Will Rogers said, “Even if you’re on the right track, if you’re standing still, you’ll be run over by a train.” Well, standing still is not a problem for us at the Dawson Center.

We continuously evaluate our classes and materials to ensure that our students are not only obtaining knowledge and developing a comprehension of the material, but are moving up the learning hierarchy (see diagram at right) and are able to apply it in their practices. As a result, we have recently implemented some exciting innovations and we’re hearing very positive feedback already. Following is a brief summary of the highlights.

**Seminar Two:**
“How To Master The Essential Elements For Highly Effective Restorative Practice”

In March, 2001, Dr. Dawson presented a reformatted Seminar Two featuring a revised, full color manual. The first day of the lecture integrates with Volume 5 of the Masters Library Series to demonstrate diagnosis, evaluation, consultation and treatment of occlusal interferences. Equilibration is addressed in detail in the first two days of the course rather than on the last day. Utilizing

Our course curriculum and educational resources are designed to take students through the six levels of learning (see diagram). In any learning, students progress through the six levels to deepen their understanding of a subject. The diagram illustrates the Taxonomy of Learning as originally devised by Benjamin Bloom in 1956. It continues to be the gold standard for instructional design and measures of training effectiveness. By utilizing the full spectrum of available resources; lecture classes, hands-on application classes, the video/audio Masters Library Series and Dr. Dawson’s textbook, students are able to not only implement the concepts in their practice, but also teach the information to their team members and educate their patients.

Ultimately, our goal is that our students will have the confidence and competence in their knowledge to not only apply it in their practices, but to be able to use it as the basis for evaluating other research, theories or philosophies of dentistry to which they are exposed.

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**Bloom’s Taxonomy of the Six Levels of Learning**

<table>
<thead>
<tr>
<th>Competence</th>
<th>Skills Demonstrated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Knowledge</td>
<td>Remember facts, concepts, and definitions</td>
</tr>
<tr>
<td>2. Comprehension</td>
<td>Demonstrate an understanding of the knowledge – explain, interpret</td>
</tr>
<tr>
<td>3. Application</td>
<td>Use the knowledge and comprehension</td>
</tr>
<tr>
<td>4. Analysis</td>
<td>Take the information apart to see interrelationships</td>
</tr>
<tr>
<td>5. Synthesis</td>
<td>Fuse new information with previous knowledge</td>
</tr>
<tr>
<td>6. Evaluation</td>
<td>Make judgments about the information</td>
</tr>
</tbody>
</table>

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*Inside This Issue...*
- Upcoming Courses/Seminars
- Featured Products
- Pouring a Splint Model
new presentation technology, Dr. Dawson diagrams case illustrations in an interactive, step-by-step process. Also in Seminar Two, Dr. Glenn DuPont joins Dr. Dawson in presenting how to choose the right restoration, with particular emphasis on choosing between partial and full coverage.

**Seminar Three:**
“Advanced Problem Solving: How to Analyze and Plan Treatment for Every Type of Occlusal Problem”
Beginning in 2002, Seminar Three will be expanded to provide the opportunity for more students to enroll in this popular course. Drs. Glenn DuPont and Jimmy Cassidy will assist Dr. Dawson with the case presentation section of this program.

We are pleased that students will now be able to take this class in a timely manner and we can eliminate the frustration of long waiting lists.

**Piper Level One:**
“TMJ Diagnostics and Basic Management”
Also in 2002, Piper One will be expanded to accommodate the growing backlog of students, including specialists, waiting to take this foundational program. The Center will also offer more sections of Piper Two due to the increased demand of those students wishing to continue in their studies of temporomandibular disorders. Piper One has become increasingly popular with orthodontists and oral surgeons and is an excellent opportunity for the general practitioner to come with a specialist team for mutual study.

**Technician Two:**
“Restoring the Anterior Teeth”
Following the excellent evaluations of Technician One which debuted in August of 2000, the series will continue in 2002 with this hands-on class also taught by Buddy Shafer, CDT. The functional determinates and esthetic guidelines for anterior teeth are the primary focus of the course, which will include wax-up of six different anterior cases. Emphasis will also be placed on how to communicate the determinates to the laboratory and how to verify them.

Because the principles for determination, communication and verification are the same for diagnostic wax-ups, provisionals and final restorations, this class will benefit doctors and assistants as well as technicians. The prerequisite is Technician One or Seminar One.

**Emphasis on Implementation:**
Obtaining new clinical skills is only part of the process of creating a Top 10% practice. That is why we have created a number of courses that provide specific instruction in various aspects of practice management, systems and communications.

The New Patient Examination: Implementing Comprehensive Dentistry details the technical and non-technical requirements for success. Participants learn the step-by-step process for creating the all-important new patient experience as all facets of the examination appointment are taught.

