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Recruitment and Retention
Conference theme is
"Advancing the Power of Three."

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Executive management
ADA/Kellogg program
registration open



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Annual Meeting in Practice
ADA CE helps dentist
save mom

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ADA News

MAY 4, 2015

AMERICAN DENTAL ASSOCIATION WWW.ADA.ORG

VOLUME 46 NO.9

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BRIEFS

ADA 2015 registration opens May 20

Registration opens May 20 at ADA.org/meeting for ADA 2015 – America's Dental Meeting, Nov. 5-10, in Washington, D.C.

Discounts for hotels, airline and ground travel will be listed on the website under the Travel tab, starting at 9 a.m. Central Time, when registration opens.

ADA 2015 registration offers the opportunity to sign up for an abundance of continuing education, including more than 300 courses and 100



hands-on workshops. Aside from earning needed CE credits, registrants can realize bottom-line benefits from ADA annual meeting CE participation, including immediate chairside impact and practice growth. Up to seven hours of CE courses are free each day on the exhibit floor.

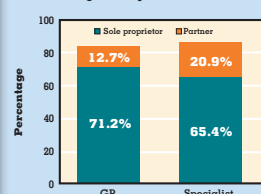
Some choice CE experiences available include hands-on cadaver courses, advanced-level cone beam certifications, specialty education offerings

See ADA 2015, Page 15

JUST THE FACTS

Ownership by specialty

In 2013, more specialists in private practice were partners in ownership, compared to general practitioners.



Source: ADA Health Policy Institute, ADA.org/hpi, hpi@ada.org, ext. 2568

ADA supports new government fluoride recommendation

BY CRAIG PALMER

Washington — The Association commended the U.S. Public Health Service for issuing a final recommendation April 27 for the optimal level of fluoride for community water systems and said the ADA supports the new target. The recom-

INSIDE CCEPR soliciting comments for standards, Page 11

mended ratio of fluoride to water is newly calibrated at 0.7 milligrams of

fluoride per liter of water from what was a recommended optimal range.

The newly recommended ratio results from years of scientifically rigorous analysis of the amount of fluoride people receive from all sources, the Association said. The new recommendation will help en-

sure an effective level of fluoride to reduce the incidence of tooth decay while minimizing the risk of fluorosis in the general population, the ADA said.

"Water fluoridation is effective

See FLUORIDE, Page 4

'Advocating for profession, patients' Dr. Feinberg addresses more than 500 grassroots dental leaders at Washington Leadership Conference

BY CRAIG PALMER

Washington — Make it personal, ADA President Maxine Feinberg told grassroots dental leaders attending the annual Washington Leadership Conference.

More than 500 dentists, state dental association staff and other dental leaders registered from all 50 states "are gathered here to carry our message to the people we've elected to represent us," Dr. Feinberg said in welcoming the April 27-29 springtime dental lobby to the nation's capital.

"You're advocating for issues that affect our profession and patients across America," she said at the JW Marriott meeting site, "just two blocks from the White House and in the other direction on Pennsylvania Ave. is the Capitol. We're going right to the top."

Dr. Feinberg welcomed student leaders to their Capitol Hill lobby day April 13.

"I was here with those student members, and I'm going to say to

See WLC, Page 4



Under the rotunda: Leaders from the Tennessee Dental Association pose April 28 with Rep. John Jay Duncan Jr., R-Tenn., under a dome in Washington, D.C. From left, Dr. L. Dale Blevins, Dr. Jeannie Beauchamp, Rep. Duncan, Dr. Bill Powell and Dr. Roy Thompson.

Advocacy: ADA President Maxine Feinberg addresses the Washington Leadership Conference.

ADA urges more research on sugar and oral health

BY CRAIG PALMER

Washington — The Association urged the National Institute of Dental and Craniofacial Research in congressional testimony April 29 "to conduct more research on the effects of added sugars, sweeteners and artificial sweeteners on oral health" and Congress to appropriate funds to support the effort.

"Additionally, we are urging other federal research agencies to carve out a role for oral health when conducting any nutrition-related research," ADA President Maxine Feinberg told the House Appropriations Committee panel that has jurisdiction over the federal health research budget. The health and human services subcommittee invited ADA testimony on fiscal year 2016 appropriations, and Dr. Feinberg was the Association witness at the hearing.

The Association requested a \$425 million appropriation for the NIDCR, one of the National Institutes of Health, and urged the NIDCR to use "a portion of its resources" to investigate relationships between diet, nutrition and oral health.

Earlier this year, the 2015

See SUGAR, Page 5

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ADA Foundation seeking donations to aid dental efforts in Nepal disaster relief

The ADA Foundation is accepting donations to aid dentists and others providing dental care in the aftermath of the April 25 earthquake in Nepal.

The 7.8 magnitude earthquake occurred approximately 50 miles northwest of Kathmandu, Nepal, according to the U.S. Department of State. Some 4,350 people died as of April 28 due to the disaster, and officials anticipated at press time that the toll would climb, according



to information on USAID.gov.

The United Nations estimates that the earthquake will affect 8 million people across 39 of Nepal's 75 districts. The most severely affected areas include Bhaktapur, Dhading, Dolakha, Kathmandu, Kavre, Lalitpur, Nuwa-

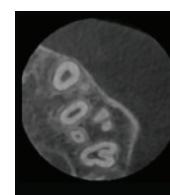
kot, Ramechhap, Rasuwa and Sindulpalchowk districts in Nepal's Central Region, as well as Gorkha District in Nepal's Western Region.

Donations for Nepal disaster relief may be made at ADAFoundation.org/en/how-to-help/ or by sending a check to ADA Foundation, 211 E. Chicago Ave., Suite 2100, Chicago, IL 60611.

For Nepal earthquake relief, write "Nepal" in the memo field of checks. ■



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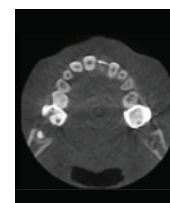
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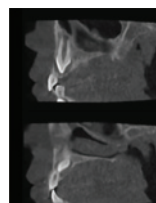
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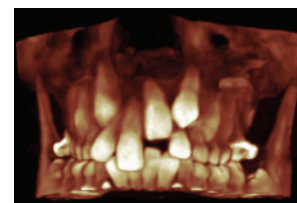
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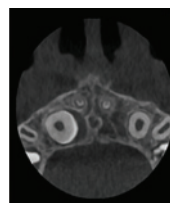
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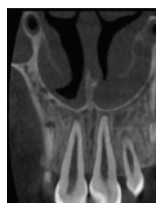
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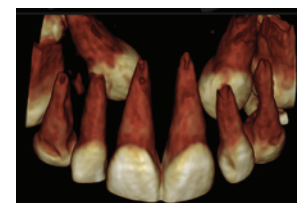
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GOVERNMENT

WLC

Continued from Page 1

you what I said to them: Make it personal. You're advocating for issues that affect our profession and patients across America. But when you sit down with a member of Congress, you're talking about your future, your patients. That's who you're advocating for."

"The real reason we come here is because we're making friends," Dr. Charles McGinty, chair of the American Dental Political Action Committee, said in opening remarks. "They want to hear from us. We are important to them."

Dental students and dental leaders are on the same page on two of the key legislative issues that WLC attendees lobbied on Capitol Hill in meetings with members of Congress and congressional staff, urging support for student loan refinancing legislation and the Action for Dental Health Act. See related "issue" story on this page for more on this.

