory actions make these our reality.

Proposed regulations for pediatric general anesthesia involve equipment, personnel and training. They are:

For general anesthesia on children ages 7 to 13:

A minimum of three people attending to the patient; the treating dentist and two additional staff. The dentist and one of the two staff members must be PALS certified. One staff person must be trained in patient monitoring and dedicated to monitoring the patient. When a dedicated general anesthesia provider is utilized, the treating dentist and at least one staff member must be PALS certified.



The Dental Board of California board meetings are quarterly, alternating between Sacramento and southern California (Los Angeles or San Diego).

All dates for 2017 are listed on the internet.

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WATCHDOG *(continued from the adjacent page)*

One of my favorite radio programs is “Car Talk” on National Public Radio. They have a feature called, “Stump the Chump,” which tests automobile trivia knowledge. Here are some dental trivia questions for you dental know-it-alls *(all numbers are from the December, 2016 Dental Board of California meeting)*:

How many active dental licenses in California?	34,277
How many new dental licenses issued in 2015?	1,039
How many conscious sedation (I.V. Sedation) permits?	515
How many oral conscious sedation permits?	2,427
How many general anesthesia permits?	863
DBC estimate of total general anesthesia cases for dental 2010-2015?	800,000
How many dental-related deaths in California for 2010-2015.	9
How many of those nine deaths involved general anesthesia?	4
Considering those four deaths, how many involved treatment in a dental office?	1
Which county has the most dentists?	Los Angeles with 8,381 dentists
Which county has highest dentist/population ratio?	San Francisco 1:684
Which county has lowest dentist/population ratio	Yuba 1:8,277
Which county has NO DENTIST?	Alpine with a total population of 1,110

Remember my report on the DBC fee increases for licenses, permits, and renewals? About half of you have recalled that story when writing the check for your renewals in 2016. The DBC budget report had this sobering observation; budget projections are that the DBC funding will become insolvent in fiscal year 2018-2019. The DBC reserve fund will become insolvent in fiscal year 2018-2019. *Get ready!* ■

As always, if you have questions or comments about my story or anything related to the Dental Board of California, contact me at: drguyacheson@gmail.com

The Intra-Orally Assembled Implant Verification Jig



DR. JOHN DiPONZIANO

The usual method for checking the accuracy of a master cast for a multi-unit implant prosthesis is with the use of a "verification jig." This laboratory-fabricated device is made from acrylic and is constructed on the master cast that contains the implant replicas. The typical verification jig is delivered to the dentist as a one-piece unit that is screwed onto the implant fixtures in the mouth and checked for a passive fit. A passive fit is defined as no space between the interface of the jig and the implant fixtures—therefore "verifying" that the master cast is correct.

A major drawback to this design is that any fixture that is subgingival is not visible when the jig is screwed on. This gingival obstruction prevents the practitioner from truly evaluating the fit of the jig on all of the fixtures. Even gently screwing down the jig—one implant at a time—does not ensure that the clinician will be able to evaluate a passive fit due to the inherent flexibility of the acrylic.

A better alternative is to have the jig fabricated as individual units that are each screwed onto their respective

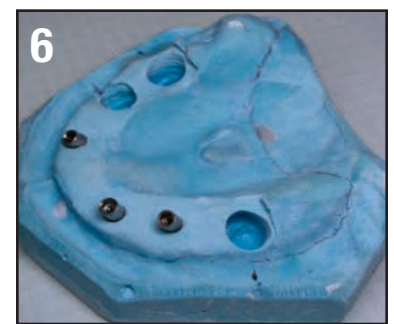
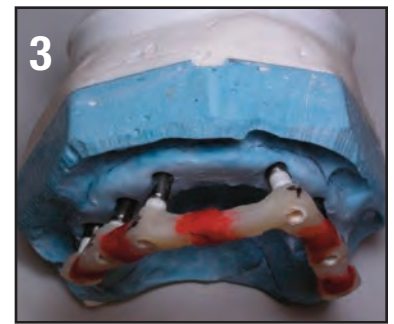
fixtures in the mouth. (*Figure 1*) These individual units are then luted together with either auto-cured methyl methacrylate (Duralay or GC Pattern Resin), or light-cured urethane methacrylate (Triad gel), and the whole assembly is removed as one unit from the mouth. (*Figure 2*)

There are two major advantages to this technique:

One is that the intra-orally assembled jig is transferred to the master cast to check for the passive fit. This allows an unobstructed view of each interface between the jig and the implant replica. (*Figures 3 and 4*)

The second advantage is that since the jig is an accurate representation of each fixture position relative to each other in the mouth, the master cast can be corrected by altering the position of the ill-fitting implant replicas. This alteration of the master cast is only possible if two or more interfaces between the jig and the implants fit totally passively. This allows the inaccurately positioned replicas in the master cast to be cut out of the cast and repositioned using the jig attached to the passively fitting replicas as a guide. (*Figures 5 through 10*)

(continued on the next page)



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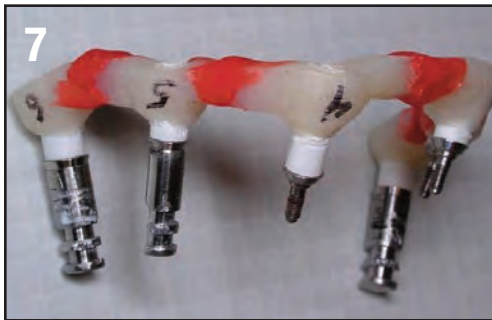
At present, the class is almost full with room for six more participants. If you wish to be a part of this educational experience, contact CAGD's Executive Director, Terri Iwamoto-Wong, for more information.
Terri can be reached at: **877.408.0738** or **terri@cagd.com**

IMPLANT VERIFICATION JIG (continued from the adjacent page)

If the jig does not fit passively on at least two fixtures, a new impression must be made and a new master cast constructed.

The intra-orally assembled verification jig helps ensure

the construction of an accurate implant master cast. This enables the laboratory to produce a prosthesis with greater precision and consequently leads to less time-consuming chairside appointments for the dentist. (Figure 11) ■



Editor's Note:

Prior to becoming a dentist, Dr. DiPonziano was a Certified Dental Technician. He is a Master in the Academy of General Dentistry and a Diplomate of the International Congress of Oral Implantology. He is in private practice in Pleasanton.



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Introduction:

Most oral rinses are used clinically to reduce undesirable bacterial counts for the treatment of gingivitis, periodontitis, soft tissue inflammation, for decreasing pain and swelling, and the prevention of infection.

Healthy soft tissue consists of a balance of normal microflora that contains many microorganisms in the ratio of ten anaerobes to one aerobic microorganism.

Anaerobic microorganisms are largely responsible for breath malodors and foul-smelling pus.

They are found throughout the oropharynx, concentrated on the tongue, in the gingival pockets, tonsillar crevices, and in the dental plaque. Because they are anaerobes they are difficult to properly collect and culture.

With infections, the balance in the microflora is disrupted and, generally, we need to rely on Gram staining to determine the infecting organisms.

Inflammation

Gingivitis can be defined as inflammation of the gingival tissue induced by bacterial plaque that adheres to tooth surfaces, without attachment loss of periodontal ligaments and bone. Periodontitis, on the other hand, is defined as an infection that elicits an immune response triggering progressive loss of the alveolar bone around the teeth, and if left untreated, can lead to tooth loss and destruction of the bone around it. Inflammation of soft tissue could be caused by gingivitis, periodontitis, acute infection, or surgical trauma.

Surgical trauma differs in that the surgeon designs, and approximates the flap with primary closure, which initiates rapid healing.

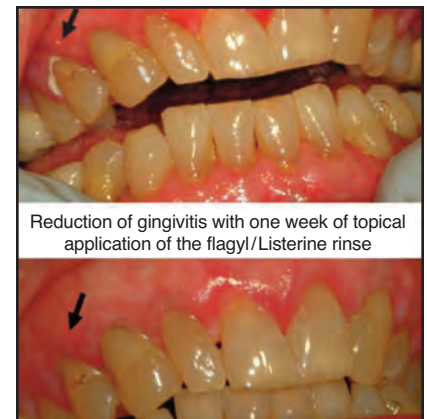
Healing by secondary intention occurs when the wound margins are not approximated. Granulation tissue forms to close the gap, which takes longer, as new periosteum and epithelium migrate to close the gap.

Plaque plays a central role in the initiation of gingival inflammation, and can affect treatment outcomes.

The father of modern dentistry, Pierre Fauchard, advocated the use of mechanical and chemical treatment of the diseased periodontium. The



Gingival health achieved with one week of oral flagyl/Listerine rinse



Reduction of gingivitis with one week of topical application of the flagyl/Listerine rinse

primary goal of treating gingivitis and periodontitis is the reduction of microorganisms by removal of bacteria through the mechanical therapy of scaling and root planing. In addition, systemic antibiotics, topical antibiotics rinses, antiseptic mouth rinses, baking soda, salt, and hydrogen peroxide can be used to facilitate healing.

The ideal antimicrobial agent should be delivered to the diseased area, remain for a sufficient time to kill the bacteria without development of resistant strains, should not damage oral tissue, have low toxicity, and should not cause staining and increased plaque buildup.

Anti-bacterial Agents

0.12% chlorhexidine digluconate is considered the "gold standard" of oral rinses. It lowers inflammation by rupturing bacterial cell membranes. It has a broad antimicrobial spectrum and high substantivity that sticks to soft and hard tissue, and is released over a six-hour period. However, some of its undesirable side effects can cause black or brown discoloration of plaque on teeth, and increased calculus formation. In addition, it can contain as much as 11.6% ethanol, has a bitter taste, and interacts with sodium lauryl sulfate and fluoride contained in toothpaste which reduces its effectiveness. It also causes alteration in taste perception of foods and beverages. Light affects its stability, and it needs to be stored in an opaque amber container.

