TENNESSEE
DENTAL
ASSOCIATION NEWS

MAY/JUNE 2022 VOLUME 28, ISSUE 3

TNDENTALASSOCIATION.COM

JOIN US FOR THE 155TH ANNUAL SESSION: TDA CONNECT 2022

MAY 12-15 | RENAISSANCE NASHVILLE HOTEL

See Page 6

////// Bimonthly news and information for TDA members

BOARD OF TRUSTEES *Report*

APRIL 2, 2022

The Board of Trustees met in a hybrid format of both in-person and video conference on April 2, 2022 and conducted business of the TDA.

Actions of the Board:

Dr. Jay Davis, Treasurer, presented the TDA Financial Statement as of February 28, 2022, which was reviewed and received by the Board.

Motion approved to propose a $25 dues increase in 2023 to the House of Delegates.

Motion approved the Budget & Finance Committee's proposed budget of $1,692,814 which will be considered at the House of Delegates.

Motion approved to amend the Bylaws regarding the composition of the TDA Relief Fund Trustees to be the Association President-elect, Association Secretary, Association Treasurer, Chair of the Council on Membership, Communications and Relief, and the Association Executive Director. A resolution will be proposed to the House of Delegates.

Motion approved to amend the Bylaws to remove responsibility for the TDA Relief Fund from the Council on Membership, Communications and Relief. A resolution will be proposed to the House of Delegates.

Motion approved to recommend for House approval the members of the councils and committees as submitted by Board trustees.

Motion approved to dissolve the Editor Search Committee.

Motion approved to endorse YM Career Centers.

Reports to the Board:

Dr. Angela K. Burns, Tennessee Dental Wellness Foundation liaison, updated the Board on the activities of the TDWF. Dr. Burns reported that they are actively working with forty-six clients and expect that number to increase in post-COVID re-engagement. Dr. David Sain, Executive Director, has traveled widely across the state to speak and/or meet clients. The TDWF's biggest financial need is associated with the support needed to serve dental assistants and dental hygienists.

The trustees were asked to explore their districts for someone to serve on the TDA Insurance Agency Board of Directors to fill an upcoming opening.

Ms. Andrea Hayes, Executive Director, presented a membership report as of March 31, 2022, as well as the Members Pending Cutoff list. Ms. Hayes encouraged trustees to review their district MPC list and make personal contact to encourage renewal.

Ms. Hayes reported that registration is strong for TDA Connect – the 155th TDA Annual Session – and that exhibits are sold out. The sponsorship goal has been exceeded. Bravura will be utilized again this year for electronic registration and the conference app.

President Susan Orwick-Barnes reported that the Nashville Dental Society won the 2021 Outstanding District Award, which will be presented at the House of Delegates. This award, based on membership numbers from the previous year, gives points to districts based on market share, total dentist members, women/minority members, new dentist members, and council/committee participation.

Dr. Mitch Baldree, President-elect, said that the 2023 annual meeting agreement has been signed with the Renaissance Nashville Hotel for May 11-13, 2023. The venue for the board retreat this summer is yet to be determined.

Ms. Hayes' Executive Director report included:

• TDA webinars have launched with one on March 22 and another scheduled for April 19th.

• Component Society Officer Training is scheduled as a Zoom meeting on May 19th at 5:30 p.m. Central Time.

• Ms. Lisa Johnson has been hired part-time as an administrative assistant.

• Ms. Sara Moorehead has been hired full-time as a marketing coordinator to give support while Ms. Lourdes Arevalo is on maternity leave and will continue afterward in marketing as well as legislative areas.

• The Feathr campaign has proven to be a good investment with registrations and data.