Chuck Todd, host for Meet the Press, political director for NBC News and author, was the keynote speaker.

The Association sponsored digital ads during the WLC and encouraged greater use of social media.

These digital ads invited viewers to learn:

- "Each year, dentists donate millions of dollars of free or discounted dental care."
- "All Americans deserve good oral health. Support the Action for Dental Health Act of 2015."
- "We're taking action to improve the oral health of all Americans."



Photo by Bill Gröger

Representing the Peach State: Leaders from the Georgia Dental Association pose with Rep. David Scott, D-Ga., fourth from left, during the Washington Leadership Conference. From left are Dr. Jonathan Dubin, Frank Capaldo, Dr. Cathy Cook, Rep. Scott, Fatimot Ladipo, Dr. Richard Weinman, Dr. Michael Loden and Dr. Pete Trager.

Look for more coverage of the Washington Leadership Conference in the May 18 ADA News and on ADA.org.

The Association invited greater use of social media during the 2015 WLC:

- "We encourage you to take pictures of your visits with legislators, on the steps of Capitol Hill or at other historic DC monuments that we can share with our active social media community."
- "We encourage you to take pictures of your visits with legislators, on the steps of Capitol Hill or at other historic DC monuments that we can share with our active social media community."

Send us your legislative meeting photographs at socialmedia@ada.org and please follow the ADA on Twitter and Facebook. ■

—palmerc@ada.org

WLC issue review focuses on three bills

BY CRAIG PALMER

Washington — ADA Council on Government Affairs members described three Association-backed bills pending in Congress as key legislative measures for dental leaders to lobby on Capitol Hill during the April 27-29 Washington Leadership Conference.

The WLC opening day issue review focused attention on three bills awaiting congressional action.

Dr. Barry Howell described H.R. 539, the Action for Dental Health Act, and said it establishes two Centers for Disease Control and Prevention grants but requests no additional funding. One grant supports volunteer dental projects (including Give Kids A Smile and Missions of Mercy).

The second grant supports Action for Dental Health initiatives intended to re-

duce emergency room visits, expand access to nursing home residents and ensure access to community fluoridated water.

Dr. Irving Lebovics described H.R. 649, the Student Loan Refinancing Act, and said it allows borrowers, under the federal student loan program, to refinance their existing loans multiple times. The bill would assist new dentists in reducing their overall debt, thereby opening opportunities to practice in areas of need.

Dr. Gus Vlahos described H.R. 1185, RAISE Health Benefits Act, by saying it allows families to carry over all unused Health Flexible Spending Arrangement funds from year to year. It also raises the savings cap from \$2,500 to \$5,000 per year. Allows for an additional \$500 to be added to the cap for each dependent beyond two. ■

CDC posts community water fluoridation FAQs

The Centers for Disease Control and Prevention FAQ includes a breakout box for health professionals:

- Fluoride supplements can be prescribed for children at high risk of tooth decay whose primary drinking water has a low fluoride concentration. For children under 8, weigh the risk for decay without fluoride supplements, the decay prevention offered by supplements and the potential for dental fluorosis.
- Counsel parents and caregivers on the use of fluoride toothpaste by young children, especially those younger than 2 years. Fluoride toothpaste is a cost-effective way to reduce the prevalence of tooth decay. However, because they do not have a well-developed swallowing reflex and may like the taste of the toothpaste, young children often swallow a large portion of the toothpaste put on their brush.
- The prescription dose of fluoride supplements should be consistent with the schedule established by the American Dental Association, the American Academy of Pediatric Dentistry and the American Academy of Pediatrics.

To read the FAQs, visit cdc.gov and search for "community water fluoridation." ■

Fluoride

Continued from Page 1

and safe," Dr. Maxine Feinberg, ADA president, said in a media statement posted at ADA.org. "It has now been 70 years since Grand Rapids, Michigan, became the first U.S. city to begin adding fluoride to its water system. Since then, decades of studies and the experience of tens of millions of people have affirmed that water fluoridation helps prevent cavities in both children and adults. Today's [HHS] announcement is based on solid science."

"This is an important public health measure," U.S. Deputy Surgeon General Rear Admiral Boris Lushniak, M.D., told reporters in a pre-release media briefing. It replaces and updates the recommended range of 0.7 to 1.2 milligrams per liter, which was issued in 1962. It is a recommendation and not a regulation, Dr. Lushniak said. The new recommended level will maintain the protective decay prevention benefits of water fluoridation and reduce the occurrence of dental fluorosis, the Department of Health and Human Services said in a news release.

"While additional sources of fluoride are more widely used than they were in 1962, the need for community water fluoridation still continues," Dr. Lushniak said. "Community water fluoridation continues to reduce tooth decay in children and adults beyond that provided by using only toothpaste and other fluoride-containing products."

Dr. Kathleen O'Loughlin, ADA execu-

tive director, participated in the pre-release media briefing, telling reporters that the Association "applauds" the new measure and the U.S. Public Health Service for "this tremendous success story" of community water fluoridation. Dr. O'Loughlin urged extension of water fluoridation to communities not currently fluoridated and maintenance "of what we have" going forward.

The USPHS Recommendation for Fluoride Concentration in Drinking Water for the Prevention of Dental Caries was published in Public Health Reports.

The HHS Centers for Disease Control and Prevention issued a Statement on the Evidence Supporting the Safety and Effectiveness of Community Water Fluoridation, which is posted in a PDF version at cdc.gov. The statement cited evidence that community water fluoridation is "an effective intervention," "a cost-saving intervention" and "a safe intervention."

"The CDC leads national efforts to improve oral health by using proven strategies such as community water fluoridation and school-based dental sealant programs that prevent oral diseases," said the statement signed by Dr. Katherine Weno, director of the agency's Division of Oral Health. "Because of its contribution to the dramatic decline in tooth decay over the past 70 years, CDC named community water fluoridation one of 10 great public health achievements of the 20th century."

The CDC received 19,000 comments on the recommendation after its release four years ago for public comment. Health officials said that some 700 were "unique"

comments and the rest echoed those comments. "We did due diligence" in reviewing and responding to public comments, said Dr. Lushniak. But there were no changes made in the final recommendation on the basis of those comments, he said.

"Dentistry is proud of its record in preventing disease," said Dr. Feinberg. "The ADA and other health organizations in the U.S. and around the world understand that community water fluoridation is one of the safest, most effective and least costly ways to do so."

"HHS' recommended level is now officially set at 0.7 parts per million, but the health benefits have not changed and neither has the ADA's commitment to bringing optimally fluoridated water to the greatest number of people," Dr. Feinberg said.

Extending the availability of optimally fluoridated water is one of the Association's eight Action for Dental Health initiatives. The ADA and state dental societies have set a goal to bring fluoridated water to 80 percent of the population served by public water systems by 2020, using a baseline level of 74 percent in 2010.

The Association urges communities to continue fluoridating water at levels the government recommends. People in what the Association said is a "dwindling number of non-fluoridated communities should help educate their state and local officials about the need to fluoridate," the ADA statement said. "They should also talk to their dentists about other ways to ensure that they are receiving the right amount of fluoride, through such means as supplements or topical applications." ■

Sugar

Continued from Page 1

Dietary Guidelines Advisory Committee reported there was a moderate degree of consistent evidence supporting a relationship between the amount of free sugars intake and the development of dental caries among children and adults.