Listerine (Johnson and Johnson) is a mild oral over-the-counter antiseptic. It lowers inflammation by completely killing microorganisms by inhibition of bacterial enzymes and disruption of cell wall synthesis. It reduces subgingival plaque accumulation and gingivitis; however, it is not effective for more severe oral infection and periodontitis. Listerine contains many essential oils as active ingredients: Thymol 0.064% is the antiseptic; Eucalyptol 0.092% is for anti-inflammation and pain reduction; methyl salicylate is a cleaning agent 0.060%; and menthol is a local anesthetic.

It contains 21% ethyl alcohol as a solvent for the essential oils and facilitates the penetration of the ingredients into the dental plaque. The ethanol does not have antimicrobial activity at these concentrations.

Direct placement of tetracycline fibers, chlorhexidine chips, and doxycycline gel have been reported for the treatment of deleterious subgingival flora. In general, these products demonstrated improvement as an adjunctive therapy—

(continued on page 17...see ORAL RINSE)

CHINA *(continued from page 1)*

HUMANITARIAN AND TEACHING TRIP TO THE GUILIN SCHOOL OF STOMATOLOGY

cases. Each day after patient treatment, we lectured for one hour on procedures we thought to be of common interest: Removing white spot lesions on teeth; bone grafting and implant placement; treatment planning removable prosthetics with implants, and oral sedation prior to oral surgery. The topic presentations were short, but meaningful and to the the point. All was enjoyable by our CAGD dentists and the Chinese dentist-participants.

Naturally, touring China was a highlight. From exploring new foods to experiencing the waters and mountains of Guilin and Zhangjiajie. The scenery and the people gave us an experience we will never forget!

(continued on the adjacent page)



Dr. Hermant Joshi and his assistant treating a young patient at the Guilin School of Stomatology



Dr. Michael and Vivian Lew at the base of the "999 Steps to Heaven's Gate"



Bamboo rafting on the Li River



Dr. Lawrence Leggieri treating a young patient

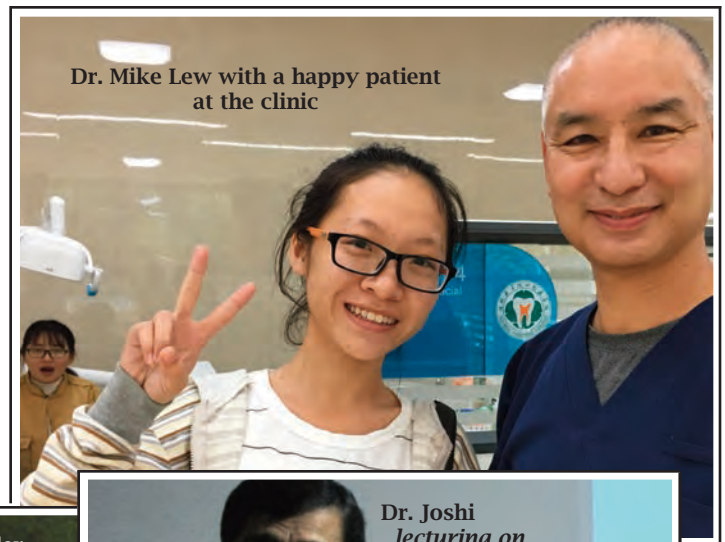
CAGD humanitarian ambassadors with the staff of Guilin Medical University School of Dentistry



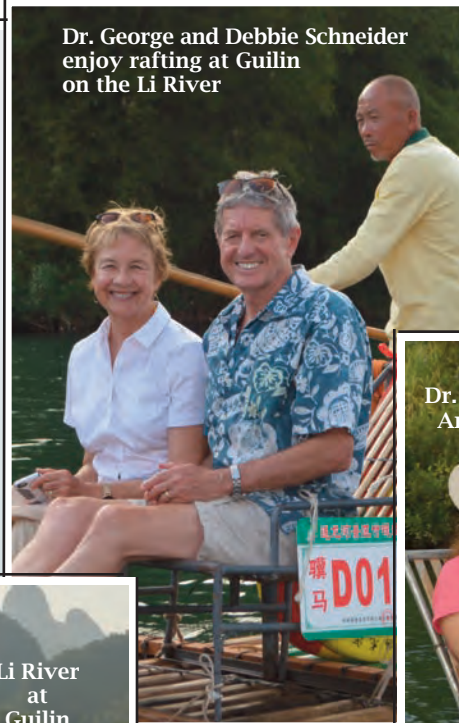
The dental school in Guilin hosted a Chinese banquet with delicious foods not common to our American Chinese communities. We enjoyed a unique and peaceful river rafting ride to see the base of the Guilin "Hills," and later we hiked to the top of one of the "Hills."

At Zhangjiajie we joined a group from Xian lead by Dr. Karl Koerner. There, we saw why the people of Zhangjiajie called Guilin "Hills." Zhangjiajie are truly mountains floating in the clouds. My legs got quite sore.

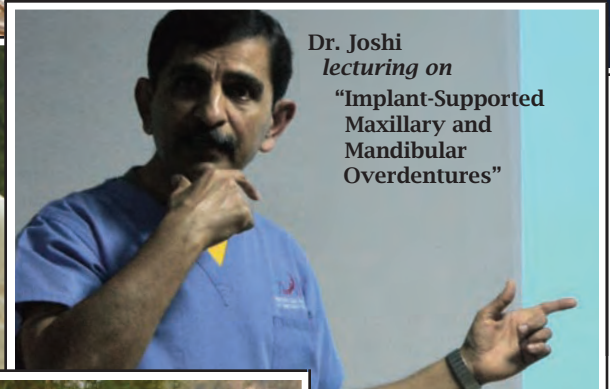
We are planning a similar ten-day China trip early in October of 2017 with Dr. Bosler and Dr. Karl Koerner. Part of the agenda being considered is returning to Guilin and then visiting Chengdu where the Panda Bears are located. The specific dates are not yet finalized. Watch for more data. *Plan to join us for your trip to China.*



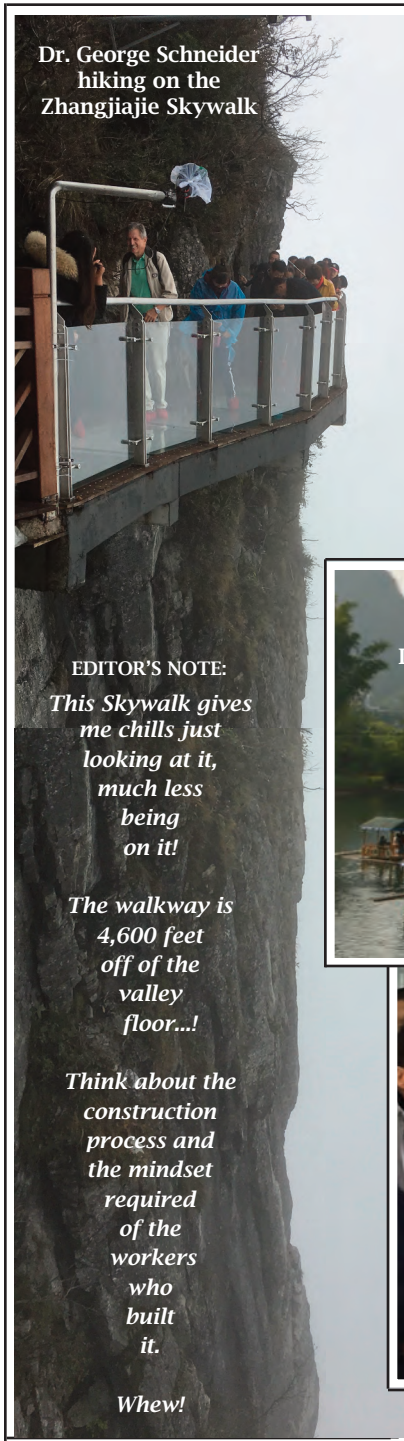
Dr. Mike Lew with a happy patient at the clinic



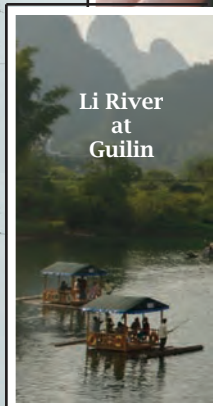
Dr. George and Debbie Schneider enjoy rafting at Guilin on the Li River



Dr. Joshi lecturing on "Implant-Supported Maxillary and Mandibular Overdentures"



Dr. George Schneider hiking on the Zhangjiajie Skywalk



Li River at Guilin



Dr. Gisella Angarta

Dr. Bruce Bosler



Happy kids at the orphanage

EDITOR'S NOTE:
This Skywalk gives me chills just looking at it, much less being on it!

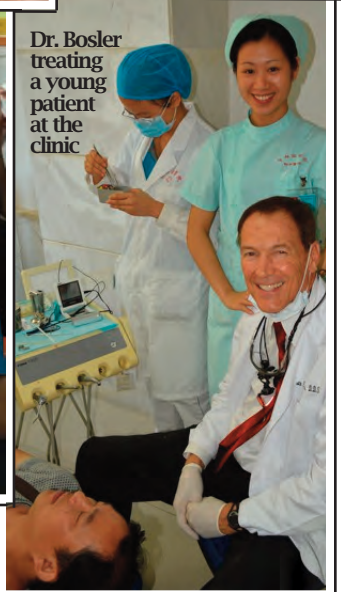
The walkway is 4,600 feet off of the valley floor...!

