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RMDC Edition 2014

MDDS Connections for Metro Denver's Dental Profession

RMDC 2014
Volume 18, Issue 3

ARTICULATOR

2014 RMDC EDITION

METRO DENVER DENTAL SOCIETY

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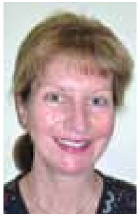
Inside This Issue:

By Nelle V. Barr, D.M.D



When MDDS members think January, they don't think Stock Show or cold weather; they think Rocky Mountain Dental Convention (RMDC). Our meeting just continues to get better every year. It gives all MDDS members bragging rights!

For the first time this year we are offering hands on courses at our brand new state-of-the-art learning center, the Mountain West Dental Institute (MWDI). A variety of hands on courses are available for dentists, dental hygienist and dental assistants. The Dawson Academy's speakers, Dr. Kimberly Daxon and Joanne Schultz Bailey RDH, are presenting a hands on course as well as Dr. Corky Wilhite, Dr. Robert Edwab, Dr. Douglas Cambert, Dr. James Konver, Dr. John West, Cynthia Fong RDH, and Shannon Pace Brinker CDA, CDD. These are just a few of the presenters this year. For a full list of all the hands on courses we are providing go to the MDDS website (mddsdentist.com) and click on the RMDC link. There you will find the interactive program listing all the courses. It is just a short shuttle bus ride from the convention center to the MWDI at 925 Lincoln in Denver. We should all be proud of the leadership that the volunteer dentists and staff at MDDS have provided to make this awesome learning center possible. This is truly a feather in our MDDS cap. If you wish to donate to the MWDI there are many sponsorships and opportunities for giving. Please contact Elizabeth Price, the MDDS executive director, to contribute.

Not new this year but one recent popular addition to our meeting is free wi-fi. To access the wi-fi at RMDC the network name is RMDC2014.

Another recent addition is the RMCD app. If you have an iPhone or iPad just go to the App Store and download the RMDC 2014 app. The app can also be downloaded using the QR code to the right. It contains all the information necessary for you to have a great meeting. The app contains details about everything RMDC from parking and exhibitors to speakers and our sponsors. It is a must have. You can use the app to download all your course handouts. This can be done ahead of time so you will be prepared for your courses. There will be no printed handouts available.

This will be the second year the Metro Denver Dental Foundation (MDDF) will have an attended coat check. You can check a coat or a bag and attend the meeting unencumbered. There is a nominal fee. All the proceeds benefit MDDF. Your Foundation is a unique charity providing potential life changing dental care to survivors of domestic abuse. MDDF uses the proceeds to pay for staff, grant writing, dental laboratory fees and administrative costs. In 2013, we had 24 new patients begin treatment thanks to our generous MDDS member volunteers and donors. Come use the coat check, MDDF will keep your belongings safe and you can support a great cause.

> *"For the first time this year we are offering hands on courses at our brand new state of the art learning center, the Mountain West Dental Institute (MWDI). A variety of hands on courses are available for dentists, dental hygienist and dental assistants."*

This meeting would not be possible without our exhibitors and sponsors. Go browse the exhibit hall. It is the best opportunity to see and compare all the latest products from different companies in the same venue. It is a good way to check out all the new technology. Thank you to all our exhibitors and sponsors.

I have a newfound respect for everyone who volunteers their time and efforts to RMDC. Thanks to the hard work of the greeters, speaker hosts, exhibit hosts, coat check workers and volunteers our meeting is better. We could not do it without their help.

The staff at MDDS is outstanding and deeply committed. They truly are the best. There would not be an RMDC without them.

RMDC is a wonderful opportunity to get high quality CE locally. The opening session will get your meeting started off right with speaker David Weber. He is a comedic motivational lecturer and a real crowd pleaser. All the speakers are excellent this year and there is a diverse selection of topics for all attendees. We have Dr. Tarnow, Dr. Christensen, Nancy Andrews RDH and Kimberly Miller RDH speaking. These are just some of our speakers. Go to mddsdentist.com to see the full program.

The meeting is great for networking. The stellar reputation of RMDC brings dentist and their staff from all over Colorado and the surrounding states making it a unique opportunity to visit and share ideas with colleagues. The Friday Night Party is a great networking opportunity. It is in the Capitol Ballroom at the Hyatt Regency across from the convention center. The party is free to all attendees. The party is from 5:30pm to 8:30pm with the disc jockey is Bedz. Your Foundation (MDDF) is the beneficiary of the party. They will be giving away some door prizes but most importantly they will be recognizing their Friday Night Friends. These are companies, dental practices, and individuals that have given generously to our Foundation. Any MDDS members can donate and become a Friday Night Friend. Your gift is tax deductible. For these and other gift giving ideas contact Amy Boymel, the executive director, at mddf.org. I promise you, your gift will be used prudently.

Do not miss the After Party. This is another opportunity to gather together for networking and fun. It is "after" the Friday Night Party at Chloe (1444 Market St. in Denver). We have a new venue this year. Come and enjoy from 9:00pm to 2:00am.

I am confident that RMDC 2014 will be a success because of the experienced, competent MDDS staff and all the wonderful volunteer dentists. MDDS members are lucky to have a local meeting that provides an invaluable source of quality/relevant CE and great networking with colleagues. Thanks for allowing me to chair RMDC 2014; it has been an honor. I have made many new friends and learned some valuable leadership skills. I am so glad that I agreed to help. I know you will enjoy your meeting. ■

Get this program and much more on your mobile device.

SCAN THIS QR CODE TO INSTALL THE FREE 2014 RMDC APP!

New MDDS Members, Welcome!

Dr. Mariusz P. Borowicz
Dr. Kate M. Brokaw
Dr. Niel R. Cowen
Dr. Allison N. Furini
Dr. Brad T. Guyton
Dr. Michael A. Hale
Dr. Michele N. Lacy
Dr. Nathaniel S. Leedy
Dr. Brian S. Levitin
Dr. David W. Lindman
Dr. Mark R. Link
Dr. Kyle R. O'Donnell
Dr. Brian A. Ozenbaugh
Dr. Dana N. Vilar
Dr. Steve Zapien

Mayday Mayday Mayday...Flight 342 Just Got Jamba'd

By Carrie Seabury, DDS

My three boys and I boarded flight 342 with minimal trouble. Sully, my youngest, had mentioned his tummy once or twice but in that vague four year old kind of way. We settled in, buckled up and waited to pull out from the gate. Not even a full minute from the closing of the cabin door, Sully began demanding snacks in a way that would make you think he hadn't been fed for weeks. He was desperately seeking snackage. While I was holding an advanced yoga contorted position in search of a snack for him that was neatly stowed under my seat, Sully proved to all of us that, actually, he had recently eaten quite a large amount including a giant pink Jamba Juice. The direction of the subsequent projectile ejecting out of my four year old's face was aimed squarely at his eight year old brother. Sully tried valiantly to stop the inevitable with a polite finger from each hand pressed against his lips. Unfortunately this merely produced a maximized spray effect. As my shock turned into apologies to our surrounding passengers, and my efforts to contain the vomitorium of row 36 proved ineffective, I was reduced to a few rounds of hysterical snort giggle type laughter. There was nothing that could be done. We couldn't call for a time-out or a redo. We couldn't leave the plane. Flight 342 just had to keep on keeping on. Wiping my laughter-tears I turned to my right and witnessed my six year old kindergartener across the aisle from us, quietly reading a Captain Awesome book with his little legs crossed. He was completely oblivious of his two drenched, wailing brothers and was fully content to be left quite alone with his pile of books.

Two moist hours, three Captain Awesome books and 4-12 airsick bags later (I lost track somewhere over Des Moines) we landed in Chicago. At that point my eight year old was wearing my hot pink infinity scarf around his waist as a sarong and my four year old was wearing my sweater as pants. As I bowed my head and prepared for the walk of shame through the jetway exit and the remainder of the O'Hare terminal, I had two thoughts running through my mind. 1) I never want to travel again. 2) If forced to travel, I will never leave home without an infinity scarf. Preferably a hot pink one.

I never really liked travel to begin with. Now add my three kids to the mix (with or without them bringing joy and odd smells to my fellow passengers' lives), and arranging for travel typically makes my right eyeball start twitching uncontrollably. For better or worse, this homebody put quite a few miles under my belt this year. Serving as an ADA alternate delegate and as a dental editor I traveled with a quest to find out how dentistry as a field is doing. I wanted to hear what was happening out there in other dental offices around the nation. I heard many personal stories from other dentists, as well as reports straight from the ADA.

- I heard that many states are contemplating, approving, or have already created mid-level dental providers.

- I heard several personal stories about how contingency based medicaid audits negatively affected our colleagues and their practices.

- I learned that Colorado is trying to remove barriers to care by increasing medicaid benefits. I also heard there is a need for more dentists to get involved to help meet the dental needs of the 300,000 new adult patients that will be eligible for dental services through medicaid this spring. The Colorado Dental Association announced a call to action and encouraged all dentists to join up as medicaid providers in order to make this solution a success. If every dentist can take just five medicaid patients on, we can share a great success story together with minimal disruption or change to anyone's practice. There were some alternative solutions discussed at the state lever to help remove barriers to care but these seemed to be less palatable.

"Serving as an ADA alternate delegate and as a dental editor I traveled with a quest to find out how dentistry as a field is doing."

- I heard one of the ways the Affordable Care Act will affect dentists is an increase in "skinny plans". Major employers will need to spend more on medical insurance for their employees and will not have as much money to spend on dental coverage. They may opt for the skinny plans that only cover preventative procedures leaving their employees to cover their own restorative and surgical needs. This topic was covered in a recent CDA journal by our president, Dr. Cal Utke.

- I heard the medical equivalent of the ADA lost so many members that their society is completely obsolete. Washington won't listen to the American Medical Association now because they don't have enough members to draw any attention. Our physicians lost their voice.