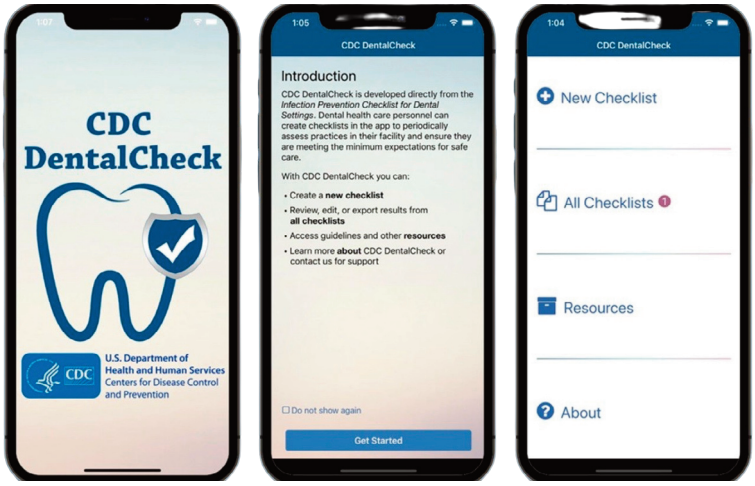
The 2023 annual meeting agreement has been signed with the Renaissance Nashville Hotel for May 11-13, 2023

CDC mobile app allows users to review basic infection prevention principles

Centers for Disease Control and Prevention developed free offering

Dental health care personnel can use the mobile application CDC DentalCheck to periodically assess their practices and ensure they are meeting the minimum expectations for safe care.

The free app, developed by the Centers for Disease Control and Prevention, puts the Infection Prevention Checklist for Dental Settings in an easy-to-use format for use on a phone or tablet. The app allows users to review basic infection prevention principles and links to full recommendations and source documents for dental health care settings. It also has the capability to export or save results and notes for records management.



> Dental health care personnel can use the mobile application CDC DentalCheck to periodically assess their practices and ensure they are meeting the minimum expectations for safe care.

MAY 2022 VOLUME 28, ISSUE 3
Executive Editor: Andrea Hayes
Managing Editor: Lourdes Arevalo
Editor: Amy Williams

The Tennessee Dental Association News (USPS 013358) is published bimonthly: January, March, May, July, September and November, by the Tennessee Dental Association, 660 Bakers Bridge Avenue, Suite 300, Franklin, TN 37067-6461. The subscription price is $6.00 annually.

TENNESSEE DENTAL ASSOCIATION NEWS

INSTAGRAM
TNDentalAssn

LINKEDIN
TNDentalAssn

FACEBOOK
TennesseeDentalAssociation

TWITTER
TNDentalAssn

Welcome to dentistry.

Looking for exceptional protection from people who understand your profession? We are **The Dentists Insurance Company**, TDIC, and protecting dentists is all we do.

Our new graduate program makes it easier and more affordable to obtain comprehensive coverage as you're just starting out.

- **$50** for your first year of Professional Liability coverage*
- **45%** discount in year two and 25% in year three
- **No-cost** expert risk management guidance by phone

Plan to have coverage through your employer or practice? Talk to our experts about the type and amount of coverage new dentists need.

Get started at **tdicinsurance.com/newgrad**.

Protecting dentists. It's all we do.®

@TDICinsurance | tdicinsurance.com | CA Lic. #2361-4

*First-year TDIC Professional Liability coverage rates are $50 in ID, TN, MT, OR, WA, AK, CA, HI, MN, NJ, NV, ND and PA. Rates depicted are for new and never-practiced dentists, licensed within the last 12 months and are valid for $1M/$3M coverage amounts. Rates increase until a mature policy is reached.

Tennessee DENTAL ASSOCIATION

155th Annual Session
May 12-15, 2022
Renaissance Nashville Hotel
Nashville, Tennessee

Bringing dentists & staff together. Driving dentistry forward.

WHAT MEMBERS HAVE TO SAY ABOUT ANNUAL SESSION

Dr. Allen Burleson
First District Dental Society

"[Each year] I gain new knowledge and it all revolves around patient care. I am a better dentist after attending the annual session and my patients benefit from that. It's the bottom line."

Dr. Hope Watson
Second District Dental Society

"Annual session is a fun time to get your staff out of the office and be able to enjoy camaraderie while getting your CE requirements. Friends, high quality CE, and team building!"

Dr. Rick Kinard
Fourth District Dental Society

"It's my opportunity to give back to the association and the profession that has given me so much. It also provides an opportunity for me to make it better for future generations."

Dr. Chip Clayton
Nashville Dental Society

"I have learned more about the business of running a practice through interactions with colleagues than I have ever learned through the years of dealing with consultants. [The interactions] are one of the most valuable things that I find when attending."

