

THE READERS' CORNER

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(Editor's Note: The Readers' Corner is a quarterly feature of JCO in which orthodontists share their experiences and opinions about treatment and practice management. Pairs of questions are mailed periodically to JCO subscribers selected at random, and the responses are summarized in this column.)

How many study clubs do you belong to, either on a regular or a corresponding basis?

Fully 91% of the respondents were affiliated with study clubs that met on a regular basis. Most of these clinicians belonged to groups in their local areas, but some were also associated with regional clubs. Many belonged to both specialist and general dental study clubs. Only 7% reported that they did not belong to any study group.

How often does the study club meet, and where does it meet?

About two-thirds of the respondents attended study club meetings on a monthly or quarterly basis; a few said their meetings were suspended in the summer. Another 10% of the clinicians met biannually, and a small percentage attended study groups once a year.

Some 30% of the clubs always met in the same locations. Most of the others rotated among the offices of the clubs' members. Only three respondents indicated that their study club meetings were held online or by telephone conference calls.



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How would you describe the study club's goals and agenda?

The clubs were primarily focused on diagnosis and treatment planning or contemporary biomechanics, or were formed for mutual protection in the event of death, sickness, or disability of one of the members.

The respondents unanimously reported that their study groups' agendas focused on different themes at each meeting. The most common program involved sharing clinical and practice-management tips. Presentations by outside speakers and case reports were almost equally popular. Social interaction was often mentioned as an essential function of a study club. Programs focusing on interdisciplinary communication were somewhat less prevalent.

Comments included:

- "My club helps me reconnect with colleagues and to reconfirm our members' commitment to help any member who gets injured or to help sell the practices of those who pass away."
- "Each member brings one problem case for diagnosis, treatment planning, and discussion."
- "We present clinical and management journal articles and discuss them."

Who belongs to the study club?

The majority of respondents were associated with study clubs for orthodontists only. Many of them noted, however, that they belonged to more than one study group, and that their other groups included general dentists, specialists in other disciplines, or manufacturers' representatives.

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How did you find out about the club?

There were multiple ways of finding out about a study club, the most common being an invitation to join by other members. A few respondents learned of their clubs by word of mouth. In many cases, a regional or local study club came about because the respondent started it.

What are the main advantages and disadvantages of belonging to this study club?

The most commonly mentioned benefit was the professional interaction generated by exposure to new or updated techniques and treatment philosophies. Additional advantages included the value of obtaining opinions from fellow orthodontists when difficult cases were presented and discussed, the opportunity to share ideas with other dental specialists, and the availability of guest speakers with their own clinical expertise and philosophies. Also mentioned was the chance to see demonstrations and explanations of new products by manufacturers' representatives. A few respondents indicated that study club sessions afforded the opportunity to meet potential referral sources.

Typical remarks included:

- "The club allows me to stay abreast of treatment of multidisciplinary cases and is an invaluable opportunity to meet and socialize with some of the best orthodontists and restorative dentists in our community."
- "Guest speakers give our group an unusual opportunity to stay abreast of contemporary techniques and innovations."
- "The willingness to share treatment philosophies and techniques is an extraordinary benefit to my continuing professional education."

Disadvantages of study club membership were considered few and far between; in fact, the most common reply was that there were no disadvantages. A few clinicians, however, said the meetings occasionally interfered with busy schedules or that enthusiasm for their study groups had waned over time.

Some specific comments:

- "Our study club is aging, and members are becoming apathetic. Also, certain members do

not participate, and over the past 30 years we had to tell two members to leave."

- "It is difficult to schedule meetings that are convenient to everyone."

List some topics that were recently discussed or presented.

It was apparent from the replies that orthodontists are interested in a wide assortment of topics and agendas. The most frequently mentioned was the application of new mini-implant systems and the treatment options they offered for borderline extraction and surgical cases. Following this were appliance-specific topics such as the Damon system, Herbst appliances, and Invisalign technology. Other subjects included serial extraction, canine impactions, gingival margin contouring, treatment of dental and skeletal Class II malocclusions, veneers, and laser therapy. Non-clinical topics listed were photography, financial planning, retirement planning, marketing and public relations, dealing with fraud in the office, and OSHA requirements.

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