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RESEARCH AND EDUCATION

Leadership education in prosthodontics: Development and impact of the Future Leaders in Prosthodontics (FLIP) workshops

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ABSTRACT

Statement of problem. The effectiveness of leadership education for prosthodontists is unknown.

Purpose. The purpose of this survey study was to evaluate the self-perceived impact a 2- to 2.5-day leadership education workshop in prosthodontics had on participants' professional, leadership, and management development.

Material and methods. Participants who attended a leadership workshop for future leaders in prosthodontics (FLIP) were surveyed to assess their self-reported improvements in different leadership domains. The survey was administered to 89 participants using an online survey tool, and demographic data about participants were also collected. Results were tabulated for descriptive presentation. Where applicable, the Spearman correlation coefficients were calculated.

Results. Seventy-two individuals responded to the invitation for a response rate of 80.9%. Improvement in all 11 leadership capabilities assessed in the survey was noted by over 75% of respondents. Over 90% of respondents reported improvement in overall leadership, career management, team management, self-awareness, problem-solving, and conflict resolution. No significant ($P>.13$) relationships were found among demographic data such as age, sex, home continent, or primary career focus (academics or private practice).

Conclusions. Within the limitations of this survey study, participants in a leadership workshop noted improvement in a variety of leadership capabilities. (J Prosthet Dent 2019;122:467-73)

According to the American Dental Association, the number of dentists per capita in the United States is higher than it has ever been and is projected to continue growing until at least 2035.[1] Increased competition among dentists can be expected as they compete for patients seeking care. Simultaneously, university budgets have been diminishing in relative terms, a phenomenon exacerbated by the global recession of 2008 to 2009.[2] Greater reliance on limited research funding, faculty entrepreneurship, and philanthropy as sources of revenue in academic settings has ensued. It is against these backdrops of increasing competition and financial pressure that practicing and academic dentists are challenged to make sound leadership business decisions in order to be successful.

Dental training programs at the predoctoral level routinely include only minimal exposure to education in leadership. While dental schools strive to meet Commission on Dental Accreditation (CODA) standards with regard to practice management and recognizing that leadership and management are different things, the bulk of dental school curricula revolves around dental knowledge and the technical application of dental skills.[3] However, some dental schools offer combined DDS/MBA programs that

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Clinical Implications

Clinical, practice, and academic success rely on sound career development choices. Pursuit of education in leadership is a choice that can provide participants with an array of decision-making and team-leading skills. In this way, clinicians and academics can enhance their individual success and the success of the teams they lead.

include leadership education to prepare dental students to lead.

In prosthodontic residency programs, although CODA standards also require practice management education, leadership education is not a specific focus.[4] This may result in prosthodontic graduates with limited preparation for leadership roles as they enter the private practice or academic workforce. Such graduates are unable to appreciate the myriad short- and long-term leadership and business challenges they are about to experience. In the academic arena, leaders of programs, divisions, departments, sections, and centers, as well as assistant/associate deans and deans, are usually selected from the faculty pool. Yet, leadership training generally is not considered a key piece of the faculty development model during the early career years.

For those beyond formal dental education, there are different ways to develop leadership capabilities. Some are informal such as finding a mentor who has the experience and willingness to pass along their wisdom or reading leadership literature and watching online videos. Both the American Dental Association (ADA)[5] and the American Dental Educators Association (ADEA)[6] provide development opportunities through programs offering content from a variety of relevant experts. More formal ways are through online courses from universities via platforms such as EdX or Coursera or in-person coursework in community colleges or universities. University-based programs might culminate in a degree with the Masters in Business Administration (MBA). In prosthodontics, where does one turn to learn leadership capabilities?