- I also learned that medicaid claims in Colorado will likely be processed by a third party. One of the big insurance companies we are already familiar with will handle claims and it is likely this third party payer will rely on its current fraud detection system. This will create an easier and faster way to process claims than our current medicaid system and should also help prevent the painful contingency based audits we all fear and loathe.

I learned much more than I can place in bullet points during my travels this year. I have truly expanded my horizons and have begun the process of understanding where the field of dentistry is headed. I maintain that travel is awful. I have found, however, that my travels have been well worthwhile. I've learned much about our field this year and I feel so much more comfortable knowing what to expect and knowing what people are talking about. I appreciate all of our colleagues who serve the ADA and work hard to protect dentists and our general public from harm.

Although I'm travelling more for organized dentistry, I thank my lucky stars that I don't have to travel to find high quality CE. One of the biggest things I have learned to appreciate through all of my travels is the RMDC. I'm so happy I don't have to expose another plane full of people to the Mighty Seabury three in order to take classes. I am in awe of the big names this show brings to Denver every year. I've heard from out of staters as well as from Anchorman Ron Burgundy that our Denver show is a pretty big deal! Now that we have a hands-on facility at the MWDI (headquarters for MDDS) our options for incredible local courses have expanded exponentially. No flights for me to get my CE. I thank you, MDDS, for saving me from the hassle. My children also thank you. It's very likely that the entire crew and all the passengers of flight 342 thank you as well.

Please store your bags under the seat in front of you, lock your tray tables and be sure your chair is in its most upright position. Captain Awesome just landed our plane in Denver - go RMDC it up and soak up that local CE knowledge! ■

OVERCOMING LIFE'S GOLIATHS

By David Weber

A child making poor decisions…

The tumor they thought was benign is malignant…

A lost job…

A marriage on the rocks…A mountain of debt… Barriers…Obstacles… Challenges… Goliaths.

We all have Goliaths in life. Those things that try and keep us down, beat the life out of us, rob our joy, steal our dreams, and prevent us from fulfilling our potential. How do we learn to overcome them?

Join conference speaker and master storyteller, Dave Weber, on an amazing trip back in time to the Valley of Elah and relive the epic battle between the Israelites and the Philistines. Catapulting back in time over 3,300 years ago, Weber will take us right to when David stepped up to take on the original Goliath and unfold the events that changed the course of history. While everyone has heard and knows this great story, very few realize the practical applications it offers for our lives today and the timeless leadership principles it holds for our discovery.

Some critical questions answered include:

- Where had David been prior to the battle?
- What was he doing in the Valley of Elah in the first place?
- Was David scared of his Goliath and is it ok to be afraid of ours?
- What was David thinking?
- What was Goliath thinking?
- Why was no one else willing to take on Goliath?
- Where did David find the strength and power to overcome?

Most of us have heard this story many times and know how it ends, but let's look at the valuable principles we need to understand and act on in order to overcome our own Goliaths.

1. The first insight we can glean from this battle is the secret power of vision. David undergoes a metamorphosis when he intentionally has a shift in his vision. He chose to take his eyes off the way things had been (with Goliath terrorizing everyone) and focus on the reward for the one who went toe-to-toe with Goliath. You'll probably remember that anyone willing to take on Goliath, would never have to pay taxes and was promised marriage to the King's daughter. As dentist, hygienist, assistant, treatment coordinator, husband, father, wife, mother, where is your vision? What is your prize? A great practice? A strong family?

There are so many people today who are paralyzed by their Goliaths. All they can see and focus on is the huge obstacle or challenge in their life and they cannot see anything else. When we allow our barriers to completely consume our vision, we fall into defeatism and concentrate on our failure or disappointment. But when we learn to shift our vision and focus on the reward, solution, prescription, or on the way things are going to be from this point forward, we bring new energy to the challenge at hand and a renewed sense of hope.

2. A second principle discovered in this amazing story, is how to overcome adversity when even those closest to you seem to want you to fail (or not even attempt to try). This Goliath is so common. When individuals find themselves making a huge decision in their life, sometimes those people who are the closest to you (whose support you so desperately desire) seem to be the very ones trying

to rob or steal your vision. “Why would you want to go and do that?” “What’s wrong with the way things are?” “Why don’t you just go the easy road?” “Do you realize how hard it is going to be?”

On and on the questions and comments come and they are anything but encouraging. How do you handle all of this negativity? Well David experienced this very thing too. As he discussed his new vision of taking on Goliath, his very own brother, Eliab, shot down the idea when he said, “Who do you think you are…”. We still experience the same kind of “dream stealing” today as we struggle with feelings of our own inadequacy. David models for us the key to handling these people by stressing the importance of not receiving these negative words and of seeking wise counsel (like the Rocky Mountain Dental Conference). All too often we can allow the voices of others to carry too much weight or emphasis and derail our efforts.

3. Finally, we discover in this story the incredible power of attitude and its affect on others. Do you realize that attitude is contagious? Do you understand that you are a carrier? You are spreading some kind of attitude. Is what you’re spreading worth catching? If my kids followed you around for a day and then came home, would I be happy about what they caught from you?

For over 3,300 years since that great battle there have been remarkable men and women who have used these very same principles to help them overcome Goliaths in their own lives. Babe Ruth and Hank Aaron understood this. Did you know that they were both strikeout leaders of their time… what a goliath…what losers! But wait a minute… did Babe and Hank choose to place their vision in the number of times they struck out or the number of times they failed? NO! It was in the number of homeruns they hit the number of successes they experienced. By focusing on the goal, they were able to overcome what would have been a career ending obstacle for many others.

As dental professionals and as human beings we will all, at times, come face to face with many Goliaths. Come and be encouraged by discovering the secrets that all great achievers have known. You have never heard a storyteller tell a story like this and you will never forget it!

Dave Weber is one of the most sought out humorist/ lecturers in the country speaking over 150 times a year. He is the CEO/President of Weber Associates in Atlanta and is the author of Sticks and Stones Exposed: The Power of Our Words, and Leadership Redefined: The 12 X’s of Success for TODAY’S Leader. ■

TIMELESS PRINCIPLE TAKES EFFORT AND INTENTION

By Scott Cairns, DDS

I have not logged enough birthdays to have had the privilege to meet some of the visionary dentists of the past who pushed our profession to a place where quality was the constant and time was the variable. These visionary dentists like L.D. Pankey, Bob Barkley and Harold Wirth believed so deeply in providing principled dentistry that they pushed a generation of dentists to achieve more, become better and to learn how to better serve themselves by better serving their patients. I find it interesting that what must have been so loud and powerful a generation ago has become so quieted today. There are voices today still espousing these timeless principles, but it seems today's dentists either are not hearing this message, are not interested, or don't know how to incorporate these principles into today's world.

There is no doubt that the environment in which dentistry is practiced has changed. I do not believe that people have changed so much that the principles these giants stood for have become any less powerful. I believe that there are still enough people who want what is better, not just what is more convenient or less expensive. Enough patients that dentists who choose to practice in a way to serve these patients will be able to do so successfully. But, it is hard, perhaps harder than in the days of these fine visionary doctors.

One of my favorite quotes about practicing better dentistry is from Harold Wirth:

"There will always be free enterprise private practice for the caring dentist who constantly seeks excellence for his patients through the exercise of the greatest care, skill, and judgment at his disposal. For those of you who are concerned do not worry because people will seek you out."

F. Harold Wirth, D.D.S.

What Dr. Wirth says is that rewards await those who persevere to become better and be better. What he does not say is that all you have to do is show up with good intentions. When I first saw this quote, that is exactly what I thought that it meant—I will do "the right thing" and the market will reward me. I doubt this was actually ever true, but I can tell you that today that leap of faith will cost you dearly.

Today, messages are sent faster than ever, but communication is at an all time low. Dr. Wirth relied on the principle that doing better work will elevate your status in the community and those who want what is better will seek you out. Today, what is better is confusing to people who are constantly pushed images and messages; not about what is better for the person, but what is better for the pusher. So today, you not only have to practice in a principled way, but you have to make wise business decisions and work to get your unique message out. The upside in today's world is that because of the speed of communications the world is a smaller place and it can be easier for your good work to influence people who you never could have reached before, but you need to be smart. It is harder today than ever to get to a place where compromising on your principles does not compromise on your ability to provide for you and your family. Don't give up on Dr. Wirth's vision. It is possible- you are not alone in the wilderness, but you need to make wise choices. I have made plenty of the wrong choices. Today, dentists don't have to do this on their own. I have transitioned to become an owner of an office supported by a dental service organization. One year ago I never would have dreamt that this would have been the right decision for me.

"...today, you not only have to practice in a principled way, but you have to make wise business decisions and work to get your unique message out."