“Mr. Chairman, considering how much money the federal government has already spent on nutrition research examining the relationship between dietary sugars and obesity — and associations with cardiovascular disease, Type 2 diabetes and other health conditions — why is there still only a moderate degree of consistent evidence addressing the volume of added sugar(s) and artificial sweeteners consumed and the development of caries?” Dr. Feinberg said. “Surely we can do better than that.”

“Mr. Chairman, we recognize and share the national concern about obesity,” the ADA said in the written testimony. “We recognize the growing popularity of taxing sugar-sweetened beverages and pursuing other measures to tackle the epidemic of obesity.”

NIDCR has funded a number of studies on sugar and sweeteners ranging from the impact of dietary interventions to trends in early childhood caries based on cariogenic beverage consumption. The institute spent \$9.3 million on nutrition-related research in fiscal year 2014.

“Many factors are involved in the development of caries, but there is a clear consensus that both the types of food consumed and the eating behaviors themselves are key components,” the NIDCR said.

For many years, the ADA has pursued a “carrot” approach to encourage people to adopt healthier diets, Dr. Feinberg said.

“Mr. Chairman, we recognize and share the national concern about obesity,” the ADA said in the written testimony.

“We recognize the growing popularity of taxing sugar-sweetened beverages and pursuing other measures to tackle the epidemic of obesity,” Dr. Feinberg said.

“The ADA is primarily concerned with whether and how these policies would reduce the prevalence of dental caries. Compared to the available data on obesity, however, the available research on dental caries is lacking.”

“We would like to see demonstration

projects evaluating whether sugar-sweetened beverage taxes and other disincentive pricing strategies will lower dental caries rates over the life span, or whether consumers will simply switch to other foods that may further increase the risk for dental caries.”

Dr. Feinberg also called for studies examining the synergistic effect of acids and sugars on dental caries and ways to leverage nutrition counseling in dental settings to improve oral health outcomes.

The Department of Health and Human Services and the Department of Agriculture are accepting comments on the 2015 Dietary Guidelines Advisory Committee’s scientific report. Comments are due May 8. ■

—palmerc@ada.org



House panel: ADA President Maxine Feinberg testifies before the House Appropriations Committee panel April 29, calling for research on sugar and oral health.

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Correction

In the April 6 ADA News, the article “ADA President Tells Congress: CDHCs Serving Native American Communities” mischaracterized the Obama administration’s request for an increase for the IHS Division of Oral Health. Testifying before a congressional committee March 25, ADA President Maxine Feinberg said, “The Administration has requested \$181 million for the Division of Oral Health, a small increase that would barely accommodate population growth and cost of living increases at current staffing levels.” The ADA News regrets the error describing it as a \$181 million increase. ■

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R&R Conference focuses on efforts to better connect with dentists

BY KIMBER SOLANA

In an effort to advance the framework created to better serve members, over 180 state and local dental society volunteers and staff members dedicated to growing membership gained — and shared — innovative perspectives and ideas from the 2015 ADA Annual Membership Recruitment and Retention Conference, held April 17-18 at ADA Headquarters.

With the theme of “Advancing the Power of Three,” the key focus was to expand upon the initiative aimed at positioning the national, state and local levels of the ADA for ongoing growth.

“We’re going to talk about the challenges that we’re facing,” said Dr. Michael Durbin, ADA Council on Membership chair, in welcoming attendees. “A lot of times that means focusing on our weaknesses. But instead, we should try to focus on our strengths. That’s important as we move forward. What are we doing right and how can we do more of it?”

The Power of Three initiative underscores the mission of the ADA, along with local and state dental societies, to help all members succeed by delivering programs, services and advocacy for members by working together to maximize value and service regardless of where the experience occurs for members.

“When we met here last year, we talked about plans to enhance value for our members and facilitate collaboration at the local, state and national levels,” said Dr. Maxine Feinberg, ADA president, in her welcome remarks. “Since that time, we’ve made great progress toward putting those plans in motion.”

Among the efforts include:

- Launching Members First 2020, a five-year strategic plan built around renewed emphasis on enhancing value, engagement and experiences for members.
- Expanding use of Aptify, a membership database software to help connect local, state and national associations. To date, 26 states and their local associations are using the program. By the end of 2015, Dr. Durbin said, almost all state dental societies will be using Aptify.
- Hosting town hall meetings at dental



Q&A: Dr. Aruna Rao, of the Minnesota Dental Association, asks a question during a discussion on the changing demographics in dentistry at the 2015 ADA Membership Recruitment and Retention Conference.

schools across the country to help students understand how the ADA can help them throughout their careers.

• Unveiling of the Division of Member and Client Services to better hone in on the ADA’s renewed focus on its members and reinforcing state and local societies in serving members.

Speakers covered a wide range of topics, providing volunteers and society staff members with resources, education and networking opportunities, along with developing actionable recruitment and retention plans.

Keynote speaker Russell Walker, professor at Northwestern University’s Kellogg School of Management, explained the demographic and generational changes occurring in dentistry as part of broader social trends, while



Winners: The New York State Dental Association received an award for “Most Improved Active Member Retention Rate” for a dental society with more than 7,500 members. (From left) Dr. Patricia Hanlon, Dr. Ivan Vazquez, Dr. Claudia Mahon-Vazquez, Dr. Jay Skolnick, Dr. Maria Maranga, Dr. Terry Sanders and Tara Ricard.

highlighting ideas that can help organized dentistry better personally and emotionally connect with the new faces of the profession.

Other sessions included how to advance diversity and inclusion across all levels of the ADA, how to collaborate and leverage relationships with local American Student Dental Association chapters, and various emerging, promising and best practices from state asso-

Aptify rollout hits 26 state societies

Twenty-six state dental societies have implemented Aptify, the new software that is replacing outdated membership record systems, since it launched in 2014.

The Association has been rolling out the membership database software nationwide in an effort to increase member service on the front end and to allow for more integrated and efficient member records management on the back end.

As of April 2015, the 26 states are New Hampshire, Minnesota, Indiana, Florida, Connecticut, Arizona, Rhode Island, Vermont, Kentucky, New Mexico, Iowa, Arkansas, Colorado, Virginia, Nevada, North Carolina, Washington, Louisiana, Idaho, Mississippi, Washington D.C., Oregon, South Carolina, Maine, Alaska and Maryland.

More information about Aptify is available from Peter Bradley (bradley@ada.org), director, Aptify Enterprise Solutions. Aptify is one of the components of information technology infrastructure improvements that the 2010 ADA House of Delegates authorized through a \$23 special assessment.

In addition, two state dental societies have launched new websites using the ADA.org templates: North Carolina (ncdental.org) and New Hampshire. Vermont and Washington D.C. are scheduled to launch this summer. ■

ciations and local societies.

For example, Dr. Anette Masters of the San Fernando Valley Dental Society shared how their Membership Ambassador Program recruited 63 new members by allowing their members to reach out to nonmembers by visiting their offices or meeting them for lunch or dinner.

“We still believe that by reaching out to every dentist or dental student at a one-on-one level, we will increase the chances of recruiting them and showing them the value of organized dentistry,” said Dr. Masters. “Although social media is becoming the tool of the present, we still believe that leg work is important to sustain our growth.”

Meanwhile, in a new recruitment program, the North Texas Dental Society this summer will give about 150 third- and fourth-year dental students from Baylor College of Dentistry in Dallas a tour of several dental offices.

At the offices, there will be short presentations from member dentists, along with contractors and real estate developers who were involved in the construction of the facilities.

