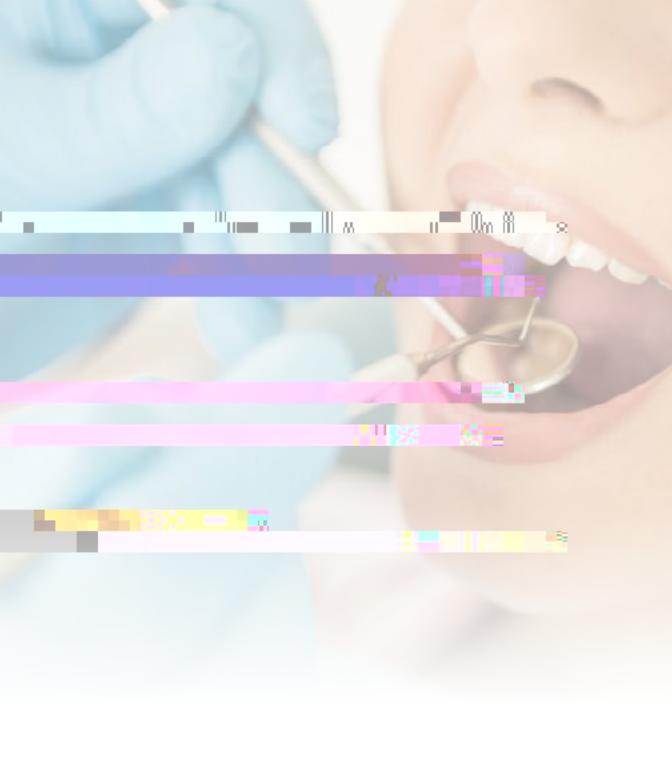
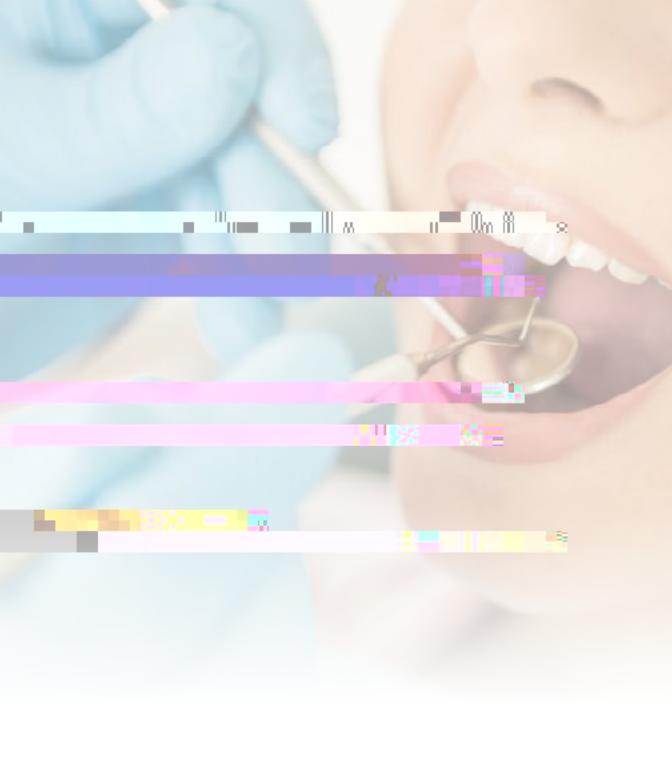
28th American World Dentistry Congress & 35th Annual World Dentistry Summit &

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Strategically preventing and managing team burnout

Abstract

According to the World Health Organization, **burnout syndrome** is a result of chronic workplace stress that has not been successfully managed. **Healthcare** providers su er from burnout at an alarming rate. Healthcare providers who su er from burnout may deliver less than satisfactory patient care due to their **overwhelming** stress level.

An organization's culture is key to the wellbeing of the team as well as the clients that are serviced. A positive work culture supports and encourages workers, which in turn protects their overall wellbeing. Every team member wants to feel heard, valued, and appreciated. Workers are now looking for organizations that will align with these needs.

e whole team is responsible for the culture of an **organization**. e decision makers are however ultimately responsible for making sure all are actively participating in making the work cultures a positive one.

is interactive discussion will provide an overview on how to identify **burnout** and successfully implement strategies to prevent, manage, and overcome the damaging e ects within yourself and your team!.

