

dentaltown

Volume 1

new grad edition

Welcome
to the
**Real
World**
page 68



Inside This Issue:

- **Continuing Education: Endodontics**
- **Paying Off Dental School Debt**
- **How to Hire a Great Team**
- **Interviewing Tips**
- **10 Leadership Skills You Need From Day One**

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Contents

68 Office Visit: The Honeymooners

Drs. Aaron and Katherine Carroll met in dental school, married and started a practice together right out of school. In this article, they explain the challenges of such a feat, and the reasons why it fits their lifestyle.

36 How to Pay Off Your Student Loans

Dentaltown's financial guru Dr. Douglas Carlsen presents a realistic plan for paying down dental school debt. Take this advice from a dentist who retired at age 55.

58 Darn Good Advice – A Panel Interview

Six professionals, representing six different demographics in dentistry, present their advice on everything from career choices to “real-world” misconceptions, and offer you their list of most-used resources, as well as their personal contact information if you have more questions for them.

72 Continuing Education: Locating the Elusive Root Canal

This classic continuing education course from Drs. Dennis Brave and Kenneth Koch, both endodontists, addresses straight line access, irrigation techniques, work with ultrasonics and the challenges of locating hidden canals.

continued on page 4



Drs. Aaron and Katherine Carroll

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52

Health Feature: Developing Good Habits

Dental hygienist, yoga instructor and ergonomics specialist, Juli Kagan, explains what hunching over a patient does to your back and neck, and presents a crash course on exercises to keep your bones and muscles healthy.

Columns

- 6 **Dentaltown.com Highlights**
Need a road map for the world's largest online dental community? You got it.
- 10 **Howard Speaks: Unknown Unknowns**
Dr. Howard Farran, founder and CEO of Dentaltown, explains the importance of finding a dental mentor... because you don't know what you don't know.
- 12 **Professional Courtesy: This Will Be On Your Final Exam**
Dr. Thomas Giacobbi, editorial director of *Dentaltown Magazine*, explains practicing dentistry is full of variation and challenges. When you graduate, it doesn't mean you are finished learning.

Dentaltown.com Message Board Excerpts page 13

- 14 **Message Board: Questions? How Can Us Old Timers Help?**
Seasoned dentists take questions from the newbies and tackle tough topics like the trials of dental school and moving out of state to start a practice.
- 24 **Message Board: If I'd Only Known Then...**
Hindsight is always 20/20. Read what some dental professionals would have done differently early on in their careers.
- 26 **Message Board: Becoming a Great Associate – Help Please!**
A soon-to-be dental school grad asks for advice on how to become a great associate, and Townies (aka, members of Dentaltown) weigh in with tips and suggestions.

Features

- 31 **Ten Leadership Skills You'll Need from Day One**
Dr. Rhonda Savage, a dentist for 16 years and now a practice management consultant, offers leadership tips to use if you want to be a respected employer.
- 34 **See the Light**
Dr. Glenn van As, one of Dentaltown's resident laser authorities, provides a testament to the versatility and efficiency of soft-tissue light diode lasers and encourages new grads to check out lasers for themselves.
- 41 **Recruiting and Hiring for the Dental Practice**
If you have systems in place from the very beginning, interviewing candidates for your new practice can be streamlined and efficient. Sandy Pardue, the director of consulting at Classic Practice Resources, even gives you a cheat sheet of questions to ask.
- 46 **Interviewing for a Successful Associateship**
Sandy Pardue presents a blueprint for the perfect interview, along with tips to find an associateship position that fits your personal and professional goals.
- 49 **A Bit About Dentaltown**
A statistical snapshot of the world's largest online dental community
- 55 **Product Profile: Heartland Dental**
The Heartland Dental Care Advantage
- 56 **A Balancing Act**
Friends, family, work and life; it's a delicate balance. Dr. Bradi Boyce, an active Townie, tells what it's like to juggle her kids' soccer practice and her dental practice – all while staying healthy and sane.
- 62 **Office Visit: One Man. Two Passions.**
Ever considered a hospital-based residency? Read about why Dr. David Kahn is glad he did.
- 64 **Office Visit: The Corporate World**
Dr. Allison Meudt, a recent graduate from Marquette University, works for Aspen Dental. She describes why corporate dentistry is the perfect fit for her.

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- Kerrie Kruse, Dentaltown.com Online Community Manager



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continued on page 8



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Editorial Director

Thomas Giacobbi, DDS, FAGD • tom@farranmedia.com

Editor

Benjamin Lund • ben@farranmedia.com

Assistant Editor

Marie Leland • marie@farranmedia.com

Copy Editor/Staff Writer

Chelsea Knorr • chelsea@farranmedia.com

Creative Director

Amanda Culver • amanda@farranmedia.com

Graphic Designer

Corey Davern • corey@farranmedia.com

Vice President of Sales & Business Development

Pete Janicki • pete@farranmedia.com

Regional Sales Managers

Mary Lou Botto • marylou@farranmedia.com

Steve Kessler • steve@farranmedia.com

Geoff Kull • geoff@farranmedia.com

Executive Sales Assistant

Leah Harris • leah@farranmedia.com

Circulation Director

Marcie Donavon • marcie@farranmedia.com

I.T. Director

Ken Scott • ken@farranmedia.com

Internet Application Developers

Angie Fletchall • angie@farranmedia.com

Nick Avaneas • niko@farranmedia.com

Electronic Media Production Artist

Amy Leal • amyl@farranmedia.com

MultiMedia Specialist

Devon Kraemer • devon@farranmedia.com

Message Board Manager/Director of Continuing Education

Howard M. Goldstein, DMD • hogo@dentaltown.com

Online Community Manager

Kerrie Kruse • kerrie@dentaltown.com

Publisher

Howard Farran, DDS, MBA, MAGD • howard@farranmedia.com

President

Lorie Xelowski • lorie@farranmedia.com

Controller

Stacie Holub • stacie@farranmedia.com

Receivables Specialist

Kristy Corley • kristy@farranmedia.com

Seminar Coordinator

Colleen Larkin • colleen@farranmedia.com

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Unknown Unknowns

by Howard Farran, DDS, MAGD, MBA, DICOI, Publisher, *Dentaltown Magazine*



“As we know, there are known knowns. There are things we know we know. We also know there are known unknowns. That is to say we know there are some things we do not know. But there are also unknown unknowns, the ones we don’t know we don’t know.”

— Fmr. Secretary of Defense Donald H. Rumsfeld; Feb. 12, 2002; Department of Defense news briefing

Say what you will about Donald Rumsfeld, his quote above rings true for just about everyone – including you. When you get out of dental school, you have a good base of dental knowledge, sure, but there are still plenty of things you simply don’t know – and even more, there are things you don’t know that you don’t know. Here’s some advice I’d like to impart to the future of dentistry:

Find a Mentor

When you’re starting out in this profession, the first thing you need to realize is you’re going to make a lot of mistakes. But you can lessen these mistakes if you listen to the stories and take the advice of those in dentistry who have been there before and learned from their own mistakes. My counsel to you is, once you get out on your own, find yourself a mentor. Anyone I’ve ever met who found a good mentor when they were young ended up a success. And by the time they are 40 or 50 years old they always return the favor, paying it forward and mentoring someone else. The best students become the best teachers.

When you are looking for an associateship, you might end up in the interview thinking, “OK, this place is three miles from my parents’ house,” or, “This is where I want to live and this is where I want to practice and this guy is going to be selling his in a year and a half.” And you start thinking about the sale price of the practice and when it would be turned over to you. You’re going to think about revenue, overhead and expenses. But what you should be asking yourself is, “Will this doctor teach me how to do dentistry?” You’re right out of dental school. Is he going to teach you how to build a staff? Is he going to teach you how to market and advertise? There is so much more to think about than a purchase price.

Say two associates pay half a million dollars for their own practice. Dr. One joins a practice where he idolizes the doc he’s inheriting it from. Dr. One works with his mentor for several years, learns everything from this guy and then when the mentor retires, he still comes around to the office and continues to teach Dr. One until he drops dead. That is priceless. Dr. Two pays half a million dollars to some stupid guy he doesn’t respect. Dr. Two thinks his doc’s dentistry sucks and he is just waiting for the guy to retire. Where does that leave Dr. Two in the long run? Find a mentor you can work with and respect. The interview process is as much an information gathering session for you as it is for the doctor interviewing you. Learn as much as you can about the doc you’re going to work with.

Remember: Experience Counts

Let’s say you bypass your associateship and start your own practice. The dumbest thing a young dentist does is fire all the employees who have worked there 15-25 years because he thinks the staff is too old and overpaid. These staff members know the names and dentition of all of your patients and you’re going to can them for a bunch of cheap, inexperienced young hygienists and assistants? When I started my practice, my dad gave me some great advice. He said, “Look man, you graduated in May and your office opened in September. You don’t know thing one about how to set up a hygiene department. You’d better hire the oldest hygienist you can find.” Then he said, “You don’t know anything about dental assisting, either. So you’d better hire the oldest, most experienced dental assistant you can find.” When you’re starting out, you need to surround yourself with the most experienced support staff you can find. I hired a support staff who had decades of experience, and I became their apprentice. They taught me so much, like when my impressions were good

(or not). I'd read X-rays and they'd giggle and show me all the cavities I missed. It takes a lot of courage to admit when you're wrong, but that's how you learn; and I learned so much from my experienced support staff.

Register and Participate on Dentaltown.com

Social media is the biggest explosion on the Internet, and Dentaltown.com has been around longer than MySpace and Facebook. As of this writing, Dentaltown.com is home to 144,000 registered dental professionals from all over the world. If you can't find a mentor in the real world, you're going to find one on Dentaltown.com; I guarantee it. The great thing about finding a mentor on Dentaltown.com is you can have one mentor who just mentors you in endo. You can find another who will teach you everything you ever wanted to know about ortho or pedo. And you can find another mentor, like Sandy Pardue (who graciously wrote two articles for this special edition) who will teach you everything about practice management. You want to learn about marketing, you can learn it from guys like Fred Joyal, the founder of 1-800-Dentist, or Mark Dilatush from New Patients, Inc. On Dentaltown you can literally have 30 different mentors.

Build Your Clinical Skills

When I got out of school I started taking some continuing education courses, and at the end of one particular course I was asked, "Do you want AGD credit?" I had no idea what AGD was! So I asked, and an older dentist who overheard me told me, "Young man, you must join the AGD! When you take a class, they record the number of hours you've spent in CE. If you take 500 hours you will receive your fellowship (FAGD), and if you take another 600 hours, you'll receive your mastership (MAGD)."

I asked the doctor the most obvious question, "Why would I want a fellowship or a mastership?" And he simply replied, "Because you will become a better dentist." I thought, at the very least, if I went for either, I could spin it in marketing to potential patients. Even though I really had no idea what I was getting myself into, I went for it.

When I joined the AGD I took a bunch of classes in areas where I experienced problems – mostly fillings and crown and bridge – and that's all I took classes in. I found out the hard way that I had to take necessary courses in 16 other segments if I wanted to earn a fellowship. I scanned the list of courses that were required to earn my FAGD, and as a young GP just out of dental school, I thought, "Why the hell would I want to learn ortho? I don't do ortho. Why would I want to learn about placing implants? I don't place implants. Why would I want to learn about endo? Root canals scare the crap out of me. Why

would I want to learn about pediatric dentistry? I don't even like kids."

But my quest to earn my FAGD became an obsession, so I forced myself to learn other areas of dentistry, even though I thought I'd never do any of it in my own practice. I remember walking in to the first day of a two-day implant dentistry course taught by Dr. Carl Misch. I was so angry I had to sit there and listen to a course I didn't care much about in order to earn my fellowship. Honestly, looking back it was like I'd just stumbled upon some lost continent. It was the coolest damn two days I had ever spent! I fell in love with Carl Misch's course. Next thing I knew I signed up for his eight, two-day, hands-on surgical courses. I loved it so much I got my diploma in the International Congress of Oral Implantology.

Later on I got a tip from another dentist that if I wanted to earn my FAGD and MAGD quickly, I should start taking courses at the Pankey Institute; you take weeklong courses that earn you 40 credit hours. So I signed up! I got turned on to TMJ, occlusion and full-mouth reconstruction. There is a reason there are 30,000 members of the AGD – docs who have been at dentistry for 30 or more years, have developed the best curriculum to blast your career into stratospheres you never even knew existed.

Now, with the Internet and Dentaltown.com, you don't even have to travel anywhere to get the CE credits you need! Dentaltown.com has some of the greatest online CE in dentistry. We have more than 130 courses. Every one of them is ADA-and/or AGD-approved. It costs a few bucks to earn your CE credits. We have courses in all 29 subjects from endo, perio, pedo, prostho... you name it. Now that you're about to embark on your career, every night before you go to bed, or first thing in the morning, you should commit to watching one of those courses. It would take you about five months to get through – and at the end, you'd already be in a much better place as a dentist.

This edition of *Dentaltown Magazine* is just for dental students who are in their third and fourth years, and for new doctors who have been out in the "real world" for a little while. This book is chock full of useful information, good suggestions and helpful tips from some of the dental profession's leading dentists and consultants – most of whom are members of Dentaltown.com, aka "Townies." When I graduated from dental school in 1987 and moved to Phoenix, Arizona, to open my own dental practice, a magazine like this would have sat on my desk to use as a reference for years. I certainly could have used it. You're going to make mistakes and like they always say, good judgment comes from experience and experience comes from bad judgment – you won't always know everything, but with enough time, you'll get better at it. Good luck, best wishes, and welcome to the best damn profession in the world! ■

This Will Be On Your Final Exam

by Thomas Giacobbi, DDS, FAGD, Editorial Director, *Dentaltown Magazine*



Welcome to the new grad edition of *Dentaltown Magazine*. If there is one thing you learn in dental school as you develop new skills, it is this: there is tremendous value in taking the time to do things right the first time. Dentistry is a challenging profession with a human element; employees, patients and teeth will not always behave in the same way you learned in school.

When I graduated from dental school in 1995 I had the honor of giving the commencement address to my classmates. The opening line to my speech was adapted from a popular movie at the time, *Forrest Gump*. I said, "If life is like a box of chocolates, then why was dental school such a bitter experience?" Needless to say, the opening line attracted the attention of my classmates as well as dental school professors. One of the many possible answers to that question: "Dental school is not real life."

Chances are, by now, you have already figured this fact out for yourself. An objective observer realizes that dental school needs to be this way so that everyone can learn. The real world of dental practice is filled with so much variation that you can never learn all you need to know in four short years. I would encourage graduates to pursue a hospital-

based general practice residency as I did (*Editor's Note: See page 62 for David Kahn's office visit.*), but I realize that is not the best option for everyone. One thing you must realize and accept is that when you graduate you are not finished learning.

I started my practice with my dentist-wife seven years after our graduation from dental school. While this might seem a long time to wait, we both had separate experiences working for other dentists and in our case, moved across the country. This time helped us to understand exactly what we wanted in our own practice and to find a proper location. When new graduates rush to make these

decisions they can become disappointed and frustrated as the real world of dentistry is more than just senior clinic over and over again. The greatest challenge you will face is the operation of your business; people issues are at the top of most lists.

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We have created this special issue specifically for you. The content within is intended to give you a sample of what is available from Dentaltown. Please take a few moments to complete the free, online registration process on Dentaltown.com and maintain your subscription to our magazine. Welcome to the profession!

You can contact Tom at tom@dentaltown.com, or you can find him on Dentaltown.com by his display name "NY2AZ." ■

"The real world of dental practice is filled with so much variation that you can never learn all you need to know in four short years."

Dentaltown.com Message Boards

Remember reading the abridged versions of the books on your junior-high-school summer reading list? Or the CliffsNotes to pass a high-school book report? Or maybe just watching the movie (which is usually *nothing* like the book) the night before your English final?

Every month *Dentaltown Magazine* publishes excerpts of message boards focused on relevant and hot-button topics, which have been posted and discussed by Townies on Dentaltown.com. We condense the message board threads into an easy-to-digest or shall we say, "abridged" length, emphasizing the most interesting and useful posts, and we package it with the quality and clarity that comes with Dentaltown's name.

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The message boards in this section were selected and pared down with new dentists specifically in mind.

p. **14**

How Can Us Old Timers Help?

Seasoned dentists offer new-to-the-profession docs answers on topics not usually taught in dental school.

p. **24**

If I'd Only Known Then

We all need to make our own mistakes, but reading this message board might help you avoid a few mistakes you can learn from others.

p. **26**

Becoming a Great Associate

Learning to work with a team is sometimes difficult. This board can help you be a great associate and maybe someday, help you hire a great associate for your own practice.

If you want to read the entire threads or chime in with your opinion, we encourage you to register on Dentaltown.com for free and join in the discussion!

Questions? How Can Us Old Timers Help?

Seasoned dentists take questions from the newbies and tackle tough topics like the trials of dental school and moving out of state to start a practice.

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▶ superior

Posted: 1/9/2011

Post: 1 of 90

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

maclee

Posted: 1/9/2011

Post: 3 of 90



Great idea. Here is a quote that fits the thread:

"Why create mediocrity when you can copy genius?" ■

kenny77

Posted: 1/9/2011 ■ Post: 4 of 90

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

BenBarks

Posted: 1/9/2011 ■ Post: 10 of 90

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

superior

Posted: 1/9/2011

Post: 13 of 90

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

ToofixrDDS

Posted: 1/10/2011

Post: 14 of 90

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 associate-ship as we speak. Tell me it will get better. ■

gregholm

Posted: 1/10/2011

Post: 15 of 90



ToofixrDDS, 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? ■

continued on page 16

THE LIGHT THAT TURNS YOUR PRACTICE TO GOLD!

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hmgentry

Posted: 1/10/2011

Post: 16 of 90

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. ■

newbamadoc

Posted: 1/10/2011

Post: 17 of 90

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. ■

superior

Posted: 1/10/2011

Post: 18 of 90

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

Lionsfan

Posted: 1/10/2011

Post: 19 of 90

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. ■

ToofFixrDDS

Posted: 1/11/2011

Post: 21 of 90

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. ■

**Gone fishing**

Posted: 1/13/2011

Post: 40 of 90

gregholm

Posted: 1/14/2011

Post: 41 of 90

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: 1/14/2011 ■ Post: 43 of 90

danisiri

Posted: 1/14/2011 ■ Post: 44 of 90

continued on page 18Dentaltown *means***Business**

Discover everything you need to know about running a dental practice in the practice management forum at www.dentaltown.com.