“It’s a great networking event,” said Dr. Robert Beatty, of NTDS. “We look at it as a great time for our dental society to present ourselves to the dental students who are graduating.”

“One of the things that really impressed me at this conference is how hard each state is working to help dentists join with new and many times fun ways,” said Dr. Rickland Asai, ADA 11th District trustee. “The energy and enthusiasm at this two-day meeting was palpable. And that is a great move for all of us.”

In the end, attendees left re-energized with a sharpened focus on recruitment and retention, and gained access to tools and resources that support member service and member value.

“The conference gave me new ideas, new ways of thinking and ways to keep our members happy and keep them abreast of our membership benefits,” said Jody Cleary, director of Membership & Financial Services at the Indiana Dental Association. “The Power of Three is very powerful and we need to utilize every aspect.” ■

5K puts spotlight on cancer patients’ oral health

BY MICHELLE MANCHIR

Indianapolis — Low-income cancer patients in Indiana will benefit from a May 30 5K run hosted by the Indiana University School of Dentistry.

A nonprofit associated with the school, Oral Health Care for Cancer Patients Project Foundation, is launching its first ever Root Run: Brush-Floss-Rinse 5K Run/Walk at the Indiana State Fairgrounds.

Event organizers say one of the primary goals of the race is to raise awareness of cancer patients’ oral health concerns.

Money raised at the event will help low-income Indiana cancer patients receive essential dental services before, during and after cancer treatment, said Dr. Stuart Schrader, Ph.D., IU School of Dentistry clinical assistant professor of behavior sciences and the director of the OHCCP Project Foundation.

The Indiana Dental Association, GSK Oral



Health Care, Delta Dental, Indiana Gentle Dentist and Indiana Oral and Maxillofacial Surgery Associates are among the sponsors for OHCCP and the 5K run, according to Dr. Schrader.

But organizers’ essential goal for the run is to put a spotlight on the sometimes-over-

looked issue of medically necessary oral care for disadvantaged cancer patients.

When people are diagnosed with cancer, often they are inundated with treatment but “the oral health issue becomes kind of second consideration,” said Dr. Gerardo Maupome, a professor in the department of preventive and

community dentistry at the Indiana school.

Timely and quality oral care before, during and after cancer treatment can prevent or reduce the incidence and severity of oral complications, enhancing both patient survival and quality of life, according to the National Institute of Dental and Craniofacial Research.

Dr. Schrader said that while the Root Run’s proceeds will benefit only low-income cancer patients in Indiana, he hopes the OHCCP can expand and inspire other organizations to assist cancer patients — especially those who are disenfranchised and underserved — nationwide.

More information can be found at rootrun.dentistry.iu.edu. Pre-registration is \$35 for adults and \$10 for children aged 2-18. Cancer survivors, their spouses or partners and their caregivers can participate for free. Participants can register online or on the day of the event.

For more information about OHCCP, visit dentistry.iu.edu/OHCCP.

For more on the story, go to ADA.org/5k. ■

2015 ADA/Kellogg executive management program registration opens, due July 1

BY KIMBER SOLANA

Dentists and office management staff seeking to enhance their business experience and acumen with enhanced management skills and business principles can register by July 1 for the 2015 session of ADA/Kellogg Executive Management Program.

In its 11th year, the executive-level program, organized in collaboration by the ADA and Northwestern University Kellogg School of Management, consists of specially designed curriculum for dentists to learn more about business management from one of the nation's top-ranked management schools.

"Dental school and my orthodontic residency taught me the clinical skills I needed and I learned the necessities of running a practice over time, but I always felt like I was missing the business fundamentals that would that allow my practice to thrive," said Dr. Spencer Pope, a 2014 graduate of the program who has been in practice for 16 years.

"Unfortunately, you don't know what you don't know, and dentists tend to lack the business fundamentals that almost all other sectors of the economy utilize on a daily basis," he added. "This program helps to level the curve and provide you with a knowledge base to go forward."

Based on the core curriculum of incoming Kellogg Master of Business Administration students, the program addresses business strategy, organizational leadership, marketing, finance, accounting, economics, business analytics and operations. Kellogg professors teach all courses.

"The biggest takeaway from the program was how important it is to understand your marketplace and your place in it, and then how to position yourself properly within it, not only to maximize your position but also to defend it," Dr. Pope said. "I now have a much better understanding of how to position myself to maintain the style of practice I desire."

For Dr. Loren Feldner, a 2011 program graduate, one of his biggest takeaways was becoming more comfortable in negotiations with legislators to advocate for dentistry.

"I decided to participate in the program because I was entering significant leadership

roles in organized dentistry in my local, state and national dental societies and associations and wanted to prepare myself at all professional levels for organizational responsibilities," he said.

The 12.5-day program is held at North-



western University's Chicago campus, near the ADA headquarters. The 2015 sessions are set for

Sept. 18-21, Oct. 23-26 and Nov. 13-17.

Registration fees are \$16,750 for ADA members and \$17,750 for nonmembers. Fee

includes tuition, course materials and most meals. Tuition does not include travel and lodging. ADA members receive discounts on select Chicago hotels. Registrations are accepted on a first-come, first-served basis.

To register, visit ADA.org/Kellogg or contact Connie Paslaski at the ADA toll-free number at ext. 3541, or email ADAKEMP@ada.org. ■

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ADA15DI

Whiston leadership award nominations due May 31

Nominations are due May 31 for the ADA Foundation Dr. David Whiston Leadership Program.

Through the program, the ADAF will present two awards of \$5,000 each to help develop emerging leadership skills.

Among other eligibility requirements, nominees must have earned or be in the process of earning a D.D.S. or D.M.D. degree and must have held a position in which they have demonstrated leadership skills, such as the ability to create a vision and inspire a team in order to advance the public's oral health.

The award funds are designed to cover the costs associated with attending a leadership development program offered by the American Management Association.

For more information on how to nominate, visit adafoundation.org and click on "How to apply" and then "Education." ■

