

32 | PROTECTION FROM
EMBEZZLEMENT

53 | SURVIVING BULLYING IN
THE WORKPLACE: BULLIES
TYPICALLY SEEK CONTROL OVER
THEIR VICTIMS. ARE YOU A
VICTIM?

THE LEADING BUSINESS JOURNAL FOR THE DENTAL PROFESSION

JUN-JUL 2016



TOP 2015 DENTAL INDUSTRY TRENDS AND 2016 PREDICTIONS FROM THE APEX360 EDITORIAL ADVISORY BOARD

BY APEX360 EDITORS

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- Image Management
- Digital Cameras
- Cosmetic Imaging
- Hi Tech Diagnostics.

PART TWO

- Digital Radiograph
- Hardware Considerations
- What To Buy And What To Pay
- Advanced Cool Stuff
- Room Layout. Or Where Do You Put All This Stuff?

PART THREE

- Future Developments
- Using The Internet
- Office Web Sites
- E-Commerce And Wireless Communications
- Digital Case Presentations
- Patient Education.



Dr. Larry Emmott is one of the most entertaining speakers in dentistry. He is considered the leading dental high tech authority in the country with over thirty years of experience as a practicing general dentist. His high energy programs provide the tools needed to make wise technological decisions, saving time and thousands of dollars.

The High Tech Paperless Office



Going Paperless

It is possible to create a completely paperless dental record saving the practice tens of thousands of dollars each year! In this entertaining presentation from Dr. Larry Emmott, America's leading high tech dentist, attendees learn how to convert to a paperless dental office, do it right the first time saving both time and money.

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PROTECTION FROM EMBEZZLEMENT

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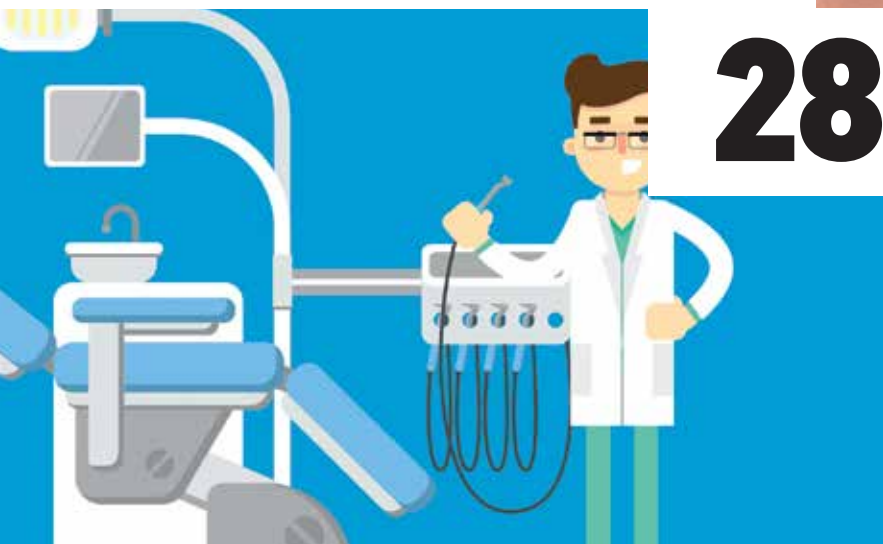
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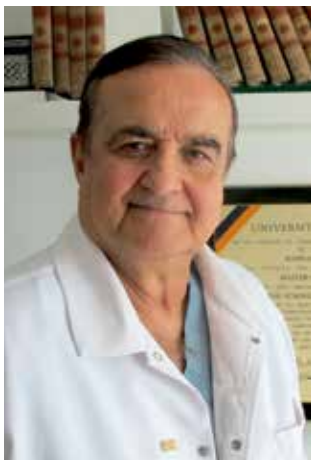
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FROM THE EDITOR

TIMES CHANGE

The practice of dentistry in the United States is undergoing overwhelming changes in both the types of ownership and the delivery of dental services. I would like to share with you some conclusions from one of this issue's feature articles, entitled *Top 2015 dental industry trends to 2016 predictions from Apex 360 editorial advisory board*.

In the article, "We say that change is inevitable, change is the only constant, and times change. Clearly, changes in dentistry practice have produced new procedures, products, and services that have impacted both the patients who receive the services and the dentists who deliver them."

- The generation of dentists from the 1960s and 1970s are now retiring along with their fixed and removable prostheses, amalgam fillings, gold restorations, and porcelain-fused-to-metal (PFM) crowns. Generation X and the millennials are today's practitioners; they are technologically savvy, competent in implant dentistry and computer-aided design/computer-aided manufacturing (CAD/CAM) restorations, composites, veneers, and zircon.
- The traditional dental impression is being gradually replaced by a digital impression. The shelves of patient records and the filing cabinets are on their way to the cloud.
- Solo practitioners, the fathers and pioneers of modern dentistry, have almost disappeared. Their practices have been purchased by corporate dentistry and group practices. Mergers and acquisitions continue to dominate the private practices seen in the United States. Whales devour sharks, sharks gobble dolphins, dolphins gulp fish, and, finally, fish scavenge sardines. The question we must ask is "are we reaching this point?"
- Dental conferences and their packed exhibit halls are expected gradually to fade into the past. Their high costs and failure to promote communication among dentists can only reduce their appeal.
- Google will continue to dominate the world.
- Dental corporations will also continue to merge with and acquire the practices of solo practitioners and private dental laboratories. Since these corporations equip, supply, and manage their own dental practices, independent dealers will be acquired or have to go out of business.
- Dental graduates are losing many of their professional and personal values as a result of working as employees in corporations.

Let us hope for a better tomorrow.

Marwan Abou-Rass

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TOP 2015 DENTAL INDUSTRY TRENDS AND 2016 PREDICTIONS FROM THE APEX360 EDITORIAL ADVISORY BOARD

BY APEX360 EDITORS

INTRODUCING THE APEX360 EDITORIAL ADVISORY BOARD

Apex360 was created to bring you the stories of the dental industry in their context. Today's dental professionals have access to a colossal amount of general information online; little of it addresses the forces and players behind developments and trends in the dental industry.

Nobody knows the dental industry like the professionals who move it forward every day. To best bring you these insights and to provide expert input in our editorial process, we have formed the Apex360 Editorial Advisory Board. These individuals are key industry experts and emerging leaders,

and their participation in the editorial process means that we will be able to bring you even better content in the coming years—covering new products, economic developments, medical regulations, mergers and acquisitions, policy changes, tradeshow news, technological advances, selling trends, corporate developments, and whatever happens in the industry that no one has yet predicted.

Keep reading to meet our editorial advisory board and get the inside scoop on what they thought the biggest trends of 2015 were, as well as what you can expect in 2016. We will be bringing you much more in the coming year.

—Apex360 editors



BETE JOHNSON

Vice president, sales | CareCredit

Bete Johnson, a 20-year sales, marketing, and practice management veteran, is vice president of sales for CareCredit. She has been a core part of the CareCredit team for over 14 years and was recognized as one of the Top 25 Women in Dentistry. Through her engagement with dental professionals, including consultants, associations, practices, and dental suppliers, Bete provides opportunities for networking and creating new relationships that benefit the dental profession.

WHAT NEW DENTAL CONSUMER TRENDS HAVE YOU IDENTIFIED?

In our recent Patients' Path to Dental Care Purchases study, CareCredit identified a number of trends among dental consumers. Here are some of the key findings:

- 67% of patients asked about and researched the cost and financing of dental procedures, which is more than actually researched the procedures themselves (58%).
- 52% of patients were not aware that financing was a payment option. However, 47% of respondents who did not have CareCredit said they would consider financing through a health-care credit card like CareCredit if it enabled them to receive care right away.
- 29% of all respondents indicated they would be likely or extremely likely to apply for and use CareCredit for fees of only \$200.
- Without available financing, 39% of patients said they would not have had dentistry done at all. (The average out-of-pocket investment for the survey participants was \$1,177.80.)

Source: CareCredit Path to Purchase Research, Dental



JOSH KILLIAN

Vice president of marketing, technology and equipment
Patterson Dental Supply

I am responsible for overseeing the development and implementation of all marketing programs. These support the sales of our proprietary technology products, CAD/CAM CEREC family of products, digital imaging products (both 2-D and 3-D), and all core equipment products to customers and our equipment specialists, CEREC specialists, territory representatives, and support personnel at our local sales offices and the Patterson Technology Center.

WHAT WAS THE MOST SIGNIFICANT TREND OR CHANGE YOU SAW IN THE DENTAL INDUSTRY THIS YEAR?

Three common phrases come to mind when I think about change: "Change is inevitable," "Change is the only constant," and "Times change." These adages became common because they are true. While change is inevitable, it is also the driving factor in the dental market—it has been positive and has been the catalyst for new procedures, products, and services that have impacted patient care and that will provide major shifts in how and what patients expect. We have also started to see shifts in the demographics of providers (e.g., millennials, generation X, baby boomers), which bring a whole new vision for the practice of the future and how technology will impact dentistry.

The dental student graduating today has dramatically different views of and expectations about technology than the dental student of 10, 20, or 30 years ago. This new perspective will surely have an impact on procedures and technology adoption in the practice. The patient and provider of today and tomorrow place more value on the in-office experience than they have in the past because the patient is more educated than ever before.

WHAT OPPORTUNITIES DID 2015 PRESENT, AND HOW DID YOU TAKE ADVANTAGE OF THEM?

2015 provided many opportunities, but I think the most impactful was the evolution of implants from having a limited application to becoming more of a standard of care. More companies entered the space than ever before, and the impact of technology, most importantly 3-D imaging, allowed the GP to feel more comfortable proposing an implant. Again, technology is the driving change that is fueling dentistry.

Another change in the industry is the relationship between GP and specialist. There will always be a need for specialists, but their relationship with the referring GPs is evolving from one of a subcontractor to a collaborative partner. The patient of tomorrow will require a seamless interaction between the specialist and GP—or will look for another provider. Running a successful practice isn't easy and requires a lot of hard work and dedication by each member of the dental office team. The importance of surrounding yourself with the right team members can't be understated, and this includes the specialists who support each GP practice.

2016 PREDICTION:

The dental market will continue to see improved growth in consumables, equipment, and technology, fueled by increased patient demand and education.



LOU SHUMAN, DDS, CAGS

President and CEO | Cellerant Consulting Group

Lou Shuman, president and CEO of Cellerant Consulting Group, is personally known for his expertise in Internet strategy, strategic relations, emerging technologies, digital marketing methods, and operational practice management. He is an executive consultant for Kavo Kerr, DEXIS, i-CAT, Pelton & Crane, Propel Orthodontics, WEO Media, ZQuiet, HR for Health, and Implant Direct. He is the chair of the technology advisory board for WEO Media and a member of numerous clinical advisory boards and editorial boards, including Orthodontic Practice US, The Progressive Dentist, and Seattle Sleep Education LLC. He is also the managing editor of the journal Dental Sleep Practice.

He is the creator of the Best of Class Awards, recognizing annually the most important technologies in the industry. He served as president of Pride Institute for six years and as vice president of clinical education and strategic relations at Align Technology for seven years. Gordon Christensen cited him as “one of the most influential dentists in the country today.”

WHAT WAS THE MOST SIGNIFICANT TREND OR CHANGE YOU SAW IN THE DENTAL INDUSTRY THIS YEAR?

The most significant trend was the medical community's increased recognition of dentistry's vital role in solving sleep breathing problems. Business and practitioner interest in the sleep sector grew significantly as a result of the potential impact of oral appliance therapy (OAT) in treating sleep apnea and snoring. Corporate interest also grew significantly—not only was there a proliferation of sleep companies (from educational, to billing, to sleep appliances), but large distributors also integrated multiple sleep companies to provide full services to their customer bases. An example is the new tie between EZ Sleep (a complete sleep service company), Henry Schein, and i-CAT. 2015 also saw the first private journal dedicated to sleep, Dental Sleep Practice.

WHAT OPPORTUNITIES DID 2015 PRESENT, AND HOW DID YOU TAKE ADVANTAGE OF THEM?

2015 presented me opportunities as a corporate executive consultant, especially supporting new companies entering dentistry, and dramatic growth. As a result, I have started a new company to add significant resources to support companies of all sizes and their customers at all levels. The company is called Cellerant Consulting Group. Right now, it supports 12 dental and medical companies.

2016 PREDICTION:

We'll see increased acceptance from the medical community as it recognizes dentists as oral health specialists, allowing for more collaboration around sleep problems, oral cancer, facial esthetics, and periodontal health.

**ANDY JENSEN**

Vice president, sales and marketing | Curve Dental

Andy Jensen has 21 years of dental marketing experience. He began his career with Dentrrix Dental Systems (later acquired by Henry Schein), building the profession's number one brand in dental software as director of marketing. During his tenure with Dentrrix, the user base grew from 250 to more than 25,000. Today he is working toward a repeat. As the vice president of sales and marketing, Andy is the voice of Curve Dental, leading this startup from obscurity to dentistry's leader in cloud-based management software. Andy has lectured at various dental meetings, blogs regularly, maintains an active YouTube channel, and has been published in many of the leading dental trade magazines.

WHAT WAS THE MOST SIGNIFICANT TREND OR CHANGE YOU SAW IN THE DENTAL INDUSTRY THIS YEAR?

The most significant trend in the industry, from a software developer's point of view, is the profession's migration to the cloud. The migration began in earnest in 2014 but accelerated in 2015. Interest in the cloud has been fueled, to some degree, by growth from the group practice segment, with more doctors opening second and third practices and more organizations jumping into the dental market to begin franchise developments. The cloud offers these types of organizations significant management advantages.

WHAT OPPORTUNITIES DID 2015 PRESENT, AND HOW DID YOU TAKE ADVANTAGE OF THEM?

Curve Dental has played to the continuing strong interest in the cloud as a technology platform to increase brand awareness.

2016 PREDICTION:

The cloud will become the best-selling technology platform for group practice management software, followed soon by private practitioners.



JIM ZENK, JD, CPA

Partner | HinrichsZenk+Pesavento

Jim Zenk is a partner at HinrichsZenk+Pesavento, an accounting and advisory firm focused on providing dentists with tax, accounting, and business planning expertise. Jim previously worked at two of the “Big Four” public accounting firms; a large Washington, DC, law firm; and in corporate tax as property tax manager for MCI Corporation. Jim earned his bachelor’s degree in accounting from Iowa State University and his law degree from the University of Kansas, where he focused on tax and business law. He is a licensed CPA in Kansas and Missouri, and a licensed attorney in Minnesota and Washington, DC. Jim is a member of the American Institute of Certified Public Accountants, the Kansas Society of Certified Public Accountants, and the Missouri Society of Certified Public Accountants.

WHAT WAS THE MOST SIGNIFICANT TREND OR CHANGE YOU SAW IN THE DENTAL INDUSTRY THIS YEAR?

In 2015, to no one’s surprise, there has been a sharp increase in the number of dental practices on the market as more dentists seek to retire. What was surprising was the spike in the number of savvy, entrepreneurial-minded dentists, typically 35 to 55 years old, hiring us to perform due diligence on these retiring dentists’ practices. These mid-career dentists are changing their own practices (seemingly overnight) to either create a highly profitable practice through economies of scale or immediately grow to add a new associate. The historical model of transitioning to a young associate through a practice broker is becoming less common.

WHAT OPPORTUNITIES DID 2015 PRESENT, AND HOW DID YOU TAKE ADVANTAGE OF THEM?

What this means for my firm is an opportunity to help dentists make this transition. As dental financial experts, we embrace a holistic approach to financial and business planning, which means we do more than accounting and tax preparation. We provide strategic advice to help guide dental professionals on increasing profitability and growing their practices the way they want. I think it’s important to help ensure financial security and sound business planning for dentists from day one until they retire, and that means looking at the entire picture of each dental practice.

2016 PREDICTION:

With that in mind, I anticipate this trend to continue into 2016, broadening the need for multitiered financial and business planning for dentists.



ANDREW HINRICHS, CPA

Partner | HinrichsZenk+Pesavento

Andrew Hinrichs, CPA, is a partner at HinrichsZenk+Pesavento (HZIP), a dental CPA firm. Located in the suburbs of Chicago and Kansas City, HZIP works with dentists around the country. HZIP is growing, thanks to its extensive knowledge of the dental industry, focused client service, and ability to help dentists make educated decisions in every financial area of their dental practices. HZIP uses its collective knowledge of hundreds of dental practices to help clients analyze fee schedules and insurance choices. Tax planning opportunities, practice growth, and creative retirement planning are key focus areas.

WHAT WAS THE MOST SIGNIFICANT TREND OR CHANGE YOU SAW IN THE DENTAL INDUSTRY THIS YEAR?

Mergers and acquisitions began to increase in 2015 at a higher rate than previous years. Pent-up supply from the post-2008 market crash has finally begun to lessen as doctors who are ready for retirement feel confident their retirement portfolios are in a better place and can provide the stability they need to list their practices.

A single-doctor practice acquiring another single-doctor practice is occurring frequently, and financing has been easy to come by. This is significant because the rate at which younger doctors were graduating was far exceeding older doctors retiring in recent years, therefore allowing new corporate dental offices to absorb a lot of the overflow and fill their ranks easily.

WHAT OPPORTUNITIES DID 2015 PRESENT, AND HOW DID YOU TAKE ADVANTAGE OF THEM?

2015 presented a great time to start many of our doctors out on a plan for retirement savings and debt reduction. While Section 179 has not yet been increased to its higher amount, doctors are not as concerned with capital expenditures and are more apt to listen about improving their personal financial positions.

2016 PREDICTION:

Merger and acquisition activity will continue, and a large portion will be driven by small startup dental support organizations (DSOs) in major metropolitan areas.



ROSE NIERMAN

Founder and CEO | Nierman Practice Management

Having authored the first medical billing manual for dentists, Rose Nierman has streamlined cross-coding through automated narrative report writing, claim forms, and electronic billing with integrated training for medical billing in dentistry. Integrated systems from Nierman Practice Management are used in thousands of dental practices for medical insurance reimbursement. Nierman Practice Management's flagship products, DentalWriter and CrossCode software, bill patients' medical plans for many dental services, including CT scans, oral appliances for sleep apnea, dental implants, oral surgeries, and TMJ disorders. Nierman Practice Management also provides ADA- and CERP-approved CE courses for cross-coding from dental to medical insurance.

WHAT WAS THE MOST SIGNIFICANT TREND OR CHANGE YOU SAW IN THE DENTAL INDUSTRY THIS YEAR?

The biggest change is, without a doubt, the October 1, 2015, transition to ICD-10 codes. ICD-10 is a coding set designed to report a diagnosis. Every dental office now needs to learn diagnosis codes, as they are now required on many types of dental claims as well as on medical claims submitted by the dental office. ICD codes were previously used for medical claims only. Nierman Practice Management is helping dental practices learn and utilize ICD diagnosis codes through our CrossCoding seminars, CrossCode manual, and CrossCode online software.

WHAT OPPORTUNITIES DID 2015 PRESENT, AND HOW DID YOU TAKE ADVANTAGE OF THEM?

ICD-10 coding has been a unique opportunity for Nierman Practice Management. Having trained offices in using diagnosis codes for over 25 years, we are ready to help dental practices with the new ICD-10 diagnosis codes that became mandatory in October for medical and dental claims. To handle the demand, we have expanded our seminar schedule around the country.

Codes describing broken or abscessed teeth, atrophy of the jawbone, TMJ disorders, obstructive sleep apnea, and other diagnoses can be used to show the medical necessity of treatment and to help expand services offered in dental practices. The fact that dental offices are now being reimbursed by medical insurance for many new technologies benefits the entire dental industry.

2016 PREDICTION:

With significant changes in insurance policies and education, more dental offices will be reimbursed by medical insurance plans for dental technology and services.



BRANDON CAMPBELL, DDS

Dentist | Peak Family Dentistry & Orthodontics

Originally from Houston, Texas, Dr. Brandon Campbell achieved the status of sergeant with the United States Army. He has a bachelor's degree in biology from the University of Colorado and completed his DDS at the University of Colorado School of Dental Medicine.