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Phil-In-The-Blank

Posted: 1/14/2011

Post: 45 of 90

Gone fishing,
Posterior composite restorations
Surgical extractions
Molar endo
Immediate dentures

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

superior

Posted: 1/15/2011

Post: 46 of 90

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 C**

Hunter38

Posted: 1/23/2011

Post: 47 of 90

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**

danisiri

Posted: 1/23/2011 ■ Post: 48 of 90

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

Posted: 1/23/2011

Post: 49 of 90

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

Hunter38

Posted: 1/23/2011 ■ Post: 50 of 90

continued on page 20Dentaltown *means***Jobs**

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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**

MoreTime

Posted: 1/23/2011

Post: 52 of 90

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. ■

Hunter38

Posted: 1/23/2011

Post: 54 of 90

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. ■

agsanders

Posted: 1/23/2011

Post: 55 of 90

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. Googling 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**

superior

Posted: 1/23/2011

Post: 56 of 90

Hunter38

Posted: 1/23/2011

Post: 60 of 90

MoreTime

Posted: 1/23/2011

Post: 61 of 90

agsanders

Posted: 1/24/2011

Posts: 63 & 65 of 90

kenw

Posted: 1/24/2011

Post: 66 of 90

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/PFMs, 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**

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Old Timers

SEARCH



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¹ Nikaido T, et al. The resin-coating technique. Effect of single-step bonding system on dentin bonding strengths. *Jour Adhvs Dent* 5:4: 293-300 (2003).

² Brown PL. Microtensile strength of adhesives utilizing indirect and direct composites. *IADR*, Mar 2004.

³ Ori T, et al. Bond strength of caries-affected dentin using thin-film bonding agent(s). *IADR*, Mar 2004.



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▶ **kerriek**

Posted: 3/10/2011

Post: 1 of 11



What are some of the things you wish you had known as a dental student that you know now? ■ **Kerrie Kruse**

NY2AZ

Posted: 3/10/2011

Post: 2 of 11



My advice to any dental students:

1. Do as many surgical procedures as possible.
2. If you have an opportunity to learn any CAD/CAM platform, do it.
3. Biomaterials classes might be boring, but the information will come up throughout your career.
4. Occlusion might seem like voodoo, but a deep understanding of the TMJ is vital.
5. Plan to do a hospital-based residency.
6. If you like living in a small town or rural area, there are many tremendous opportunities.
7. Have fun. ■ **Thomas Giacobbi, DDS, FAGD**

kenw

Posted: 3/10/2011

Post: 3 of 11



Good advice and I would add five tips.

1. Get experience with sedation/sleep dentistry.
2. Get ortho experience.
3. Refine your people skills and practice being a team player with assistants.
4. Learn how to market (print and Internet).
5. Study Dentaltown! ■ **Ken Whelan**

wingman

Posted: 3/11/2011

Post: 4 of 11

...everything that I know now.

In all seriousness, I think students should work on communicating with patients more than anything else. There are times (OK, basically all the time) that patients are treated more as means to an end instead of as a person. Look out for the patients' best interest.

Don't forget patients are people, and learn to listen to them. This will help every student immensely.

From a skill set aspect, see Tom's list. ■ **Paul Ferraioli, DMD**

dkimmel

Posted: 3/11/2011

Post: 5 of 11



1. Plan on doing a residency if it is at all possible.
2. Shadow different dental offices as often as you can. From fee for service, PPO, to the county health clinic.
3. Do as much lab work as you can and really study dental anatomy.

4. In your last semester, go back to the anatomy lab and have someone walk you through the TMJs one last time.
5. Never sit on your butt in the lounge! If you have any free time, hang out in the emergency clinic or in any of the specialty clinics. Heck, even be an assistant to another student. The more you see, the more you learn.
6. Talk with your patients. Ask them what you can do to make their visit better. Again talk to them! Ask the hard questions. Did you hurt them? Were you rough? That's a start. ■ **David Kimmel, DMD**

I would second dkimmel's idea of shadowing different kinds of dental offices.

This is important. The only office I shadowed I later learned was a Pankey-style office. Low volume, the patients sat like statues while receiving anesthesia then hugged the doctor while paying huge fees. I thought what a sweet life! ■

d00d33

Posted: 3/11/2011

Post: 6 of 11

Learn how to run a business, have basic business knowledge, learn about cash flow and financing options. ■ **Shad J. Lewis, DMD, MA**



shad lewis

Posted: 3/11/2011

Post: 7 of 11

Be more concerned about learning than your pay when applying for your first job. Be open to different practice models but never stray away from quality and integrity. Invest in a ton of CE. More CE, more income. Get good at communication skills. If you can't communicate, you can't sell dentistry. Learn how to become a truly comprehensive dentist. Learn to place and restore dental implants. Don't be cheap with yourself, your staff, your lab or your patients. Go for the best! ■ **Allen Nazeri, DDS**

allen3

Posted: 3/13/2011

Post: 8 of 11

If you are lucky enough to get any business courses while in dental school – do not blow them off!

You will forget 90 percent of what you learned in dental school, but business skills will make or break you.

[Posted: 3/13/2011]

When interviewing for associateship positions, do your homework much as if you were in the business world. Know something about the practice; ask smart questions; do not go in blindfolded; and know how much you require for paying your debts and maintaining a life.

Dental school opened a door for you, but you have to take it from there. Graduating from Harvard means not much more than graduating from Podunk U. What gets the job is your personality and skills. ■ **Brian Schaefer**



brian

Posted: 3/13/2011

Posts: 9 & 10 of 11



If I'd Only Known Then...



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Becoming a Great Associate - Help Please!

An upcoming grad asks for advice on becoming a great associate and Townies weigh in with a lot of tips and suggestions.

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Posted: 4/16/2011

Post: 1 of 175

I am looking for advice on how to become a great associate. I assume some of you reading this have been or are an associate. Here is some background. I will graduate in May and will begin practicing sometime in the middle of June. The practice is in the Northeast. I will be graduating at the top of my class based on clinic production. I know I am not nearly as fast or experienced as I need to be yet, but I learn quickly and adapt well to maximize production in the system where I am placed. I will also graduate having completed the requirements for IV moderate sedation. I have been involved in obtaining additional CE credits while in school, compiling some 60-70 hours in the last year (practice management, case presentation, crown preparation, etc.).

I am going to work in an office with an experienced dentist who owns two nearby practices. One is strictly full mouth reconstruction/cosmetic. The other is a typical nuts and bolts general practice. He wants to work exclusively in the cosmetic practice and let me work in his general practice. I am excited about that. He essentially wants to be done with the general practice within a year of my arrival. He is willing to mentor me in the areas which I am interested. In fact, he has already paid tuition for some of the above mentioned CE courses because he wants me to be productive as soon as possible.

I am in the process of finalizing the contract for the associateship. The practice was valued within the past year, and we have agreed that any future purchase of the practice would be at that value, and not at the future current value when/if I decide to buy. As of now, the contract is strictly for the associateship, with a clause allowing for renegotiations within six months to one year. This renegotiation could be to extend the associateship, enter into a partnership or to purchase outright. I am not from the area and my family needs time to decide if it could be a permanent location (we think it is as it has everything we want and enjoy, it's just far from our families where we grew up). I feel that this initial time will help me decide whether I want to invest my time and future into the practice.

So now I move to the purpose of this post. I am looking for advice on how to be a great associate. I know that speed and quality come with time, experience and CE. I want to keep every option open at this point, including the potential purchase of the practice. So what can I do to facilitate this? How can I facilitate my transition into private practice? What advice can I get on how to effectively work with the staff, my assistant and the lab? I hope to work closely with the owner to learn from him, but I don't want him to feel like he is babysitting either. Any advice from you that have associates or have been associates?

I have tried to include the pertinent information, but am I missing anything else?
Thanks so much! ■

ddschris

Posted: 4/16/2011 ■ Post: 2 of 175

Graduating as the top producer in your dental school clinic doesn't mean much in the real world. You have to pay your dues. You have to be humble. ■

I am currently in my fourth year of associateship and I am happy with my current job. Eventually I want to own a practice, but those things take time and things will fall into place when it's time. I'm sure of that.

A few things about my experiences. I worked in two FFS [fee for service] jobs and two PPO [preferred provider organization] jobs (one is current). I liked the PPO jobs more because the pressure is off to let me learn and practice. In FFS the pressure is on, in the way that the patients choose you and pay more money to see you. I always felt pressure with these jobs. PPOs have many more patients and procedures, especially molar endo and extractions (which I enjoy). Nothing trumps learning over learning on your own patients. Dentistry is constant practice.

You seem confident. I would find out what labs the dentist uses and go visit those labs. Ask to see the "regular average cases" that they get. You will probably be surprised that the work actually might not look as good as your work. Ask to see this. I remember leaving the labs I use with a very confident feeling thinking, "I'm actually really decent at crown preps!" You do need to get your confidence built up.

You need to be busy. It sounds like you are (will be). Lack of patients, through no fault of your own, will kill your confidence and growth as a dentist. You also need someone to ask questions too and it sounds like your jobs have that.

Details: How to be a great associate – To be productive, try to treatment plan for the best possible, longest lasting services. Treatment plan and schedule by quadrant, half of mouth, treatment, the arch, etc. It's OK to IA block both sides of the mouth.

Do not talk back your recommendations... "Ma'am, tooth needs a crown." Patients will try to talk you out of your recommendation to make sure that your recommendation has backbone. This is crucial.

skuzma2dds

Posted: 4/16/2011

Post: 3 of 175

continued on page 28



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Do not say, "Yes, I can do a large filling." This will drive your boss mad. If they say to take the tooth out instead of a crown, then offer a large filling that will buy time, etc.

Use a rubber dam. Use a mouth prop. Get them really numb. These three things are important. Always two carps minimal for IA blocks. Try to do very good to excellent work. It doesn't have to be perfect, but make sure it is fundamentally really good and will not need to be redone in three years. You can drive yourself crazy looking at amazing work and then looking at yours. Again, you want to do a very good job, every time. Look into the V-Ring for Class II composites. It makes them predictably excellent every time.

After you start getting your reps in with fillings, etc. try to minimize the time needed to do those procedures. There are third molar partial boney wisdom teeth extractions that take 10 minutes total, after anesthesia. You can do a perfect crown prep in about eight to 10 minutes. You can do this after 500 reps. So get busy!

Be on time or early to work always. Look presentable. Bring a good attitude. Do not gossip at work and learn to hold your tongue. Never call out a co-worker in front of other co-workers, instead voice your frustrations as how things can be improved at office meetings, etc. Be confident in yourself, your abilities, but stay humble.

Keep every option open. Watch out for compete clauses and you might need a year, 18 months or two years to know if the location is right for your family, etc.

When you transition into private practice... Read Dentaltown and post cases and ideas. Post and learn. Always have a sense of humor. Patients love to laugh.

How to work with staff and your assistant. Remember they will most likely be women. They need your approval, thank you cards, words of affirmation, etc. I always tell my assistant, "Thank you for working hard today, have a good night." You need to communicate positive affirmation to them.

Watch like an eagle your collections. Learn to track them.

With the assistant – it takes time to get the four-handed dance down. Try to systemize it. Thank your assistant five times a day at least. This is the most important relationship for an associate dentist so work on the relationship. Never raise your voice at your assistant. Always remember that one assistant has 50 minutes of work per 30 minutes of work for a dentist.

The owner will ask your assistant how you are doing, how you are treating their patients, how you are treating the assistant.

If you take out teeth, study the extraction thread that is more than 100,000 posts by Dr. Murph. It has everything you need to know. Seriously, everything.

Visit Dentaltown. Seriously. Take your work week, and use your downtime surfing this Web site. It will bless your patients and yourself professionally, and personally. Also watch YouTube videos of dentistry, dental surgery, etc.

Private practice is fun! Especially with your situation – it's one of the best scenarios possible. Keep us posted on how it goes!

Hope this gives you something to chew on. ■ Steve

sensei

Posted: 4/16/2011

Post: 4 of 175

It sounds like you are getting into a great situation. I hope it turns out to be as great as it sounds.

Skuzma has given you great advice. Be humble and willing to learn.

Treat your patients like gold. In dental school we get so focused on doing perfect dentistry and getting faster, but that is not what makes a successful dentist. Dentistry is a lot like politics. You aren't selling dentistry, you are selling yourself. Learn how to relate to your patients and come across as a nice guy who is just there to help.

You will find that in a few years some of the worst clinicians in your class have the most successful practices. This is because they can sell themselves. Even crap dentistry

lasts a few years before it fails. Patients have no idea if their dentist is a great clinician or not. All they know is “he doesn’t hurt me, he’s nice and I trust him.” That’s it.

You want to focus on becoming a great clinician because it is the right thing to do and will make your career more enjoyable, but don’t neglect building your interpersonal skills. It is something I put off for too long. Some people are naturally charming and charismatic, but most of us actually have to work at it. ■

Very simple – make sure you and he have similar practice philosophies!
Like how aggressive/conservative is he with treatment recommendations.
Can you agree to disagree where you don’t see things eye to eye?
Do the patients (and staff) like you?
With the above... that takes care of quite a few obstacles. ■

philip2000

Posted: 4/16/2011

Post: 8 of 175

Doing hygiene checks when you’re starting out is stressful.
But let’s put this into perspective... A hygiene check takes 90 seconds on an eight-year-old, four to seven minutes on a regular adult with the seven minutes to allow conversation. Most of your “bread and butter” will come out of the hygiene checks. Most of your internal referrals are from patients in your hygiene checks. Hygiene checks are profitable too. Five minute average at \$35 actually makes you a decent amount.

How to do them?

You want the most recent X-rays up... pano first if there is one.

skuzma2dds

Posted: 4/19/2011

Post: 38 of 175

continued on page 30



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Introduce yourself, “Hi I’m Dr. Smith (extend your hand to shake), Nice to meet you. I’m going to take a quick look.”

Check for oral cancer. Start feeling the hyoid and upper neck. Come up feeling the angle of the mandible, submandible gland/nodes and press on the cheeks with your fingertips. I do this with my eyes open and yet sometimes with my eyes closed. You are looking/feeling for asymmetry and any lumps. Also ask about any strange moles on their lower face, etc. When I feel like saying something I say, “I’m just doing an oral cancer exam. I’ve never found anything and hope I never will, but I’m going to keep on looking!”

So you’ve looked extraorally, now grab lower lip and look on the mucosa on it. Take that grasp and work it laterally to the corner of the mouth and to the upper lip and around to the corner of the mouth and back around. Make a circle looking at the mucosa. You are looking for suspicious lesions and lack of keratinized tissue, frenum pulls, overall gum health/appearance. Again their teeth are closed and in maximum intercuspation. Look for any crossbites and anything funny with their occlusion.

Next they open their mouth. You are now to push gently at the floor of the mouth on each side – have them stick their tongue out and grab it with gauze and look at the sides of it. Hold it out and have them say aah.

Oral cancer and most of the soft tissue is complete, you made a note about their occlusion. This takes about 60 seconds.

Now grab the explorer and start with the most distal molar on either side and start working your way around. You are looking for cavities. Explore the occlusal surfaces and around the gingiva. For crowns try to feel around most of the margin to make sure it’s hard. You will feel the margins of the crown and have lots of doubts at first. If it’s hard, it’s OK. If it’s soft, it’s not OK.

About “watches” – I like them. Patients have bad-mouthed me for telling the hygienist to mark something as a “watch”... you need to communicate that a “watch” might in fact reverse itself and be normal next time. You’re not watching an active cavity to watch it get worse to have to drill more of the tooth away next time. You are observing the condition that might in fact improve itself with good hygiene and diet.

Check cariology. Check the DB of #2 and #15 always. Don’t miss this spot. It is the hardest to check and very cavity prone. Teeth with dark grooves are typically OK. Dark grooves that seem grayish underneath are cavities. These are anesthesia cavities... there’s absolutely dentin decay. Most buccal, occlusal, lingual decay will not be seen radiographically until it’s 50 percent of the way through dentin getting deep. Depends on the software, etc. but that gray look is decay. There is no way to fast track learning what decay is and what’s not. No two dentists diagnose 100 percent the same... it’s subjective stuff.

Risk assessment is huge with cariology. Dark and a little grayish grooves on an 18-year-old with lots of decay are 100 percent different than dark grooves with a little grayish on a 40-year-old with no other restorations. Large amalgams with fracture lines are different on a patient who has already had a few crowns than someone who doesn’t. Ask about the etiology. Like drinking soda. If one of these large silver fillings hasn’t fractured the tooth yet, it might not in the near future. However if they have five crowns already... It might sooner than later.

This really was stressful for me early on in private practice and no one actually helps you with this every day stuff. ■

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Becoming a Great Associate



TEN

LEADERSHIP SKILLS YOU'LL NEED FROM DAY ONE

by Rhonda R. Savage, DDS

Fresh from dental school, in my crisp U.S. Navy uniform, I quickly learned how little I knew about leadership, communication and managing people. Then I went on to private practice, only to experience the pain of learning from mistakes again and again. From these mistakes and a career of experience, I have learned the skills I believe are crucial to leadership in a dental practice, and I'd like to share them with you herein.

continued on page 32

1. Learn from Mistakes

The first rule of leadership is when you make a mistake, learn from it and move on – as gracefully as possible. Allow your staff to do the same thing, because if you or they are not making mistakes, no one is learning. Learning is hard and uncomfortable, but the ability to learn and experience discomfort is one of the key ways to motivate your team and yourself.

A life well lived includes some level of discomfort. If you're completely comfortable, you're probably not learning. As you grow into the new skill or challenge, the discomfort eases. When you no longer feel any discomfort though, it's time to take on the next challenge. This learning process is what keeps us motivated and excited in the field of dentistry.

Nobody (including you) is perfect. With this in mind, it's important to not accept poor performance or deliberate misbehavior either. Learn how to forgive an honest mistake. Verbally give your team members permission to make mistakes, while simultaneously training them.