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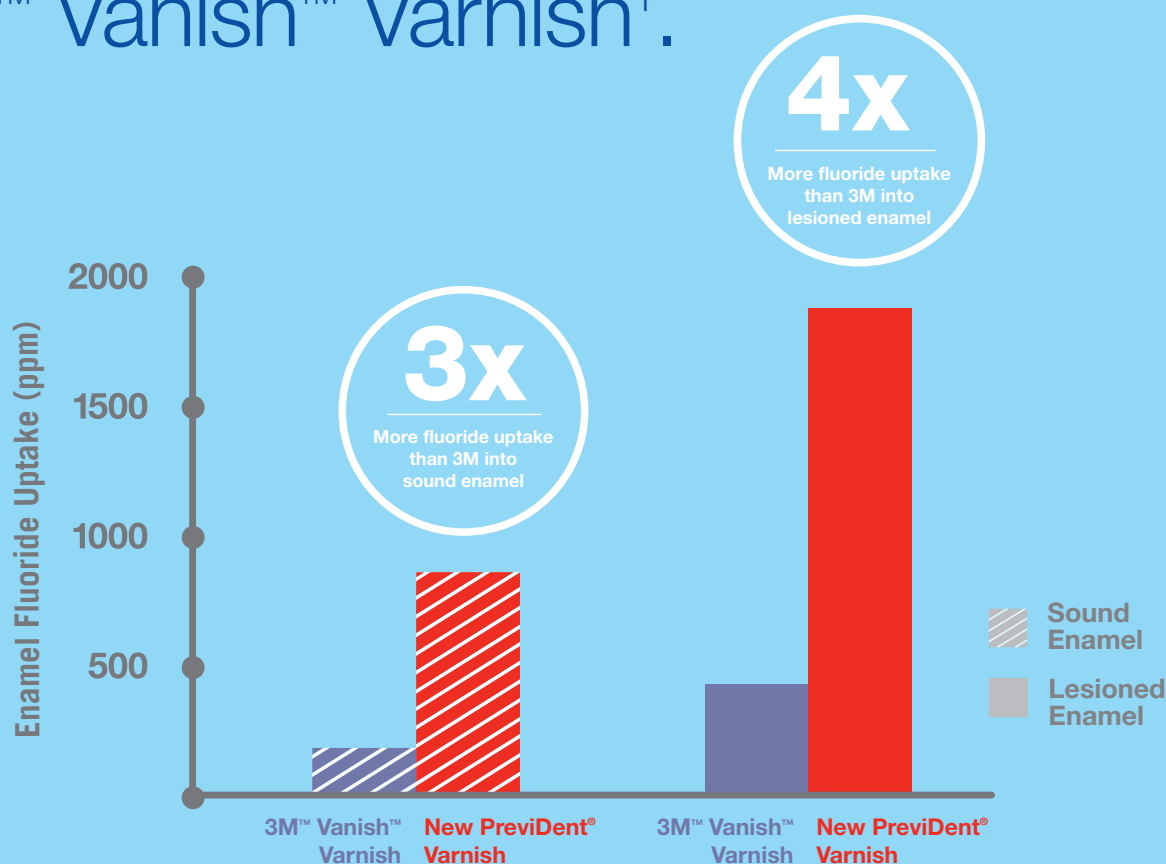
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Comments sought to review ADA CERP Recognition Standards

BY KIMBER SOLANA

As the first step in conducting a comprehensive review of the ADA CERP Recognition Standards over the next two years, the Commission for Continuing Education Provider Recognition is seeking comments due Aug 1 on the ADA CERP Recognition Standards.

The planned comprehensive review will ensure the ADA Continuing Education Recognition Program's Recognition Standards continue to establish relevant criteria for quality continuing dental education, according to CCEPR.

"Standards are not stagnant, they should be dynamic and should reflect changes in our profession and our ability to educate our members," said Dr. Alan L. Felsenfeld, CCEPR chair, noting the standards were last reviewed in 2008. "The net outcome of all this is to ensure dentists receive high quality education to support their continued professional development."

The ADA CERP Recognition Standards form the basis for evaluating CE providers and recognizing those that meet certain basic standards of educational quality.

Specific objectives of CERP are to:

- Improve the educational quality of CE programs through self-evaluation conducted by the CE program provider in relation to the ADA CERP Recognition Standards.



- Assure participants that recognized CE providers have the organizational structure and resources necessary to provide CE activities of acceptable educational quality that assist the participant in providing an enhanced level of patient care.

- Promote uniform standards for CE.
- Assist regulatory agencies and other organizations in identifying those CE providers whose activities are acceptable for credit to-

ward licensure or membership requirements.

Conducting the comprehensive review of the ADA CERP Recognition Standards was among the decisions made by the newly created CCEPR, which held its first meeting March 19-20 at ADA Headquarters. The 2014 House of Delegates established CCEPR to oversee the ADA CERP program in an effort to remove potential conflicts of interest and enhance the governance of CERP.

Comments from interested parties regarding the CERP Recognition Standards, particularly areas where revisions may be needed,

will be reviewed by the commission at its meeting in September. If the review and evaluation of the standards result in any proposed revision, CCEPR will circulate the proposals to the communities of interest for input.

As part of the review process, the commission will also evaluate accreditation standards for CE in other health professions and consider best practices for conducting programmatic accreditation and recognition.

Submit written comments to cerp@ada.org or mailed to Mary Borysewicz, CCEPR director, 211 E. Chicago Ave., Chicago, IL 60611. ■

Student ethics video contest deadline July 31

The ADA Council on Ethics, Bylaws and Judicial Affairs is accepting entries for the 2015 Student Ethics Video Contest. The deadline to submit entries is July 31.

Since 2010, CEBJA has annually sponsored the contest to draw student attention to the ethical dilemmas that dental students and professional dentists may encounter and to provide an exercise focusing on appropriate responses based on the ADA Principles of Ethics and Code of Professional Conduct. This year, the contest will include a second competitive category, created for videos that promote patient safety through ethical treatment. A grand prize and an honorable mention award will be available for each category.

The new category is the result of the participation and support of CNA in this year's Student Ethics Video Contest.

The contest is open to degree-seeking students at, or new graduates of, any ADA-accredited dental school who are 18 or older and U.S. citizens. Entrants must also be ADA student members or members in good standing of the American Student Dental Association.

To qualify, videos should be no more than four and a half minutes and must portray the application of one or more principle, code or advisory opinion contained in the ADA Principles of Ethics and Code of Professional Conduct. To be eligible in the new category, the video should focus on ethical treatment promoting or enhancing patient safety and treatment outcomes.

CEBJA will announce the winners at the ADA 2015 — America's Dental Meeting in Washington, D.C. For more information, contest rules and entry forms, contact Earl Sewell at sewelle@ada.org. ■

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Join your colleagues from across the country in bringing free dental care to our nation's capital. The ADA and D.C. Dental Society will host the 3rd ADA Mission of Mercy (MOM), a free dental clinic to treat local residents without regular access to care, in conjunction with the annual meeting. Sign up when registration opens in May.

Space is limited and the word is spreading fast, so mark your calendars for May 13.

On day two of the conference, take advantage of the new dentist CE track — designed just for you — featuring new technology allowing you to interact with the presenters in real time.

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9–9:50 a.m.	Primary Pulp Therapy
10–10:50 a.m.	Think of Yourself as a Patient: Oral Surgery for General Dentists
11–11:50 a.m.	The Importance of Pain Control, Sedation and Emergency Medicine
1:10–2 p.m.	Five Keys to Clinical Success
2:10–3 p.m.	The High Performance Dental Team
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ADA 2015 course helps Michigan dentist save mother's life

BY JEAN WILLIAMS

Waterford, Mich. — Dr. David Wright never expected that the continuing education course he took at last year's ADA annual meeting would help save his mother's life. But that's exactly what happened.

In the course Anatomical Dissections of Occlusion and Implant-Related Structures, instructor Dr. Terry Tanaka pointed out severely blocked carotid arteries in a cadaver. Dr. Wright would later recognize similar blockages in his mother.

"Dr. Tanaka, a facial pain expert, discussed that while there are few symptoms of the internal carotid artery blockage until one has a stroke, the external carotid artery often has characteristic facial and neck pain associated with this condition," Dr. Wright said.

"My 81-year-old mother had been having similar symptoms for the past year and had been to many physicians to investigate this pain. No diagnosis had been made. No one suggested carotid blockage as a potential cause."

Unrelated to this issue, Dr. Wright had sent his mother to an imaging center for a cone beam radiograph to understand her options for dental implants. A couple of days after returning home from the ADA annual meeting in San Antonio, he received her cone beam and radiography report. Because of what he had just learned in his CE course, Dr. Wright recognized his mother's potentially lethal problem.

"It noted a great deal of calcification of the carotids," he said. "During the next week my mother met with a vascular surgeon and, with further testing, it was determined that she had over 95 percent blockage on both sides and surgical intervention was immediately

needed. The two endarterectomy procedures were performed in December, saving her life."

