

Articulator Magazine

Volume 21 | Issue 3

Article 1

2017

1st Quarter, 2017

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Recommended Citation

(2017) "1st Quarter, 2017," *Articulator Magazine*: Vol. 21: Iss. 3, Article 1.

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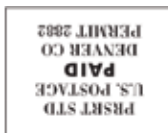
YOUTH MOVEMENT

16 7 Tips for Interviewing and Getting the Job Offer... "Welcome to the Team!"

26 Buying a Dental Practice? Avoid these 5 Pitfalls to Ensure a Successful Purchase and Transition



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what's inside?



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AWARDS GALA AND PRESIDENT'S DINNER = 1-26-17



2016-2017 MDDS Board of Directors



Awards Gala sponsor, Peebles Prosthetics



Dr. Sheldon Newman gives his President's Address



Dr. Michael Varley gives a State of the State address



Dr. Larry Weddle accepts the Honus Maximus award



Dr. Brian Gurinsky accepts the Volunteer of the Year award



Dr. Carrie Mauterer accepts the Chair of the Year award



Paul Jerez accepts the Vendor of the Year award on behalf of Commerce Bank



Daniel Adler accepts the Student of the Year award



Dr. Brandon Hall accepts Outgoing Editor recognition



Dr. Walt Vogl receives Outgoing Director recognition



Dr. Eric Beckman receives Outgoing Committee Chair recognition



Dr. Eric Rossow accepts Outgoing Committee Chair recognition



Dr. Rhett Murray is honored for his work on the ADA Committee on Local Arrangements



Dr. Ian Paisley is recognized as Outgoing MDDS President



Drs. David Klekamp and Jeff Hurst network in the Dive Lounge before dinner begins

ONE DAY / TWO CLASSES Fri., April 21, 2017!

et al.: 1st Quarter, 2017



THE MYTHS, LEGENDS & REALITIES OF OTC PRODUCTS

Friday, April 21, 2017 Presented by Ms. Judy Bendit

JAZZUP

YOUR CLINICAL ROUTINE

Friday, April 21, 2017
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MDDS Student Social -12-1-16



3rd year dental students from CU chat with MDDS board member, Dr. Beckman.



Dr. Patterson mingles with members of Colorado's ASDA chapter.



Dr. Newman awards a dental student with the raffle giveaway at the student social.

DU Hockey Game-1-7-17



MDDS members and their families cheered on the DU Pioneers as they took on ASU.



Drs. Zalesky, Fucci and Skoretz and guests enjoyed networking time before the game.



Drs. Nguyen and Ibrahim, along with their families and MDDS Executive Director Elizabeth Price, were ready to cheer on the Pioneers.

New Members, Welcome!

- Dr. Cale Beasley
- Dr. Stefan Bergeron
- Dr. Kristine Cody
- Dr. Steven Combs
- Dr. Constanza Cubillos
- Dr. Michael DeWitt
- Dr. Laura Dumbell
- Dr. Macie Flack
- Dr. Michele Friedl
- Dr. Peter Huettner
- Dr. Sara Kerin
- Dr. Laura Lazarou
- Dr. Ashley Leming
- Dr. Hani Marogil
- Dr. Lyndon Mata
- Dr. Douglas Mills
- Dr. Mark Moynier
- Dr. Jessica Peters
- Dr. Thomas Pott
- Dr. Andrew Ricci
- Dr. Marzieh Shafie
- Dr. Kirk Shropshire
- Dr. Samantha Smith
- Dr. Matthew Strange
- Dr. Melissa Strange
- Dr. Bryce Williams

New Member Welcome Event, Fado's-2-9-17



Drs. Franco and Walter enjoyed appetizers and catching up at Fado Irish Pub.



MDDS Member Services Committee Chair, Dr. Paisley, was able to welcome new members the Drs. Strange to the Denver area.

The Changing Landscape of Dentistry

By **Allen Vean, DMD**



In early winter 1979, I sat in Bill Humphrey's office discussing the transition of his pediatric dental practice for the coming spring. He was in poor health and ready to retire to Florida. I was a young dentist eager to establish my own practice. Bill was one of the first pediatric dentists in Denver along with William Cody, William St. John, Ben Kletskey, Jacob Eisenon, Walt Zeeb and Dave Stone (my apologies if I missed anyone). I was even a patient of Bill's growing up in east Denver! Our transition discussions

were not only peer to peer, but friend to friend. Bill was adamant about personally financing the practice so that there was no need to involve any financial institutions. This was a testament to his professionalism, his dedication to our profession, his practice and giving a "rookie" a chance to succeed.

Bill practiced for many years downtown in the Republic Building. This historic building was home to many dentists and medical doctors. My younger sister's orthodontist practiced there. I remember my mother giving us bus fare to go downtown for her appointments. We would stop at the local drug store to sit at the soda fountain counter and order ice cream sodas with our extra change. Bill moved his practice from the Republic Building to a location at Fourth and University. He, along with his father-in-law (an orthodontist), built the facility which served as home to their practices and another general dentist. This building still stands today and has remained a dental practice. During our chat, I asked what prompted the move. He explained that the population of Denver was expanding in all directions and pediatric dentists needed to be where patients were. He thought the Cherry Creek area would be ideal; a shopping center was located a walkable three blocks from the office. His colleagues thought that he had

lost his mind. Needless to say, the rest is history.

He took me into an operatory and started opening drawers with hundreds of stainless steel crowns. He partnered with Rocky Mountain Orthodontics to manufacture the first full coverage restoration available for primary teeth. It was originally known as the "Humphrey crown." He published an article in the Dental Survey (1950; 26: 945-949) regarding the crown's use along with a technique for space maintenance in premature loss of primary molars. This was quite an advancement for pediatric dentistry. Of course, the crowns were rudimentary by today's standard as they needed to be trimmed, contoured and polished before cementation. As we were discussing all the different molds for the crowns, I could not help but notice the belt driven low-speed handpiece that was in the operatory. Bill knew the office needed to be updated. Fees had not been increased for several years. When I thumbed through the ledger cards, I noticed extractions were just \$5. However, Bill said he was quite proud of one piece of equipment on the instrument tray that he said would change the way we would do dentistry: the air driven high-speed handpiece.

"Embracing technology is a must to enhance and improve the treatment of our patients. However, I will always remember my discussions with "Hump" with the bottom line being, "the patient comes first."

Fast forward to winter 2017, and it seems that our dental world has drastically changed. Technology has been in light speed mode both from dental and business support aspects. Embracing technology is a must to enhance and improve the treatment of

our patients. However, I will always remember my discussions with "Hump" with the bottom line being, "the patient comes first."

It is an honor to be guest editor of this edition of the *Articulator*. I hope you enjoy the issue. ■

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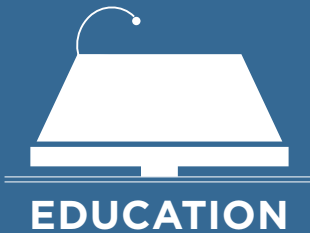
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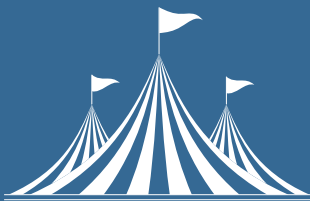


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NETWORKING

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By **Linda Mettler**



So, you spent several years in college and dental school, and now you are finally out in your own practice – congratulations! You made it through the hard part and are ready to make your practice sky rocket, right? You have the passion, drive, latest technology and perfect office location. There is only one problem: you don't have new patients coming through the door. You may need to consider that your marketing is stale, inconsistent or even non-existent.

Marketing is one of the keys to a successful practice, year after year. It needs to be consistent and have a strategic plan, but flexible enough to keep up with changing trends.

Marketing for a newer practice requires a different strategy than marketing for an older, more established practice. Younger patient populations require different marketing tactics as well. It can be hard to differentiate yourself with all the marketing options out there. Do you go with digital, print or direct mail? What about social media? How do you do all of this on a start-up budget? Don't despair, there is hope for you to develop a marketing plan and grow your practice!