2. Offer Daily Coaching

Daily coaching is critically important. This is true if you're a military dentist, an associate or an owner dentist. Begin by being clear about your intention and expressing it to the person who needs coaching. Let your staff know what they're doing well, but also clearly define what you need.

Explain your coaching intentions at a total team meeting. Let them know that coaching is a two-way street. This means that as a leader, you will earn their respect if you are willing to listen to constructive criticism without getting angry or having your feelings hurt. Your practice is not a democracy, but you need to hear from your team the things that need to change in order to grow your practice.

Coaching doesn't have to consume every minute of your time. Make a commitment to talk to your staff for two minutes a day or every other day. This will ensure, especially with the front office staff, that they feel connected to you even though you're not working directly with them.

3. Say "Thank You"

Staff (employees) need to know why they're doing something significant and also, that what they do matters! Money is important, but number-one on a team member's list is praise and appreciation. This doesn't mean artificial flattery or insincerity (or worse yet, sarcasm). Praise is best when it's timely, specific and genuine. Slapping someone on the shoulder and saying, "Great job" has little meaning and

can be taken the wrong way. Say thank you when you hand them their paychecks – after all, they did earn it.

4. Provide Motivation for Hard Work

When asked about a bonus structure by your staff for their hard work, you might reply, "You get to keep your job!" True, but this statement will not motivate your team to do more for you! Bonus plans can be motivational, but can also be fraught with problems. Bonus is "extra pay for extra effort" and should not be undertaken if the practice isn't healthy. In addition, bonuses should be earned, not expected. Contact me at rhonda@milesglobal.net for a complimentary copy of our bonus plan methods.

If your bottom line or percentages of overhead are out of whack, don't start a bonus plan. Instead, ask your team to create a wish list of benefits that you can add to as the bottom line improves; let them know what they need to accomplish and many times, they will surprise you!

5. Establish a Formal Review Process

Use the formal review process as a goal-setting session and then give timely feedback. You'll need a performance-tracking mechanism. An annual review should be a minimum requirement for an office. I recommend you consider half-yearly reviews, or quarterly reviews.

Break up the review process by having the reviews in the anniversary month of the employee's hiring date. No reviews in your office? I've visited some offices where they've never had a review or regular staff meetings. The only time the team hears from the doctor is if they're all in trouble. If this is the case, staff will dread any kind of meeting.

A well-done performance review is motivational. The staff member should never be surprised by your feelings or thoughts regarding his or her performance, behavior or attitude. Instead, you should make certain that your team member knows daily what he or she needs to change.

For a well-done, motivational performance review, have the team member fill out a review form; the doctor (and office manager) should fill out the same form. Even if you have an office manager, you still need to be involved in the review process. Your employees will feel motivated and appreciated when they know they'll have a chance to talk with you regularly about performance and goals.

6. Be Approachable

Team meetings improve communication. A well-run team meeting has parameters and boundaries, as well as clearly

"If you're completely comfortable, you're probably not learning. As you grow into the new skill or challenge, the discomfort eases."

defined expectations regarding behavior. A productive team meeting is organized, has an agenda, has different facilitators on a rotational basis and is interesting and fun!

Team members, including the doctor, must be present – not just physically. Choose your attitude and come with one or two positive suggestions for change. The meeting will not be a gripe session. The format should be interesting; changing the topics on a regular basis to include office goals, statistics on the health of the practice, areas of concern, what's going well and team training.

7. Keep Staff In the Know

No one wants to work in an information void. When employees, co-workers or enlisted personnel know how they're doing, and can see the results of their work, they will be more inclined to work harder. Do not surprise employees. Involve them in the decision making process whenever possible. Meet often. Staff meetings are so important for both team morale and communication.

8. Be Consistent

You can build motivation on a foundation of trust. Trust and respect are earned with consistent behavior and clearly defined expectations. Sit down and draft a list of your expectations and office protocol. Perhaps you already have this defined in an Office Policy Manual. If so, dust off your office manual and review it.

Doctors and office managers need to be held at a higher standard when it comes to consistency. Every person should be held accountable to the office standards. If one person or more are allowed to get away with poor behavior or if favoritism exists, you'll either lose the respect of other team members or other team members will begin to act like the poorly behaved person.

9. Don't Micromanage

Micromanagement will drive down morale. People give up. They say to themselves, "Why should I bother? She's just going to do it again anyway. I can't ever do it well enough for her." Resentment and frustration build. Staff turnover will exist.

Instead of micromanaging, review the guidelines of the project with the employee to whom it has been assigned. Allow the other person to give input. Set dates to check in and review the progress. Put these dates on a calendar with reminders; it is the employee's responsibility to follow up with you, but you need a tickler system. Hold the employee accountable if the person does not follow through, but be certain you provide the staff member with the time needed to complete the task.

10. Act Like a Leader

Doctors are the leaders of their practices, regardless of whether there is an office manager or not. This means the OM reports to the doctor directly on a regular basis. If you or your office manager has not had formal training in facilitating communication, staff training, the business of the practice or leadership skill training, I recommend a workshop. Managing, motivating people, communication, the numbers of the practice and leadership were not skills I learned in dental school.

Conclusion: Take the gut-wrenching leap toward new challenges. Be willing to make mistakes, show some vulnerability, tell the truth and ask your team for their help. Be willing, as a strong leader, to let your team know that you need them to make the practice successful. Ask them for ideas. Let them share issues and concerns. Learn to work together. Denis Waitley stated it best when he said, "Learn from the past, set vivid, detailed goals for the future and live in the only moment of time over which you have any control: now." ■

"Micromanagement will drive down morale. People give up. They say to themselves, 'Why should I bother? She's just going to do it again anyway.'"

Author's Bio

Dr. Rhonda Savage began her career in dentistry as a dental assistant in 1976. After four years of chairside assisting, she took over front office duties for the next two years. She loved working with patients and decided to become a dentist. Savage graduated with a B.S. in biology, cum laude, from Seattle University in 1985; she then attended the University of Washington School of Dentistry, graduating in 1989 with multiple honors. Savage went on active duty as a dental officer in the U.S. Navy during Desert Shield/Desert Storm and was awarded the Navy Achievement Medal, the National Defense Medal and an Expert Pistol Medal. While in private practice for 16 years, Savage authored many peer-reviewed articles and lectured internationally. She is active in organized dentistry and has represented the State of Washington as President of the Washington State Dental Association. Savage is the CEO for Miles Global, formerly Linda L. Miles and Associates, known internationally for dental management and consulting services. She is a noted speaker who lectures on practice management, women's health issues, periodontal disease, communication and marketing and zoo dentistry. To speak with Dr. Savage about your practice concerns or to schedule her to speak at your dental society or study club, please e-mail rhonda@milesglobal.net, or call 877-343-0909. You can also find Rhonda on Dentaltown.com by her display name "rsavage".



SEE the LIGHT

A testament to the versatility and efficiency of soft-tissue light diode lasers

by Glenn A. van As, BSc, DMD

When new dentists graduate, they face many issues as they enter into the profession. They must balance the knowledge that they obtained in dental school with the fact that newer technologies, like laser dentistry for instance, might not have been discussed during their dental school years. New graduates must balance their desire to add new technologies to their armamentarium, while paying off loans.

Although in the past, some new practitioners would begin their careers buying into a practice or building their own practice to start off, this scenario is not commonplace today. Instead, many young clinicians start out their careers as associates and are concerned about purchasing equipment that might both be expensive and not transportable to future offices should they choose to move on.

Soft-tissue lasers have decreased in price dramatically over the last three years from an average of \$10,000, to now around \$2,500 (Fig. 1). These diode lasers are lightweight, portable, incredibly versatile and offer a new dentist two definite advantages. A laser can help in making restorative dentistry easier, and can allow a young dentist to learn new profitable soft-tissue surgical treatments that likely are not commonly provided in his or her office at present. When young dentists realize learning how to use laser technology in their career can both be profitable and fun, it stands to reason that perhaps a diode laser should be one of the first purchases when graduating from school.

Many new graduates will enter into a longstanding practice as an associate, and find they do a fair amount of restorative treatment. In many instances, the diode laser can make restorative dentistry easier by becoming the soft-tissue handpiece. The laser can remove tissue efficiently and quickly. Class V lesions often have gingival tissue that is inflamed, thickened and over-

lapping the gingival margin of the caries lesion. A simple gingivectomy can make the procedure so much easier by eliminating the possibility of bleeding or crevicular fluids affecting the bond strength of composite resins (Figs. 2-4). In situations where local anesthetic is not required, a diode laser can be used in pulsed (comfort) mode, often with only topical anesthetic. Also, when deep interproximal lesions are encountered, the diode laser can be used to remove tissue to allow for ideal matrix band placement for the restoration.

In addition to making regular restorative dentistry easier, the diode laser is able to remove soft tissue around metal. This makes the diode a much safer alternative than using an electro-surge unit when dealing with excess gingival tissue around dental implants, gold crowns, braces, partial dentures, amalgam and other metallic dental materials. Diode lasers, when compared to the less expensive monopolar electro-surge units, are able to remove small amounts of soft tissue without anesthetic, are antibacterial, can be used with pacemakers, can be used in periodontal pockets and for disinfection with the root canal system in endodontics.

Tissue management during fixed prosthodontics can be one of the least enjoyable aspects of dentistry that a new grad faces. Packing cord in a double-cord technique provides for adequate retraction of tissue around margins of veneer and crown preparations. An alternative is to use the diode laser for crown troughing instead. The diode can provide for tissue management with both tissue distention and coagulation without the need for cords or hemostatic agents. In my case, in the last 12 months I have only used retraction cord twice, as per the requests of two separate patients, and yet aesthetic results are possible as seen in Figs. 4-5.



Fig. 1: Picasso Lite 2.5w

Fig. 2: Pre-op Class V restoration with gingival recurrent decay

Fig. 3: Diode laser for gingivectomy and Class V preparation

Fig. 4: Final composite restoration in place

When considering the investment in purchasing a diode laser, the new graduate should consider that a significant return on investment could be seen if the clinician is willing to learn just a few new procedures. Gingivectomies are a routine and simple procedure for restorative dentistry, for gingival hyperplasia during and after orthodontics, and in combination with anterior aesthetic restorations where soft-tissue crown lengthening is required and possible without infringing upon the biologic width.

Gingivectomies are billed under code D4211 and can range in fee from \$100-200. Frenectomies are a simple procedure to learn how to do and are billed under code D7960 and can be in the range of \$350-500. The procedure is completed with a small amount of local anesthetic (four to six drops) in the frenum in a matter of 90 seconds or so. The healing occurs over a period of seven to 10 days by secondary intention with little post-operative discomfort. Frenectomies are routinely encountered in combination with orthodontics, diastema closures and in cosmetic cases. Fibromas are a common occurrence on the buccal mucosa, around the commissures of the mouth and on the tongue and lips. These lesions are also removed within a matter of minutes with a few drops of anesthetic, and again heal with secondary intention. Commonly billed out under code D7972, the fee can be ranging in price from \$250-400 depending on the size of the lesion. Finally, oral lesions such as herpetic lesions, aphthous ulcers and venous lakes can be ablated or photo-coagulated in the latter case with the diode. The code of D7410 can provide for reimbursement of a fee in the range of \$55-70. Although new graduates must be willing to educate themselves to use the diode laser for these soft-tissue surgeries, it can provide them with the opportunity to be the “laser guru” in the office, provide them with a niche within the office and a win-win situation where they are providing the treatment.

Although the initial investment in purchasing a diode laser can seem a little daunting, its abilities can be of

tremendous benefit to any young clinician. In looking at lasers, you might just “see the light” and integrate this effective, safe and profitable technology into your practice. □



Fig. 5: Pre-operative appearance of inflamed tissue around orthodontic appliances

Fig. 6: Immediate post-operative appearance after diode laser gingivectomy

Fig. 7: Eight-day healing photo of patient after laser gingivectomy



Fig. 8: Pre-operative view of frenum on nine-year-old female

Fig. 9: Immediate post-operative view of diode frenectomy completed

Fig. 10: Two-week post-operative healing of surgical correction of thick frenum

Author's Bio

Dr. Glenn van As graduated from the University of British Columbia in 1987 and is internationally known for digital documentation of laser procedures captured with the operating microscope. He achieved Advanced Proficiency from the Academy of Laser Dentistry and received the 2006 Leon Goldman Award for clinical excellence. He is also a founder and past president of the Academy of Microscope Enhanced Dentistry.



How to Pay Off Your Dental School

by Douglas Carlsen, DDS

Finally, I'm a doctor! I have \$400,000 in loans. Can I ever live like a doctor?

My immediate response for how to pay off your debt:

- Don't own a car newer than when leaded was outlawed.
- Don't dine out anywhere except Taco Bell and then only original crunchy tacos and bean burritos.
- Work within biking distance of your parents' house, because that's where you'll live... for a very long time.
- Use only hand-me-down electronics, such as Atari for gaming, a cell phone that weighs more than the above burrito, curved-screen TV, any computer that still takes floppies and no iNothing.
- Marriage, house, new car, iStuff, the cloud and any dental gear that doesn't have belts attached will have to wait.

Since some of the above is slightly unrealistic, I offer the following:

The Scary Part of Debt

A classic Dentaltown post begins, "I will be graduating from school in May and am absolutely terrified of my debt right now... \$337,000. The debt is all I can think of and I have become fairly depressed over the past few months as graduation and repayment looms." Signed: BigTimeDebt.

There are a number of these posts on Dentaltown.com and many seasoned dentists offer ideas and strategies to overcome debt.¹

BigTimeDebt is not alone. In 2011, graduates of public dental schools often have \$200,000 in debt while those from private institutions often owe more than \$400,000.

Let's first look at repayment options:

For the sake of example, I assume seven percent average interest for all loans.

For debt of \$400,000:

25-year repayment: \$2,800 per month

15-year repayment: \$3,600 per month

10-year repayment: \$4,650 per month

Five-year repayment: \$8,000 per month

For debt of \$200,000:

10-year repayment: \$1,750 per month

Five-year repayment: \$3,000 per month

A newbie dentist can expect to have an associate income of between \$100,000 and \$150,000, depending where one practices and the type of practice. With a starting dentist income of \$125,000, all federal and state taxes will be about \$35,000, leaving \$90,000 to attack loans and live. Can a dentist live on \$30,000 per year and pay off \$60,000 (\$5,000/month)? Yes, indeed.

Yet can't a dentist lengthen that \$400,000 student loan to 25 years and pay \$2,800 per month, buy a house with a payment of \$2,200 per month, and live better than the dentist paying off loans at \$5,000/month?

The Psychology of Debt

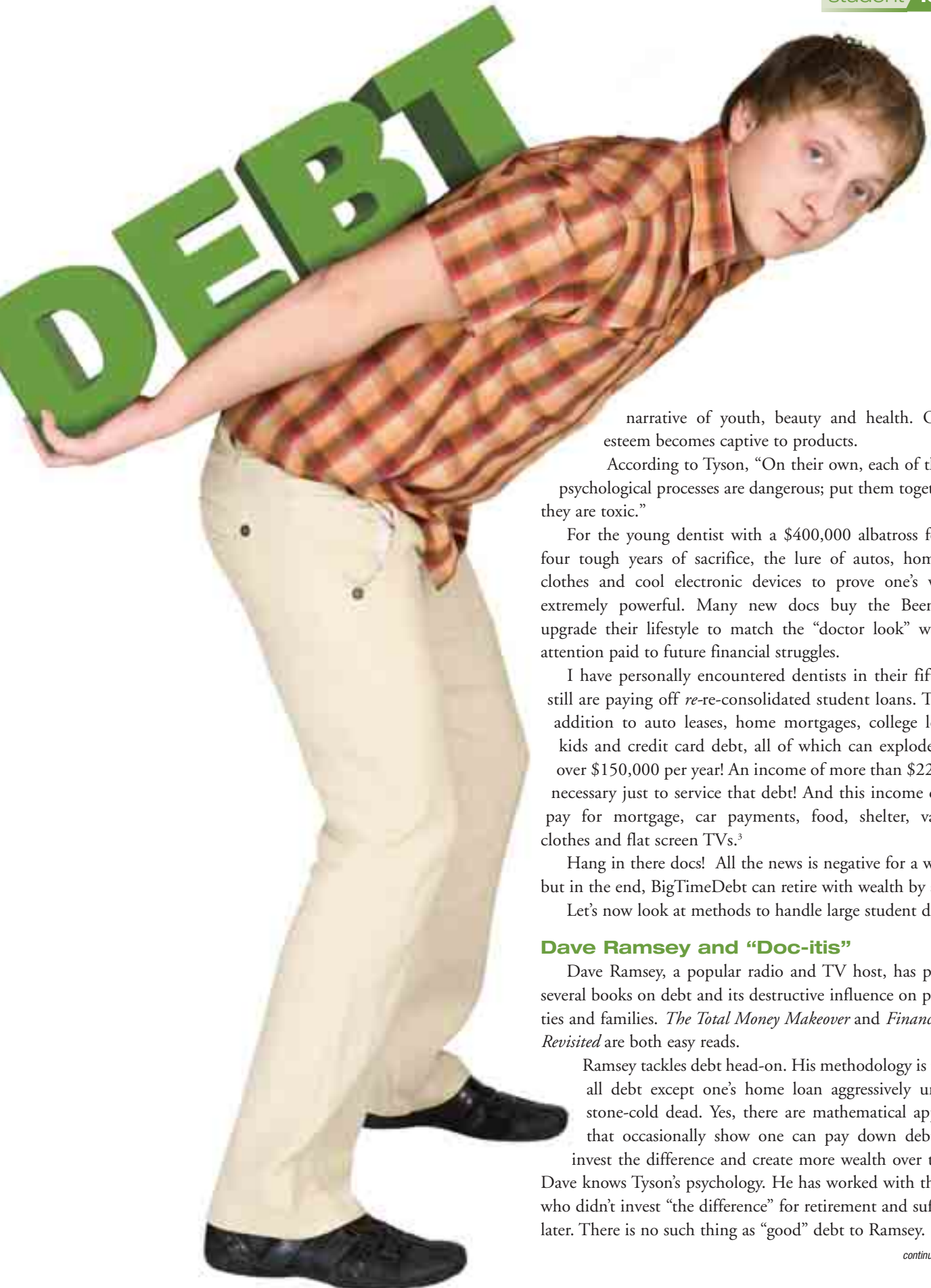
Let's take a look at the psychology of debt. Psychotherapist Phil Tyson² writes of two factors.