Helping him to recognize a potentially life-threatening problem with his mother definitely made the CE course pay off in an unexpected way for Dr. Wright, but he is doubly pleased that it also delivered professionally.

"The course is helping me each day as I examine my patients," he said. "I can better understand what I am palpating in the exam, and how it relates to function and pathology."



"It was one of the best courses that I have taken in my 27-plus years as a dentist."

Dr. Wright earned his D.D.S. in 1987 from the University of Michigan, where he later earned an M.B.A. He signed on for the occlusion and implant-related structures course because of the caliber of the CE presenter.

"I had taken several temporomandibular joint disorder lecture courses from Dr. Tanaka and they were excellent," he said. "He remains one of my favorite dental educators."

Dr. Wright plans to attend ADA 2015 in November.

"I think that the ADA meeting has morphed into the best CE meeting," he said. "It always was the greatest overall dental show, but the CE offerings are fantastic now, too. I will always try to make the ADA annual meeting in the future."

Registration for ADA 2015 opens May 20. This year, the annual meeting will take place in Washington, D.C. from November 5-10. For a list of CE courses planned, visit ADA.org/meeting. Search for #ADADC on Twitter and Facebook for more on ADA 2015. ■

—williamsj@ada.org



Dr. Wright

ADA 2015

Continued from Page 1

in the Specialty Pavilion, and more. Education in the Round will feature 3-D video during the live-patient course — a new twist on an old favorite.

Also, for a second year, the ADA and the American Association of Women Dentists have paired up to offer customized CE offerings for women dentists.

Gant Travel, the ADA's official travel partner, will assist with travel arrangements, including assisting all attendees with travel on ADA partner airlines; obtaining the lowest fares on all airlines servicing the D.C.-area airports; and securing special zone fares available only through Gant Travel. Delta and United Airlines are ADA partners for ADA 2015, and attendees also can obtain 10 percent off the best available Amtrak Regional fare to Union Station in Washington, D.C.

ADA car rental discounts are available through Alamo Rent A Car, Enterprise Rent-A-Car and National Car Rental. Plus, SuperShuttle offers discounted airport shuttle services — shared or private car service between all three Washington, D.C., area airports and ADA official hotels for ADA 2015 attendees.

Attendees can make travel reservations online at nuada03.nuttravel.com, Gant Travel's exclusive site for the ADA. Gant Travel also may be reached by phone at 1-877-924-0306, only in the United States. The Gant Travel Desk is open Monday-Friday from 7:30 a.m.-6 p.m. Central Time.

Visit the Travel section of ADA.org/meeting for more information, including applicable fees. ■

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ADA NewDentist News

May 2015, Volume XIX, Number II

Getting to Know You



Dr. Cooper

Dr. Jordan Cooper is in general practice from Jacksonville, Arkansas.

Why dentistry?

It is in my blood. My mom is a dental hygienist, and my dad is a dentist.

Why are you a member?

Because I believe in protecting the interests of my profession.

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

Four years ago, I restored my first All-on-4 case. It was extremely rewarding, and I have been doing more and more of those cases ever since.

When I'm not practicing, I'm:

Putting the final polish on my motivational book, "Chasing the Blue Marlin: How To Pursue Your Life's Passion — And Passion For Life." It will be published this month and is the most rewarding achievement of my life outside of my family.

One fun fact about me:

I hold a spearfishing record in Puerto Rico.

Three new dentists, three different paths

The ADA New Dentist News spoke with three dentists to learn what led them to dentistry and how they chose their career path.



Maj. Schindler

Federal dentist

U.S. Air Force Maj. David Schindler's passion for dentistry began at a young age with each visit to his dentist whose positive attitude and sense of humor, he said, were contagious. That passion only grew with the influence of his stepfather, Lee Salisbury, a general dentist from Winston-Salem, North Carolina.

Meanwhile, Maj. Schindler grew up a fan of military history, especially from authors like Stephen Ambrose, who wrote "Band of Brothers."

"I wanted to be part of that tradition and continue the family legacy of service," said Maj. Schindler, whose grandfathers both served.

Maj. Schindler joined the Air Force in 2005 before beginning dental school, accepting a four-year scholarship. He attended Virginia Commonwealth University School of Dentistry and graduated May 2009.

After graduation, he entered active duty service and began officer training at Maxwell Air Force Base in Alabama, followed by a one-year general dentistry residency in Biloxi, Mississippi.

Today, he practices at Joint Base Anacostia-Bolling in Washington, D.C. His mission: To ensure dental readiness by providing high-quality care for their active duty population so they can execute their mission at home and be ready to deploy if needed without any dental emergencies interfering.

"One refreshing thing I enjoy about practicing in the

Continued on next page



Dr. Marron-Tarrazzi

Private practice

Dr. Irene Marron-Tarrazzi is a periodontist in Miami.

"I decided to choose dentistry as a career because it would provide me with independence and flexibility," she said. "My mother was a true inspiration and I grew up spending time in her dental office. Seeing her as a successful dentist and raising a family helped me understand that as women we can achieve work-life balance. I also enjoy the sense of achievement and pride in the handiwork that comes from reestablishing the health and well-being of a patient."

After Dr. Marron-Tarrazzi graduated from dental school in Venezuela, she moved to the U.S. to pursue a specialty degree in periodontics. She graduated in 2000 from the University of North Carolina in Chapel Hill. In 2003, she obtained her D.M.D. from Nova Southeastern University.

Immediately after graduation, she worked as an associate in a small group practice. Her initial plan was to buy in as a partner.

After some years, she had the yearning to open her own practice. She started her solo practice in Brickell, an up-and-coming neighborhood in Miami, where she has lived for the past eight years. Her periodontal office consists of herself, one hygienist and three dental team members.

"Being an associate provided me with ample experience in the clinical aspect, time for teaching and becoming involved with organized dentistry" she said.

"But I think, until you become an

Continued on next page



Dr. Janik

Associate to owner with DSO support

Unlike her older siblings who both knew what they wanted to be before they were 6 years old, Dr. Andrea Janik didn't make up her mind until she was 17.

"I had a really great orthodontist, who seemed like he was really happy being a dentist," she said of making her career choice.

When she told her father, he gave her his blessing with one condition: that she explore other possibilities in college.

"He said, 'If you've done that and still want to be a dentist, you can,'" recalled Dr. Janik, a general practitioner in San Antonio.

She graduated with a psychology degree and enrolled in 2004 in Baylor College of Dentistry. After graduation, Dr. Janik wanted to focus on patient care — not necessarily on running a business.

"My expertise is as a clinician. That's what I wanted I've always dreamed of being," she said.

Dr. Janik worked as an associate dentist in Dallas, but after five years, she found an associateship at a practice supported by a dental service organization in San Antonio. DSOs provide support to affiliated dental practices with nonclinical functions, including accounting, human resources, legal and marketing.

"Eighteen months later, I realized ownership was right for me," she said.

Today, Dr. Janik owns a practice, employing one associate dentist and 1.5 hygienists. She receives services from four specialists and contracts with

Continued on next page

Life as a new dentist – let's talk about it

Want to know more about life as an associate? Curious about a particular GPR program? Check out the blog New Dentist Now.

Brought to you by the New Dentist Committee of the American Dental Association, the blog features resources for new dentists and dental students.