Dr. Raj Kshatri
Nashville Dental Society

"It's always great to support our state and the meetings that they put on."

Dr. Jeannie Beauchamp
Eighth District Dental Society

"I get to find out what the latest products and ideas in dentistry are. You can interact with other dentists and find out what they've used, how well it's worked or not worked and use all of that information in your practice when you're back home."

Dr. Candice Coleman
Eighth District Dental Society

"Seeing our colleagues in person, people who are going through the same struggles and celebrations as we are, is incredibly refreshing."

Dr. Steven Zambrano
Memphis Dental Society

"Knowing the new and latest science findings and things we can share with our patients to afford better patient care."

Dr. Kaleb Page
Memphis Dental Society

"Meeting other dentists, like-minded individuals, networking and relationship building."

welcome NEW MEMBERS!

THE TENNESSEE DENTAL ASSOCIATION WELCOMES THE FOLLOWING DENTISTS AS OUR NEW AND REINSTATED MEMBERS.

We are excited that you have chosen to make the ADA, the TDA and your local components part of your journey. By being part of the ADA community, you've made the choice to power the dental profession.

We're working to bring you useful resources that can help you balance your patients, your practice, and your life. From the latest clinical guidelines to financial management tools like insurance and retirement plans, you'll find what you need to keep your work and life on track.

If there is anything we can do to enhance your membership experience, call us at 615.628.0208 or email tda@tndentalassociation.org.

We've got your back. *Always*

Second District Dental Society
Dr. James Muscari
Dr. Stephen Fowler

Fourth District Dental Society
Dr. Cason Roberson
Dr. JoKeidre Butler

Nashville Dental Society
Dr. Ly Nguyen
Dr. Katherine McKitrick
Dr. Robert McDowell
Dr. Brian Crump
Dr. David McNutt
Dr. Megan Girmscheid
Dr. Matthew Smith

Sixth District Dental Society
Dr. Carol Montee

Memphis Dental Society
Dr. Cimara Ferreira
Dr. Dasirae Sieh
Denise Martin

Mid-South Mission of Mercy Delivers Care to West Tennessee

SPONSORED BY THE MEMPHIS DENTAL SOCIETY

The Mid-South Mission of Mercy (MidMOM) provided a free, two-day dental clinic for under-served and under-insured children and adults in Memphis and the surrounding area. Treatments offered included cleanings, x-rays, restorative fillings, and extractions.

Since 2016, MidMOM has provided over 5.9 million dollars' worth of dentistry to more than 10,000 patients in the greater Memphis area with the help of nearly 10,000 volunteers.

Thank you to all the dentists and members in our state who gave of their time for this cause.

ARE YOU RECEIVING EMAILS FROM THE TDA?

MEMBER EMAIL ADDRESS UPDATE

If you have unsubscribed to TDA emails in the past you may be missing important information from the TDA and the ADA. Each week, the TDA issues sends a news bulletin with numerous alerts to keep members informed of the latest updates at the local, state, and national level.

If you have not been receiving emails from the TDA, please make sure to check your spam or junk mail folder and mark **tda@tndentalassociation.org** as a safe sender. To be included in the mailing list or to update your email address please email us at **tda@tndentalassociation.org**

In Memoriam

The TDA honors the memory and passing of the following members:

Dr. Earl Keister Jr.
He was a member of the American Dental Association, the Tennessee Dental Association, and the Second District Dental Society.

Dr. James LaMar Dugan
He was a member of the American Dental Association, the Tennessee Dental Association, and the Chattanooga Area Dental Society.

Dr. Royce Dewayne McBride
He was a member of the American Dental Association, the Tennessee Dental Association, and the Chattanooga Area Dental Society.

Dr. E. "Mac" Edington
He was a member of the American Dental Association, the Tennessee Dental Association, and the Eighth District Dental Society.

Dr. Ronald Johnson
He was a member of the American Dental Association, the Tennessee Dental Association, and the Seventh District Dental Society.