First is a psychological principle called future discounting. An example is planning your day thoroughly, and then finding that you rarely finish all tasks. We often underestimate our ability to accomplish all.

With debt, we often take it on with little thought of the details of changes needed to accommodate it. We look to the future and discount the pain of making payments. Credit card companies, banks and especially car dealers recognize this principle well.

For a dental student, tuition, fees, supplies and books are non-negotiable. Most live in less-than-ideal circumstances during those four years. To work part-time during school is normally not an option, so the young dentist is stuck with a large debt load.

Dr. Tyson's second principle is the relationship between consumption and personal identity. Advertising has brainwashed us all to consume brands that provide us an identity. As adults, we wish to become a part of something bigger, to promise us the



narrative of youth, beauty and health. Our self-esteem becomes captive to products.

According to Tyson, “On their own, each of these two psychological processes are dangerous; put them together, and they are toxic.”

For the young dentist with a \$400,000 albatross following four tough years of sacrifice, the lure of autos, homes, nice clothes and cool electronic devices to prove one’s worth is extremely powerful. Many new docs buy the Beemer and upgrade their lifestyle to match the “doctor look” with little attention paid to future financial struggles.

I have personally encountered dentists in their fifties who still are paying off *re-re-consolidated* student loans. This is in addition to auto leases, home mortgages, college loans for kids and credit card debt, all of which can explode to well over \$150,000 per year! An income of more than \$225,000 is necessary just to service that debt! And this income does not pay for mortgage, car payments, food, shelter, vacations, clothes and flat screen TVs.³

Hang in there docs! All the news is negative for a while yet, but in the end, BigTimeDebt can retire with wealth by age 55.

Let’s now look at methods to handle large student debt.

Dave Ramsey and “Doc-itis”

Dave Ramsey, a popular radio and TV host, has published several books on debt and its destructive influence on personalities and families. *The Total Money Makeover* and *Financial Peace Revisited* are both easy reads.

Ramsey tackles debt head-on. His methodology is to attack all debt except one’s home loan aggressively until it is stone-cold dead. Yes, there are mathematical approaches that occasionally show one can pay down debt slowly, invest the difference and create more wealth over time, yet Dave knows Tyson’s psychology. He has worked with thousands who didn’t invest “the difference” for retirement and suffer years later. There is no such thing as “good” debt to Ramsey.

continued on page 38

Ramsey's books are must reads for anyone graduating from college, graduate or professional school. Ramsey's intellect, common sense and math IQ are off the charts.

Below is an abridged version of a phone-in call to Dave's show.⁴

Dear Dave,

I'm 33 and a resident doctor with \$250,000 in student loan debt. Next year I'll finish my residency and increase my income dramatically. The interest rate on my student loan is just 3.5 percent, so I'd like to postpone paying it off and make house payments and begin saving for retirement instead. I'd put off paying the student loans as long as possible. Is this a good idea? – Derrick

Dear Derrick,

That loan hanging over your head is unbelievable. I've worked with many doctors over the years where 20 years later they are still playing math games with the student loans like they're a stupid pet!

I'm thrilled that you're going to be making that kind of money. You've spent most of your life going to school, training, living on nothing and working yourself to death. But if you're not careful, you might catch a nasty disease called "doc-itis."

"Doc-itis" is an ailment that afflicts lots of new doctors. Some of the symptoms include two or three leased BMWs and a fully furnished house with a pool on the golf course. That student loan can just wait a while to be paid. It's a financially debilitating disease.

You've been used to living on nothing (less than \$40,000) for a while now. Just keep on doing that for a little bit longer. With the kind of money you'll be making, you can have that student loan debt knocked out in a few years.

I'd postpone any retirement savings and buying a home until you've completely knocked out the loan and have an emergency fund (\$50,000+) in place. If you stay smart and play this right, Derrick, you'll have no problem living well and retiring a very wealthy man! – Dave

Additional comments from a Dentaltown thread read:

Get out of debt! My wife and I had the same story. We got her loans out of the way first and are just about done with mine. We threw big chunks at hers, knocked it out really quick. There is no better feeling than getting that debt behind you... Some will say that the interest rates are good and I can understand their reasoning (to delay paying down quickly), but there is no better feeling than

pulling in a great double income and no loan payments... Read *Financial Peace* by Dave Ramsey; it is an easy read and will change your outlook on debt and wealth building. – Dr. AK

Charles Farrell and Money Ratios

If you are a young dentist, how much debt can you really afford? How much savings should one have at a given age? A book released in 2010 by attorney/certified financial planner Charles Farrell, JD, LLM, is called *Your Money Ratios: Simple Tools for Financial Security*.⁵

According to Farrell, any education debt that totals more than 75 percent of one's initial income is onerous. BigTimeDebt, mentioned at the beginning of this article, assuming he will have a starting salary of \$125,000, will have a ratio of 337/125, or 270 percent! I don't include Farrell's Student Debt to Income chart, as BigTimeDebt (BTD) is far off it! If BTD can tackle his student loan at \$5,000/month, he will be able to pay off the loan in about seven years. If he is 28 now, he will be able to buy a home and start significant savings at age 35.

Let's look at capital to income (savings) ratios. Table 1 shows the ratio between retirement savings and one's income needed over time to retire by age 65.

Capital (savings) includes the current values of all tax-deferred and taxable investments, including all IRAs, profit sharing, brokerage accounts, the fair market value of any investment real estate and the value of your practice. This does not include the value of your home, autos or personal possessions.

Using Farrell's Capital to Income chart above, we find that BigTimeDebt should normally have \$60,000+ in savings by age 30. Because he is just out of school, zero is expected now. If he starts to save in earnest by age 35, he will be fine.

Farrell's Savings Ratio column indicates to save 10 percent of one's income early, increasing to 13 percent later on. Because dentists are not able to save much before age 35, the proper savings ratio to retire by age 65 is 15 percent from age 35 on. To retire in his 50s, BigTimeDebt (BTD) will need to save at a 20 percent ratio.

How much of a home loan can BTD afford when his student debt load is gone? Farrell's Mortgage to Income Ratios are in Table 2.

Table 1⁵: Capital (Savings) to Income Ratio – Age 65 Retirement

Age	Capital to Income Ratio	Savings Ratio
25	0.1	10%
30	0.5	10%
35	1.25	10%
40	2.0	10%
45	3.1	13%
50	4.5	13%
55	6.1	13%
60	8.1	13%
65	10.0	13%

Source: Charles J. Farrell, copyright 2010 all rights reserved.

Table 2⁵: Mortgage to Income Ratio – Age 65 Retirement

Age	Ratio
25	2.0
30	2.0
35	1.9
40	1.8
45	1.7
50	1.5
55	1.2
60	0.7
65	0

Source: Charles J. Farrell, copyright 2010 all rights reserved.

At age 35, assuming BTD has paid off his student loan and increased his income to \$175,000, he can afford a mortgage of about \$330,000, according to this table. To provide a 20 percent down payment, BTD will be able to purchase a \$400,000 home by age 35 or so. And he will begin saving for retirement in earnest.

I know you are probably thinking “doctors at age 35 should be able to afford more than a \$400,000 home!” \$400K will buy a 1,500 square-foot older home in Costa Mesa (Orange County) California or New Rochelle, New York, yet will grab a 3,500 square-foot beauty in Plano, Texas, outside Dallas.

As I’ve preached for years, the expensive home provides the biggest obstacle to achieving real wealth. Later on, I’ll reveal the secrets of those that retired by age 50.

Note that I have not mentioned practice purchase yet. Farrell doesn’t include it in his calculations, assuming that it is short-term debt that will eventually result in a profit. This is true, yet practice debt might interfere with net income and stall one’s ability to save. Make sure practice debt never interferes with your ability to either pay off student loans quickly or save 15 to 20 percent per year!

A Look at Those Able to Retire by Age 50

There is a very small and quiet group of dentists who amass wealth early and then fall off the radar before the rest of us even notice. Yet, they are the ones who were able to work – or not work – on their own terms. I outlined characteristics of this group in an article published in 2007 called “Retire by 50.”⁶

- All bought one home and remained in it until retirement.
- All were massive savers – more than 20 percent of net income per year after student loans were fully paid.
- All paid cash for cars, and kept the cars for more than five years, usually for eight to 10 years.
- All paid off any credit cards monthly.

Additional characteristics not listed in the article:

- All attacked debt mercilessly, having paid off student loans and practice loans as quickly as possible.
- All paid cash for everything but their home and practice.
- All had their homes paid off well before retiring.
- All started to save for retirement by age 35 or earlier.

Dr. Howe, an early retiree, comments on his ability to retire early. He says, “Any decision to spend capital is a decision to work longer to pay for that decision. Your retirement age will be extended accordingly. Don’t get caught in the sizzle of the moment. People use shopping as a recreational activity. They become addicted to the next big thrill and purchase.”

Howe’s mantra: “The ability to discipline and delay gratification in the short term in order to enjoy greater rewards in the

*With debt, we often take it on
with little thought of the details
of changes needed to
accommodate it. We look to
the future and discount the
pain of making payments.*

long term is the indispensable prerequisite for financial success. Those greater rewards provide less stress with the ability to purchase items for cash that one *only dreamed about* in dental school, without worrying about financing or credit.”

This is your key to wealth, docs. It’s simple, yet requires living like no other dentist for 25 years so you may live like no other dentist afterward.

A Plan for BigTimeDebt and a Possible Early Retirement

Can BTD survive, and even *thrive* with the \$337K burden of debt to start his career? Yes, indeed, with the following plan:

- Make massive payments on the \$337,000 student loan at the rate of \$5,000 per month.
- The psychological effect of paying off such a large debt is huge. Paying cash in the future for all purchases, except a home and practice will become automatic.
- Meanwhile, BTD will live like a dental student until the student loan is gone. It’s easy to do now and will be impossible at a later date.
- As soon as the student loan is paid off, save at the rate of 20 percent of income per year. \$50,000 per year saved in a conservative mix of 60 percent stock index funds and 40 percent bond index funds, starting at age 35 and ending at age 55 compounds to more than \$1,800,000 in real, or age 35 dollars. With the sale of an average practice netting \$400,000, total retirement savings would be \$2.2 million at age 55, within the \$2 million to \$2.5 million range the average dentist needs to retire.

An alternative posited by various dental financial advisors would be for BTD to invest \$1,000 per month for retirement now and pay off his loan at \$4,000 per month (adding up to the same \$5,000 per month as above). They feel the jump start on retirement savings is crucial. In working out the math, BTD would then have his student loan paid off in 10 vs. seven years. Having BTD invest \$12,000 per year for 10

continued on page 40

years, then \$50,000 for 17 years, provides only \$1,700,000 at age 55! And BTD is stuck living a Spartan life for three years longer! Even the math doesn't add up for stringing out the huge loan.

Final Thoughts

The early retirees and I have found no good reason to *ever* carry debt. Yes, it's unavoidable at times, yet should always be paid off as quickly as possible. After graduating and paying off student debt, only your home loan should have long-term payments, and a 15-year loan is best. Leveraging debt is a very slippery slope. Please listen to the docs that created wealth early.

You're entering a wonderful profession full of wild new equipment, crazy staff members, weird patients and the occa-

sional hug or note that makes it all worthwhile. Is it worth \$337,000, BTD? You bet!

You can contact me at the information given below and I love to give seminars on financial topics. n

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Author's Bio

Douglas Carlsen, DDS, owner of Golich Carlsen, retired at age 53 from private practice and clinical lecturing at UCLA School of Dentistry. He writes and lectures nationally on financial topics from the point of view of one that was able to retire early on his own terms. Carlsen consults with dentists, CPAs and planners on business systems, personal finance and retirement scenarios. Visit his Web site: www.golich-carlsen.com; call 760-535-1621 or e-mail at drcarlsen@gmail.com. You can find Doug on Dentaltown.com by searching for "dcarlsen."



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Recruiting & Hiring

for the
Dental
Practice

by Sandy Pardue

Successful hiring of staff and selection decisions are the foundation of all productive dental practices. It's unfortunate that the hiring process in many practices has become a gamble at best. The applicant looked perfect, but when it came down to getting the job done he or she fell short of expectations. Even with a concerted

effort to hire a great team, it could take a few years to find the right blend of personalities and talent for your practice. Hiring the wrong person and finding out a couple of months down the road can be costly.

You have spent eight years learning the clinical and scientific requirements needed to graduate from dental school. There is another side to dentistry that your dental school might have not prepared you for – the practice management side. Skillful practice management is the key to a successful practice and future. Both young and experienced dentists find this to be one of the most challenging aspects about practicing today. Those frustrations can be minimized if you establish some basic systems in the beginning.

One of your first tasks in setting up your practice will be to prepare for and create your dream team. I've listed out the necessary steps so that you can organize the process and develop a customized hiring system along the way. Take notes and type up your successful actions as you work through the steps below. Save them in a folder on your computer and print out each page for your hiring procedure manual. This will save countless hours in the future.

continued on page 42

Step 1: Have an Office Policy Manual

Have a well-written policy manual compliant with the laws of your state. This will be the first formal communication the practice has with a new employee. Take time to develop policies that lay out the hours of operation, vacation time, holiday pay, maternity leave, telephone use, Internet use and dress code with every possible contingency covered in detail. The manual will define standards of behavior and outline what will happen if those standards are not upheld. It should contain the practice's employee policies and procedures for asking for leave and similar requests. It becomes an empowerment tool should you need to discipline an employee. The policy manual lets the staff know what is expected of them and cuts down on misunderstandings.

Step 2: Develop Job Descriptions

Before you start interviewing you will need to develop job descriptions for each position. These should be customized for your practice so that you have something to show the applicants about the position for which they are applying. A true job description is a simple description of what the job entails. Many confuse a job description with a procedure manual. You will need to familiarize yourself with your state's dental practice act regarding delegation of duties to assistants and hygienists.

Begin the process by gathering information about each position in the practice. Familiarize yourself with the requirements and functions. This will give you the data you need to determine the skills, education level, licensing and personality traits that best suit the position. You will need to list out the responsibilities, required skills, specific duties, personnel requirements such as education and experience, attributes and pay scale.

Step 3: Utilize a Standard Employment Application

Develop an effective employment application. The application is a very important legal document that can tell you a lot about the applicant. A résumé should never replace an application. In my experience, a résumé is often used for self promotion with little substance. Some of the things you want to learn from the application are applicants'

- n ability to write and spell
- n answers to job-specific questions
- n information about past employment, such as exact dates worked, which is usually left off of résumés
- n type of work desired
- n skills and work experience
- n salary requirements
- n references with contact information
- n education
- n eligibility to work in this country
- n social security number

The applicant should always sign and date the bottom of the application stating that the information provided is true. You

must keep all résumés and applications on file for at least one year after the date of action.

The application is also a way to get permission to check references, advise of drug testing and verify U.S. citizenship. If you plan to do drug testing, a credit check or a background check, which I recommend, you will need to have them sign a consent form. The consent form encourages the applicant to be more honest with you.

Step 4: Advertise the Job Opening

Prepare sample ads for each position and gather information on various advertising resources. The classified section of the newspaper is still producing good results. Many practices are successful in finding employees utilizing the Internet. This allows you to streamline your search by targeting a more specialized audience.

Many practices have utilized the following Web sites for promotion of an open position:

- n www.dentaljobs.net
- n www.dentaljobs.com
- n www.dentalassistantsjobs.com
- n www.dentalhygienistsjobs.com
- n www.dentallink.net
- n www.dentaltown.com/classifieds (see screen shot below)

When writing your ad, keep it short and to the point. I recommend that you create an ad for each position in the practice and keep them in your hiring binder to reference in the future. Make sure you tell applicants where you'd like them to send their information. You can request résumés be faxed or e-mailed.



Step 5: Résumé Screening

Once your ad is placed, you will begin receiving résumés. Go through them the same day they arrive. Look for experience and stable employment. Avoid spending time with someone that was a dolphin trainer and now wants to be a dental receptionist while her boyfriend goes to summer school near your practice. She will not be committed and you will be wasting your time. Place the résumés that you are not interested in, in a dated file since you must keep them for one year.

Begin calling the prospects that you would like to interview and set up appointments. Do not wait to start interviewing; the best applicants will not be available for long.

Step 6: Keys to a Successful Interview

Write down the names and contact numbers on a calendar for every interview scheduled. Do not schedule interviews at the same time you are seeing patients. Be mentally and emotionally prepared. Do not pre-judge the applicant and stay positive.

Once the applicant arrives, escort them to a private area to fill out the application. Interviewing is an important step to hiring the right person for the job. If you are not prepared, you will spend additional time on the process and might hire the wrong person, which is costly to the practice.

Develop a list of interview questions. I've included some below. Ask all applicants the same questions and you will become a master at gauging their responses. These are questions you will ask during the interview while taking notes as the applicant responds. Try to be natural and comfortable when asking the questions. This will help you get the answers you are looking for.

General Questions:

- What are two reasons you think you would be good for this office?
- If you could do anything career-wise, what would it be?
- What did you like the most about your previous job?
- What did you like least about your previous job?
- What are your weaknesses?
- What areas are you strong in?
- How do you feel about our business hours?
- What are your pet peeves?
- What would you do if a patient told you that they were unhappy with services they received by the doctor?
- What do you want to be doing in three years?
- Which dental software have you worked with?
- How would you handle a patient who was upset about their long wait in the reception room?
- What are the most important things you are looking for in a job?
- Would it be a problem for you to work late on occasion?
- How many personal phone calls would you need to make or receive in a day?
- How would you describe your personality in five or less sentences?
- How many sick days will you need each year?

If you are pleased with the outcome, introduce the applicant to other staff and give them a tour of the office.

The goal is to make the hiring process efficient, streamlined and effective. Planning in advance will increase your chances of finding the right person in a timely manner.

