

PRESIDENT'S MESSAGE State of the Academy

Page 2

AFFILIATES IN ACTION Success Inspired by the AACD Page 12 GIVING BACK GBAS Fundraiser: Caring Cabaret a Success Page 14



HOW TO PROTECT YOUR ONLINE REPUTATION SEE PAGE 8





OFFICERS Hugh Flax, DDS, President John K. Sullivan, DDS, President-Elect Ron Goodlin, DDS, Vice President Michael R. Sesemann, DDS, Immediate Past President

BOARD OF DIRECTORS

Thomas Berry, DDS Kristi Crispin, DMD Pamela Doray, DMD Chiann Fan Gibson, DMD Viviane Haber, DDS James Hastings, DDS Gary Hult Steven J. Hill, DMD Les Latner, DDS Andre Michel, CDT Jack Ringer, DDS Wes Urich, DDS

AMERICAN BOARD OF COSMETIC DENTISTRY®

Betsy Bakeman, DDS Scott Finlay, DDS Susan Hollar, DDS Ed Lowe, DMD Bradley J. Olson, DDS Nelson Rego, CDT John Weston, DDS

BOARD OF TRUSTEES

Larry Addleson, DDS Kenneth Banks, DDS Joyce Bassett, DDS William Dorfman, DDS Lena Halikias, DDS Randy Mitchmore, DDS Kellee Stanton, DDS C. Lee Wyant, DDS

The Academy Connection is a bi-monthly newsletter publication of the American Academy of Cosmetic Dentistry® 402 West Wilson Street, Madison, WI 53703 www.aacd.com | 800.543.9220 | 608.222.8583

Opinions expressed by authors in the Academy Connection articles are their own, and do not necessarily represent the opinions of the Academy, or AACD officers, members, or staff.

Contents © 2011 American Academy of Cosmetic Dentistry

Welcome to 2011! THE STATE OF THE ACADEMY

BY HUGH FLAX, DDS, AACD PRESIDENT, AACD ACCREDITED MEMBER

2010 WAS AN ILLUSTRIOUS YEAR in AACD history and is worth reflecting upon. Listed below are my "Top 10 Plays" of the year:

- The new AACD logo, symbolizing a fresh new look and programming for our members, the profession, and the consumer.
- A new executive office building with facilities better suited for growth and professionalism, and a better investment portfolio.
- Enhanced member benefits-hot new versions of the Journal of Cosmetic Dentistry and Academy Connection publications, expanded eLearning with partners DentalXP and HDiQ Dental, and new value to come.
- Open Accreditation welcoming the entire cosmetic dentistry profession to the high AACD credentialing standard, dutifully created by the ABCD, collaboratively deliberated and approved by the Review and Advisory Commission and ultimately, by the AACD Board of Directors.
- The Board of Trustees' focus on "grass roots" fundraising and launching a new Sales Proceeds Donation Program.
- The American Board of Cosmetic Dentistry expanded educational opportunities in dental schools, better scholarships for students to attend our meetings; and an Educational Task Force working with experts from the University of Wisconsin in learning theory and instructional design to assist us in offering lifelong learning to our members, with the ultimate goal to create a fully customizable program of options, thus allowing each member to optimize his or her learning with the Academy.
- Our Academy's global reach beginning with our successful "sister relationship" with the Japanese Academy of Esthetic Dentistry (and also possibly one with Korea) and a profitable, enthusiastic international meeting in London.
- Collaboration with the AAED to create an Ethics in Cosmetic Dentistry position paper to share with the profession and the consumer.
- Adoption of a principle based Policy Governance so our Board can be proactive and visionary, while being very explicit in the values and longrange best interests of the membership, the "owners" of our Academy,



and looking to improve our bylaws for an AACD leap forward in growth with more defined roles and accountability for all.

• A milestone for conference registration. We have more than 1,100 registrations for our annual scientific session in Boston after a solid 2010 meeting in Dallas.

We extend our sincere thanks to all our generous, current and past volunteers, and the hardworking, talented AACD staff led by CEO Ed Simeone and COO John Hanson for their dedication and positive thinking.

Passionate bylaws proposal discussions are ongoing by the Governance and Bylaws Commission to develop in its ideal and principle based form. AACD leadership must reflect on all that is beautiful about the organizational structure, but must also recognize its structural flaws. Before the proposal is presented to the AACD membership, we are sharing proposal information so all voices can be heard. Members can rely on their leaders to enable the Academy to accomplish its goals expedi-

WELCOME TO 2011!

tiously and with fiscal responsibility. Going forward, the AACD should be a stronger, more effective organization more responsive to its members, with a greater impact on dentistry.

Flora Whittemore elegantly stated, "The doors we open and close each day decide the lives we live."

My AACD family is very important to me and I appreciate everyone for your support, partnership, and friendship.

As a Board, we have taken many small steps, now becoming bigger steps as the stakes and decisions grow. Think of the many doors we open and close for our membership who has entrusted us to doing what's right for the organization.

Taking the time to consider what has been accomplished should make us very proud. Preparing for the future will provide greater opportunity for success which is everyone's aim.

Best New Year wishes to all...I look forward to my continued service for and with you and our great Academy in 2011.

"The Academy recognizes the competitive differential of sound programming design, so development of a new design strategy currently underway considers not only knowledge and experience, but the contextual influences."

GOING FORWARD Maturing the Mission of Education

BY ED SIMEONE. AACD CHIEF EXECUTIVE OFFICER



"Strategic planning of continuing professional education should consider not only combinations of knowledge and experience to maintain proficiency, but also contextual influences such as the impact of professional performance on an increasingly informed public and relations between continuing education providers." This statement by Dr. Alan B. Knox, professor of Continuing and Vocational Education at the University of Wisconsin, in his book Strengthening Adult and Continuing Education, describes the challenge facing professional associations as they design and develop educational programming. The Academy recognizes the competitive differential of sound programming design, so development of a new design strategy currently underway considers not only knowledge and experience, but also contextual influences. Being renowned in the continuing education field—with his specialty in medical and dental post-doctoral education—Dr. Knox offering it through a digital reader has been retained to research adult learning styles that focus more on interactive and experiential learning to heighten the conference educational experience. The intent is to integrate these styles into a broader range of educational opportunities more geographically accessible to the membership.