Dr. Campbell is the owner and dentist of Peak Family Dentistry & Orthodontics in Westminster, Colorado. His philosophy to practicing dentistry is a business approach with comprehensive clinical views, looking at all factors presented and allowing for longer-lasting clinical results. He enjoys dentistry because of the diverse range of patients it allows him to serve and the diversity of procedures he can offer.

Dr. Campbell is active in the community with local dental study clubs of all specialties, local dental committees, and associations. He also volunteers his dental services to patients in his local community seeking better dental health at no charge and to veterans across Colorado. He partners with Give Kids A Smile, Dental Lifeline, Donated Dental Services, and other local foundations.

WHAT WAS THE MOST SIGNIFICANT TREND OR CHANGE YOU SAW IN THE DENTAL INDUSTRY THIS YEAR?

The most significant trend is the increase in the rise of corporate or group practices. In my journey this year to purchase a dental practice that was equipped to meet my needs, I found this challenging because corporations or group practice owners were purchasing practices before they went on the market, or they were able to outbid solo practitioners like me.

We have all seen this trend on the rise, and we are seeing more and more dentists—especially new graduates—accepting this as their practice model. It's related to the fact that most dental graduates are graduating with debt exceeding \$300,000. Over 25% of graduates are seeking corporate positions while less than 10% are seeking solo-practice ownership.

These larger practices are also allowing more in-house treatment to be completed—such as orthodontics, endodontics, and oral maxillofacial surgery—instead of referring patients to specialists as they did in the past. In some instances, group practices have more money to front these larger business expenses, real estate expenses, equipment expenses, and for some, the expenses associated with hiring specialists.

WHAT OPPORTUNITIES DID 2015 PRESENT, AND HOW DID YOU TAKE ADVANTAGE OF THEM?

2015 brought me practice ownership and technology. I was looking for an existing dental practice to purchase, but I was unsuccessful in finding a practice that could fit my needs as a clinician. I was able to purchase real estate and build a practice from scratch to fit my clinical needs for the rest of my career. I was also able to upgrade the technology I was using for more efficient equipment.

2016 PREDICTION:

Patients will demand their dental experiences to be more convenient and efficient due to their busy lives, and technology will allow clinicians to meet this demand.



JOHN SCOTT

Chief marketing officer | Air Techniques

I've been part of the dental industry for over 10 years, working for Jeneric Pentron/Pentron Clinical, Kavo Kerr Group, and Air Techniques. Prior to dental, I worked 18 years in consumer products and the pharmaceutical industry for Beiersdorf and SC Johnson Wax.

I am involved actively in a number of organizations and associations, including the DTA (treasurer and executive board member), DTA Foundation, corporate council of ADEA, DAF (formerly ADAAF) (board member), Dean's Advisory Board at the University of Connecticut School of Dental Medicine, ADEA's President's Task Force on Industry and Academia, ADA Prevention Summit, OSAP, and many others. I graduated from the University of Florida with a bachelor's degree in microbiology with minors in chemistry and pharmacology.

WHAT WAS THE MOST SIGNIFICANT TREND OR CHANGE YOU SAW IN THE DENTAL INDUSTRY THIS YEAR?

The most significant trend is the continuation in digitalization of the industry-digital impressions, 3-D intraoral scanners, CAD/CAM units, digital radiography, 3-D printers, bulk-fill composites with handpieces, high-definition (HD) cameras, caries detection devices, and smart equipment (sterilizers, compressors, vacuums, etc.).

WHAT OPPORTUNITIES DID 2015 PRESENT, AND HOW DID YOU TAKE ADVANTAGE OF THEM?

The growth of the CAD/CAM business in 2015 presented us an opportunity to capitalize on the need for a good quality air compressor to support milling machines, which resulted in us growing the overall category of air compressors.

2016 PREDICTION:

Dentistry will continue to go through several transitions in 2016-increased digitalization, more consolidation of manufacturers, continued growth of DSOs and mid-market groups, gender and diversity transitions, additional approval of dental therapists and expanded functions, the impact of the ACA and consolidated health insurance companies on oral health care, and changes in the product delivery model.

MATTHEW PETCHEL

Creative director, principal | Brand Target



Matthew Petchel is a creative marketing professional with extensive experience creating, developing, and implementing marketing strategies for health-care and dental equipment companies. His communication skills and innovative ideas have delivered successful and timely campaigns for some of the biggest companies in the industry. Matthew has a unique blend of business and creative abilities, and he excels at seeing the big picture, establishing lasting relationships with clients, and getting things done. Matthew is also an author who speaks regularly on branding. His first book, *Branding In Practice*, is available on Amazon. He is working on his second book, *Reputation In Practice*.

WHAT WAS THE MOST SIGNIFICANT TREND OR CHANGE YOU SAW IN THE DENTAL INDUSTRY THIS YEAR?

On the manufacturing side, it's the continued usage of technology and data to connect with dentists. My clients are trying to form more meaningful relationships with customers (in this case, dentists) efficiently and effectively. Our industry moves slowly, but it's evolving. For example, everyone knows national tradeshow are dying a slow, painful death—mainly because they are inefficient, expensive, and haven't proven to be effective for connecting with dentists. While they provide value, the trend I see working is smaller, regional events that are a better mix of education, motivation, product demos, and networking. To me, these promise a future of connecting with and educating dentists on a more personal level.

On the dentists' side, they're recognizing patients as consumers. For finding a dentist all the way through treatment, patients need to be treated as consumers who use search engines as their No. 1 resource for finding products and services. This year, reputation and review marketing has become the most important thing dentists can do to attract new patients. Reputation marketing affects Google search; it affects consumer behavior; it affects everything. I encourage dentists to find a reputable reputation company that is the actual software developer. Go to the source.

WHAT OPPORTUNITIES DID 2015 PRESENT, AND HOW DID YOU TAKE ADVANTAGE OF THEM?

After writing my book, *Branding In Practice*, in which the message is that dentists should treat themselves and their practices more like consumer brands, I realized just how unique and impactful this message is. When I speak about it, the feedback is overwhelming. The business of dentistry is important, but the practice of dentistry is even more important. Dentists are great at many things, but marketing is not usually one of them, so they need help, support, and guidance in communicating their values, messages, and brands. There are many proven benefits to developing a strong brand (sense of self-worth, charging a premium, differentiation from competition, etc.), but the bottom line is that consumers buy from strong brands. It's time every dentist became a strong brand.

2016 PREDICTION:

Google and group practices will continue to take over the world and affect the industry, so dentists and manufacturers should start planning.



JEAN PATTERSON, CPA, CFE

Manager of entrepreneurial services | Alerding CPA Group

Jean Patterson, CPA, CFE, has more than 25 years of tax advisory and management experience. She has worked with dentists and their practices since 1999. She earned a Certified Fraud Examiner designation in 2009 and today helps dentists understand the risk of fraud in their offices. She speaks to study clubs about areas of vulnerability and steps for prevention. Her current position is manager of entrepreneurial services with Alerding CPA Group in Indianapolis, Indiana. She has been approved by the State of Indiana to offer dentists continuing education credit.

WHAT WAS THE MOST SIGNIFICANT TREND OR CHANGE YOU SAW IN THE DENTAL INDUSTRY THIS YEAR?

As a nonclinician, my industry perspective is more “outside the profession.” The most significant change I have seen among dentists is a greater awareness that being a great dentist does not guarantee a successful dental practice. While a successful practice does start with exceptional clinical skill, it also requires the contributions of dedicated staff, sound recordkeeping practices, and the input of outside experts, such as insurance, tax, and financial planning professionals.

WHAT OPPORTUNITIES DID 2015 PRESENT, AND HOW DID YOU TAKE ADVANTAGE OF THEM?

Thanks to an introduction that a gracious former professor of mine made, I have been able to reach a wider audience with my writing. Working with Amelia and Zac, both editors for Apex360 and the PennWell dental group, has been a blast. Their insight and encouragement has been a gift.

I have also been given an opportunity to lead an exceptional team at Alerding. I plan to make use of our combined skills to offer business owners outstanding tax and accounting service as well as income tax projection reporting. Many of our clients have not previously had tax projection data.

2016 PREDICTION:

As sad as it makes me, I predict no significant movement in 2016 on HR 1 (the Tax Reform Act of 2014—not a typo), which means that with no new legislation we will continue to guess which tax provisions will be extended and which will be allowed to expire—a game we have been playing for a few years. I’m considering keeping a Magic 8 Ball on my desk.



JACKIE SANDERS, RDH, MBA

Manager of professional relations and communications | Sunstar

Jackie Sanders, RDH, MBA, is Sunstar's manager of professional relations and communications in Schaumburg, Illinois. Sanders serves as a liaison responsible for communications with professional and industry associations, educational institutions, and the dental professional community. She is a recognized and active opinion leader within the dental hygiene community and associated social networking programs.

Prior to joining Sunstar seven years ago, Jackie practiced for 13 years as a registered dental hygienist. During that time, she also provided consulting services to several dental manufacturers and held an adjunct faculty position at her alma mater, Weber State University. She serves on the American Dental Education Association Legislative Advisory Council, and she is a member of the American Dental Hygiene Association Institute for Oral Health Advisory Committee and several editorial boards.

Sunstar strives to develop and offer products and services that promote systemic health through oral care and that provide a sense of security and comfort in everyday living, so that people may enjoy optimal health throughout their lives.

WHAT WAS THE MOST SIGNIFICANT TREND OR CHANGE YOU SAW IN THE DENTAL INDUSTRY THIS YEAR?

I'm intrigued by the fact that there are "good" bacteria in the mouth that can help maintain balance, modulating the effects of opportunistic and pathogenic bacteria. I'm excited to see that this novel approach is gaining more attention. The idea that oral health treatments can improve the condition of the gut flora, boost immunity, and simultaneously deliver a positive impact on gum disease and systemic health is exciting. We've taken steps to not only study this but also to offer solutions. Our approach is to explore how improved oral health is related to improved whole body health and vice versa.

WHAT OPPORTUNITIES DID 2015 PRESENT, AND HOW DID YOU TAKE ADVANTAGE OF THEM?

The dental professional remains the best, most important resource for product recommendations and treatment approaches for the patients who become consumers when they leave the dental office. Because of this, Sunstar works to maintain a collaborative relationship with dentists and dental hygienists.

In addition to offering products and services, Sunstar works closely with dental professionals, seeking early input on product development and research efforts.

2016 PREDICTION:

The dental professional will continue to look beyond the mouth alone, recognizing the connections between oral health and whole body health and continuing to find new approaches.



BERNIE TEITELBAUM

Executive director | Dental Industry Association of Canada (DIAC)

Bernie Teitelbaum (Bachelor of Commerce, 1971, University of Toronto) has 39 years of experience in the dental industry. For the past 17 years, Bernie has served as the executive director of the Dental Industry Association of Canada. He is responsible for moving the association's programs forward from conception to completion, and he is also the association's spokesperson and watchdog on market ethics.

Prior to joining DIAC, Bernie was director of sales and marketing for the Dentsply division of Dentsply Canada Ltd., sales manager of the laboratory products division of Dentsply Canada Ltd., treasurer and controller of Dentsply Canada Ltd., and assistant controller of Denco, a division of McGaw Supply Ltd.

Bernie has lectured on the dental gray market at all of the major conventions in Canada. He has also addressed many local dental and dental hygiene conventions on this topic. He has provided training to dealer representatives on how to discuss the gray market with their clients. Bernie has written several articles on the gray market for publications in Canada and the United States.

WHAT WAS THE MOST SIGNIFICANT TREND OR CHANGE YOU SAW IN THE DENTAL INDUSTRY THIS YEAR?

The major trend is the continued rise in venture capital funding for the dental laboratory businesses. One would have thought that consolidation in the laboratory business would come exclusively from the cost of digital manufacturing, but the rise of corporate dentistry means that larger labs will have to become even larger to meet the scale of demand-numbers and types of cases-coming from the corporate dentistry sector.

WHAT OPPORTUNITIES DID 2015 PRESENT, AND HOW DID YOU TAKE ADVANTAGE OF THEM?

All of the opportunities are in consolidation; dental businesses have to consolidate to meet the buying power of corporate dentistry and corporate dental laboratories. Price is becoming a more significant factor across the board and margins are becoming increasingly squeezed. I see a decline in independent labs, as well as in independent dealers. There will be tremendous pressure on manufacturers to deal directly with corporate entities in order to ensure that their products have prominence.

2016 PREDICTION:

I believe that the regional independent dealers will start to be acquired or go out of business.



JOHN HUGHES

Marketing and communications manager | Whip Mix Corporation

I'm John Hughes, a marketing and communications manager at Whip Mix Corporation. I've been a marketing professional for nearly 30 years since I started out as an account executive for a large advertising agency. Whip Mix was one of my best accounts, and in 1998, Whip Mix asked me to join the team and head up the marketing department. Working for Whip Mix over these past 18 years has been the high point of my career. I've had the unique experience of watching a company known for gypsum and lab equipment grow into a formidable player in the new digital technology boon. It's an exciting time in dentistry, and I look forward to working with the team at Apex360 and the board to address the needs of today's dental professional.

WHAT WAS THE MOST SIGNIFICANT TREND OR CHANGE YOU SAW IN THE DENTAL INDUSTRY THIS YEAR?

From a marketing point of view, the most significant trend I've seen is that customers / patients are better educated today than they were in years past. They now search the Internet for information regarding their oral health, procedures, and products. If they are told they need a certain procedure, they are more likely to Google it and learn as much as possible regarding its pros and cons. They can even search the web for dentists or services and see ratings much like you might search for a good restaurant. The growth and use of mobile devices and social media allows this information to be seen and shared in an instant.

WHAT OPPORTUNITIES DID 2015 PRESENT, AND HOW DID YOU TAKE ADVANTAGE OF THEM?

Today, there are over 936 million users of Facebook and 380 million users of LinkedIn. These numbers have grown by 20% since last year. This growth in social media has enabled Whip Mix to increase our reach to customers and potential customers to a level that was previously unimaginable. Our YouTube channel alone has over 200,000 views to date. We use social media and, in particular, blogging to drive traffic to our website. Our web traffic has doubled since we started using social media techniques, and it continues to grow. I think it would benefit every dental professional out there to explore these free resources to expand their reach and increase profits. We call it inbound marketing.

2016 PREDICTION:

As inbound marketing techniques are more widely understood, more dental professionals will get on board and increase business (a cause I hope to help through my work with Apex360).

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FIVE FOUNDATIONS FOR PRACTICE SUCCESS

ROGER P. LEVIN, DDS, MBA

Success seldom occurs by accident. In dentistry, the determination of the dentist creates the environment and the parameters of success. While superior clinical skills are obviously important, they do not dictate how successful the practice will be.

What are the benchmarks of a flourishing practice? Levin Group has observed that the most successful dentists, like successful CEOs, consistently focus on:

1. ESTABLISHING A VISION - Running a successful dental practice is about leading a group of people on a journey. It is about maximizing teamwork to accomplish something that could not be done individually. In short, it is about vision. All good leaders have vision. Establishing that vision requires that you ask yourself a series of questions:

- 1) What type of practice do you want?
- 2) How many days a week do you want to work?
- 3) What types of procedures do you want to offer?
- 4) What types of patients do you want to see?
- 5) What type of dentistry do you want to learn?
- 6) How do you want to manage the practice?

A vision statement is not where you are today, but where you see your practice three to five years from now (or even further).

2. SETTING GOALS - To achieve their vision, highly successful practices have well-defined goals that drive performance and lead to success. To be effective, goals must:

- Be written in clear, specific language
- Have deadlines
- Be measurable

Not only should you document the goals you wish to see your practice achieve, but you should share those goals with the entire staff. Only by communicating your goals effectively to the dental team can everyone work together to move the practice in the right direction.

Measurement is critical to accomplishing goals. Just because a doctor feels that he or she is “getting there” does not mean the practice is headed in the right direction to achieve the desired goal. If a goal is to be achieved, it will be numbers, not feelings, that verify that achievement.

“ ONLY BY COMMUNICATING YOUR GOALS EFFECTIVELY TO THE DENTAL TEAM CAN EVERYONE WORK TOGETHER TO MOVE THE PRACTICE IN THE RIGHT DIRECTION. ”



3. MAINTAINING ENERGY - Dentists should be passionate about what they do ... and not be hesitant to show it. Why? Because passion is contagious. What practitioners wouldn't want their teams to be as excited as they are about what the practice does for patients?

Dentists should understand that their behavior is viewed by the team as the model for how to act in the office. A dentist who is upbeat and motivational and interacts positively with patients will inspire the team to act likewise. By observing the dentist's behavior, the team should be able to perceive that the main purpose of the dental practice is not to make money for the dentist, not to employ the team, but rather to create the right environment for the patients and deliver outstanding care.

4. INITIATING/MANAGING CHANGE - There is an old axiom in business that says, "If you do what you have always done, you will get the same results you always have." This thinking now seems outdated. Today, if you keep doing what you have always done, you will get less than you have always gotten. Increased competition, new technologies, and the prevalence of dental insurance have all served to alter the dental landscape.

Pick up nearly any book on business and you will see a reoccurring motif - businesses must understand the importance and the inevitability of change. Clearly, change is no longer an option.

5. PROVIDING LEADERSHIP - Leadership makes it possible to successfully accomplish all of the preceding objectives. As business management guru

“ LEADERSHIP REQUIRES BEING BRUTALLY HONEST WHEN CONFRONTING ISSUES THAT RELATE TO SELF, STAFF, OR PATIENTS ”

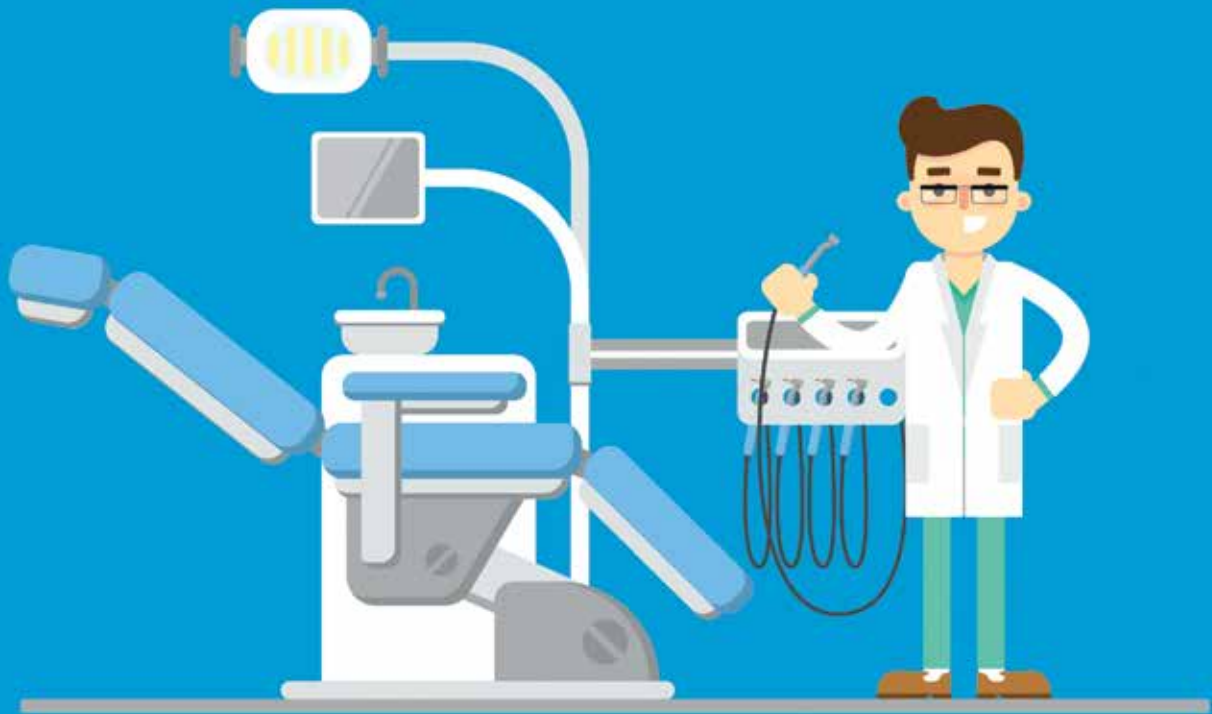
Peter F. Drucker once said, "Management is doing things right; leadership is doing the right things." Only by demonstrating strong leadership skills can the doctor move the practice to the next level, creating a patient-focused, highly profitable business. Dentists must hone their leadership skills for the good of the practice.