Think about the construction process and the mindset required of the workers who built it.

Whew!



Dr. Gisella Angarta with young people at the orphanage in Guilin



Dr. Bosler treating a young patient at the clinic

The Southern California Academy of General Dentistry

presents a **WORKSHOP** featuring the use of

BOTOX THERAPY in **DENTISTRY**

Saturday, March 25, 2017

(8:00 a.m. till 6:00 p.m.)

Speaker-Instructor:

Andrew Blumenfeld, MD, Neurologist

BOTOX THERAPY has many uses in everyday dentistry. Often, when using Botox to treat dental conditions, some facial wrinkles are unavoidably eliminated. Your California dental license permits you to treat various dentally-related conditions by injecting botulinum toxin (Botox).

This course will cover the uses and instructions for botulinum toxins, their history, dosage preparation and injection techniques for a variety of dental related procedures which include: TMJ pain and muscle spasm, bruxation therapy, esthetic lip repositioning and smile contour and treatment of associated migranes.

Informed consent and the risks, benefits and alternatives (RBAs) will also be included in this course.

Past confusion in the use of Botox therapy by dentists will be clarified. **IMAGINE ELIMINATING A "GUMMY"**

ATTENDANCE IS LIMITED TO THIRTY PARTICIPANTS

SMILE OR STOPPING BRUXATION

* Location: **BENCO DENTAL** 3590 Harbor Gateway North, Costa Mesa, California 92626

* Registration: **7:00 a.m. till 8:00 a.m.**

* **Eight CE Units**

* **Continental Breakfast** and a **Buffet Lunch** included

* **Free Parking**

* **A syllabus of instruction with photos** will be provided to all dentists

REGISTRATION

Any attendee may volunteer to experience botox therapy performed on them by Dr. Blumenfeld, even if for esthetic purposes, for an additional cash-only fee of \$250 to \$350

	<u>March 10, 2017</u>	<u>After March 10, 2017</u>	<u>At-the-Door</u>
AGD Member	\$995	\$1295	\$1500
Non-AGD Dentist	\$1295	\$1325	\$1500
Auxiliary/Staff	\$250	\$350	\$500

For more information or to register online, go to SCAGD.COM

Contact: **Avani Chetty**: by email, fax, U.S. Mail at SCAGD, P.O. Box 3862, San Dimas, California 91773

Telephone: **310-471-4916**

Fax: **626-250-0470**

Email: **Avani@CAGD.com**



California AGD Trustee's Message

Michael Lew, DMD, MAGD, Trustee, Academy of General Dentistry



DR. MIKE LEW
Novato

The Image of the AGD

I have been reading how Samuel Clemens branded himself as Mark Twain. In this Clemens created an enduring image that we Americans have loved and clung—the elderly man with bushy unkempt white hair and mustache with his white suit, sharp wit and comments about growing up in the early west. Even as Clemens himself changed as he grew older, he kept his image as Mark Twain constantly knowing that this image is what sold him, sold his novels, and his ideas. But he was careful to manage this image and his products to keep America happy.

be more exciting and meaningful. We have been adding education products—offering more content online and creating continuous recognition for sets of courses taken—recognition for the steps taken toward Fellowship or Mastership instead of recognition for only meeting the final goal. Many of our online or in-person lecture courses now complement participation courses at the annual meetings, creating a more meaningful learning experience. Our own California AGD has offered CE on cruises and in China. And we continue to promote advocacy from the general dentist point of view. And we will not forget our roots in being a study club for dentists themselves to improve their skills and talents in our service to our patients.

Our leadership recognizes that dentistry is always changing, and the AGD will “change with the times.” Yet in these changes, we will be careful to maintain our image as the voice for the general dentist in education and in advocacy.

Best wishes for a happy and prosperous new year.

Our AGD is managing our image as well. We will be changing our logo this spring, keeping the familiar “A” but spicing it up to contemporize its message. We are upgrading our information systems from Chicago so our members interact experience will

AGD2017...the premier meeting for



General Dentistry

LAS VEGAS

JULY 13 *thru* 15, 2017

WWW.AGD2017.ORG

ORAL RINSE (continued from page 13)

along with scaling and root planing—with reduction of bleeding, pathogens, and in gaining clinical attachment.

Another Option

Topical application of a compounded oral rinse by mixing 1 mg or aqueous metronidazole solution with one ounce of Listerine is an effective oral chemotherapeutic agent. It is used as a mouthwash along with regular brushing and flossing to treat gingival inflammation.

For post-operative patients, the surgical site should be kept as clean as possible and debrided. Rinsing with this low-dose compounded Listerine/metronidazole solution should continue after the sutures are removed and until the patient is able to

resume normal hygiene practices. This oral rinse, used twice daily, has offered an effective method that does not stain the teeth.

The unexpected results surpass anything that is available commercially. This therapy is specifically important for smokers, diabetic patients, and immunocompromised patients. The low-dose antibiotic oral rinse helps reduce swelling, inflammation, redness, and bleeding of the gingival tissues.

By adding bactericidal systemic antibiotics such as amoxicillin, Augmentin, cephalexin, (Keflex), or metronidazole (Flagyl), with compounded Listerine/metronidazole solution, to treat severe soft tissue infections, this regiment works synergistically, since both are bactericidal agents. ■ 17



DR. STEVE LOCKWOOD
La Jolla

“Dentistry continues to evolve with the advent of new technology and scientific understanding.”

Strategy for Maxillary Incisor CAD/CAM Crowns ... in *One Visit*

Any anterior restorations in the smile zone can be a challenge. The esthetic and functional considerations can create additional anxiety when the lip line is high, when the teeth are misaligned or badly damaged, or when the laterals are pegged. Periodontal status, including gingival height also needs to be considered. The case presented in this article will address the aforementioned while utilizing the CEREC software.

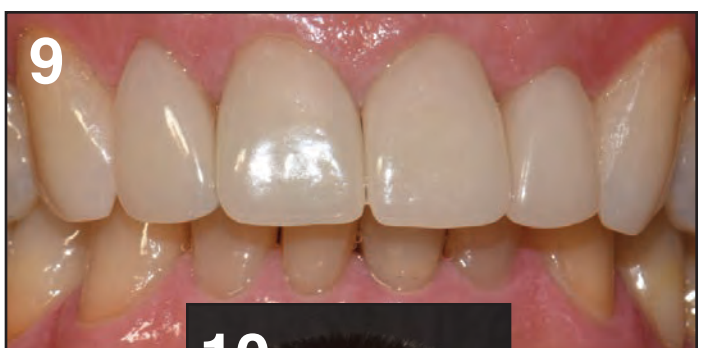
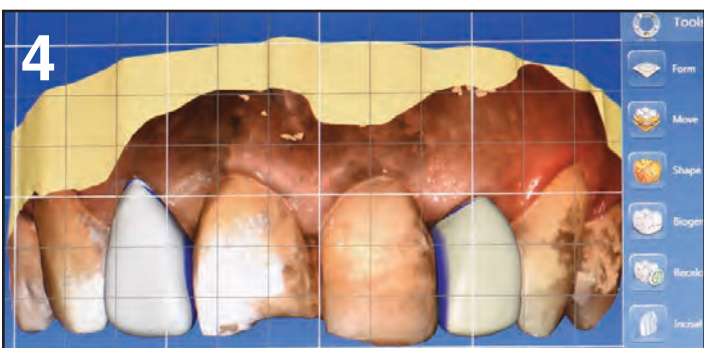
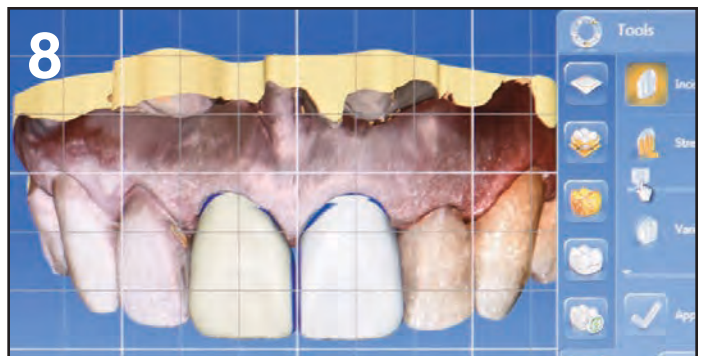
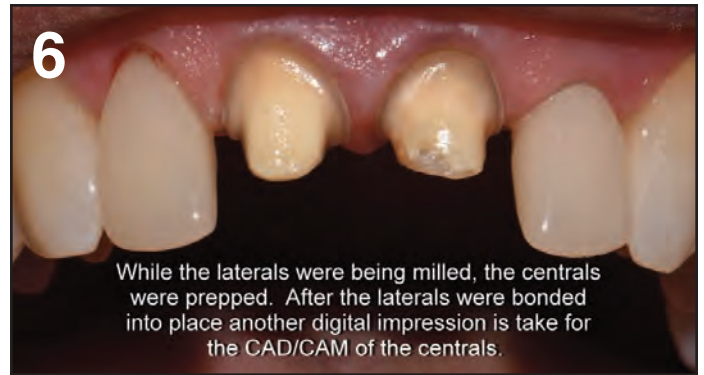
In the past, anterior cases need helpful diagnostic aids such as study models, photos and wax-ups. Sometimes it is helpful to prep teeth using a clear stent made from a diagnostic wax-up and make a nice transitional acrylic temporary. Mounted CR models can assist when re-establishing anterior guidance and occlusion, as well.