The very first thing to do is develop a marketing strategy. A Strategic Plan will help you focus your marketing efforts and budget, attract the type of patients you want in your practice and help you meet your annual revenue goals.

To develop a sound strategy, you need to answer the following:

- Who is my target patient? Do you want to treat young adults, kids, all age groups, certain conditions, etc? It is extremely important to identify your patient group so you can tailor marketing efforts. Keep in mind, you may have more than one demographic. You may want to treat both younger and older adults, and the marketing tactics need to be different for each group.
- What is my annual revenue goal? How many new patients are needed each month to achieve this goal?

- What is my marketing budget? It is important to keep this consistent. Carve out a realistic quarterly budget and set aside a marketing fund for larger expenses, such as a yearly mailing or an event. Don't forget to shop around for marketing services! Prices and fees vary widely in dental practice marketing, especially in digital marketing. Make sure you read and understand each contract and proposal so you know exactly what you are getting for your money.

- How much time do I want to spend on marketing? Are you a self-taught webmaster with the skills and time to manage your website and social media? Do you plan to utilize in-house staff to run your marketing? Would you rather focus on your clinical skills and outsource your marketing to a professional consultant or marketing agency?

Once you answer these questions, you can decide your strategy to directly reach prospective patients.

Now, let's talk more about your Marketing Plan. It should consist of tactics, scheduling and analytics. You may have outbound or inbound marketing, or a combination of both. Outbound marketing is one-way communication, such as a TV ad or direct mail. Inbound marketing is two-way communication, such as social media, website activity, etc. Vehicles to consider in your marketing plan are digital, print, event (community and corporate) and mass media marketing.

In today's environment, developing a digital marketing plan is a must. Google processes 100 billion searches per month carried out by 1.17 billion unique users. Social media users increased by 176 million in the past year.

Your digital marketing plan should include the following:

- Website – Your website should look professional, clean and concise with a prominent message about the specialty of your practice on the upper third of the home page. It needs to be "mobile responsive," meaning it conforms to all digital devices. Over 44% of email is read on a mobile device. Your website should be your hub and a call to action for patients. It needs to prominently include phone number, a button to call and a link to

email. Your website needs to have good functionality and searchability –this known as the site's architecture. It can be the most beautiful website in the world, but if no one can find it, then it's irrelevant. Make sure it is built with good SEO, or Search Engine Optimization, and has a SEM component. Search Engine Marketing is what will get your site found on Google and other search engines.

- SEO and SEM – SEO is how your website gets found. It is imperative to have the right architecture to have optimal SEO. This involves key words, meta tags and titles along with a lot of other techno jargon that most of us don't understand, but a good web developer does. It pays to spend the money for a good website, but it does NOT have to cost a fortune.

- Social Media – This is an interesting topic. Most people believe they need to be on every social media platform. We do not believe this to be true. You want to pick social media platforms to reach your ideal new patient. So, if that patient is age 25, you want to be on Instagram, Twitter and Snapchat – but not necessarily Facebook and Pinterest. However, if you are targeting the 40+ female (the mom of the family), you definitely want to be on Facebook. Make sure your social outreach is aimed directly to the demographic you want to reach. Otherwise, it's a waste of time. We recommend posting on social media 3-5 times per week, depending upon the content and audience.

- A few other comments about social media – Do not think your personal postings will remain separate from your business. Your patients will look you up, even though you want them only on your business pages. So, if you are posting inappropriate content, such as religious or political comments, or pictures from your vacation to Las Vegas, beware that it may come back to haunt your business!

- All businesses should have a presence on LinkedIn – It is a professional forum and a good place to extend your reach. If you only have a personal page, be sure to set up a business page as well.

- Content is KING – These days it needs to be original and visual. Text heavy content is no longer getting attention on social media or your website. Use lots of visuals, such as case pictures, photos of staff events, etc.

- Video Marketing – Is very highly rated these days and can be videos from your phone or a professional video and can include testimonials, patient cases, procedure videos, etc. The possibilities are endless.

- Facebook Live – Is a great way to promote your practice for FREE! It is extremely easy to learn and use. However, it is good to have a strategy around FB Live so you are not just talking without a clear message.

- Paid Advertising on Social Media – Can also be a good way to reach potential new patients and establish your office brand. Most platforms are very affordable and you can create the ads yourself or have an experienced professional create them for you.

- Email Newsletters – This is a good way to stay in front of your patients on a regular basis. We recommend about six newsletters per year. They can also be shared on social media and your website.

- Print Advertising – This is usually an expensive form of attracting new patients, but can be effective if it is highly targeted. For instance, if you want to appeal to a certain neighborhood, you can place an ad in their homeowner circular or newsletter. Some larger neighborhoods have their own magazines and multiple ads can be purchased for a discounted price.

- Direct Mail – This is also typically an expensive type of marketing. A mailing to 5,000 homes can be \$2,000 or even higher and the average reach rate is about 1%. Direct mail needs to be sent at least 3-5 times to the same areas to be effective.

- Referral Marketing – This can a very good source of new patients. Identify the dental professionals in your field and geographic area that you want to target and make a plan to network or meet with them regularly to develop a reciprocal relationship.

- Event Marketing – Corporate and community events are another great way to get exposure. Many companies offer annual health fairs to their employees and invite dental offices to attend. Identify the companies in your geographical area and reach out to them to find out what health benefits and events they have and plan to attend. There are also plenty of community event opportunities, i.e. Chamber of Commerce events, health fairs, school events and others. These events can get your practice branded in the community.

- Mass Media –This is the most expensive form of marketing and consists of radio or television ads and appearances. It reaches a large audience very quickly and can be targeted for your specific reach needs.

With all of these options, how do you start a marketing plan on a limited budget?

Define your monthly budget, pick 2-3 marketing tactics and stay committed to your choices for at least three months. Then analyze your ROI. Are you getting traction? How many new patients are you getting each month from your efforts? Is it increasing each month? You will need to ask every new patient exactly how they found you to have good analytics. Dedicate time each week for marketing efforts you can achieve on your own until you have the budget to outsource these activities. You may want to hand out cards or flyers to local businesses, become savvy on social media or make calls to nearby companies to find health fairs. These are things that cost your time, but not a lot of money up front. You can also look for college interns to help with digital marketing if you don't have the budget to completely outsource to a professional

marketing firm. As you grow, you need to earmark funds for marketing so that eventually you can outsource marketing more, and keep yourself and your staff focused on the internal activities that make the practice operate efficiently.

Lastly, don't forget about internal marketing. Your patients serve as referrals. The way to increase these referrals is by treating each patient with a high level of service and care so they recommend YOU to their friends. I call this the Nordstrom effect. A few years ago, my son bought me a necklace for my birthday. It ended up breaking and Nordstrom went out of their way to find the same one and replace it. During the transaction, there was a price difference due to taxes and they refunded the difference on the spot. I was completely amazed by this. That extra level of service made me a customer for life. Treat your patients like you would want to be treated and remember you are enhancing their health and their life. They will gladly give you glowing reviews and testimonials, which you can add to your marketing channels with pride. ■

About the Author:

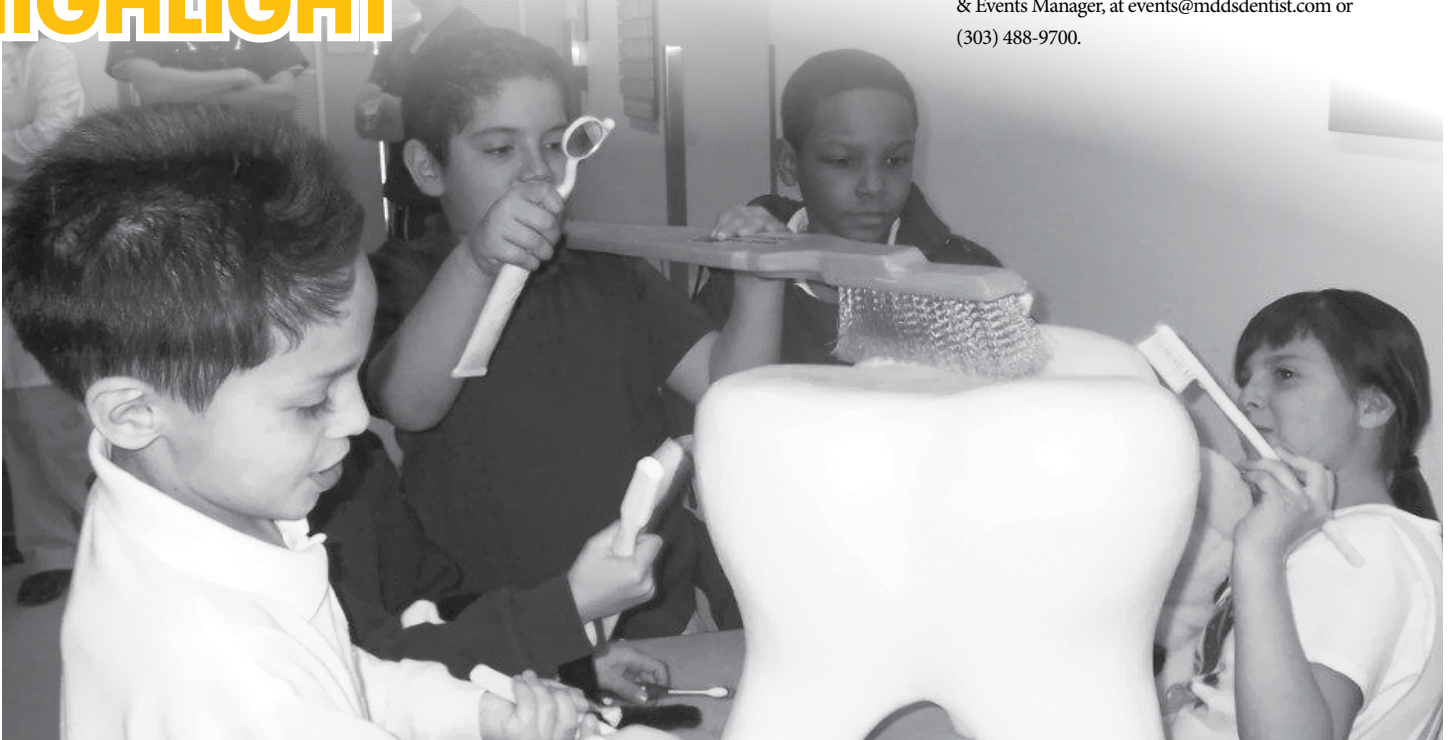
Linda Mettler has over 20+ years of sales and marketing experience in the healthcare sector. She started her career in healthcare as a pharmaceutical representative in the hospital division of Bristol-Myers Squibb. Linda spent over five years in corporate healthcare services with Health Grades before establishing her own healthcare marketing firm.

"Marketing is one of the keys to a successful practice, year after year. It needs to be consistent and have a strategic plan, but flexible to keep up with changing trends."

MEMBER BENEFIT HIGHLIGHT

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THE POWER OF BEING DECISIVE

By **David Maloley, DDS, FAGD**



Professional development is an important part of our journey as dentists. We all want results; the big question is how to achieve them. Results come from taking action, and all action starts with a decision. There are a number of decisions that dentists are called on to make every day, from the clinical to the financial.

Honing your decision-making powers is a vital component of any recipe for success. Like any skill, decisiveness can be practiced and learned. It applies to the myriad of situations that come with running a dental practice.

Clinical Decisions

Perhaps the easiest way to develop keen decision-making skills is in a clinical setting. It is here that your training and experience should kick in and you can approach the situation with a high degree of confidence.

Simply put, your patients don't want to be the one to make decisions. They are out of their depth when it comes to dentistry. As a result, they want to be led by a skilled, educated professional. A professional that inspires confidence and lays out a clear diagnosis and treatment plan. There may be options for them to choose from, but in the end most patients are looking for you to tell them what the correct course of action is. If you waver, or do not appear confident in your recommendations, your patient may lose faith in you. Be there for them as an assertive and trusted advisor!

Growing and Running a Practice

The key to growing and running any successful business is to define your mission. Successful people all have one thing in common, and that is an obsession with their mission. What is yours? Once you clearly answer that question, the rest becomes much easier.

"Should I purchase this new technology?" Ask yourself how this purchase helps you move closer to fulfilling your mission.

The same goes for the uncomfortable process of helping or terminating underperforming team members. Ask yourself if this employee is contributing to the practice and helping it grow in the right direction? If the answer is no, you have your answer. Now is the time to be solution focused and move beyond the problem. Approach these tricky business situations as you would a clinical decision. You often know what the right course of action is - act on it.

Be a Leader

Your team, your patients and your community look to you for guidance and direction. You are the leader of the practice, the captain of the ship. If you waver on a decision, they will notice. You can lose their confidence, perhaps even respect, and this throws off the power and organizational balance of any office. Decisive action means having to make tough decisions as well as easy ones. It doesn't come naturally for most of us. Remember a few key things:

- The wrong decision is no decision. Most decisions are obvious. You already know what you want to do, you're hesitating because you don't want to be wrong. Trust your experience, training and instincts. If you make a decision, it's true that you might be wrong. However, if you make no decision at all, you certainly will be.
- A good plan today... Is better than a perfect plan tomorrow. Being decisive means taking charge of a situation and laying out a clear course of action. The direction is sometimes more important than the destination. Choose a course, not a conclusion.
- Back up your decision. stats, data, analysis. These have their place. Whether it's the percentage of patients who opt for a particular procedure, or the average return on investment of that new technology. Arm yourself with information and be prepared to defend your choice.

"Honing your decision-making powers is a vital component of any recipe for success. Like any skill, decisiveness can be practiced and learned. It applies to the myriad of situations that come with running a dental practice."

Like anything else, decision making is a skill that can be practiced and honed over time. If you're a naturally indecisive person, try starting off slowly. Make small decisions quickly and get used to the idea. Make the commitment to be a decisive dentist and watch your practice take off! ■

About the Author

*Dr. David Maloley hosts the very popular podcast *The Relentless Dentist Show*. David grew up working on a family farm in Lexington, NE and he attended the University of Nebraska in Lincoln, where he earned his bachelor's degree and later his DDS. In 2003, Dr. Maloley completed an Advanced Education in General Dentistry residency in Ft. Jackson, SC, then served as a Dental Officer in the U.S. Army for the next five years. While in the army, Dr. Maloley was stationed at dental clinics in Giebelstadt, Germany for two years and Vicenza, Italy for another two years, providing general dentistry services for the local military communities. After he returned to the U.S. in 2007, he worked at a private practice near Charlotte, NC for two years before relocating to Colorado to open Vail Valley Dental Care.*

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JR FRANCO, DDS

Pediatric Dentist, Clinica Family Health
Denver, CO

What influenced your decision to go into public health vs private practice?

"Initially, I was attracted by the idea that I could serve patients who are easily overlooked by society. I felt I could work without any pressure to produce a certain financial goal. I have stayed because of the patient relationships I have built and because I feel the work I do is meaningful."

What is the most rewarding part of your job?

"As a pediatric dentist, I serve many children that face challenging home and financial situations. My hope is that when they see my face, they see someone who looks like them. And when I speak Spanish, they hear something familiar with my words. All of this is coming from their dentist. I hope that my patients see me as someone they can become and understand that they can rise above any obstacle to achieve their dreams."

What is the biggest challenge you face as a young dentist?

"It is difficult to balance work and personal life, especially at the beginning of your career when you do not have a solid financial foundation (the school debt is huge!), but you want to start a family and buy a house."

What do you do when you are not at work?

"I chase my two young boys, play video games, spend time at the gym and enjoy indoor climbing."

What is the best advice you ever received?

"If you can change something, don't worry about it because you can change it. If you can't change something, then why worry about it?"