The AACD Annual Scientific Session continues to be the crown jewel of our global educational outreach. The conference offers the best environment for more interactive and experiential learning, with the intent to expand speaker and topic diversity. However, the Academy recognizes that attending an annual conference could be a challenge for some, thus regional programming is being developed to bring AACD-branded education to areas with limited continuing educational opportunities. It is our hope that many of these programs can be developed in conjunction with local AACD affiliates. Successful programs were conducted with AACD affiliates in Tennessee and California last year, with more to be announced shortly.

Last September, the Academy worked with its European affiliates to produce a very successful conference in London, attracting more than 500 attendees. It is apparent from this success that similar conferences conducted in carefully selected international venues would serve the global educational mission of the Academy, while creating more opportunities for membership development.

Virtual learning has been part of the Academy's educational portfolio for three years, but this year it was underscored when eLearning offerings from DentalXP and HDiQ Dental were added as member benefits, along with a growing roster of webinars. Not only are these valuable additions to our member benefits portfolio, but they demonstrate the Academy's commitment to all channels of program delivery, whether virtual or live.

The Journal of Cosmetic Dentistry (jCD) has a brand new look, and edition—in addition to the printed magazine-broadens its distribution and its multimedia, with interactivity adding to its effectiveness as a teaching tool. *jCD* has always had a style of its own, and the intent is to maintain that unique style, among the many dentistry journals on the market, while making significant improvements to its clinical content.

Education is the primary mission of most professional associations. Creating the programming of which Dr. Knox speaks to combine knowledge and experience with contextual influences in ways that help enhance content retention will help differentiate AACD's style of education. Broadening the programming globally through diverse channels of distribution will add to the appeal and marketability of the AACD brand.

INTERNATIONAL SHOWCASE: Learn the art of. COMMUNICATION!









JAMES GOOLNIK, BDS, MSC FRANCOIS WOLFGANG GROSSETTI, DDS RICHTER, BDS JÜRGEN WAHLMANN, DMD

WHEN THE AACD MADE ITS first international foray this past fall in London, England, we discovered the benefits of learning from professionals with other perspectives.

For the first time, we are inviting an international panel of individuals—from AACD leaders to international affiliates—to speak in Boston at the Annual Scientific Session about communication. We are trying to understand what other cosmetic dentists are doing to reclaim their communication skills so that we can provide some tips and tricks to help you with your dental practices.

The course, "See No Evil, Speak No Evil, and Photograph No Evil?" will be hosted by James Goolnik, BDS, MSc; Francois Grosetti, DDS; Wolfgang Richter, BDS; and Jurgen Wahlmann, DMD.

The course will focus on reclaiming your communication skills in a dental-team oriented fashion. Attendees will learn how to use communication to work together as a team and achieve the best results for patients.

Learning objectives include:

- 1. Understand the role of effective communication within your team
- 2. Learn about the important role of proper communication and how to use new techniques with your laboratory technician
- 3. Empower the team to become familiar with digital photography

"The attendees will learn about the important role of proper dentist/ lab communication and how to use new techniques like the Olympus Crystal Eye (high end shade taking system) or the Dental Communication Software to get the best results."

Jürgen Wahlmann, DMD

Wahlmann noted that patient/dentist communication is important especially for the new patient experience and that he plans to show how new, simple internet tools can help to fulfill the patients expectations.

To register for this course, or the scientific session if you haven't already, please visit: www.aacdconference.com.



Building great dental teams TAKES COLLABORATION

Find it at the 27th Annual AACD Scientific Session, May 18-21, 2011







Giuseppe Stephen Allais, Chu, DMD DDS

Newton Fahl, Jr., DDS

9

IC DENTISTRY

The RISE of COLLABORATION: Feel it!



Harald Heymann, DDS, MEd



Frank Spear, DDS,



Dennis Tarnow, DDS



Dennis Wells, DDS

American Academy of Cosmetic Dentistry®

*Educators are subject to change. View the complete program online.

Simple Steps TO PROTECT YOUR ONLINE REPUTATION **Online Defamation & Libel: The Modern Faceless Crime**

One disgruntled patient can destroy that hard work in minutes with a few clicks of the computer mouse. In these difficult and challenging times, protecting your most valuable assets becomes top-of-mind.

AS A DENTIST, YOU KNOW your reputation is one of your most valuable assets. It takes years to cultivate impeccable credentials and a positive public perception. Unfortunately, one disgruntled patient can destroy that hard work in minutes with a few clicks of a computer mouse. In these difficult and challenging times, protecting your most valuable assets is top-of-mind.

The Internet's hallmark is its ability to facilitate the free exchange of ideas. However, this also increases the risk of damage caused by false or harmful information, stretching the bounds of defamation.

Internet defamation lawsuits are rising and the number of people sued over online speech is increasing sharply, according to statistics from the Citizen Media Law Project at Harvard's Berkman Center for Internet and Society.

Dentists' reputations are not exempt from Internet defamation. Rating sites, negative blogs and other social media or websites are hurting them.

Here are some tips and tools to make it easier to track, control, and manage your online reputation.

1. BE PROACTIVE

On the Internet, information flows around the world in seconds. If you are not proactive, millions of people will view a defamatory post before you see it. Do not wait until you have a problem with your online reputation-stay ahead of the game.

2. PURCHASE DOMAIN NAMES

Buy iterations of your name and practice name as domain names. Imagine a potential patient going to "your name".com and reading horrible statements about you posted by a disgruntled patient or competitor. This happens more than you think. Buying iterations of your name is a simple, inexpensive way to prevent such attacks.

If your name is common and the exact match is unavailable, look for a combination of your name and either a location or a professional title (example: johndoemd.com, www.doctorjohndoe. com or johndoedallas.com). Also, check to see if your name is available with hyphens (example: john-doe-md. com). You can buy a .com domain for as little as \$7.95 per year from such site providers as GoDaddy or DreamHost, or cheaper, if the ".com" extension is not a priority.

3. KEEP A WATCHFUL EYE

Perform monthly checks at a minimum for any potentially harmful information about you. Search for your name, practice name, and key staff members.

Medical Justice offers Web anti-defamation service, which includes proprietary technology that proactively monitors the top physician rating websites. The software immediately notifies its members of any new postings or ratings containing member physician names or practice names.

4. ACT FAST

If you find something online that could be potentially damaging, take action immediately—whether it is a friend posting questionable photos or an anonymous person slandering your business. The longer the information is public, the more damage it can do. Some attorneys specialize in cyber issues and can assist with legal redress, if necessary.

