I’m starting this thread as a “no question is stupid” forum and will recruit help from my colleagues.

So ask away people, clinical, management and anything else that you’ve been wondering. Caution: There are many negative Nelly’s out there... please ignore them. We will try to keep this upbeat and use it as a tool to help our future colleagues. Dental school is tough, we know, but this really is a great profession and despite what many try to tell you, I believe the future is bright despite the current economic downturn.

Fire away! ■ David C

Great idea. Here is a quote that fits the thread:
“Why create mediocrity when you can copy genius?” ■

Take a lot of CE. Save diligently and invest prudently. ■

Is dentistry worth it or should I go to another professional school? ■

BenBarks, for me, absolutely. Wouldn’t choose anything else. You will be hard pressed to find another profession that you can live a good life and work less than 40 hours a week. It’s a good gig. ■ David C

Am I going to make it? I am fairly new out of dental school… and it’s hard! Not the dentistry part… but the paying back loans and finding a job part. Right now I am working part time in a few practices and they are all cutting back on everything – hygiene, benefits, hours. I am barely floating at this point. I am searching for another associateship as we speak. Tell me it will get better. ■

ToofFixrDDS, of course it will get better. You’ll tread water for a while and then you’ll find some solid ground. I’m not saying it’s easy, but it will get better.

Where are you? ■

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I was going to ask where you are also. Part of how well you will do is where you practice... I had to move out of state to find a good opportunity and it has been a great experience. There are a lot of areas in which you can do well, just got to find them.

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I agree with hmgentry. There are many smarter, more talented dentists than me not making it because they refuse to leave their current location/demographic.

I have friends who refuse to purchase a practice 45 to 60 minutes away even though they could make $250K on three days a week to cut down on commute. Instead, they stay in the nice area close to home and struggle to make $150K on four days a week.

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ToofFixrDDS, you will make it if you “choose” to make it. While you have the time, do your homework on demographics and find a good area. I think I netted about $18K my first year out and I had student loans too. I bought an existing (small) practice and had no clue about how to manage or run a business. Had to learn on the fly and the second year was much better. Takes a little time to know what you don’t know.

Read the threads by Scott Leune, Saint, etc. These guys came out of the gate wide open. Try to educate yourself now on the business/practice management side. I thought that stuff was boring and I focused on the clinical stuff for many years. Now I realize I had it backward.

You’ll be fine; just don’t be afraid to look at some of the outlying areas that seem to be a bit off your radar as far as location. Rural areas can be great, very busy areas can work; you just have to do your homework.

Find the most successful dentist close by and call him and see if he can give you some help. The most successful people generally are the most generous and willing to share their “secrets” of success with a young professional.

Where are you located? ■ David C

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I am new timer and I appreciate all the old timers with the wisdom. I think with the Internet age, Dentaltown and other resources it is easier than ever before to be successful in dentistry. I am a very positive guy and just starting out, but I cannot find one business where success rate and predictability is better than dentistry (most of my family are fast food joint owners, hotel owners and in gas stations and convenient stores. It is scary competition out there, margins are small and reward is not great compared to risks you take). I think it is easier than ever before to do a start up and be successful. You have to know the demographics and be ready to move if you need to get the right demographics. Think like other businesses do. Treat people well and say thanks 100 times a day. ■

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Thanks for all the kind words! I am in New York, about halfway between Albany and New York City. I am not necessarily attached to the area, but I am attached to New York (license-wise). I am a little leery picking up and moving for a job. We had initially picked up and moved here for my first associateship (which lasted exactly six months. It wound up being a very poorly run dental mill). I am applying to a few health centers for possible National Health Service Corp (NHSC) loan repayment. Does anyone have any experience with them? Is it worth it? ■
What CE courses would you recommend dental students to take? There are grand rounds (free for students) and many others opportunities out there. What do you wish you did?

Getting patients is tough... some students have one to three patients a week. They are supposed to be in the clinic for all 10 sessions, too!

I wouldn’t change up from the techniques they’re teaching you in the schools – while you are still there and not graduated yet. So, be careful not to tick off some instructor by learning some “better way” to do things.