Today, I can't believe I waited as long as I did. I have found a partner and an ally who is committed to excellence just as I am, but has much more power and influence in the market than I could ever dream to acquire by myself. Contracting with a dental service organization did not rob me of my opportunity to be successful in free market dentistry--it has expanded it. I want all doctors who share my values to become aware of a different path, and that new opportunities exist and are flourishing in this new economy in which we live. ■

METRO DENVER DENTAL SOCIETY PRESENTS:

Mountain West Dental Institute CE CALENDAR 2014

FEB 11 — **CPR/AED Training**
– Life Rescue CPR
Tuesday, February 11, 2014

FEB 21 — **Basic Radiation Education for Unlicensed Dental Personnel** – Dr. Brad Potter
Friday, February 21, 2014

MAR 12 — **CPR/AED Training**
– Life Rescue CPR
Wednesday, March 12, 2014

MAR 21 — **Case Acceptance for Everyday Dentistry – A Non-Sales Approach to a Healthier Practice**
- Dr. Paul Homoly
Friday, March 21, 2014

APR 3 — **Frontline TMJ, Headaches and Facial Pain Therapy For Every Practice**
- American Academy of Facial Esthetics
Thursday, April 3, 2014

APR 4-5 — **Botulinum Toxin (Xeomin, Dysport, Botox) and Dermal Filler Training Level I** - American Academy of Facial Esthetics
Friday & Saturday, April 4 – 5, 2014

APR 5 — **HANDS-ON: The Do's and Don'ts of Porcelain Laminate Veneers**
- Dr. Gerard Kugel & Dr. Chad Anderson
Saturday, April 5, 2014

APR 11 — **HANDS-ON: Laser Perio for Hygienists**
– Dr. Robert Convissar
Friday, April 11, 2014

APR 17 — **CPR/AED Training**
– Life Rescue CPR
Thursday, April 17, 2014

APR 25 — **Practice Enhancement Day**
– Multiple Speakers
Friday, April 25, 2014

MAY 23 — **HANDS-ON: Dental Implant Systems**
– Dr. Brian Butler
Friday, May 23, 2014

MAY TBD — **A Practical Approach to Oral Surgery for the General Dentist** – Dr. Larry Guam
May 2014 Date TBD

You can find more details on these events and others at
mddsdentist.com

The MWDI is owned and operated by the Metro Denver Dental Society

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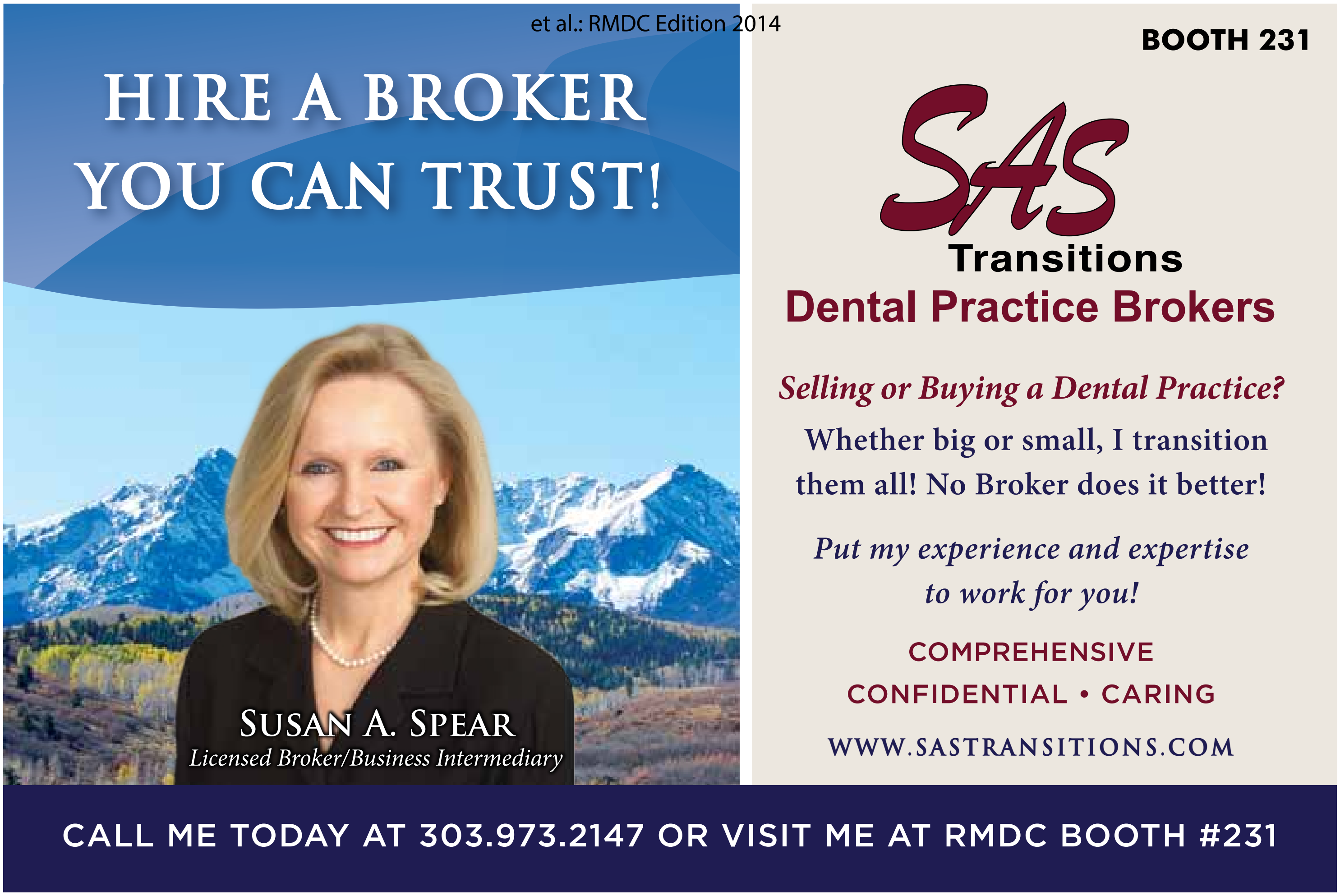
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FORENSIC ODONTO

By Anthony R. Cardoza, D.D.S.

The field of forensic odontology is that area of dentistry concerned with the application of law in both criminal and civil proceedings. There are six disciplines within forensic odontology:

1) Multiple Fatality Incidents
2) Age Determination (based on tooth development)
3) Recognition of Abuse (intimate partner violence (IPV) and/or child abuse)
4) Expert Witness (in both criminal and civil proceedings)
5) Postmortem Dental Identification
6) Bite Mark Analysis (patterned injures)

Of these six areas, Postmortem Dental Identification and Bite Mark Analysis compose over 90% of the cases a forensic odontologist assists with. As such, the focus of this article is on these two areas.

Postmortem Dental Identification

As forensic dental identification specialists, we are typically the last conventional option for postmortem identification. DNA is also utilized now but due to its high cost and the extensive time required for analysis, it is used sparingly or when absolutely no other option exists. Other forms of postmortem identification include visual, personal effects, fingerprints, scars, marks, tattoos, and medical radiographs.

Forensic dental identification has been successful because of the nature of the human dentition. The enamel is the hardest substance in the body and the only exposed portion of the skeletal system (fig. 1, 2). Teeth are very resistant to thermal damage, blunt force trauma, and the dentition remains stable during tissue decomposition. In addition, the dentition is unique to a specific individual. This includes not only the morphology of the coronal portion of the tooth but the morphology of the roots, pulpal chamber, and their relationship to their surrounding structures (i.e. sinus proximity, mandibular canal proximity, interproximal bony trabecular patterns etc.). Following the natural dentition, if you add man-made dental restorations, the unique combination for any given individual can factor into the millions.

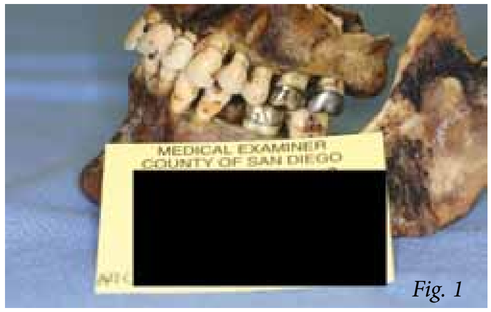


Fig. 1


Fig. 2


Fig. 3


Fig. 4

Fig. 5

There are numerous important reasons for identifying the deceased. A legal certification of death is necessary to consummate legal matters such as life insurance, wills, etc. There are family and personal reasons as well (closure). In criminal investigations, it is important to establish the identity of the victim in order to proceed with the criminal investigation and to identify the suspect. In a fire for instance, the bodies are often burned beyond visual recognition (fig. 3). Personal effects are also destroyed or lost in the fire. Even if the personal effects are recovered they may not be considered reliable due to the typical calamity which surrounds a fire. A forensic anthropologist will examine the remains of the skeletal system and can then determine age, race and sex of the victim. Positive identification is best performed by examination of the surviving dentition by the forensic odontologist.

Forensic dental identification is most often accomplished by the comparison of the radiographs of the teeth of the decedent (postmortem) with the dental radiographs obtained from the dentist of the suspected victim (antemortem) (fig. 4, 5). Ideally, the antemortem radiographs furnished should be the original full mouth series. Often this is not the case. Children's radiographs are typically bitewings only unless they have orthodontic records as well. Often times duplicate radiographs, not the originals, are sent and have been either poorly duplicated and/or are not labeled right and left for orientation. In addition, the antemortem radiographic image may be of poor quality due to improper operator technique (cone cuts, overlapping interproximals, elongation/foreshortening, etc.) or poor processing (contrast, burned images, etc.). When poor antemortem radiographs are compared to an ideal postmortem radiograph, the two may not appear consistent. This could seriously hamper the identification effort.

In forensic dental identification, we stress that good quality, properly mounted and labeled original antemortem radiographs be sent for comparison. In addition, copies of the victim's dental treatment progress notes should be submitted as well. This allows the forensic dentist to verify dental treatment that was performed subsequent to the date of the radiographs (note: a dentist may legally release patient records to a requesting law enforcement agency without the patient and/or families permission as authorized by HIPAA).

It is important as practicing dentists to keep complete patient records on file and continually update them, including the radiographs. One of your records may be needed for the purpose of a postmortem dental identification.

Bite Mark Analysis

The study of bite marks involves the analysis of teeth contacting another object or medium. Thus, bite mark analysis is a type of forensic pattern analysis similar to tool mark analysis. Unlike dental identification which is a quantitative analysis, bite mark analysis relies on the odontologist's interpretation of the pattern. Therefore, as a result, bite mark analysis is primarily subjective in nature. It is for this reason that bite mark opinions, though based on scientific methods and principles, can be highly variable as it is based on the odontologist's interpretation of the pattern injury resulting in experts often giving different levels of opinion on the same pattern injury. The consequence we see today is that bite mark analysis has become highly controversial. In the United States, there have been twenty four exonerations by DNA testing of individuals after they had been previously charged or convicted where these charges or convictions had been based partially on faulty bite mark evidence. It is important to note, that of the hundreds of bitemark analysis' performed in the past, these 24, as important as they are individually, represent a very small percentage.