5. YOUR GOOGLE REPUTATION

Consciously create a clear and positive image of yourself and monitor the Internet for any type of commentary-good, bad, or indifferent. Be conscientious while creating and updating content on your practice, professional, or social websites. Ambiguous comments or statements can be misinterpreted so be sure your content is clear and unmistakable. In today's world, Google is more than a search engine—it is a reputation engine. When a prospective patient, professional partner or investor wants more information about you, they ultimately turn to Google for information. Some individuals, with flawed online reputations, try to manage the situation by creating copious content

PRACTICE MANAGEMENT



30% of online practitioners in developed markets report they use Facebook

(Medimix International Report)

to "push down" negative information on Google. This tactic can take many weeks-sometimes months-before your new positive image rises up through the ranks of Google.

6. ASSUME EVERYTHING CAN GET **ON THE WEB**

What you say online and offline—both in your personal and professional life-can come back to haunt you. Assume any emails, conversations, articles, or photos may eventually end up online.

If you are blogging, writing editorials, running a website, or have a social media profile, be careful what you post. If you want to keep a non-practice affiliated blog or engage on social internet message boards, create a pseudonym for yourself so you cannot be tracked.

7. KEEP SOCIAL NETWORKS PRIVATE & **ACTIVELY MONITOR**

• 30% of online practitioners in developed markets report they use Facebook (Medimix International Report). Keep your social networking profiles private to all except those you approve. This will keep casual or even malicious viewers from seeing your personal information. Connections made on the Internet can be much more impactful for high-visibility individuals, such as physicians, than previously perceived.

Create custom RSS feeds based on keyword searches: Feedster.com, Technorati.com, IceRocket.com, Google.com/ blogsearch, Blogpulse.com, MSN Spaces, Yahoo! News, Google News, MSN News, and PubSub. RSS stands for "Really Simple Syndication" -- it's a format for distributing and gathering content from sources across the Web, including newspapers, magazines, and blogs. RSS feeds are

content that affects your practice.

an efficient way to monitor and track

8. PUT YOUR BEST & MOST ACCURATE FOOT FORWARD

Make sure your online presence will not be mistaken for someone else's or used against you. Sign up for social network sites like LinkedIn and Facebook. Complete your social network identities with valid information and data you want "known" about you-like your specialty, practice information, credentials, and location. Do not forget to link to your own website.

Note: While signing up and setting up your identity on these social networks, be sure you pay special attention to privacy settings. Make personal pictures and posts private.

9. LINK, LINK, LINK...

Google sets a high ranking priority to web pages containing active links. This is an easy way to address Search Engine Optimization (SEO) for yourself as an individual or your medical practice. Link your website to your social networking identity links and other web pages you are associated with, such as medical societies, alumni organizations, and non-profit affiliations.

When questions regarding freedom of speech arise, traditional remedies and approaches do not apply to cases involving physicians. First, physicians are bound by state confidentiality laws and HIPAA. They are forbidden from defending against reputational assaults by posting the medical record as a correction. Second, under traditional legal principles, the defamed can sue not only the originator of the libelous comments, but also the distributor—such as a newspaper or a



television station. Using that analogy, a natural target would be the digital distributor, the Internet Service Provider. However, in 1996, Congress foreclosed that option by granting broad immunity to Internet Service Providers for the tort of defamation. In general, physicians have few practical after-the-fact remedies against Internet assaults on their reputation—which is why it is key to be sure you are proactive in protecting your online reputation.





LKDENTALSTUDIO.COM

FULL SERVICE DENTAL LABORATORY

SIMPLE STEPS TO PROTECT YOUR ONLINE REPUTATION

Dental Justice, a subsidiary of Medical Justice, is the original medicolegal advocacy group that protects you from frivolous claims. Dental Justice delivers a time-tested process that protects dentists from frivolous malpractice claims. **Dental Justice fights** unrealistic patient expectations and unwarranted claims with a proven 3-step process combining prevention, early action and counteraction. Visit www. DentalJustice.com

> ACADEMY CON TION VOLUME 16 ISSUE 5

SUCCESS Inspired by AACD

BY FREDRIK WENNERLUND, PRESIDENT, SACD

DURING THE SACD'S EIGHT-YEAR EXISTENCE, our energies have concentrated on becoming well-known in industry of cosmetic dentistry. Our model for success in achieving this aim is very similar to that of the American Academy of Cosmetic Dentistry (AACD).

Cosmetic dentistry is the fastest growing dental sector in Sweden and the Swedish Academy of Cosmetic Dentistry (SACD) has earned great respect as the most serious network, with a high reputation for expertise and quality.

Our growing membership includes 200 of Sweden's top dentists and dental technicians. To further reinforce our positive image, we recently launched SACD Accreditation.

Like the United States, Sweden's standard of living is good, with well organized dental care. In fact, Swedish dental health is among the best in the world however, only a handful of Swedish dentists can earn a living solely from cosmetic dentistry. For the majority, cosmetic dentistry is only a portion of the work they perform. Marketing in Sweden also differs. Our average Swedish dentist rarely advertises and there is no television advertising.

Sweden's "welfare model," also affects how the Swedish people feel toward cosmetic dentistry. For many years, Sweden has provided its citizens with health and dental care. The system is currently undergoing changes, but will remain in some form. Purely cosmetic dental treatment is not covered by the welfare system and because the Swedish are not accustomed to paying the entire cost of their dental treatment, this has become a financial obstacle to the Swedish cosmetic dentistry profession.

The SACD has used several methods to spread Academy awareness. Our website and our printed material are both excellent ways for communicating SACD's message and we are beginning to look seriously at social media opportunities for communicating our message to the general public. Recently, we began talking with a TV production company about an Extreme Makeover-type program, Swedish style.

Recurring letters from the president to members, advertisements in the trade press about our training courses, and increasingly deeper cooperation with our sponsors are additional ways to influence the world around us.

This past November SACD made an appearance at Swedental, a national congress with an academic and commercial element where, each year, Swedish dentists and their staff meet. We attended to introduce ourselves, our values, sell our training and attract new members.

After evaluating our attendance at Swedental 2010, we found that SACD's image as a serious advocate of training and quality had increased and we were considerably more familiar to fair visitors this year than last year. "Yes, I've heard of SACD," was a common reaction when handing out our 2011 training program to dentists and dental technicians.