Visit newdentistblog.ADA.org

New Dentist Now

Life as a new dentist — let's talk about it.

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Three new dentists, three different paths

Continued from front page

Maj. Schindler

Air Force is there is no 'typical' day," he said. Patient care is about 85 percent of a workday, the rest is administrative duties around the dental clinic or the wider medical facility.

In addition, the educational opportunities to expand your skill sets are exceptional in the Air Force, he said.

Other reasons to join are for the great benefits, travel opportunities and the patients who do some extraordinary things for the country each day.

Although service requires some sacrifice on the part of families, Maj. Schindler said, a good option for those going into private practice while continuing to serve on a limited basis is joining the Air Force Reserve or Air National Guard.

"Coming out of school, I didn't want to deal with the headaches that come with managing the business aspect of a practice — insurance issues, marketing, hiring," Maj. Schindler said. "I wanted to focus on patient care, help in additional duties, and at the end of the day, focus on my family and not worry about potential issues back at the office. I definitely made the right choice."

Dr. Marron-Tarrazzi

owner, you don't really know the business aspect of it. For example, we get many lectures on practice management in school and during seminars. However, it isn't until you have to implement that knowledge on your own that you fully understand it."

Dr. Marron-Tarrazzi said she tries to keep up-to-date by attending seminars, reading the ADA Center for Professional Success, and periodically meets with a group of dentist friends to share practice management tips.

"New dentists' pursuing private practice ownership should be a little visionary and creative. Dentistry is a hands-on profession with daily challenges that require the combination of critical thinking, compassion and talent," she said. "There are concerns of debt, and dentistry is changing. However, I think that private practice is a viable model for our generation, especially when you want to offer a unique practice philosophy."

Dr. Janik

a DSO for business support services.

"I've built around me a tremendous staff," she said. "We're doing phenomenal patient care. For things I don't know anything about, I have people who have degrees in those specialties."

However, Dr. Janik said she realizes DSOs may carry a bad connotation among her colleagues.

"I've had judgments passed on to me that I've had to overcome, usually from people who don't understand what I do," she said. "Basically, anything to do with patient care is all up to me."

Dr. Janik said with the cost of student loans, opening a practice from scratch is daunting for a recent graduate.

"That doesn't include the cost of buying a home or car," she said. "Just from a personal preservation standpoint, coming in to an office with (DSO) support may not be a bad idea because you're able to just focus on dentistry and patient care."

Ten things to look for before signing an employment contract

Understanding an employment contract before you join a dental practice can be intimidating.

Contracts can be long, the terms can be hard to understand and it may be the first one you've ever seen. The ADA publication, "Dentist Employment Agreements: A Guide to Key Legal Provisions," outlines a number of aspects to look out for in a contract and some key ideas to keep in mind before signing. This online publication is free to members and available for download at Success.ADA.org by searching for the title.

Here are 10 areas to keep an eye out for to make sure you understand what you're signing:

Employee duties: Pay attention to what is outlined in the contract as far as your duties as a dentist. This provision establishes the job responsibilities and, if breached, could become grounds for termination or a contractual dispute.

Compensation: Understand how you will be paid, how often and whether you're eligible for commissions or bonuses.

Benefits: Make sure you're OK with what's being offered in terms of vacation time, health and life insurance, retirement plan and other fringe benefits.

Term: Check to see the duration of your employment under the contract. Consider what happens if your term expires.

Termination: Understand whether you can be fired without cause.

Malpractice insurance: Check to see if your employer provides dental professional liability insurance or if you have to purchase it. If the employer purchases it, understand the amount and type of coverage provided.

Noncompete clause: If you're terminated, this may prevent you from practicing dentistry in a certain geographic area for a specific time period.

Nonsolicitation of employees and/or patients: This may prevent you from actively soliciting employees and/or patients away from the employer.

Dispute resolution: This establishes the process for resolving disputes between you and the owner dentist, should they arise. It's important to understand if you would be relinquishing basic and important rights, such as the right to a jury trial, if an issue arises that can't be resolved.

Liquidated damages: This stipulates how much money you would have to pay if you are found to have breached certain provisions the contract.

The ADA advises all dentists to consult with their personal attorneys before signing any contract.

Job hunting? Searching for employees? Visit the ADA CareerCenter

The ADA CareerCenter is the official online job board of the ADA and is a great resource for searching dental career opportunities or for recruiting dental professionals.

At careercenter.ADA.org, users can search or post job opportunities for dentists, oral surgeons, orthodontists and other dentistry related career opportunities.

Both job seekers and employers can benefit from this resource. Those looking for a job can sign up for free on ADA CareerCenter to find dental profession jobs listed by location,

company and job type; upload resumes; receive new job alerts via email; save and track jobs and apply online. Even more job opportunities can be found offline in the Journal of the American Dental Association's classified pages.

Meanwhile, dental employers and recruiters can use ADA CareerCenter to choose from a wide array of online options to showcase open positions, including basic and featured job postings or Featured Employer upgraded accounts.

For more information, visit careercenter.ADA.org.

A question of ethics



Dr. Ishkanian

Some issues that a new dentist might face may include:

It is my first time doing a procedure that I want to incorporate into my practice: how can I do that ethically on my first cases?

When should I refer? Are there ethical considerations if I don't refer?

At what point should I send the patient to a specialist? When and how do I tell a patient their treatment should continue with a specialist without losing the patient's confidence or trust?

As an ADA member, what is my ethical obligation to my patients?

We invited Dr. Emily Ishkanian to share perspectives relevant to clinical experience. Dr. Ishkanian is the ADA New Dentist Committee 14th District representative and NDC representative on ADA's Council on Ethics, Bylaws and Judicial Affairs. The ADA Principles of Ethics and Code of Professional Conduct (the ADA Code) can offer guidance to help new dentists answer ethical questions, Dr. Ishkanian said.

"My reputation, my name and my license are too valuable to risk," Dr. Ishkanian said in describing several real world practice situations she encountered. Dentists are faced with challenging ethical dilemmas in day-to-day practice. However, new dentists are placed in especially precarious positions when faced with what may seem to be a choice between acting ethically as defined by the ADA Principles of Ethics and Code of Professional Responsibility and possibly losing their job.

Some ethical situations include the following:

Advanced procedures

When you are asked to complete procedures and your gut tells you this isn't a treatment you feel comfortable performing, you have the option to refer to another practitioner who is more skilled in the procedure. Not only should this be an option, but it may actually be an ethical obligation. Ultimately, as the dentist, you make that call, because only you know your capabilities and you are responsible for making sure you do no harm to your patients. Recognize that referrals don't make you a weak clinician, but rather show that you value the patient's best interests. No one should expect you to do anything you don't feel comfortable doing.

