

new dentist news



When sensitive topics come up, what do you do?

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Dentists' Busyness

NAVIGATING difficult conversations

BY JENNIFER GARVIN

Opioids. Dental neglect. Anti-science claims.

These are just some of the sensitive topics that may come up for a practicing dentist.

When difficult situations arise, what do you do?

Dr. Donovan Caves, a general dentist in Suffolk, Virginia, cited pain medication requests as a source of potential conflict for many practices. When a patient requests narcotics, he and his staff first look the patient up on the state's prescription drug monitoring program.

"I had one patient who was participating in a pain management program with monthly refills of medication," he said. "After asking the patient follow-up questions, I was able

to learn that they weren't taking their current medication as prescribed and ran out prior to the time for a refill. This allowed for an opportunity for me to educate the patient on the risk of being dismissed from their program if I had complied with their request. Thankfully, we found an adequate solution using non-narcotic medication in this particular case."

There are warning signs when it comes to patients and narcotics. Dr. Caves recommends that dentists pay attention when a patient asks for certain medications by name.

"Also, be on the lookout for patients who report allergies to all medications except one.

Continued on Page 4.

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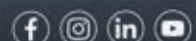
1. BISCO has, on file, the calcium release data for TheraCal LC.
2. Gandolfi MG, Siboni F, Prati C. Chemical-physical properties of TheraCal, a novel light-curable MTA-like material for pulp capping. International Endodontic Journal. 2012 Jun;45(6):571-9.
3. BISCO, Inc. data on file.

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NEW DENTIST RELISHES ROLE as leader in state dental association

BY DAVID BURGER

Chappaqua, N.Y. — Dr. Amrita R. Patel didn't have much of a choice when she became a part of organized dentistry's leadership.

Her father, Dr. Rohit Z. Patel, had been involved in local and state dental societies for decades. When he heard about an opening on the New Dentist Committee of the New York's Ninth District Dental Association in 2013, he did what any doting father would do.

He signed her up.

Not only that, but she immediately became vice chair, due to be chair the following year.

"I hit the ground running," Dr. Patel, a general dentist, said with a laugh.

Since then, the 2011 grad of the New York University College of Dentistry has held multiple positions within her local and state dental societies, including current chair of the New York State Dental Association New Dentist Committee and delegate to the state association's House of Delegates, becoming a believer in the benefits gained by being a member of organized dentistry. New dentists tend to be under-represented in leadership, and Dr. Patel strives to bring these voices forward. In fact, the New Dentist Committee was behind an initiative that led to new dentists receiving voting positions on NYSDA councils.

"Dentistry can be myopic, and that often happens in the profession," she said of silos. "But being a member of an association allows me to develop personal connections and other points of view that I otherwise wouldn't have."

Continuous learning in how to run a successful practice is part of the catalyst for why she continues to be in an association, she said.

"We get trained really well as dentists, but not so much in practice management," Dr. Patel said of dental school.

Getting involved isn't always as easy for others as it is for the junior Dr. Patel, she admitted.

"Opportunities exist," Dr. Patel said. "It's just a matter of taking the first step and joining before you are asked. It's important to have a seat at the table. Dentistry is not just an office — it's a profession, a career."

To get involved, reach out to your local or state dental society or your ADA New Dentist Committee representative, located in the right column of this page. ■



Working together: Dr. Amrita R. Patel (second from right) poses with Dr. Rekha Gehani, ADA President-elect Chad P. Gehani and New Jersey Dental Association lobbyist James Schulz at the 2018 Greater New York Dental Meeting.

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afallondmd@gmail.com

District 2 • NY
Lauren E. Vitkus, D.D.S.
lauren.vitkus@gmail.com

District 3 • PA
Seth Walbridge, D.M.D.
seth.walbridge@gmail.com

District 4 • DE, DC, FDS, MD, NJ, PR, VI
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drsgfdds@gmail.com

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drmatin@myperiodoc.com

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emily@msmdental.net

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laurenczerniak@gmail.com

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Benjamin C. Youel, D.D.S.
bcyouel@gmail.com

District 9 • MI, WI
Colleen Greene, D.M.D.
greene.colleen@gmail.com

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sarastuefendds@gmail.com

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Brooke Fukuoka, D.M.D.
bfukuoka@fhsid.org

District 12 • AR, KS, LA, OK
Raymond A. Jarvis, D.D.S. (CHAIR)
rjarvisdds@gmail.com

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Kevin Kai, D.D.S.
kevin.kai@ucsf.edu

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lindsay.compton.dds@gmail.com

District 15 • TX
Adam C. Shisler, D.D.S.
acshisler@gmail.com

District 16 • NC, SC, VA
Daniel W. Hall, D.M.D.
halldwdmd@gmail.com

District 17 • FL
Robin M. Nguyen, D.D.S.
robinmaianh.nguyen@gmail.com

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NAVIGATING difficult conversations

(continued from cover)

These are potential tricky situations but manageable with a calm demeanor and making sure that you have the patient's best interest in mind," he said.

Dr. Megan Lenahan, a pediatric dentist in St. Louis, finds that letting patients — or in her case, patients' parents — know that she's on their side can help.