"Utbildning – fortbildning" (literally "training – further training") was an effective slogan for attracting the attention of those streaming past. We also encountered the attitude, "I've been doing this for 30 years, I don't need any further training!"

The young dentist and dental technician interest in cosmetic dentistry was particularly pleasing. We now wonder how to attract "older younger people,"—those between the ages of 26-30 as SACD purchasers of courses and as members.

As our organization continues to grow, we retain much of our pioneering spirit from our 2002 inception. When asked why the SACD has been so successful, I am still able to answer, "Because we are inspired by the AACD's excellence, knowledge and energy!"



"Swedish dental health is among the best in the world however, only a handful of Swedish dentists can earn a living solely from cosmetic dentistry."

GBAS FUNDRAISER: CARING CABARET A SUCCESS

BY DR. RANDY MITCHMORE, CHAIR OF THE AACD CHARITABLE FOUNDATION BOARD OF TRUSTEES

"Your practice and reputation receive an incredible boost in your community that cannot be purchased through marketing."

- Dr. Randy Mitchmore, Chair of the AACD Charitable Foundation Board of Trustees

WITH SO MUCH NEWS ABOUT a bad economy, victims of intimate partner abuse often times have it taken out on them. The need for the AACD Charitable Foundation's program Give Back a Smile (GBAS) has never been more important.

Dr. Randy Mitchmore of Houston, chair of the AACD

Charitable Foundation's Board of Trustees teamed up with a dozen volunteer performers to create Caring Cabaret - A Moustache and A Smile! The net proceeds of \$11,000 will be leveraged more than 16 times in donated dental services through our Foundation. One of Dr. Mitchmore's patients, Roger Woest, teamed up with 11 other performers to present a show in November to raise money for GBAS. Norm and June Niedell donated money to pay for the venue, food and wine. A silent auction also was held to raise money, and during a break, Dr. Mitchmore talked about the Foundation and one of his GBAS patients shared her story about what the Foundation meant to her. Tickets to the event were \$50, and it completely sold out.

To host a successful fundraising event, Mitchmore suggests securing volunteers through one's own patient base, keep expenses low or have someone provide a tax deductible donation to underwrite the expenses, and get invitations out early with frequent phone calls and reminders. Volunteers should receive personal thank-vou notes from the doctor.

The Foundation also has a booklet with ideas about how to create fundraising events, available here.

GBAS FUNDRAISER: CARING CABARET A SUCCESS



Dr. Mitchmore encourages all members of the AACD to consider hosting local grassroots fundraisers. The Foundation works nationally to secure donations from corporate sponsors and grants, but this is not enough.

"Just be creative," Mitchmore advises. "Knowing that one in four women in this country at some point in their life will be a victim of intimate partner abuse. You already have many people in your practice that have an intense connection with this subject."

"You will be surprised and amazed at how many people in your own practice want to help you put on a local fundraiser," he continued. "It is the purest win-win. The Foundation and the people it serves receive the much needed financial support, your patients and friends are grateful to be helping in their own way, your practice and reputation receive an incredible boost in your community that cannot be purchased through marketing."

How Did He Do It? Click here to watch.



A WHITE SMILE FOR A Cause



The whitening program contributes to helping Give Back a Smile restore the smiles of domestic violence survivors, such as these.

"A small grassroots effort like this generates a ripple effect. More and more people that were unaware of Give Back a Smile are now more educated in the AACD's efforts. Potentially individuals, groups or companies will become involved."

-Ken Banks, DDS



WHITENING YOUR PATIENT'S TEETH HAS never had a better incentive. Through the Give Back a Smile (GBAS) whitening fundraiser, dentists can brighten their patients' smiles while raising money to restore the smiles of domestic violence survivors.

"I'm sold on its benefits to everyone," said Ken Banks, DDS, who introduced the whitening fundraiser to his dental practice in July. He's found that the fundraiser has benefited his dental practice tremendously-from re-energizing his staff members to attracting prospective patients.

It raises money for the American Academy of Cosmetic Dentistry Charitable Foundation's (AACDCF) GBAS program, through the sale of whitening kits at participating dental practices. Dentists pledge to perform whitening treatments to their patients, and Discus Dental donates whitening kits to participating AACD member volunteers. Patients pay GBAS directly. The money helps domestic violence survivors receive dental treatment to restore dental injuries that they sustained from a former abusive partner. Besides raising money to heal the broken smiles of domestic violence survivors, the fundraiser also presents a cost-friendly whitening option for patients. Banks charges \$125 for the kits, which includes splints and three syringes. Patients can buy more syringes as needed. Some patients donate more than the set amount

to pay for the kits. The fees for the kits vary by doctor.

"The more economically feasible, the more patients or prospective patients will take advantage," Banks said. "We are in tough economic times. Show your compassion and make it affordable for evervone."

Banks dedicates 100% of whitening treatment to GBAS. From July to November, Banks completed 45 cases, generating \$5,750. Of those cases, 13 were non patients. The whitening fundraiser is







a good way to attract prospective patients, and can be inexpensively marketed. Banks promoted the program through Facebook and DemandForce.

The program is run entirely by Banks' dental team members with very little doctor time.

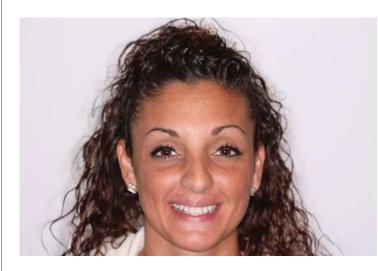
"It's a must to get team members involved," he said. "It generated excitement with team members and developed a sense of them contributing to GBAS."

Banks' whitening success story is an encouragement for more dentists to get involved in the program.

"It gets your office team rejuvenated and excited about their participation in helping those whom suffer from domestic violence," Banks said. "A small grassroots effort like this generates a ripple effect. More and more people that were unaware of GBAS are now more educated in the AACD's efforts. Potentially individuals, groups or companies will become involved."

To get involved, contact GBAS at 800.543.9220 or email givebackasmile@ aacd.com

AACDCF thanks Discus Dental for sponsoring the whitening fundraiser.









THIS CASE IS THE DAUGHTER OF A GOOD FRIEND OF ADAMO NOTARANTONIO, DDS.