Biography

Kari Carter-Cherelus RDH, DA, has been passionately advocating for others for more than 24 years. As a clinician, speaker, author, consultant, writer, and a coach, she helps to empower individuals and organizations through her relatable content. She inspires her colleagues by discussing how she overcame burnout and overwhelm.

Kari knows rsthand how working in a hostile work environment can contribute to the feeling of burnout, negatively e ecting ones overall health and con dence. She authored the book e Ultimate Guide for Dental Hygienist Burnout to serve as a guide to help dental hygienists in all stages of their career.



Kari Carter-Cherelus RDH KMC Strategic Solutions, United States.

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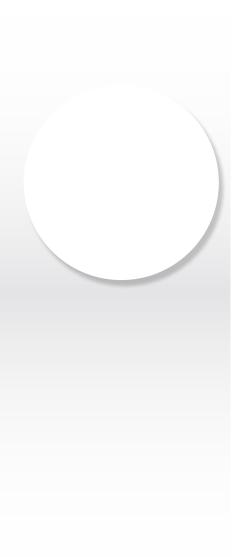
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E ect of cone-beam computed tomography voxel size on detection of vertical periodontal bone defects

Abstract

Objectives: Finding the best voxel size for the detection of vertical **periodontal** bone defects with

minimum patient radiation dose is a priority.
is study sought to assess the e ect of conebeam

computed tomography (CBCT) voxel size on the detection of vertical bone defects.

Materials and Methods: In this in vitro, experimental study, 31 vertical defects including 2 one-wall, 12 two-wall, and 17 three-wall defects were randomly created in the maxilla and mandible of four sheep skulls with the associated so tissue using round and needle burs. Forty sound sites were considered as the control group. e CBCT scans were obtained from the skulls with 0.150 and 0.300 mm3 voxel sizes and 8 x 11 cm2 eld of view (FOV). e images were randomly evaluated by two oral and maxillofacial radiologists and two periodontists, and their indings were recorded. e inter-rater observer agreement (weighted kappa), sensitivity and specificity values were calculated for each voxel size. Comparisons were made using paired t-test.

Results: e two voxel sizes had no signi cant di erence in detecting one-wall and two-wall defects (P>0.05). But the smaller voxel size was **signi cantly** superior for detecting three-wall defects (P=0.001). e inter-rater observer agreement was unfavorable (kappa < 0.6) for the detection of all three defect types.

Conclusion: In general, increasing the image resolution by **decreasing** the voxel size increased the sensitivity and reduced the speciacity of CBCT for detection of vertical bone defects, and is only recommended for detection of three-wall defects.

Biography

Dr. E ekhar studied General Dentistry at Tehran University of medical sciences, Tehran, Iran for almost 6 and a half years and graduated as a general dentist in 2020. She received her doctoral degree on the 5th of August 2020 at the same institution. She is interested in the eld of periodontology and surgery and has done some researches in this eld.

Masoumeh Eftekhar
Tehran University of Medical Sciences,
Iran.

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Biography

Hantang Sun, B.A Shandong Medical University 1997, M.D. e Fourth Military Medical University School of Stomatology 2000, Ph.D. e Fourth Military Medical University School of Stomatology 2003, Endodontic Fellowship Tokyo Medical and Dental University School of Dentistry 2006, Operative Dentistry Fellowship Loma Linda University School of Dentistry 2011. Associate Professor of the Fourth Military Medical University School of Stomatology 2009-2017. Chair and Professor of the Dept. of Operative Dentistry and Endodontics, A liated Nantong Stomatoligical Hospital, Nantong University 2017-current. Research and interests- Anatomy of teeth, Odontogenesis, Endodontic Instruments and Technology, Dental Education. Member of Chinese Geriatric Dentistry Committee, Chinese Stomatological Association. Member of Operative Dentistry Endodontics Committee, Stomatological Association of Jiangsu Province, China. Member and Secretary of Stomatoligical Committee, Medical Association of Nantong City. Published and/or presented over 30 abstracts and peer reviewed publications, including one presented in the International Federation of Endodontic Association (IFEA) Congress 2018, which was held in Seoul, Korea.