Recognizing that new prosthodontic faculty in the early years of their career in academics often have limited access to formal education in leadership in their institutional environment, a novel workshop series titled Future Leaders in Prosthodontics (FLIP) was conceived by 2 of the authors (S.K., N.G.) in 2012. A specific goal of this program was to introduce select fundamentals of leadership science and practice to a group of 20 to 25 aspiring future leaders in academic prosthodontics. A key element of the FLIP workshop program was to expose participants to the science and art of leadership. Beginning with the third workshop, the curriculum expanded to include sessions addressing leadership challenges in private practice. Another key element of FLIP was to build a global network of future leaders and established leaders in prosthodontics, including leadership coaches.

The first two workshops, FLIP1 and FLIP2, were hosted by the Mayo Clinic Section of Prosthodontics in 2013 and 2014, and subsequent workshops have taken place at other locations (Table 1). In addition, the first FLIP reunion workshop for FLIP1 to FLIP6 alumni took place in May 2017 in the United States immediately before the Academy of Prosthodontics Centennial Scientific Session. FLIP8 took place in Bangkok, Thailand, in March 2019, further expanding FLIP as a global initiative.

Support for the FLIP programs has come from a variety of sources including the Academy of Prosthodontics Foundation, the Academy of Prosthodontics, Nobel Biocare, and each of the host institutions (Table 1). FLIP4 and FLIP7 were additionally cosponsored by the Editorial Council of the *Journal of Prosthetic Dentistry*. Since FLIP3, the workshops have been conducted by Career Design in Dentistry, a nonprofit corporation dedicated to providing education in leadership and management for those in private practice and academia.

Participants can be nominated to attend an FLIP workshop by anyone involved in prosthodontics, most frequently by individuals from the sponsoring partners or by alumni of FLIP workshops. The principle eligibility criterion is that nominees be within 3 years (before or after) their first major leadership position. Diversity in participant education requires they have a significant interest in prosthodontics; a participant does not have to be a dentist or prosthodontist to participate. The number of alumni that can attend an FLIP workshop again is capped at 5 to ensure that new participants form a significant majority.

A typical FLIP workshop lasts 2 to 2.5 days and consists of lectures and action learning exercises. Lectures are given by established leaders in prosthodontics as well as by experts in elements of leadership. Each FLIP workshop has been unique in terms of overall content, covering topics such as negotiations, team building, conflict resolution, creativity, budgets, building an outstanding practice, building an outstanding clinical career, being a dean/chair, neuroscience of leadership, leadership theory, effective decision-making, philanthropy, mental resilience, and leading in professional organizations. The personal development of leadership traits has also been explored, such as those promoted by Goleman in his teachings on "emotional intelligence,"[7] traits that women appear to manifest more than men.[8,9] This content is predominantly foundational and is complemented by action learning exercises. Action learning exercises allowed for small group interactions and fostered team-building dynamics.[10] In this regard,

Table 1. Dates, locations, host institutions, and sponsors of FLIP workshops

Workshop	Workshop Dates	Location	Host Institution	Co-sponsors
FLIP1	October 27-29, 2013	Rochester, Minnesota, USA	Mayo Clinic	William R. Laney Endowment for Prosthodontic Education, Academy of Prosthodontics Foundation
FLIP2	October 25-27, 2014	Rochester, Minnesota, USA	Mayo Clinic	William R. Laney Endowment for Prosthodontic Education, Academy of Prosthodontics Foundation
FLIP3	May 14-15, 2016	Rochester, New York, USA	Eastman Institute for Oral Health	Academy of Prosthodontics Foundation, Nobel Biocare USA, Career Design in Dentistry
FLIP4	March 11-12, 2017	London, United Kingdom	Kings College London, Guys Hospital	Academy of Prosthodontics Foundation, Academy of Prosthodontics, Nobel Biocare AG, Editorial Council of the *Journal of Prosthetic Dentistry*, and Career Design in Dentistry
FLIP5	May 19-21, 2017	Jackson, Mississippi, USA	University of Mississippi School of Dentistry	Academy of Prosthodontics Foundation, Nobel Biocare USA, Career Design in Dentistry
FLIP6	February 10-12, 2018	Yorba Linda, California, USA	Nobel Biocare USA Traning Center	Academy of Prosthodontics Foundation, Nobel Biocare USA, Career Design in Dentistry
FLIP7	September 7-9, 2018	London, United Kingdom	Kings College London, Guys Hospital	Academy of Prosthodontics Foundation, Academy of Prosthodontics, Nobel Biocare AG, Editorial Council of the *Journal of Prosthetic Dentistry*, and Career Design in Dentistry
FLIP8	March 4-5, 2019	Bangkok, Thailand	Chulalongkorn University	Academy of Prosthodontics Foundation, Academy of Prosthodontics, Nobel Biocare AG, Editorial Council of the *Journal of Prosthetic Dentistry*, and Career Design in Dentistry