The study of bite mark analysis involves the comparison of the pattern injury or bite mark to the suspect biter's dentition. The classic appearance of a bite mark is two semicircular or ovoid arches that oppose each other with a central ecchymosis (fig. 6). The bite mark pattern is photographed from multiple angles with a scale present for reference. In addition, the bite mark is swabbed for possible suspect DNA. On the biter it is necessary to take full arch dental impressions of both the maxillary and mandibular arches. In addition, complete dental charting of all the present, missing, and restored teeth including charting anomalies such as fractures, spaces, rotations, etc., wax bites, and intraoral photography. If the accused suspect biter is in jail then collection of these records will require a court order and the individual has the right to have his attorney present (note: the biter could also be the victim who bit their attacker in self-defense).

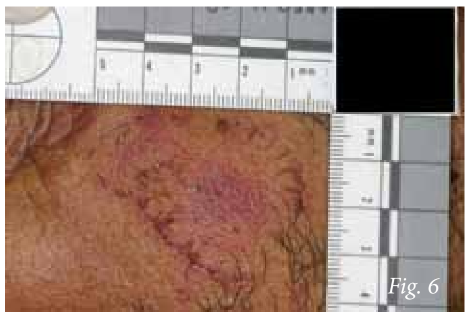


Fig. 6

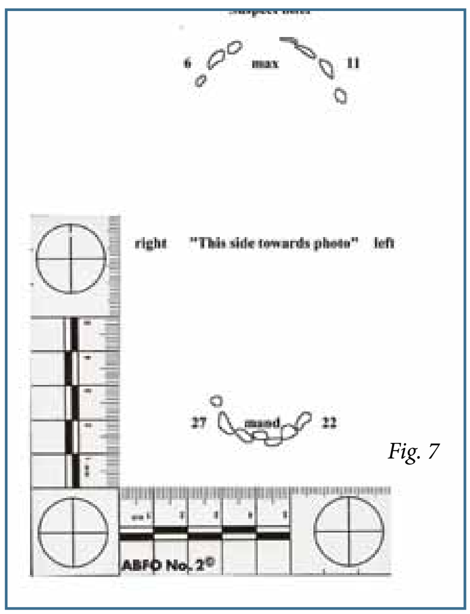


Fig. 7

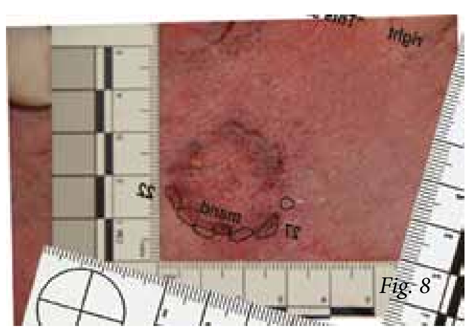


Fig. 8

Once all the records are collected from the bite mark and the suspect biter, the odontologist can complete his/her analysis. The analysis consists of a comparison of the bite mark photo which has been digitally resized to life size 1:1 proportions to an overlay of the incisal/occlusal edges of the suspect biter's teeth. This is accomplished by creating a digital hollow volume overlay of the dental models by scanning the models, using a flatbed scanner, into the computer (fig 7). Then, with the use of photographic software, the incisal edge overlay can be inverted and superimposed onto the bite mark pattern photo for comparison and analysis (fig 8).

Finally, the odontologist will submit his/her report to the entity that retained him/her. In this report the odontologist will list all the steps taken to complete the analysis and formulate an opinion as to whether the biter and the bitemark can be linked. The range of opinions include: The Biter (absolute), Probable (more likely than not), Possible (cannot be excluded from suspect biter population), Exclusion (did not make the bite), and Inconclusive (not enough data or poor quality data to formulate an opinion).

In summary, forensic odontology is an exciting field where dental health care professionals can utilize their skill and training in dentistry for a field complete outside of dentistry. Choosing a career path as a forensic odontologist or forensic dental autopsy technician (the auxiliary's role in forensic dentistry) should not be viewed as a hobby but in fact a second career or avocation in addition to your primary career in the field of dentistry. The hours can be long and the monetary return low or even non-existent but the personal reward and satisfaction can be great.

THE MID-LIFE CRISIS PRACTICE

By Bill Woodburn, MEd, LPC, LMFT

The story we start with isn't always the story we need to finish.

A man who'd outrun his life-story

When Stan (I never use real names in my stories) turned sixty, he really hit the wall. It had been coming for weeks. He was irritated all the time, nothing seemed good enough, and his opinions were getting more brittle and absolute as the days passed.

One day, I happened.

Halfway to work, Stan snapped. He passed his office and kept on going, eventually driving his brand new, glossy black Porsche halfway across the country to Los Angeles. The next day, he called his wife and told her the only thing that had stopped him was the Pacific ocean. She talked him into coming back home again. A few weeks and some counseling later, he'd recovered his balance and was astonished at what he'd done.

Stan's mid-life crisis was both dramatic and painful, but not uncommon. He'd built a small, hi-tech business into a tremendous success then suddenly, dramatically, lost his bearings. Talking with Stan, it was clear that somewhere along the line, his life-story had just stopped working. The reasons, assumptions, and goals he'd relied on to give meaning to his life weren't working anymore. Over time, they'd lost more and more power to motivate and reward him until, one day, it just wasn't worth it anymore. He said it felt like drowning.

I don't believe there was anything particularly flawed in Stan's original life-story. His inner model of who he was and what his life could be led to decisions that built a great life. He'd been enthusiastically engaged in building his business and motivated by making sure it survived in a hostile market then tackling one problem after another on the road to success. When I asked him why he'd done it, he talked about glorying in the challenge and the excitement of make-or-break decisions. He also talked about the joy of raising his children and the fulfillment of building a dream home with his wife.

All these sounded wonderful - and they were. But, I realized the reasons he was giving me were all a young man's reasons. It was a story about starting out. The problem was, Stan wasn't a young man anymore. His business wasn't a young business, but a mature leader in the field. His children had left home and started their own lives. Even his dream home wasn't new anymore. His world had changed, but his life-story hadn't. The story he started with wasn't the story he needed to finish.

The mid-life crisis dental practice

Over the past ten years, I've helped dental practices around the country find their values, tell their stories, and keep their joy alive. Like the individuals in them, practices have life-stories. They start out with young dreams and young reasons. And, like Stan, they mature and their life-stories need to mature, too.

When I talk with dentists and their teams who are just starting out, their focus is on what to do and how to do it. They spend time studying new office systems and the best dental techniques. They are learning how to be excellent dental professionals. That's great. But, often when I talk to mature practices, they haven't changed their focus. It's still all about what to do and how to do it, with very little time spent asking why they do it. Yet, it's the why's that motivate us and keep us alive in our work. Like Stan, they are heading toward a mid-life crisis.

Practices heading toward mid-life crisis share some common symptoms. They are confronted with the same interpersonal problems everyday that never seem to get resolved. Their view of patients splits into 'good patients' and 'bad patients' with no new ideas on how to bridge the gap. Frustration grows. Resentment grows. Motivation is hard to find. Some team members leave, new team members come, but nothing seems to change very much. The common solutions tend to be more technical CE, different office systems, and adding more expensive machines. Yet, the people in these practices feel that nothing is changing enough.

Practice mid-life crisis is not inevitable

Just as practices often share the same symptoms of crisis, they also share the same ways to prevent mid-life crisis. Here are some ways practices keep their life-stories fresh, exciting, and motivating.

"Practices heading toward mid-life crisis share some common symptoms. They are confronted with the same interpersonal problems everyday that never seem to get resolved."

1. Participate in CE that teaches Emotional Intelligence, communication, The New Patient Experience (by R. L. Frazer & Associates), and other interpersonal skills. As a team, read Emotional Intelligence by Daniel Goldman or Crossing the Unknown Sea by David Whyte and discuss their ideas. You don't have to agree with the author for their ideas to be a good starting point for important change.

2. Tell the tribal story. Regularly (I suggest yearly and whenever someone is added to the team) meet with everyone on the team and have those that have been with the practice longest tell how the practice started, how it changed, and why the practice is important to the community. Pass the telling down the line so everyone gets a chance to add their own experiences and ideas.

3. Regularly review commonly held values and assumptions. Written visions and meaningful mission statements are vital in keeping groups alive and functioning. However, hiding these in the back office doesn't allow them to be reviewed and changed as the practice matures. Find safe and effective ways for people to comment on the practice's vision and mission.

4. Encourage the newest team members to question common assumptions. Their naive questions are a great asset. They can help you see where the practice is stuck. Nine times out of ten, a frustrated practice is stuck on an unquestioned assumption about 'how we've always done it'.

5. Listen carefully to patients in order to hear past their dental concerns to their human concerns. People receiving your care have the most sensitive radar about how your practice is doing. Your 'problem patients' may be some of your best guides to finding what human concerns are being missed in your practice.

When life gets busy, it's easy to let our personal life-stories and the life-stories of our practices stagnate. After all, the old ideas, opinions, and assumptions were good enough to get us where we are today. Over time, it's tempting to let our life-stories set like concrete, to become brittle until they crack. Luckily, we can adapt our life-stories and the life-stories of our practices to stay rich and fulfilling as we mature together.


BOOTH 345
PRACTICE
PARTNER

Dr. Mike Poulos - *periodontist in Denver, CO*

Q: Why did you decide to get involved with dental societies and specifically with MDDS?
A: Primarily because I feel that when you are a member of a society it is important to be actively involved in it. If you want to complain about the direction the society is headed then it is imperative to sit on the board to fully understand the society's position and to make your voice heard. I truly believe in organized dentistry and its mission. It is so important to have a united voice standing up for us and for our profession. I became actively involved in MDDS simply because I was a member of MDDS.