To get more patients, ask some of the patients you do have and like to refer a friend. Also, you could go down to a fire station or police station and put your name up on a bulletin board – you never know, you might fish one out that way.

I’d take the classes for after dental school.

I used all the Dentaltown efficiency shortcuts while in school... I just didn’t tell anyone about it. ■ Daniel C. Siriphongs, DDS, MS

Gone fishing
Posted: 1/13/2011
Post: 40 of 90

gregholm
Posted: 1/14/2011
Post: 41 of 90

danisiri
Posted: 1/14/2011
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Gone fishing.
Posterior composite restorations
Surgical extractions
Molar endo
Immediate dentures

Think that “the common things occur more commonly” so do you want to be great at it, or do you want to be great at something uncommon?

Danisiri, that’s the smart way while in school. I had been a lab tech for a couple of years and had an associateship in lab technology. I never told any of the instructors and few of my classmates knew. Being in dental school is like searching for the light at the end of the tunnel, you do what you have to do to get there.

Do what they ask just don’t give details about how you got things done. Tell them you learned it from one of them!

David, I have to applaud you for starting a thread like this. I am currently in my fourth year getting ready to graduate this April, and to be quite honest with everyone, for someone in my position, the negativity directed toward the “young guns” grows a bit tiresome and really serves no functional purpose. While I think there are people in my position that embody a whole range of clinical, interpersonal and business skills dependent on work ethic, experience before and during dental school and desire to learn, for the most part every phrase uttered about us is true. We are lacking in clinical experience, business savvy, case presentation and speed. The interesting thing is with a few exceptions for those highly cocky few who think they know it all, most of us soon-to-be and recent graduates already know this. It reminds me of the movie Austin Powers where he keeps saying “moley moley moley” to the character with the giant facial nevus. Guess what, he was aware of the problem, rubbing it in is funny if you aren’t the one with the problem, but it doesn’t help anyone.

Everyone gets his or her start somewhere. In fact I will wager a guess that the majority of the “old timers” on here didn’t come out of dental school in much better shape than we are today, many went straight into private practice and they made it happen. I refuse to listen to all the negative “you’re going to fail” talk and I refuse to give up and go work at Burger King. I will work my butt off to learn everything I can about dentistry, hopefully find a decent associateship and will own my own practice as soon as I feel I am ready and can provide my patients with the highest quality dentistry at a reasonable speed and stay in business.

I am grateful to those who make an honest effort to give back to us young grasshoppers and even more grateful for the amount of information I have gained either directly or indirectly from information on this forum; I have learned more here than in most of my lectures over the last four years, and in my opinion, it has made me much more competent than many of my peers. This is a great place to learn, question and improve, but oftentimes the negativity takes precedence over collegiality when it comes to us youngsters.

That being said, thank you to everyone for being willing to help and here is my question: When you guys were in our shoes, what were the biggest mistakes you made as a young dentist that you would do differently now? I’m thinking from all aspects – clinically, business decisions, investing, etc.

Thank you! ■ Chris

Chris, keep this mindset and you’ll be one who succeeds! ■ Daniel C. Siriphongs, DDS, MS
I’m not really an old-timer, but I’ll share. If you want to be in private practice, and make it easier on yourself, go where you are needed. Practice situations, like life, are a series of compromises. I grew up in a major city, as did my wife. Part of us wanted to live in an urban area with things to do, culture, etc. But of the places we considered, there was a dentist on every corner.

Thus the compromise that we were willing to make was to move to a rural area where I wouldn’t be worried about paying the bills. My services were needed. Everyone talks about CE, offering more services, etc. That’s true, but do you really want to see it come to fruition? Then practice where those services are not even offered. I have a decent practice, fifth year of my startup, because I do a little bit of everything. Cosmetic, implant surgery, sedation, amalgams, etc.

Have you ever lived somewhere where there is a buzz when a new business opens? For us, we just got a Longhorn Steakhouse. For many of you it isn’t a big deal, but for our community it was. They’re packed... all the time. Now you probably won’t create quite the buzz initially, but if you’re needed and wanted you’ll prosper. Simple as that.