The patient in this case presents with failing large composite restorations on #8 and #9 with pegged laterals. (Image 1) Upon consent, the plan was to fabricate CAD/CAM crowns on the maxillary incisors. The initial challenge was to manage the proportionate widths of the incisors. Simple measurements were taken while the anesthetic took effect. It was determined that additional M-D space (lateral incisor width) could be obtained by disking the distal surfaces of the central incisors and disking the mesial surfaces of the maxillary canines. (Image 2) Care was taken to make sure the central incisors had identical widths. The lateral incisors were then prepped and a digital impression was taken leaving the central incisors unprepped. (Pham3) The goal was to design the laterals to the intact centrals that served as a guide or reference. (Image 3) Maintaining such control in the case and using the grid display in the CAD software improves predictability and confidence in such esthetically sensitive cases. While the laterals are being milled the central incisors can be prepped. Only after the laterals are completed and bonded into place can we take the digital impression for the centrals. (Images 4 and 5) Completing the laterals first actually saves a lot of design time for this particular case. Also, since only one crown is milled at a time, combining the manufacturing time of the two laterals with the chairside prepping time of the two centrals maintains efficiency and quality control. Placing Teflon tape around the prepped centrals while the laterals are being bonded may also save time (and reduce stress). After the occlusion and guidance is checked on the laterals, the centrals are ready to be scanned digitally. (Image 6) The CAD software is very user-friendly when designing anterior crowns. The grid affords alignment and symmetry while the Incisal Variation tool allows for greater control to enhance surface anatomy. (Image 7)

This four-unit case took five hours, including breaks along the way to see other patients and take photographs. A follow-up appointment was scheduled to check the occlusion and take additional photographs. Taking photos of such cases not only documents your work, but serves as a quality control measure for future cases. (Image 8) You simply learn more when you look at close-up images of your work. Sending before/after images to your patients also helps drive your internal marketing efforts. (Images 9 and 10) With appropriate consent, such images can also drive external marketing including websites and social media usage.

Dentistry continues to evolve with the advent of new technology and scientific understanding. Our patients benefit from the improvements and the AGD is poised to offer excellent continuing education for its members.

To those members who wish to get more involved at the component level, please contact me at drsteve330@hotmail.com or call our CAGD Executive Director, Terri Wong (877) 408-0738. ■



Dentist of the Year DR. ANITA RATHEE

Dr. Anita Rathee of West Hills was selected as the "Dentist of the Year" by her peers in the California Academy of General Dentistry. This award is given in recognition of significant contributions to the profession of dentistry in California and for the willingness to share knowledge and expertise with one's colleagues through the support of continuing education.

Dr. Myron (Mike) Bromberg, CAGD Past President and Advocacy Division Coordinator for the AGD had the following comment:

"I am pleased to see Dr. Rathee receive the well-deserved California AGD 'Dentist of the Year' award. Having worked with Anita often, I have observed her progress throughout the years and have watched her mature into the competent dentist and leader she has become. She is truly reflective of the professional image that the AGD strives to promote and is a credit to both the CAGD and the AGD."

Dr. Anita Rathee is a well known and respected leader in organized dentistry. She has held numerous leadership positions at the local, state and national levels, including serving as President of the California Academy of General Dentistry (CAGD) in 2006. She has represented California as a delegate to the Academy of General Dentistry House of Delegates for fifteen years, and has chaired Reference Committee hearings during three of these years.

Dr. Rathee was appointed to the AGD Council on Membership, the Council on Dental Practice, and Futures Committee Task Force. She currently serves as the chair of the AGD Policy Review Committee and is the Division Coordinator for the AGD Communications Council. She has continued her involvement at the CAGD as an advisor to the CAGD Board. Dr. Rathee recently completed her elected term as President of the (1400 member) San Fernando Valley Dental Society for 2016. Prior to this she served as Editor for San Fernando Valley for eight years. She has been elected as delegate to the California Dental Association for seven years and chaired the SFVDS component delegation for two CDA HOD.

Dr. Rathee graduated from Dalhousie University School of Dentistry in Halifax, Nova Scotia, Canada. She completed a General Practice Residency at the University of British Columbia's Vancouver General Hospital and a Master's degree in Public Health at UCLA. Dr. Rathee is an avid supporter of continuing education as a foundation for the best patient care. She continues to update her knowledge and skills

through numerous post-graduate courses. She is currently enrolled in the four-year CAGD MasterTrack program which, upon completion, will give her a Mastership in the Academy of General Dentistry. *"I love reading, learning and improving my skills. By doing so I feel I can provide the best treatment for my patients."*

Dr. Rathee has raised her two children with strong values and an emphasis on education and volunteering. Her son, Rajan Singh, attained the rank of Eagle Scout and graduated as a Computer Science major from UC Davis. Her daughter, Kiran Singh graduated Magna Cum Laude with an Honor's degree in biology from Loyola Marymount University. Both her children have been involved in community service organizations and have held leadership positions through high school and college. She is very proud of both of them.

Dr. Rathee herself has a long history of giving back through Volunteering. Her dedication to serving the community and the profession started in her undergraduate years when she volunteered at the Children's Hospital in Halifax and during dental school when she served as Editor of her Dental School Journal. She continued her volunteer activities after moving to Southern California by treating underprivileged patients at M.E.N.D. (Meet Each Need with Dignity) community clinic in Pacoima as well as serving as the dental director there in 1996. She volunteered at her children's schools and during their years in Boy and Girl Scouts of America. Dr. Rathee volunteers her time and office to treat underserved patients through the

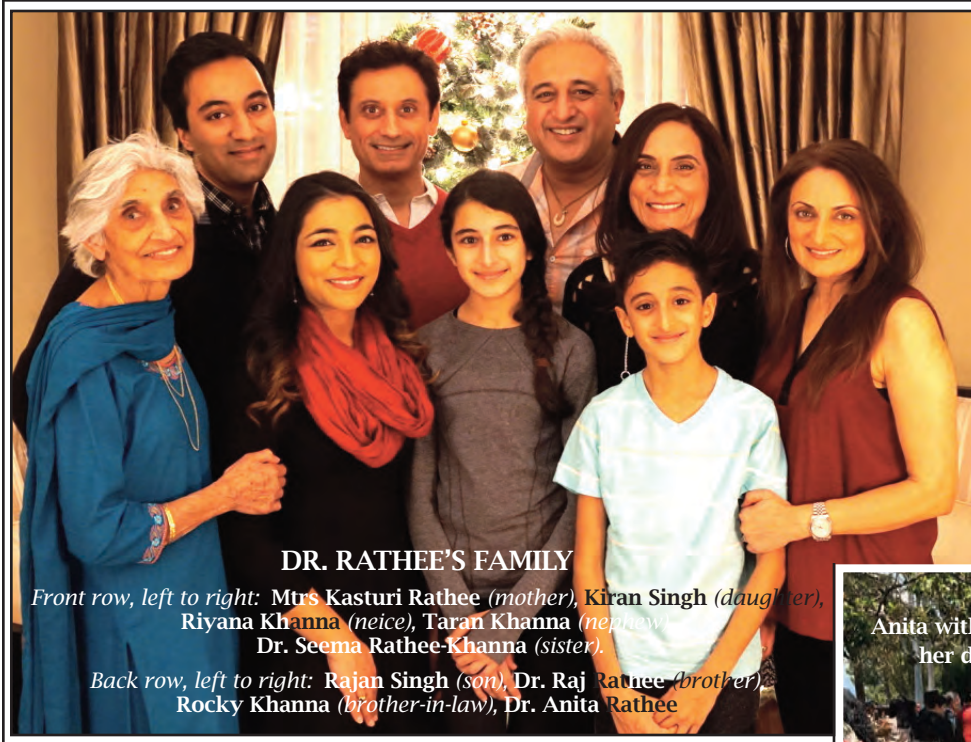
(continued on the next page)



ANITA RATHEE, DDS, MPH
West Hills



Dr. Rathee in her office



DR. RATHEE'S FAMILY

Front row, left to right: Mrs. Kasturi Rathee (mother), Kiran Singh (daughter), Riyana Khanna (niece), Taran Khanna (nephew), Dr. Seema Rathee-Khanna (sister).
Back row, left to right: Rajan Singh (son), Dr. Raj Rathee (brother), Rocky Khanna (brother-in-law), Dr. Anita Rathee



Testifying at the AGD House of Delegates July, 2016



Anita with her son and daughter at her daughter's graduation

programs of the San Fernando Valley Dental Society Foundation as well as having served as the President of the SFVDS Foundation. She has also served on the board of the Dental Foundation of California.

As a strong proponent of private practice dentistry and the right of every patient to receive quality dental care by a fully-trained and licensed dentist, Dr. Rathee has lobbied in Washington, D.C., Sacramento and locally for patients' rights, safety of the public and many issues affecting the practice of dentistry.