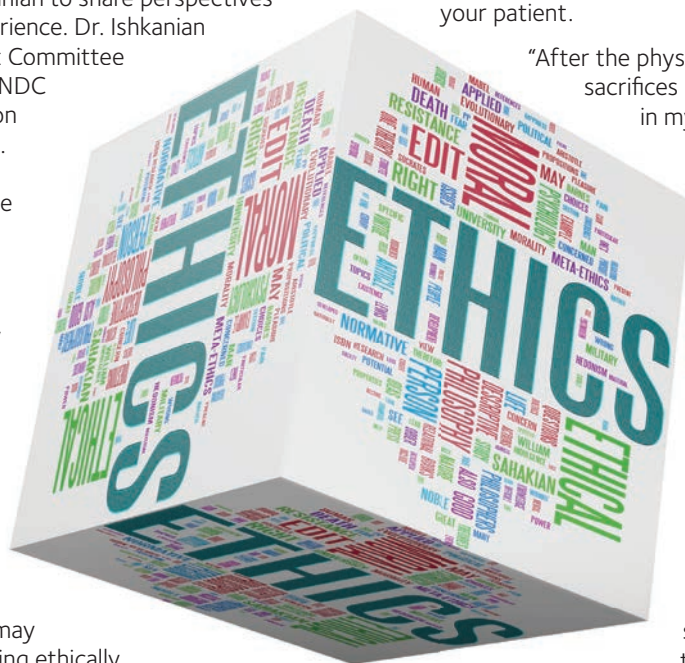
Ratios

Crown-to-filling ratios may sound absurd, but some new dentists have actually been faced with this expectation. If a

dentist hasn't met the adequate ratio, he or she may have been reprimanded or in some instances his or her employment may actually have been at risk. At the end of the day, as a dentist you have gone to school to gain the clinical knowledge to diagnose, educate and treat your patients. Yes, dentistry is a business, but you and your patients determine the best treatment, not the office manager.

Continuing your education

Upon graduation from dental school, you quickly learn that you are a beginner. Is there a treatment you are looking to incorporate into your practice but you feel you don't have quite enough experience? Take the proper steps to fulfill your ethical obligation to do no harm to your patients. Participate in continuing education, specifically hands-on CE; engage in a mentorship with a seasoned dentist by shadowing him or her while he or she is doing the procedure; reference online tutorials, textbooks, dental blogs, message boards; and most importantly know your limitations and when to refer to maintain the standard of care and to do what is best for your patient.



"After the physical, emotional and financial sacrifices I've made to reach this point in my career, I've realized that my dentistry and my work reflect the person I am and how I choose to care for my patients," said Dr. Ishkanian.

Dr. Ishkanian suggests that if you are faced with an ethical dilemma, address it with the owner or owners of the practice. If you don't see change on the horizon or there are too many ethical challenges that appear unlikely to be resolved, then it might be time to move on, maintain your ethics and standards and find a practice that shares your philosophy.

Always put your patients first,

and remember this is your license and your reputation. Don't put yourself in a position where you're defending it.

Available ADA resources to help new dentists facing ethical situations include the ADA Code of Ethics, the Ethics Hotline and the archive of ethical scenarios that can be found at ADA.org.

When professional conduct is the question, the ADA Code may have answers.

The ADA Principles of Ethics and Code of Professional Conduct amplifies Dr. Ishkanian's advice. "The American Dental Association calls upon dentists to follow high ethical standards which have the benefit of the patient as their primary goal," says the preamble to the Code.

"The ethical dentist strives to do that which is right and good. The ADA Code is an instrument to help the dentist in this quest."



Will there be a dentist shortage in 2025?

Check out the May issue of The Journal of the American Dental Association to read how falling busyness levels and financial barriers to dental care may challenge predictions of a dentist shortage by 2025. Marko Vujicic, Ph.D., ADA's chief economist and vice president of the Health Policy Institute, examines the issue in his Health Policy Perspectives column, Rethinking Dentist 'Shortages.' And for more highlights, watch JADA Editor Michael Glick's preview on ADA.org or jada.ada.org.

ADA NewDentist News

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News & Notes

Registration opens May 13 for 2015 New Dentist Conference

The annual New Dentist Conference has been re-tooled this year to run in conjunction with the ADA annual meeting in Washington D.C. in an effort to reach more new dentists and optimize resources.

Registration for the conference, which is planned for Nov. 5-8, opens May 13. The New Dentist Conference is designed for dentists who are 10 years or fewer out of dental school.

This year, highlights of the New Dentist Conference include an address from entrepreneur Daymond John, a co-star on ABC's "Shark Tank" and a VIP lounge in the convention center to relax and network.

For more information, visit ADA.org/NDC.

Nominate a young dentist for leadership award

Do you know an early-career dentist who has the potential to be a great leader?

The ADA Foundation is accepting nominations for its Dr. David Whiston Leadership Program until May 31. With this program, the ADAF will present two awards of \$5,000 each to help develop emerging leadership skills. Among other eligibility requirements, nominees must have earned or be in the process of earning a D.D.S. or D.M.D. degree and must have held a position in which they have demonstrated leadership skills, such as the ability to create a vision and inspire a team in order to advance the public's oral health.

For more information on how to nominate, visit adafoundation.org and click on "How to apply" and then "Education."

eBook helps new dentists enhance professional reputation online

New dentists can learn to use social media in a way that will engage potential and existing patients, make their practice more visible in a growing sea of online information and protect and further their professional reputation online with the ADA Practical Guide to Social Media Planning.

A free sample chapter is available online or you can purchase the eBook at ADA.org by searching for "social media planning guide."

To learn more about the program or to register, visit pmcertificate.Success.ADA.org/programs/.

Data aids new dentists in deciding where to practice

Wouldn't it be nice if simply putting a wet finger in the wind were enough to figure out where to open a new dental practice — or where to find work at an existing one?

Knowing which direction to take when making such important career decisions takes more data than that, of course. Thankfully, brave souls have paved the well-worn path to opening a new practice or deciding where to seek a position. Some have left a trail in the form of advice for new dentists.

Dr. Partha Mukherji of Fort Worth, Texas, for instance, has a few trail tips to share on figuring out where to open a practice. He graduated from Baylor College of Dentistry in 2001 and from the University of Texas School of Dentistry in Houston in 2002, where he completed a one-year post-graduate general practice residency in hospital dentistry focusing on the treatment of medically and physically compromised patients. Then he went to work as an associate.

"After practicing 11 years as an associate in private and corporate settings, I felt confident that I could do dentistry on my own," he said. "Still, I wasn't too confident on the business aspects of dentistry. In hindsight, I probably should've established my own office sooner. But, hindsight is 20/20."

Foresight, with data, can also be 20/20. Before deciding where to hang a shingle and open for business, Dr. Mukherji consulted professionals. One of the first things he did was call on a reputable dental practice real estate agency. He made his choice of business location largely based on their assessment of the area. They helped Dr. Mukherji review such variables as demographics and the saturation of dentists in the area.

But Dr. Mukherji also calculated his decision based on certain personal preferences. "I lived in the area, was active in the area and wanted to practice in that area," he said.

He also asked friends, colleagues, specialists and dental vendors for their input. "I found that to be valuable, too," he said.

Dr. Mukherji advises tapping ADA resources, such as



Dr. Partha Mukherji of Fort Worth, Texas (middle), launched a private practice in 2012. Here he participates in a table breakout session at the 2012 ADA Evidence-Based Dentistry Champions Conference in Chicago.

statistical reports. The ADA also refers member dentists to data sources to explore when assessing where to practice. A few suggested resources:

US Census Bureau — Factfinder (factfinder2.census.gov): Provides population information on household income, education, and many other demographics. Start by entering a city or zip code under the "Community Facts" heading in the left column.

2013 Color-coded zip codes, median household income (washingtonpost.com): Provides a color-coded overview of zip codes ranked by income and education level. Clicking on the map will bring up additional details about the zip code's income and education level. To locate the map, search the newspaper website for "super zips."

Wells Fargo Practice Finance (practicefinance.wellsfargo.com): Provides statistical information, including population variables for both residential and employed populations; socio-economic indicators including economics, education and housing; and number of existing practices in designated area.

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