NUMBERS TO KNOW

American Dental Association
(800) 621-8099 or (312) 440-2500

Tennessee Board of Dentistry
(615) 532-5073

Tennessee Department of Health
(615) 741-301

Tennessee Dental Association
(615) 628-0208 | Fax: (615) 628-0214
tda@tndentalassociation.org

>Staffed Component Societies

First District Dental Society
Executive Secretary: Brooke Bailey
(423) 552-0222
firstdistrictdental@gmail.com

Second District Dental Society
Executive Director: Diane Landers
(865) 919-6464
sddsoffice@gmail.com

Chattanooga Area Dental Society
Executive Director: Rhonda Jones
(423) 886-9191
info@Chattareadent.com

Nashville Dental Society
Executive Director: Kristen Stewart
(615) 628-3300
director@nashvilledental.org

Eighth District Dental Society
Executive Secretary: Ruby Batson
(931) 245-3333

Memphis Dental Society
Executive Director: Delaney Williams
(901) 682-4928
dwilliams@memphisdentalsociety.org

DENTIST MISDIAGNOSES

ABSCESS, RESULTING IN LOSS OF TOOTH AND MALPRACTICE LAWSUIT

MARIO CATALANO, DDS, MAGD | FROM OUR PARTNERS AT MEDPRO

BACKGROUND

Unfortunately, in the practice of dentistry, a cluster of symptoms may indicate more than one disease condition. The dentist must identify which condition is the source of the problem and treat it appropriately. In this interesting case from the Southwest, the dentist's conclusion was incorrect, resulting in a lost opportunity to treat the problem at the optimal time.

CASE DISCUSSION

The patient, a 16-year-old male who was generally healthy, had recently completed orthodontic treatment by a specialist. His parents brought him to a large dental group for follow-up after the orthodontic treatment, and he was assigned to Dr. J, a general dentist who was new to practice.

At the initial appointment, a complete set of intraoral radiographs was taken to complement the panoramic study previously done by the orthodontist. After a clinical examination and a review of the radiographs, it was determined that the patient had a significant number of carious lesions. Dr. J formulated and discussed a treatment plan with the patient's parents, and subsequently they scheduled a series of appointments with Dr. J.

Dr. J had prioritized the order in which he would restore the problem teeth, and, accordingly, at the first treatment visit he placed deep composite restorations on teeth 9 and 10. The patient missed his next appointment, but about one month later he presented with vague pain in the left maxillary region. Dr. J evaluated the patient's symptoms that included a slight sensitivity to percussion of teeth 9 and 10, but thought the pain probably resulted from a large carious lesion on tooth 15. He treated tooth 15 with a large composite restoration.

About 10 days later, the patient again presented with pain in the left maxillary region from tooth 9 to 15. Dr. J noted that teeth 9 and 10 were slightly mobile, so radiographs were taken, but they were inconclusive for periapical pathology.

Dr. J then concluded that clenching and bruxing most likely caused the teeth mobility, especially when it was determined that the patient had not been wearing his retainer regularly as advised (it no longer fit properly after the restorative dentistry). Dr. J then took impressions and fabricated a nocturnal mouthguard to alleviate the current symptoms.

Because of a scheduled vacation and the absence of any further symptomology, the patient's parents rescheduled his next two appointments. However, shortly after returning from vacation (and about a month after the mouth guard was delivered), the patient developed significant swelling under his left eye. Dr. J ordered radiographs that revealed a sizable area of bone loss around tooth 10, which was now extremely mobile. Dr. J referred the patient to an oral surgeon, who performed an incision and drainage, placed him on an antibiotic, and referred him to an endodontist for further treatment.

Despite the oral surgery and endodontic treatment, intraoral drainage developed. The endodontist ordered two additional antibiotic regimens. Then the endodontist returned the patient to the oral surgeon for a tooth extraction and bone grafting in anticipation of future implant placement. A temporary partial denture was fabricated for cosmetic purposes.

The patient's parents were very upset, and they ultimately brought a dental malpractice lawsuit against Dr. J. The allegations in the lawsuit included lack of expertise in diagnosing the abscess, misdiagnosing the problem as bruxism, and failing to refer the patient to one of the more experienced dentists in the practice, resulting in the loss of tooth 10, future dental care expenses, pain, and suffering.

After negative reviews by two expert witnesses, the doctor consented to settle the case.