HOW TO FIND **ACCREDITATION CASES BY BRADLEY OLSON, DDS**

CASE SELECTION IS A CRITICAL COMPONENT OF A SUCCESSFUL CLINICAL CASE FOR ACCREDITATION. CANDIDATES OFTEN FEEL THAT FINDING CASES FOR ACCREDITATION IS A STUMBLING BLOCK TO ACHIEVING THE CREDENTIAL. THIS OUTLINE PROVIDES SOME STRATEGIES TO HELP FIND ACCREDITATION CASES.

1. WORK WITH A MENTOR.

This can be done one-on-one or anonymously online. Experienced Accreditation Examiners have seen many cases through their own Accreditation journeys and in the exam setting, so they can provide valuable insight. The AACD Credentialing Department and the AACD website can help connect you with a mentor.

2. PHOTOGRAPH EVERYTHING.

Photograph all anterior restorative treatment, before and after, in RAW format. A case that may seem unsuitable for Accreditation at first may eventually become a good candidate as treatment progresses.

3. BE MINDFUL OF ALL CASES.

Carefully evaluate the importance of transitioning a case for Accreditation through multi-disciplinary treatment. The case that appears too difficult to meet Accreditation criteria may become manageable with the alteration of tooth or gum position.

4. MAKE ACCREDITATION A PRIORITY.

Incorporate Accreditation into everyday practice. This ties together the first three steps and will cause you to look at every case with Accreditation criteria

5. BE PATIENT.

It only takes one successful case of each case type. Having your staff engaged in the process can be the most rewarding and the most beneficial.

6. INFORM EVERYONE.

And don't forget—be sure to inform patients within your office, through the Internet or your website, and print ads, of your membership status in the AACD. This will increase patients' confidence in your skills and can help you gain Accreditation-worthy cases. For more information. visit: aacd.com/accreditation.html

WHERE TO FIND CASES:

Staff Family Existing patients New patients Letter to existing patients Photo library of existing patients Specialists networking Specialist's staff Ad in the local paper Spouse's/significant other's friends Teenage kids friends Staff's friends/family

2010, media wrap

COSMETIC DENTISTRY CONTINUES TO CAPTURE the attention of national media as consumers become increasingly interested in improving their smiles.

Here's a wrap of some of cosmetic dentistry's best media hits:

• Washingtonian magazine noted the AACD and cosmetic dentistry twice in two separate articles published in December, "Choosing a Cosmetic Dentist, which mentioned AACD Accreditation, and "New Reasons to Smile," which discussed whitening, veneers, and other cosmetic dental treatments.

To read "Choosing a Cosmetic Dentist," click here. To read "New Reasons to Smile," click here.

- Woman's Day quoted past AACD President Jeffrey Golub-Evans, DDS, Accredited Fellow Member and founder of the New York Center for Cosmetic Dentistry, in "Your 10 Oral Health Questions Answered." AACD Member and President of the New York Academy of Cosmetic Dentistry Emanuel Layliev, DDS, also was included in the piece. The consumer-oriented article focused on best practices for brushing, flossing, and whitening treatments. To read the article, click here.
- The UK version of Marie Claire highlighted the "dental facelift"—a patient-friendly way to refer to a procedure that aims to improve smiles while giving patients a more youthful appearance. The article also quotes AACD member Dr. Mervyn Druian, who practices in London. "Manipulating tooth width and size can take years off of someone's face," Dr. Druian told the magazine. Click here to read.

The AACD also worked to dispel a myth about teeth whitening. The popular television show, "Dr. Oz," dispensed some controversial advice about at-home whitening. Dr. Oz suggested whitening teeth with the use of lemon juice, an acid, and baking soda, an abrasive. The AACD proactively contacted the producers of Dr. Oz and posted on Dr. Oz's Facebook page letting them know that the use of lemon juice and baking soda is not advised for teeth whitening. The AACD said that it appreciates the segment on oral health, but recommended that consumers talk to their dentists about what kind of whitening procedures are appropriate for them.

To see the segment, click here.



START OFF THE NEW YEAR RIGHT-WITH THE **AACD Webinar Series**

ARE YOU LOOKING TO KICK off 2011 with some new insight in the cosmetic dentistry profession? The AACD has launched a new member benefit—the AACD Webinar Series, which will provide free online dental education this spring through several webinars. The series launched in fall, but there are still plenty of opportunities left to catch a webinar.

The remaining webinars in the series will feature presenters: Ronald Jackson, DDS; Brian LeSage, DDS; and Marty Zase, DMD. The webinars, sponsored by Ivoclar Vivadent, will focus on composite mirroring, cosmetic pearls, and how to ensure cases fulfill Accreditation criteria.

Members seeking Accreditation will be especially interested in viewing the webinars because they will have the chance to have some of their Accreditation cases critiqued during the Advanced Accreditation webinar. Those interested in submitting their cases should do so by contacting credentialing@aacd.com.

To see a list of the available webinars, or to register, click here. And don't forget! The AACD also offers online dental education through eLearning with dental education providers HDiQ Dental and DentalXP. To access eLearning, click here.



BRIAN LESAGE, DDS

Composite Mirroring—Aiding with Accreditation and Beyond, March 7 from 12 p.m. to 1 p.m. CT

Advanced Accreditation Webinar-Case Type IV and V, April 11 from 10 a.m. to 12 p.m. CT

ivoclar vvadent passion vision innovation



RONALD JACKSON DDS

Anterior Composite Artistry: Conservative, Versatile. Underused. February 16 from 5 p.m. to 6 p.m. CT





Cosmetic Pearls for the General Practitioner April 11 from 12 p.m. to 1 p.m. CT

These webinars are made possible thanks to an educational grant by Ivoclar Vivadent