Leadership requires being brutally honest when confronting issues that relate to self, staff, or patients. The three biggest issues that must be addressed are:

- 1) Are you leading in a way that will achieve your practice vision?
- 2) Are you giving your team opportunities to grow?
- 3) Are you providing the best possible care to your patients?

CONCLUSION

Today's dentist must develop a vision, set goals, convey his or her passion, and guide the practice through change. Successfully accomplishing each of these tasks hinges on the dentist's ability to master leadership skills.



LEADING THE MODERN DENTAL PRACTICE

ROGER P. LEVIN, DDS, MBA

Introduction

For the dental practice, success in the postrecession economy demands more than excellent clinical skills. The dentist must also be an effective business leader, capable of reaching certain basic targets. These include:

- Increasing production 15% or more each year
- Having 98% of all patients scheduled at all times
- Achieving a 90% acceptance rate on presented treatment
- Collecting 99% of all money owed to the practice

Setting and attaining targets such as these has become critical. According to the Levin Group Data Center^{TM*}, 75% of all dental practices have declined during the past four years. Dental practice owners should take warning from this and begin thinking and behaving like CEOs. Otherwise, they will be trapped in a pattern of flat or declining production, excessive stress, and delayed retirement.

The Dentist as CEO

Unlike the typical CEO, dentists do not have the luxury of business school courses, corporate experience, or the guidance of mentors. Yet they need to meet and adapt to significant operational challenges if they are to succeed in today's dental economy.

In other businesses, CEOs use management systems to grow and protect their companies. Dentists must now learn to do the same. By applying the best methods from the business world, dentists can consistently grow their practices. When step-by-step systems are implemented to achieve specific targets, dental practices can be highly successful despite the challenges of a sluggish economy. The new role of a dentist is to be both clinician and CEO.

The main focus, day-by-day in the practice, will naturally continue to be on providing excellent patient care, but this alone is not sufficient. Dedication to the dental profession no longer guarantees a successful practice. In today's world, practice owners must create effective management and marketing systems and regularly monitor their progress.

What Got You This Far Will Not Take You to Your Goal

Reaching production, income, and profit targets in one year does not mean that it will happen again. For example, a practice that grew 12% last year may...

- Grow by half that rate -- 6% -- next year
- Find itself on a plateau, with no growth
- Actually decline by 5% or more

All of these scenarios are not only possible, but today's economy makes them more likely. The only way for a practice to achieve positive growth is by implementing proven, step-by-step business systems. Outdated methods and policies will not get the job done. Just as clinical techniques evolve to improve patient care, management and marketing protocols must also change or the practice will stagnate.

Leadership Requires Innovation

Dentists are thoroughly familiar with the importance of innovation as it relates to clinical excellence. They are not, however, experienced in the area of innovative business solutions. As former chairman and CEO of Procter & Gamble, A.G. Lafley points out in a book he coauthored with Ram Charan, *The Game-Changer: How You Can Drive Revenue and Profit Growth with Innovation*, "The best way to win in this world is through innovation.... Innovation must be the central driving force for any business that wants to grow and succeed in both the short and long terms." Management and marketing innovations have become critical factors in practice success and should therefore be addressed forthrightly by practice owners.

Business CEOs understand that innovation is an ongoing process that impacts management, marketing, team building, and planning. Some dental practices have been tremendously successful, even in the face of great challenges, because they have implemented innovative strategies. These include patient acquisition strategies such as certificates for no-cost exams, motivating insurance patients to accept more elective procedures, and other innovations.

In response to changes in the dental economy, Levin Group has created new systems for its clients based on the following innovative principles:

PRACTICES NEED TO DO MORE WITH WHAT THEY ALREADY HAVE. Currently, dental practices have fewer new patients presenting than at any other time in recent history. This means that practices have to do more with the patients who are already in their care. Practices can accomplish this by:

- Having 98% of all patients scheduled at all times
- Reactivating 85% of all overdue patients who haven't been seen in the last 18 to 48 months
- Offering ideal and comprehensive treatment, with 90% of cases accepted

If these three targets alone are consistently achieved, practice production will increase significantly. Combine these with other key concepts and the practice has the potential to grow exponentially.

TRAINING MATTERS MORE THAN EVER.

The dental team will be only as good as the practice's business systems. Conversely, for those systems to work well, the team must receive appropriate training. If training is haphazard, high expectations are unrealistic.

One of the most important responsibilities for the practice CEO is to arrange for team training. By implementing proper training in the use of documented step-by-step systems, the practice will have a team that excels in every area, from scheduling to case presentation. This training should include innovations such as learning system operation through scripted role-playing, assigning target accountability as a motivational tool, and extensive cross-training.

ALL DENTAL PRACTICES HAVE A 30% GROWTH POTENTIAL. Dentists can achieve this growth rate without any new fixed expenses. A practice does not need to add a new chair, staff member, or technology to achieve 30% or more in growth -- and if the practice can grow 30% without increasing fixed expenses like these, it means that currently one full day per week, at minimum, is actually unnecessary. In a dental practice, as in all businesses, work expands to fill time. With a new Power Cell Schedule™ in place to eliminate costly gaps and imbalance, the "busy" practice will find that it has increased capacity to treat more patients. It can then use excellent marketing strategies to fill the available openings. This is the general framework for growing a practice.

PATIENTS TODAY WANT MORE VALUE FOR THEIR MONEY. Most dentists do not have an accurate understanding of the patient experience. In one study by the Levin Group Data Center™, it was found that dentists and staff rated their customer service at 9.2 out of 10. However, when patients were surveyed, they rated the customer service at 7.4 out of 10.

While this is not a bad score, it is also not at the level of excellence that builds loyalty and referrals. This lack of superior customer service is one reason why, in the typical practice, less than 20% of patients refer one new patient per year. In contrast, the target Levin Group sets for clients is for 40% to 60% of patients to refer one new patient each year.

“ THIS LACK OF SUPERIOR CUSTOMER SERVICE IS ONE REASON WHY, IN THE TYPICAL PRACTICE, LESS THAN 20% OF PATIENTS REFER ONE NEW PATIENT PER YEAR. ”

Consumers (including dental patients) want more value today than ever before. Their financial situation is often challenging and uncertain, so they want the best value they can get every time they spend their money. They have been conditioned by retailers to seek discounts, deals, and other opportunities based on either lower cost or higher value. In response to this new consumer psychology, the best approach for dental practices is to increase value rather than reducing fees. They can do this with an intense focus on customer service, internal marketing, and strategic innovation. The goal should be for every practice to routinely score higher than 9 out of 10 on customer service surveys.

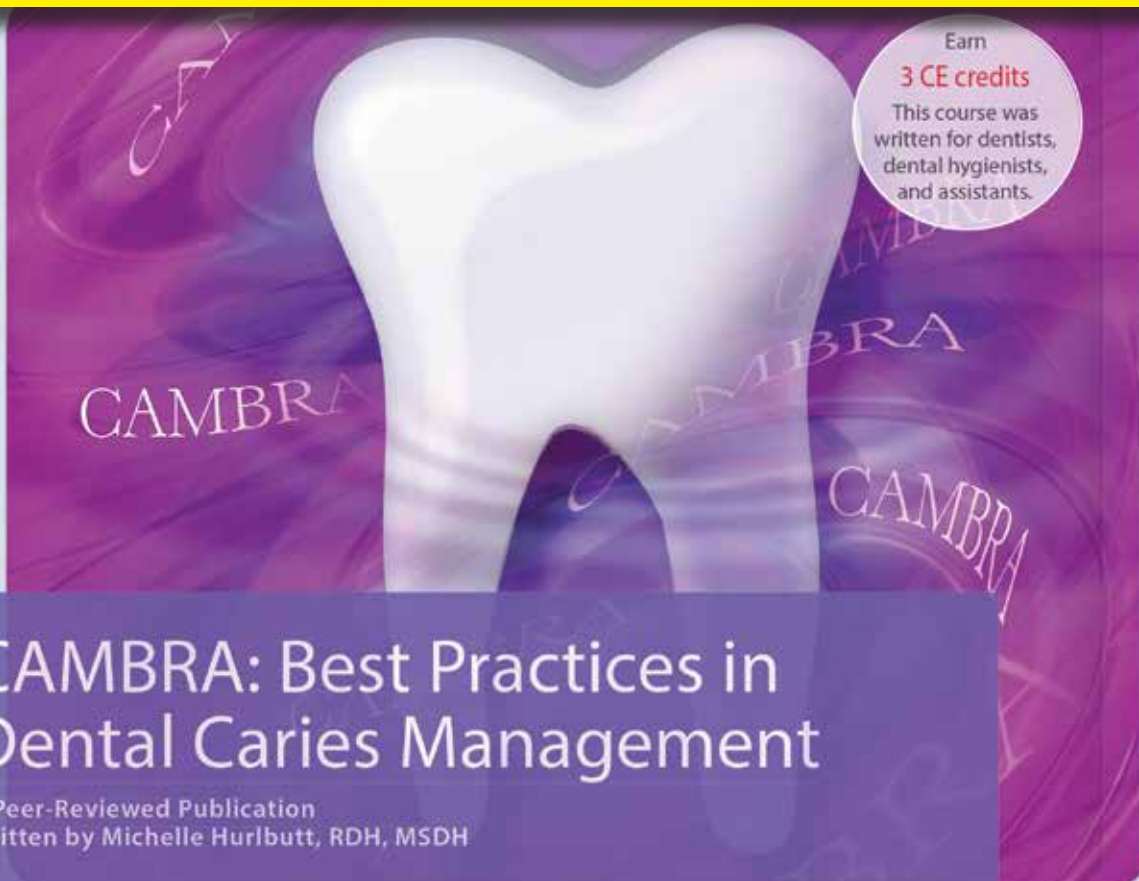
CONCLUSION

Superior clinical care is only part of the equation for practice success. The other part is expert business skills. In today's economy, the practice leader needs to have both.

Dental school teaches dentists the clinical skills they need to become excellent dentists. In the new dental economy, practice success also depends on the leader's business knowledge and skills. Whether dentists make the effort and spend the time learning the latest business techniques by themselves -- or rely on outside experts for guidance -- the objective is the same. Dentists must change with the times in order to operate the practice as a business. They must envision practice success in the future and lead the practice there.

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CAMBRA: Best Practices in Dental Caries Management

A Peer-Reviewed Publication
Written by Michelle Hurlbutt, RDH, MSDH

Abstract

The current approach to dental caries focuses on modifying and correcting factors to favor oral health. Caries management by risk assessment (CAMBRA) is an evidence-based approach to preventing or treating dental caries at the earliest stages. Caries protective factors are biologic or therapeutic measures that can be used to prevent or arrest the pathologic challenges posed by the caries risk factors. Best practices dictate that once the clinician has identified the patient's caries risk (low, moderate, high or extreme), a therapeutic and/or preventive plan should be implemented. Motivating patients to adhere to recommendations from their dental professionals is also an important aspect in achieving successful outcomes in caries management. Along with fluoride, new products are available to assist clinicians with noninvasive management strategies.

Learning Objectives

The overall goal of this course is to provide the reader with information on CAMBRA and dental caries management. On completion of this course the reader will be able to do the following:

1. Analyze the principles of caries management by risk assessment.
2. Recognize the value of performing a caries risk assessment on patients.
3. Describe and differentiate between clinical protocols used to manage dental caries.
4. Identify dental products available for patient interventions using CAMBRA principles.

Author Profile



Michelle Hurlbutt, RDH, MSDH
Michelle Hurlbutt is an Assistant Professor in the Department of Dental Hygiene, Loma Linda University School of Dentistry where she teaches pharmacology and nutrition courses. She is also the Director of Loma Linda University's online BSDH degree completion program, where she teaches research and cariology courses. Michelle is the 2010-2011 co-chair of the Western CAMBRA Coalition.

Author Disclosure

Michelle Hurlbutt does not have a leadership position or a commercial interest with Ivoclar Vivadent, the commercial supporter of this course, or with products and services discussed in this educational activity.

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An illustration at the top of the page shows a man with glasses and a light blue shirt sitting at a desk, looking at a computer monitor. A giant, stylized orange hand is reaching down from the top left, with its fingers pinching a stack of US dollar bills from the man's pocket. The background is a solid purple color.

PROTECTION FROM EMBEZZLEMENT

ALLEN M. SCHIFF, CPA, CFE

BACKGROUND

Throughout the last 35-plus years as a practicing dental CPA and CFE (certified fraud examiner), I've often been called upon to investigate fraud and embezzlement in dental practices. From my professional experiences, coupled with the research I've performed over the years, one in six dental practices will experience embezzlement over its lifetime. This article will offer suggestions for the prevention of fraud and abuse that may occur in your dental practice.

THE DENTAL INDUSTRY

Within the dental industry, it is my opinion there is a higher risk of fraud and embezzlement as opposed to other business industries. So, you may ask, why is this the case in dentistry? As you reflect on your education and related schooling, you were trained as a dentist throughout the entire educational process. In dental school, the curriculum rarely provides for the "business side of dentistry," let alone the fraud and abuse that may occur on a daily basis within a dental practice. Many dentists simply trust everyone, including their current team members. When trust is established with your employees, your objectivity becomes blurred and you simply do not think anyone you trust would steal from you. In this article, I will give you suggestions to prevent this negative behavior and help you implement required internal accounting controls for your practice. My goal is to diminish any opportunities for embezzlement and fraud that currently exist within your practice.

PROTECTION FROM EMBEZZLEMENT

In order to protect your dental practice from employee embezzlement and so you don't become a statistic, you should sit down with your dental CPA to discuss prevention techniques that should be installed in your practice. Initially, give some thought to the money flow that occurs on a daily basis. Think about what happens when the mail arrives. Who opens the mail? How is the mail distributed? How do you account for the number of checks received in the mail? In addition to the mail, think about when patients pay at the front desk on a daily basis. When a patient pays for your services at the front desk, in the form of cash, check, or credit card, how are you assured that all transactions are accounted for? How do you reassure yourself that each method of payment is recorded within your dental practice management software and also deposited in your business checking account?

As you begin your thought process, ask your dental CPA what internal accounting controls he or she would recommend be installed to help prevent fraud and embezzlement.

Fraud and embezzlement can occur in a number of areas in your dental practice. Think about the daily financial transactions in your office. The production and collection functions should be addressed on an annual basis with your dental CPA, with the hopes of preventing fraud and embezzlement in your practice.

Here I will offer suggestions for prevention techniques that you can implement as you think about the production

(billing) and collection functions (daily patient billing, patient collections, and patient adjustments) that occur in your practice.

PRODUCTION AND COLLECTIONS—When you think about production and collections, consider ways you can implement internal accounting controls in order to safeguard your practice's assets. If you can, and you have enough employees working for you, segregate the billing (production), collection, and patient adjustments. In other words, have one employee assigned to each of these three functions.

PRODUCTION—When your practice enters production into your practice management software, have your chairside assistant enter your production and have the hygienists enter their production. Consider removing the billing function from the front desk entirely.

COLLECTIONS—Consider assigning a front desk employee the responsibility of entering the daily collections within your practice management software. Ideally, this should be an employee other than the one assigned with the "mail-opening" procedures, as mentioned above. If it's possible, the employee who opens the mail should not have access to the billing and collection aspects of your practice management software. This employee should be responsible for the distribution of the daily mail, as well as running a "tape" of the checks received in the mail. This tape should be given to you on a daily basis so you can compare such tape to the final "day sheet." This is to be certain all checks received in the mail were in fact entered on your day sheet and deposited into your practice's checking account. If you are unable to segregate these responsibilities due to the number of employees you have, make sure the person who opens the mail and enters the daily checks received in the mail is "bonded" by your commercial insurance company.

PATIENT ADJUSTMENTS AND EOBs (EXPLANATION OF BENEFITS)—Consider assigning a front desk employee the responsibility of entering the daily EOBs in your practice management software. Ideally, this employee should not be the same one who enters the daily production or the daily

“ ONE IN SIX DENTAL PRACTICES WILL EXPERIENCE EMBEZZLEMENT OVER ITS LIFETIME ”

collections. If possible, try to segregate this accounting function within your practice.

If possible, meet with the vendor who installed your dental practice management software. Your goal here is to set the computer rights within your practice management software with the accounting function. Ideally, you would like the computer rights assigned to the employee who is assigned to the particular accounting task, whether it be production, collection, or EOBs. The employee should have no access to any other features of your practice management software.

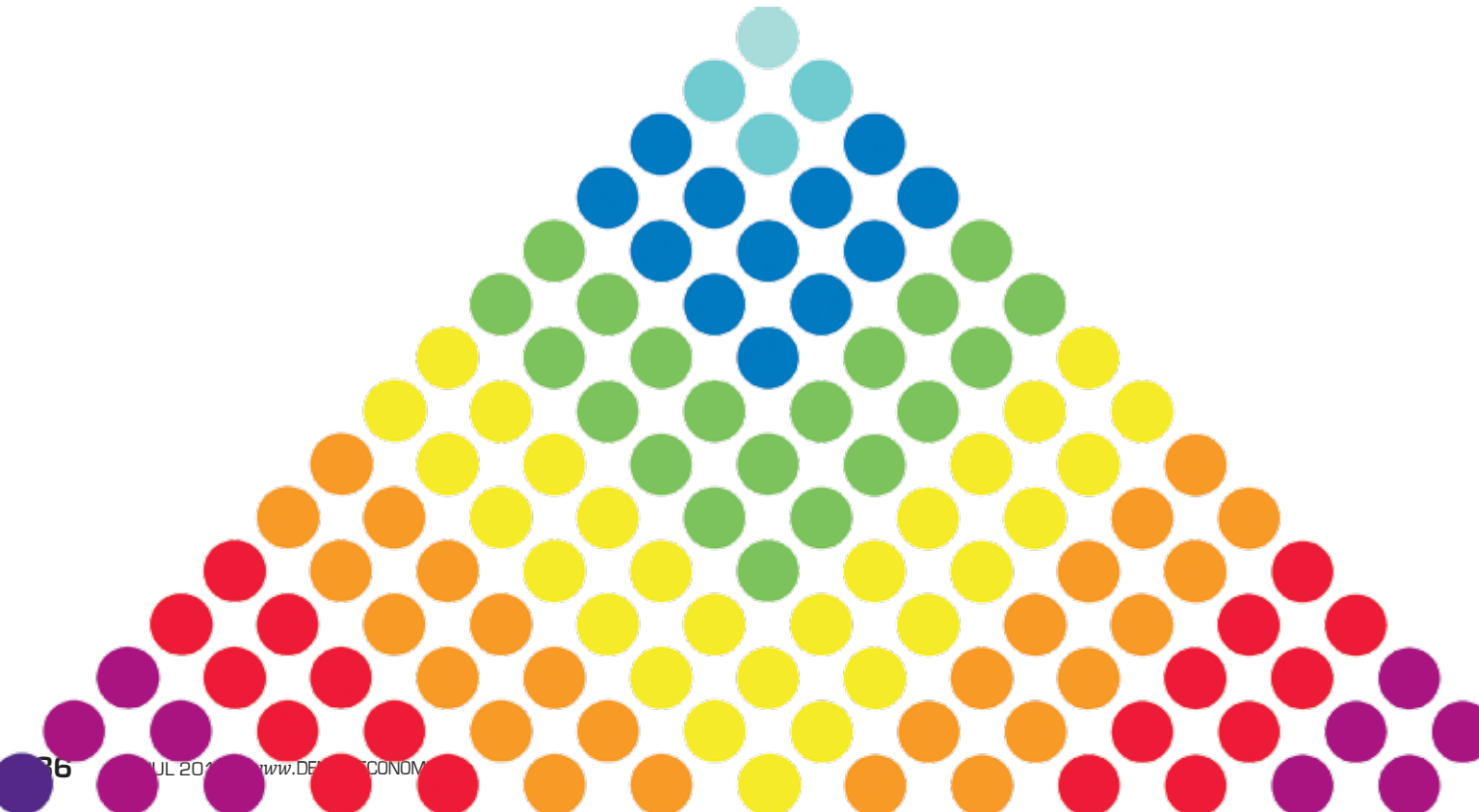
COMMERCIAL INSURANCE CONSIDERATIONS

— I mentioned having your employees bonded. You may want to contact your commercial insurance agent and inquire about employee theft bonds. These help protect against financial loss in your dental practice. An employee theft bond creates additional security within your practice. Another consideration is to purchase a commercial crime policy for your practice. This type of policy provides coverage for dishonesty, destruction, and disappearance of records but can also be extended to cover computer crimes, credit card crimes, and funds-transfer fraud. Be sure to inquire with your commercial insurance agent.