Patient Communication Intensive has been developed to specifically teach the communication skills doctors need to help patients understand their dental problems and to help them solve any financial limitations they might have in obtaining the necessary treatment.

Managing for Excellence addresses the essential management and people skills needed to create a profitable, happy practice. Some of the topics include development of a philosophy of leadership, how to create a shared vision, knowledge about budgets and monitors and an approach to productive and profitable scheduling.

**Masters Library Series:**
There are two relatively new additions to the series.

The Laboratory Assistant Series, a 4-volume set was released in June 2000. These videos provide step-by-step instruction for developing a laboratory assistant. The videos cover topics such as how to set up an in-office mini-lab, pouring and mounting diagnostic casts using the CR bite and facebow recordings, indirect fabrication of provisional restorations including correct occlusal anatomy markings and fabrication of master die models.

…”the only competitive advantage in the 21st century is the capacity to learn.”
— Peter Senge
Volume 5, “Occlusal Evaluation: Examination, Justification, Consultation, Clinical Procedures” was released in May 2001. In this volume, the entire process, from screening history through the post equilibration interview, is illustrated. The actual process of direct occlusal equilibration on the patient’s natural teeth is included, along with tips on how the doctor and assistant work together as a smooth, efficient team.

I value the opportunities I have to visit with doctors, technicians and practice team members when they’re attending classes at the Center, and hear how “learning” has produced new and successful results in their practices. It is this feedback that energizes all of us and challenges us to find new, innovative ways to help you implement the Concept of Complete Dentistry and become a Top 10% practice. Peter Senge, author of The Fifth Discipline: The Art and Science of the Learning Organization wrote, “the only competitive advantage in the 21st century is the capacity to learn.” Our commitment is to continue to be innovative in our delivery of quality learning resources to you and your team, so that together you can create the practice and lifestyle of your dreams.

Editors note: The Dawson Center for Advanced Dental Study can be reached at 111 2nd Avenue NE, Suite 1109, St. Petersburg, Florida 33701. By phone 800-952-2178 or on the web at www.dawsoncenter.com.
Pouring a Splint Model:

What you should know about model accuracy

by Dan Miller, CDT

There are many choices of stone and plaster materials, each with its own characteristics and properties. The success or failure of fabricating a proper fitting appliance often depends on correct selection and use of these materials.

The amount of water used when mixing stone or plaster affects expansion, strength and hardness. Therefore, the proper mix of water and powder must be followed. Ratios for water and powder vary widely depending on the type of stone or plaster. A chart of the physical properties and classification of stone or plaster is supplied by the manufacturer.

All stone and plaster expands during setting that can take up to three hours to complete. If the gypsum expands too much, the outcome will be an improper fitting appliance. Due to the tight tolerance required to ensure a proper fitting splint, it is critical that a gypsum with the right properties is chosen and that the correct water to powder ratio is followed as indicated by the manufacturer. Many problems occur when the water and power is mixed by eye rather than by exact volume or weight. If the mix is too thick or too thin, then more water or powder is added. As a result, the crystallization process, strength and expansion will be adversely altered.

When pouring a splint model, you will want gypsum with an expansion rate below .13 percent. The other important property is hardness. Gypsum that is moderately hard to prevent the model

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Classification of Dental Gypsum Products

<table>
<thead>
<tr>
<th>ADA Classification</th>
<th>Traditional Terminology</th>
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<tbody>
<tr>
<td>Type I</td>
<td>Impression plaster</td>
</tr>
<tr>
<td>Type II</td>
<td>Model plaster</td>
</tr>
<tr>
<td>Type III</td>
<td>Dental stone</td>
</tr>
<tr>
<td>Type IV</td>
<td>Die stone or high-strength dental stone</td>
</tr>
<tr>
<td>Type V</td>
<td>High-strength, high-expansion die stone</td>
</tr>
<tr>
<td></td>
<td>Impression plaster</td>
</tr>
<tr>
<td></td>
<td>Lab or model plaster</td>
</tr>
<tr>
<td></td>
<td>Class I stone, cast stone, or hydrocal</td>
</tr>
<tr>
<td></td>
<td>Class II stone, densite or improved stone</td>
</tr>
</tbody>
</table>

ADA, American Dental Association.
We have been discussing the reasons that are keeping many of you from practicing complete dentistry and decided to address those in a way that no one else has. We realized that most of you leave a seminar with a new vision and you want to take your practice in a new direction, but you don’t know where to start. So what happens? You go back to your office with high expectations but you find out your staff doesn’t have a clue what this new vision is, and to make things worse, you don’t understand it well enough to teach them yourself. You make attempts for a few weeks, then everyone’s frustration level goes up and you fall right back into the same old habits.