What is your favorite aspect of MDDS membership?

"Attending events where you meet other members is great for networking, especially when you are from out-of-state and want to make connections."

How do you stay up on the ever-changing dental technology? (blogs, podcasts, publications, CE, etc.)

"I like to go to CE in which speakers are talking about future trends in dentistry that are evidence-based. I would recommend meetings by the California Society of Pediatric Dentistry."

What would you be doing if you were not in the dental industry?

"Obviously, a lead singer in a rock band."

COLORADO ASDA: A VOICE AND RESOURCE FOR STUDENTS

By **Becky Bye, JD**



If you are reading this article in the *Articulator*, you are probably an enthusiastic supporter of organized dentistry. You understand the value of this organization, representing the collective, impactful voice of thousands of dentists. You know that changes can be made from the “bigger picture” legislative level or efforts can be made to help dentists professionally and personally via educational, networking and social events.

Like organized dentistry for fully licensed dentists, the American Student Dental Association (ASDA) takes its mission to enhance the educational, personal and future professional lives of dental students very seriously. Likewise, the Colorado ASDA chapter, housed at the University of Colorado School of Dental Medicine, works under the umbrella of National ASDA with a more local, school-specific focus in mind. National and Colorado ASDA engages in a broad range of initiatives and events, similar to other organized dentistry groups.

Here is just a sampling of what Colorado ASDA does on a regular basis to enhance the lives of our members:

ADVOCACY

One of the cornerstones of National and Colorado ASDA's overarching mission is to advocate for students' best interests regarding their education. Colorado ASDA accomplishes this through a diverse array of methods.

Colorado ASDA considers local organized dental organizations, such as the CDA and MDDS, to be important partners for furthering its advocacy efforts. Every year, the CDA has graciously invited students from our local chapter to have an active role in State Lobby Day. In previous years, students have used this opportunity in an effort to meet with elected state leaders face-to-face and advocate for issues confronting dentistry from a student perspective.

Similar to State Lobby Day, our ASDA chapter sends a group of students every spring to Washington DC for National Lobby Day. Previously, National ASDA hosted its own ASDA-specific Lobby Day for issues unique to dental students, such as student loan interest rates and incentives for practicing rural dentistry. This year, National ASDA is partnering with the ADA to lobby with dentists nationwide.

ENGAGEMENT IN LOCAL DENTISTRY

Aside from policy-specific advocacy, Colorado ASDA advocates for students in other ways. For example, we are honored that the CDA reserves several seats for Colorado ASDA leaders on its committees and its Board of Trustees. Additionally, several ASDA leaders serve on committees for MDDS. Through these roles, we can bring our unique perspective as local dental students to these organizations' overall vision, mission and mission execution.

EDUCATION and LEADERSHIP DEVELOPMENT

One of the critical objectives for our chapter is to enhance the educational experience for students. To accomplish this, we invite organizations, businesses, experts and other professionals to provide supplemental education and “bridge the gap” between dental school, dentistry and the “miscellaneous” educated needed to be a professional. We frequently host “lunch and learns”—short, general presentations by these organizations to students during our lunch break.

On a monthly basis, we host more in-depth “Business Study Clubs” in the evening. At these after school meetings, professionals, often non-dentists, teach students about the business aspect of dentistry. This is often a large component of our future careers. This is a relatively new initiative and has continued to generate increasing interest.

Additionally, our ASDA chapter strives to inspire future leaders within organized dentistry. We have a robust and active board, with over 30 student leaders. Our chapter spends a significant amount of our budget sending these and other students to National ASDA events, including the ASDA National Leadership Conference, to continue the professional and leadership development of our student body. This year, we will host an intensive Professional Development and Leadership workshop (PDL) on Saturday, April 8. There will be various distinguished speakers, activities and materials to mold our students into even more effective leaders.

“Additionally, our ASDA chapter strives to inspire future leaders within organized dentistry. We have a robust and active board, with over 30 student leaders.”

These activities and initiatives are a sampling of what Colorado ASDA offers students. We always strive to punctuate our more “serious” events with enjoyable social and wellness-oriented events. Unlike many dental school ASDA chapters, 100% of our student body is a member of ASDA due to the generous support from the CDA, MDDS, Colorado Prosthodontic Society and The Trust. We also appreciate the immense support we receive from our school's faculty and administration.

We sincerely appreciate the support and look forward to a continued partnership with our local organized dentistry organizations. ■

About the Author

Becky Bye is a third-year dental student at the University of Colorado School of Dental Medicine and President of the Colorado ASDA chapter. She is an actively licensed attorney and practiced law before starting dental school. She double majored in Chemistry and Religion from Colgate University and received her law degree from the University of Denver Sturm College of Law. In her free time, Becky enjoys writing and has published numerous articles about the legal profession and other topics in local and national magazines.



TIPS FOR INTERVIEWING AND GETTING THE JOB OFFER....

“WELCOME TO THE TEAM!”

By **Tamara Cook**



1. Do your research to stand out from the crowd

Do your homework (sorry, I know when you graduated dental school you thought this part was finally over). Take the time to do some digging up front and get to know the company you are interviewing with. With all the online resources available today, you can easily

find information from their website, online patient reviews, social media pages and LinkedIn profiles. Look for specifics you can speak to such as what you admire about their company to set yourself apart from other candidates. You should also ask your colleagues or university alumni for the inside scoop; you may be surprised how much you can find out if you just inquire. Look up the doctor and staffs’ biographies online prior to your initial meeting, and make a note to mention something you learned - what dental school or residency did the dentist attend? How many years has his/her assistant been in the practice? Most candidates do not even read the website, much less business magazines or trade journals, so when you do you will stand out!

2. Define goals for your growth with the company

My grandmother used to say, “What you want at 20 years old, my dear, will look different at 30 and so on ... so you had better find someone you can grow with.” Now, I am pretty sure she was not talking about a job interview, but the same principle applies. Be ready to discuss what you want your career to look like five, ten or fifteen years in the future, understanding that this will change and develop over time. Where will you be the most valuable? What will be the most valuable to you? Remember that an interview is not just for the company to evaluate whether you are a good fit for their job opening, but also for you to determine whether they are going to help you grow toward your career goals. Being in charge has its own set of stressors and at this point in your

career, you may just be looking for experience. You will never be able to grow if you do not find the right environment.

3. Make a great first impression

- Have a firm handshake and smile.
- Make eye contact when you first meet your interviewer.
- Note that the person at the front desk may not be the hiring dentist, but that does not mean their impression of you does not matter. Be kind and courteous.
- Dress for success. Choose a classy, professional outfit and be well-groomed, but leave the perfume/cologne at home.
- Turn off your cell phone and put it away. People notice when you are glancing at your phone during the interview and it makes you seem unengaged in the conversation.
- Address a cover letter or pitch email to a specific person rather than just saying “Dear Hiring Manager” if you know who you will be interviewing with in advance.

4. Showcase your potential, starting with your resume

- Begin your bullet points by using action verbs to highlight accomplishments (and please do not put 100 of them in a box at the top). For example, “developed,” “initiated,” “managed” or “researched.”
- List work experience and any leadership roles that you have held.
- Include the dental societies, networking groups, study clubs, etc. that you are affiliated with (or will be as soon as you read this article).
- Add your up-to-date LinkedIn profile to the header: www.linkedin.com/in/yourname. Customize the URL link with your name so it’s not a

- Set up a personal email account. They may hold onto your resume and if you no longer check your dental school email you just lost a potentially valuable contact for the future.
- Have a professional voice mail set up and check it regularly.
- Create an online portfolio of your accomplishments – I received one recently, I can still remember the name of that dentist.

5. Tell stories

Anticipate and be prepared for interview questions by using real life examples. For example, behavioral based questions begin with “Tell me about a time when...” or “Describe a situation in which you...”

Develop 3-4 adaptable stories from your resume related to the job you're seeking. Start with the situation by describing the context and problem. Then explain what you did to improve the situation and describe the results in quantifiable terms. This demonstrates that you understand the importance and the impact of your personal contributions. With these stories prepared in advance, you can adapt them to various questions.