Hantang Sun Affiliated Nantong Stomatoligical Hospital, Nantong University; China.

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Visibility of anatomical landmarks in the region of the mandibular third molar, a comparison between a low-dose and default protocol of CBCT.

Abstract:

European commission of radiation proection (Euratom) has elaborated guidelines, SedentexCT, with the objective to promote scienti c based use of dental CBCT for varios diagnostic indications e.g., mandibular third molars. Optimization of radiographic examinations is necessary for radiation protection and many countries regulate radiation delivery to patients by law. erefore, the aim of the study was to investigate the clinical applicability of a low-dose CBCT protocol as compared to the default for pre-surgical evaluation of mandibular third molars. Forty-eight patients (62 teeth) referred for pre-surgical mandibular third molar examination was enrolled a 4c0 high stialed h(ic)--1.610.li-28.m (h)4 (s) o)t d tph (h)4 l()To()T (s)-59 S.9 (o t)-6 (h)4 (e)

Josefine Cederhag Malmö University, Malmö, Sweden

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Orthodontic treatment of complex cases

Abstract:

In developing countries such as Brazil, the **socioeconomic** condition of the population is reflected in the condition of oral health. In a scenario of great scarcity, oral health is delegated to a second priority level. erefore, a greater number of teeth are lost due to caries disease associated with a disculty for the

population to have access to specialized treatment in dentistry. is is re ected in Orthodontics. A large number of patients come to treatment with malocclusions acquired or aggravated by tooth loss. erefore, the incidence of patients seeking orthodontic treatment with malocclusions such as: 1) dental midline deviation is high; 2) slanted molars; 3) accentuated Spee curve; 4) large spaces to be enclosed; 5) buccal corridors acquired by inclination of the teeth towards the palate, a er loss of teeth in the lower arch and 6) need for intrusion of teeth that extruded due to lack of antagonist teeth. Apart from these issues of greater

in uence of the socioeconomic condition, there are also cases with skeletal malocclusions, causing disharmonies between the bone bases in the anteroposterior direction and with transverse problems. Report of complex clinical cases of Brazilian



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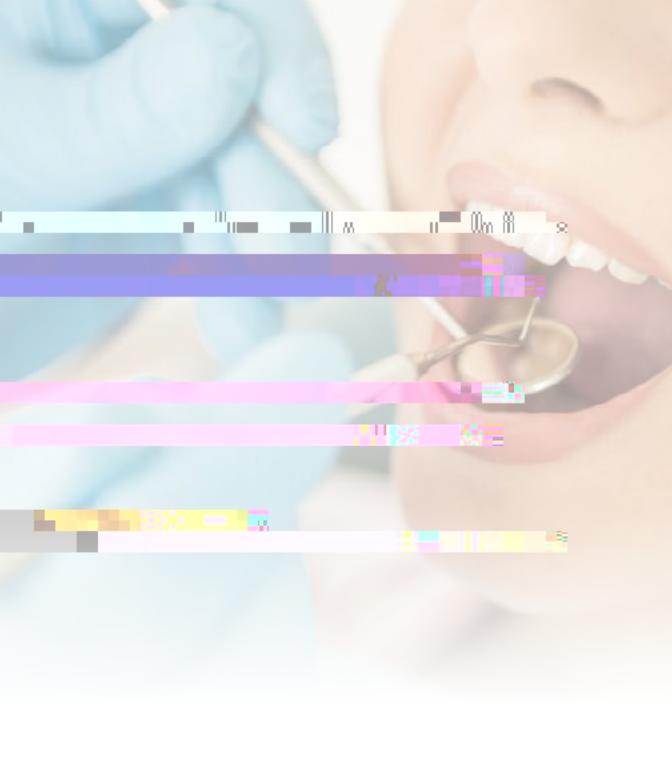
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Molecular biology applications in oral and maxillofacial Abstract:

Genetic developments during the 20th century had a great impact on our lives initiated by Mendel principles in 1900. Following the publication of the entire human genome







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