Dr. Rathee states: *"I have met so many great people through my profession, not only colleagues and mentors, but my patients as well. These people have inspired me to be who I am today and continue to strive to be a better version of myself. I am grateful to be part of such a noble profession and feel privileged to be able to practice dentistry in a way that allows me the freedom to choose the best care for my patients."*

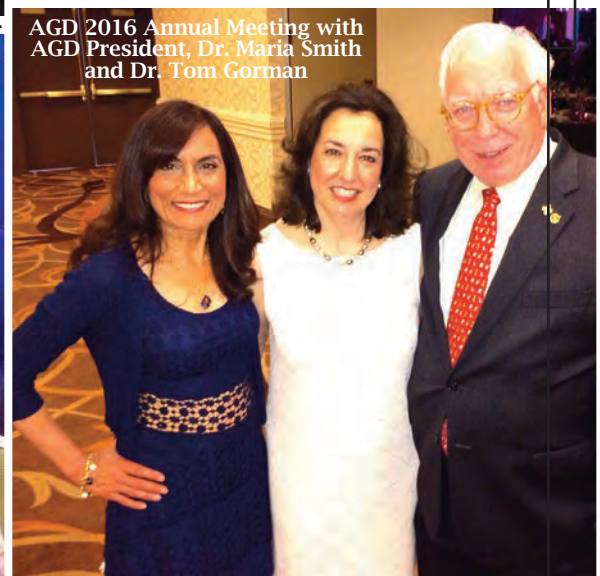


President of the SFVDS Foundation, Dr. Anita Rathee with guest of honor, Dr. Art Dugoni at the Foundation Gala October, 2016



AGD 2016 Annual Meeting with a few of CAGD's delegates

Dr. Steve Lockwood, Dr. Jay Thompson, Dr. Mike Bromberg, Dr. Anita Rathee, Dr. Mike Lew, Vivian Lew



AGD 2016 Annual Meeting with AGD President, Dr. Maria Smith and Dr. Tom Gorman



DR. ERIC LEWIS
San Diego

The San Diego AGD held our annual meeting in September at Patterson Dental Supply Education Center.

The course was presented by Dr. Ray Padilla on the "Treatment and Prevention of Dento-Alveolar Injuries and the Hands-on Fabrication of Pressure-Formed Sports Guards for Athletes." The course was sponsored by Dentsply-Sirona.



Dr. Padilla
presenting

Eric Lewis, DMD, MAGD, President, SDAGD

In addition to concepts presented by Dr. Padilla, the 2017 SDAGD slate of officers was approved. *They are:* Dr. Eric Lewis, *President;* Dr. Erika Kullberg, *Vice President & Secretary;* Dr. Thanh Tran, *Treasurer.*

We welcome the 2017 executive board. It looks to be an amazing year.



Dr. Larry Pawl
entertains
hands-on
participants



**Board members after a
productive meeting**

Our board held its annual officer transition dinner in October at Duke's La Jolla where the events for our next year were planned.

Everyone is welcome at board meetings. ■

If you would like to attend, please contact Dr. Erika Kullberg at:

ekullberg@gmail.com

The SDAGD Practice Management Study Club meeting at the University Club atop Symphony Towers meets quarterly. In November, Anna Winn, Deputy District Attorney of San Diego, spoke on "Embezzlement in Business and How to Prevent It." This event was open to non-dentists as well.



**SDAGD Practice Management
Study Club meeting on
Embezzlement
Prevention**



**Study Club members
with guest speaker
DA Winn**



Sean Sullivan,
Patterson Branch
Manager, receives a "Thank
You" gift for his sponsor-
ship and support of
SDAGD CE programs.
Steve Lockwood (left),
AGD Regional Director
presented the gift.

Interested in joining or any questions regarding the club?

Contact Dr. Larry Pawl at 619 466-4544

or via email at lrpawl@yahoo.com



Arden Kwong, DDS, *President*



Dr. Arden Kwong
Sacramento

SSAGD's Trailblazers from 1998 to Today

or to quote William Shakespeare: "Who's There?"

Nineteen years in the past, 1998 to be exact, Dr. Wai Chan first had a visionary idea—novel then for its promise and effect that would follow for Sacramento area general practice dentists and general dentistry. A year later, he single-handedly won the CAGD board over, convincing them to approve his proposal, officially

allowing him to "start the new component formation process" with the final approval coming from AGD. The AGD in turn required from Dr. Chan a minimum of twenty-five members' signatures and future ratification by CAGD's members.

After some phone calling and going door-to-door to local general practitioners (mainstream e-mails would be a couple of years away still), Dr. Chan found additional support and encouragement from Drs. Wynn Matsumura, Bruce Toy, Shawn Widick, and Jay Thompson. His proposal for a new component was officially approved and ratified at the CAGD annual membership meeting on December 17, 1999, officially the first day for the formation of our Sacramento component to be later named the Sacramento-Sierra AGD.

Through Dr. Chan's faithful perseverance, dedicated belief to "let us serve," and dogged determination from 1998 to 2001, AGD granted its approval, and CAGD granted a \$4000 start-up loan for SSAGD (paid back in 2003, three years early).

Locally, with Dr. Chan in the lead role, his personal notes from nearly a score ago reads: "With the help of Drs. Ladi Sorunki, Jeffrey Nelson, Dave Miller, Jim McNerney, Guy Acheson and Billy Wilson on the component formation committee, we were able to set our goals and finalize our Constitution and Bylaws. We were approved by the California Franchise Tax Board on February 23, 2001 as a tax exempt organization, and the IRS on January 31, 2002 as a 501 (C) (6) organization."

"The SSAGD became a reality because we had a group of dedicated members working together. It was a great experience and much joy serving together!"

— DR. WAI CHAN

Since those early days of the formation and incorporation of SSAGD, many "a group of dedicated members working together" have followed and answered the call in Dr. Chan's pioneering footsteps. All who have stepped up to lead SSAGD (and for some, tapped to eventually lead CAGD) have been equally dedicated, team complementing and team supporting.

And as a team, all in their own personal way (or through their own personal touch) have demonstrated repeatedly they were equally competent, equally cognizant, and equally efficient as dental educators, organizers, clearing-houses, forums, and evidence-based disseminators for almost any topical or evolving information or coursework related specifically to the general practice dentist.

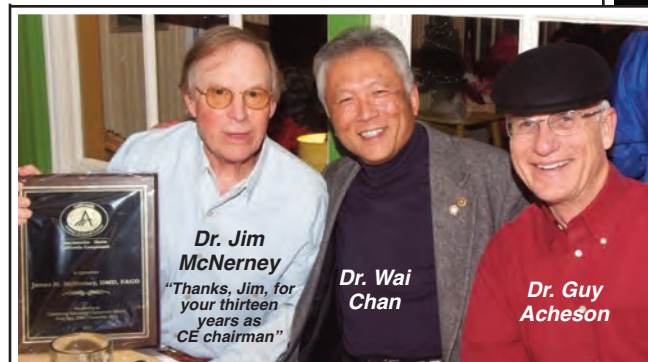
So where does the SSAGD go from here? Where do we as a group of dedicated members working together go from here? By that, I mean take a moment to pause right now and ask what 'hot' C.E. topics you'd like to see presented or explored, what's relevant to you as a business tool or aid, what techniques or presentations have worked, and what hasn't? As a board member since 2007, I can reassure all our members your board members and executive director are all here today to listen closely and keep an open mind to the relevant challenges we together face going into 2017.

Stay updated with event details at: www.ssagd.org

Register for courses at: terri@cagd.com



Dr. Guy Acheson hosting a Treatment Planning course at a Study Club Dinner Meeting



Dr. Jim McNerney
"Thanks, Jim, for your thirteen years as CE chairman"

Dr. Wai Chan

Dr. Guy Acheson



Holiday dinner and fellowship which was held at Scott's Seafood Grill and Bar on the River

FellowTrack Leadership Conference



DR. CHERYL GOLDASICH
*FellowTrack Coordinator
for all six of California's
Schools of Dentistry*

*"I continue
to be impressed
by the caliber of
students who
attend these
meetings..."*

STUDENT LEADERSHIP IN THE AGD

It was my great pleasure to host another FellowTrack Leadership Conference this past September. The meeting was held in Oakland at the Hilton Oakland Airport Hotel and was attended by students from all six California schools of dentistry.

The title for this year's conference was "Leadership in AGD." We were extremely fortunate to have some fantastic AGD leaders speak to dental students about organized dentistry and, specifically, the Academy of General Dentistry.

The morning session featured past and present FellowTrack mentors, Dr. Sun Costigan and Dr. Ralph Hoffman, as well as inspiring words from Dr. Howard Chi, President of the California AGD.

I was honored to have Dr. Guy Acheson speak about his experiences with the AGD. The keynote speaker, Dr. Mike Bromberg, spoke about many important topics that are affecting dentistry today; the mid-level provider and ADPAC.

The afternoon was a breakout session where students from each school discussed the challenges and benefits of their individual FellowTrack programs. For the first time since its inception, FellowTrack students shared experiences and contact information.

(continued on the next page)

*Left to right: Dr. Sun Costigan
Past President of CAGD*

*Dr. Mike Bromberg
Past President of CAGD*

*Dr. Guy Acheson
Past President of CAGD*

*Dr. Cheryl Goldasich
Past President of SCAGD and CAGD
Student Chapter Coordinator*

*Dr. Ralph Hoffman
Past President of NAGD*

*Dr. Howard Chi
2016 President of CAGD*

*Dr. Paul Schafer
President Elect, NAGD*



CALIFORNIA AGD LEADERS

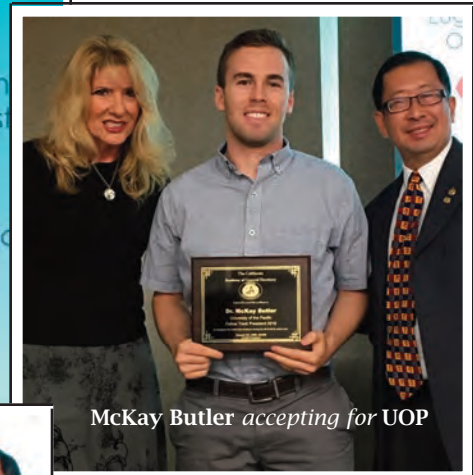


**STUDENT CHAPTER
DENTAL SCHOOL
FELLOWTRACK
LEADERS**

A Look at the Student Leadership Conference



Dr. Mike Bromberg
Keynote speaker



McKay Butler accepting for UOP



Valerie Valasco
accepting for USC



Eugene Oriola accepting for LLU



Ryan Tuinstra accepting for UCSF



Ngoc Bui accepting for Western University



Valentina Babuchyan accepting on behalf of Allyson Taylor for UCLA

FellowTrack (continued from the adjacent page)

The goal of the afternoon was for students to network and problem solve to make FellowTrack a "household" name in all California dental schools.