“I try to understand where they are coming from,” Dr. Lenahan said. “Most problems can be helped with empathy.”

Over the years, Dr. Lenahan has had many difficult, often heartbreaking, conversations with parents. Most center on dental neglect.

“At the heart of pediatric dentistry is the welfare of a child, and sometimes I witness abuse and neglect,” she said. “I have had conversations with caregivers about child neglect, and of all the things I do in pediatrics, this is the scariest. To tell a parent that, in my opinion, they are abusing their child is not easy. I find the best way to handle this situation is to be honest, and straightforward.

“We are all trying to do what is in the best interest of the child,” she said. “I try to understand where they are coming from. Most problems can be helped with empathy. I tell them that I make it a point never to do anything that's going to keep me up at night. I have to be comfortable and they have to be comfortable, and if that's not happening, something is wrong.

Dr. Lenahan starts by explaining what dental neglect is, and how, despite their best efforts, they are beginning to fall into that category.

“I then explain that I'm bound by law to report neglect. It helps to show parents that my personal feelings don't matter: if these specific signs are present, then I could lose my license if I don't report it.” she said, “I think it is important to show them you are on the same team, want what's best for their child, and that there are rules we both have to follow. I've reported parents for neglect, and it breaks my heart. I also sleep better, knowing that, while it hurts, I've done what's best for the child.”

Dr. Caves once had a patient complaining of left-sided tooth pain. After reviewing her radiographs, he noticed a fracture of her zygomatic arch. Things turned awkward when he began asking the patient about facial trauma.

“It took some time, but it turned out that she was a victim in an abusive relationship,” said Dr. Caves, who ended up referring the patient to an oral and maxillofacial surgeon.

“Dentists should be confident in their examination skills and findings,” he said. “Despite the initial denials, even after showing her the fracture in the X-ray and still being told false information, I was able to see that the patient was properly managed and taken care of appropriately.”

Sometimes the difficult conversation means challenging the most fearsome opponent of all: fake news.

Dr. Lenahan said she has almost a weekly conversation regarding the use of fluoride in her practice.

“First, I try to understand why they don't want fluoride or X-rays,” she said. “Many parents don't want fluoride because insurance only covers it once a year. I reply to this by saying that insurances may not cover a new tire on a car, but that doesn't mean they want you driving on three wheels. Many people strongly believe anti-science claims that they saw on Facebook. Sometimes this comes from a lack of understanding, and sometimes this comes from an innate distrust of authority and science. When a parent asks me ‘why I still use poison in my practice,’ I know that no amount of discussion is going to win them over. At that point I can use fluoride-free products and be there to treat the decay that [will probably] follow.” ■

The ADA recommends that all dentists be familiar with their state's dental practice acts. Many states have laws requiring health care providers to report child or elder abuse or domestic violence. Additional guidance on the reporting of abuse or neglect is available on [ADA.org/ethics](https://www.ada.org/ethics).

*In April 2019, the ADA hosted two webinars to help dentists learn more about identifying and reporting abuse in patients: **Recognizing and Reporting Child Maltreatment: Child Abuse, Neglect, and Sex Trafficking of Minors** and **Diagnostic Signs of Human Abuse**. Visit [ADA.org/EthicsandLaw](https://www.ada.org/EthicsandLaw) to access the webinars.*

The ADA Center for Professional Success website offers free access to information on safe prescribing, online continuing education and other tools for managing dental pain, especially for patients who are at risk for drug overdose or addiction. Visit [Success.ADA.org](https://www.success.ada.org) and search “opioids.”



Dr. Donovan Caves
Suffolk, Virginia



Dr. Megan Lenahan
St. Louis, Missouri



5 ways to gain respect

WHEN YOU'RE THE YOUNGEST IN THE PRACTICE

1. Give respect.

The best way to gain respect is to give respect. Be aware of what you say, how you treat others and respect them for the good in them. – *Dr. Sejal Thacker, Farmington, Connecticut*

2. Dress the part.

Invest in quality lab coats embroidered with your name. Looking professional and standing out among the staff who are in scrubs can go a long way. – *Dr. Katie Satula, Hales Corners, Wisconsin*

3. Communication.

Positive feedback, expressing your gratitude, discussing disappointments with staff or being transparent with the patient about the findings / prognosis / treatment options. – *Dr. Sejal Thacker, Farmington, Connecticut*

4. Be confident.

Don't be arrogant. Trust in your education, knowledge and skill. – *Dr. Katie Satula, Hales Corners, Wisconsin*

5. Own it.

Stay humble and take extreme ownership in every interaction. – *Dr. Christopher Green, Parker, Colorado.*

HIDDEN PITFALLS of practice acquisitions

BY KIRK DEWART, BMO HARRIS BANK

The purchase of an established practice offers some assurance of steady patient traffic and earnings production. Once dentists have identified such an opportunity, an acquisition may seem relatively easy. However, there can be challenges to evaluating a practice's health and getting the acquisition closed. Here are some common bumps in the road:

Information overload

Setting expectations early as to timing and document collection will help temper frustrations. Sometimes, the practice owner has little formal business training and has limited time to devote to operational aspects of the practice. An owner may be surprised by the amount of information requested during a normal due diligence inquiry. It may take several weeks to compile the data and then more time to address resulting questions.