Dentistry is wonderful. For what it offers (good income, good working hours and days) I can’t think of another occupation that offers that combination. Yes, you might need to make some compromises, but in the end they’re worth it. ■ Sanders

Agsanders, thank you for your advice on entering practice. I have come to a similar conclusion myself regarding location, but the best part of it for me is that being rural...
isn’t really a compromise. I grew up in a small community so I know exactly what it is you’re describing. If you don’t mind me asking, did you do your startup right after school in this rural community or did you practice somewhere else first? What did you find to be the best resource for researching the need for your services? I only ask because, if I were to stay in my home state, I would have a pretty solid pulse on where to go to be in an area of need. But as I really need to get out and try something new, I will be relocating to an area of the country that is unfamiliar to me and of which I have little knowledge of the demographics of dental needs.

Thank you in advance for your input, let’s keep this thread rolling! ■ Chris

Sanders, you are bright. If you are opening an office and the people aren’t excited/relieved/thankful, then perhaps you are not in the right area. If you are opening an office and no one cares, and other dentists drive by shaking their heads, you might be in trouble.

I am doing some travel for work right now and I have an apartment in an exclusive area of town. In my extremely over-served but small population zip code there are four dentists within 600 yards, and it is not a major street. One of those offices (the fourth) is just opening. The dentist to population ratio is 1:500 for these offices. Yet they were all drawn by the same thing – high income area.

I drive 30 minutes from my apartment to work on patients that have disease, insurance and a lot less money. Pretty sure in my two and a half days, I do more dentistry than two of those offices (maybe three).

So my advice, don’t flock to the richest part of town, even if you are the first one there, you will see your demographic weaken… repeatedly. ■

MoreTime, I noticed the same thing when I was looking around out in Arizona earlier this year. Many of the affluent communities are in the 1:400 range and every dentist I spoke with is pushing cosmetics, has a very high overhead and is trying to distinguish themselves from the other cosmetic dentists across the street and around the corner. ■

I did a general practice residency and then was an associate for about six months before I figured out that wasn’t going to work. I opened my own after that.

Demographic research is pretty simple. Look at the population numbers. Look at the household income. Ours is not that high, but it’s higher than surrounding areas. We also draw from surrounding communities. We account for 25 percent of the population in a five-county area, but we account for 50 percent of economic activity in those same five counties. Look for a diversified economy. Does it have one employer that accounts for a substantial number of jobs? Is there one major plant or factory which if it closed would be severely crippling to the county? Is there a military base which if it closed would be detrimental?

Census.gov is pretty good for demographics. The Chamber of Commerce Web sites can be a wealth of information other than raw data.

For dental specific concerns, I’d first do a Google search to see how many dentists pop up. Assuming that you’re a GP, figure out which ones are specialists, if any. Once I figured out who the GPs were, I’d go to the Secretary of State Web site to find out when their license was issued. If it was issued 30 years ago then chances are they’re nearing retirement/slow down age.

Maybe that’ll get you started. ■ Sanders
You are fresh at it, eager, and don’t know what you don’t know. You have a great life ahead of you, live it and live it well.

1. Stay away from negative people, negative talk and people that have all the answers for you.

2. Figure out what “your vision” of the perfect practice is and get some help as soon as possible with the business/practice management end. If you do this from the beginning you won’t make many of the mistakes that the rest of us have.

3. Never quit learning and educating yourself – clinically, personally and business wise. Save money and don’t get your fixed expenses so high that you have to work to float your lifestyle. Live within your means!

4. Take a lot of vacations, spend a ton of time with your family, make time for yourself to keep yourself healthy and figure out what it takes to “be happy.” Money won’t make you happy, it will make you comfortable and give you the opportunity to do good.