The goal is to make the hiring process efficient, streamlined and effective.

Planning in advance will increase your chances of finding the right person in a timely manner.

Additional Questions for Administrative or Front Desk Staff:

- How could you help our practice?
- What would you tell a patient that called in 30 minutes before quitting time with an emergency?
- What would you tell a patient that called in one hour before his three-hour appointment saying that he can't come in due to a flat tire?
- What would you do if an employee talked bad about the doctor or other staff in front of you?
- What stresses you out?

Additional Questions for the Dental Assistant and Hygienist:

- What characteristics should a hygienist/assistant possess?
- What is your favorite procedure?
- What are some new skills you'd like to learn?
- How do you feel about presenting needed treatment to patients?
- What do you like most about being an assistant/hygienist?

You are not allowed to ask questions pertaining to:

- Height and weight; you can get uniform sizes after hiring.
- Anything to do with children, childbearing or childcare
- Race
- Religion
- Gender
- Family planning
- Age/Date of birth
- Criminal background or arrests
- Physical or mental disabilities
- Marital status
- Nationality
- Anything to do with wage garnishment
- If they smoke or have a drinking problem
- Condition of health
- Personal information such as maiden name or where he or she is from

continued on page 44

At the end of the interview let the applicant know when you expect to make a decision. Send courteous letters out to the applicants who did not get the job informing them and thanking them for their time.

The Final Selection Process

Many practices narrow their selection down to a couple of people and then set up a separate lunch with the rest of the team, not including the doctor. The team has input on the top candidates and the doctor makes the final decision after checking references and verifying past employment. I recommend the doctor not delegate employment verification and reference checks. The doctor should speak personally to the past employers (doctors). Avoid talking to staff. Call at least three references. Never skip this step. Verify employment dates and wages. Ask if they are eligible for rehire.

Once you are at this point, if you are going to do any other screening such as credit check, drug testing or background check, I suggest that you do it now, in that order.

If you are ready to make a job offer, do so and document salary, start date and anything else that comes up in the conversation.

You will need to protect your practice from legal pitfalls by becoming familiar with labor laws. There are many

resources available to you. I recommend the Department of Labor's Web site, www.dol.gov. The American Dental Association also has resources for its members through The Council on Dental Practice.

A solid hiring and training system will save you many headaches and a lot of money over the years. The best investment you can make in your future is to hire and retain the highest quality staff. To build a great practice, hire great people. n

Author's Bio

Sandy Pardue is an internationally recognized lecturer, author and practice management consultant. She has assisted hundreds of doctors with practice expansion and staff development over the past 20 years. She is known for her comprehensive and interesting approach to dental office systems, and offers a refreshing point of view on how to become more efficient and productive in a dental practice. Sandy is director of consulting with Classic Practice Resources. She is also a consultant to leading dental companies for product evaluation and design. For more information, please e-mail sandy@classicpractice.com. You can find Sandy on Dentaltown.com by her display name "Sandy Pardue."



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INTERVIEWING for a Success

by Sandy Pardue

Working as an employee in a practice might not be the number-one choice among dentists who are starting their careers, but it can be a smart move.

Unless you are a second- or third-generation dentist, you probably don't have a lot of practice management experience. Working as an associate gives you the opportunity to learn the business side of dentistry. You can gain "real-life" experience managing the practice and staff while paying down student loans and gaining clinical experience with no financial risk. If you plan on buying in to the practice, an associateship gives you an opportunity to "try before you buy." Dentistry can be a lonely profession. An associate position can provide you with a sounding board; a partnership that can include mentoring, which is extremely valuable to a new dentist. It can help lessen those "I wish I'd known that" moments down the road.

Of those associateships that fail, most fail because of what didn't occur *before* the relationship officially began. The owner doctor and perspective associate failed to properly analyze the practice to see if an associate was needed in the first place. Another reason might be because they never shared their goals. They were mismatched and had unfulfilled expectations, either on the part of the owner or associate. They were heading in different directions, a common denominator for most break-ups in life. This could have been avoided with better planning and better communication. Here are some key points to enhance the associate interview and working relationship.

Establish personal goals

Before considering any position, you need to establish your personal goals. Unless you know what you are looking for, you might never find it. What is your purpose for seeking an associate relationship? Better planning will help prevent disappointments, stress and loss of time in the future.

Factors to consider:

- You want to work as an associate temporarily and do a start up in a few years
- You are interested in a partnership or buyout
- Office location [consider that if you start your own practice in the future, you might have a non-compete clause to honor]
- You prefer working on children or adults
- The procedures you enjoy most
- The procedures you enjoy least
- CE goals
- Expected length of employment
- Required salary range
- Priorities
- Vision
- Practice philosophy
- Facility requirements
- Short-term and long-term personal goals
- Short-term and long-term professional goals

Once you have established where you are going and you know exactly the type of practice you want to work in, you are ready to start your search. Use this list of goals to analyze a particular practice, and see how each practice you interview measures up.

Can the practice support another dentist?

Many times the idea of hiring an associate appears to be a solution when a practice is struggling with keeping one dentist busy. I'm not sure how this myth got started, but it just doesn't work, even if they are considering a marketing campaign. This is definitely not a solution. An associate should be considered

Successful Associateship

when the owner dentist can no longer handle the number of patients in the practice or wants to cut down the amount of days worked. Many times a son or daughter graduates and joins a practice that doesn't have enough patients to keep them busy. My advice is to resist the temptation if the practice was not in the market for an associate.

You will need to verify that the practice can support two doctors. You can easily do this by learning the number of active patients from the computer software. I've seen practices try to determine this number by counting the number of physical patient charts, but this is not the correct way to do it. A computer-generated report will show you how many individual patients have been in the practice over a certain period of time. I use an 18-month period. You will need to ask the owner doctor to supply the report and look it over with you. You should also ask to see a computer-generated report showing the number of new patients by month, over a 12-month period. In my opinion, the minimal requirements to support a second doctor is 2,000 active patients and 30 or more new patients each month.

You should be considering a salary range and be aware of what you will need to produce to meet your compensation goal. If you are going to be paid the standard 30 to 33 percent of collections, you will need to produce at least \$300,000 to get in the neighborhood of \$100,000 gross. You will never reach this if the patient flow is not there for you.

How do I learn about associate opportunities?

The best way to find an associate opportunity is through a recruiter. It will save a lot of time and from my experience, practices utilizing a recruiter to find an associate have better success with the entire process. Typically, the recruiter has experience

with interviewing potential associates and is excellent with matching specific short- and long-term goals.

Interview with owner doctor

The interview process goes two ways. You are being interviewed, but you are also interviewing the owner dentist. Preparing your interview questions in advance will help you identify exactly what he or she is looking for, ensuring better compatibility. This will help you better predict compatibility.

Questions for the owner dentist:

- What types of procedures do you expect the associate to perform?
- Will the associate have management responsibilities?
- Do you feel the current scheduling system could be maximized?
- What days and times do you anticipate an associate working?
- Have you thought about how you plan on paying an associate?
- Will the associate be responsible for paying any practice expenses such as lab costs, supplies?
- How are new patients brought into the practice?
- How do you feel about marketing?
- How many weeks of vacation do you take?
- How much treatment does the practice have outstanding?
- What is the percentage of production collected?
- What percentage of the schedule is filled each day?
- Do you have regular staff meetings?
- How many staff, and how long have they worked in the practice?
- How do you feel about continuing education?
- Are you a member of any dental associations?
- Are you a member of any charitable organizations?

continued on page 48

A good employer might be one who has trained and groomed others like yourself having them move on to fame and fortune after working under him or her. Learning your goals and preparing questions for the owner doctor will also prepare you for the interview.

- n What do you consider the strengths of the practice?
- n What do you consider the weaknesses of the practice?
- n What are your goals for hiring an associate?

You are going to learn a lot about the practice and the doctor from this conversation. Pay special attention to the part about the staff and length of employment. If the doctor has a turnover problem, or is critical of his team, that might be a clue about how an associate would be treated. A good employer might be one who has trained and groomed others like yourself having them move on to fame and fortune after working under him or her. Learning your goals and preparing questions for the owner doctor will also prepare you for the interview.

Questions you can expect to be asked in the interview:

- n Are you interested in buying into a practice?
- n What are your plans for the future?
- n What compensation and benefits do you expect?
- n Is there anything that could change your plans?
- n Tell me about a time you had a disagreement in the office.
- n How would you handle an employee who started arriving late?
- n How do you feel we should handle patients who continue to break appointments?
- n What can you bring to the practice?
- n What is your management style?
- n What are you most interested in learning?
- n What procedures do you enjoy most? Which ones do you enjoy the least?
- n What do you consider your most difficult procedure?
- n Describe the ideal new patient visit.
- n How do you feel about dental insurance, PPOs?
- n You will most likely be asked about your experience with specific technical procedures.
- n How much time will you need for single crowns, molar endo, two surface composite, etc.?

After the interview process and things are looking favorable, plan to spend at least a couple of days in the practice observing

and listening. You'll be able to get a first-hand feel for the practice tone and style. Plan some time away from the practice with the owner dentist to attend social events such as golf or dinner with the spouses. This will be beneficial in making your final decision about joining the practice. Before you make your decision, you must verify that the practice is ethical and safe. Check with the state board about past complaints and ask around the dental community to learn more about the practice.

I'm often asked for a good associate contract, one that will guarantee a successful relationship. While a well-written contract is important, there is so much more to the relationship. It is important that you do your due diligence to avoid a mistake that could cost you years that can never be replaced. A lot of the contracts I have seen look like they were borrowed and shared by many different dentists, who got it from another dentist and so on. Hire an experienced attorney.

For an associateship to be successful you must have affinity for the practice owner and you have to agree on the practice model. Dentistry is a great profession. Open up your eyes, ears and hands so that the owner doctor can share years of experience and wisdom. n

Author's Bio

Sandy Pardue is an internationally recognized lecturer, author and practice management consultant. She has assisted hundreds of doctors with practice expansion and staff development over the past 20 years. She is known for her comprehensive and interesting approach to dental office systems, and offers a refreshing point of view on how to become more efficient and productive in a dental practice. Sandy is director of consulting with Classic Practice Resources. She is also a consultant to leading dental companies for product evaluation and design. For more information, please e-mail sandy@classicpractice.com. You can find Sandy on Dentaltown.com by her display name "Sandy Pardue."



Dentaltown began with a simple goal – to connect dentists with one another so they would never have to practice alone. With Dentaltown, you don't ever have to feel like you're huddled in an office feverishly working on patients, and feeling disconnected from your peers and the rest of the profession. You are part of a community.

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See you around town!

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of weekly activity
occurs on **Thursday**

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of weekly activity
occurs on **Wednesday**

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of weekly activity
occurs on **Friday**

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of weekly activity
occurs on **Sunday**

10.20%
of weekly activity
occurs on **Saturday**

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Total number of registered users on Dentaltown.com: **143,776**

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of the Week

263
Registrations
in a Day

themoost

Source: Publisher's data

**12:00-
12:59 p.m.**
Active Hour

169
CE Courses
Completed in
a Day

**the
average**

Source: Publisher's data

31,410
Weekday Visits

0:17:04
Length of Visit

16,800
Weekend Visits



Developing Good Habits

by Juli Kagan, RDH, MEd

Why are stretch, strength and yoga classes not part of a dental school curriculum? And why do most schools have outdated or ineffective stools, despite rising tuition and the fact that dentists sit for the majority of their career? It is so important to develop good habits early on in your career in order to prevent strain and injury later.

While excellent care is being provided to patients, dental students are neglecting their own bodies. It is mind-boggling that more than 3,000 hours are required to fulfill dental school requirements, yet little time is spent on spinal health and injury prevention. With less than 10 minutes per day, you can complete effective exercises that can help prevent neck, shoulder and spinal trouble. Is your valuable time worth it? Absolutely! If you exercise on a daily basis your body will take care of itself so you can, in turn, take care of your patients. More importantly, you can avert potential disabilities, which are always much more difficult to manage.

The following exercises can be done chairside, before seating a patient, while working and even while sitting at a computer.

Exercise 1: Navel In and Up!

Targets: Core and back posture

Inhale and gently pull your navel toward the spine, then, pull your navel up toward the ribs. Sit tall, with your shoulders relaxed and drawn down. Hold for five to 10 seconds and release. Repeat five to 10 times. Notice how your spine automatically elongates; reducing intervertebral joint compression. This exercise can be done anytime throughout the day.

Exercise 2: “U” First!

Targets: Neck

Beginning with the chin down, draw your nose up toward the right shoulder and then toward the ceiling. Draw back down and repeat to the other side. Make the shape of a horse-

shoe or a “U.” Repeat four complete cycles. Stretching the neck improves range of movement and will ease stiffness, reduce stress and provide relief for recurring cervical muscle tension.

Exercise 3: Fingers Clasped and Arms Up to the Ceiling

Targets: Shoulders

Clasp your fingers in front of your chest and turn the palms outward. Lengthen your arms out. Inhale and lift your arms straight up to the ceiling, by the ears if possible. Hold for five seconds and exhale as your arms descend out to the sides, down toward your outer thighs. Try to maintain a lift in the sternum. Looking up enhances the stretch. Repeat four times.



Exercise 4: Lateral Trunk Stretch

Targets: Upper Body

You can perform this exercise either sitting or standing. Clasp your hands and lift them up overhead. Sitting tall with the abdominals slightly contracted, bend the trunk laterally to one side. Inhale on the lift and exhale on the lateral stretch. Hold for five seconds. Keep breathing. Repeat four times on each side.

Exercise 5: Quadriceps Stretch

Targets: Legs

Standing next to a wall or desk, bend one knee back and reach for your ankle with the same side hand. Hold the ankle. Attempt to draw your knees together. To stretch the hip flexors, which are shortened and tight all day, gently pull your tail under, in a counterclockwise rotation, to bring the front hip-bone backward. You should feel a stretch at the top of the thigh, at the insertion of the muscle. Hold for about five to 10 seconds or two breath cycles. Repeat three times for each leg.

Exercise 6: The “Ill-E-O-So-As” Stretch

Targets: Legs

Standing at a wall or counter, place one foot about a foot away from the wall and the other foot about two feet away from the wall. Bend the front knee and press the back heel down in line with the hip. For a deeper stretch, push the hips forward and counterclockwise, so the tail pulls under, while maintaining your heel on the ground.

For an enhanced stretch, take your arm that is on the same side as the extended back leg straight up by your ear. Lift up and over to the opposite side. Hold for five to 10 seconds. The stretch should be felt along the entire side of the body, as well

as inside the abdominal wall. Release. Complete three stretches on each side.

Choosing a Dental Stool

In addition to developing good habits with stretching and keeping active, choosing a good dental stool is equally as important. Your posture throughout the day greatly affects how you look and feel now and for years in the future.

Of all the equipment in an operatory, the stool seems the most important in the prevention of most musculoskeletal injuries. Almost every syndrome or condition stems from improper seating. If the hips are offset, most every other body part is unbalanced. For example: When the pelvis is not centered in the middle of the chair or is not placed back into the seat pan, one hip is commonly off center. If one hip is misaligned then one hip is higher than the other. This translates to one side of the body being shorter and lower; often the right side for right-handed clinicians. Like a cascading effect, a lower right hip brings the right shoulder down, unparallel, with the left shoulder. Because the shoulder is lower, the elbow must overcompensate and be lifted up in order to bring the arm up into to a more stable parallel position. The lifted elbow contracts and fires up the deltoid and trapezius muscles, which fatigue quickly. This contributes greatly to trapezia myalgia. If the elbow is not lifted enough the wrist must blatantly flex in order to create parallelism of the instrument so that it can function most effectively. This entire sequence is simply because of sitting improperly. If the clinician merely sat up in the chair, with the rear end at the back of the chair, this entire progression would be eliminated. It is easy to see how carpal tunnel syndrome is often not a problem that originates at the wrist, but truly begins at the seat (both the buttocks and chair). Actually, most conditions of the body are due to improper alignment of the spine, the shoulders and the hips.¹

The spine's natural curves should allow the head to be directly over the shoulders, which should be directly over the hips while seated. Most importantly, the coccyx or tailbone should be raised or even extended posteriorly to allow the pelvis to rotate forward, clockwise. In its final position, the anterior spine of the hips (ilium) should be slightly forward of the sit bones (ischial tuberosities), so a person can “sit up,” with the tailbone (coccyx) back.

The simple goal of sitting is to maintain this pelvic and spinal alignment. This concept



continued on page 54

makes it crucial to find a chair or stool that places the pelvis in an anterior position (anteversion) in a supportive manner. This reduces muscle strain and decreases intervertebral disk pressure. An anteverted pelvis facilitates healthy posture.² An elongated spine is integral to the health of the back, especially while seated.

With the thighs parallel to the floor, the hips are often at a 90-degree angle. In this position, the lower back is frequently flattened. It loses its natural lumbar curve and the pelvis rolls backward. This pelvic arrangement is exceptionally common and a major reason for back pain. Conversely, when the pelvis is rotated too far anteriorly, the back muscles require constant contraction, expending tremendous energy.³

One way to open the pelvis, helping to create anteversion, is to increase the chair height so the angle of the hips opens to between 110 to 130 degrees. This way the hips are slightly higher than the knees. This downward slant of the thighs also lets you achieve closer proximity to the patient. A saddle-shaped seat also facilitates an opening of the hip angle and helps maintain the anteverted curve.

Alternating between two active and passive positions is called dynamic sitting, where you alternate between sitting and half standing. In the active stance, the clinician is literally in a “ready” position, like an athlete ready for action. This dynamic process is ideal as it keeps the clinician moving throughout the day while working. In addition, sitting with the pelvis forward and the hips open to about 110 degrees, requires the least amount of muscular effort to maintain the natural spinal curves and reduces disk pressure – all factors in eliminating or reducing back pain.

A new innovative chair called the Virtù by Crown Seating has ZenWave motion that provides mild support while in a forward tilt position. This allows the pelvis to rotate forward in a natural position, which permits it to be more anteverted, and aligns the spine to be more neutral and unstressed. Both of these qualities protect the spine from further injury. The best component of this inventive chair is the strategically placed backrest moves with the operator in both the active and passive position, and massages the vulnerable lumbar region, promoting blood flow and nutrients to the lower back muscles and intervertebral disks. Like a perfect pair of jeans, a stool or chair must fit just right or you will be uncomfortable. Invest in one wisely.