It is my firm belief that, based on the current and future FellowTrack Charters, new dentists will see the value of membership in the AGD and will aspire to leadership positions within our organization.

I continue to be impressed by the caliber of students who attend these meetings and have no doubt that one of my FellowTrack students will be a future president of the CAGD and the AGD. ■



2016 *Leadership Development* SYMPOSIUM

Steve Lockwood, DMD, MAGD, *Regional Director, Region 13*
2016 Symposium Chairman/Moderator



DR. LOCKWOOD
La Jolla

Our Future Leaders

TEN CALIFORNIA AGD MEMBERS ATTEND THE AGD LEADERSHIP DEVELOPMENT SYMPOSIUM IN CHICAGO

Every two years the national Academy of General Dentistry hosts a Leadership Development Symposium to educate and train current and future leaders. This inspiring two-day symposium was held in November at the Renaissance Hotel in Chicago.

The Day One Theme was “**Developing the Leader in You**” and included professional speakers Jim Hornickel and Tim Buzan. A panel discussion featured AGD members Dr. Mai-ly Duong, Dr. Mike Bromberg and Dr. Mark Donald who represented perspectives of leaders with very diverse backgrounds, varying skill sets, and challenges in their spheres of influence. Strategies for visionary leadership were outlined, beginning with an honest assessment of our communication skills, prejudices, and attitudes towards others.

The Day Two Theme was “**Leading the AGD through You**” and featured Sheri Jacobs. Jacobs demonstrated “outside-the-box” thinking, noting that once the main problems are identified, a leader will galvanize individuals to address and conquer them. She urged us to “Just Get It Done!” AGD member Dr. Sanjay Uppal from Canada shared his successful strategies with CE programming and events for the Canadian AGD. AGD staffers added to the discussion of the Evolving Face of Dentistry and 21st Century Communication, analyzing the trends of our organization and how the AGD works to educate and involve its membership more fully. We all left Chicago eager to put great ideas into action professionally and personally.

“Strategies for visionary leadership were outlined, beginning with an honest assessment of our communication skills, prejudices, and attitudes towards others.”

Tell me and I forget.

Teach me and I may remember.

Involve me and I learn. — Ben Franklin

The AGD desires to best prepare us for success individually and collectively as an organization through education in both *clinical* and *leadership* aspects of dentistry. We realize that the skill-sets for leadership were not the goals and objectives of a dental school education. The AGD thus provides an important resource for current and future members of our profession. The many collateral benefits of AGD leadership development include building relationships and enriching us as practicing dentists, educators, coaches, parents, practice owners, and ambassadors and advocates of the Academy of General Dentistry.

The future of the AGD depends on encouraging and developing new leaders to reflect the diversity of our membership. We invite all AGD members to get involved by attending a local component board meeting. Our CAGD needs and wants you.

I hope to see you soon at a future event.

Feel welcome to email me at:

drsteve330@hotmail.com



University of Southern California

Dennis Sourvanos, President, AGD FellowTrack at USC



DENNIS SOURVANOS
Los Angeles
Leadership Team Member

The AGD Student Chapter at the USC Herman Ostrow School of Dentistry has had an exciting fall term. We welcomed new members from all four dental classes to our AGD family. We expanded our leadership team to include representation from the freshman class and we hosted several "Lunch & Learn" presentations covering a wide range of topics from speakers within the USC community. We also held our very first CAD-CAM hands-on course sponsored by Patterson Dental at their Los Angeles branch.

We want to recognize the unconditional support that we have received from the Dental School Administration and the University of Southern California Graduate Student Government Council. Our capstone "Lunch and Learn" presentation showcased Dean Avishai Sadan and his determination that students engage in organized dentistry at the academic level. The University Graduate Student Government has sponsored our student chapter providing a tremendous amount of recognition, infrastructure and funding geared towards our student members. Our ability to provide the USC student chapter an innovative forum within the academic realm could not have been possible without the unrestricted backing of both entities.

The USC Student Chapter was established by dental students and faculty for a diverse array of subjects explored during Lunch & Learn seminars.

Our Fall events included (not in exact order):

The Value in the Academy of General Dentistry
by Dr. Cheryl Goldasich

Removable Prosthodontics and Digital Dentistry
by Dr. Tae Kim

Lunch with the Dean
with Dean Avishai Sadan

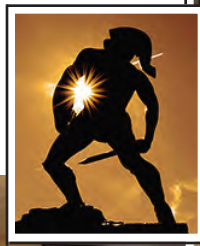
Dental Photography
by Dr. Andrew Eggebraten

Hands-on CAD CAM
by Dr. Greg Campbell

Breakfast with Fellows
a signature networking breakfast event



CAD-CAM demonstration by Dr. Campbell



Fight On!

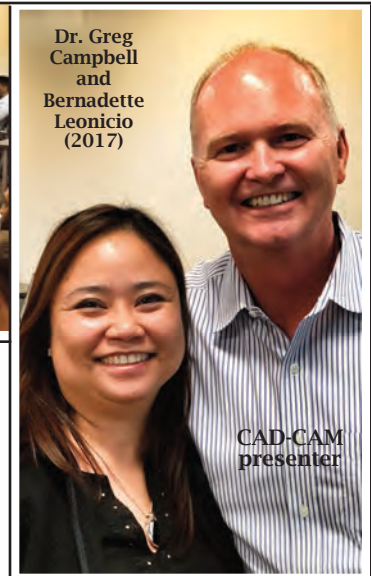


Lunch and Learn

CAD-CAM course



Hands-on CAD-CAM at the Patterson Technology Center



Dr. Greg Campbell and Bernadette Leonicio (2017)

CAD-CAM presenter

Dr. Campbell captivated over forty attendees with valuable insight to the field of digital CAD-CAM dentistry. He gave a brief introduction to the differences between the various scanning mediums and later honed his focus on implementing CAD-CAM technology in a private practice setting. Strong emphasis was placed on selecting adhesives that maximize restorative materials. He shared his expertise in using CAD-CAM technology across non-traditional platforms like digital impressions, virtual wax ups, orthodontics software, and implementing CBCT scanning in conjunction with CAD-CAM technologies. Dr. Campbell related his experiences within an emerging marketplace and inspired audience members to find a passion that will help them adapt to the future needs of our profession.

Looking Forward:

The Spring of 2017 will be another busy semester filled with "Lunch and Learn" presentations, off-campus activities and networking events.

The leadership board has extended the reach of our student chapter by creating a presence on Facebook. Many of our events will be broadcast via Facebook Live.

We encourage the greater AGD community on our social media platform at

Brian (Ho-Hyun) Sun, MS, *Surgical Sciences Representative, Western University*
Setareh Lavasani, DDS, MS, *Primary Investigator*



BRIAN (Ho-Hyun) SUN
Irvine

Novel Neurovascular Considerations with Mandibular Third Molar Extractions

A 29-year-old female presented to a large, university-based clinic for the extraction of all four third molars. The patient denied any other significant dental complaints, but reported undergoing tubal ligation in July of 2014 with no apparent complications. The patient's medical history was otherwise uneventful with no current known allergies or

medications and an ASA classification of 1. Extra- and intra-oral examination revealed no notable orofacial pathologies and no signs of swelling, trismus, pain, or nervous deficits. Both of the maxillary third molars were observed to be fully erupted and upright in relation to the proximal dentition, while #17 and #32 were partially soft-tissue impacted with epithelial tissue coverage along their disto-occlusal line angles. #17 demonstrated a small distal tilt of about five degrees centigrade while #32 was distinctly intruded with its occlusal level approximately 3mm below that of #31.

A panoramic radiograph was taken which yielded no obvious contraindications to a surgical extraction of #1, #16, #17, and #32. It revealed convergent, conical roots with minimal distal inclination on all four teeth. While the images of the lower molar roots were superimposed over the right and left inferior alveolar canals (IACs), a clear outline of the periodontal ligament spaces and a lack of interruption at and around the IACs suggested no direct inferior alveolar nerve (IAN) involvement.¹ A cone-beam computed tomography (CBCT) was nonetheless undertaken to ascertain the exact relationship between the #17 and #32 and the IAC/IAN. (*Image 1*)

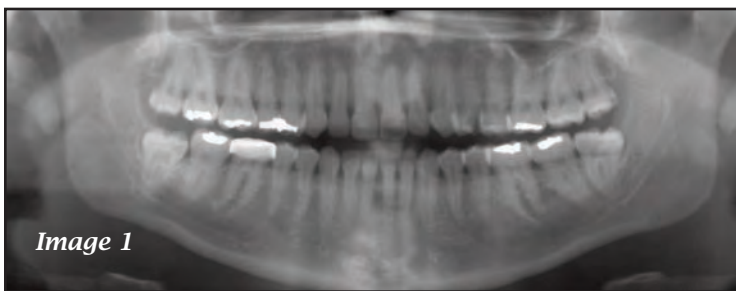


Image 1

The CBCT images confirmed a lack of direct relationship between the tooth roots and the IAN. However, an axial view of #32 revealed a crescent-shaped low bone density directly buccal and distal to its crown reminiscent of an inflammatory reaction and bone loss. Interestingly, the image also exhibited a separate, small round, well-defined low bone density even further distally with a diameter of approximately 1 mm. Sagittal view of the same area showed a previously undetected canal originating from the IAC that coursed anterosuperiorly to exit on the alveolar crest just distal to #32. Despite the lack of any anatomic variations visible in the panoramic radiograph, the authors were able to ascertain the presence of a retromolar canal (RMC) from the CBCT image to describe the patient's current presentation. (*Image 2*)

While RMC is not entirely novel or rare, there exists a concerning lack of established precautionary measures against its presence. A review of the English literature revealed that retromolar canals are indeed common structures with a prevalence of approximately 10-20% of the general population.²⁻⁶ Out of these samples, approximately half of the patients were found to exhibit an RMC on only one side of their jaw, making generalization about the right side from the left side (and vice versa) difficult.