FLIP, future leaders in prosthodontics.

FLIP workshops have aligned well with leadership development programs for physicians.[11,12] In addition, networking among participants and between participants and faculty was encouraged through long breaks between sessions. Social connections were promoted through these interactions as well as a workshop dinner.

While informal conversations with participants and faculty during and after the workshops have indicated that participants enjoyed their experience, the impact of attending an FLIP workshop is best assessed over time and in a manner where feedback can be provided anonymously. Two ways to assess workshop impact would be at the organizational level and the individual level. This article reports individual participant's perceptions of the impact an FLIP workshop had on their professional, leadership, and management navigation.

MATERIAL AND METHODS

The UCLA Office of the Human Research Protection Program determined that the project did not meet the definition of human subject research. A total of 89 individuals (33.7% women, 66.3% men) who attended FLIP1, FLIP2, FLIP3, FLIP4, and FLIP5 were invited to participate in the survey, which was disseminated using the online portal, SurveyMonkey, and a reminder email was sent 48 hours later. The survey contained a total of 18 questions (Table 2). Participant demographic data were captured in 5 questions (questions 12, 13, 14, 17, and 18). Eleven multiple choice questions (questions 1 to 11) focused on participant's perception of whether and to what degree attending FLIP had changed their leadership/management skills. Five of these 11 questions asked participants to assess their development in some of Goleman's 5 components of emotional intelligence[4]: self-awareness (question 5), empathy (question 3), and social skills (questions 2, 6, 9, and 10). The remainder of the 11 questions focused on general leadership qualities including overall leadership, time management, career management, and decision-making. Finally, 2 open-ended questions asked participants to describe key learnings from FLIP and to describe additional leadership/management topics of interest (questions 15, 16). The survey was administered online, and the question order in each survey was randomized. The same IP address was limited to 1 survey submission to eliminate duplicate submissions. Responses to the survey were anonymous.

The Spearman rank correlation coefficients were used to determine whether correlations existed in responses based on participants' sex, age, primary career focus, number of workshops attended, and home continent (α=.05).

RESULTS

A total of 72 FLIP workshop participants completed the survey for a response rate of 80.9%. The sex distribution of the survey respondents was 36.1% women and 68.9% men.

Participants' age categories ranged from 30 to 34 to 50 to 54 years (Fig. 1A). The geographic distribution of participants (Fig. 1B) indicated the majority were from North America (59.7%), followed by Europe (19.4%) and Asia (15.3%). Most participants identified a primary career focus (Fig. 1C) in academics (54.2%), followed by private practice (31.9%) and hospital practice (13.9%). The majority (73.6%) of the participants had only attended 1 FLIP workshop, 22.2% had attended 2 workshops, and 4.2% more than 2 workshops.