Another Note on Posture

An excellent alternative to sitting while working is standing. Few articles and books are written about the subject. Standing is a natural human posture and by itself poses no particular health hazard.⁴

Standing while performing clinical dentistry allows the large muscles of the legs and torso to actively contract, while

Alternating between two active and passive positions is called dynamic sitting, where you alternate between sitting and half standing. In the active stance, the clinician is literally in a “ready” position, like an athlete ready for action.

providing a break for the vulnerable back and lumbar region. It improves circulation in the lower extremities, allows the upper body to be more relaxed, relieves stress on the intervertebral disks of the back to about 100 pounds,⁵ promotes increased cardiovascular blood flow throughout the body,⁶ allows for greater mobility around the patient chair and provides more stability for the operator.

Prevention of work-related musculoskeletal disorders is crucial. The majority of dental school programs provide basic ergonomic education (patient/operator positioning and instrumentation), but additional education such as body mechanics or preventive exercises are generally unavailable or available only on a limited basis to students. Performing simple exercises, such as those noted, and acquiring a personalized dental stool is vital for a long and healthy dental career. ■

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Author's Bio

Devoted to wellness, and passionate about physical and mental fitness, as well as proper posture, **Juli Kagan, RDH, MEd**, is a certified pilates instructor, yoga teacher and professor of health education. With an energy and enthusiasm that transforms knowledge into practice, Juli wrote *Mind Your Body: Pilates for the Seated Professional* and has created numerous free videos on her Web site. To purchase her book and/or obtain more information visit JuliKagan.com.

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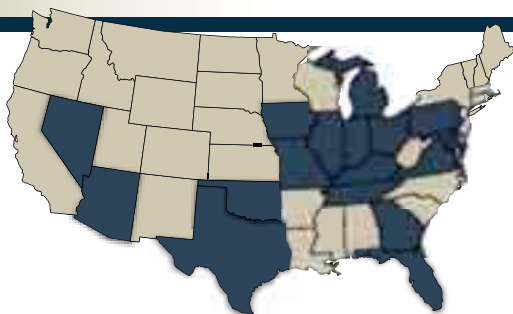
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by Bradi Boyce, DDS

My life is a sitcom. I have four kids – triplet girls who are six and a boy who is four – and a private practice. Most days I don't stop.

I will never forget the day my life changed directions (for the better, but certainly for the more chaotic). I was at the OBGYN when I found out I was pregnant. I was excited but worried about how my husband and I were going to manage a new baby and two new practices (my dental practice and my husband's dermatology practice). My doctor was a young woman with small children as well. She must have sensed my anxiety. She reassured me I could likely work right up until the birth and if all went well, I could go right back to work. I wouldn't miss a beat!

As the doctor took an ultrasound, she looked at me funny. "You're having twins..." she said and paused for a few moments looking closer at the screen. "Oh, no wait... you're having triplets!" I started laughing. I was as clueless as any brand new expectant mother when it came to having babies. My husband hadn't come to

the appointment with me, and frankly, not even seven years of marriage can prepare you for that conversation! The poor unsuspecting man didn't see *that* phone call coming! We met for dinner later that night and we laughed hysterically. What more could we do? We had a new house, two very young practices, a building under construction for those practices and soon we would have three newborns! Despite what felt like the deck stacked against us, we knew we'd make it work.

Even though I could laugh about the situation, I still questioned the balance. I love dentistry! How was I going to be a good mother to three girls, a good wife to my husband, still work and have time to do the things I loved to do?

A few years later, among the routine I had found in chaos, I took a trip. On the airplane, the flight attendant came on the speaker to give the safety spiel. Over the crackly speaker she said, "Put on your own mask before helping others around you." I always found this selfish. But it struck me, if we don't take care of ourselves, how can we take care of those around us? I realized I needed to start taking better care of myself. I needed me-time; away from children; away from work; and I didn't have to feel selfish for taking that needed time. If I was going to be a good wife, boss, friend, sister and mother, and manage all those roles in my life, I was going to have to get my life under control.

So I made a few changes. I started exercising every day, getting back into better physical health. I wrote a list of all the things I did and did not enjoy about work. What bothered me? What made me cranky? What did I need to do and what could I have others do?

From this list, I delegated. I was able to start working four days a week. We hired consultants to come into the office and help us put systems in place, teach us the patient care coordinator concept and help us block more efficient scheduling. The hygienists became licensed to do anesthesia. Several assistants became RDAs and learned to pack amalgams and take impressions. The front desk started taking on more responsibility discussing finances and the whole team got on board with patient education. All of these things took pressure off me and freed up more time in my day. The result was a less worn out, happier me at the end of the day.

At home, although it wasn't always like this, I've been fortunate enough to be able to afford some help. I started letting the nannies take on more responsibilities like groceries, laundry, dishes and cooking. I start exercising as soon as I get home so that I can have some quality time with the kids before they go to bed.

Dentistry can be one of the most rewarding professions. As we get more established in the field, we are able to have flexible hours. We can own our own practices, work for someone else, work for an institution, teach – there are so many options. Make sure you choose or create an environment in which you look forward to going to work every day. Find out what it is that will make you feel this way and remember that only you can control your own destiny. Find your balance. It might take a while. Be patient. Breathe. It will come with time... enjoy the chaotic journey. n

Author's Bio

Dr. Bradi Boyce has a private practice in Sebewaing, Michigan. She, an associate dentist and their team perform general and cosmetic dentistry. In addition to her passion for dentistry, she enjoys tennis and shopping. You can find Bradi on Dentaltown.com by her display name "sfddd1" or e-mail her at bradiboy97@yahoo.com.

Here is some advice, from a dentist who has been there:

- n Patients can sense whether a doctor loves his or her job. So love yours, whatever it takes.
- n Make small changes to improve your practice and your life. Don't be afraid to delegate responsibilities.
- n Allow yourself the luxury of hobbies outside of work. And don't feel selfish for pursuing them.
- n Take time to exercise. Even a walk does wonders for sanity. I'll be the first to admit I read professional journals while on the elliptical. It's okay to multi-task.
- n Beware of burn out. Don't take yourself too seriously. This profession is very tedious and demands perfection on so many levels. It is very easy to get overwhelmed and bogged down.
- n Create support groups – people with whom you can laugh and vent. I have found Dentaltown.com to be a great resource for this.
- n Sit back and laugh.

Darn Good ADVICE

Six professionals, representing six different demographics, present their advice on everything from career choices to “real world” misconceptions and offer you their list of most-used resources, as well as their personal contact information if you have additional questions.

Questions

- 01 A little about the panelist.
- 02 How did you know dentistry was the career for you?
- 03 What misconceptions did you have during dental school about life after graduation?
- 04 What do you wish you had learned or learned more of in dental school?
- 05 What are your favorite dentistry resources?
- 06 What surprised you the most when you got out of school?
- 07 What would you do differently if you could relive your first five years post-graduation?
- 08 If you could give new graduates a piece of advice, what would it be?
- 09 What are some of the challenges you have experienced, but didn't expect to?
- 10 How have you utilized Dentaltown.com?

“skuzma2dds”

Stephen Kuzmak, DDS

Representing: Recent Graduates, Associates
Contact: stephenkuzmakdds@gmail.com

01 Kuzmak (Townie name: skuzma2dds) graduated from University of Maryland. He practices in Glen Burnie, Maryland, as an associate. In his free time he likes to attempt Tommy Emmanuel songs on his acoustic guitar, although claims they take decades to learn.

02 Love science. Hated the idea of being in a lab all day. My dad mentioned dentistry calling it “people work,” which appealed to me because I’m an extrovert! I was initially opposed, but soon after realized it was the perfect career for my personality.

03 I thought that it would be easy; that patients would accept the recommended treatment; that I would always have patients.

04 Practice management; how to talk with patients to increase acceptance; how to increase production.

05 Other dentists; Dentaltown; videos and DVDs; CE; my employers.

06 The variance in treatment planning among dentists and finding a good associateship.

07 I might have considered moving out of state more seriously.

08 Your reputation is the number-one most important part of your career. Out of this saying comes treatment planning, quality, honesty, treating staff well, etc. Reputation is everything.

09 Patient communication.

10 The ongoing discussions of dentistry with other dentists throughout the world; CE; the availability of resources; networking with dentists in my area.

“who R U”

Representing: Practice Owners
Contact: mjfddsinc@aol.com

Mark Fleming, DDS

01 Fleming (Townie name: who R U) graduated from Ohio State University. He practices in Sarasota, Florida, and appreciates homemade meat loaf and macaroni and cheese.

02 I tried unsuccessfully to get into medical school. Once I got into dental school, I saw that dentistry was actually a much better fit for me.

03 I thought that patients would come easily and so would the money.

04 Business principles.

05 Dentaltown: CerecDoctors.com; Colleagues: my Patterson rep.

06 How difficult the managerial aspect turned out to be.

07 Business and investing courses.

08 Be humble and have a willingness to learn.

09 Health issues and how they can affect a practice.

10 Advice, advice, advice. The boards are helpful in every aspect of practice.

“drscoles”

Representing: Multi-practice Owners
Contact: drscoles@gmail.com

Michael Scoles, DMD

01 Scoles (Townie name: drscoles) graduated from Temple University. He practices in Issaquah, Washington. He is a sponsored remote control helicopter pilot.

02 I lived in rural Oregon growing up. When I was 17, my doctor let me hold a mirror while he took my wisdom teeth out. I found it fascinating.

03 Dentists don't have the same treatment goals or deliver the same level of care for their patients, even though we all get trained with specific goals in mind.

04 Management. We had one class on practice management. School prepares you to pass the boards, not run a practice.

05 Dentaltown: the two dentists I purchased my offices from; CE.

06 The morale of your staff is just as important to your success as being able to do a crown prep in a reasonable amount of time.

07 I would have pursued more education in the specialties earlier.

08 Make sure you understand your debt load and what it will take to repay student and practice loans.

09 Successfully balancing time between family, practice, professional development and fun.

10 In every way, about 50 times a day for the past nine years.

continued on page 60

Darn Good ADVICE

Questions

- 01 A little about the panelist.
- 02 How did you know dentistry was the career for you?
- 03 What misconceptions did you have during dental school about life after graduation?
- 04 What do you wish you had learned or learned more of in dental school?
- 05 What are your favorite dentistry resources?
- 06 What surprised you the most when you got out of school?
- 07 What would you do differently if you could relive your first five years post- graduation?
- 08 If you could give new graduates a piece of advice, what would it be?
- 09 What are some of the challenges you have experienced, but didn't expect to?
- 10 How have you utilized Dentaltown.com?

"Linc"

Lincoln Harris, BDS

Representing: International Dentists
Contact: linc_jyn@ozemail.com.au

01 Harris (Townie name: Linc) graduated from University of Queensland. He practices in Bargara, Queensland, Australia. He claims to enjoy the offbeat hobby of farming.

02 When I got fissure sealants in my last year of high school.

03 I thought that I would earn a massive income. I neglected to think about tax, cost of living and student loans.

04 More repetition of procedures. It would have helped build hand-eye coordination.

05 Dentaltown; international travel; intensive hands-on courses; my reps; failures.

06 How long it took until simple procedures were no longer stressful.

07 A lot more continuing education in the first few years, even if it meant having to wait a bit longer to buy a house.

08 Spend most of what you earn on the best international CE for the first two years.

09 Dealing with crazy women who want dentures with flanges thick enough to perform plastic surgery miracles on their sunken lips... seriously.

10 Absorbing enormous amounts of information; presenting your own cases teaches you more than what anyone learns from your case.

01 Bailey (Townie name: drtammy) graduated from Case Western Reserve University. She practices in Wausau, Wisconsin. She enjoys a well-prepared steak.

02 It's a second career for me. I went back to school for business management (health care) and realized I needed to be on the clinical side of things.

03 I didn't worry about the size of my student loans. I thought I would have plenty of money.

04 Practice management and ortho.

05 Dentaltown; friends; my reps.

06 How difficult it is to get patients to complete the work that they need.

“gdersley”

Representing: Specialists
Contact: gdersley@gmail.com

Graham Dersley, DDS, MS

- 01** Dersley (Townie name: gdersley) graduated from Columbia University and University of Maryland. He specializes in prosthodontics. He practices in Burtonsville, Maryland.
- 02** I didn't decide until my junior year of college. I liked health care but didn't like the institutional feeling of hospitals and when I shadowed some physicians, I didn't like how little time they could spend with the patients.
- 03** I didn't take into account that in private practice, dentists have to work very fast in order to make a good living.
- 04** Communication and business skills.
- 05** Dentaltown; Dental Economics; Journal of Prosthetic Dentistry; PubMed; Dental Clinics of North America.
- 06** The difficulty in filling my time and having enough patients with my initial associateship position.

07 I would have been more selective about where I chose to work. It's very important to make sure your standard of care matches that of the office you choose to work in.

08 Find a place to work that has enough patients. You don't want to sit around all day! You can't develop your skills unless you practice.

09 I had multiple associateship positions that did not work out. Finding the right associateship position is very challenging.

10 Reading old threads; starting new ones; supplementing where dental schools lack in management and marketing; meeting and networking with doctors around the world.

“drtammy”

Representing: Female Dentists
Contact: tambaileydds@charter.net

Tamara Bailey, DDS, MHA

07 I would have been less of a pushover with treatment planning. I knew what the patients needed, explained it to them and then would let them talk me into something else. This unfortunately led to not always doing treatment in the patients' best interest and not always getting paid.

08 Learn everything you can about dentistry and business management. No question is stupid. Don't be afraid to work hard and charge what you are worth. Have fun every day.

09 Personal management can be a headache even if your staff gets along and works hard. Things are always easier when money isn't a struggle, but that is when you have to best manage expenses.

10 Connecting with friends; learning; CE.

One Man. Two Passions.



by Chelsea Knorr, staff writer, *Dentaltown Magazine*

David Kahn, a graduate of University of Pennsylvania School of Dental Medicine, doesn't live the average life of a recent grad. He graduated in the Class of 2011, and he also took home the win for the Rhode Island Half-Ironman in July (that's 70.3 miles swimming, biking and running!).

Herein, Kahn gives his two cents about life right after graduation, explains what working at a hospital-based residency entails and discusses how he balances his two passions.

What made you choose dentistry?

Kahn: Growing up I always wanted to go into sports medicine. I swam all through high school and college, so I had a strong background in sports.

I come from a family of dentists. My father and two of his brothers joined practices in 1980 and my grandfather has been the practice manager since 1990. After my third year of undergrad, I decided I wanted to continue the family tradition.

Now, I get my dose of sports by training for Ironman competitions.

Tell me about your residency; describe a typical day. What motivated your decision to do a hospital-based residency? And what do you

plan to do with your experience?

Kahn: I am in a one-year general practice residency (GPR) at St. Charles Hospital in Port Jefferson, New York. Completing a residency is part of New York State's licensing requirements. However, I would choose to do a hospital residency regardless because of the intense clinical experience I could gain before going on to private practice.

My day-to-day schedule varies. There are two other co-residents, and we trade off mornings observing and assisting the OR, pre-surgical testing and the dental clinic. In the afternoons all three of us are in the dental clinic. We then have rotation in the ER until 7 p.m. One of us is on call every three weeks. *[Editor's Note: At press time, the three residents will have finished their rotations and will be spending most of their time in the clinic.]*

After my residency I plan to go into the family practice. I want to maintain the practice's quality, which my family has built over the last 30 years. I've had the opportunity to learn quite a bit in residency and I want to continue to expand on those abilities and my education throughout my career as a practitioner.

What are the advantages and disadvantages of doing hospital-based dentistry?

Kahn: Since the GPR is the only dental residency at St. Charles, all care is provided within the clinic except those cases performed under general anesthesia. We have a great group of specialists who rotate through the clinic and offer the residents a chance to gain experience with cases that would generally be referred out of a general practice. Even though I won't be treating many of these types of cases in private practice, the opportunity to obtain hands-on experience with these procedures will help me better recognize those situations that require a specialist's care.

One of the hardest parts about doing a hospital-based residency is all the paperwork. As a dental clinic in a hospital, we must maintain all the necessary records to meet dental requirements, but at the same time, we must follow all the hospital's guidelines for records. It ends up being significantly more paperwork than I would have to complete in a private practice.

If you could give new graduates one piece of advice, what would it be?

Kahn: I feel like I should be getting this advice, not giving it!

One thing I have found to be quite helpful is having someone to mentor me in my training. When I was in school, I had so many instructors who were there to answer any of my questions. Even though I'm working on my own now, I still have questions all the time. My dad, who is also a dentist, is my greatest source of advice.

What surprised you the most when you got out of school?

Kahn: I was surprised by how many dental products there are on the market! As students we really didn't have any say in the school's dental armamentarium. We were basically introduced to a set of products in pre-clinical lab and then those same products were in the clinic.

What is great about residency is the attendings who rotate through the clinic use different products. It is great to see how other clinicians work with certain products while at the same time learning what works best in my hands.

What is your favorite procedure to perform?

Kahn: Going through dental school, all the procedures I performed were dictated by curriculum and requirements. With residency, I have the opportunity to treat cases that interest me. I try to keep an open mind and experience a little of everything.

Maybe I'll get a better idea of what procedures I'm partial to by the time I start private practice.

How do you balance work and life?

Kahn: I'm a triathlete, so balance is hard. I have to make sacrifices and decisions and sometimes I miss out. I have chosen two things (dentistry and Ironman competitions) that take a ton of dedication... but I'm passionate about both. When it gets overwhelming I just have to remind myself that it will get better. And it always eventually does.

As a side note, can you explain what an Ironman is and what goes into preparing for such a feat?

Kahn: Sure. I compete in Half-Ironman (HI) competitions which are 70.3 miles – a 1.2-mile swim, a 56-mile bike ride and a 13.1-mile run. A Full-Ironman (FI) would be double that distance – 140.6 miles. The problem with the FI competitions is that you need to be able to put in four- to five-hour blocks of training at least three times a week. This just won't work with my schedule right now.