Academy Connection Volume 16 Issue 5 2

	S
E	BER
N	N
0	ME
CO	M
H	SE
X	

CORPORATE GOLD		
Kuwata Pan Dent Corporation	Cedar Knolls	
AUSTRALIA	Genur Hinous	
Tae Kang	Warners Bay	
BAHRAIN		
Haidar H. Alfayadh	Muharrag	
CANADA	1	
Adam W. Pite	Victoria, BC	
Krystian Belza, DDS	Burlington, ON	
Bilal M. Smaily	Kitchener, ON	
Paul Faerman, DMD	Thornhill, ON	
George Economou, DDS	Tornoto, ON	
David Cheng, DDS	Toronto, ON	
Bhushan Jain, DDS	Toronto, ON	
Meenakshi Jain	Toronto, ON	
Roxane Katiya, DMD	Montreal, PQ	
Daniel Manegre, DMD	Quebec City, PQ	
Patrick Santuesanio	Laval, QC	
GERMANY		
Elio Adler	Berlin	
Felix F. Zaritzki	Berlin	
HONG KONG		
Hamdi H. Hamama, BDS	Hong Kong	
IRAN		
Leila Ataei	Tehran	
ITALY		
Michelangelo Rizzo	Baronissi	
JORDAN		
Hakam Mousa	Amman	
KENYA		
Sanjeev J. Sharma, BDS	Nairobi	
PHILIPPINES		
Carlo Pio M. Tripon	Makati City	
SAUDI ARABIA	in a	
Mohammad A. Aljehani	Makkah	
SINGAPORE	0 5 9	
Ng Keng Howe	Singapore	
SPAIN		
Nina Faridah King, BDS	Malaga	
SWEDEN	-	
Hilda H. Ekelund, DDS	Goteborg	
Tommy Dextorp, DDS	Gothenburg	
Jonas Vogler, DDS	Gothenburg	
Martha Wedenmark	Gothenburg	
Monica F. Sjodin Olofsson	Helsingborg	
Johnny Tekin	Jonkoping	
	11.1	
Gunnar Klemendz	Malmo	

Britt Eurenius, DDS	Stockholm
Johanna Muntane	Stockholm
Cecilia Omo	Stockholm
Per E. Ekblom	Taby
TRINIDAD AND TOBAGO	
Amit A. Paryag	Arima
UNITED ARAB EMIRATES	
Zoraya El Masri	Dubai
UNITED KINGDOM	Dwow
Bjorn Fornander, DDS	Beverley
Richard J. Fretwell	Guidepost
Richard I. Coates	Houghton-le-spring
Kian Nikdel	London
Jiten Patel, BDS	London
Anil R. Shet	London
	London London
Adeline Wright	
Russell Colclough UNITED STATES	Newcastle Upon Tyne
ALASKA	
	E I Di
Alfred M. Land, III	Eagle River
ARIZONA	
Johnny L. Smith, DMD	Peoria
Byron J. Larsen, DDS	Phoenix
CALIFORNIA	
Jin S. Han	Alta Loma
Naushil Desai, DMD	Anaheim
Michael H. Robbins, DDS	Beverly Hills
Andrew T. Nguyen, DMD	Corona
Justin L. Reich, DDS	Elk Grove
Hamid R. Nasr	Folsom
Noel T. Paredes, DDS	Fresno
Armond Sarkisian	Glendale
Robert Hepps, DDS	Hillsborough
Khoi N. Nguyen	Ladera Ranch
Marilou S. Toquero, DDS	Lakewood
Salomeh Tehrani, DDS	Lomita
Madeleine Chung	Los Angeles
Johan M. Figueira, DDS	Los Angeles
Sinaida Kniter, DDS	Los Angeles
Sansanee Tantisira, DDS	Los Angeles
Ginnylee Roderick, DDS	Los Gatos
Gabriela Garcia-Rojas	Mill Valley
Diana Zardouz	Newport Coast
Ryan Partnoff	Pasadena
Gilberto Garcia, RDA	Rohnert Park
Bharani Kumar Bhattu	San Francisco
Chakrapani Nannapaneni, DDS	San Francisco
Maryam Ghasemyeh, DDS	Santa Ana
Costin Marinescu	Tulare

Andrew D. Marshall, DDS	Walnut Cree
Eric Steinbach, DDS	Pasaden
COLORADO	
Michael A. Gross	Auron
Sandra B. Hunter, DDS	Fort Collin
R Jeffrey Wilkin, DDS	Lakewoo
CONNECTICUT	
Eric J. Whidden, DDS	Colchest
Steven M. Goodwin	Glastonbu
Robert J. Henin, DDS	Glastonbu
DISTRICT OF COLUMBIA	
Claudia C. Cotca, DDS	Washingto
FLORIDA	
Harvey S. Rosa, DMD	Aventus
Max Zaslavsky, DMD	Boca Rato
William V. Holland	Gainesvil
James G. Trantham, IV	Jacksonvil
Jeffrey R. Skupny	Napl
Kevin L. Neal, DDS	Ponte Vedra Beau
GEORGIA	
Stephan G. Drescher, DDS	Atlan
Blazej W. Golik, DDS	Atlan
Robert S. Brooks, DDS	Peachtree Ci
IDAHO	
Richard L. Page, DMD	Pocatel
ILLINOIS	
Frances R. Cavero, DDS	Chicag
Alan E. Chiles, DMD	Litchfiel
Benjamin P. Turnwald, DDS	Schaumbur
INDIANA	
Jeffrey A. Turner, DDS	South Ben
LOUISIANA	
Susan L. Hill-Taylor	New Orlean
MAINE	
Kevin P. Valle	Falmour
MARYLAND	
Regina Stryapko	Gaithersbur
Thomas D. Cicala	Laur
MASSACHUSETTS	Lun
Alexander J. Moheban, DMD	Bosto
Lorie R. Marsh, DMD	Bosto
Deborah K. Kim, DMD	Braintr
Joseph A. Spinali, DMD	Burlingto
Neelima Ravi	Chelmsfor
	Dorchest
Sahil Goyal, DMD Matthew P. Wimmer, DMD	Dorchest Frankli
Matthew R. Wimmer, DMD	
Michael F. Cronin	Leominst
Ina Daci Ekbal H. Elkadry, DMD	Marlboroug
	Quine

PRESIDENT'S HONOR ROLL

Salem

Seekonk

Seekonk Southborough

Toledo

Wellesley

Worcester

Chelsea

Jackson

Royal Oak

Eden Prairie

Minneapolis

Kansas City

Raymore Warrensburg

Hastings

Lawrenceville

Montclair

Montclair

Somers Point

Toms River

Princeton

Las Cruces

Brooklyn

Brooklyn

Dansville

Massapequa

New York

New York

New York

New York Staten Island

Orono

Bloomfield Hills

Stanley J. Burba, DDS

Lisa Daft

MICHIGAN

MISSOURI

NEBRASKA

NEW JERSEY

NEW YORK

Wynatte Chu

OHIO Chad W. Wise

Billie S. Kyger

Jared Stubbs, DDS Margarita Panajoti Sai L. Kadiyala, DMD John Wozny, DDS Daniel Moheban, DMD

David G. Banda, DDS Kelly Ann Scherr, DDS Robert J. Stevenson, DDS Rachel C. Woll, DDS MINNESOTA