The impact of attending 1 or more FLIP workshops on the respondents' self-perceived improvement (significantly

Table 2. Survey instrument containing 18 questions

Thank you for taking this survey to help us learn where FLIP has been able and unable to help you with your career and your daily lives. FLIP Impact Survey
1. As a direct result of attending one or more FLIP workshops, how would you describe your overall leadership skills?
Significantly improved
Slightly improved
Unchanged
Worse
2. As a direct result of attending one or more FLIP workshops, how would you describe your social skills?
Significantly improved
Slightly improved
Unchanged
Worse
3. As a direct result of attending one or more FLIP workshops, how would you describe your empathy for others?
Significantly improved
Slightly improved
Unchanged
Worse
4. As a direct result of attending one or more FLIP workshops, how would you describe your time management skills?
Significantly improved
Slightly improved
Unchanged
Worse
5. As a direct result of attending one or more FLIP workshops, how would you describe your self-awareness?
Significantly improved
Slightly improved
Unchanged
Worse
6. As a direct result of attending one or more FLIP workshops, how would you describe your communication skills?
Significantly improved
Slightly improved
Unchanged
Worse
7. As a direct result of attending one or more FLIP workshops, how would you describe your problem-solving skills?
Significantly improved
Slightly improved
Unchanged
Worse
8. As a direct result of attending one or more FLIP workshops, how would you describe your decision-making skills?
Significantly improved
Slightly improved
Unchanged
Worse
9. As a direct result of attending one or more FLIP workshops, how would you describe your team management skills?
Significantly improved
Slightly improved
Unchanged
Worse
10. As a direct result of attending one of more FLIP workshops, how would you describe your conflict-resolution skills?
Significantly improved
Slightly improved
Unchanged
Worse
11. As a direct result of attending one of more FLIP workshops, how would you describe your career management skills?
Significantly improved
Slightly improved
Unchanged
Worse
12. How many total FLIP workshops have you attended as a participant or faculty?
1
2
3
4
5
13. What is your gender?
Female
Male
14. Which of the following do you view as your current primary career focus?
Private practice
Academics
Hospital dentistry
Military
15. Please describe 1 or 2 specific ways or interactions where attending an FLIP workshop has helped you.
16. Please describe leadership or management where you would like additional education/training.
17. What is your home continent where you work?
North America
Europe
South America
Africa
Australia
Asia
18. What is your age? (y)
25-29
30-34
35-39
40-44
45-49
50-54

(*continued on next column*)

or slightly improved) in leadership capabilities is seen in Table 3. Almost all (96.2%) respondents reported improvement in overall leadership, and over 90% reported improvement in career and team management, self-awareness, problem-solving, and conflict resolution. Social skills, time management, and empathy were the elements showing the least percentages of improvement, yet more than 75% of the participants indicated improvement in these leadership capabilities and all the other tested capabilities.