RISK MANAGEMENT CONSIDERATIONS

Theodore Passineau, JD, HRM, RPLU, CPHRM, FASHRM

This case illustrates the sort of diagnostic dilemma regularly faced by dentists in their day-to-day practice. A cluster of symptoms, similar to those presented in this case, can lead to a differential diagnosis. From a patient safety standpoint in both dentistry and medicine, the accepted approach is to treat the condition on the differential list that is potentially the most serious until the condition is resolved or can be ruled out by other means. It appears that did not occur here.

Dr. J may have also made a mistake in relying on his second set of radiographs, which were "inconclusive for periapical pathology" (not ruling it out). The importance of clear radiographs cannot be overemphasized. One can speculate that if the radiographs had been repeated, or a cone beam computed tomography had been performed, the dentist may have seen the abscess and avoided a poor outcome.

This case raises an important point that was not an issue here, but is commonly encountered in daily practice – patients' refusal of routine radiographs. Many dental conditions simply cannot be diagnosed by direct visualization, and some of them are very serious. If a patient refuses routine radiographs, the dentist should carefully consider the potential health consequences to the patient, as well as the difficulty in defending a malpractice case in which radiographs were not taken.

The treatment in question was not helped by the timing of the patient's vacation, during which time he was out of contact with Dr. J. However, this lack of communication would not have assisted in the defense of this case unless it could be shown that the patient was in pain during the vacation and failed to contact Dr. J or a local dentist.

> **THIS CASE RAISES AN IMPORTANT POINT THAT WAS NOT AN ISSUE HERE, BUT IS COMMONLY ENCOUNTERED IN DAILY PRACTICE – PATIENTS' REFUSAL OF ROUTINE RADIOGRAPHS.**

Finally, it would have been helpful for Dr. J to consult with one of the senior dentists in the practice when he saw mobility in teeth 9 and 10 and found the radiographs to be essentially inconclusive. At any point in one's career, formal or informal consultation with a trusted colleague is always advantageous.

CONCLUSION

Dentistry is better than it has ever been at diagnosing pathology because of significant improvements in imaging. However, the opportunity to misdiagnose is ever present. Paying careful attention to the total clinical picture, combined with consultative assistance when appropriate, can be valuable to a doctor in minimizing diagnostic error.

KEEPING BONES STRONG AND HEALTHY

LET'S TALK ABOUT OSTEOPOROSIS

Our bones are alive. We might not think of them that way—but to keep themselves strong and usable, our bones are always changing. "Bone is living, growing tissue," says Dr. Joan McGowan, a scientist at NIH. "It's constantly breaking down and building up. It keeps refreshing itself."

fracture, a break in one of the small bones in your back, may be subtle and go unnoticed. Or it may cause back pain, which you shouldn't ignore.

"A large part of osteoporosis and fracture risk is inherited," says McGowan. "If close relatives

> **"OUR BONES ARE ALIVE. WE MIGHT NOT THINK OF THEM THAT WAY—BUT TO KEEP THEMSELVES STRONG AND USABLE, OUR BONES ARE ALWAYS CHANGING.**

But as you get older, your bones may be at increased risk for osteoporosis (oss-tee-oh-pore-OH-sis), when the bones become weak, fragile and more likely to break. And once they break, they take longer to heal. This can be both painful and expensive.

Current estimates suggest that around 10 million people in the U.S. have osteoporosis, and 34 million more have low bone mass, which places them at increased risk.

Osteoporosis is a "silent" disease. You may not realize you have it until a sudden strain, twist or fall causes a broken bone (also called a "fracture"). With osteoporosis, even a minor tumble can be serious, requiring surgery and hospitalization.

If you have osteoporosis, you can get a broken bone even though you haven't fallen—by shoveling snow, for example. A spinal

have suffered a fracture in their later years, this may be a clue to think carefully about your own risk. But diet and physical activity are major ways to build and maintain the best possible skeleton."
NIH-funded research shows that childhood is the best time to build up bone tissue. Most bone is built by age 18 in girls and 20 in boys.

Start with a well-balanced diet rich in calcium and vitamin D. Most of our bone is made of a rigid protein framework. Calcium (a mineral) adds strength and hardens that framework. Vitamin D helps the intestine absorb calcium.

Calcium is found in many foods, but the most common source for Americans is milk and other dairy products. One 8-ounce glass of milk provides about one-third of the recommended intake for younger children and about one-fourth of the recommended intake for teens.