Take notes during the interview and be prepared with a couple of 'go-to' questions that demonstrate you prepared in advance and your strategic thinking. There's a difference between "Tell me about the culture" and "Tell me about a major decision recently made here and provide an example of the process used." Don't miss out on an opportunity to show that you are proactive, confident and excited about this job opening.

7. Follow Up The Right Way

A thank you note really brings home that you are interested. Email a separate thank you note to each interviewer less than 24 hours after the interview while it is still fresh in your mind. Be respectful and find the right balance between getting feedback and being too pushy. Articulate your fit and reasons why they should hire you that are specific to the interview conversations. Be sure to include contact information for how they can reach you with any follow-up questions or information. ■

About the Author

Tamara Cook is the VP of Recruiting and Business Development at Peak Dental Services. She lives in Colorado with her husband Chris (17 years, thanks Gran) and their 11-year-old daughter, Riley.

PEER REVIEW PUZZLER

Peer Review is a member benefit of the Metro Denver Dental Society. The following is a sample of an actual event, with real patients and real dentists that was reviewed and mediated by the MDDS Peer Review Committee.

Case

The patient's chief complaint was lack of communication and upselling treatment. The patient visited Dr. X for a lower denture reline, which was completed as an in-office procedure. The patient was charged \$620 for the visit and reline and given a quote for \$1,740 for a complete upper and lower reline with a \$300 credit on the original reline for completing the treatment. The patient visited Dr. X one month later with the complaint of rough lining and sore spots. Dr. X adjusted the problem areas for the patient at this visit.

Six months later, the patient returned to Dr. X for a third visit as the lining of the lower denture had begun to peel off. Dr. X let the patient know this was to be expected, since a temporary material had been used for the previous relines. A charge of \$300 was issued to the patient for this visit.

The patient contacted the Peer Review Committee, because they were concerned about facing further charges by going to a new dentist and believe that Dr. X should have sent the relines to a lab as had been customary with previous relines completed by other dentists.

During interviews with the Peer Review Committee, the patient stated that they were requesting a full refund of \$920 for each of the three office visits and that if this was not granted they would be seeking legal action. Dr. X was notified of the case and offered a \$300 refund to the patient.

Peer Review answer on page 25



CIRCUMFERENTIAL RETENTION GROOVES

By "Diamond" Dave Andrus, CDT



Less than ideal circumstances such as short clinical crowns present challenges especially when the desired restoration is a PFZ or FCZ (Figures 1, 2 and 3).

The naturally dense and smooth surface of milled zirconium crowns (Figure 4) creates unique challenges to keeping restorations cemented. A great technique is incorporating **circumferential retention grooves** in these crowns which greatly enhances the mechanical retention. This technique uses specially designed burs to cut circumferential retention grooves in the intaglio surface of the zirconium at the time of milling, creating a highly mechanical retentive surface (Figures 5 and 6). ■

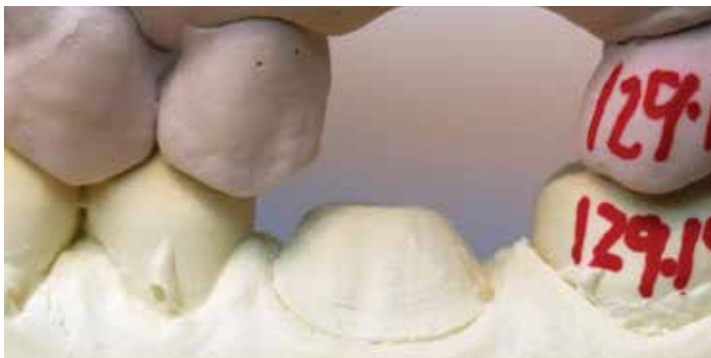


Figure 1: Short, tapered preparations present challenges in dentistry.



Figure 2: Short preparations with parallel walls also present challenges with zirconium crowns.

About the Author:

Dave Andrus has owned and operated Diamond Dental Studio in Byers, CO for 29 years. He has been a technician for 37 years and can be reached at andruscompanies@netecin.net or (303) 822-6666.



Figure 3: Even with retention grooves in short preparations crowns can come off.

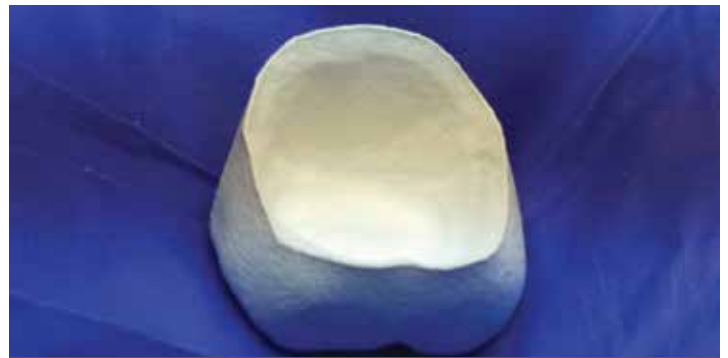


Figure 4: The intaglio surface of a milled FCZ/PFZ provides little mechanical retentive surface. Pictured is a milled, un-sintered FCZ crown showing the smooth surface.

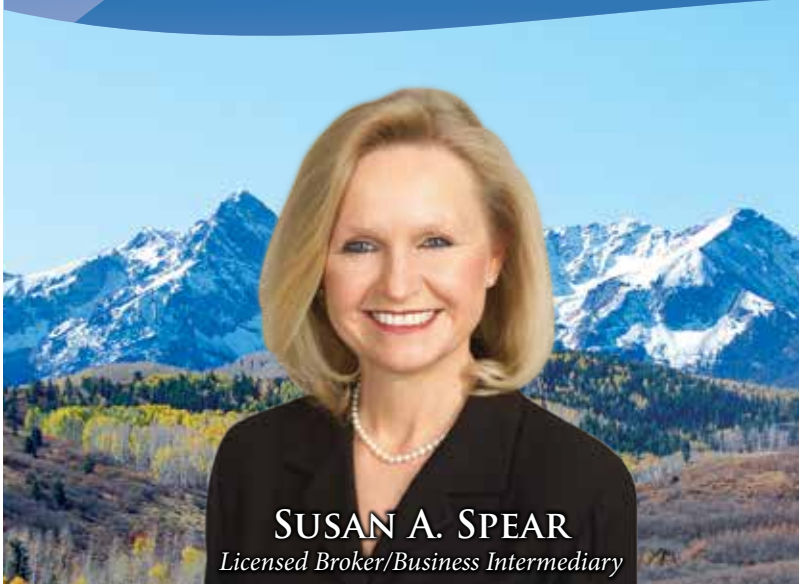


Figure 5: A technique of cutting circumferential retention grooves on the intaglio surface of milled zirconium before it is sintered.



Figure 6: Circumferential retention groove technique creates a highly mechanical retentive surface.

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ASSOCIATESHIPS: THE RIGHT MOVE FOR YOU?

FACTORS TO CONSIDER FROM BOTH SIDES

By Allen Vean, DMD



Imagine this scene: You walk into the office ready to start the day and your office manager approaches you, asking to speak with you. Your first thought is, “uh-oh!” Your office manager is concerned that patient waiting time is increasing and patients must wait for three to four weeks for treatment. Furthermore, new patients have expressed concerns regarding wait time

for an appointment. This scenario has been in existence for at least four to six months. On occasion, emergencies cannot be seen same day. Wow! What a beautiful problem to have. Perhaps, it is time to evaluate the need for an associate.

I have never been a “numbers” person. I believe in taking the best care of your patients, and the numbers will follow. In evaluating the prospect of adding an associate dentist, the senior dentist should consider several issues before a decision is made. Some factors to consider when taking on an associate include:

- Personal and professional long term goals
- Facility and/or office hours expansion
- Practice treatment philosophy
- Physical and technology upgrades

- Overhead financial implications
- Termination clauses

These are just a few of the many issues that can and will arise. We are fortunate to have many outstanding transition specialists in the metro area who are ready and willing to help.