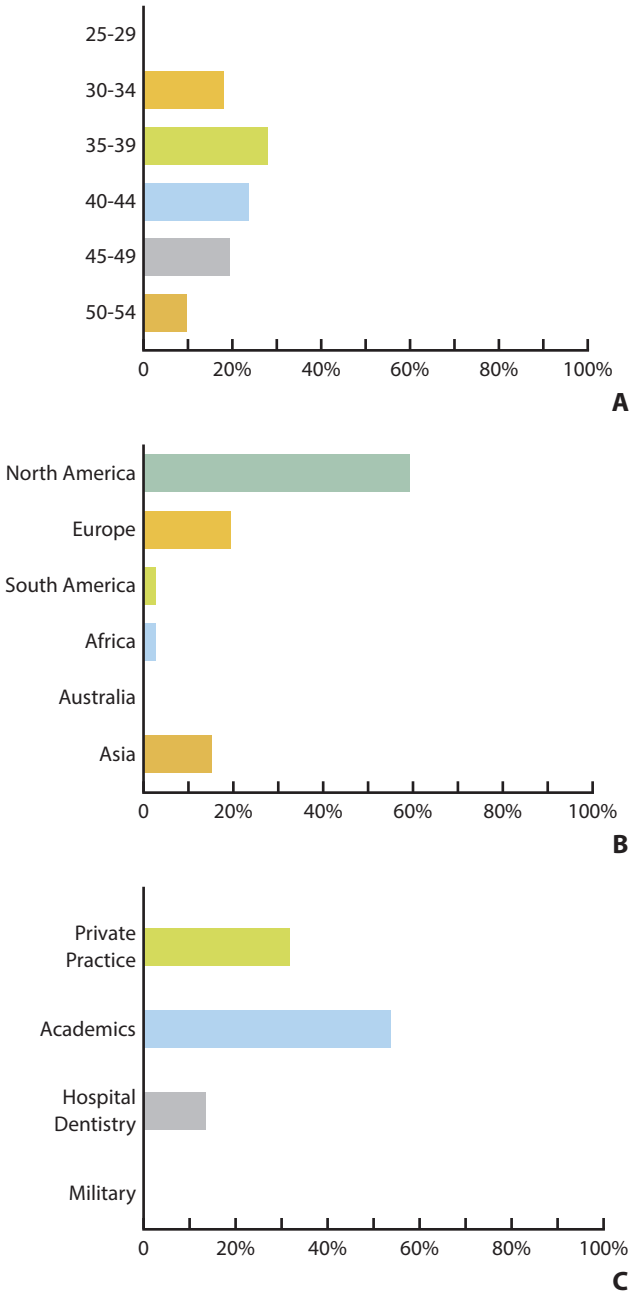

Figure 1. A, Age distribution of survey respondents. B, Home continent distribution of survey respondents. C, Primary career focus distribution of survey respondents.

The Spearman correlation coefficients between the respondents' age (Table 4) or sex (Table 5) and the respondents' answers to questions focusing on their perception of changes in their leadership or management skills were relatively weak ($r<0.2$) and not statistically significant ($P>.13$). Furthermore, none of the other demographic variables (primary career focus, number of workshops attended, or home continent) were correlated with the respondents' answers to the survey questions.

Table 3. Rank order of leadership capabilities by percentage of respondents scoring "Significantly improved" or "Slightly improved"

Rank	Leadership Capability	Percentage of Respondents Answering "Significantly Improved" or "Slightly Improved"
1	Overall leadership	96.2
2	Career management	95.8
3	Team management	94.5
3	Self-awareness	94.4
3	Problem-solving	91.7
6	Conflict resolution	90.3
7	Communication	88.7
8	Decision-making	87.5
9	Empathy	80.6
10	Time management	77.8
11	Social skills	76.1

Individual comments to the open-ended questions were reviewed and grouped based on general content area. Among the specific ways in which attending FLIP has helped the participants develop their leadership capabilities, the most commonly cited topics were the impact of networking and developing professional relationships, understanding leader-follower dynamics, gaining a better perspective on leadership in academics, and how to strategically grow a private practice. Regarding areas of interest for future leadership training, the most commonly cited areas were conflict resolution, business development, motivating others, and navigating organizational politics and behavior.

DISCUSSION

The noted leadership and management expert and educator, John Maxwell, stated that "The single biggest way to impact an organization is to focus on leadership development. There is almost no limit to the potential of an organization that recruits good people, raises them up as leaders and continually develops them."[13] Unfortunately, dental schools spend more resources on training good researchers, good educators, and good clinicians than they do on training good leaders, whether it be for academic or private practice settings. Indeed, education in leadership often is offered only to those who have been identified as high potential leaders based on achievements in research, education, and clinical care, as if being excellent in one or more of those areas is a prerequisite for becoming a leader. This is despite examples from the business and sports worlds where the most successful leaders, coaches, or team managers are not necessarily exceptional at specific business tasks or the sport they coach.[14] Leadership is an entity and a skill set all to itself.