In closing, be sure to safeguard your practice's assets with the proper internal accounting controls. Reach out to your dental CPA because he or she will have solutions and recommendations for you to implement so your practice will not become a statistic. Good luck!

A TOP 10 LIST FOR WATER FLOSSING

CAROL JAHN, RDH, MS



HERE ARE THE TOP 10 REASONS FOR RECOMMENDING THE WATERPIK WATER FLOSSER ...

10

IT REDUCES THE PERIODONTAL INFECTION.

One of the primary benefits of the Water Flosser is that the pulsating action creates a compression/decompression phase that expels subgingival bacteria from the pocket.¹ Teeth with no instrumentation for six months or more that were treated with the Water Flosser had reductions in bacteria up to 6 mm.² When the Water Flosser was compared to both toothbrushing and mouth rinsing with 0.12% chlorhexidine (CHX), only water flossing reduced subgingival bacteria.³ A paper by the American Academy of Periodontology notes that one of the greatest advantages of water flossing is that it “permits patients to participate in maintaining the bacterial reduction that was attained during root planing.”⁴

9

IT REDUCES THE INFLAMMATION.

Study after study, many of six months' duration, has shown that people who add the Water Flosser to daily self-care do better at reducing bleeding and gingivitis than people who don't use the Water Flosser.⁵ A 2008 systematic review noted that studies showed there was a beneficial effect of water flossing on the gingival index, bleeding scores, and pocket depth.⁶ An analysis of water flossing on cytokine production and its relationship to clinical outcomes found that both the Water Flosser and toothbrushing removed plaque, but only the Water Flosser reduced the inflammatory cytokine Interleukin-1 β (IL- β). Importantly, the reduction in bleeding was correlated to the reduction in IL-1 β , not plaque, providing new evidence as to why the Water Flosser is so effective at reducing inflammation.⁷

8

IT HELPS PEOPLE WITH DIABETES.

People with diabetes tend to be at greater risk for periodontal disease and often have more severe gingival inflammation. A study on people with diabetes found that those who used the Water Flosser for three months had a 44% better reduction in bleeding and a 41% better reduction in gingivitis over those who did not use the Water Flosser.⁸

7

IT IS SAFE AND GENTLE AROUND IMPLANTS.

Maintenance of implants is critical to their long-term survival. A three-month study that compared water flossing with 0.06% CHX delivered with the Pik Pocket™ Tip to rinsing with 0.12% CHX found that those who used the Water Flosser had superior reductions in plaque (29% vs. 9%), bleeding (62% vs. 33%), and gingivitis (45% vs. 10%) over rinsing.⁹

6 THERE IS NOTHING BETTER FOR CLEANING AROUND ORTHODONTIC APPLIANCES.

Keeping orthodontic appliances clean can be tedious and challenging. Water flossing makes it easier. Adolescents age 11 through 17 who used a Water Flosser with the Orthodontic Tip every day for four weeks had three times the reduction in plaque vs. those who used a manual brush and floss and five times the reduction than those who only brushed. The Water Flosser group reduced bleeding by 84.5% from baseline, which was 26% better than brushing and flossing and 53% better than toothbrushing alone.¹⁰

5 IT GETS DEEPER INTO THE POCKET THAN STRING FLOSS.

Findings indicate that using the Water Flosser with the Classic Jet Tip results in penetration of approximately 50% of the depth of the pocket. The depth of penetration may vary depending on the depth of the pocket with the deepest penetration often occurring in the deepest (>7 mm) pockets.¹¹ An evaluation of the Pik Pocket™ Tip found it delivers the solution to 90% of the depth of a pocket <6 mm and to 64% of the depth of a pocket >7 mm.¹² In contrast, it is widely accepted though not scientifically documented that ideally, floss reaches about 3 mm due to technique and/or anatomical constraints.

4 IT REMOVES PLAQUE.

A study at the University of Southern California Center for Biofilms found that a three-second application of water flossing with the Classic Jet Tip at medium pressure removed 99.9% of plaque biofilm from the treated area. The teeth utilized for this were colonized by a luxuriant biofilm several micrometers thick. The investigators concluded that the hydraulic forces produced by a Water Flosser with 1,200 pulsations per minute can remove biofilm. The study evaluated the biofilm via scanning electron microscopy. They noted that this method provides a high level of confidence in the direct demonstration of biofilm removal.¹³ Findings from studies conducted during the past decade that evaluated plaque removal with a traditional whole mouth plaque index have also demonstrated better plaque removal from using a Water Flosser.^{7,14}

3

IT IS EASY TO USE.

Using the Water Flosser is easier than string flossing because it requires less manual dexterity. It takes about a minute to cleanse the entire mouth. Beyond the initial investment, all you need is water, although the Water Flosser can accommodate most mouth rinses. It is appropriate for people of almost any age; even children as young as ⁶ with supervision.

2

IT IS A CLINICALLY PROVEN EFFECTIVE ALTERNATIVE TO STRING FLOSS

Three studies have directly compared the Water Flosser to string floss. The first, a four-week study at the University of Nebraska in 2005 found that the Water Flosser with the Classic Jet Tip was up to 93% more effective at reducing bleeding and up to 52% more effective at reducing gingivitis than string floss. Plaque removal was also better.¹⁴ In 2011, a four-week study at the University of Amsterdam that compared water flossing with the Classic Jet Tip and the Plaque Seeker® Tip to string floss, found the Water Flosser to be twice as effective at reducing bleeding as string floss. There were no differences between the groups in regard to plaque removal.¹⁵ A third four-week study, conducted in 2008 in Canada on adolescents with fixed orthodontic appliances found the Water Flosser with the Orthodontic Tip to be significantly more effective than manual brushing and flossing at removing plaque and reducing bleeding.¹⁰

1

IT IS EVIDENCE-BASED.

The Water Flosser has been evaluated more than 50 times since its introduction in 1962. Clinical findings for reducing bleeding and gingivitis are supported by positive outcomes from more than 20 clinical trials, many of six months duration.^{4,5} An independent, systematic review had a similar finding.⁵ The use of the Water Flosser as an effective alternative to string floss is a new concept that has been consistently demonstrated in three separate studies.^{10,15} The American Academy of Periodontology notes in its review that the greatest benefit from water flossing “is seen in patients who perform inadequate interproximal cleansing.”⁴

REASSURE PATIENTS OF YOUR SAFETY PROCEDURES

NOEL BRANDON KELSCH, RDHAP

In cases where disasters strike, it is vital to have your plan of action in place. Facing those disasters head-on can be the difference between patients continuing care, having a great understanding of the process of infection control, or developing a phobia and not being able to enter the dental environment. What I consider a national disaster was presented on March 28. This news brought forth the concept that entering the dental environment could be more risky than living with dental disease. An oral surgeon's lack of infection control standards may have infected over 7,000 patients. Your choices in infection control can and do impact your patients' lives forever. Your reaction to these events can impact patients for years to come.

SO WHAT HAPPENED?

In Tulsa, Okla., breaches in infection control standards has led to the need for 7,000 patients to be evaluated for the presence of disease. They were all treated by the same oral surgeon's office. It is suggested that this case came forward because of a suspected case of hepatitis C transmitted to a patient.

The oral surgeon is suspected of using single-use vials of medication on multiple patients. This leaves patients at great risk. Dental vials can be a source of cross contamination of bacteria and viruses. They can also be involved in paraesthesia if you use a disinfectant to wipe them down after they have been on a patient tray. They

have a semi-permeable membrane that disinfectants can pass through and cause paraesthesia. This dentist was also allowing unlicensed individuals to deliver care (intravenous medication) that requires a license. Rusty instruments were discovered upon inspection. As we all know, rust can inhibit the sterilization process.

We all know that any of the above scenarios can spread disease. This all could have been prevented if the office had their written infection control protocol in place and implemented it; but they did not.

PREVIOUS EXAMPLE OF DISEASE TRANSMISSION

Previously, it has been clarified that disease can be spread in the dental environment. This is not a first for dentistry. For example, the Journal of Infectious Diseases reported a patient-to-patient transmission in a dental setting in 2001. The state health department's epidemiologic investigation found that the patient had none of the traditional hepatitis B risk factors. The only transmission factor was a recent oral surgery. An investigation of the oral surgery practice where the patient received care disclosed that another surgical patient earlier that same day was on the state's reportable disease registry for hepatitis B. Testing with a molecular epidemiologic technique revealed that the transmission did occur between the two patients.

The hard part here is when they investigated the office and monitored all the infection control protocols, the

office was following standard infection control practices. The staff was hepatitis-B free and had been vaccinated. The investigators could only speculate that a lapse in procedures had occurred after the source patient left the area contaminated with blood. This and other cases remind us all how imperative infection control protocols are. This reminds us that our infection control is only as good as the worst action we take.

AN OPPORTUNITY TO REVIEW

You may think this is an event that could never happen in your practice. My question is, have you looked closely? Are you evaluating your practice? Do you have a written infection control protocol in place? Are you aware if your practices are up to date?

Infection control is never static. Most states require infection courses, and OSHA requires a yearly blood borne pathogen training in all dental offices. It could be a very simple thing you are doing. Are you wiping down dental carpules that went on a patient tray and were not used? Do you use cold sterile single-use items that are not able to be heat sterilized and were intended for single use? If you are reusing single-use items, you are delivering the same level of care as the oral surgeon in Tulsa. The reason these items are single-use medical devices is because there is no guarantee they are disease-free after use.

SOME THINGS TO THINK ABOUT AND ACT UPON

I recently had an audience member during a lecture share with the audience that she had substituted in an office where infection control was so incongruous that she stopped what she was doing several times during the day to correct the assistant. I asked her what she did about the situation and she stated, "Nothing. I just never went back."

We all have a responsibility. We are the voice of patients that may or may not know about the situation. When we agreed to "do no harm," that includes infection control. It is our responsibility to report and to be a part of the change. What do you need to change?

1. All offices should use the nonprofit Organization

“WHEN WE AGREED TO “DO NO HARM,” THAT INCLUDES INFECTION CONTROL.”

for Safety, Asepsis and Prevention (OSAP) tools and materials. The workbook "From Policy to Practice" delivers all the concepts in a practical manner. They have great resources for you to review your practices, and the OSAP website is always up to date with its information. Membership to this organization is very inexpensive. They are dedicated to making sure patients and staff return home safe at the end of the day.

2. All offices should have a written infection control program in place. Where is yours located? Who is in charge of making sure it is updated?

3. All states should require anyone who steps on the clinic floor to have formal infection control training. California requires that an unlicensed dental assistant take an eight-hour course in infection control; most states do not require the unlicensed dental assistant to take any courses. Advocate in your state to make infection control required for anyone who is delivering patient care.

4. All offices should be reviewing the updates from the Centers for Disease Control and Prevention regularly and utilizing the resources for infection control on their website.

5. Before we refer any of our patients, we need to know where we are sending them and that the other office is practicing the same level of infection control that we insist upon.

WHAT SHOULD I SAY TO PATIENTS?

Being aware of patients' need for reassurance is a fundamental part of dealing with this challenge. Refusing to discuss the situation exacerbates patients' apprehension and can leave them feeling vulnerable.

Reassure: When patients ask questions, reassure



them that their questions are appreciated and that you are doing everything to keep both patients and health-care professionals safe. Let them know that these incidents are few and far between but that your office has done everything necessary to keep this scenario from occurring, taking steps from continuing education to daily checklists.

Questions: When a dentist at the Veterans Affairs Medical Center in Dayton, Ohio, was lax in infection control and potentially exposed hundreds of patients to blood borne pathogens, the related newspaper articles led to dental office's phones ringing off the hook. Patients wanted to know if they were safe in the environment that the dental office creates. Each of us has to have those answers in place before an event occurs. Here are some common questions that have come up during those times:

1. How do I know that your office is complying with all the infection control rules?

Your safety is always our first concern. We have an ongoing program, a daily check list, and training built into our practice. We monitor at every level, from the sterilizer to the procedures that the staff is doing to clean the room. We take an OSHA course annually, and we update our information with materials from the Centers for Disease Control and Prevention as they come out.

2. I read that dental drills are a source of disease. How do I know yours are safe?

All of our drills are cleaned of debris and then heat sterilized in a sterilizer. The units that you read about were not heat sterilized. We do not have any drills that are not heat sterilized.

3. How do I know you are sterilizing instruments correctly?

We follow all the protocols for sterilization and monitor them step-by-step. In our practice, we use three methods to assure that sterilization has occurred. We have a system in the sterilizer, a system on all our bags or wrapped cassettes, and we send out a weekly spore test to make sure the system is working. All of our equipment and bags or wrapped cassettes are FDA-approved as medical devices, and we follow the Centers for Disease Control and Prevention recommendations in all steps of the process. We open the packages in front of you so you can be assured they are safe, and we can show you the indicator we use.

4. I read that the instruments in the Tulsa case were rusted. Why did that matter and are your instruments rusted?

The areas where rust occurs on an instrument do not allow the sterilization process to work properly. We use

stainless steel products to avoid rusting. If rusting does occur, we remove the item from service before it leaves sterilization so there is no risk to the patient.

5. How do I know you are keeping me safe?

Our office uses barrier protection and disinfection for each and every patient regardless of their health status. We use disposable items to limit the chance of cross contamination. We heat sterilize all our instruments, or they are single-use and we dispose of them. We follow all the protocols for keeping our patients safe, including washing our hands, wearing personal protective equipment, and not allowing sick staff to come to work. You safety is our first concern.

6. Can I see the sterilization area?

Patients are welcome to view all areas of our offices as long as we can be compliant with infection control and HIPPA laws. I can take you from the start of the process to the end so that you can see how dedicated we are to your safe care.

Having plans in place for incidents such as the Tulsa event should be part of your infection control plan. You can help patients understand the measures you take and reassure them they are safe in the dental environment. This event can be an opportunity to educate, to change infection control protocols, and to impact your patient's infection control perception of your office. As you make infection control decisions every day, you can be an advocate to stop this from happening again.

WHAT TO REVIEW WITH PATIENTS

OSAP came up with this great list of infection control concepts to review with patients. This is something that you could adapt for your office and print for patients:

- Inform patients that the practice uses evidence-based infection control precautions as recommended by the Centers for Disease Control and Prevention. The latest recommendations and other resources can be downloaded from the CDC.

- Explain that dental anesthetics are provided using sterile single-use needles and cartridges of anesthetic and that these items are properly discarded after each patient.

“ OSAP CAME UP WITH THIS GREAT LIST OF INFECTION CONTROL CONCEPTS TO REVIEW WITH PATIENTS. THIS IS SOMETHING THAT YOU COULD ADAPT FOR YOUR OFFICE AND PRINT FOR PATIENTS ”

- If IV medications are used, explain that these medications are either from single-dose vials, or multi-dose vials are accessed only once with a single needle and syringe, and that additional medications, even for a single patient, are drawn with a new syringe and needle.

- Explain the sterilization process, including thorough cleaning, examination and then sterilization of instruments.

- Reassure patients that instruments are maintained in sterile pouches or wraps until they are needed for patient care. It may be particularly useful to only open pouches once patients have arrived, so they may see for themselves that the instruments are properly packaged.

- Discuss the processes used for sterility assurance, including chemical indicators on and/or in packs of instruments, and the regular monitoring of the sterilization process though the use of a biological indicator (spore test).

- Reassure patients that all procedures requiring licensure or certification are provided only by professionals licensed to provide those services. More information may be found through the American Dental Association at www.ada.org.



RISK OF SHARPS

OLIVIA WANN, RDA, JD

Needlesticks and sharps injuries are a serious hazard in the dental office. Such injuries may expose the dental worker to a potentially grave, lethal risk. The Centers for Disease Control and Prevention (CDC) estimated that health-care workers sustain 385,000 needlestick and other related sharps injuries in hospital-based settings annually, amounting to 1,000 sharps injuries daily.¹ Gathering data in private practice settings is impossible due to a lack of surveillance systems, yet people estimate that these injuries would raise the numbers to well over 500,000.

The most common infections occupationally transmitted via sharps injuries during patient care include hepatitis B, hepatitis C, and HIV. The CDC also notes that the risk includes herpes, malaria, and tuberculosis.²

I founded Modern Practice Solutions in 2000, a compliance firm specializing in dental practices. Therefore, having been a dental employee, a consultant, and now an attorney, I understand the perspectives

both of the dental workers and their employers, and the challenges they each face in their day-to-day operations, including the issue of safety. Our company analyzes workflow, audits documentation, and conducts hazard assessments.

We work with dental practices throughout the nation, and we've met hygienists and dental assistants who tell us that they've experienced needlesticks and sharps injuries, and unfortunately, they did not have a protocol in place to ensure proper follow-up as required by law. Some workers fear that an injury imputes poor work performance. Others fear the practice might incur an unnecessary expense.

Recently, the U.S. Department of Labor filed suit against a dentist in Massachusetts. The suit alleges the dentist fired an employee for filing a health hazard complaint with OSHA. According to the complaint filed in U.S. District Court in Boston, the dentist discharged a dental assistant in November 2010 after the employee

expressed concerns about an office procedure that required employees to remove protective caps from contaminated needles prior to disposal. The lawsuit seeks the employee's reinstatement and payment of lost wages, benefits, interest, compensatory, and punitive damages.

An inspection resulted in the dentist being cited for eight alleged serious violations of OSHA's Bloodborne Pathogens Standard. The dentist contested those citations and the accompanying \$26,400 in proposed fines to the independent Occupational Safety and Health Review Commission. Employers feel the impact of costs related to post-exposure management of health-care personnel ranging from \$500 to \$3,000 per incident.³

Our goal as consultants is to promote safety. Remember, safety is not optional. Training, policy development, safer medical devices, and engineering controls are important components in compliance with the OSHA Bloodborne Pathogens Standard and in promoting worker safety.

According to the Organization for Safety, Asepsis and Prevention (OSAP), the application of four basic principles of infection control guides workers and patients in staying safe. These include:

1. Take action to stay healthy.
2. Avoid contact with blood and body fluids.
3. Limit the spread of blood and body fluid contamination.
4. Make objects safe for use.⁴

In analyzing the workplace, offices can easily achieve improvements by using a cassette system such as IMS (Instrument Management System) by Hu-Friedy. Whether the dental office is struggling with space issues or endeavoring to achieve greater organization and better time management, practices benefit from the system.

Beyond these benefits, practices promote safety by using cassettes. Injury to workers is significantly minimized when instrument handling is reduced. After use, the contaminated instruments are returned to the cassette and locked into place for transport to

“ THE MOST COMMON INFECTIONS OCCUPATIONALLY TRANSMITTED VIA SHARPS INJURIES DURING PATIENT CARE INCLUDE HEPATITIS B, HEPATITIS C, AND HIV.

the instrument processing area. The cassette is then automatically cleaned in an ultrasonic cleaner or dental instrument washer, followed by drying, wrapping/pouching, and heat sterilization. There is no more time consuming sorting into pouches or pulling individual pouches to prep a tray.

Dental practices can minimize the risk of sharps injuries by avoiding the following safety hazards:

- Not having the proper procedures in place, including step-by-step instrument management and instrument processing protocols.
- Working in a high volume dental setting with insufficient time allotted for treatment room turnaround.
- Transporting loose instruments and sharps on trays through the office and risking bumping into another worker or patient. This is very dangerous and could lead to a sharps injury that could have been prevented through the use of cassettes. According to the CDC, collision with a worker or a sharp represents 10% of the circumstances associated with needlestick injuries.⁵
- Handling contaminated loose instruments with patient exam gloves in the sterilization area rather than with heavy duty, utility gloves.