Q: What was your first car?
A: It was a two miles-to-the-gallon 1967 Pontiac Grand Prix. It was a cherry apple red hand-me-down and I eventually burnt its engine up.

Q: What is your hidden talent?
A: I was a lifeguard for a lot of years. I worked on the ocean beaches as well as poolside. At the age of 16 I taught waterskiing lessons – I grew up on the north shore of Long Island and spent a lot of summers in Connecticut. My other hidden talent my family probably doesn't even know about. I used to do a lot of sculpting – I don't have any sculpture pieces left – somehow they all disappeared.

Q: At what age did you first get in front of a microphone to start your master of ceremonies, master of periodontology and master of the universe side career?
A: In grade school – I had no trouble getting up in front of the class and speaking about anything. I was voted "Most School Spirit" in high school. I served in different various offices throughout school, lost a presidential election and was elected VP instead. In junior high and high school I was often asked to get up and speak in front of the group. I have absolutely no trouble getting up and talking in front of people!

Q: You started your higher education training in the field of zoology. What happened to change your mind to dentistry?
A: As it turns out, there is not a lot of money to be made in zoos. Seriously though, I actually came into dentistry quite backwards. During the summer of college between sophomore and junior year, I lifeguarded while I was planning my pathway to medicine. One of the other guards just started dental school at University of Pennsylvania and he spent the entire summer talking me out of medicine. Medicine is a lot more hours and you can do a lot more fun things when you are a dentist. I typically do anything to make my life easier – I'm incredibly lazy!

Q: What are some of the biggest changes you have seen in the field of dentistry during your career?
A: There are two different aspects to the answer of that question – clinical advancements and changes in business management. In terms of clinical advancement in periodontal surgery some of the regenerative techniques have changed quite drastically. Implants are a huge step forward in our field. When I was in my residency implants didn't exist yet. I would like to comment on restorative but I don't know anything about it. Gold foils were a really good way to kill teeth so it's probably a good thing we have found better ways to restore dentition. The biggest change in business management that I have noticed are all the changes in advertising – once you are allowed to advertise, people can say what they want and ethics change dramatically.

Q: Who is your mentor?
A: My mentors are two phenomenal guys who really brought advancements and integrity to our field. The first was Dr. Morton Amsterdam. He is a famous periodontist/prosthodontist at the University of Pennsylvania and had a private practice nearby. My other mentor is Dr. Tom Orban. He was the senior partner of my perio practice.

Q: Why did you choose to own labs when the labradoodle sheds so much less?
A: Labdradoodles don't retireve birds as well as labs do. I started with a schnauzer but I've had labs since 1980's and both my kids have labs as well.

Q: Did you practice anywhere other than Colorado?
A: I practiced in Chicago when I did my residency – I loved it! It's a user friendly city. My son was born in Evanston.

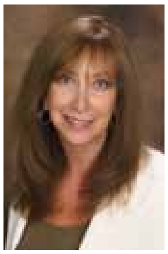
Q: Tell us more about your lovely family
A: My wife Terri and I met in 1976 and were married in February, 1978. Nick was born in December, 1978 and our daughter Jennifer was born in 1980. Nick married Nicki and Jennifer married Scott. I have three grandbabies: Mikey age two and ¾ (Nick's oldest), Kirstin, our new baby girl born in May (Nick's 2nd) that's our pleasure – Terri and I spend a lot of time with our kids and grandkids.

Q: Who are you going to be when you grow up?
A: A dentist – I love our profession! I really do. I tell my patients the same thing when they ask me what I'm going to do when I retire. I tell them I will still be trying to make a little bit of difference in people's lives – why would I want to do anything else when I grow up? Of course I will always be Papa – I want to teach another generation of kids how to ski.

Q: Any other areas of your life you would like to touch upon?
A: Nope. I'm a heck of a lucky guy and blessed to live in Colorado. It's a great time for dentistry. I've been through a lot of different chairs and a lot of parts of organized dentistry and I don't regret any of it – it's been fun – a lot of fun. The good lord has blessed me! ■

MDDF - AT RMDC AND IN THE COMMUNITY

Amy Boymel, MDDF Executive Director



This year's RMDC promises to be outstanding – amazing speakers, fantastic events, and more than 250 Exhibitors! **Follow the Footsteps** to the Community Pavilion just outside the Exhibit Hall and stop by the MDDF booth – I can't wait to talk with you about everything that's happening with the Metro Dental Foundation.

We're very involved with RMDC, and hope to see you there. In addition to visiting our booth, let us lighten your load when you make your first stop every day at the **Coat Check in Room 701**, where MDDF volunteers will keep your coat, hat and bags company while you attend sessions. And don't miss the **Friday Night Party** at the Capitol Ballroom at the Hyatt Regency from 5:30 pm – 8:30 pm on the 24th. DJ Bedz will rock the house while you catch up with old friends and connect with new ones. MDDF is thrilled to be involved with the Party, and we want to thank the sponsors: Children's Dentistry and Henry Schein Dental; and give a special shout-out to our Friday Night Friends: Perry & Young, SMG Advisors, COPIC Financial Service Group Ltd., Pacific Continental Bank, Care Credit, Fortune Management, Poulos and Somers, Amica and URWA Consulting. We'll be giving away some fun prizes – but you have to be there to win!

Since 2005, thanks to the generosity of MDDS members who volunteer their time and share their passion, MDDF has given hope to hundreds of survivors of domestic abuse – restoring their health, dignity and self-esteem one smile at a time – through the Smile Again Program®. MDDF and its volunteers have also taught thousands in our community the importance of optimal oral health as part of a healthy lifestyle. The Foundation can lend you all sorts of cool teaching aids like puppets, giant toothbrushes and tooth models to help you and your associates do presentations, whether they are for your kids' pre-school, a community group you're involved with, or a booth at a health fair. We'll even provide tooth brushes and tooth paste you can give participants (when we have them available).

At MDDF, we believe it's possible to "Change a Smile, Change a Life." We're here to help you connect with the community through volunteerism, and that benefits you as well as members of our community. All of our programs exist and succeed because of our volunteers and supporters. If you're already involved with MDDF, you know that; and on behalf of those whose lives you touch – thank you! And if you're not involved but would like to be, just follow the footsteps…

Check out what's happening at MDDF at mmd.org, or visit us on Facebook or LinkedIn. ■

BOOTH 523

everything you need in one easy place!

THE MANAGEMENT TEAM

Each member of the Dental Solutions management team is a principal of the company. Please feel free to call us any time.

David Waltzer {CEO/CFO} 720.934.0252

David has served as a COO and CFO for a variety of companies during his career. He was a valuable team member at Lockheed Martin, XM Radio, Reliant Healthcare, Navajo Manufacturing and Teckforless.

BA in Accounting & Economics – University of Maryland / MS in Finance – University of Baltimore

John Riedel {VP of Sales & Product Specialist} 303.777.6717

A veteran of the Vietnam war, John has acted as a Managing Partner for Advance Dental Enterprises for over 30 years. He comes from a multi-generational family of professionals who have been servicing the dental industry for over 50 years.

BS in Business Management – University of Colorado

Steve Siemers {VP of Construction & Lease Negotiation} 303.503.2248

Steve has specialized in medical and dental facilities for over 16 years. As a licensed Class B commercial general contractor his scope of business encompasses from a simple remodel to ground up construction development. His meticulous approach to detail ensures your vision comes to fruition.

BA in Business Management – Colorado State University

Meridith Hertach {VP of Customer Service} 303.263.2780

Customer Service has been an integral part of Meridith's career. She has hired, trained and managed over 100 member service teams. In developing world class protocols, Meridith's teams consistently receive superior customer satisfaction ratings.

BA in Communications – University of Missouri; Kansas City

Mickey Ackerman {VP of Office Design} 303.533.7845

Being in the Dental and Medical design industry for over 40 years, Mickey has learned to listen to his client's needs. With over 1 million square feet of Dental, Medical and Hospital designs, Mickey brings a unique aspect to all of his projects. His in-house design team brings a comfortable and unique setting to any new office.

MA in Design & Architectural Design – Rhode Island School of Design

John Bertagni {VP of Development} 303.533.7845

With 18 years of experience in the dental field, John has worked with everything from sundries to capital equipment. With a consultative, education based approach focused on ergonomics and dental practice efficiencies, John is a great resource for new and existing offices.

BA – Indiana University

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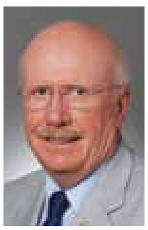
IF YOUR PRACTICE WAS ANAMUSEMENT PARK...WHY SHOULD I BUY A TICKET?

By Bob Frazer, Jr., DDS, FACD, FICD



That's a strange title for an article! But is it really? Let me ask you a question. What is the number one amusement park in America? If you answered Disney World, you are absolutely correct! Now let's ask another question. What is the number two amusement park in the world? Right again - if you answered one of the other Disney parks. So, why do you suppose that is true? In this article you will learn why this is so and be introduced to six proven secrets you can use to uniquely position your practice in the mind of your patients, such that like Disney, you distance yourself from the competition. Given the meteoric rise of more transaction based managed care - there has never been a more important time to be transformational – your practice's success - perhaps it very survival depends on it! In this article, we'll explore Disney's and other highly successful service providers secrets, how to be transformational not simply transactional with you patients.

How can I make this claim? First, we did just this in a relationship based, health-centered, insurance independent, and highest quality dental practice. That practice and others with whom we work are doing it today. We are doing this in our leadership development, strategic planning and coaching firm, R.L. Frazer & Associates. Before we break our arms patting ourselves on the back, let's focus on how these proven principles position you to thrive in today's increasingly competitive marketplace.