Leadership is hard—even for those who have training in leadership. How can those who have no or limited training be helped? Where do they turn? As noted

Table 4. Spearman correlation coefficients of participants' response to change in leadership capability relative to participant age

Leadership Capability and Age	Spearman Correlation Coefficient	*P*
Overall leadership	-0.08	.50
Problem-solving	-0.18	.13
Time management	-0.09	.43
Conflict resolution	0.04	.75
Career management	-0.02	.86
Team management	-0.09	.46
Communication	0.05	.70
Decision-making	-0.12	.30
Self-awareness	-0.01	.94
Social skills	-0.03	.84
Empathy	-0.12	.31

Table 5. Spearman correlation coefficients of participants' response to change in leadership capability relative to participants' sex

Leadership Capability and Sex	Spearman Correlation Coefficient	*P*
Overall leadership	-0.04	.76
Problem-solving	0.08	.50
Time management	0.03	.79
Conflict resolution	0.02	.87
Career management	0.01	.95
Team management	0.01	.95
Communication	-0.00	.98
Decision-making	0.05	.68
Self-awareness	0.05	.70
Social skills	-0.07	.57
Empathy	0.08	.49

previously, ADEA and ADA have leadership development programs, as do some US state dental associations. If one goal is to develop certain leadership capabilities, such as strategic decision-making or negotiating, an interested person could seek executive education at a business college. For those with greater interest, pursuit of an MBA is also an option, and a choice would need to be made between a general MBA and one that focuses on health care. However, investing in developing a skill or capability takes resources and time, and early-career academicians and clinicians are often unable to commit the time and resources for extensive leadership training. At the same time, if the same leadership mistakes are made repeatedly, with budgetary and career implications, does it matter that one is an excellent clinician, educator, or researcher? When it comes to leadership, direction is more important than speed. Heading in the right direction slowly is better than heading in the wrong direction quickly. Learning and acquiring leadership capabilities to lead oneself, and a group for which one is responsible, in the right direction is an important investment.

FLIP offers participants an opportunity to experience a relatively brief intervention designed to allow them to appreciate the breadth and depth of the leadership topics and resources available. Although it is merely an introduction to the vast fields of leadership, management science, and practice, it is encouraging that almost all (97.2%) respondents reported improvement in overall leadership and that over 90% reported improvement in career and team management, self-awareness, problem-solving, and conflict resolution (Table 3). Indeed, over 75% of the participants reported at least some improvement in all the 11 areas of leadership capability assessed in the survey. These data indicate that the participants perceived benefit from attending a leadership workshop. Following on, and based on participants' comments, it was clear the participants perceived the benefits of networking and making new friends as significant. In today's global environment, the fact that every workshop had participants from 4, and sometimes 5, continents is important for establishing friendships that yield global collaboration. Furthermore, participants' comments demonstrated their desire to learn more about conflict resolution, motivating others, business development, and the challenges brought forth by organizational politics. These topics represent 3 routine matters with which academics and private practitioners struggle daily and that are based on relationship. Business development requires long-term thinking, which suggests future workshops should focus on elements such as vision setting, strategy, marketing, and innovation.

None of the responses to any of the 11 questions were correlated with the respondents' sex or age. With regard to sex, the survey questions were designed to include some elements of emotional intelligence: empathy, social skills, and self-awareness. A sex difference could have manifested here as women are thought to be better at appreciating and showing the traits associated with emotional intelligence.[11,12] However, no difference between the sexes was found in terms of improvement in these 3 elements of emotional intelligence. Perhaps, because the women and men attending the workshop had been nominated for showing good leadership skills and potential, their skill sets were solid a priori, or perhaps all participants perceived an improvement in these capabilities regardless of the level at which they began the workshop.

With regard to age, there was a broad distribution of age among the participants. Again, considering that the eligibility criteria for the workshops were related to leadership experience, the age distribution is not surprising as different people seek or are chosen for leadership positions independently of age. However, none of the areas examined in the survey were influenced by the participants' age. It may be that the criteria selected for individuals who were in a narrow range of leadership experience (within 3 years of their first major leadership

position), and hence, the effect of age was negated given the content of the workshop and the way the survey was designed. Also, because the workshops focused on the fundamentals of leadership, the effect of age may be less than if the workshops focused on more advanced leadership theory and practice for more seasoned, and presumably older, participants. Overall, these results indicate that leadership education may benefit people across the age spectrum.