We began to discuss how to best address this issue. We listened to doctors at the seminars when they would tell us they really wanted to practice this way but their staff just wasn’t willing to make the changes. Of course, when we talked to the staff, they said they would love to try something new, but they had no idea what the doctor wanted. I would listen to the doctors and staff members at the courses I teach at the Dawson Center and would hear the same thing.

For the last couple of years Kathy Anderson, of the Kathy Anderson Group, has brought me into the practices she is consulting with, to go over the concept of complete dentistry with the dentist and staff together. We would explain the importance of having an understanding of the masticatory system and the clinical skills necessary to practice this way. We quickly found out that the staff would get so excited about practicing this way that they are now the ones holding the doctors accountable for continuing on this journey.

We have learned that the entire staff has to be involved to make this vision work. We also found out that while there are lots of managerial consultants available, there were no clinical consultants teaching in your office. After being encouraged by Dr. Dawson and others, I started my own consulting group. So that is what I am doing and it has been phenomenally successful.

We offer two sessions now and have already designed a third and fourth. We customize each of them to fit your practice and then we bring the course to your office. When you believe your entire staff has to understand what you are doing, why you are doing it and that you are not the one to teach them, we can help you.

We have a series of two two-day sessions in your office. In the first session I spend some time with the doctor only, going over things we observe in the practice. We start by evaluating the work you send to your laboratory and the work you are getting back from them. We evaluate your prep design and your impressions. How long has it been since you have had anyone honestly critique your work and help you understand how and why it could be better?

We spend a large portion of the first day with the entire staff familiarizing them with the concept of whole mouth dentistry, why it is the best way to practice and why it is what their patients really want and
deserve. The rest of the day will be spent going over clinical skills. When was the last time you really looked at your alginate and attached the necessary importance to them? If you are going to use them for diagnostic models or for opposing models, don’t you agree that they should be extremely accurate? Does your staff know this? Do they know the correct method for taking and handling alginate impressions? I have found that they do not. We will go over the taking of records, which will include taking and verifying centric bite records and facebow registrations. We will go over the use of articulators and the proper way to mount and finish presentation quality models. We will go over photography and the photos you should be taking and why. The doctor, with all the staff present, is going to do a complete new patient exam on several staff members and we will review his terminology and methodology.

In between sessions the doctor and staff are required to make sure that a full exam has been done on each staff member, to include study models, bite records, facebow registration, mounted models and photographs.

In the second session we start the first day by reviewing the concepts of whole mouth dentistry and then get busy. We will do a full diagnosis and treatment plan on each of the staff members. We will also diagnose and treatment plan any complex cases you have prepared for us to review. Just going over all of these procedures with your entire staff present will take their dental IQ to a level you have only imagined in the past. This will insure you that when you are not in the operatory or at the front desk, the questions being asked by the patients are being answered the way you want them to be. We will all (the entire staff) watch the doctor go over several of the case presentations we have prepared and bring his presentation skills up to as high a level as possible.

In later sessions we will work with the entire team to teach you how to transition existing patients from their present status to one in which they go through a complete exam the same as a new patient. This is the area where you will find the most restorative work to be done. And these are patients that already know and trust you. We will work together on your language skills. I usually find that you are not speaking in a language that the patients understand and that your case acceptance will go up as soon as you explain things to the patients in a language they understand.

These are all very long and very busy days. We try to have a lot of fun while we are doing all of this, but we are very serious about getting great results. Your entire staff must participate in this or there is no point in doing it at all. You can never practice the highest quality dentistry alone. You and your staff must be involved at all levels and you must all believe in what you are doing.

Mr. Johnson is a member of the faculty at the Dawson Center for Advanced Dental Study in St. Petersburg, FL.

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from fracturing or distorting is suggested. Gypsum that has between 7,000-11,000 psi (compression strength) is ideal. These requirements translate to gypsum that is classified as Type III or IV, such as ResinRock, Silky-Rock, Mounting Stone or Denstone. Stone is preferred for splints because it requires less water than plasters, making it harder and stronger.

Choosing a dental stone with the right physical properties and strictly adhering to the manufacturer’s water/powder ratio and mixing instructions will go a long way toward ensuring a proper fitting splint.

Dan Miller, CDT, is director of education and instructor at Great Lakes Orthodontics, Ltd. He is an international lecturer and trainer on the art of appliance fabrication.

References:
Philips, Ralph W., MS, DSc; Moore, B. Keith, PhD. Elements of Dental Materials, 5:40-49,1994

Many problems occur when the water and powder is mixed by eye rather than exact volume or weight.