“ IN ANALYZING THE INVESTMENT VERSUS THE EXPENSE, IMS ACTUALLY SAVES MONEY ”

- Using ponytail holders to retain instrument set-ups during instrument processing. This is a safety issue and also prohibits effective cleaning between instruments during ultrasonic use.

- Improperly retrieving instruments and patient care items with contaminated gloved hands in the office cabinets and drawers. This is a common occurrence because many times there are necessary instruments missing from the tray and the assistant must get up during a procedure to retrieve them.

OSHA refers to engineering and work practice controls to eliminate or minimize employee exposure. According to an OSHA Regional Notice, citation guidelines include:⁶

(d)(2)(i) — Engineering and work practice controls were not used to eliminate or minimize employee exposure.

(d)(2)(ii) — The employer did not have a system for regularly checking the engineering controls to ensure that safer devices functioned effectively.⁷

Is it a cost burden or a money saver? In analyzing the investment versus the expense, IMS actually saves money through time management. Valuable clinical staff time is best devoted to patient care and infection control rather than sorting instruments into set-ups. Additionally, practices save money by preventing breakage of the instrument tips and loss of instruments as the cassette secures the instruments into place.

We interviewed a few practices that use IMS to get their input on how the cassettes integrate into their instrument processing protocol and instrument management program.

OLIVIA: Meet Cannon Doan, DDS, of Family Dentistry, PC in Cordova, Tenn. (located near Memphis). Dr. Doan, how long have you been using the Hu-Friedy's Instrument Management System?

DR. DOAN: We've used the system since the fall of 1997. Implementing cassettes into our practice gave us the opportunity to keep up with the latest infection control and safety standards.

OLIVIA: What are your favorite features of the cassettes?

Dr. Doan: There are many. We love the consistency of instrument set-up for each procedure type. The set-ups are now color-coded and that helps us stay organized. We've observed fewer injuries caused by instrument sticks during instrument processing. Overall, the efficiencies gained in the central sterilization area from using IMS leaves more time for the staff to spend with patients, which contributes to the practice's quality of care and profitability.

OLIVIA: Dr. Mao is a dentist in Springfield, Tenn. Dr. Mao and I discussed space issues of her central sterilization area. She converted a house into a dental office that features a beautiful reception area and spacious treatment rooms. We talked about the space issues of the small sterilization area. Following an annual OSHA training, Dr. Mao, the staff, and I agreed that incorporating IMS would overcome the challenges of working in a small space. Three years later, they all agree it was a great decision. Dr. Mao, what do you like best about IMS?

DR. MAO: The organization! It totally makes sense to use the cassettes to save time and maximize space. Our sterilization area is very small; therefore organization is key. Cassettes have eliminated the need to search through cabinets and drawers for instruments, which is very time consuming. From a safety perspective, we're pleased to report a reduction in sharps injuries and potential cross contamination. The system

gives me confidence that I'm doing everything I can to make the assistants' and hygienists' jobs easier and safer. In addition, our patients have an improved office perception and sense of security knowing that the instruments are always organized and have been cleaned, packaged, and sterilized.

OLIVIA: Meet Dr. John Stritikus, a pedodontist and co-owner of Dickson Pediatrics and Brentwood Pediatrics in Tennessee. How have the cassettes helped the efficiency of your practice?

DR. STRITIKUS: All instruments needed for a procedure are included in the cassette, sterilized and accessible. Less time is needed to set up for a procedure, which helps increase production, especially in our high-volume pediatric dental practice.

OLIVIA: Do you feel like parents notice?

DR. STRITIKUS: Anyone, parent or otherwise, can see that all cassettes are wrapped and marked "clean" with sterilization tape to ensure safety. This safety component is a big part of our practice philosophy. We treat our patients as if they were our kids.

OLIVIA: Please elaborate on safety for employees.

DR. STRITIKUS: All instruments are held within the cassette, which decreases the chances of injuries when handling instruments. It also helps ensure proper handling. Even in the worst case scenario, if the cassette is dropped, the instruments are still contained because the cassette is locked.

OLIVIA: Compare using cassettes to not using cassettes.

DR. STRITIKUS: Our initial cost is recouped through less time spent sorting instruments or workplace injuries; fewer instruments have been replaced due to breakage compared to before using IMS; fewer mirror heads are scratched; we're more likely to have the instruments we need in the set-up; the system is very simple to learn, and new employees grasp the system from day one.

In summary, when implementing cassettes such as Hu-Friedy's IMS, your office can save time, money, and best of all, promote safety among your clinical team members. Here are some timely reminders to close the gap in your office's safety program and minimize the risk of sharps injuries:

- Provide annual training for your staff on bloodborne pathogens, and retain documentation.
- Carefully review your sharps injury prevention program, including engineering and work practice controls.
- Update your work exposure control plan and ensure workers have access to it.
- Provide annual safe medical device evaluations.
- Implement a post-exposure management plan and carefully review the protocol with your staff.
- Ensure that medical records for employees are current, including documentation on hepatitis B vaccine status, post-exposure reports, and related documentation.

Safety training does not have to be boring. Include the input from each team member whose perspective may provide valuable insight to the practice's safety program. Whether you elect to work with a professional consulting company or launch your own safety program, promote safety every day to ensure your dental workers have long, healthy careers in dentistry. For more information on OSHA's Bloodborne Pathogen Standard and preventing needlestick injuries, go to <http://www.osha.gov/SLTC/bloodbornepathogens/index.html>.

**“ INCLUDE THE INPUT
FROM EACH TEAM MEMBER
WHOSE PERSPECTIVE
MAY PROVIDE VALUABLE
INSIGHT ”**

COMMUNICATION SKILLS FOR SUCCESSFUL RELATIONSHIPS

DAMAGED RELATIONSHIPS

SANDY ROTH

Dr. Ferguson was by nature a reserved individual. She tended to avoid all conflict, but tried to make up for her introversion by being friendly and gracious with everyone. Her good intentions, however, were beginning to fail with increasing frequency. It was difficult for her to understand how personal situations could get out of control so quickly. She naively wished that everyone could just get along and not be so touchy.

What she failed to see was the gradual deterioration of the relationships within her staff. She was blind to her own complicity through her lack of attention and avoidance. Her team members had never learned how to deal with conflict effectively. They avoided issues, sidestepped problems, and responded inappropriately. Because they knew her aversion to distress was high, they tried to

shield her as much as possible, believing that they were doing her a favor. Yet, they had no guidance about how to deal with issues themselves; as they navigated the mine field of their working relationships, they inadvertently set off many explosions.

Before long, team members had formed factions and were terse and insensitive with one another. The tension built to a point that Dr. Ferguson could ignore it no longer. How could she lead them at this point? Neither she nor her team was equipped to handle even the smallest problem, much less one of this magnitude.

Albert Einstein suggested that to solve your problems, you must have a different frame of mind than when you created them. Relationships sustain damage by the people who exist within them. The success or failure of

a dental practice, for example, is ultimately determined by the quality of the relationships created among the patients, staff, and colleagues. Although clinical skills and business systems are important, they can never reverse the damage from misunderstandings, confusion, or unresolved conflicts.

Sadly, the chances of returning a damaged relationship to a healthy, functioning one are at best unpredictable, particularly when the players are unskilled. Too often, people simply move on without understanding or addressing the issues that fracture their ability to work well together. That explains, in part, the high staff turnover dentistry experiences as well as the degree to which patients recycle from one practice to another.

Restoring relationships requires effort and a willingness to participate in a process of discovery. Discovery involves examining the course of events, identifying behavior patterns, determining what part each person played, and reviewing the motives of each participant. This is a worthy exercise no matter what the outcome. If each person comes away with an understanding of how he or she contributed to the damage, it will decrease the likelihood of repeating the same mistakes.

This series of articles is based on the principle that communication is the lifeblood of every relationship. The law of change says, “Things do not stay the same. If they don’t get better, they get worse.” So it is with relationships. With effective communication, the relationship grows. When communication is ineffective, guarded, or hostile, the opposite happens. When there is no communication, the relationship will end. In this installment, I have assembled a comprehensive list of attitudes, behaviors, and communication mistakes that underlie most damaged relationships. The intent is to help each of you review your current situations and prepare you for healthier relationships in the future.

Relationships are rarely damaged intentionally. No one makes a conscious decision to trash a friendship or make a working relationship impossible. Relationships simply deteriorate over time from lack of attention, poor choices, and failing to deal with issues early. Human behavior is complex, yet understandable because people act in predictable ways. However, these patterns are

not always apparent. As you consider each of these elements, keep yourself open to patterns that may be part of your life and your responses to others.

JUDGING PEOPLE RATHER THAN ACTIONS

Judging others is a mindset problem and it happens frequently. When people fail to meet our expectations, it confuses the distinction between the person and the behavior. When we judge others and then label them on the basis of a few actions, it over-personalizes the situation and decreases the likelihood of resolution. The distinction is very important and not merely a matter of semantics.

Julie does not have lunch with the rest of the staff. That is a behavior. The statement, “Julie does not have lunch with the rest of the staff” is a description of her behavior. “Julie is aloof because she does not have lunch with the rest of the staff” is a judgment of Julie based on her behavior; it’s unfair as well as possibly inaccurate. Maybe Julie doesn’t have lunch with the rest of the staff because she eats special foods. Maybe she needs to tend to personal business, or take an emotional siesta during the lunch break. The only way you will know why Julie chooses to not have lunch with the rest of the staff is to ask her — without judgment. It is inappropriate for anyone to suggest why Julie does anything.

This damage factor is probably the single most insidious cause of relationship breakdown, in part because it is so prevalent in our society. Thus, becoming aware of how, when, and under what conditions you engage in this behavior is a major step in preparing yourself for healthier relationships.

People get defensive when they are judged, which thwarts any possibility of a healthy discussion. When people are defensive, they can’t listen. Their energy is directed toward self-protection and mental preparation for what might come next. Judgments also escalate the rhetoric and intensify feelings, thus skewing the emotions out of perspective. And finally, judgments are hurtful because they suggest an intention to hurt.

The first item on your checklist, then, is to review any tendency you may have to confuse an event with a person’s character.

AVOIDING, IGNORING, OR DELAYING

Each of these is a tactical problem that, under almost any circumstance, will make a situation more difficult to address. Rarely do problems go away on their own; the passage of time only hardens the circumstances and blurs the issues. Every problem in a relationship begins as a single — usually minor — event. Most people tend to shrug off minor problems. A second, similar event compounds the situation; a third trebles it and so on until the situation escalates beyond a simple solution. A minor problem becomes a major one requiring serious resolution, which takes more courage than most people possess.

A new employee comes to work dressed provocatively. Rather than embarrass her, you decide to let it go, hoping that she will see how others are dressed and take the hint. Six weeks later, she is still dressing the same, but you have built six weeks worth of aggravation over her inability to see the dress code you have been modeling. When you finally address the situation, your irritation is unmistakable. Your employee, on the other hand, is bewildered. Your silence implied to her that everything was just fine. The embarrassment you hoped to avoid by delaying appropriate feedback is unavoidable, for it becomes clear to her that you have disapproved for the past six weeks. You are lucky if your discussion results in anything other than her tears.

The second item on your checklist, therefore, is to take an inventory of those issues you repeatedly avoid with your co-workers and in other relationships. Ask yourself if they have become easier or harder to address as you ignore them. Ask yourself if time has made it more difficult to keep the relationship intact once you raise the issue. And finally, ask yourself when you will broach them.

TRIANGULATION

Another form of delaying, triangulation, occurs when one person, who is in conflict with another, takes the issue to a third person. Triangulation is nothing more than ganging up. You can try to justify it in many ways. “I just want to know if I’m seeing everything,” or “Am I the only one who is bothered by this,” or even, “I want to run something by you to make sure I’m saying it right before I go to him.” These rationales rarely work. Taking an issue to someone other than the person you are in conflict with will set up the relationship for failure.

One of your co-workers, Margaret, asks if there is any money missing from your purse. You check and tell her, “no.” Margaret then confides that she thinks Susan has taken some money from her, and tells you to keep an eye out. Susan has no idea that the two of you are now formally conspiring against her. Maybe she’s taken the money; maybe she hasn’t. At this point, you can’t act as if nothing has changed between you and Susan, for it has. You have been infected with Margaret’s suspicions through triangulation. From now on, you will be suspicious of Susan, even though you have no evidence. You have only Margaret’s suspicion. This is horribly cruel — and completely unfair.

Susan deserves the chance to address the issues. Deliberately withholding information from her is the same as lying; furthermore, if a person must resort to guessing about issues, they will likely guess incorrectly.

Triangulation exacerbates everything it touches. Simple matters get blown out of proportion as more peripheral people become part of the buzz. If you really want to hurt someone’s feelings, put them squarely on the defensive, and dramatically limit the possibility of resolving an issue, triangulation is the tool to use.

The third item on your checklist is to review all of the clandestine conversations you have had with a third party without revealing the nature of those discussions with the person in question. This kind of cleanup work should begin right away.

REPRESENTING OTHERS

Once triangulation has occurred, some people have difficulty keeping their knowledge of a situation secret. When one person attempts to represent an issue that isn’t hers, the result is usually disastrous.

Barbara is the “mother hen” in the practice. Because Kelly has difficulty raising issues, she often grouches to Barbara, knowing that she will raise the issue in the next staff meeting. This method keeps Kelly clean from all that messy business. At a recent meeting, Barbara introduced the topic, with few details. Most team members were confused about what she was trying to convey. But Barbara can’t be more precise because it isn’t her issue. In a vain attempt to encourage Kelly to speak, Barbara, through her frustration, announces to the entire room, “Well, I’m not the only one who has this problem.” Kelly, as predicted, sits silently, as the limb on which Barbara is precariously perched begins to snap.

This tactic sets the rest of the group on edge. Who knows what's been said? Why didn't I know? Is it about me? Once identified, the intended target will be defensive. This inappropriate tactic, along with its partner, triangulation, profoundly damages trust.

Review instances of inappropriate representation by others. If you discover a pattern, your challenge is to learn how to encourage others to raise their own issues and avoid triangulation.

PLAYING HURTFUL GAMES

This damaging tactic can take on many forms, each problematic. **Sandwiching negative comments between positive ones.** Once you begin with "You know, Jodie, there's a lot you're doing well, but" Jodie begins to steel herself for the whammy and doesn't hear the rest. The compliment following the zinger won't be heard and feels more like a patronizing comment than a sincere observation.

Minimizing your comments. So you finally got the courage to lay it all out there. Bravo. But you are so uncomfortable that you are compelled to relieve the tension by adding, "Well, I know I'm not perfect either," or "We all make mistakes." Don't be surprised if those comments prompt an even more angry response, for they can sound highly insulting and patronizing.

Attempting to cushion the message before delivering it. "I know you're not going to like what I have to say" is certain to trigger a negative response. If you have something to say, say it. You don't get to vote about whether the person likes hearing it or not.

Comments like these also rob an individual of the right to formulate a response. It is presumptuous and rude to try to manage everything in the conversation; avoid it at all times.

These games can be more damaging to the relationship than the content of the primary message. So, please now add to your personal inventory checklist a review of your approaches to delivering legitimate messages. If you discover a tendency to incorporate any of these behaviors, you may want to begin replacing them with healthier habits.

These relationship damagers are all within your control. You can choose to eliminate them — or continue with the status quo. Each tactic can almost single-handedly

determine how your relationships will progress.

Working relationships are too important to be left to chance. I encourage you to complete the personal inventory. Then, approach each relationship knowing that how you speak to your partners will form a healthy foundation for successful collaboration.

GUIDED PERSONAL EXERCISE

This month, I've compiled a list of "dos" and "don'ts" to supplement the inventory in the body of the article. Dentists and teams should work through each of these items and talk openly about giving feedback.

When giving feedback, DO:

- Be specific with details
- Be specific in describing behavior, events, and feelings
- Acknowledge the behavior's impact on you
- Pay attention to your body language ... chill out!
- Use verbatim quotes, but ask about intent of the message
- Be timely
- Give feedback succinctly, then stop; let the other person speak
- Focus on a single message rather than using the event to bombard
- Be sensitive to the emotional impact of your message

When giving feedback, DON'T:

- Be smug, bossy, or arrogant
- "Spin"
- Assume or make up elements
- Accuse
- Pass along vague feedback or conspiratorial information
- Give advice unless asked
- Psychoanalyze
- Generalize or exaggerate



RESOLVING CONFLICT IN DENTAL OFFICES

ANN-MARIE C. DEPALMA, RDH, MED. FADIA, FAADH

A major stressor in any dental practice is unresolved conflict. One of the definitions of conflict from the Merriam-Webster Online Dictionary is “A mental struggle resulting from incompatible or opposing needs, drives, wishes or demands.”

Facing issues head on is often difficult for many dental teams. But leaving problems unresolved can cause anxiety, negativity, and anger between team members. Often patients can sense these problems, and they can interfere in the total patient experience. Everyone deserves to have their needs met and issues heard. When handled properly, conflict can motivate a team toward positive growth and change. Conflict doesn't have to be negative; in fact, positive conflict can be useful when healthy teams focus on finding ways to resolve a problem.

Sharon Dolak, RDH, ADR specialist, provides dental teams with the tools needed to handle positive and negative conflict. Why does conflict exist in dental practices? In her programs, Sharon reviews some of the major causes:

- **Denial** -- Often dentists and/or managers refuse to see conflict among team members.
- **Poor communication** -- Different communication styles can lead to misunderstandings if clear messages are not sent or received.
- **Different values** -- Conflict occurs when there is a lack of acceptance and understanding of individual differences.
- **Different interests** -- Conflict occurs when team members fight for their right to be right.

- **Scarce resources** -- Employees often feel they have to “compete” for available resources to do their jobs or reach production goals.

- **Personality clashes** -- Attitudes of team members who believe that their way is the only way can create conflict.

- **Poor performance** -- One or more team members don't pull their share of the load or do not work to their potential.

- **Management style and poor change management** -- Managers try to “rule” without input from team members.

When unresolved conflict exists, it can lead to low morale, absenteeism, high stress levels, and anxiety. High employee turnover, low productivity, injuries, and accidents can occur as a result.

Sharon helps teams understand that when handled appropriately, conflict is good. During her sessions, Sharon acts as a mediator and encourages participants to learn the skills to become effective mediators. Mediation deals with appropriate listening techniques, and communication skills are essential to conflict resolution.

Sharon believes that many facets in one's life -- from the quality of friendships, to the cohesiveness of relationships, to one's effectiveness at work -- hinge on the ability to listen. By listening and teaching others to listen, she can identify the underlying interests in a dispute so as to reach resolution.

Most importantly, Sharon demonstrates how to communicate respectfully to inoculate against future

disputes. The result is a healthy office environment where increased morale and productivity can flourish and team members can concentrate on their jobs. Mediation and effective communication require that each person involved take responsibility for their part in the conflict. The parties themselves guide the outcome of the process and its resolution.

Sharon is a dental hygiene graduate of Montgomery County College, Pennsylvania, and has been practicing clinical hygiene for 22 years. The interpersonal relationships that she has formed over the years have kept her motivated. In the close-knit environment of dental practices, she's had to develop communication and relationship skills to navigate the inevitable conflicts. Many times she was the go-to person during a conflict to calm and sort out any disagreements.

This calming and fence-mending came naturally to her, so she decided in 2006 to study Mediation and Conflict Resolution at Texas Woman's University, and she earned the Alternative Dispute Resolution Specialist from Mediators Without Borders, an international organization founded in 1994 to promote sustainable peace by serving the public in facilitation, mediation, arbitration, and restorative justice.

She is also certified in Myers-Briggs Personality Assessment and Strong Interest Inventory Assessment and is a life coach. Sharon believes that dental hygiene is a wonderful profession that offers flexibility and good pay, but it is also a very demanding profession on the mind and body.

In order to make dental hygiene a career and not a job, Sharon stresses that it is important to find something that brings significance and worth to an individual, and for her that's mediation and conflict resolution. She knows that there will come a time when she will no longer want or be able to practice clinically, and she would like to take the lessons she has learned to others in dentistry and beyond. Additionally, her education and experiences have qualified her as a court-appointed mediator who can perform mediation of disputes relating to parent-child relationships (particularly in divorce and post-divorce cases).