Malpractice Insurance: It's not just a price, it's a promise.

MedPro Group is committed to protecting your reputation so you can stay committed to protecting your patients. It's a promise we don't take lightly.

Our promise to never settle a lawsuit without your written consent	**PURE CONSENT PROVISION**
Our promise to offer you options that fit your needs	**OCCURRENCE AND CLAIMS-MADE POLICIES**
Our promise to provide unmatched defense success if a claim goes to trial	**95% DENTAL TRIAL WIN RATE**
Our promise to be there on your first day of practice and every day after	**120+ YEARS OF EXPERIENCE**
Our promise to have the financial strength to protect you and your future	**A++ FINANCIAL RATING BY A.M. BEST**

Contact us today for a quote.

JEFFREY SMITH | 615.628.0208 | JEFFS@ASSOC-ADMIN.COM

medprodental.com/TNDA

MedPro Group
a Berkshire Hathaway company

tda Tennessee DENTAL ASSOCIATION

1 OPEN CAMERA
2 SCAN
3 GET QUOTE

Your body makes vitamin D in the skin when you're out in the sun. Some people get all they need from sunlight, but others need to take vitamin D pills.

Physical activity is also important for building bone. The more work bones do, the stronger they get. That's why it's so important for kids to run and play.

"There is good evidence," says McGowan, "that you can build the best skeleton by doing physical activity in childhood: jumping rope, playing basketball and running around. The trend now—of not having physical education in school and playing computer games instead of tag—may be a serious threat to bone health."

But no matter what your age, McGowan says, "It's never too late to promote bone health."

Increase your load-bearing exercise, like walking, and make good food choices, rich in calcium and vitamin D.

Unfortunately, some factors are beyond your control. Women are more likely to have osteoporosis and related fractures, particularly Caucasian and Asian women.

Osteoporosis becomes more common as you get older. Low body weight can also increase your risk. And so can certain medications (such as steroids) and certain diseases and conditions (such as anorexia nervosa, rheumatoid arthritis, gastrointestinal diseases, thyroid disease and depression).

BUT NO MATTER WHAT YOUR AGE, MCGOWAN SAYS, "IT'S NEVER TOO LATE TO PROMOTE BONE HEALTH." INCREASE YOUR LOAD-BEARING EXERCISE, LIKE WALKING, AND MAKE GOOD FOOD CHOICES, RICH IN CALCIUM AND VITAMIN D.

PHYSICAL ACTIVITY IN CHILDHOOD

"There is good evidence," says McGowan, "that you can build the best skeleton by doing physical activity in childhood: jumping rope, playing basketball and running around.

BONE HEALTH TIPS

"But even if you have osteoporosis, you can do things to prevent fractures," McGowan says.

Talk to your doctor well before the age of 50 about your risk. One out of 2 women and 1 out of 4 men over age 50 will break a bone due to osteoporosis.

"We know that all women over the age of 65 should have a bone mineral density test," McGowan says. The test uses a tiny amount of radiation to look at how dense your bones are. It isn't painful, and there's usually no need to undress. However, she says that researchers haven't yet come up with universal recommendations about when you should get this test. That depends on your risk factors.

"We need to make sure that all involved in this disease—patients, physicians and scientists—maintain an awareness and progress in combating it," says NIH-funded scientist Dr. Sundeep Khosla of the Mayo Clinic.

So ask your doctor about osteoporosis. And don't forget to mention the medications you're taking that might increase your risk.

Remember that osteoporosis remains silent—until there's a fracture. "A big red flag is when a person over age 50 has a fracture of any kind," McGowan says. "Doctors should follow up."

Your bones are so important. They support you and allow you to move. They protect your heart, lungs and brain from injury. They're a storehouse for vital minerals you need to live. Your bones take care of you in so many ways. Learn to take care of them.

Source: NIH News in Health. For the latest news from the National Institutes of Health, part of the U.S. Department of Health and Human Services, visit newsinhealth.nih.gov

Research shows that there are several ways to take care of your bone health:

- Get enough calcium and vitamin D in your diet at every age.
- Be physically active.
- Reduce hazards in your home that could increase your risk of falling.
- Talk with your doctor about medicines you are taking that could increase your risk for osteoporosis.
- If you are over 50 and break a bone, ask your doctor to screen you for osteoporosis.