What's meant by positioning? Positioning is creating and maintaining precisely the right perceptions in the minds of people who can buy our services. It's actively seeking to shape the perceptions of our patients and perspective clients as to what we do, how we do it and even more importantly why we do it.

Let's begin by examining your visit to Disney. When you visited Disney, did you ride the rides? Probably, but is it the rides that you most remember about Disney? Our bet is you most remember - the experience of being warmly welcomed in an inviting atmosphere, coupled with an adventure… and not just any adventure, but a heroic adventure that is fun and childlike. As you experience Robinson Crusoe's Tree House, Space Mountain, or the Pirates of the Caribbean to the backdrop of carefully selected music, you are transformed. After you returned home it was not the rides that were most memorable. For you see the rides although brilliantly designed and choreographed… by themselves are transactions with a beginning and an end. At Disney they are the souvenirs of the experience. If you simply wanted to ride rides, you could find many places around the country from Six Flags to the traveling carnivals and ride for a lot less money.

When an amusement park or a dentist is merely transactional they are very common with no strategic advantage. And, what they provide will generally be chosen by the lowest common denominator…the fee! Fee (price) is always set by the seller (provider), yet value is always determined by the buyer. Does Disney charge more than most amusement parks? Of course they do - and we gladly pay it - because we value what they offer. Sadly, the overwhelming majority of dental practices are transactional - serving people's needs through services like prophylaxis, sealants, composite restorations, root planings, crowns, root canals, implants, onlays, veneers, etc. These are really the souvenirs or hardware of what we do. Our patients do not really want these products.

So here's secret number one. *Nobody wants to buy your products! They want to buy the product of your product. What they are buying are the benefits.* This is one reason cosmetics became such a major trend...our patients arrive knowing they want whiter teeth and a more attractive smile. Yes, we had to advance our technology to a point that we could bond highly aesthetic porcelain veneers to teeth and learn to re-contour gingival tissues, but no one really wants either of those…they want the beauty and youthful appearance that those services provide.

Disney understands that you go there for the experience and the emotions around those experiences are transformational…a memory for a lifetime. That is the second secret. *It is how welcome - safe, secure and happy you and your team make people feel when they do business with you.* That begins when the patient first calls your office. Is it a wow experience? Are they greeted with a genuinely warm, smiling voice and welcome that is both professional, empathic and helpful? A few years ago, I was speaking at one of the Disney properties and had occasion to call ahead. They were everything one should be and even during the short hold…the song "It's a Small World After All," caused me to smile. They understand that the Disney brand is a promise of a guaranteed experience. That is the third secret – *We must brand ourselves and our practice and then deliver every time for only when we can consistently deliver on our promise will we meet the expectations of the more demanding, quality conscious patient, who isn't happy with the lesser transactional approach.*

Here are two important questions for you to ponder. What do we do better than any other dentist and dental practice in our community? What does our "amusement park" offer? What we are searching for here is the fourth secret. *The depth and breathe of your value (brand) to your patient clients is portrayed by the menu of transformational services you offer.* Let me share an example. Just took my Lexus in for routine service. Everything flowed seamlessly from my first call, to the warm greeting of my personal service rep to driving in and a young man greeting me – immediately knowing why I was there, ushering me into what was a five star Starbuck's-like lounge with free fine coffee, laities, fresh baked muffins, fruit, newspapers, bottled water, etc. – served by a cheerful staff. I even picked up a treat for my team! The new car loaner was fun to drive and next day it was done. They even caught that my inspection was overdue and took care of that. It was a Wow! Not what they did – although it was important that they did that well, but how they did it and how it made me feel were my takeaway. I could hang out there. Why does Lexus do that? To give their customers the best experience of any dealer in the world.

So where do you begin - with a transformational new patient experience - provided by genuinely caring, technically and emotionally competent people. Our practice in Austin offers such a new patient experience - on one of five different levels of entry - each geared to where the patient is with their current needs and wants. Our levels range from Level 1 – <u>Urgency</u> to Level 2 – <u>Cursory</u> – entering through hygiene for the more traditional "cleaning and exam," but with an invitation in the context of what is important to them to move up… to Level 3 – <u>Self Care</u> – for the person who wishes to have their teeth a lifetime, but wants to proceed slowly… to Level 4 – Complete Dentistry – for the person who wants their teeth a lifetime, knows they have problems and wants them corrected soon… to Level 5 – Wellness Resource - the person who wants a lifetime of good dental health, but also help finding other health care providers to address other issues for total health. Level 5 is where the oral systemic link is most addressed.

"Nobody wants to buy your products! They want to buy the product of your product. What they are buying are the benefits."

The Level 3 through 5 patient receives extra special personal attention from a staff member we call a Health Relationship Coordinator… each patient's own personal lay consultant, case worker and concierge, who guides them through a wow new patient experience, collaborative comprehensive examination, treatment plan and consultation.

We intend for our patients to feel what physician and author, Rachel Naomi Remen, MD said in a PBS series entitled The New Medicine, ***"Choose a doctor who makes you feel smart and empowered, not one who makes you feel passive and dumb."***

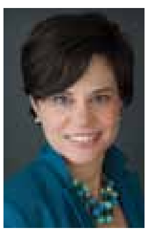
Remember you are positioned by what your patients and potential patients believe about you and your practice. Secret number five is – It is not what you can do for your patients, it is what they believe you can do for them – how well they understand and value what you are offering. This ties directly to secret number six – We must be interpreters of value for our patients. A fair fee could be defined as:

$$\text{FAIR FEE} = \frac{\textbf{Perceived Value} \text{ (in the mind of the patient)}}{\textbf{Cost (Fee)}} > 1$$

When value is perceived - fee is secondary and when it is not… no amount of rationalizing will convince people that the fee is appropriate. So, you and your team must always listen intensely for what your patients want/value, consider big problems - and the emotions around those. Then once you understand, acknowledge those emotions (see RMDC EI presentation). Then partner with each patient collaboratively examining and treatment planning, helping them see the benefits of what you are offering. This leads to the seventh secret – which I'll share with you along with the how to's of everything I've discussed here during my Thursday, January 23 presentation *"Proven Secrets…"* at the 2014 Rocky Mountain Dental Conference. It is not what you think you can do that counts… it's what your patients perceive and act upon that counts. The more you learn how to help people interpret value the greater will be your rewards, the happier and more fulfilled your life.

OUT OF YOUR COMFORT ZONE AND INTO YOUR SUCCESS

By Rachel Wall, RDH, BS



I'm looking forward to my time at the Rocky Mountain Dental Conference presenting ***'Get Over It'*** where I'll share how to identify and clear the five most common obstacles to building a profitable hygiene department. One hidden obstacle that holds so many dental professionals back from progressing in their career is holding onto old information and beliefs.

Overcoming our old beliefs and assumptions is where real breakthroughs happen. I remember about ten years ago, I was working with a very progressive female dentist. She had been a hygienist for years before becoming a dentist and had built a very successful practice. This step in my career would turn out to be one of the most important for a lot of reasons but the primary reason is because she challenged what I thought I knew about dentistry and a lot of what I'd learned in hygiene school. Needless to say I gained so much from working with her and I will be forever grateful.

One day, she came to me and said "Rachel, it's time for you to start using your ultrasonics more. You're running behind schedule too often and I rarely see you pull out your Cavitron unless you're doing scaling and root planing." I was holding on to old beliefs from hygiene school that hand-scaling was best (the reality is that we only had two ultrasonic units for about 30 students). I can't imagine that I'd still be working pain free if it weren't for my years using ultrasonics on all of my patients. And I "now know" that it's better for my patients too. She worked with me to be sure I was confident in using this instrument more fully and she held me accountable by making sure there was a used Cavitron tip on my tray every time she came into to do an exam.

I'll be the first to admit that when I'm faced with a challenge to the way "I've always done things" I have a specific physical reaction. I feel resistance in my body; I know exactly how it feels. This is normal and over the years I've learned to welcome this feeling as a trigger that I'm about to learn something, I'm about to have a big breakthrough. That day was just the beginning of being challenged to step out of my comfort zone in order to grow. This feeling is one I'm sure our clients experience during their private coaching and workshop sessions. And we each have different ways of assimilating new information and changing our beliefs based on what we learn.

So why is 'stepping out of your comfort zone' important? And why is it so hard? The concept goes all the way back to a classic experiment in the early 1900s by Yerkes and Dodson. They said that a state of comfort created a steady level of performance. But they went on to say that to maximize our performance, we need a state of slight anxiety. Where our stress levels are slightly higher than normal.

That doesn't sound like much fun, does it? But think about it for a minute. Before you decided to go back to school to become a dentist, hygienist, assistant, office administrator you were probably in a position of relative comfort. You'd finished school or you were in a job that perhaps wasn't challenging you anymore. Then you went full force into dental school and WHAM…there you are in a higher level of stress. But that stress was necessary to get you to the next level in your life.

You've likely heard a colleague at one time or another say they're 'burnt out'. This is what happens when you stay either in a place of comfort (and you get bored, not challenged) or in a state of high anxiety (you're mentally exhausted) for too long. So how do you strike the balance? I believe it is regularly challenging your long-held beliefs and mindsets with new information. Learning is the key to growing, after all.

Once you've acknowledged that some new piece of information has brought you out of your comfort zone, the next step is to take action. Its one thing to say “Yes, I believe that periodontal disease is a chronic, bacterial infection that has systemic effects for my patients” and quite another to be doing a complete diagnostic perio exam, presenting needed treatment, enrolling the patient and completing the therapy.

One of my favorite motivational writers and speakers, Jim Cathcart publishes a free e-zine that I encourage you to explore (link www.cathcart.com).