Studies of radiographic and clinical samples indicate that the exact morphology and classification of the canals can vary with categorizations made according to the canals' superior, anterosuperior, and anterior paths.^{6,7} Histological analyses also agree that the canals hold significant neural and vascular structures that could in turn account for some of the hemorrhagic and/or sensory disturbances associated with the extraction of a number of erupted third molars.^{2,5,8} Perhaps even more importantly, some investigators have devised numerical sub-categories (i.e. A1, A2, B1, and B2) using the number of branches contained within each RMC to highlight the importance of detailed bilateral radiographic imaging.⁶ While not all disruptions of the RMC may lead to significant issues, the sheer commonality of this anatomic feature should be considered to avoid all unnecessary damage.

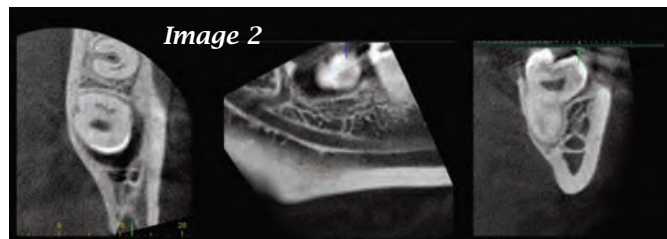


Image 2

With intricate radiographic modalities becoming more and more commonplace, it is the authors' belief that the number of more detailed radiographic analyses should also follow suit, especially prior to surgical cases. Modifications were made in our own situation to forego invasive interventions to the distal portions of #32 and to avoid all possibility of unwanted outcomes. A distal trough could be avoided in favor of sectioning the tooth to help ensure that the patient could return to the clinic without future difficulties. ■

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University of California at Los Angeles



VALENTINA BABUCHYAN
President, UCLA FellowTrack

The Fall 2016 quarter was a busy time for the AGD chapter at UCLA! We had the privilege of attending the Annual CAGD FellowTrack Leadership Conference in Oakland, welcomed the incoming Class of 2020 at the school-wide "Tabling Day" event, chaired informational meetings to encourage all non-AGD members and incoming freshman students to join the AGD, and attended a CAD/CAM course instructed by internationally recognized Dr. Greg Campbell at the Patterson Technology Center in Los Angeles.

Annual CAGD FellowTrack Leadership Conference This year, the Annual CAGD FellowTrack Leadership Conference held in Oakland, provided another opportunity for AGD

cabinet members to hear the latest advancements in general dentistry. The conference served as a forum for AGD cabinet members to network with other California dental school FellowTrack members and attending doctors. At the conference, the UCLA AGD and all attending schools introduced the upcoming plans for their respective chapters. Most attendees appreciated UCLA's new "AGD Shadowing Day" program and expressed their willingness to run a similar program at their schools, allowing AGD members to shadow general dentistry faculty members at their private practices.

Tabling Day The UCLA AGD welcomed the incoming class of 2020 by participating in the school-wide "Tabling Day" event where we showcased our poster board of representative events held by our student chapter and encouraged incoming students and non-AGD members to attend our introductory general informational meeting early in the quarter.

General Meetings At the October introductory general meeting, attendees were introduced to the upcoming chapter plans and were encouraged to join AGD as early as first year in order to start accumulating free CE credits at the "Lunch and Learn" sessions held once or bi-quarterly during the school year. Chapter advisor and USC faculty member, Dr. Cheryl Goldasich, commuted across town to attend the meeting. Her presence and presentation was influential for all those who attended, evidenced by the first year dental students' willingness to join the AGD at the end of the session. Our second general meeting

had another great student turn-out. 2012 UCLA School of Dentistry alum, Dr. Rogelio Garcia, lead a "Lunch and Learn" session titled "Running a New Dental Practice: Nuggets for the New Grad from a (Mostly) New Grad."

After graduating, Dr. Garcia worked as a full time corporate dentist. Just one year later, he opened his own practice in Los Angeles, and at the time of his presentation, was in the process of opening his second office in Santa Monica. Though Dr. Garcia didn't shy away from sharing the great effort and hurdles required to run a private practice, he noted effective communication with patients and the right staff members are keys for success.

Dr. Garcia's experience served as a testament for a successful future in private practice to those dental students who were deliberating whether or not to apply to residency programs in general dentistry. His success was a positive affirmation that recent graduates could still pursue a direct path to opening their own practice just shortly after graduating without completing a residency program. Attendees were very happy with this informative session. When asked about their opinion on the talk, Hilary Tate, a second year UCLA dental student expressed, "He helped settle my mind a little about practicing in such a saturated market."

AGD Shadowing Day When I had the idea to start the program, I did not anticipate the big turnout of students wishing to shadow general dentists. I assumed with the busy school schedule, students would not have the opportunity to travel to areas away from school. However, the AGD Shadowing Day program has had great success. As the program expands, I am happy to announce that joining the program participant Dr. Larry Kozek (*Beverly Hills*), is Dr. Cheryl Goldasich (*Torrance*) and Dr. Marta Ward (*Pacific Palisades*). My ongoing goal as chapter president is to provide as many opportunities to participate to as many students as possible to learn from general dentists in their practices. By shadowing various dentists, we learn tips and tricks directly from the doctors, which we may not necessarily learn in dental school. When asked about her shadowing experience, a third year dental student Ivana Orlovic answered, "Dr. Kozek and his staff truly care about their patients and are very kind and hard-working. I appreciate the time that Dr. Kozek took out of his busy schedule to accommodate his students in order to provide us with this valuable shadowing experience."

Patterson Technology Center CAD/CAM Course Wrapping up the quarter, the AGD student chapter at USC invited our cabinet members to attend a hands-on CAD/CAM course instructed by internationally recognized Dr. Greg Campbell at the Patterson Technology Center in Los Angeles. We thank the USC AGD student chapter President, Dennis Sourvanos for the invite. The course introduced us to the latest technologies available by Cerec and Sirona. Looking forward, we hope to offer the course to all of our AGD members at UCLA.

The UCLA AGD had a productive quarter for which we extend our thanks and gratitude to our hard-working cabinet and AGD members. We look forward to encouraging many more students to join the AGD through additional influential "Lunch and Learn" sessions and community service events, and hope to extend more shadowing opportunities and technology courses to all AGD members. ■



Kanika Sabhlok at the CAGD FellowTrack Leadership Conference in Oakland



Dr. Cheryl Goldasich explains the value in membership in the AGD



Dr. Rogelio Garcia (almost new grad) presenting

Running a New Dental Practice: Nuggets for the New Grad from a (Mostly) New Grad



Dr. Greg Campbell presenting at the Patterson Technology Center, Los Angeles

Valentina Babuchyan

University of California at San Francisco



LEON CHUNG
Fremont

Leon Chung, UCSF Chapter AGD President

DENTAL EDUCATION *after* DENTAL SCHOOL

Dental education begins in dental school but it definitely does not end there. Strangely enough, this idea is embedded even within the language used by dentists. I often hear “I am a practicing dentist” or “I am planning to buy into this dental practice.” Practice, practice, practice. The word practice implies that one is still a student. No matter how much you learned in dental school, there is always new knowledge to gain. With the invention

of new clinical techniques, new dental materials, and new technology, we constantly return to a student state, growing both our minds and our curiosity.

Dental education after dental school is very different from the one we receive while in school. As students, the administrators and faculty assign our curriculum. After graduation, we have the autonomy to decide what courses to take—but which ones do we choose? There is a vast array of continuing education (CE) courses ranging from \$100 online to \$5000 weekend courses. Each option has its pros and cons with many factors to consider. So how do we navigate through the world CE and what are the trends that we should be excited about?

To answer some of these questions, we sat down with Dr. Ben Amini, an assistant clinical professor at the University of California, San Francisco School of Dentistry. Dr. Amini owns an established fully-digital dental practice in downtown San Francisco. He is a leader in dental technology and has tremendous passion for dental education.

Leon: How does one continue their dental education after graduating from dental school and what are your experiences with that?

Dr. Amini: Education is a lifelong journey. In dentistry, it starts in dental school and it never ends. It starts clinically with our first buccal pit we restored in dental school and it evolves into more complex concepts such as smile make-overs, dental implants, and full-mouth rehabilitation or reconstruction. As the science of dentistry evolves and improves, so do new techniques and technologies in how we deliver care. For example, the science of successful bone grafting in the past ten years has completely changed patients' options and the way we replace missing teeth.