My workouts vary from week to week. I put in around 18 to 23 hours of training per week. I will compete in up to eight HI competitions per year. This year I've done five so far. It takes discipline but I love the challenge.

If you weren't a dentist, what do you think you'd be doing right now?

Kahn: I would be a professional triathlete. At this point in my life, I'm not using the sport as a main source of income, but if I wasn't a dentist I would do it full time. I could also use my sports training for teaching or coaching.

I suppose we should all be so lucky to have more than one life passion. Thanks so much for chatting with us. n





by Chelsea Knorr, staff writer, *Dentaltown Magazine*

Alison Meudt, DDS, graduated from Marquette University in 2008. She tried private practice, but immediately after starting felt it wasn't a good fit for her. She joined the team at Aspen Dental, a nationwide corporate dental chain, in 2010. She practices in Waukesha, Wisconsin with a staff of six and is constantly using her skills to train others in many Aspen clinics in the area. Herein, Dr. Meudt talks with Dentaltown Magazine about her decision to take the corporate route and why it might be a good option for others as well.

First of all, why did you choose dentistry as a profession?

Meudt: People hate going to the dentist and therefore can't imagine why anyone would choose to be one. I think my choosing to be a dentist had to do with the attitude people feel toward going to the dentist. I wanted to change this!

My parents told me I would pretend to be a dentist when I was a kid. It's my calling.

What motivated your decision to join a corporate dental office rather than starting your own practice?

Meudt: While in college, I was an assistant for a private practice dentist. I saw the stress she had owning and running her business and decided I wanted to focus more on the care and wellbeing of my patients. Dentistry itself is stressful enough to someone right out of school. A few years out of school and after building confidence, Aspen has allowed me to be involved more and more with the business aspect of owning a practice. Eventually, if the fit is right, a dentist has the option to buy into the practice just as one would in private practice, I'm looking forward to beginning that process.

Describe a typical day in your office.

Meudt: My day begins with a morning huddle – reviewing the day before, the day ahead and any concerns that might have come up in the office. We also put emphasis on what we do as a group, to make patients have a great experience and want to come back. During the day, we have a steady flow of new patients to whom we provide a comprehensive treatment plan. We also provide services to patients who have accepted treatment and are on their way to a healthier lifestyle. There really is never a dull moment!

continued on page 66

Photography by Front Room Photography



What are the advantages and disadvantages of doing corporate dentistry?

Meudt: The biggest advantage to working at Aspen is being able to focus solely on dentistry. When I walk in the door, the practice is already ready for me. Whether a dentist is entering into an established practice or opening one of Aspen's many new offices, the marketing is done, the supplies are ordered, the patients are waiting and the staff is well trained; all you have to do is supply the treatment plans.

Some people might say a disadvantage is that you're working by someone else's rules. I would have to disagree about this being a disadvantage though. Aspen does expect a cohesive environment to all of the offices, but each practice has the individual feel of the dentist in charge.

If you could give new graduates one piece of advice, what would it be?

Meudt: Find something that fits you. You don't have to fit into a certain mold. There are so many options and directions in which you can take your career. Don't be afraid to go against the norm. I'm from an area where private practice is the gold standard; anything else is sub-par. Aspen breaks that prejudice and takes corporate practice to a whole new level. It provides a sturdy platform to begin your career and you can take that and transform it into your goals.

What surprised you the most when you got out of school?

Meudt: I thought I was well prepared for life after dental school. I'll never forget my first extraction that went horribly wrong. I thought it was the end of the world! I was so nervous and felt terrible. Everyone was looking to me to fix the situation. It shook my confidence and it certainly wasn't something any amount of dental school could have prepared me for. I never wanted to extract a tooth again and I don't think I did for a month. To students I say, remember that you're trained for things like this and things are going to go wrong. Take a deep breath and remember there are many solutions. I eased back into extractions and now it's probably one of the things at which I am best. Don't let a minor setback get in your way.

What were the biggest challenges of starting from scratch?

Meudt: First, I joined a well-established group practice and was offered my own, newly opened office. I jumped at the chance and soon realized it wasn't what I thought it would be. The office consisted of me, a bored hygienist and a receptionist who I had to train to be my dental assistant. We were always trying to find ways to bring in new patients – going to events, handing out business cards, practically begging for patients. I

was spending my days seeing, at best, a handful of patients. I wasn't happy and at the pace I was going, close to defaulting on my student loans.

Starting from "scratch" at Aspen consisted of walking into a brand-new office with a schedule full of new patients and an entire staff who were already trained. At first, I was overwhelmed with the pace of the office and couldn't believe how many patients I saw who didn't have access to care previously. It took about a week to adjust since I had never seen that many patients in a single day before. After my first large procedure, the patient was so happy with the work we provided she was in tears. She told me she never knew she could be so comfortable in a dental office. I knew I had made the right choice coming to Aspen and have never looked back.

What are some of the things you wish you had known as a dental student that you now know after working in an office?

Meudt: The main thing I wish I would've known is that you can never be well-enough prepared for what is going to happen as a dentist in the real world. The amount of knowledge you get in school will never compare to the experience



you gain while actually practicing dentistry. You are always learning and will forever be doing so, whether it is dealing with an anxious patient, a sensitive posterior composite filling or budgeting supplies, every situation is different and takes time and experience to really feel comfortable.

What is your biggest source of new patients? How do you (or your office) market to new patients?

Meudt: All of our marketing is handled by the marketing team at Aspen's headquarters in Syracuse. We have television ads that appeal to a number of patients, as well as online advertise-



ments. A large percentage of our new patients come for the free or discounted comprehensive exams and X-rays. The marketing team is also in charge of sending out mailers and coupons. Although we have a marketing team, our office is extremely impacted by referrals and word of mouth.

What is your favorite procedure to perform?

Meudt: Every day is different. I really enjoy the variety of procedures I am able to perform. My large cases, where patients haven't seen a dentist in 10 to 20 years, are my favorite.

Severe periodontal disease is common within our practice, to the point where teeth are no longer able to be saved or a patient is not willing to put in the effort or money to save them. Full-mouth extractions are often needed. It's the combination of making the patient feel comfortable with the work and making the patient happy to smile again that is enjoyable to me.

What dental resources do you use the most?

Meudt: I often use publications and Web sites as a resource to continue learning new things – and yes, Dentaltown.com is one of them.

My biggest resource comes from my fellow dentists. I like to be able to share cases and bounce ideas off of them to find the best possible treatment. It's good to get another perspective on a difficult case. At Aspen, there is a great network of dentists who are readily available to give support and ideas to help build the confidence in less experienced dentists.

How do you balance work and life?

Meudt: That is the ultimate question. Aspen has made this easy though. I come to work and am dedicated to patients and their wellbeing. I come home from work and am dedicated to family and friends. Working for a corporate office means not having to bring work home. On the rare occasion a patient is in need of emergency treatment, we do provide an after-hours number which connects us to the patients to triage as necessary.

If you weren't a dentist, what do you think you'd be doing right now?

Meudt: I can honestly say there is nothing else I would rather be doing. This career is perfect and Aspen has helped make it so. n

The Honeymooners

by Marie Leland, Assistant Editor
Dentaltown Magazine

Drs. Aaron and Katherine Carroll met while in dental school. After graduating they decided to start a practice together in Groveport, Ohio. Dentaltown Magazine had the chance to talk with the husband and wife team and learn more about the challenges they faced in starting from scratch, what it is like working together and some of the things they wish they had known before entering the real world.

Why did you choose dentistry as a profession?

Aaron: I decided to pursue a career similar to that of my dad, a family physician.

Katie: I wanted to be in a profession where I could develop long relationships with my patients, and make people smile.

How and when did you meet each other?

Aaron: We met in dental school. Her cousin asked me if I would show her around the OSU dental school because she was going to be taking her boards there. It wasn't much of a tour because I was still in my second year, and didn't yet have a clue where anything was located, but it all worked out!

What sort of challenges do you face in working with each other each day?

Aaron: Referring to my wife as Dr. Katie. It took me a while to get used to that.

Katie: One of the biggest challenges is to leave work at work and home at home. Usually one or the other is weighing more heavily on our minds and it can be difficult to keep the two separate.

What motivated your decision to start your own practice rather than joining an existing one?

Katie: Aaron's dad's medical practice is located in a medical complex that had a vacancy and it seemed like a perfect opportunity. We did our demographic research and decided to go for it.

Describe a typical day in your office.

Katie: We recently started working different shifts; one person works mornings and the other works afternoons. We each work out of two columns, one major and the other minor, and we have a third column for

continued on page 70



Name: **Aaron Carroll, DDS**

Graduate from: **Ohio State University College of Dentistry, 2010**

Name: **Katherine Carroll, DMD**

Graduate from: **Case School of Dental Medicine, 2008**

Northwestern Memorial Hospital, 2009

Practice Name: **Sedalia Dental**

Location: **Groveport, Ohio**

Year when this office opened: **2010**

Practice size: **2,400 sq. ft., 6 ops**

Staff: **3 front, 3 assistants, 1 EFDA, 1 hygienist**

Web site: **www.sedaliadental.com**

Sedalia Dent



Photography by Amy Parrish Photography

denture procedures, crown seats, etc. We like to be as busy as possible, and on good days we are.

What is your biggest source of new patients? How do you market to new patients?

Katie: Our biggest source is the general practitioner doctor's office next door. The second biggest is newspaper advertisement. We market by direct mail, newspaper, local events, internal marketing programs, internet and others that we are probably forgetting.

What is your favorite procedure to perform?

Aaron: Surgical procedures.

Katie: Endo and cosmetic procedures.

If you could give new graduates one piece of advice, what would it be?

Aaron: Get as much experience as you can, both in dental school and once you graduate, and don't get discouraged when a procedure is difficult and doesn't go as well as you would have hoped.

Katie: For a female, be prepared to have patients think you are the hygienist or the assistant, and do not take it personally. Don't be afraid to take charge and be a leader. Be sure to find a good balance between work and family. One of the biggest challenges I have come across is learning how to manage staff, as a young female it can be very difficult. My advice on this matter is to be



friendly to your staff, but make sure they know that you are the boss. Also, my GPR at Northwestern Memorial hospital truly made me the dentist I am today. The dentists I was mentored by and the experiences I had there shaped the way I practiced dentistry. I can't say that all programs are as beneficial as this one was for me, but I do know that anyone who is fortunate enough to go through this program will be a better dentist because of it.

What surprised you the most when you got out of school?

Aaron: To be honest, I'm not sure that anything stands out. I can say that it has been interesting to see which pro-

cedures have become my favorites because a couple are procedures that I really did not like doing in dental school.

Katie: How much faster I can prep a crown.

What were the biggest challenges of starting from scratch?

Aaron: It is definitely time consuming, and I know that if I was to do it over I would spend a lot less time on some of the little things, like shopping for the best price on every piece of equipment. Not to say that the little things aren't important; we definitely saved a lot of money, but I just think there is a tendency to get consumed.

Katie: Getting systems and office structure in place. There are so many little details that I never thought of, even as an associate.



Dr. Aaron and Dr. Katie's Top Three

Digital X-rays: Owandy IMAX Touch

We have been using the Owandy IMAX Touch for six months. We use it every day. The diagnostic quality is much better than your typical film X-ray and it is just so much faster. We worked without a digital pan at first, which made us appreciate having one even more.

Clevedent carts and Team DDS cabinetry

We have been using these since we started. Our office is more organized and streamlined. Nothing is more frustrating than having your assistant leave mid-procedure to grab something you need, and with this equipment we have pretty much eliminated that.

Open Dental Software

We started using it when our practice opened and we use it all the time. It keeps us organized and allows us to work faster. Without it, charting, notes, scheduling, etc. would all be so much more difficult.

What are some of the things you wish you had known as a student that you know now after working in your own office?

Aaron: Some things have to be learned by doing, in my opinion, and business is very much that way. But, it would have helped to learn more about the management aspects of a dental practice, such as hiring/firing, being a boss and dental insurance billing. We are still learning these things as we go and learning from our own mistakes, but in doing so and talking to my friends who have started their own businesses (non-dentists), we have realized that learning by doing is part of the process, essential and unavoidable.



with answers for everything. We'll read through threads and find different techniques we can use or to get reassurance on treatment planning decisions.

How do you balance work and private life?

Aaron: We recently took a vacation to Israel. It forced us to put our phones away for a week, and I don't think there is a better way to escape work for a while.

Katie: Making sure we still have "date night" where no talk of work is allowed.

If you weren't a dentist, what do you think you'd be doing right now?

Aaron: I hope not what I did in undergrad – Computer Information Systems.

Katie: A physician, which was my plan prior to dental school, but I'm glad I ended up choosing dentistry. n

Can you explain how has Dentaltown changed the way you practice?

Aaron: It's a great resource. It's like the dental Wikipedia

ATTN: Dentists Who Want To Set Up A Dental Office For Less Than \$50,000

If The Thought Of Setting Up Your Practice Makes You Sick... You Can Still Start Up Your Office With Specially Designed Dental Workstations That Costs Less, Requires Less Help From An Assistant, Can Control Your Inventory, Take Up Less Space and Is A Dental Assistant Training System All In One ... That Was Designed and Built By A Dentist Exclusively For Dentists!



12 Month Money Back Guarantee

My Name Is Dr. Brad Hylan and I've been a practicing dentist for over 30 years. I know what it's like to set up a practice coming out of dental school already saddled with a huge debt... and unfortunately there is a lot of pressure to buy from the large dental supply companies. They push the dentists and make them feel guilty if they don't spend a lot of money on equipment that puts them deeper in debt with no money left to start getting new patients.

Instead of spending \$150,000 building an office. Spend \$50,000 building an office so you'll have some money left to put into marketing. ***My Workstations and your marketing*** are the most important things a Dentist can do. Both enable a Dentist to build their practice.

It took me over 2 years to design the Patented Clevedent Timesaver Workstation that allows a Dentist to work efficiently by them-self. This is important because often when you start, you'll probably be short staffed. You might have to have your receptionist/secretary double as an assistant. Plus managing and finding time for training and inventory control is critical.

There are steps you can take to start your practice cost effectively. You can **save 50% to 80%** by doing things like:

- Buying used chairs and getting them re-upholstered <your patients can't see the difference>
- Invest in refurbished second hand or used equipment like laser and X-ray machines
- Installing a complete Clevedent Workstation System that can be up to 1/3 less than my competitors and take up less space so you can start with smaller treatment rooms and save money.

Using my Workstations will make your life easier and **increase your productivity up to 79%** by having everything within your reach. Just as Dr. Aaron and Dr. Katie said in the article above, ***"Nothing is more frustrating than having your assistant leave mid-procedure to grab something you need, and with this equipment <Clevedent Motion Saver Workstations> we have pretty much eliminated that"***.

If you'd like to receive our **Free Report on "The 5 Secrets Dental Companies Won't Tell You On How To Design and Set Up Your Dental Offices For Less Than \$50,000"** just go to www.Clevedent.com/FreeReport or send me an email at info@clevedent.com or call me @ 1-800-357-9558 to set up an appointment to discuss your particular needs.

Continue Your Education with Dentaltown



by Howard Goldstein, DDS
Director of Continuing Education

You're never done learning; especially when you're a dentist! You have to keep learning otherwise you might as well be extracting teeth with a pair of pliers on the sidewalk outside of Wal-Mart. From techniques to technology, everything changes in this profession – and sometimes it's hard to keep up – but if you want to provide the best care for your patients and stay engaged with this amazing profession, you need to keep up with the cutting edge. There are things I learned in dental school that I haven't done in more than a decade because something new overtook it. Sure, learning new things is required to maintain your license, but learning something new can save your patients money, time and pain and make your practice more profitable. Learning something new and then implementing it in your practice is what makes dentistry exciting!

Chances are you've already attended some dental seminars, maybe at the American Dental Association Annual Session, or from the Academy of General Dentistry or your local state association. It

takes a lot of time and resources to travel to those shows and seminars, and you're entering the profession during a time of economic uncertainty. It pays to work as many days during the week as you can, especially when you're trying to pay off your overwhelming student loans, mortgages, car payments, etc.

In 2005, Dentaltown began its Continuing Education department with the goal of providing outstanding online educational content at an affordable price. On Dentaltown.com, you can take top-notch courses on topics ranging from oral surgery, to practice management to endodontics while sitting on your couch in your underwear, and then earn credit when you're finished!

In this special edition of *Dentaltown Magazine*, we're providing you with a sample of one of our most popular continuing education courses from Drs. Kenneth Koch and Dennis Brave titled "Locating the Elusive Root Canal." I invite you to come check out our library of courses and make Dentaltown your hub for self-study CE!

See you on Dentaltown.com!

Locating the Elusive R

Dentaltown is pleased to offer you continuing education. You can read the following CE article, and claim your **two ADA CERP or AGD PACE continuing education credits**. See instructions



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by Drs. Dennis Brave and Kenneth Koch
Real World Endo • Wilmington, DE

Educational objectives

Upon completion of this course, participants should be able to achieve the following:

- Understand that straight-line access is critical for clinical success.
- Recognize that access shape should mimic the outline of the tooth.
- Realize that spending an additional five minutes on access preparation will result in a great overall savings of time (20-25 minutes) for the case.
- Appreciate the symmetry of canal orifices that exists in mandibular molars.
- Fully understand the application of ultrasonic use in endodontics.
- Recognize the benefits associated with a fiberoptic in ultrasonic use.
- Appreciate the difference between water-cooled and non-cooled ultrasonic tips.

Abstract

In this first part of a three-part series, we want to discuss the “basics” of doing root canal therapy – finding the canal and creating proper access. The concepts to be addressed in this initial segment are principally straight line access and the use of piezo electric ultrasonics. Our goal is to give *Dentaltown* readers as much information as possible over the next three installments. To begin, let’s review the principles of endodontics from a real world perspective.

Root Canal

The principles of endodontics, as we all know, are to clean, shape and obturate the root canal system. It doesn’t matter what school you attended, we all learned these same concepts. However, we have a second principle at Real World Endo. This is the principle that we need to do a root canal in such a fashion, that we can go back, restore the tooth, and reestablish the occlusion. It is not enough to meet the objectives but destroy the tooth in the process.