In one of his issues, he says the following about our beliefs:

1. Know what you believe. Spend time determining just what it is that you believe is so.

2. Explore what you believe. Study and challenge your beliefs so that you can assure that it will stand up to scrutiny.

3. Live what you believe. Make sure that your day-to-day behavior is a reflection of what you believe. As someone once said, "if it is not affecting your actions, it is doubtful you believe it."

Jim’s words really hit home for me and they play in my head while I’m teaching, coaching, treating patients. It’s not always the easiest thing to challenge what we’ve always believed and to step out of our comfort zone, but it’s the surest way to success. ■

HOW TO MAKE THE MOST OF YOUR CASTLE OF CHAOS

By Ann Bynum, DDS

Does this sound like your office? What if you wrapped up all your employee frustrations into one "bad day"? Would it be something like this? Hit the back door at 7:59am, parking lot already full of patients, but as you count the employee cars, one is missing. You soon find out someone is "running late" and you find out she thinks she can be here by 8:30am. You soon realize another employee is in the completely wrong colored uniform for the day, and her hair hasn't seen a brush in a while. You log into your dental software to see what your first patient needs and the clinical notes from the last appointment have mysteriously disappeared... As you breeze past the sterilization room, two employees are talking softly to each other and quit talking all together when they see you appear. By 10:00am an employee from the "front" (where ever THAT is!), wants to tattle that Janet in the "back" clocks in before she eats her muffin and coffee, and clocks out only after she has changed into her gym clothes for the evening. Someone from the back wants you to know that "those girls" up front were looking for new summer bathing suits on the internet instead of answering the phones. At lunchtime everyone leaves and goes there separate ways, heaven forbid we eat together. When you return from your lunch the police are there because no one locked the front door and a patient entered and set the alarm off. By mid-afternoon Shelly says she needs to see you after work. She proceeds to turn in her notice because she can't get along with Linda anymore, and besides, the dentist down the street is offering 25 cents more an hour! But the day unfortunately doesn't end there! Not before they gang up on you and tell you that the trip you planned to take them on expense paid to Disney World for a dental meeting isn't one they really want to take. They want to know if they can just have the cash instead!

Kind of funny, but horrible at the same time, right? What if I said all of these things have happened in MY office or someone's office I personally know? Bet some of you can relate as well.

A few years back I wouldn't have considered myself "seasoned" enough to think of writing an article on the topic of Team, or anything having to do with leadership and employees. However, after 17 years in the "biz", and learning more than I thought I could about the topic of this article, I feel right at home putting pen to paper. Might I also add that most of what I have learned has been through trial and error, or just error on my part.

So how do you create this well-oiled machine? I think it starts with **hiring and surrounding yourself with the right kind of people.** You need a team of self-starters and independent thinkers. I used to think this was age dependent; however I have seen more experienced employees act worse than some of the behavior issuedspatients we see, and yet seen employees straight out of school lead at the head of the pack. My team members always hire the next addition to the team. I have veto privileges, but have never needed to exercise them. My team knows who the next next fit should be. Also, if by chance it doesn't work out, the heat is on them, not the doctor, because they made the decision! We also make sure we hire new team that can travel. We ALL go together when there is a CE course. There is no way to implement what you learn if someone stays behind. It is also the best place to bond and learn about your team, and watch them interact with each other. So after you hire these like-minded employees and asked them to all play in the sandbox nicely together, what comes next? Great training and leadership starts at the top. Doctor, that would be YOU. Not your office manager or treatment coordinator, YOU. Great teams learn and take examples from their head coach and that is you. If you are unsure how to take on this task, try just talking to them. Learn about them and their personal lives. What are their kids into? What do they like to do on the weekends? Show that you have an interest in THEIR lives, and they will show you 10 fold that they have an interest in YOUR business, because they begin to feel a sense of ownership in it as well. Treat your team members as equals. They aren't your spit suckers, plaque slingers, girls, or staff. They are your associates, or team members. Remember, staff in an infection!

Don't brush conflict under the mat. Learn how to handle adversity. One day what's under that mat is likely to trip you as you pass over it. Deal with issues as they arise. Praise in public, and correct in private. But to do nothing when a situation arises demonstrates to your team that you don't have what it takes to lead the practice successfully. They want to know that their boss and doctor can handle adversity; it gives them a sense of security and boundaries. Be fair. You don't have to have the best benefit package in town, but don't have the worst either. Many studies have shown that the amount of the paycheck isn't number one on the list of what keeps an employee at a job. Appreciation and respect lead the list.

And lastly, make the work environment fun! If you come in in a bad mood, remember, you, the doctor, set the tone for the whole day. They take your lead and run with it. Try to stay upbeat. Hand out as many compliments as you can in a day. Those were great X-rays! You really handled Mrs. Smith great! Your chart write up was perfect! Thank you for helping me today! I couldn't do this job (and wouldn't want to!) without you! Laugh, tell jokes, and enjoy what you do and who you do it with! ■

TAXES, TAXES, TAXES.

By Dan Wicker - Cain Watters & Associates, PLLC

In the current environment, taxes are repeatedly mentioned as the number one concern of a new client at Cain, Watters & Associates (CWA). Every new client feels as though they are paying too much in taxes, even when they are or not. In most cases, if a client is paying high taxes then the solution revolves around a comprehensive financial plan. A new client often uses a CPA, a financial planner, an investment advisor, and a pension administrator. However, if all these advisors are acting independently then their comprehensive plan is truly lacking. For a dental professional who owns their own practice, it is extremely important to hire an advisor that can view your entire business and personal financial plan in a holistic manner as opposed to individual silos.

As a self employed business owner, your personal financial plan is completely dependent on the decisions you implement at the business level. At CWA we understand and teach that a financial plan encompasses a full circle. The plan starts with a review of personal goals and overlays those goals with your business planning in order to achieve an efficient and effective process of accumulating wealth. This includes growing and transitioning your practice, and phasing into retirement through distribution planning. In order to plan appropriately you must understand how your decisions affect all areas of your financial goals.

That brings us to our case study today.

Facts:

- The client started working with CWA in 2011 at the age of 54. He had a net worth of $4.2 million and retirement assets of $1.9 million. The retirement assets consisted of $1.1 million in after tax savings and $800,000 in pension savings.

- He had an associate that started working in the practice at the end of 2010. The current associate was beginning to produce at a higher level than previous associates and wanted to become an owner.

- In 2011, the client had gross income from his practice of $605,000 plus pension funding of $33,600. He paid personal income taxes for federal, state, social security and Medicare of $194,700 in 2011.

Goals:

- He would like to practice dentistry until age 65.

- He would like to transition a percentage of the practice to his associate and maintain their current lifestyle due to children in college.

- He would like to reduce his personal income tax burden and was worried about the new taxes beginning in 2013.

Phase I: Initial Preparation

Upon review of the current financial status, there were several important topics that we highlighted. The client had done a good job of managing their money and accumulating $1.9 million. This meant they would be good savers and open to ideas to lower taxes and increase pension savings even if this meant thinking completely different than they had in the past. This is important since it appeared their previous advisors were not highly aware of the pension planning opportunities for self-employed individuals. Their current savings was 60% after tax and 40% tax deferred. Thus, it was important to begin planning on how to minimize taxes due to changes that were approaching in just over a year for the client. The new tax considerations effective in 2013 that would impact this client were:

- Significant salary from the business would place them in the new 39.6% personal income tax bracket for all taxable income above $450,000.

- Their taxable income in excess of $450,000 would increase all capital gains and qualified dividends from a 15% federal tax rate to a 20% tax rate.

- Any portion of their salary in excess of $250,000 would be taxed with the new 0.9% High Income Hospital tax.

Based on the new taxes, it was important to find a way to lower their personal income in order to reduce the effect of the taxes in 2013. The planning for this begins with identifying the personal lifestyle expenses and determining if there is extra income they are paying tax on yet saving after tax. Once identified, a tax deferred saving strategy can be implemented to drastically reduce personal income taxes.

Second, we identified the importance of completing the transition of a percentage of the practice to the associate doctor by the end of 2012. If the transition of the practice was not completed by the end of 2012 then any portion of the sale taxed at ordinary rates would increase from 35% to 39.6% and any portion taxed at capital gains would increase from 15% to 20%. Based on the value of the practice we estimated this would create an increase of $30,000 in federal taxes on the sale of practice if delayed until 2013.

Phase II: Implementation

Personal Lifestyle

The first part of the implementation was to determine the client's personal lifestyle. It was important to them to maintain the same spending ability at home with children in college. We determined this amount was approximately $280,000 to $300,000 annually.

We reviewed the salary being paid to him from his practice. In 2011 it was approximately $600,000. The taxes beginning in 2013 on this salary including federal, state, social security and Medicare would be $203,000 which was an increase of $8,000 from 2011 on the same income. We then subtracted the taxes of $203,000 from the gross income of $600,000 leaving $397,000 after tax for living expenses. The client was comfortable at the $300,000 lifestyle so there was $97,000 in extra cash flow at home they were paying taxes on that could be redirected. Based on being in the top federal bracket, the $97,000 was approximately $175,000 before tax. So, they were paying over $75,000 of unnecessary taxes on this income.

Pension Planning

The client currently had a pension plan for the business they were funding at the rate of $60,000 annually. Coupled with the $175,000 from the personal income, we had $235,000 gross income to use for planning. The client was receiving the benefit of $33,000 of the $60,000, while the remaining $27,000 was attributed to staff funding. As we planned for the pension changes it was also important to balance the funding with the sale to the associate doctor. Once the transition of the business is completed, it was anticipated the client's income would decrease until the practice growth replaced the income transitioned to the associate doctor. Based on this, we implemented a 401k and cash balance plan to replace the existing pension plan. The client's total contribution to the new plan is $145,000, increased from $33,000. Based on the client saving the $97,000 personally and the $33,000 in the old plan, he was saving $130,000. The gross amount needed to net the $130,000 was $235,000. Conversely, the gross income needed for the new funding including staff costs and administration costs was only $180,000. Therefore, the result was the client was saving $15,000 more while using $55,000 less in gross income for the funding.