I encourage prospective associates to spend as much time as possible in an office to make an informed decision. This will not be a one-day working interview and no time limit should be set. It could take up to a week or longer.

The reception area is extremely important and often over looked. A patient decides if a practice is going to be their home in less than 30 seconds. This area should be clean, attractive and up-to-date. How are patients greeted on the phone? These are the first interactions patients have with a practice. Is computer technology an integral part of the practice from both a business and clinical aspect? Is social media utilized?

Clinical records should be up-to-date, complete and easy to comprehend. Evaluate the quality of the care by examining records of longstanding patients. Emergencies can give a good insight. Are most emergencies from

new patients? Are they existing patients with issues not identified previously or from prior treatment? Treatment failures soon after restoration can be a red flag. Talk with the staff to get a feel for the routine of the office.

The senior dentist must remember that this is a peer to peer relationship. Patients both old and new must sense confidence in each dentist for a seamless addition. Treatment plans should be reviewed by both practitioners to make sure the patients know that there is agreement. Hopefully, there will be some differences in treatment plans. These types of exchanges are healthy. If both parties can come together, everyone can grow and provide better care in the practice.

How the practice interacts with specialists is another important issue often overlooked. Is all treatment done in-house or are specialists utilized for advanced care? We are all held to the standard of care regulation. Specialists can become a valuable referral source for a practice. In addition, their expertise can be important in treatment planning. As a pediatric dentist, my philosophy has always been, "What would I do if this were my child?" We must all realize and evaluate our limitations based on experience and training.

The senior dentist needs to evaluate the prospective associate during this time as well. Prior clinical experience, professional recommendations and

"In evaluating the prospect of adding an associate dentist, the senior dentist should consider several issues before a decision is made."

dental education are a few considerations. Even though interaction with the office staff may be limited, one can get a feel for future relationships. Honest, personal conversation away from the office may offer another avenue for evaluation.

Of course, there are other professional issues not covered in this short article. I have tried to bring up some of the more important ones. If both parties have a professional meeting of the minds, I would encourage them to go forward with contacting the appropriate consultants, attorneys and accountants. ■

About the Author

Dr. Allen H. Vean was born and raised in Denver, CO and was a graduate of George Washington High School. He completed his schooling in St. Louis, MO receiving both his bachelor's and doctorate degree from Washington University. He completed his post-doctorate pediatric dentistry training at The Children's Health Center in Minneapolis, MN.

Dr. Vean has been involved in teaching at the post-graduate level at the Santa Rosa Children's Hospital in San Antonio, TX, Children's Colorado and Denver Health. Dr. Vean sees children from newborns through adolescence and is trained and experienced with patients of special needs. He has been in private pediatric dental practice for 30 years.



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THREE ORGANIZATIONS, ONE MISSION TO SERVE

CDA President
Dr. Michael Varley's
Address at the 2017
MDDS Awards Gala
& President's Dinner



Being at the annual MDDS Awards Gala & President's Dinner brings up several memories for me. I was President of MDDS for the 2005-2006 term – over a decade ago now. It was a busy year and quite a bit was accomplished including the establishment of the Metro Denver Dental Foundation, which would have a 10-year run and provide over \$1.5 million in services to victims of domestic violence. This was an immense accomplishment.

I still have my notes from the April 2006 meeting at MDDS – it was the last meeting before our annual awards dinner. While reading them, I noticed one final note I had made: “Conduct a discussion and vote on the proposed continuing education center.” That vote would provide the small seed of an idea that would later be planted to create the even bigger idea of creating the Mountain West Dental Institute (MWDI). That vote accentuated the strategic mission of MDDS: continuing education.

I joined another board as its treasurer in Chicago a few years later and, as a result, had little to do with the construction of the incredible MWDI. I was also elected as CDA Treasurer at the time, and I helped oversee the sale of the CDA/MDDS building on Yosemite Street. This sale allowed both of our organizations to begin a new chapter of serving members.

Since that time, MWDI has developed a robust schedule of courses. MDDS, MWDI and RMDC are truly some of the region's pre-eminent providers of CE.

One of the CDA's primary missions is advocacy. This means creating a voice – and sometimes a very loud voice – for members at a political level.

There are several levels of advocacy. You can advocate for your profession within organized dentistry at the CDA or ADA House of Delegates. A couple years ago, the CDA sent delegates to the ADA in San Antonio to represent Colorado and the 14th District. That meeting produced additional support of a resolution that created a 50% reduction in student loan interest rates as a direct member benefit. I proudly testified the following at that meeting: “To increase membership, you must be financially relevant. To be financially relevant to a new dentist prospective member, you must make them aware of the savings that organized dentistry has helped provide. When they see the financial outcome – the organization will become relevant in their eyes.”

Another form of advocacy occurs every day of the legislative session at the

Colorado State Capitol. Two years ago, Cigna sent letters notifying dentists that they would begin rating providers based on fees charged to patients. To protect our profession, the CDA Government Relations Council and our lobbying team took action and passed a bill to help prevent this practice from misleading the public.

In this year's legislative session, the CDA is busy at the Capitol working on legislation regarding non-covered services and insurance reform, as well as representing our profession on topics like background checks for healthcare providers.

At the federal level, the CDA will be sending 10 dentists to Washington DC in March for the ADA's Washington Leadership Conference. This year, we will be going to the hill to discuss federal issues affecting dentistry and healthcare.

This is advocacy. It is what the CDA and organized dentistry do for you. This is what your American Dental Political Action Committee, Colorado Dental Political Action Committee and Small Donor Committee donations support. We fight the battles that need to be fought at the ADA, at the state Capitol or in Washington. The CDA's goal is for you, as a member, to be able to provide high quality care to patients without unnecessary interference by government and benefit plans.

Last but certainly not least, I want to invite each of you to attend the CDA Annual Session in June at the newly renovated Hotel Talisa in Vail, CO. We have an incredible CE session regarding dental emergencies with an emphasis on diabetes presented by national speaker Dr. Daniel Pompa. And, as always, the annual meeting includes the CDA House of Delegates where we ask you to serve as an MDDS delegate. As an added bonus, the GoPro Games will be taking place in Vail Village that same weekend, which is sure to impress and inspire. Bring your staff and bring your family! You won't want to miss this meeting – this is where your voice starts. ■

Register Today!
CDA Annual Session
June 8-11
Hotel Talisa, Vail, CO
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et al.: 1st Quarter, 2017



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Who do I talk to when I have a patient event, claim or question?

The Trust: Local dentists who understand your practice, your business and your needs.

Them: Claims call center (likely in another state).

Besides a policy, what do I get when I buy coverage?

The Trust: Personal risk mitigation training, educational programs and an on-call team that "speak dentist."

Them: Online support.

Do I have personal input and access to the company?

The Trust: Yes. You are represented by dentists from your CDA Component Society giving you direct, personal access to the Trust.

Them: Yes, via their national board.

Do I have to give my "Consent to Settle" a case?

The Trust: All settlements are based on the best interests of the dentist, patient and Trust Members.

Them: Read the fine print; ask about their "Hammer Clause."

How much surplus has been returned to dentists in Colorado?

The Trust: Over \$1.8M has been distributed back to Colorado dentists as a "return of surplus" (after all, it's your Trust, your money).

Them: \$0

How many years has the company been serving Colorado dentists?

The Trust: 29 years. Established by dentists in 1987.

Them: It's hard to say... they tend to come and go.