If these are the principles of endodontics, what are the clinical keys? The four keys to endodontics are: diagnosis, access, instrumentation and obturation. While diagnosis is certainly the most difficult aspect of endodontics, access is the first key to successful clinical endodontics.¹ When proper access is created, NiTi rotary instrumentation can predictably result in properly shaped canals. Subsequently, when you have proper cleaning and shaping, as with a continuously tapered preparation, whatever obturation method you choose to use will work well. But the initial key remains straight-line access.

Before we discuss specific teeth, a few ground rules are in order. We’d like to offer the following suggestions. The first is to create an outline form that mimics the shape of

continued on page 74

*take the post-test
on page 79.*



Real World Endo Tip

Spending five minutes more on creating proper straight-line access will result in an overall savings of 20-25 minutes for a molar root canal.

the tooth. This shape will help you locate all the canals in the tooth. You will find that with such a shape you will minimize “missed canals.” Our second suggestion is a method employed to confirm straight-line access. For confirmation of straight line access, close one eye and look into the chamber of the tooth. You should be able to visualize all the orifices. If you cannot see all the canals, you don’t have straight-line access. Let’s look at some other suggestions.²

When accessing anterior teeth, we can make initial access with a #2 round bur and then flare the walls of the access preparation in such a manner to result in a straight-line entry into the canal. The preparation should mimic the shape of the lingual surface, just be smaller. Too often we see access on anterior teeth that, if continued, would perforate through the buccal CEJ area. While we try to be as conservative as possible on anterior teeth, we still need to have sufficient access to successfully complete the root canal. When accessing premolars with two roots, we must make the access in such a way as to incorporate both canals into the access preparation. The walls of the access need to be directed in such a fashion that access is a straight line into the canal. If you have a case where you think you might have a second canal but cannot find it, it is often a result of improper access. Sometimes by extending the access, either buccally or lingually, you will be able to incorporate the missing orifice into the access preparation. We recommend a slightly oval access on all premolars. If the tooth has two canals, two canals that merge into one or one canal that bifurcates, they all require an oval access preparation. Therefore, with premolars, get into the habit of always creating an oval shape preparation.

One point we always stress at our seminars is that the key to instrumenting molars is the access. Unfortunately, too many practitioners are too conservative when preparing molar access. Consequently, they must try and curve a K-file to get into the orifices and the canals. This does not work very well. Generally, what will happen as a result of this improper access, will be that at approximately the 18mm mark, or prior to the curvature, the instrument will not follow the curve. Rather it will deflect to the side and ledge the canal. Now, you have a problem. The absolute key to doing curved canals is to have proper straight-line access. Always remember this endodontic axiom: **an instrument curves once with ease**. If you need to curve the instrument to enter the orifice, when it goes down into the canal 18 or 19mm and needs to curve again, guess what? It will not curve! Rather, it will deflect to the side and you have now created a ledge. Never forget that an instrument only curves once with minimal stress. This is an adage that applies not only to stainless steel but to NiTi instruments as well.

Anterior Teeth

Access through the back of the crown should be extended (facially enough) to allow a rotary file to reach down the canal without being deflected by the canal walls. The access must be created to allow the file to enter the orifice in as straight-line a manner as possible. Concerning lower anterior teeth with two canals, the access needs to be extended in a lingual direction to incorporate the second canal. The second canal is almost always lingual to the primary one. A slightly oval shape is preferred for these teeth, not a concentric circle.

Premolars

The number of canals present dictates access on premolars. On maxillary bicuspid we recommend an access that is oval in design. On single-canal lower-premolars, the access can be somewhat more circular in nature. If a second canal (or bifurcation) is suspected in a lower premolar, an oval access is best. All premolars that have two canals, two canals that join or one canal that bifurcates, require an oval access preparation.

Lower Molars

Approach all lower molars as if they have four canals, as many of them will. This requires that your preparation be rectangular in shape, not triangular. Subsequently, this allows the practitioner to see all the orifices and treat them accordingly. When clinicians get in the habit of taking a second angled X-ray, they will discover many four canal mandibular molars.

Also, there is great symmetry in lower molars. We want you to visually connect a line between the two mesial canals. Following this, we want you to drop a perpendicular line (mentally) that bisects this line, extending distally. Now, look for orifices. If there is only one orifice and it is right on the perpendicular line, you most likely have only one distal canal. But if the orifice is off the perpendicular, chances are excellent that there is an additional canal off the perpendicular (same distance) to the opposite side.

Upper Molars

Access preparation for upper molars is somewhat Y-shaped, which mimics the shape of the tooth. The addition of a fourth canal in the mesial buccal root will demand that the access preparation be extended mesially. Too often, secondary dentin that slopes off the mesial wall occludes the MB-2. A key part of accessing maxillary molars is to extend the preparation far enough under the mesial buccal cusp to gain access to the main mesial buccal canal. Once located, follow the dentinal map from the main MB orifice and this will lead you to the MB-2. A piezo electric ultrasonic will greatly aid in “troughing” this area to locate the second mesial buccal canal.³ This leads us to another discussion point.

The use of piezo electric ultrasonics still remains the most under-utilized technology in modern endodontics. However, with continued improvement in these units, we expect greater utilization of this technology in the future by general practitioners.

We prefer piezo electric ultrasonics, to the earlier magnetostrictive units, for two reasons. Piezo electric technology offers more “cycles” per second (40,000 CPS versus 24,000 CPS) and secondly, the tips of these units work in a linear, back and forth “piston like” movement. This motion is ideal for endodontics. This is particularly evident when “troughing” or searching for hidden canals. A magnetostrictive unit, on the other hand, creates more of a figure eight (elliptical) motion. This is not as ideal for either surgical or non-surgical endodontic use.⁴

Many dentists are under the impression that ultrasonic use in endodontics only has a surgical application. This most definitely is not true. Probably 90 percent of all ultrasonic use is in non-surgical endodontics. In fact, a piezo electric unit should not be considered an accessory item, but a necessity. In our opinion, if you are serious about doing quality endodontics, you need to have a piezo electric ultrasonic.⁵

Real World Endo in conjunction with Brasseler USA has developed a full line of endodontic products and techniques. A significant component of this line is a series of piezo electric ultrasonics developed in conjunction with NSK. A notable feature of this line of ultrasonics is their fiber optic capability. These units are the only ultrasonics in North America with such capability. The unit that we are most excited about is the Varios 350 Lux. Let's take a closer look at this unit and some of its features.

The Varios 350 Lux, a piezo electric ultrasonic, is small enough to fit in the palm of your hand and on any bracket table. While the size alone distinguishes this unit as a compact portable system, the Varios 350 Lux also comes with a fiberoptic light source, built into the handpiece. The fiber optic is protected and it's light is directed to the field of treatment. But why is this so important? Let's consider for a moment the benefits of fiber optics.⁶

The primary benefit of having a fiber optic built into an ultrasonic is enhanced vision. Not only will all clinicians be able to see better, but the fiber optic helps significantly in terms of diagnosis. This is true for both the hygienist and the dentist. By employing trans illumination (shine the light through the tooth at the CEJ), we can

Real World Endo Tip

Endodontic residents always want to know “how to do the curves.” Like there is something magical in the apical 3-5mm. There is nothing magical in the apical 3-5mm! It is all about proper access being created in the chamber and the coronal part of the canal.



continued on page 76

Real World Endo Tip

When searching for hidden canals, secondary dentin is generally whitish or opaque, while the floor of the chamber is darker and more gray-like in composition. The fiber optic is very helpful in these cases by making this an obvious distinction.



now readily diagnose cracks, fractures and even calcified canals. Additionally, think how great a fiber optic based ultrasonic is to see subgingival calculus.

The handpiece itself is small and light, and when combined with a fiber optic capability, allows the practitioner more visual access to the procedure. In endodontics, we have access into the tooth and straight line access to the canals, but we also need visual access to the procedure.

While the selection of the proper ultrasonic for your practice is important, choosing the correct tips is also vital if you wish to get the most from your unit. Any discussion of tips must begin with the comparison of water-cooled versus non-water-cooled tips.

Historically, most ultrasonic tips have been water-cooled but some designs do not include this feature. We are strong proponents of water-cooled tips for a number of reasons. The first reason is that if you are using an ultrasonic tip on dry mode for any period of time, the tooth starts to heat up and an unpleasant smell develops. Eventually the patient (even with high speed evacuation) connects the dots and realizes that it is their tooth that is “burning.” The patient’s reaction is usually not good.

Additionally, when removing a post with a non-water-cooled tip, there is a very significant amount of heat that is generated and this can be transmitted to the periodontal ligament. This might be deleterious to the long-term health of the tooth and must be avoided.

The third reason why we do not favor non-water-cooled tips is that metal fatigue does develop as a result of over heating. The result of this increase in metal fatigue can be catastrophic to the tip. It will break. In our experience, the chance of breaking a water-cooled tip is significantly less than with a non-water-cooled tip. The tips that we recommend with the Varios 350 Lux are the following: E4, E14D, E9, E9D.

Having discussed some features of ultrasonic units and tips, let’s review some of the applications of this technology.

Finding Hidden Canals - Troughing

The biggest challenge facing most practitioners is finding the canals. Endodontic cases are becoming increasingly difficult. Particularly difficult are those cases where the orifice has become occluded (or hidden) by secondary dentin. You cannot perform root canal therapy unless you find the canal. Piezo electric ultrasonics are excellent for removing the secondary dentin that slopes off the mesial wall of molars and blocks the canal. It is in these cases (especially maxillary molars) where the Varios 350 Lux is exceptional.

The technique used to locate (or find hidden canals) with a piezo electric ultrasonic, as compared to a round bur in a handpiece, is dramatically different. When using a round bur to find a canal, we are often “working blind” because the contra angle obstructs our view. Furthermore, when searching with a round bur, we are using this in a vertical component, hoping that we somehow do not perforate the tooth. Unfortunately, perforations often happen.

The difference in techniques, when troughing with a fiber optic ultrasonic, is startling. First of all, we can actually see what we are doing! This enhanced visual access is a result of two things. The first is using an ultrasonic tip instead of a bur and handpiece and the second is taking advantage of the fiber optic lightsource which illuminates the entire chamber.

The other very notable difference is that an ultrasonic tip gives us the ability to brush stroke the tip in a back and forth linear motion. We do not have to resort to plunging the tip up and down in a vertical motion. Consequently, the ultrasonic method is a far safer way to locate canals. You and your patients will appreciate the difference in technique.

Piezo electric ultrasonics also perform particularly well when breaking through the calcification that covers the canal orifice. A troughing tip is a good choice for this task. As a result of geriatric dentistry becoming a larger portion of our practices, we are seeing more coronal calcification. Simply put, this is a technology that should be part of your armamentarium. You need to have a good visual access to the procedure. Take advantage of enhanced illumination.

Increased Efficacy of the Irrigation Agent

It has been said that “Endodontics is about what you take out and what you don’t push out of the canal.” Real World Endo firmly supports this statement. Additionally, we are strong advocates of the Schilder concept that “instruments shape, irrigants clean.” But, how can we make our irrigation more effective? Simple. By placing an ultrasonic tip into our irrigation agent, which is in the chamber, we can enhance the cleaning efficacy of our irrigation agent. This is because an ultrasonic tip creates both cavitation and acoustic streaming.

The cavitation, which is like the action created with a boat propeller, is minimally effective and is restricted to the tip. However, the acoustic streaming effect is significant. The only way that you can effectively clean webs and fins is through movement of your irrigation agent. One can not mechanically clean these areas. Ultrasonics are a tremendous help in cleaning these difficult anatomical areas.

Multiple research, in the early 80s, showed that the cleanest canals are those that follow instrumentation with a brief period of ultrasonic cleaning. Further endodontic research has confirmed the earlier studies. For example, in the October 2003, *Journal of Endodontics*, R. Sabins et al. concluded that, “Ultrasonic passive irrigation produced significantly cleaner canals than passive sonic irrigation.” The topic still remains one of interest as evidenced by an article in the *Journal of Endodontics* (March 2005 Volume 31, Number 3).

The technique itself is quite simple. Choose a basic spreader or troughing tip, turn off the water and place the tip into the irrigation agent. We recommend taking the tip just above the floor of the pulp chamber and moving it around. However, do not take the ultrasonic tip deep into the canals. The first thing you will notice is lots of effervescence (bubbles). After about 30 seconds, you might have evaporated the solution. If this happens, replenish the solution and repeat for another 30 seconds. What is happening is that we are generating extensive streaming of the irrigation agent. The net result is a cleaner root canal system. This is particularly beneficial in cleaning large fins (such as C shape canals) that hold excessive amounts of tissue. Our recommended total time for acoustic streaming is one minute. Research has demonstrated no further advantage with three or five minutes.

Removing Posts and Cores

As previously mentioned, endodontic cases are becoming increasingly difficult. Many of these cases will involve removal of a post. We prefer to remove posts with a piezo electric ultrasonic. Here are some tips to follow.

When removing a post, it is critical to break the seal between the post and the tooth structure. This can be accomplished initially by using a spreader tip in a counterclockwise motion around the post. Another technique is the use of a high-speed surgical length 1/4 round bur to prepare a space around the post. This is technique sensitive so be careful that you are going parallel to the long axis of the root. Once you have trephinated around the post, you can place an ultrasonic spreader tip into the trough. This will further break the cement or resin and you will soon notice motion in the post. Sometimes you can place a spreader tip against the post itself. This works well if the seal has been broken. Don’t rush when removing posts. Take your time, don’t panic. The post will come out.

continued on page 78

continued from page 77

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Fiber optic equipped ultrasonics will greatly enhance the ability of a clinician to remove a post. Enhanced visual access will, as well, ensure a more conservative removal of the post. If too much tooth structure is destroyed during removal of a post, it will complicate the restoration of the tooth and will most likely decrease the overall prognosis.

Removing Separated Instruments

Sadly, it is a fact of life that endodontic instruments might break. Any endodontic file can break if used improperly. Fortunately, piezo electric ultrasonics are excellent for removing separated instruments. However, you must be aware of the importance of the location of the separated file. If a rotary file is separated past the canal curvature, this will be extremely difficult to remove. Don't fall prey to those who cavalierly say, "I just pull over my microscope and remove it." These are difficult cases. On the other hand, broken instruments in the coronal half of the canal often can be removed in a relatively straightforward manner. However, be honest with yourself. If you do not have the experience or necessary magnification, you should refer this case.

When removing a broken instrument in the coronal third, a thin spreader tip will work nicely. Take the tip into the canal and work it in a counterclockwise motion around the broken fragment. This will generally dislodge the broken instrument. However, please note that instruments separated in the middle or apical third of a canal are best removed by an experienced clinician with the use of a microscope.

Piezo electric ultrasonics have a host of other indications. For example, some metal crowns might be loosened by placing a vibratory tip against their buccal surface. Another use of ultrasonics is the burning off of gutta percha at the orifice following obturation.

Conclusion

We have attempted in this initial article to cover some of the topics that we discuss in our part I, continuing education course. Part II will concentrate on rotary instrumentation, which remains one of our passions. We look forward to further interaction with the *Dentaltown* readers. n



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Author Bios

Dr. Dennis Brave is a diplomate of the American Board of Endodontics, and a member of the College of Diplomates. Dr. Brave received his DDS degree from the Baltimore College of Dental Surgery, University of Maryland and his certificate in endodontics from the University of Pennsylvania. He is an Omicron Kappa Upsilon Scholastic Award Winner and a Gorgas Odontologic Honor Society Member. In endodontic practice for more than 25 years, he has lectured extensively throughout the world and holds multiple patents, including the VisiFrame. Formerly an associate clinical professor at the University of Pennsylvania, Dr. Brave currently holds a staff position at The Johns Hopkins Hospital. Along with having authored numerous articles on endodontics, Dr. Brave is a co-founder of Real World Endo.



Disclosure: Dr. Brave declares that he is a consultant for and receives other financial or material support from Endodontic Education Seminars, LLC.

Dr. Kenneth Koch received both his DMD and certificate in endodontics from the University of Pennsylvania School of Dental Medicine. He is the founder and past director of the new program in postdoctoral endodontics at the Harvard School of Dental Medicine. Prior to his endodontic career, Dr. Koch spent 10 years in the Air Force and held, among various positions, that of Chief of Prosthodontics at Osan AFB and Chief of Prosthodontics at McGuire AFB. In addition to having maintained a private practice, limited to endodontics, Dr. Koch has lectured extensively in both the United States and abroad. He is also the author of numerous articles on endodontics. Dr. Koch is a co-founder of Real World Endo.

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1. Which of the following is not a key to endodontics
 - a. Access
 - b. Instrumentation
 - c. Pharmacology
 - d. Diagnosis
2. Complete the axiom, "An instrument curves..."
 - a. Once
 - b. Multiple times
 - c. Until it breaks
3. On maxillary premolars, the access should be:
 - a. Made with a fissure bur
 - b. Circular
 - c. Oval
 - d. As wide as possible
4. The key to doing curved canals:
 - a. Lies in the apical 3-5mm
 - b. Is related to access in the chamber
 - c. Is related to access in the coronal part of the canal
 - d. b & c
 - e. None of the above
5. A premolar with one canal that bifurcates deep in the root requires what type of access preparation?
 - a. Oval
 - b. Round
 - c. Wider mesio-distally
6. A magnetostrictive ultrasonic unit creates what type of tip movement?
 - a. Linear
 - b. Elliptical
 - c. Circular
 - d. None of the above
7. A piezo electric unit creates what type of movement?
 - a. Elliptical
 - b. Circular
 - c. None of the above
8. Cavitation created by a piezo electric ultrasonic is
 - a. Minimally effective
 - b. Restricted to the ultrasonic tip
 - c. a & b
 - d. None of the above
9. The recommended time for acoustic streaming is
 - a. One minute
 - b. Three minutes
 - c. Five minutes
 - d. Length of time does not matter
10. Multiple research has shown that the cleanest canals are those that follow instrumentation with a brief period of ultrasonic irrigation. This statement is
 - a. True
 - b. False

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continued on page 80

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