Business Transition Planning

The transition planning began with a timeline of when and how to complete a buy in by the associate doctor. The client also had the opportunity to expand the existing facility with his current lease and wanted to plan the expansion with the associate. Both doctors felt the practice could use the additional space and the increase in production would pay for the expansion.

For tax purposes, we wanted the associate buy in to take place in 2012 instead of 2013. Now with the possibility of an expansion there were additional tax planning opportunities that could further limit the tax on the sale to the associate doctor. The most important tax deduction was discovering the client had significant leasehold improvements from 1997 being depreciated over a 39 year life. If these improvements are replaced then the value that has not been depreciated is a 100% tax deduction in the current year. The tax deduction related to the replacement of the old leasehold improvements was $220,000. It now became important for tax purposes to complete the expansion in 2012 in addition to the purchase by the associate doctor. The planning opportunity was to write off the $220,000 against the gain from the sale of the practice. This would also allow the doctor to save most of the new equipment and expansion costs and depreciate against future income instead of needing to take large 179 deductions to offset the sale of practice gain.

For cash flow purposes based on the expansion and the sale of practice, we determined it was necessary to plan for two years of the cash balance funding to come from the sale of practice proceeds. Out of the total pension funding of $180,000 the cash balance funding represented $78,000 annually. Therefore, the doctor needed to keep about $160,000 from the sale proceeds in order to fund the cash balance for 2012 and 2013. We also planned for the doctor to pay off an $80,000 loan on a cone beam since there would be write-offs from new equipment purchases on the expansion. This would free up extra cash flow from debt service so the client would only have their share of the new debt related to the expansion.

"As a self employed business owner, your personal financial plan is completely dependent on the decisions you implement at the business level."

The sale of the practice was completed in the 4th quarter of 2012. The associate doctor purchased a 40% share of the business based on the overall level of his production with the selling doctor. The associate doctor paid $712,000 for the 40% purchase and is responsible for 40% of the debt service on the expansion.

For tax purposes on the sale of the practice, $240,000 of the $712,000 was paid to the doctor's corporation and he recorded a $230,000 gain on the corporation which was offset by the $220,000 write off from the old leasehold improvements thereby effectively eliminating all tax on the corporate portion of the sale of practice. The client used $80,000 of the $240,000 to pay off the cone beam loan and funded $156,000 to the cash balance plan for 2012 and 2013.

The remaining $472,000 from the sale was paid to the client personally. A portion was taxed at capital gain rates and a portion at ordinary income rates. The total taxes on the $472,000 were $124,400. Therefore, the client paid $124,400 in taxes on the $712,000 sale of practice proceeds which is 17.5%. After paying the taxes, the client used $50,000 to pay down and refinance their home mortgage from a 30 year jumbo loan with 27 years remaining to a 15 year conventional loan at $417,000 at an interest rate of 2.75%. This saved $388,000 in mortgage payments over a 12 year period. They funded the remaining $300,000 from the sale to their personal investment account for retirement purposes.

Phase III: Results

By implementing the recommendations described above, the client has achieved the following positive results:

- Since the 4th quarter 2011 to the 4th quarter 2013, the client has increased their accumulated retirement assets from $1.9 million to $2.9 million; a 52% increase.

- His salary at home to maintain his current lifestyle has been reduced from $600,000 to $429,000 after 401k savings. For 2013 this is projected to be a tax savings of $70,000. This has greatly minimized the affect of the new 2013 taxes.

- The client increased his retirement savings from $130,000 to $145,000 while lowering the gross income necessary to achieve those savings from $235,000 to $180,000.

- The client was able to complete a $900,000 expansion and share 40% of this expansion cost with his new partner limiting his debt service risk by 40%.

- The client was able to sell 40% of the practice for $712,000 netting $587,000 after taxes which was used to pay down $80,000 of practice debt and $50,000 of home mortgage debt. The client saved $460,000 of the sale proceeds towards retirement.

- The sale was completed prior to January 1, 2013 eliminating the possibility of higher taxes from the sale.

- The client refinanced their jumbo home mortgage to a conventional loan reducing 12 years of payments for savings of $388,000 with no substantial change in their cash flow.

Every client is different and has different opportunities. A financial plan is crucial to any self employed business owner working toward reaching their goals. If you feel you are not being efficient or effective in reaching your financial goals or you are not monitoring your financial plan annually, contact our offices so we can help.

FEBRUARY 2014

February 11
Metro Denver Dental Society:
CPR & AED Training, A Two-Year Certification
Mountain West Dental Institute
925 Lincoln Street, Unit B
Denver, CO 80203
6:00pm – 9:00pm
(303) 488-9700
For more info go to: mddsdentist.com

February 20
Metro Denver Dental Society:
New Member Networking Event - All Members Welcome
Lala's Wine Bar & Pizzaria
410 E. 17th Avenue
Denver, CO 80203
6:00pm – 9:00pm
(303) 488-9700
For more info go to: mddsdentist.com

February 21
Metro Denver Dental Society:
Basic Radiation Education for Unlicensed Dental Personnel
Mountain West Dental Institute
925 Lincoln Street, Unit B
Denver, CO 80203
8:00am – 12:00pm
(303) 488-9700
For more info go to: mddsdentist.com

MARCH 2014

March 12
Metro Denver Dental Society:
CPR & AED Training, A Two-Year Certification
Mountain West Dental Institute
925 Lincoln Street, Unit B
Denver, CO 80203
6:00pm – 9:00pm
(303) 488-9700
For more info go to: mddsdentist.com

March 21
Metro Denver Dental Society:
Case Acceptance for Everyday Dentistry – A Non-Sales Approach to a Healthier Practice
Mountain West Dental Institute
925 Lincoln Street, Unit B
Denver, CO 80203
9:00 pm - 3:00 pm
(303) 488-9700
For more info go to: mddsdentist.com

APRIL 2014

April 11
Metro Denver Dental Society:
Hands-On Laser Perio for Hygienists
Mountain West Dental Institute
925 Lincoln Street, Unit B
Denver, CO 80203
8:30am – 4:30pm
(303) 488-9700
For more info go to: mddsdentist.com

April 17
Metro Denver Dental Society:
CPR & AED Training, A Two-Year Certification
Mountain West Dental Institute
925 Lincoln Street, Unit B
Denver, CO 80203
6:00pm – 9:00pm
(303) 488-9700
For more info go to: mddsdentist.com

April 25
Metro Denver Dental Society:
Practice Enhancement Day
Mountain West Dental Institute
925 Lincoln Street, Unit B
Denver, CO 80203
8:00am – 5:00pm
(303) 488-9700
For more info go to: mddsdentist.com

JULY 2014

July 17
ADA New Dentist Conference
Sheraton Kansas City Hotel at Crown Center
2345 McGee Street,
Kansas City, MO
(303) 488-9700
For more information, contact the ADA New Dentist Committee at 312.440.2779 or by e-mail at newdentist@ada.org.

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FACULTY ADVISOR, COLORADO STUDENT RESEARCH GROUP

(Back, left to right) Kevin Hertich, 1st year; Amanda Tompkins, 1st year; Petros Yoon, 3rd year; David Curie, 3rd year. (Front, left to right) Mike Murphy, 1st year, Manisha Makhija; Monica Kumor, 1st year.

By Sheldon Newman, DDS, MS

The 2013 Fall Student Oral Research Competition was held on Tuesday afternoon, November 20th. The time used was part of the Introduction to Dentistry course so that these new dental students could be exposed to the possibilities for students to do research during their time at the University of Colorado, School of dental Medicine. There were eight 10 minute presentations with five minutes for probing questions from the audience.

They all presented well; their science was sound; and their contributions to the advancement of the science in dentistry were significant. The three judges had a tough job of picking out the three students who would be awarded trips to present their research at regional and national meetings. Petros Yoon, a third year dental student, will be sent to the ADA Foundation/Volpe Research Center in Gaithersburg, Maryland, on the campus of the National Institute of Standards and Technology. He will have a chance to mix with some of the leading researches in dentistry at the center. Students from schools all over the country are chosen because of the high quality of their work and their dedication to research. Manisha Makhija, a second year ISP student, will be sent to the American Association of Dental Research meeting in Charlotte, North Carolina, in March. This meeting will have both elite researchers and students giving both poster and oral presentations over four days of the cutting edge science being done in all field of dentistry. David Currie, a third year dental student, will go to the Midwest Regional Student Research Conference in Minneapolis, Minnesota, in the spring.

There were three presentations on various aspects of polymeric nanogels under the guidance of Dr. Jeff Stansbury. Manisha, Petros and Monica Kumor, a first year dental student, all did extensive work on various aspects of this new technology and its potential impact on composite restorative materials and bonding agents. David and Amanda Tompkins, a first year dental student, under the guidance of Dr. Clifton Carey, presented work expanding the understanding and effectiveness of various fluoride delivery systems. James Michael Murphy, a first year dental student, working with Dr. David Clouthier, looked at a signaling of a protein in the regulation of craniofacial development in a mouse model. Kevin Hertich, also a first year student, working under Dr. Lynn Heasley, looked at a combination drug therapy that would inhibit the growth of squamous cell carcinoma cells. Finally, Hooman Abdoli-Sereshki, a second year ISP student, with Dr. Stansbury, is working on developing a resin that can be easily applied and later removed, that will serve as a more effective barrier to saliva contamination.

They all deserve accolades for the quality of their work and their style of presentation. The three judges, Drs. Kristin Artinger, in Craniofacial Biology, James DeLapp, in Restorative Dentistry, and Brad Potter, in radiology, all deserve our gratitude for their excellent questioning and difficult decision making process.

The school, and the local dental community, should be proud of the efforts of these students.