In any mediation, whether in a dental office or family situation, parties of the conflict see only their position and anger. They feel stuck and think that the only way

to stop the bad feelings is to leave the relationship or find a new job. But that isn't always the case. During the initial phases of mediation, Sharon allows the parties to express emotions and release hurt feelings. Once the parties move beyond their anger, they can see that the problem isn't impossible to solve and that the relationship/job can be saved. This realization allows real problem solving to occur and the parties themselves develop the solutions that are mutually beneficial. Since the solutions are self-determined, they tend to stick and the parties learn that future conflicts can be resolved in similar fashion. Sharon's goal is to discuss in a manner that is open and respectful, and she helps all participants reach that goal.

How would you feel if you were able to go to work tomorrow and find peace? Are you interested in resolving conflict that is overshadowing your life? Would you like to reduce tension in an important professional or personal relationship? Can you accomplish more, feel better, engage with your family, and create healthy balance in your life? If you answered yes to any of these questions, mediation and conflict resolution may be the program for you.

For more information on Sharon or her programs, contact srdolak@msn.com.

THOUGHT FOR THE MONTH:

Do not wait until the conditions are perfect to begin. Beginning makes the conditions perfect. Alan Cohen

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SURVIVING BULLYING IN THE WORKPLACE

BULLIES TYPICALLY SEEK CONTROL OVER THEIR VICTIMS. ARE YOU A VICTIM?

CLAUDINE PAULA DREW, RDH, MS, EDD

Mary Jane Swartz, RDH, BS, has completed treatment on her 60-year-old patient, Freda, whom she escorts to the front desk to make a six-month continuing-care appointment. Freda is pleased with her treatment outcome as she has been adhering to her preventive oral health-care plan that Mary helped her develop.

This positive patient-hygienist rapport has been instrumental in changing Freda's behavior. The staff overhears Freda asking for her next appointment to be with Mary only. She is fond of her and prefers that Mary treat her. The office team overhears her compliments and praise.

Mary's coworker, Janet Douglas, RDH, also overhears these comments. Janet does not care for Mary and has been bullying her. This additional praise from a former patient of Janet's only adds to her dislike.

Janet has been employed in the office for 20 years and has the ear of her coworkers. She continually faults Mary and her accomplishments. Janet spreads false rumors about Mary and undermines her with her patients anytime she can. She has also attempted to turn the office staff members against Mary.

What can Mary do? She likes her boss and loves the patients. How can she handle this and make it stop?

Mary is a victim of workplace bullying.

DEFINITIONS OF BULLYING

Bullying is the act of gaining power over another individual; it can be physical, verbal, or psychological. Workplace bullying refers to a process in which the victim is subjected to a series of systematic attacks from a fellow worker, coworkers, or supervisor that encroach on the victim's civil rights. It is aggressive behavior involving intentional harm. It creates an imbalance of power between the victim and the bully and is repeated over a period of time.¹

Dianne Glasscoe Watterson reports in her RDH column that the Workplace Bullying Survey 2010 concluded 35% of workers experience bullying firsthand. Sixty-two percent of the bullies are men and 58% of their victims are women. The female bully will victimize other females 80% of the time. The majority (68%) of bullying occurs in same-gender cases. Bullying is four times more prevalent than illegal harassment.² Dr. Jackie Humans, RN,³ states that bullying occurs in all occupations and workplaces. However, it happens to a higher degree in

the health-care industry, educational environments, and nonprofit organizations. Workers in the business arena will expect occasional bullying and lack of civility, but those in the “helping industry” are blindsided many times. They expect a kinder, more caring environment. Dr. Humans notes that bullying is not illegal in most states in the United States.

CHARACTERISTICS OF THE BULLY

Bullies typically want control over the targeted individual. They will use different methods to achieve the desired control. One manner of bullying is direct, overt, and in-your-face, while another type of bully will use a manipulative, passive-aggressive manner. The direct bullies demand others to comply to meet their needs. They use direct words and tone of voice to push the target into decisions and outcomes they want.

The manipulative bully is much more persuasive in the approach to get the targeted individual to comply. This bully's manner is less confrontational but still creates pressure and stress to comply. He or she will seduce or charm the targets and convince them by using guilt, manipulation, and force.

Bullying does not only occur face-to-face but can also take the form of cyberbullying⁴ through electronic emails, Facebook, text-messaging, blogging, and Twitter accounts. Cyberbullying can be considered a passive form of bullying done by one or more individuals; cybermobbing occurs when others join in on the bullying of the targeted individual. The social media to which so many of us belong can be a very mean and hurtful place. This is evident in our schools with the recent horrific advent of suicides of young targeted victims.

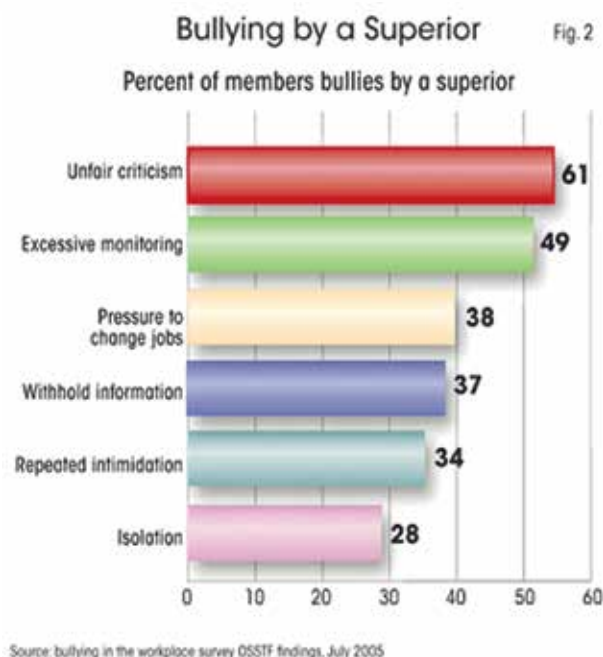
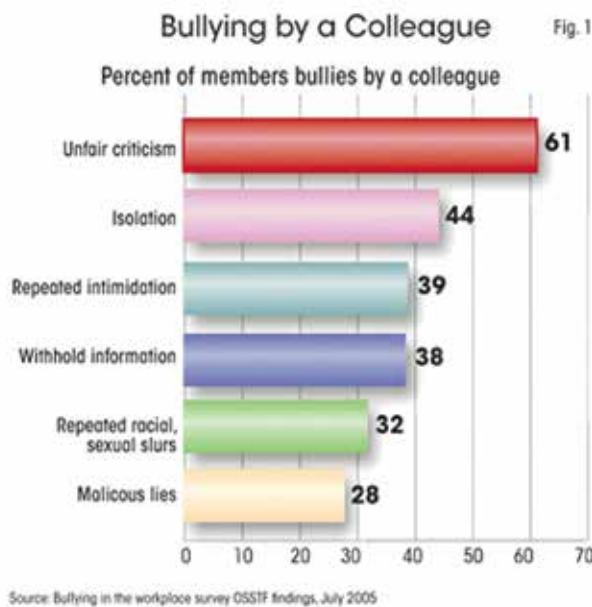
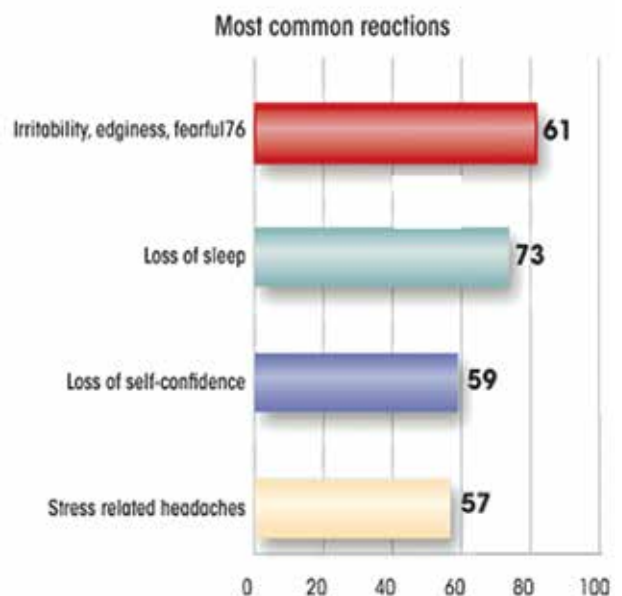


Fig. 3: Emotional/Stress-related Reaction



RESULTS OF BEING BULLIED

The end result of all types of bullying — either by coworkers or by a supervisor — is that targeted individuals feel they are not being heard or respected. (Figs. 1 and 2) Team spirit within the workplace is diminished. Collegiality, professionalism, and comradeship are lowered or may even become nonexistent. The employee will give in, withdraw, and may try to ignore the situation, usually unsuccessfully. Work productivity decreases and stress levels are elevated.

The emotional stress-related outcomes for the bullied individual are multilayered. Three-quarters of those who are bullied exhibit irritability, loss of sleep, and fearfulness. (Fig. 3) Sixty percent of those claim loss of self-confidence, and 57% have stress-related headaches. Approximately 40% said they have memory loss, anger issues, family life disruption, and withdrawal at work. At least one-third of the targets reported eventually having severe anxiety attacks. Eighteen percent were diagnosed with depression, while 9% said they had an increase in substance abuse.⁵

WHAT TO DO

What can you and Mary do to deal with Janet and other coworkers who side with her or are too afraid to go against her? What if you are the victim?

- Keep a journal of the bullying instances in which dates and times are included.
- Speak with other coworkers to find out if they are experiencing similar behavior.
- Write a memo if you feel you cannot confront the bully. Keep copies of anything said or written referring to your inability to do your job.
- Try to avoid being alone with the bully and try to get witnesses to incidents.
- Check any new responsibilities you are given with a copy of your job description.
- Consider speaking to your employer about the bullying and its effect on your ability to do your job.
- Do not retaliate because it may look as if you are the aggressor.⁶
- Consider leaving the place of employment where the bullying occurs. Look at this decision as a positive move in your career.

“THREE-QUARTERS OF THOSE WHO ARE BULLIED EXHIBIT IRRITABILITY, LOSS OF SLEEP, AND FEARFULNESS”

When the bully is a supervisor, ask for a meeting to talk about your job performance. Discuss how you can improve your job productivity. Dr. Humans suggests making a follow-up appointment with the supervisor-bully for a week or a month later to evaluate outcomes and assess job improvement. She feels that bullies, either coworkers or supervisors, will not stop voluntarily.

There is legal recourse for the bullied individual. This is supported by legal requirements in harassment and discrimination guidelines that protect the public in health and workplace safety. Discrimination and harassment laws enable employees to sue for creating a “hostile work environment,” which now includes bullying. This is all tied into discrimination and harassment laws, such as race, religion, sex, age, disabilities, and sexual orientation.

Lastly, very few states have actual bullying laws in effect, but the laws are changing. Workplace bullying bills in some states typically permit employees to sue their employers for creating an “abusive work environment.” As mentioned in most other states, the act of bullying is tied to discrimination and harassment. However, with the recent events of suicides from bullying within school systems, this unkind, devious act is gaining prominence in the legal arena. More states are now starting to enact laws that specifically define and address bullying.

If you feel you are a victim of workplace bullying, seek counsel from a lawyer who specializes in discrimination and harassment law. Mary and all of us have the right to be able to work in a safe and civil workplace environment.

THE CHOICE OF OVERCOMING MEDIOCRITY

COMMON-SENSE WISDOM
FOR STEPPING OVER THE
RUTS IN A CAREER PATH

LINDA MEEUWENBERG, RDH, MA, MA, FADIA



“YOU ARE NOT STUCK WHERE YOU ARE UNLESS YOU DECIDE TO BE.” -- Dr. Wayne W.

Dyer, author of motivational books

Mediocre is defined as “... of only ordinary or moderate quality; neither good nor bad; barely adequate.” Synonyms include “undistinguished, commonplace, pedestrian, everyday; run-of-the-mill.”

We make choices each day that sustain us in reaching our goals or keep us stuck. If you are feeling stuck, overwhelmed, or complacent, then perhaps it is time to look at new choices. How do we become mediocre when we were brimming with enthusiasm for our profession at the graduation and pinning ceremonies? Remember the feeling of excitement to be finished with school and licensing exams? You were ready to change the world by improving the oral health of the public as recited at most pinning ceremonies.

Do you still retain that passion? If not, you have a choice to change. No one else can make the changes, and it is no one else's fault that you have become or are becoming mediocre. Personal responsibility and internal motivation are required to make the changes. You are in charge of your destiny.

“ALTHOUGH PEOPLE GENERALLY ENTER THEIR ORGANIZATIONS FIRED UP, OVER TIME MOST WORK ENVIRONMENTS REDUCE THAT INNER FIRE FROM A FLAME TO A FLICKER.” -- Michael Lee Stallard, author of “Fired Up or Burned Out”

As we transition throughout our careers from novices to seasoned professionals (experts), our needs change in regard to our career development. It is with experience and continuing education that we hone our craft or “sharpen the saw,” as Stephen Covey discusses in “The Seven Habits of Highly Effective People.” Perhaps one of the reasons we do not grow into the “expert” level of practice is that we have not continued learning, or we have stopped applying newly acquired information.

When one understands the learning curve from novice to expert, it makes sense that we can become complacent. While the novice learner has to concentrate on each task (such as keeping the shank parallel to the long axis of the tooth), the expert learner is “consciously competent” and does not need to think about the procedure. Instead, you

are probably thinking about what you need to do after leaving work (get dry cleaning, pick up children, make dinner, etc.) while you initiate your scaling stroke. When was the last time you thought about where to place your fingers for a modified pen grasp? The expert learner no longer thinks about these tasks.

One challenge in our profession is keeping abreast of the changes in products and techniques, as well as the changing paradigms in disease assessment and management. I always enjoy the intellectual stimulation and interaction of my colleagues at professional conferences or continuing education courses. I have learned over the course of acquiring four degrees and completing numerous continuing education courses that I am an information seeker. I embrace trying new delivery systems or products whether in my teaching, volunteer projects, or with patients in a clinical setting. I am a change agent in addition to an information seeker. I like shaking things up, and it comes natural to me. Information keeps my passion strong for my profession.

When was the last time you attended a continuing education course for acquiring new knowledge to bring you to the next level in your career? Or, did you take the course because your employer required it and signed you up? Or was it because you needed to get the credits for licensure renewal? I can readily ascertain in my courses those who are engaged and those who are distracted. I accept their behavior, as it is their choice and they have to deal with the consequences. I hear comments such as, “I would love to practice that technique, but my dentist won't let me bring new ideas to the practice.”

Stop letting someone else control your choices. Personally, I could never practice where my ideas are not respected. It is my choice, and I have left employment to find a new place where my talents are appreciated and I can continue to grow.

The interaction with colleagues about new knowledge is as valuable as the lecture presentation. As hygienists, we are often working alone in our treatment rooms having little interaction with the rest of our team, and often little interaction with hygienists outside the practice. When do we get to ask questions about our treatment protocol or management of our challenging patients? Isolation has been cited as a cause of losing enthusiasm.

As humans, we require interaction with others. As

professionals, it is essential to keep abreast of changes and learn how others in our field manage their practices.

“VOLUNTEERS ARE PAID IN SIX FIGURES. S-M-I-L-E-S.” -- Gayla LeMaire

When was the last time you stepped into the community to volunteer your expertise? Your professional organization can offer many opportunities. October is National Dental Hygiene Month, and can be used as a promotion to speak with seniors, children in schools, radio interviews, or TV appearances to promote oral-health issues to the public. I have never been turned down when inquiring about making a presentation to promote our profession during this month.

The media is always seeking experts to interview for special occasions or topics. Since moving to Florida, I have been working with senior groups residing in assisted-living facilities. They have so many questions about oral health and how it is linked to their wellness. The positive feedback I receive and the hugs at the end of the program are very heartwarming! They always leave with samples of oral-care products too. It gives me personal gratification and keeps the flame alive for what I believe is my purpose in life. It will recharge your flame as you return to the office with a renewed passion, too.

“THE NUMBER-ONE REASON PEOPLE LEAVE THEIR JOBS IS BECAUSE THEY DO NOT FEEL APPRECIATED.” -- Tom Rath and Donald Clifton, authors of “How Full Is Your Bucket?”

“NEVER DOUBT THAT A SMALL GROUP OF THOUGHTFUL, COMMITTED CITIZENS CAN CHANGE THE WORLD. INDEED, IT IS THE ONLY THING THAT EVER HAS.” -- Margaret Mead, author of “Coming of Age in Samoa”

Are you a member of your professional organization? As a member of the American Dental Hygienists' Association, Association of Dental Implant Auxiliaries, and the International Federation of Dental Hygienists, I am afforded constant opportunities for interaction with my colleagues.

In addition, as a business owner, I belong to several organizations that help me network with other entrepreneurs, such as the local chamber of commerce. I belong to two of them in my county and was a long-time member of my local Rotary Club when living in Michigan.

When I moved to Florida, I did not know anyone except my realtor. I became active in my county dental hygiene component and took the appointment of vice president. I joined the League of Women Voters, Women's Property Network, and the Women's Executive Council of Orlando in the last three years. All of these organizations offer me great networking opportunities, interesting speakers, growth via the new knowledge. As a bonus, I have acquired a number of new friends.

Journal articles, conferences, and local continuing education courses present weekly, monthly, and annual opportunities to interact with colleagues. The journal articles help to expand my knowledge with new products and learn from others about special topics such as ergonomics to increase my career longevity. The associations keep me current with any legislative issues that can impact my profession. Getting involved with your professional association allows you to develop leadership skills separate from your practice setting, and leadership skills are often transferred into your practice setting. I have watched with awe as former students who were shy in school become leaders at the local, state, and national levels due to their participation with their professional organizations.

What better way to do that than by immersing yourself in a project that helps others? The Tao Te Ching states: “The sage never tries to store things up. The more he does for others, the more he has. The more he gives to others, the greater his abundance.”

It's easy to get started. Look around and apply your interests and skills to something you believe in and feel passionate about. Your children's teachers would likely welcome you into the classroom during Children's National Health Month, and your child will love it. With over half of the U.S. population lacking access to oral care, there are thousands of people needing our help.

“SPEND TIME WITH THOSE THAT MAKE YOU HAPPY, NOT THOSE YOU HAVE TO IMPRESS.”

--Carol CC Miller, founder of “Positive Focus”

“... WE FREQUENTLY NEGLECT THE SUREST AND QUICKEST ROUTE TO SELF-RESPECT, BEHAVING IN A WAY THAT MAKES YOU RESPECT YOURSELF.” -- Linda Kaplan Thaler

and Robin Koval, authors of “The Power of Nice”

“ONE KERNEL IS FELT IN A HOGSHEAD; ONE DROP OF WATER HELPS TO SWELL THE OCEAN; A SPARK OF FIRE HELPS TO GIVE LIGHT TO THE WORLD. NONE ARE TOO SMALL, TOO FEEBLE, TOO POOR TO BE OF SERVICE. THINK OF THIS AND ACT.” -- Hannah

More, 19th century English religious writer

As a profession dominated by women, we can build upon unique skills and attributes of our gender. Why not capitalize on these attributes to overcome the complacency that can creep into our lives? I was struck by the newly acquired consciousness about women gained from listening to a book on CD -- “The Power of Women” by Dr. Susan Nolen-Hoeksema. I was so inspired that I purchased the book. Her book has three sections: The Unique Strengths of Women, Discover and Develop Your Strengths, and Unleashing Your Power. The author asserts that psychologists are changing the notion of the old-fashioned understanding of intelligence. She cites research by Sternberg and colleagues who studied successful people in other cultures who don’t score high on American intelligence tests. The research team documented the resourceful strategies they have developed to thrive in their natural environment. Think about these findings:

- Women are able to see many ways to use existing resources to accomplish their goals. They recognize that there is not just one way to do things, and they embrace novel approaches to problem-solving.
- Women stay focused on getting a job done rather than being obsessed with getting their way. This keeps their minds open to the opinions and ideas of others.
- Women know when to ask for help and aren’t afraid to do so. They capitalize on the combined strengths of everyone around them.
- Women remain optimistic and persistent even when things look bleak. They keep looking for solutions when others give up and implement these solutions with confidence and hope.