Insufficient data

Many practices prepare cash-basis financial statements, so year-to-year comparisons can be skewed if the practice's average collection rate varies. For example, billing issues could result in misleading financial statements. It is essential to involve practice acquisition

team members, particularly an accountant and lender, to ensure the buyer has an accurate picture of the practice's health.

Valuation expectations

Many dentists assume that practice values are similar to real estate values, resulting in unrealistic sale price expectations. As a buyer, having a valuation prepared by an expert third party should be high on the list. In BMO Harris Bank's experience, depending upon the practice type, practices generally sell anywhere from 60% to 85% of one to three years' average collections. However, a valuation expert will apply several more factors in determining a qualified value.

When considering a practice acquisition, buyers should outline a clear path to purchase, including the preliminary financial review. The practice acquisition team will help determine the business viability of the practice. However, as the ultimate decision maker, dentists would want to stay actively involved. ■

Editor's note: This article is provided by BMO Harris Bank, the ADA Member Advantage-endorsed provider for practice financing. Call 1-833-276-6017 or visit bmoharris.com/dentists for more information.

In recent years, new dentists were more likely than established dentists to say that they were too busy or overworked.

In 2017, among new dentists (those who graduated from dental school in the last 10 years), 31.4% were too busy or overworked, compared to 23.8% of established dentists (those who graduated more than 10 years ago).

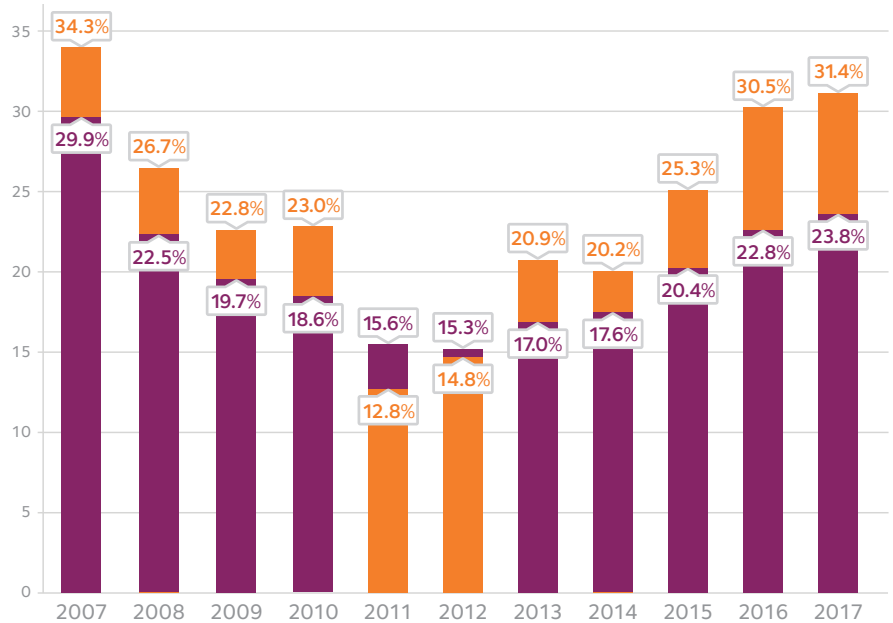
The 2017 numbers are comparable to those from 2007 when 34.3% of new dentists and 29.9% of established dentists were too busy or overworked. These percentages were lower in the years following the last recession (2007–09) when dentists in private practice reported that they were less busy. In 2011, the share of dentists who were too busy or overworked was 12.8% for new dentists and 15.6% for established dentists.

Learn more at ADA.org/HPI. ■



PERCENTAGE OF DENTISTS' "TOO BUSY" OR "OVERWORKED"

● NEW DENTISTS ● ESTABLISHED DENTISTS



Source: ADA Health Policy Institute, *Survey of Dental Practice*, unpublished data.



Dr. Wade Banner enjoys a hike at Mt. Baldy in California with his chocolate labrador, Cody.

GETTING TO KNOW YOU Dr. Wade Banner

What kind of dentistry/specialty do you practice?

100% house-call dentistry. I treat patients in their homes or care facilities throughout Los Angeles and Orange County.

Why dentistry?

I chose dentistry because the ability to practice covers so many different types of work (private practice, education, public health, specialty, leadership, advocacy, business, etc.). I also wanted to be able to help people the way I felt was best for them.

What was your first job?

Working at Subway making sandwiches.

What has been the best time of your career so far?

Getting to know so many amazing people in their homes. Patients feel more comfortable with the dentist when they can be in their own environment.

When I'm not practicing, I'm:

Spending time with my wife and 4-month-old son, Hudson. We love taking weekend trips together.

One fun fact about me:

I'm the grandson to the inventor of the modern-day potato machinery. Prior to this, potatoes were dug out of the ground and moved with shovels and burlap sacks (I grew up in Idaho). ■

Why are you an ADA member?

ADA offers so many practice resources and is the leading voice at the national level for advocating for dentists.




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