Kareem N. Ibraheem Zachary J. Lechner, BS Karl G. Berg, DDS

Bruce K. Barrow, DDS Richard P. Viloria, DDS Bennett L. Turnbow, DDS

David B. Landgren, DDS

Maria Rhode, DMD Michael Kevin Deenihan, DDS Kevin Noreika, DMD B. Sean McIntyre, DMD Chester C. Chianese, DDS Lekha Tull, DDS **NEW MEXICO** Bridget R. Burris

Vladislav Gerts, DDS Khrystyna Leskiv, DDS Kathleen L. Hale Nicholas Manos, DDS

Zachary E. Linhart Michelle S. Mirsky, DDS Blake I. Winokur, DMD Ryan T. Galligan, DMD NORTH CAROLINA Ronald T. Johnson, DMD

William U. Britton, DDS

Neal S. Patel, DDS Fahreen Pardhan

Waxhaw Boardman Chillicothe Gallipolis Powell Westlake list continued on page 25

PRESIDENT'S HONOR ROLL

at least one new colleagu listed above. The followin members to the Academy i

Nick K. Nguyen, DDS David S. Philip, DDS

ADEMY Con TION VOLUME 16Iss U. 23

WHAT THE HECK IS **POLICY GOVERNANCE?**

YOUR ACADEMY'S BOARD OF DIRECTORS recently voted to adopt a form of association governance known as Policy Governance[®]. Developed by John Carver, it's a logical way to govern an organization, like AACD, that is in a maturing life stage.

1

POLICY GOVERNANCE 1, 2, 3

Policy Governance is a means to an end. Under Policy Governance, a board of directors empowers an organization to use its resources to achieve an end resultultimately, fulfilling the organization's mission or vision.

The AACD Board of Directors

Empowers the AACD executive staff

EFFICIENCY AND

EFFECTIVENESS.

Boards delegate duties to

management, which is then given the

freedom to carry out such duties (the

for permission, and accountability for

"means"), without trips to the board

2



WHY DOES POLICY GOVERNANCE MATTER?

A board-appointed task force will be looking at current AACD bylaws to determine which are not aligned with a system of Policy Governance. Members will be asked to vote on the adoption of these bylaws at the Membership Meeting in Boston in May.

In addition, it's important that future AACD leaders understand the principles of Policy Governance so that they can more effectively govern, represent the membership, and lead the organization into the future.

For more information on the Carver model of Policy Governance, click here.

If you aspire to leadership in the Academy, click here for a recommended reading list.

LESS AMBIGUITY.

board and

are clearly

defined.

The roles of an organization's management

PROJECTS AND PAROCHIAL INTERESTS. Boards speak with a unified

FEWER PET

voice, and they are accountable to their organization's ownership (the member).







unstated desires.

VISIONARY LEADER-SHIP.

The board leads the organization by accomplishing its work rather than waiting to react to management actions and issues. or customer and member complaints.





OVERSIGHT AND

ACCOUNTABILITY.

the boundaries the board

The executive staff works within

outlines (called executive limita-

tions) and the board evaluates

our expectations been met?"

the organization by asking, "Have

list continued from page 23

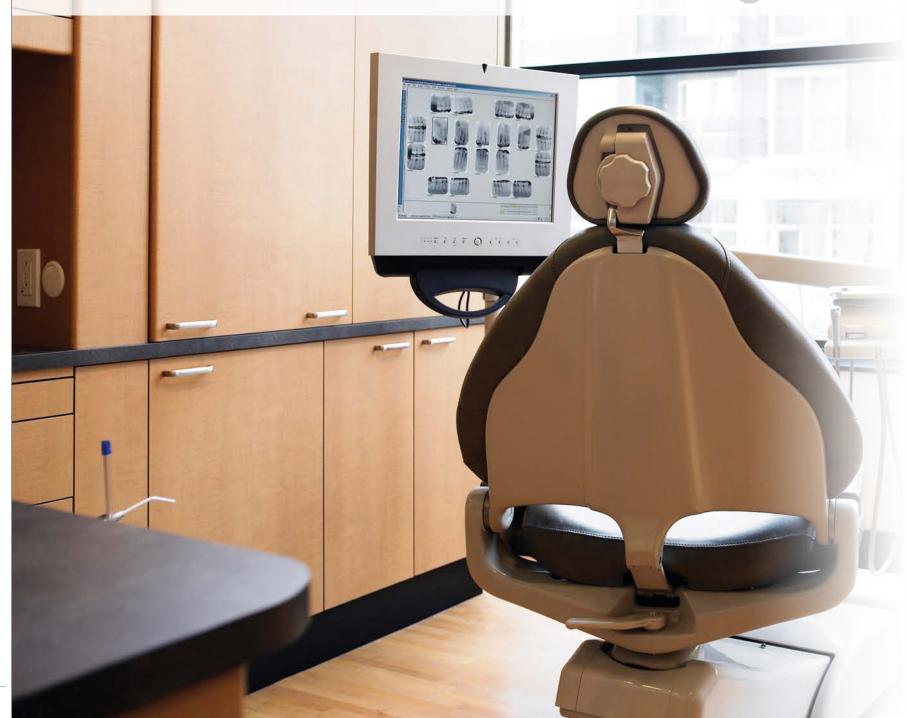
NEW MEMBER LIST

PENNSYLVANIA

Sagar Lunagaria	Hatfield
David Dobbins	King Of Prussia
Marc D. Johnson, DMD	Pittsburgh
John J. Blevins, DDS	York New Salem
TENNESSEE	
Tara H. Ericson, DDS	Knoxville
Denver B. Eslinger, DDS	Knoxville
TEXAS	
Mark Rangel, DDS	Abilene
Toni R. Carr, DDS	Arlington
Glenn A. Stern, DDS	Canton
Aaron B. Jones	Dallas
Audrey L. Stansbury, DDS	Highland Village
Tayo Ogunsola, DMD	Prosper
Bryan D. McCarty	San Antonio
VIRGNIA	
Ana M. Arango	Alexandria
Ikars V. Lans, DDS	Falls Church
Narjes Abtahi	Leesburg
Raymond W. Mikhail	Reston
Charissa Chin, DDS	Richmond
Matthew D. Wolfe, DDS	Williamsburg
Gerald J. Brown	Winchester
WASHINGTON	
Nadia T. Afifi, DDS	Kent
Lyly Fisher	Renton
Joe Schneider, DDS	Seattle
Brandon Tyler	Seattle
Harold T. Gable, DMD	Vancouver
WEST VIRGINIA	
Lydia R. Legg	Charleston
Pat Terry, CDT	Charleston
Sean Terry	Charleston
Christopher M. Banks	Morgantown
WISCONSIN	_
Barrett D. Straub, DDS	Port Washington

ACADEMY CONNECTION Volume 16 Issue 5 25

7New Year's Resolutions FOR YOUR DENTAL PRACTICE



1. BE COURAGEOUS

Take bold steps to stand out from the sameness in the marketplace. Take a look back at 2010. What did you do well? What could you have done differently? Take daring steps to help your personal and dental brand stand for something meaningful and relevant in 2011.