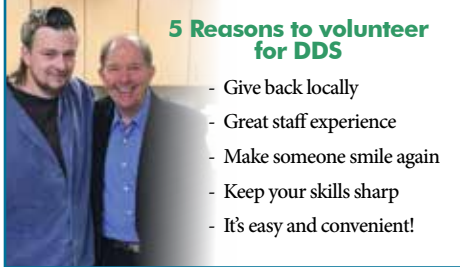


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MDDS MEMBER IS THIRD IN COUNTRY FOR DONATED DENTAL SERVICES (DDS) DONATIONS

Dental Life Lifeline Network's national office presented Dr. Morton Sperling, MDDS member and Donated Dental Services (DDS) volunteer through Dental Lifeline Network • Colorado, with the Outstanding DDS Volunteer award for his longtime commitment and dedication to helping people in need. Dr. Sperling provided a record \$257,000 in donated treatment over the last 19 years and ranks third in the country for lifetime donations to the program, out of 15,000 dentists who participate.



5 Reasons to volunteer for DDS

- Give back locally
- Great staff experience
- Make someone smile again
- Keep your skills sharp
- It's easy and convenient!

"As dentists we all want to improve the lives of our patients by helping them attain great oral health and better general health. Through DDS we are able to bring this help to those less fortunate."

Volunteers in the DDS program help provide dental treatment for individuals with disabilities, or those who are elderly or medically fragile. Colorado DDS was started in 1985 and has provided nearly \$30 million in donated treatment for more than 11,000 people.

Because of Dr. Sperling's dedication to the program, 32 patients received desperately needed dental treatment to restore their oral health and dignity. One of those patients is David, who lives with his wife and children in Lakewood. The family survives on one income and does not have dental insurance. David has degenerative disc disorder, and in addition, he was involved in an accident resulting in a severe facial wound. He needed extensive dental treatment due to the accident but did not have the means to pay for it.

Dr. Sperling and several other DDS volunteers agreed to restore David back to good oral health, providing comprehensive dental care to help him through extensive treatment.

Thanks to those that helped restore David's oral health:

- Dr. Morton Sperling
- Dr. Scott Maloney
- Dr. Michael Cosby
- Perry & Young Dental Lab

Please join Dr. Sperling and the other 374 DDS volunteer dentists in Denver to help patients like David. ■

SAVE THE DATE!

Do you love food, wine and helping a great cause?

Attend the Serving Up Smiles fundraising dinner at Coohills restaurant, and help patients like David receive life-changing care while enjoying a fun evening with friends!



Coohills
 Thursday, April 13, 2017
 6:00pm – 9:00pm
 Dress: Cocktail

Tickets: \$130

For more info visit mddsdentist.com/event-calendar

In Memoriam

Stuart Cholfin

Stuart Cholfin, general dentist in Aurora, passed away on December 2. Dr. Cholfin received his DDS from the University of Missouri, Kansas City in 1978 and practiced for 33 years. He is survived by his wife, Judy, and son, Adam.

Matthew Hamilton

Dr. Matthew Hamilton, a pediatric dentist at Saddle Rock Pediatric Dentistry in Aurora, passed away January 4. Dr. Hamilton received his DDS from the University of Southern California in 2003. He aspired to become a pediatric dentist since he was 8-years-old and accomplished his goal following his residency at the University of Texas Health Science Center, Houston Dental Branch in 2005. Dr. Hamilton is survived by his wife, Nicole.

Ray Hailey, Jr.

Dr. Ray Hailey, Jr., a general dentist who practiced at the Cody Dental Group in Denver, passed away on December 18. Dr. Hailey received his DDS from the University of Kansas in 1946. He was a founding member of the Pi Rho Chapter of Omicron Kappa Upsilon (OKU) at the University of Colorado School of Dental Medicine. He was a member of ADA, CDA and MDDS for more than 65 years and served as MDDS President from 1972 to 1973.

Answer to the Peer Review Puzzler (continued from page 17)

After in-depth conversations with the patient regarding treatment protocols and the costs involved with litigation, the patient revised their refund request to \$620. Dr. X granted the \$620 refund and the patient signed release of liability forms to protect Dr. X against future litigation.

Litigation and claims on a dentist's malpractice insurance can be an expensive and lengthy process – one that is best avoided. If you have questions about the peer review process or are interested in joining the committee, please contact Marlene Pakish, MDDS Finance & Operations Manager, at finance@mddsdentist.com or (303) 488-9700 ext. 3268.

BUYING A DENTAL PRACTICE?

AVOID THESE 5 PITFALLS TO ENSURE A SUCCESSFUL PURCHASE AND TRANSITION

By **Michael Dinsio, MBA**



As a lender who specializes in the dental industry, I have worked with hundreds of buyers on transition into practice ownership. The vast majority of these have gone extremely well, but there have been a few where things did not go exactly as planned. Based on those experiences,

I've identified five common pitfalls that caused problems and unnecessary stress. Avoiding them can ease the way for prospective practice owners.

Pitfall #1: Credit report surprises.

It's imperative, before you apply for a loan, to understand what your credit file says about you. Clients often say they have "A+" credit without knowing what that actually means. There is more to your credit score than on-time payment history – such length of credit history, utilization of existing credit and how often you apply for credit. Historically, most dentists have extremely good credit, with many approaching scores of 800. FICO scores may range from 300 to 850, with the national average for consumers being 699 as of April 2016. Source: finance.yahoo.com/news/fico-scores-time-high-133000418.html.

Dentists move frequently in their young adult lives. From the dorms to off-campus housing, then to dental school, on to residency and perhaps one last move before you settle in. Through all of the moves, you may miss a small bill, and it could turn into a delinquency. Small creditors may not be as diligent at

collections as a credit card or bank, and may simply put a charge off on the credit report. Many times, the doctor is not aware this negative mark exists on his or her credit bureau report until it is uncovered during the underwriting process. However, a debt like this can usually be resolved by paying the outstanding amount prior to bank funding your loan.

To avoid situations like this, I recommend two things to do before you look to purchase a practice. First, take some time to review myfico.com, where you can learn more about how scores are derived. Having a general understanding will not only make you a better consumer, but you may benefit financially. On a side note, many insurers review credit reports and use credit scores as part of their algorithm to determine your premiums.

Next, you should obtain a free copy of each of the three major credit reports, which you can do at annualcreditreport.com. As a consumer, you are entitled to reports from all three major credit bureaus (Equifax, Experian and Transunion) once a year. Each reporting agency charges a nominal fee to obtain your FICO score. It's also worth noting that this inquiry for your score is considered a "soft" credit inquiry for your score and doesn't result in a reduction of your score.

Pitfall #2: Inadequate cash reserves.

Today most banks will finance 100% of the money you need to purchase a practice. The money banks will lend includes working capital, which should be adequate amount to cover the day-to-day operations of the practice. Often first-

time practice owner runs into trouble when there are additional expenses above and beyond standard operating costs.

Inevitably, something happens when you least expect it – and when it is most inconvenient. Your car will break down, your cat will need to go to the vet, an air conditioning unit will break and the roof starts to leak. None of these circumstances are covered by the bank's working capital funds, so it's very important to have a "rainy-day" fund for life's unexpected events. Having personal cash reserves will prevent you from relying on your credit cards.

Pitfall #3: Unknown production abilities.

The size of the practice you purchase should be a reflection of your personal ability to produce and manage. Unfortunately, some dentists purchase practices that don't match their abilities; the practice may be too large or too small, which leads to an uncomfortable situation for the new owner. I have probably seen more incidents where the doctor had wished they'd purchased a larger practice rather than a smaller one with hopes of growing it over time. Understanding your production will put you in a much better position.

My recommendation is to track your production abilities as you work as an associate. The software some offices use can do this for you, while with others you will need to manually keep track of the amount and type of dentistry you are doing. Asking your employer for a copy of your production reports may alert them to your intention of owning your own practice, so use discretion.

Pitfall #4: Not having industry-specific representatives.

Too many dentists try to cut costs by having a family friend or relative work on the transaction – with poor results. I recommend hiring professionals who truly understand the business of dentistry, such as a dental-specific Certified Public Accountant and an attorney who specializes in the dental industry.

Your dental CPA will understand if your costs are in line with industry averages and where you can cut expenses. A specialist attorney will understand the clauses in the purchase contract and lease. Items pertaining to retreatment/rework, work in progress, patient records and staff transfer should only be drafted by someone with expertise in your vocation.