How can you apply these tenets of the new intelligence to your career and personal life? I was enlightened when I read this and could see many times in my life where they rang true to my approach in dealing with issues in my private and professional lives.

These tenets can assist us as we undergo transitions during our careers. Often, we are dealt a hand we didn’t expect: divorce, death, single parenting, bankruptcy, or a disabled child, to name a few. Many of you have tapped into this feminine wisdom without being conscious of it to resolve your situation, using the resources at hand and problem solving in a unique manner. Often these disruptions in our lives can be all-consuming and drain our energy toward our career development. When faced with my personal challenges, I found that involvement in my career was a refreshing “vacation,” and I could return to solve the challenges of my life with a new and different perspective.

The other alternative is to let the challenge suck the life out of you, and your professional life suffers. I have seen this happen, and it is draining on the entire organization (office). I am certain many of you can think of a coworker who fits this description. They wallow in their misery and share it with the office and patients. A female comedian said something profound a long time ago. “Do not complain. Fifty percent of the people listening do not care, and the other 50% are happy that it is happening to you.”

Think about that quote the next time you want to share your negativity. Instead, replace with gratitude that you have such a wonderful career, an employer that writes your paycheck, and patients that seek your advice to improve their oral and general health. They come to you for care. You make a difference in their lives -- never lose sight of how significant your contributions are!

Continue building your knowledge base, get involved with your professional association, find a place that allows you to volunteer your expertise, use your feminine attributes, and surround yourself with what and who makes you happy. It’s a choice.

**“ WOMEN STAY
FOCUSED ON GETTING A
JOB DONE RATHER THAN
BEING OBSESSED WITH
GETTING THEIR WAY.**





THE FINE ART OF PATIENT ENGAGEMENT IN DENTAL HYGIENE

HOW TO MAKE YOUR PATIENTS FEEL LIKE STARS

LAURIE SAMUELS, RDH, CHC

My first job as a dental hygienist was in Pompano, Fla. I arrived early in my new uniform with butterflies in my stomach and a smile on my face. I could not have been happier or more excited to be working in my profession. I knew I still had a lot to learn about dentistry, but I was extremely confident that when it came to communication skills I would have no worries. After all, I was very good at talking about myself!

I am quite sure that during my years of clinical practice I made many mistakes while trying to communicate with my patients, but I had successes, too. Over the years, I honed my skills and began to really understand the patient experience and how to serve patients and make them feel like stars.

As a new hygienist, I loved all aspects of the profession, including the challenges I faced. Of course, I was passionate and I wanted to share with patients all the detailed information I had worked so hard to learn in dental hygiene school. I was often too enthusiastic and I tried various techniques to teach patients. These included the interactive approach, the demonstration, the car salesman, and the professor.

I learned several important lessons during these years:

- One method does not work for all patients
- I could not save everyone (or every tooth)
- Not every patient was going to like me

My experiences helped me develop a thick skin and be less sensitive. They also compelled me to dig deep and figure out what was most effective. Instead of decreasing my desire to inspire my patients, I worked harder. I realized I was not going to work to make friends with patients, but that I had a serious job to do and there was not much time for social conversation.

This realization was a turning point for me. The successes I had allowed me to grow and become a better communicator. One thing all patients want and deserve is to be the center of attention. They like to know that

we are fully engaged, and that they are what matters the most.

You will not hit a homerun every time, but you will get a chance at bat, so be creative and playful.

Being professional refers to your conduct, goals, and code of ethics. You have a big responsibility, and your patients have put their trust in you. How you dress, look, and speak reflect you and your professionalism.

The patient experience begins with the greeting. This is important and sets the tone for the visit. When you greet a patient, exude confidence and energy, but remain grounded, maintain good eye contact, and extend a handshake. A firm handshake is an acquired skill and may take some practice, but it will help you connect with your patients. I know it sounds funny, but practice your handshake with your friends and family. Consider how this is different from opening the waiting room door, calling out the patient's name, and looking down the hall as if to say "this way." Your greeting can set you apart from the rest.

During the visit, when you have something important to share with your patient, sit the person up in the chair. This may seem like a waste of time, but this enables the patient to realize something unique is about to happen. It is important for you and your patient to be on the same level and maintain good eye contact. Now that he or she is sitting up and you have his or her attention, it is time to work on listening skills.

A good way to improve your listening skills is to repeat what the patient says by asking him or her a question. For example, your patient has gingivitis, moderate bleeding, some bone loss, and has not been seen by a dentist for 18 months. You sit up the patient and explain that you are concerned about the health of his or her gums and the onset of periodontal disease. The patient responds by saying he or she has noticed some bleeding and sees no problem and has no pain.

You can say, "So, I just want to be clear. Are you saying that when you brush and floss you notice there is blood, but you don't think that is a concern?" Be very quiet and let your patient think about this. If there is a pause, just

“ MOST PEOPLE DO NOT LIKE TO BE TOLD WHAT TO DO, SO THERE ARE MANY WAYS TO BE CREATIVE WITH YOUR LANGUAGE AND HELP PATIENTS REALIZE THAT TREATMENT IS BENEFICIAL FOR THEM ”

let it be. You will be surprised by what comes next. When the patient responds, you can do the same thing again, drawing him or her out and focusing on the issue one step at a time. This is a pivotal moment, and slowing down the appointment to make this point and letting the patient think about what he or she says has a huge impact.

Imagine you are using the ultrasonic scaler, the suction is going, your patient is a bit tense, and you are giving your patient a running commentary about the condition of his or her mouth. The impact is totally different than the previous scenario. By stopping what you are doing and sitting up the patient, you have created space for a discussion and your patient will realize that this is something important. Be curious and ask questions that require the patient to think and respond. Instead of being just a listener, the patient is now part of a conversation, and ultimately part of making a good decision about following the recommended treatment plan.

There are different ways to communicate, and on a few occasions I sounded like a car salesman, with an onslaught of information and too much pressure. Obviously, this did not work well and turned some patients off completely. Even though my intentions were pure, I missed the mark by talking too much and being authoritative. It came across as: “I am the expert and you need this to improve, feel better, fix your broken teeth,

and have healthier gums.” I wanted the best for patients. I was being honest and I meant well, but they did not see that at all; they only felt the high-pressure approach.

Having some humility is desirable for health-care providers. Be calm, courteous, polite, and modest. Humble people are never arrogant or proud and never belittle others to make themselves look good. This helps patients feel comfortable in an environment that is often uncomfortable or intimidating.

We often see patients who are defensive and afraid of being judged. I’m sure you’ve experienced this, especially with new patients. I have found a way to help them feel less stressed. Patients come into the office feeling guilty about their teeth, and therefore defensive. They may say, “My parents never took me to the dentist” or “I never really had money to spend on my teeth.” I like to tell my patients that there is “not one thing either one of us can do to change what happened before you sat down in my chair.” However, the ball is now in their court. If they want to make a change, now is the perfect time, and I’m there to help in any way possible with no guilt or judgment. This works wonders for many. Often I see patients exhale and relax, naturally letting go of negative thoughts.

Another key communication skill is learning how to navigate objections. Most people do not like to be told what to do, so there are many ways to be creative with your language and help patients realize that treatment is beneficial for them. Instead of telling them what they need when they say they are not interested, you can use words such as consider, evaluate, or contemplate, to make space for your patients to think about your suggestion and come to the desired decision. Ask questions related to the objection, leading patients forward slowly, revealing how fixing their dental problems will be beneficial. I believe the three most common objections are fear of dentistry, money, and time. You may need to peel back some layers of what a patient does not want, such as pain, expense, and time lost from work, and find out what they really want. It may be they always wanted whiter teeth, straight teeth, or the ability to bite into an apple. Highlight what they want and how you can help them achieve that goal.

Patient engagement and making your patients feel like stars are not just about a “feel good” experience. We also have to be skilled at guiding patients through the often-



complicated process of understanding, accepting, and completing treatment. Make sure they follow through with other specialists by giving them a call to see how the visit went, and always document the call so all staff members remain informed.

In order to take patient engagement to the next level, you need to have the whole staff on board. These high-level communication skills come with practice, and the patient experience is catapulted to the next level when each hygienist, assistant, office administrator, and dentist uses the same techniques. Perhaps you can initiate an office meeting to discuss and practice these skills.

Selling is not a four-letter word. Selling is an art, especially when you are selling good health. It is important for dental professionals to realize our value and think about the true worth of disease prevention, beginning with the oral cavity, and beyond to the whole body. With all the data now proving there is a link between oral health and systemic health, we should be stressing this to our patients. This critical factor should not be ignored or taken lightly. I highly recommend that each hygienist share this information with patients in a way that resonates with you personally and aligns with the philosophy of the practice. I think we can play

“PATIENT ENGAGEMENT AND MAKING YOUR PATIENTS FEEL LIKE STARS ARE NOT JUST ABOUT A “FEEL GOOD” EXPERIENCE”

an important role in helping our country get a grip on the rising levels of obesity and the chronic diseases that follow.

For your own benefit, keep track of your patients and the treatment you've recommended. Try to find out how many follow through with treatment. This way you will be able to measure success and adjust your techniques if necessary. It can also serve as a tool when negotiating for a raise or new job.

Stay professional and give your patients the highest level of care and an experience they will remember. Make them feel like stars. When was the last time you had a medical/dental provider make you feel like you were a star and all your needs were met? When you do this for

“ IF YOU ARE SKILLED IN PATIENT ENGAGEMENT BECAUSE YOU’VE LEARNED EXCELLENT COMMUNICATION SKILLS, YOU WILL BE A VALUABLE ASSET IN ANY OFFICE. ”

your patients, they will walk out the door knowing they just had the best dental experience in their lifetime.

In today’s job market, it is important to set your office and yourself apart from the pack. Standing out in a positive way can be very important when you’re searching for a job or asking for a raise. If you are skilled in patient engagement because you’ve learned excellent communication skills, you will be a valuable asset in any office. This will also be extremely useful if you have the desire to transition into a new career. Making your patients feel like stars may ultimately make you a star.

Here are five secrets for making magic happen in the operatory:

- Be professional
- Make the greeting count
- Put the patient first
- Find out what the patient wants
- Improve your listening skills
- Be humble
- Be curious
- Learn how to deal with objections

THE END

The end of the appointment is as important as the greeting. If a patient needs to see you again, make the appointment while in the operatory. This is a great way

to show patients you are concerned about their care, and it creates a consistency of experience. If you do not have time to make the appointment, walk the patient to the desk and ask directly, “So what day will work for your next visit?” This way, when you hand the person over to your front office staff member, you can say, “Mr. Jones is coming back to have _____, and he would like to come on a Wednesday morning at the earliest time available. Would you please look and see how soon you can schedule him?”

Then turn to Mr. Jones and tell him that he is in good hands with “Eileen,” who will assist him from there. Then say you are looking forward to the next visit, and you are sure he will be very pleased with the improvement. Finally, look him in the eye and shake his hand again. You now leave him in the competent hands of the front office staff that has all the necessary information to move forward. By being informative, professional, and supportive, you have made your patient the center of attention.

For even more personal service, I suggest creating a prescription-style pad for your recommendations. This should have your name, title, office email address, and office information. I like these to be like Post-Its, so patients can place them on their bathroom mirrors. Hand write your instructions for each patient. Many people become overwhelmed and forget multiple instructions. Brochures are good support, but your written words will score a homerun.

NO GOSSIP ON THE RED CARPET

I love to chit chat with my patients, but with all we have to do in the operatory, there’s not much time for that. At one of my last recall appointments, I was very disappointed because I really wanted a good patient experience. But the hygienist started talking as soon as her scaler hit my enamel. She went on and on about herself, and I had concerns about my teeth!

When she finished, I asked her if I had any pocketing around teeth Nos. 4 and 5, where I have some rotation and a slight food trap. She said she had not probed because “the dentist does that,” then she quickly picked up the probe to check the area. I have to say I was surprised, especially because she had plenty of time. (No inflammation or bleeding was found.)

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Medical Errors in Dentistry

A Peer-Reviewed Publication
Written by Richard Nagelberg, DDS

Abstract

Medical errors leading to adverse events can occur in dentistry. The literature indicates that such errors broadly include: errors related to the prescription of medication, errors based on neglecting current scientific evidence regarding treatment, errors occurring during treatment or associated with improper maintenance of equipment, errors based on failure to properly maintain patient records, errors arising from the failure to acquire informed consent, the failure to establish and maintain appropriate infection control measures, the failure to properly diagnose, the failure to prevent accidents or complications associated with care or to pursue appropriate follow-up care when they occur, and the failure to follow authoritative dictates reflecting current standard of care or practice rules or regulations established by individual state laws. This course reviews the most common medical errors likely to occur in the practice of dentistry.

Educational Objectives

At the conclusion of this educational activity participants will be able to:

1. Describe the most common medical errors in the dental profession.
2. Identify medical errors associated with providing and prescribing medications.
3. Identify medical errors associated with dental record keeping.
4. Implement strategies to reduce medical errors associated with the maintenance of patient records, informed consent and in the diagnosis or misdiagnosis of patients.

Author Profile

Dr. Richard Nagelberg has been practicing general dentistry in suburban Philadelphia for 32 years. He has international practice experience, having provided dental services in Thailand, Cambodia, and Canada. He is co-founder of PerioProz.com, an information services company, and an advisory board member, speaker, key opinion leader and clinical consultant for several dental companies and organizations. Richard has a monthly column in Dental Economics magazine, "GP Perio-The Oral-Systemic Connection". A respected member of the dental community, Richard lectures internationally on a variety of topics centered on understanding the impact dental professionals have beyond the oral cavity. Dr. Nagelberg can be reached at gr82th@aol.com.

Author Disclosure

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THREE SIMPLE RULES

JOANN R. GURENLIAN, RDH, PHD



I have a confession to make. I'm not all that enamored with Facebook (FB). I know this confession makes me seem like a dinosaur in the world of technology, and that using Facebook is a means of communication and self-expression. But sometimes it seems like a huge waste of time. For someone who did not have a FB page, I am now the administrator of three pages, and I often wonder how that happened.

Scrolling messages on FB is not my favorite pastime, but I have to admit there are moments of true inspiration to be found. I happened upon a quote that made me think about the start of another year. Every time the New Year rolls around, I find myself resisting the urge to make a resolution I probably will not keep (lose weight, clean the basement, etc.). For the last few years, I've asked myself to identify one positive change in my life. Then, I work to achieve it.

What made me think of you was a quote on FB from Words to Inspire the Soul. Allow me to share it.

3 SIMPLE RULES

1. If you do not go after what you want, you'll never have it.
2. If you do not ask, the answer will always be no.
3. If you do not step forward, you'll always be in the same place.

This quote is an opportunity for all of us to reflect on something we really want that could make our lives different and better. So, with this New Year, take a moment to identify the one thing that is important to you that needs to be better. Whatever that one thing is, why is it so important to you? Are you worth investing the time to make this change?

As I visit dental hygiene colleagues around the country and the world, I hear us speak about situations that need to change, and the lament that change is not occurring. Well, maybe we need to change our approach. It's frustrating to not realize goals and dreams. There's nothing wrong with wanting something more or better, and not achieving this can lead to dissatisfaction.

I recently had the opportunity to hear Stuart Diamond speak. He is a New York Times best-selling author of "How You Can Negotiate to Succeed in Work and Life: Getting More." Mr. Diamond outlined steps to finding, valuing, and understanding others so they will be more likely to help us achieve our goals. What was impressive is how he illustrated the use of his negotiation model in everyday life, not just in a professional arena.



Diamonds uses 12 strategies in negotiation, which are briefly outlined below.

1. Goals are paramount. What you do in a negotiation is centered on bringing you closer to your goals.

2. It's about them. Think of yourself as the least important person in the negotiation and put yourself in the shoes of the people you are trying to persuade. Learn their needs and perceptions so you can get people to want to do things.

3. Make emotional payments. When people are emotional, they cannot listen; therefore, they cannot be persuaded. Tap into the other person's emotional psyche by showing empathy and valuing them so they can think more clearly.

4. Every situation is different. You must analyze every situation on its own and not be rigid in your thinking.

5. Incremental is best. Don't ask for too much at one time. Lead people from the pictures in their heads to your goals, one step at a time.

6. Trade things you value unequally. Find out what the other party cares about and trade off items that one party values but the other party does not.

7. Find their standards. Learn the policies, exceptions, and precedents, and use these to get more. State their

bad behavior when they are not consistent with those policies.

8. Be transparent and constructive, not manipulative. Being honest and real is highly credible, and credibility is the biggest asset.

9. Always communicate, state the obvious, and frame the vision. Package the vision in a few words so they know where you want them to go.

10. Find the real problem and make it an opportunity. Find out why the other party is acting the way they are. View these problems as negotiation opportunities.

11. Embrace differences. Differences can be more profitable, more creative, and lead to better results.

12. Prepare – make a list and practice with it. Practice the above strategies and tools until you meet your goals.

Whatever you plan to accomplish this New Year, take advantage of the opportunity to learn more so you can be successful in achieving your goals. All the best!

**“ IF YOU DO NOT GO
AFTER WHAT YOU WANT,
YOU’LL NEVER HAVE IT ”**

WORDS AT WORK

WORDS FASCINATE, CONFOUND US

TONI S. ADAMS, RDH, MA

**“ MY YOUNG SON
CAME THROUGH THE DOOR,
HE WAS CRYIN’ LIKE I’D
NEVER HEARD BEFORE.
HIS FRIEND TIM
HAD TAUNTED HIM,
AND THE HATEFUL WORDS LAY
SCATTERED ON THE FLOOR.”**

-Lay It Down, lyrics and music by Linda Allen

**“LANGUAGE IS WHAT MADE US
HUMAN. EVERYTHING WE HAVE EVER
ACHIEVED ORIGINATES FROM IT.”**

- G. Deutscher, *Unfolding of Language*

Words, words, words. They fascinate and confound us. They bring us together and keep us apart. They make us human but they also allow us to be inhumane. We may say, “Sticks and stones may break my bones, but words can never hurt me,” but we know that the truth is, “The pen is mightier than the sword,” and that words really can hurt a great deal. This is as true in health care as it is in life.

Language and the ability to use it are tools, parts of our armamentaria, and they are just as fundamental and essential to dental practice as a mouth mirror, compressed air, water, and suction. We cannot make the best use of our fancy, expensive, manufactured tools, not to mention our knowledge, unless we’re proficient with language. So it is important to understand how we use words and language to communicate.

WORDS AS TOOLS

Our words can be as frightening to our patients as some of our other tools, or our words can inform and

comfort. I cringe when I hear a parent tell a child that their dental treatment “won’t hurt.” The child may never have considered the possibility of pain if he or she had not heard the word “hurt.” On the other hand, people may not take their conditions very seriously if we say, “You have a little bleeding.” But we get their attention if we tell them, “Your gums are hemorrhaging.” Similarly, I prefer the term reception area, with its welcoming connotation, to the term waiting room, and I like to say that the care we deliver is treatment instead of work.

Words have the power of suggestion, and we can use this in a positive way. Consider this anonymous quote, “The difference between crisis and opportunity is attitude.” According to this author, if we think of a challenge as a crisis, then it will be. If we call the challenge an opportunity, then we might change our view and create a positive experience.

When patients are tense and I see their shoulders moving toward their ears, I quietly and calmly say, “Relax your shoulders, relax your neck.” And they do! It works

for them and it works for me as a self-suggestion. Admit it, many of you who read this just relaxed your shoulders and necks. It is amazing what a few words can do. A person's name and label can influence our opinion of that person, and this is the basis of a long-standing debate in health care.

PATIENT VERSUS CLIENT

In the early 1970s, several nursing theorists suggested that the people who receive health care should be called clients rather than patients. They made two arguments. The term patient has a passive and dependent connotation that seems inappropriate for people who we hope will become involved in their own care, and the term client indicates a more equal relationship between caregiver and care receiver that reflects patient-centeredness. On the other side, those who advocate for patient contend that the word client has a financial, business, and impersonal implication and does not represent the special relationships that are formed in the provision of health care.