"TALK TO YOUR DOCTOR WELL BEFORE THE AGE OF 50 ABOUT YOUR RISK. ONE OUT OF 2 WOMEN AND 1 OUT OF 4 MEN OVER AGE 50 WILL BREAK A BONE DUE TO OSTEOPOROSIS"

NEW DENTIST CORNER

What does it mean to be a dentist?

I have spent the last six years of my career working in public health, and the first three years were a couple of short stents working in mobile dentistry visiting nursing homes, a couple of different private practices, "Medicaid offices" and suburban offices with all the latest technologies. Out of all of those, public health was my favorite.

However, I knew from dental school that at some point I would want to end up in academia. I used to daydream about someday becoming a "dental school counselor": having students come to my office to vent about the stressors of school. I would think about all my favorite professors and how their concern for me buoyed me through school, and I wanted to do that for future students.

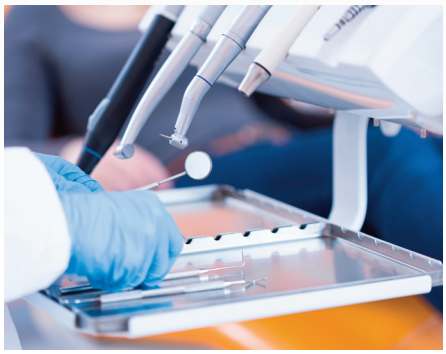
I knew academia was my goal, but I also love patient care. There is a moment, right before you hand a patient a mirror to see your handiwork in creating their new smile, when you know they are going to be so happy. I loved hearing patients say, "No one has ever explained it to me like that" or, the ultimate, "I didn't even feel the shot!" I loved all that.

But as I walked to my car on my last day at my previous job, I felt a finality that I wasn't expecting to feel. It was a feeling I hadn't experienced before: relief.

I cried the whole way home talking to my significant other about how I was going to miss my coworkers, the best team I had ever worked with, how I was going to miss the feel of the drill in my hand, and how I wasn't sure that entering academia, even though it was what I thought I always wanted to do, was going to be what I was imagining.

Was it going to be a situation of thinking that the grass would be greener on the other side only to be be disappointed?

In patient care, the buck stops with us. The decisions rest on our shoulders. The Yelp reviews reflect us, no matter who in the office it might have been about. Our assistants make sure things are set up the way we want them. We are in control. We love to help our patients. We get a lot of glory and respect (sometimes undue) out of it. I was scared of losing that glory. I was going to miss having my assistants have things ready for me and set up the way I like. I was going to miss feeling like the queen bee. Yes, I said it.



As much as we talk about how a career in dentistry affords us so many options, most of us pretty much end up doing the same things: full-time patient care. There seems to be a formula coming out of school: work as an associate for a large practice for a couple of years, and then go into private practice without really thinking if that really is what is best for us, our personalities and lifestyles.

In a previous job I was an adjunct faculty for a dental school. It wasn't uncommon to hear graduating seniors talk about going into private practice by being someone's associate first and eventually buying the practice. I feel like I can safely say, this is all we think there is or maybe specializing (and opening our own practice). Even when meeting people outside of work, upon finding out that I am a dentist they will inevitably ask, "Do you have your own practice?"

Of course, we go in to dentistry to do dental work BUT, what actually makes you a dentist?

I was talking with a friend one day recently and asked, "Am I still a dentist or am I a professor now?" I pictured filling out paperwork in some random situation, and in the section where it asks "occupation" I thought "I don't think I can put dentist anymore."

We really celebrate the dentists who have lucrative practices. We celebrate the dentists who have huge staffs, multiple locations, and the latest technology. We don't celebrate (as often), the dentists who go into public health. We don't celebrate the dentists who work in prisons. We don't celebrate the dentists who go into radiology or oral pathology. We don't celebrate the dentists who go into academia. We don't celebrate the dentists who are associates for the span of their career.

One of my mentors, whom I worked for one summer after my freshman year of college, had her own practice for years. She ended up selling it to become an associate for another dentist part time. She also worked in a prison part time, stating that she was tired of the business side of dentistry.