Case in point: I had a dentist who had a family friend and licensed attorney form the dentist's LLC. Unfortunately, LLCs were not permissible in the dentist's state. This caused undue headaches, as the dentist needed to re-file as an S-Corp. While this may not seem like a big deal, it did cost the dentist valuable time and money. This is just one example of where a dedicated team of experts may help guide you through these important issues.

Pitfall #5: Not having a consultant or mentor after the sale.

So you have closed on a practice. Now what? There are a slew of questions once the transition is completed. For example:

- How will you transition the staff?
- Do you have a plan for your patients to recognize you as the new owner?
- Does the practice run as efficiently as it could?
- How is the hygiene recall program working?
- Is your fee schedule aligned properly?

"Dentists move frequently in their young adult lives. From the dorms to off-campus housing, then to dental school, on to residency and perhaps one last move before you settle in. Through all of the moves, you may miss a small bill, and it could turn into a delinquency."

- How do you get all of these questions answered and run a practice? Leveraging a professional consultant can help alleviate stress and provide beneficial feedback designed to maximize results. Having a sounding board will go a long way to – and could potentially ensure – sustained success.

There are so many moving parts to consider and things that can feel like they're outside of your control when you decide you want to be a practice owner. These are five simple things you can control, and being mindful of them should help eliminate snags along the way. These suggestions will also help to manage your personal stress levels before and after you close on your practice loan. A better overall beginning experience can put you on a solid path to be a successful practice owner. ■

About the Author

Michael Dinsio currently works at Bank Of America Practice Solutions. Born and raised outside of Youngstown, OH, Michael received his Bachelors Degree at The Fisher College of Business at The Ohio State University. Michael went on to earn a Master in Business Administration at Ohio Dominican University.

After accepting the job with Bank of America, he was relocated from Columbus Ohio to Seattle to take over a newer territory for the bank. two hundred forty transactions later, the bank approached him with the opportunity to take over the 2nd fastest growing market in the country: Colorado and Wyoming.



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THE FIVE W's OF INTRAORAL SENSORS

WHO, WHAT, WHERE, WHEN AND WHY...

By **Robert Pauley Jr., DMD**



An intraoral sensor may be the most often used piece of digital technology in a dental office. However, just because doctors and staff have grown accustomed to using digital sensors, there's still plenty to learn. Digital technology is always changing, after all. As doctors review the tools they'll need for a successful 2017, they should take a moment to consider the questions below to determine if their current digital sensor is aiding them in achieving diagnostic excellence.

Who Benefits the Most from Digital Sensors?

Digital intraoral sensors benefit doctors, staff and patients alike. Digital images are captured in seconds, so doctors can make accurate diagnoses and move on to treatment faster. There's also a shorter learning curve for staff, and the latest advancements in digital technology make it nearly impossible for an image to be over or underexposed. For patients, digital radiography requires less dosage; and because images are available so quickly, they don't spend as much time in the chair.

What's the Difference between Theoretical and True Resolution?

For a long time, high line pairs per millimeter, or lp/mm, was used to quickly determine the quality of a sensor. Line pairs per millimeter measure spatial resolution, or how close lines can be to each other and still be differentiated. However, today, almost all high-end sensors offer comparable image quality, no matter how high the lp/mm. Where the true differentiator lies is theoretical vs. true resolution.

Theoretical resolution is based on the number/size of pixels on the sensor's detector (the component responsible for converting light to a digital image). This number is calculated based on ideal conditions and doesn't reflect factors that can affect the resolution of the final image, such as the sensor's casing, squirming patients or poor positioning.

When considering a new digital sensor, you should instead ask about its true resolution. Unlike theoretical resolution, true resolution can be physically measured with a tool called a spatial resolution gauge. A sensor's true resolution factors in the thickness of the sensor head, noise and scatter and other variables that could affect the final digital radiograph. Essentially, true resolution gives doctors a more accurate idea of the actual resolution of the radiograph they'll see in the day-to-day clinical environment.



When Would I Need to Use Software Filters?

Software filters are the latest advancement in intraoral sensors that allow a doctor to adapt an image to his or her preferred look and feel. This is particularly useful for specialists, such as endodontists, when highly contrasted images are a must for viewing the finite details of root morphology. Other filters are useful for reducing artifacts around radio-opaque materials. Plus, for doctors just making the switch from film to digital, filters can even replicate the look of traditional film to provide a comfort zone and smooth the transition.

Why Does the Durability of My Sensor Matter?

The resolution of the radiograph a sensor can capture is important, but doctors should also consider how well-made the sensor is in general. Look for a sensor with a tough, yet flexible, cord that has been tested for strength and can stand up to being pulled, bitten and stepped on. Also, fewer connections points along the cable eliminate fussy hardware that may be prone to breaking and slow down workflow. The casing of the sensor head should be shock-resistant, and waterproof sensors that can stand up to corrosive sanitizers are a huge plus.

Where Can I See High-Quality Sensors in Action?

Carestream Dental recently donated two RVG 6200 sensors to the Mountain West Dental Institute (MWDI). These sensors feature an efficient three-step acquisition process—position, expose, view—and don't require time-consuming fine tuning of exposure to produce a clinically useful image. Plus, pre-set and customizable software filters allow doctors to adjust radiographs according to their visual preference in order to improve diagnostic efficiency. ■

About the Author

Robert Pauley Jr., DMD, has been practicing dentistry in Union City, GA, since graduating from the University of Kentucky College of Dentistry in 1988. He is a co-founder of Buffalo Tactics "Dental Implant and Restorative Seminars—Techniques to Face the Storm." He is a member of the ADA/GDA as well as an Associate Fellow of the American Academy of Implant Dentistry and a Fellow of the International Congress of Oral Implantologists. Dedicated to staying on top of the latest dental technology and treatments, Dr. Pauley is currently enrolled in the Advanced Dental Implant Studies program.



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MARCH

March 25



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APRIL

April 6



New Member Welcome Event - McLoughlin's Restaurant & Bar

2100 16th Street, #145
Denver, CO 80202
6:00pm-8:00pm
(303) 488-9700

April 7



Botulinum Toxin (Xeomin, Dysport, Botox) and Dermal Filler Training Level I, II & III

-American Academy of Facial Esthetics
Mountain West Dental Institute
925 Lincoln Street, Unit B
Denver, CO 80203
8:00am-5:00pm
(303) 488-9700

April 8



Frontline TMJ and Facial Pain Therapy

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(303) 488-9700

April 13



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April 18



CPR/AED Training - Life Rescue CPR

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April 21



The Myths, Legends and Realities of OTC Products

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April 21



Jazz Up Your Clinical Routine

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Denver, CO 80203
1:00pm-4:00pm
(303) 488-9700

April 28



Sleep Explained: The Science of Dental Sleep Medicine

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Denver, CO 80203
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MAY

May 6



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JUNE

June 2



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General Practice: Aurora, CO (CO 1527) Annual Revenues \$500K, 3 ops, 3 days per week, Dr. Retiring. ADS Precise Consultants, frontdesk@adsprecise.com, www.adsprecise.com, 800-307-2537.

General Practice for Sale: SE Metro Denver, CO (CO 1627) Annual Revenues \$400K, 3 Ops, Condo sold with practice, Dr. Retiring. ADS Precise Consultants, www.adsprecise.com, 303-759-8425, email: frontdesk@adsprecise.com.

GP: Mountains Central, CO (CO 1613) Annual Revenues \$711K, 4 Ops + 1 plumbed, 2,260 square feet, condo also for sale, Dr. Retiring. ADS Precise Consultants, email: frontdesk@adsprecise.com, 800-307-2537, www.adsprecise.com.

General Practice for Sale: Denver, CO (CO 1629) Patient Chart Sale, Annual Revenues \$550K, 3 fully equipped Ops, Dr. Retiring, Lease cannot be renewed. ADS Precise Consultants, www.adsprecise.com, 800-307-2537, email: frontdesk@adsprecise.com.

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