2. WHEN YOUR PATIENTS DON'T HAVE SOMETHING IN THEIR MOUTHS. SHUT UP AND LISTEN

There's a lot to learn if you take the time This year, make a commitment and to listen. Listen to what your patients have to say and act on what you've heard. Make sure you ask your team for all the resources at your commandfeedback, ideas, and suggestions for improving your service and your offerings. Honest, unfiltered feedback is fuel for positive change.

3. SET SOME BIG GOALS **AND STRETCH**

Set at least one wild and audacious goal for 2011-something you've never tried before. Starting on the path toward Accreditation is a challenging and worthwhile objective. Share the goal with your team and dare them to play their part in achieving it. Just don't forget to celebrate the victories and successes on the journey.

4. BUILD A PASSIONATE AND ENGAGED TEAM

Your most valuable resource is your people. Ensure that you're giving them the resources and inspiration that they need to be an active, passionate, and energized team who will make a true difference to your practice and your dental brand.

5. INJECT FUN INTO THE **EVERYDAY**

One of the best motivators for your team is a great work environment. This year, start doing small things that make your office staff happy. Small gestures or events can make a big difference. And the benefits won't just stop with your dental team—they will show through everything that your practice does. Happy people mean a happy brand.

6. TAKE TIME FOR LEARNING

ensure you—and your practice—are continually learning. Take advantage of from the Journal of Cosmetic Dentistry, to AACD's Annual Scientific Session, to the new eLearning benefits—and inject some new thinking into your practice that will energize your team and, ultimately, benefit your brand by making you a more credible practitioner.

7. SAY THANK YOU...AND **REALLY MEAN IT**

Follow the golden rule. Treat people how YOU want to be treated. Thanking your staff, your patients, and your mentors goes a long way to creating valued and appreciated fans-internally and externally. This year, find new ways to show that you appreciate your team, your patients, and your partners, in ways that truly make a difference in their lives.

Happy New Year!

ACADEMY Connection Volume 16 Issue 5 27

AFFILIATE CE COURSES

Affiliate CE COURSES

JUST A REMINDER THAT THERE ARE SEVERAL UPCOMING **OPPORTUNITIES FOR CONTINUING EDUCATION COURSES.**

JANUARY 27, 2011

Los Angeles Academy of Cosmetic Dentistry Ceramic Update and Appropriate Selection: Which System for Which Case? Edward McLaren, DDS, MDC Time: 8:30 am - 4:30 pm Location: Luxe Hotel Sunset Boulevard 11461 Sunset Boulevard, Los Angeles, CA 90049 Visit www.laacd.com or contact Les Latner, DDS at drles@ucla.edu for more information and to register.

JANUARY 28, 2011

Tennessee Academy of Cosmetic Dentistry Dennis Tarnow, DDS Location: Cool Springs Embassy Suites, Franklin, Tennessee Contact Dr. Wayne Lichliter at wlichliter@accesspipemail.com, or Dr. Leslie Barrilleaux at leslieb@scottsboro.org for more information.

FEBRUARY 11, 2011

Minnesota Academy of Cosmetic Dentistry Stain and Glaze Hands-On Program Westlund Dental Studio Time: 8:30 a.m. - 12:30 p.m. Location: Westlund Dental Studio 7535 Office Ridge Circle Eden Prairie, MN 55344 For more information and to register, contact Deb Nelson at: 651.738.1880

MARCH 3, 2011

Minnesota Academy of Cosmetic Dentistry Invisalign and Setting Up Esthetic Related Restorative Cases **Bill Koteman** Time: 6:30 p.m. - 9:00 p.m. Location: To Be Announced For more information and to register, contact Deb Nelson at: 651.738.1880

It is with sadness that we announce the recent death of our colleague, Arthur H. Rubinoff, DDS, who died December 7. He joined the AACD in 1988 and became an Accredited member in 1989. Rubinoff, of Toronto, Ontario, was so proud of the AACD and his Accreditation, according to his wife, Patricia. Rubinoff will be remembered for his contributions to the AACD and the field of cosmetic dentistry, for the uncountable smiles he restored, and for all the lives that he helped to change. Dr. Rubinoff will be missed by everyone. The AACD extends its deepest sympathy to his family and friends.

Want To Increase Your **Revenues By**

\$147,849 Per Year?

Visit: www.BotoxForDentists.com



Find Out How... FREE **Botox Profits** DVD

GET YOUR INVITATION TO Market Exclusivity

At Rosemont Media, we partner with less so you get more. As a boutique firm, we are uniquely positioned to provide market exclusivity and customized internet marketing solutions. How exclusive is your search engine marketing campaign?

Call Today: (800) 491-8623

The Rosemont Review

Trusted Search Engine Marketing News for the Aesthetic Practice

The Rosemont Review is a search engine marketing newsletter written by the website designers and proven SEO veterans at Rosemont Media. As a trusted source among many dental professionals, the Rosemont Review features website design tips, social media marketing trends, case studies, and more. Sign up for free today at www.rosemontmedia.com

AACD | Boston, Mass May 18-21, 2011 Booths #2230,2228

1010 Turquoise Street, Suite 201, San Diego, CA 92109 Ph. 800.491.8623 www.rosemontmedia.com info@rosemontmedia.com

Interact With Us on the Web - www.facebook.com/rosemontmedia

FOR SALE:

Planmeca PM 2002 CC Proline Panorex/Ceph 12 years old, works fine. Comes with 2 pan cassettes and 2 ceph cassettes and phosfer plates for all. If you are not digitized, you will need intensifying screens. Asking \$10,000.00 oyangen@nycap.rr.com