Measuring the impact of leadership training is difficult. How any leadership-specific outcome has been impacted by any single training experience is almost impossible to measure objectively because many other factors can influence leadership performance. A 2- to 2.5-day workshop all by itself is unlikely to have a unique impact. Rather, it is best viewed as one piece of a large educational puzzle where numerous factors in an individual's leadership development capabilities are in play. Perhaps workshop participants volunteered to attend because they realized the importance of cultivating leadership skills. Being nominated for and being willing to participate in an FLIP workshop shows they accept the need for the education. The fact that many FLIP alumni are moving into prominent leadership positions may be a self-fulfilling prophecy. Indeed, FLIP alumni may exemplify Steven Covey's response when he was asked if leaders are born or made: "Are leaders born or made? This is a false dichotomy—leaders are neither born nor made. Leaders choose to be leaders."[15] FLIP alumni may do well as leaders because they have chosen to be leaders, and attending an FLIP workshop is simply a manifestation of their choice.

CONCLUSIONS

Within the limitations of this survey study, the following conclusions were drawn:

1. Attending a leadership workshop is valued and appreciated by survey participants, who reported improvement in all areas identified as important for successful leadership.
2. These self-reported improvements are independent of a participant's age, sex, primary career focus, or home continent.

REFERENCES

1. American Dental Association. Health Policy Institute. Number of practicing dentists per capita in the United States will grow steadily 2016. Available at: http://www.ada.org/~/media/ADA/Science%20and%20Research/HPI/Files/HPIBrief_0616_1.pdf. Accessed August 20, 2018.
2. Mitchell M, Leachman M, Masterson K. A lost decade in higher education funding. Center on Budget Policy Priorities. Available at: https://www.cbpp.org/research/state-budget-and-tax/a-lost-decade-in-higher-education-funding. Accessed December 1, 2018.
3. Commission on Dental Accreditation, Standards 2-18, 2-19 and 2-20. Available at: https://www.ada.org/~/media/CODA/Files/pde.pdf?la=en. Accessed December 1, 2018.
4. Commission on Dental Accreditation, Standard 4-15. Available at: https://www.ada.org/~/media/CODA/Files/prostho.pdf?la=en. Accessed December 1, 2018.
5. American Dental Educators Association, ADA Leadership Institute. Available at: http://www.adea.org/LeadershipInstitute/. Accessed August 20, 2018.
6. American Dental Educators Association, ADEA Leadership Institute. Available at: http://www.adea.org/LeadershipInstitute/. Accessed August 20, 2018.
7. Goleman D. Emotional intelligence. 1st ed. New York: Bantam; 1995.
8. Curci A, Lanciano T, Soleti E, Zammuner VL, Salovey P. Construct validity of the Italian version of the Mayer-Salovey-Caruso emotional intelligence test (MS CEIT) v2.0. J Pers Assess 2013;95:486-94.
9. Wojciechowski J, Stolarski M, Matthews G. Emotional intelligence and mismatching expressive and verbal messages: a contribution to detection of deception. PLoS One 2014;9:e92570.
10. Kelliher F, Byrne S. The thinking behind the action (learning): reflections on the design and delivery of an executive management program. J Work Applied Mgmt 2018;10:35-49.
11. Frich JC, Brewster AL, Cherlin EJ, Bradley EH. Leadership development programs for physicians: a systematic review. J Gen Intern Med 2015;30:656-74.
12. Steinert Y, Naismith L, Mann K. Faculty development initiatives designed to promote leadership in medical education. A BEME systematic review: BEME guide no. 19. Med Teach 2012;34:483-503.
13. Maxwell JC. The 17 irrefutable laws of teamwork. 10th anniversary ed. Nashville, Tennessee: Thomas Nelson; 2001. p. 185.
14. Schempp PG, McCullick BA, Grant MA, Foo C, Wieser K. Professional playing experience does not lead to professional coaching success. J Coaching Educ 2010;3:72-82.
15. Covey S. The 8th habit: From effectiveness to greatness. New York: Free Press; 2004. p. 62.

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