To this day nurses advocate the use of client, while physicians tend to side with patient. The discussion has expanded and researchers have surveyed the greatest stakeholders in the issue, the patients/clients themselves, but research findings have been inconsistent. Some people prefer to be called clients, some prefer to be called patients, and some don't care. One Australian man may have spoken for many people when he said that he was more concerned with how he was treated rather than what word was used. He was happy with, "Any heading said politely."¹

This topic has been discussed in dentistry. Recent dental hygiene graduates I have met tend to use, or have been taught to use, the term client, but we seasoned practitioners, and most dentists and staff members I know, stick with patient.

The discussion on a dental hygiene listserv revealed a range of feelings about the issue. One discussion began with, "I learned in school that you are supposed to call your clients clients ... (but the dentist says) that I am not supposed to call them clients but patients."² Typical responses were, "Calling patients clients makes the hair stand up on the back of my neck. It bothers me no end,"³ and "Regardless of whatever name is used they all still get the same treatment from me ... kindness, courtesy, professionalism, (and) knowledgeable, thorough care."⁴

So the debate continues. What is the answer? That is a

personal decision. Perhaps the most important thing is that there is a debate because we recognize the power that people invest in words. That power extends to diagnosis.

NAMING ILLNESS

Patients crave information and often do not get as much as they want. Many come with lists of questions they composed from personal experiences, friends, television, publications, or the internet, and they seem to soak up the information that we share with them. One of their greatest desires is to know the names of their conditions or illnesses, their diagnoses. Dentists make their own diagnoses and dental clinicians care for people who have been diagnosed with a variety of other health problems. Many look to us for more information about all of their conditions, so it is important to consider the possible implications of speaking the words that surround them.

- Impact of what we say — People can have mixed feelings about labeling their illnesses. On the one hand, naming an illness validates it, organizes the symptoms, and defines a plan to deal with it. On the other hand, a serious diagnosis can be devastating.

For many people, it is shocking and upsetting to hear the words diabetes, hepatitis, or cancer applied to them, and some cannot even bring themselves to say the name of the illness out loud. However, one patient was actually relieved to hear that he had multiple sclerosis rather than the unnamed odd collection of symptoms that no one could define, and a young woman diagnosed with cervical cancer was thankful that she did not have the more stigmatized venereal disease.

The words we use and diagnostic naming can vary among generations and cultures. My mother grew up in the 1920s and '30s, and remembers when it was improper to say underwear; they said unmentionables instead. It is only in the past 20 to 30 years that it has become acceptable to speak the names of certain parts of the human anatomy out loud in polite company.

I grew up in the 1950s and '60s when people did not say the word cancer; we called it The Big C. To this day in the Navajo tradition, "The word is equal to the thing,"⁵ and "speaking a thought into the air gives it more power."⁶ This is also true for other American Indian and Alaska Native cultures, and is the reason why only a handful of their existing 250 languages even have a word for cancer.

They are not alone. Doctors from many places do



not want to say the “C” word. Oncologists from Africa, France, Hungary, Italy, Japan, Panama, Portugal, and Spain reported that they preferred not to say the word cancer when making a diagnosis. They substituted it with words like swelling or inflammation.

An interpreter, in the course of doing his job, said the word cancer and revealed a Russian man’s diagnosis to him. The man’s son was furious and “stared daggers” at the interpreter. “Do you understand what this means to a Russian man? It means you’ve just given him a death sentence. He is going to lose all hope, he’s going to stop eating, he’s going to stop drinking, he’s just going to curl up in a corner and die. You’ve just ruined two years of us carefully hiding this from him.”

• **Impact of how we say it** — On the other hand, sometimes we must say a word in a certain way to get someone’s attention. I once found a lesion on a 40-year-old mother of three. She had an unusual bump of bone on the buccal aspect of her maxilla around the area of teeth Nos. 12 and 13. The dentist had referred her to the oral surgeon, but she postponed going, no matter how much we both explained how important it was to go in every way we could think of over a period of several months. Finally, a new dental hygienist who observed me with this patient blurted out, “But it could be cancer!” Though both the dentist and I had informed the patient that the lesion could be cancer, we had not said it with

such emphasis, but it was what this particular woman needed to hear.

She saw the oral surgeon, was diagnosed with osteosarcoma (bone cancer), received treatment, and was able to heal. She was well when I left that practice about six years after her original diagnosis. She thanked me for saving her life every time I saw her after she completed treatment, and the experience became one of the most meaningful in my 26-year career. However, I felt that the credit and responsibility were shared. I first noticed the lesion and the dentist referred to the oral surgeon, but my colleague said the word in just the right way to finally prompt the patient to do something.

The lesson I took from that experience was that sometimes we need to approach certain words with caution, and sometimes we need to be blunt and forceful, and it isn’t always easy to know which is which. One researcher summed it up well. “When physicians name illness, it is helpful for them to give due philosophical consideration to the possible effect of that name on their patients. It would also be wise for them to critically appraise their communication style and the many extraneous pressures that influence their use of words.”⁸ In dentistry we discuss intimate and potentially devastating diagnoses, so we must be aware of what we say and how we use the words that surround those conditions.



The Florida Probe is not just a probe. It is an oral health monitoring system using computer technology with a periodontal probe.

You save time, stop guessing, and have high psychological impact on patients for using state-of-the-art diagnostic technology.

The following pages provides actual patient case examples of the computerized digital diagnostic records obtained by using the Florida Probe in full mouth dental examination that needed comprehensive restorative, prosthetic and adult orthodontic treatment.

- 1 - Periodontal chart: Color coded reflecting the pocket depth measurements.**
- 2 - A detailed listing of the pockets measurements at the six sites of measurement.**
- 3 - Periodontal risk assessment for patients with systemic disease, smoking medication or behavioral or compliance problems.**
- 4 - Colored chart Photo plaque index scores, bleeding and suppuration scores.**
- 5 - One-page comprehensive summary of the pocket death, bleeding, furcation, plaque and mobility scores.**

Following the explanation of these reports, a printed copy is provided to the patient for follow up or sharing with their family.

FLORIDA PROBE

Periodontal Chart

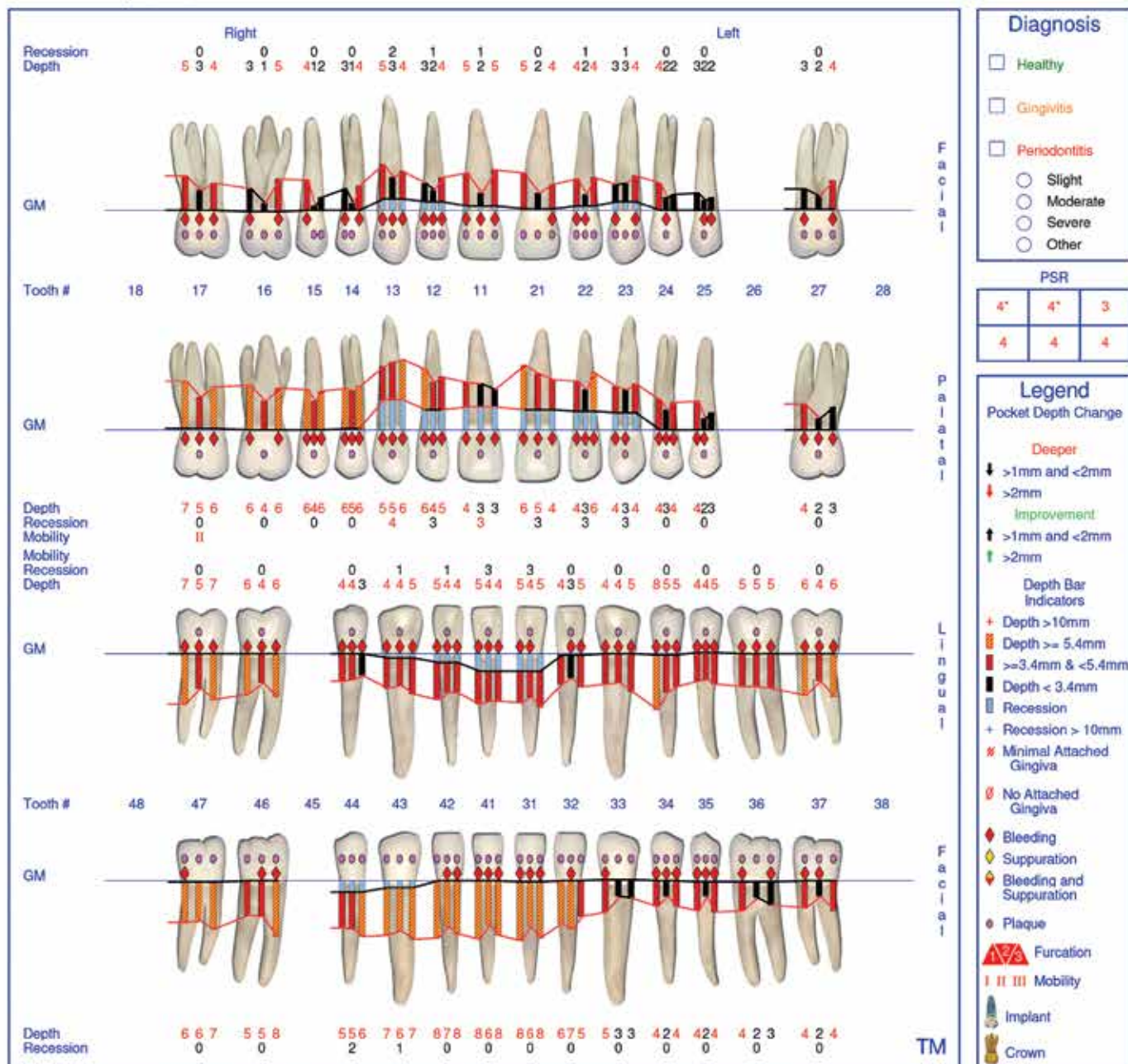
Chart #: 00170

Name:

Examiner: Dr.:

Date: February 18, 2015, 16:18

1/1



Summary

Abdulmajed Abdulrahman Al-omar has 26 teeth, 116 of 156 sites or 74% of the pocket depths are greater than 3.4 mm.

Bleeding: 123 site(s) (79%) bleeding, BOP = 100%

Suppuration: 0 site(s) (0%) suppuration

Recession: 19 teeth had some recession with 2 having recession equal to or greater than 3.0 mm

Furcation: 0 furcations were found

Mobility: 1 teeth had some degree of mobility

Plaque: 97 (93%) total site(s) have plaque/calculus, 45 (86%) interproximal, 26 (100%) lingual, 26 (100%) buccal and 28 (100%) molar

Plaque Sites

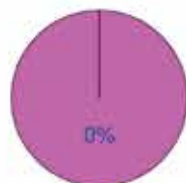


FLORIDA PROBE

Chart #: 00170
 Name:
 Examiner:
 Date: February 18, 2015,



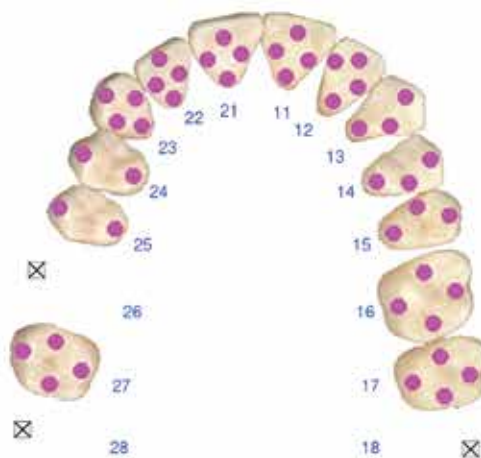
All Surfaces
Efficiency Rating



Back Teeth
Efficiency Rating

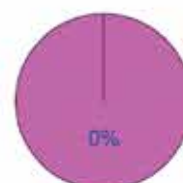


Flossing
Efficiency Rating



Left

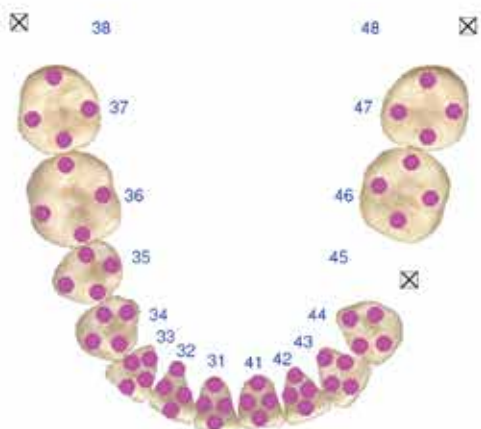
Right



Outside / Inside
Efficiency Rating



Face Side
Efficiency Rating



Tongue Side
Efficiency Rating

Plaque Index Score

All Surfaces: 93%
 Molar: 100%
 Interproximal: 86%
 Buccal / Lingual: 100%
 Buccal: 100%
 Lingual: 100%

Summary

26 Teeth 123 site(s) bleeding 0 site(s) suppurating, BOP = 100%
 78 moderate sites.
 38 severe site(s).
 0 furcations were found
 1 teeth had some degree of mobility

FLORIDA PROBE

Periodontal Risk Assessment

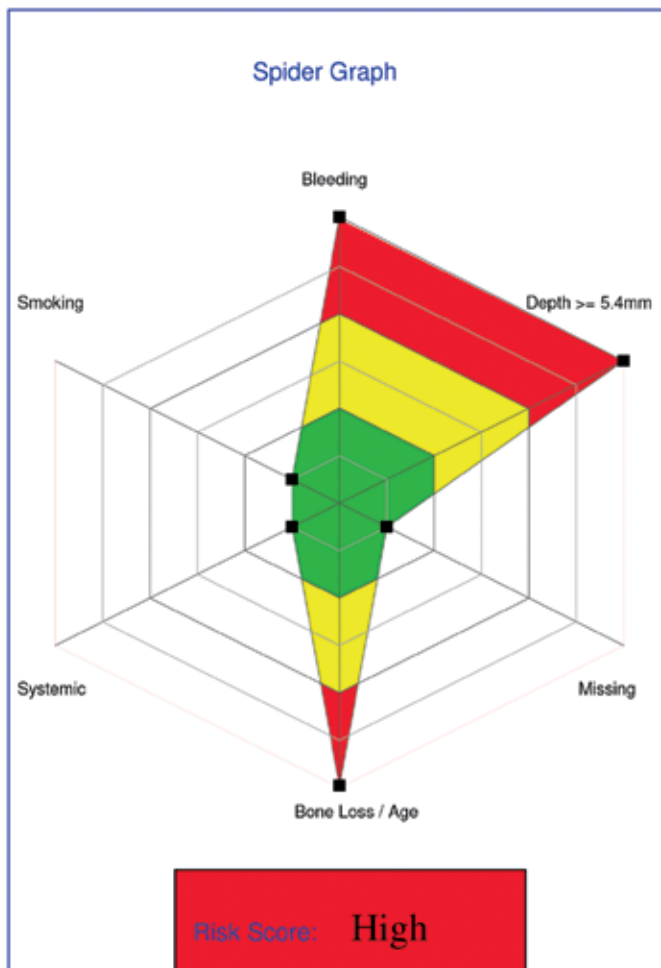
00170

Name:
Date:
Age:
Notes:

May 24,
30

Periodontal Exam Date: February 18,

P E R I O D O N T A L E X A M		Low	Medium	High
	Depth \geq 3.4mm			74%
	Max Depth		8.2mm	
	Bleeding			78%
	Furcation	0		
	Mobility	1		
	Plaque			93%
	Missing	2		
P A T I E N T	Bone Loss / Age			2.09
	Systemic			
	Smoking			
	Medication			
	Behavioral			
	History			

**Systemic**

A number of health conditions can take a toll on your gums. One of the most significant of these is diabetes. Diabetes increases your chances of developing infections, including periodontal disease, which is an infection of the gums. However, this relationship works both ways because periodontal disease impairs the body's ability to utilize insulin, making diabetes harder to control. Both diabetes and periodontal disease may increase a person's risk of heart attack and stroke, so having both conditions also increases the risk of developing cardiovascular disease.

**Smoking**

Consumption of tobacco, predominantly in the form of smoking rather than snuffing or chewing is a major risk factor for periodontitis. Tobacco use damages your immune system, putting you at greater risk for developing periodontal infection. It also creates a favorable environment for harmful bacteria and interferes with the normal mechanisms for limiting bacterial growth in your mouth. Smoking also impairs healing, so smokers are less likely to respond to treatment for periodontitis than nonsmokers.

**Medication**

Many prescriptions and over-the-counter medications contain ingredients that decrease the body's production of saliva. Since saliva has a cleansing effect on your teeth and helps inhibit bacterial growth, this means that plaque and tartar can build up more easily. Other drugs, especially anti-seizure medications, calcium channel blockers and drugs that suppress the immune system, sometimes cause an overgrowth of gum tissue (gingival hyperplasia), making plaque much harder to remove.

**Behavioral**

Periodontitis begins with plaque that stays on your teeth longer than two or three days and hardens under your gumline into tartar (calculus), a white substance that makes plaque more difficult to remove and that acts as a reservoir for bacteria. This is why oral hygiene is so important. Changes in hormone levels that occur during pregnancy, menopause or even menstruation can make your gums more susceptible to periodontitis.

**History**

Sometimes you may do everything correctly in terms of trying to prevent periodontal disease, but still develop it. In that case, you may have inherited a predisposition to gum problems.

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Summary

Chart #: 00170

Name:

Patient Progress

Date: 1: February 18, 2015, 16:18

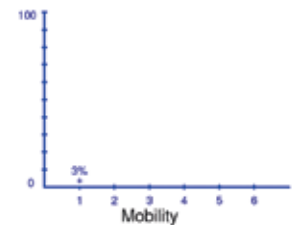
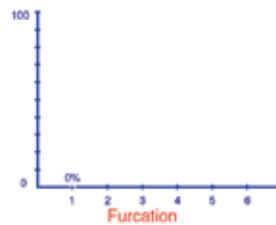
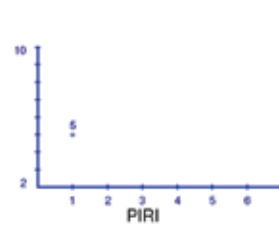
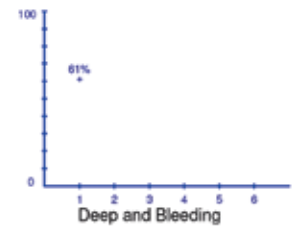
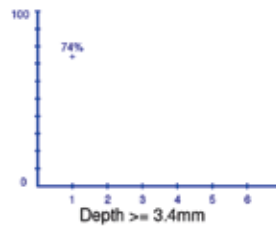
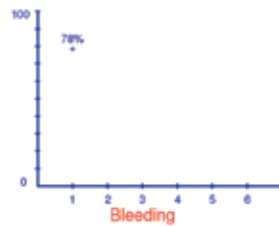
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Date: 2:

Date: 5:

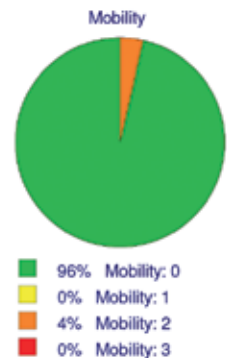
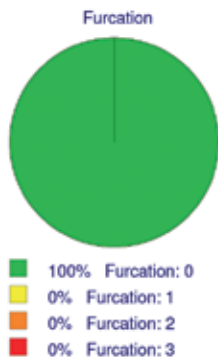
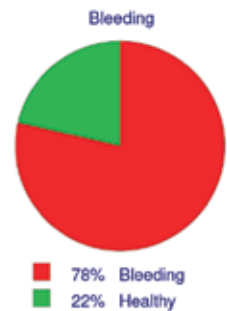
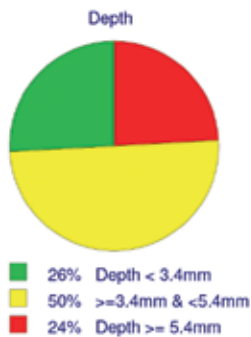
Date: 3:

Date: 6:



Display Visit

February 18, 2015, 16:18



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