Hope this helps, Hunter. ■ David C

Sanders, good advice. I hadn’t thought of doing the license check; that’s a great idea. I found a Web site that is a part of Aftco (the practice broker) that breaks demographics down by zip code. Once you input the zip, it tells you how many licensed GP, endo, perio, pedo, etc. are practicing there. ■

Hunter38, only problem, Aftco is not very accurate. Google a zip code map and driving around are best. It is even better when you find the sweet spot and the competition is open 24 hours per week and can’t see an emergency patient for over a week. ■

Agreed. Smaller areas should be easy. Not urban, not the suburbs. If you find somewhere that has 10 dentists, and further digging reveals that six of them have had a license for 30 years, then I’m going to give it strong consideration.

[Posted: 1/24/2011]

I would emphasize that you do your best dentistry as efficiently as possible. In private practice, little things like under reduction of preps, poor impressions, etc. can add up to lost time and money. Dentistry is hard enough if you don’t cut corners. You’ll certainly make a lot of mistakes, learn from them, don’t be stupid by making the same one over and over. ■ Sanders

Hey guys, don’t overlook a big ingredient like patient income. If there are a lot of folks with high income I would open in a heartbeat – any area, city, suburbs, etc. regardless of how many dentists.

I don’t mean to come off cocky, but it’s the truth.

It doesn’t mean anything just because there are a lot of dentists. They might not know how to market (most important whether it’s internal or external) or engage patients and close them.

The keys are to have a solid marketing program, know how to convert new patient calls and most importantly, know how to close the case.

But if you don’t have the marketing or treatment plan skills, then I agree seek out areas with fewer dentists.

Good luck. ■ Ken Whelan

continued on page 22
agsanders
Posted: 1/24/2011 • Post: 67 of 90

Kenw, I will respectfully disagree. High income is not necessarily something I would look for. Higher income generally equates to higher dental IQ. ■ Sanders

kenw
Posted: 1/24/2011
Post: 68 of 90

Hey sanders, it’s cool to disagree, but I don’t follow why a high dental IQ is a negative. In fact in my experience it’s so much easier to explain issues with them for that very reason. ■ Ken Whelan

MoreTime
Posted: 1/24/2011
Post: 69 of 90

High income equals high dental IQ which equals low dental disease. Yep they can pay for it, but what is it?

People practice a lot of different ways, but I personally agree that I would avoid high income/high dental IQ because I prefer to have a majority of my treatments disease-based (bread and butter) vs. aesthetic-based. I also find no Periolase competition for miles and miles, which I like. ■

newbamadoc
Posted: 1/24/2011
Post: 70 of 90

MoreTime, exactly. I used to work at a high-end practice. I would check 10 or so patients a day. I bet out of those 10, six to seven would have nothing or maybe an occlusal. One might have mild perio and another would have a large filling that needed a crown.

In my PPO practice, out of the 10 patients I have checked this morning, I have treatment planned two perio cases, five BU/PFM, 14 filings (one new patient had nine of them), an extraction and a partial. I also have a lady with 10 anterior crowns who needs to return for a consult because there is recurrent decay under most of them. ■

kenw
Posted: 1/24/2011
Post: 71 of 90

I agree; everyone uses what works for them. So if this is working for you terrific!

But because this thread is for dental students I had to reply with my experience, which is in high income areas/FFS offices. I can say that it is a myth that high dental IQ equals low dental disease.

We are dentists but are you all really flossing every night, getting your teeth cleaned every six months, etc?

Have you guys ever seen medical doctors, nurses or even top executives in your practices? You would think they would have high dental IQ but they usually have train wrecks in their mouths!

And because they have high income they can afford to elect and pay for the best treatment. Believe me, there is ton of bread and butter dentistry to be done in high income areas and I think another myth is that in these areas all that is done is cosmetics. Peace to all! ■

surfingdds
Posted: 1/24/2011
Post: 72 of 90

Hi Sanders, in my humble opinion, I would disagree. I have practiced in South Orange County, California for 10 years (very high income area) and have done more than OK (well over one million a year). Plenty of tooth decay here. Not all cosmetics, bread and butter, on high income/high IQ patients. I learned a long time ago to practice where you’re happy and all will work out fine. ■ Sean