Cone beam is another area. But how do you learn about these awesome technologies and techniques after graduating from dental school? The good news is that education is also evolving right along with other things I mentioned. Digital learning is perhaps the fastest growing area in CE today. Every day, there are thousands of new archived dental webinars, online videos, Apps, and websites that one can access in order to learn.

Leon: Yes, I agree. Online education has been one of the fastest growing industries in education. Companies like Khan Academy, Coursera and some forward-thinking established universities such as M.I.T, Stanford and Harvard all have created successful online education. Do you see a role for dental education in the online education industry?

Dr. Amini: Online education can play a huge role for the new grads. They are very cost effective, convenient, and if you do a bit of research, you can find great online education from the comfort of your own living room or during your daily commute. You can easily explore different disciplines in dentistry and see which area interests you the most and which you want to learn more about. Back in the day, you could only get that information by going to school libraries, spending two hours just to find a book or two on the subject. Digital learning has transformed the way we get access to information with the highest degree of user satisfaction.

Leon: I definitely agree that digital learning is a rapidly growing area in dental education. With a quick Google search, you can find many different courses from practice management to single tooth implants. With all these courses, how does one translate learning points from CE courses to set apart one clinician from another and how does that impact the practice?

Dr. Amini: I strongly believe that after dental school, what will set clinicians apart, in being able to offer the best patient care possible while enjoying dentistry in an office where the team is fired up with the same vision, has to do with the amount of continuing education the dentist takes on a regular basis. Only through constant education and implementation is when the dentist can have the most positive impact on the patients, the team and the practice, which ultimately will have a positive impact on the dentist both personally and professionally.

Leon: I see. Becoming a more educated clinician shows our commitment to clinical excellence. It is an attitude that we want to share with our team. It allows us to provide better care for our patients. Often times, the attitude to commit ourselves to clinical excellence helps patients come back into the practice, creating a positive feedback loop of success. There is definitely a bright future for dental education. What do you envision that future to be like?



Editor's Note: Get involved with colleagues in a dental study club. You can glean much from the experiences of other dentists. If there is no group in your area, create one.

Dr. Amini: I think in the future not far from now, we would be engaging in Virtual Reality (VR) learning. I envision putting on a VR goggle and virtually transport myself to a VR classroom where they are demonstrating dental implant placement on a patient, or switch to the operating room where the trauma team is saving a patient from excessive blood loss or a gunshot wound, and all is happening in front of my eyes. Well, not literally, but virtually. However, the feeling is real. I see the future in Virtual Learning. ■

University of the Pacific

Tanner Zylstra, AGD FellowTrack Program President



TANNER ZYLSTRA
LaVerne

The University of the Pacific Chapter of the Academy of General Dentistry started off the year with an exciting seminar entitled “How You Should Be Using Facebook To Promote Your Practice” by Dr. Edward Zuckerberg.

Dr. Zuckerberg gave excellent advice on why social media is crucial to your dental practice and how to increase your social media presence through the use of check-in pages, targeted marketing, and sharing of engaging videos. Dr. Zuckerberg also detailed the importance and usage statistics of Facebook business accounts and how the “Facebook Live” feature is a powerful resource to attract new patients to your office.

The event was co-hosted by the Dugoni School Office of Development along with the California AGD and was well-attended by over 150 faculty and students.

We are very grateful to Dr. Zuckerberg (Facebook Mark Zuckerberg’s dentist-father) and look forward to hearing from him again.



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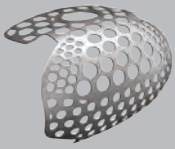
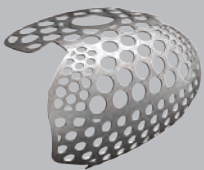
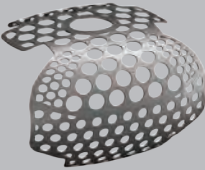


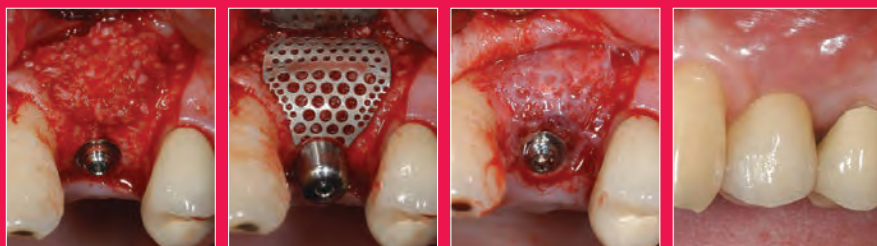
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Case photos courtesy of Dr. Oh, Sang-yoon, Acro Dental Clinic.



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Do you currently hold a valid U.S./Canadian dental license? Yes No
LICENSE NUMBER _____ STATE/PROVINCE _____ DATE RECEIVED (month, year) _____

If you are not in general practice, indicate your specialty: _____

Current practice environment (check one): Solo Associateship Group Practice Hospital Resident
 Faculty (institution): _____ Federal Services (branch): _____

If you are a member of the Canadian Forces Dental Service, please indicate your preferred constituent: U.S. Military Counterpart Local Canadian Constituent

Contact Information

Your AGD constituent is determined by your address (Northern California, Sacramento-Sierra, Southern California or San Diego)

PREFERRED METHOD OF CONTACT: E-Mail Mail Phone
PREFERRED BILLING/MAILING ADDRESS: Business Home

BUSINESS ADDRESS _____ CITY _____ STATE/PROVINCE _____ ZIP/POSTAL CODE _____ COUNTRY _____
NAME OF BUSINESS (if applicable) _____ PHONE _____ FAX _____
HOME ADDRESS _____ CITY _____ STATE/PROVINCE _____ ZIP/POSTAL CODE _____ COUNTRY _____
PHONE _____ PRIMARY E-MAIL _____ WEBSITE ADDRESS _____

Education Information

ARE YOU A GRADUATE OF AN ACCREDITED* U.S./CANADIAN DENTAL SCHOOL? YES NO Currently Enrolled

DENTAL SCHOOL _____ GRADUATION DATE (month and year) ____-____-____-____-____-____-____-____

Are you a graduate of an accredited U.S. or Canadian post-doctoral program? YES NO Currently Enrolled TYPE: AEGD GPR Other
Post-Doctoral Institution _____ STATE/PROVINCE _____ Start Date (month and year) _____ to _____ End Date (month and year) _____

Optional Information

GENDER: Male Female Are you interested in becoming a: MENTOR A MENTEE
ETHNICITY: American Indian Asian African-American Hispanic Caucasian Other _____
HOW DID YOU HEAR ABOUT US? AGD Member (please indicate information in the Referral Information box, top right) AGD Website AGD Constituent
 Newsletter Advertisement Mailing Dental Meeting Other _____

Dues Information

AGD HDQTR. DUES
Active G.P.....\$386
Associate..... 386
Affiliate..... 193
Resident Program..... 77
2015 Graduate..... 77
2014 Graduate..... 154
2013 Graduate..... 231
2012 Graduate..... 308
Student..... 17
CALIFORNIA AGD DUES
Regular (GP/Assoc.).....\$180
First Year Graduate..... 16

AGD Hdqtr. Dues: \$ _____
plus
California AGD Dues: \$ _____
equals
TOTAL AMOUNT ENCLOSED \$ _____

Payment Information

Check (enclosed) VISA MasterCard American Express
Note: Payments for Canadian members can only be accepted via VISA, MasterCard or check
_____-_____-____-____-____-____-____-____
Expiration (mm/yyyy) _____ PRINT THE NAME AS IT APPEARS ON YOUR CARD _____
I hereby certify that all the information I have provided on this application is correct and, by remitting dues to the AGD, I agree to all terms of membership.
Signature _____ Date _____

Return this application with your payment to:
AGD, 560 West Lake Street, Seventh Floor, Chicago, Illinois 60611-6600
Credit card payments, fax to: 312.335.3443



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The broader the base of our membership, the more effective is our representation on your behalf.

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Anderson Investment Fund, LP: Superior Outperformance 2009-2014

<i>The Major Indices vs. Anderson Investment Fund</i>	DJIA	NASDAQ	S&P 500	ANDERSON INVESTMENT FUND, LP
<i>Annual Compounding Rate, 2009-2014</i>	+12.4%	+20.1%	+14.7%	+21.7%

Compiled from annual audits. Returns are net (after) performance fees.

- ◆ \$310,000 invested in 2009 in the fund is now worth over \$1 million
 - ◆ Fund Manager: Kevin Anderson, DDS, MAGD; AGD Treasurer '04-'06
 - ◆ Rare with investment funds: No management fee. Partners' investment return has same fate as manager's = a "Win-Win" result
 - ◆ Kevin has over \$3m of funds invested alongside partners
- ◆ Long-term focused value investing style: Capital preservation and appreciation so that your investment buys more in the future
 - ◆ Suitable for high net-worth individuals (*meeting SEC definition of an accredited investor**) with personal, trust and/or retirement funds
 - ◆ The partnership is limited to 99 partners and there is a wait list
- ◆ As an original founding AGD Investment Committee member, Kevin raised the Academy's reserves from 16% (\$2.1m) to 53% (\$6.9m) after staff handed him the largest deficit budget in the AGD's history (\$3.1m)
 - ◆ AGD Distinguished Service Award: "Established goals and strategic direction for AGD's financial stability"



www.AndersonInvestmentFundLP.com or 619-248-7379

* Under the 1933 SEC Act, Reg. D: \$1m net worth excluding primary residence.

Contact Kevin and see if the fund is right for you!