I met a dentist who practiced for a few years after graduation and realized she didn't like patient care. She now works for Crest and loves it. How can a new grad/young dentist explore the options of their career if we keep holding the successful private practices up as the pinnacle of success for our profession?

Full-time in-patient care is not for everyone. I fear for dental students who come out of school, get a job as an associate in an office that just isn't a good fit. Maybe the next office isn't either, and begin to feel like something is wrong with them. They then scroll through social media and see how well their classmates appear to be doing and feel worse.

I look at myself as an example in my newly burgeoning career in academia and think "am I still a real dentist?"

I recently was looking through a dental magazine with the eponymous "40 under 40." There were a few dentists who were lauded for their success in the public health setting, but the vast majority were private practice owners.

To be honest, I had a fleeting moment where I thought, "I'll never be that." And yet, in my heart I love what I do; I am proud of the choices I have made in my career, but the list made me feel less than for a few minutes.

New dentists: the degree and the diploma are what make you the dentist, and unless you have some heinous/grave issue that comes up, you will always be a dentist. You get to decide the trajectory of your career. If you have been out and don't like patient care, do something else. Please don't look at your colleagues and feel like you are beholden to the full-time private practice, eventual practice owner path to be the definition of success.

Let us truly celebrate the options in our career. Spend some time alone. Maybe this means not talking to dental friends and colleagues, or maybe getting off social media for a little bit. Take a hard look at your life and career to figure out who you are, what your needs are, and what you really want out of life and your career. How much money do you really need to be happy and to live the life you want?

I had no idea how much patient care was affecting me until I was at the dental school on the clinic floor, working with students, and I realized I didn't have a million thoughts swirling around in my head. I didn't how it was affecting me until I realized that I felt physically lighter and unburdened. Like I said, I LOVED being in patient care.

DR ELIZABETH SIMPSON

For me, that old adage of "do what you love and you'll never work a day in your life" came true when I started in academia. I don't feel like I'm at work. I would even go so far as to describe the feeling as, when I'm on the clinic floor, at peace. People tell you to open your own practice to be able to do things "your way" and to not have to answer to anyone. That is fine. We are not all built to carry the weight of stress that comes with being a practice owner, and that's OK.

Life is short, but you don't know until something comes along to show you how short it is. A classmate of mine passed from cancer last year in his early 40s. Can you imagine if he had spent his years practicing unhappily because of feeling like his career should have looked a certain way? You are the captain of your ship. Make it a ship that fits your individual journey.

Let us truly celebrate our career and all the options and versions of success it provides us.

This article originally appeared December 13, 2021 in the ADA New Dentist Now blog, newdentistblog.ada.org
Dr Elizabeth Simpson is a general dentist from Indianapolis, Indiana. She attended Tufts University School of Dentistry for her dental education. After graduation, she did a one-year General Practice Residency at Meharry Medical College School of Dentistry. She is now a clinical assistant Professor at Indiana University School of Dentistry. She is a member of the American Dental Association Council on Advocacy for Access and Prevention, on a diversity task force with the Indiana Dental Association, and a guest blogger with the ADA New Dentist Now Blog.

CLASSIFIEDS

JOB OPPORTUNITY AVAILABLE

For over 40 years, Martin Dentistry has proudly served our friends and neighbors in the Tri-Cities, TN area. We currently have five locations and are currently seeking to add full-time and part-time associate dentists to our growing practice. Offering up to **$20,000 sign on bonus,** daily rate of up to $700/day, pay scale at up to 35% of net production, excellent benefits package, and opportunities for partnership. Average dentist sees 50+ new patients per month.

Modern and fully digital offices with iTero scanners, cone beam, and CEREC. Fee for service and PPO patient base, no Medicaid. Please email careers@martindentistry.net or call (423) 251-4111 to learn more about these opportunities

General Dentist – Cookeville, TN (Full Time -- Sign-On Bonus Incentive $10,000, $50K Student Loan Repayment Program, Relocation Incentive)
Pure Dental Brands seeks a General Dentist to work Full Time. This opportunity will help lead a fast paced, well-established dental practice. We prefer a candidate with a minimum of 2 years work experience who can perform a range of services to our patients. Qualified NEW GRADS welcome to apply. You'll enjoy: Base salary with performance incentives to earn more • 401K program and generous employer match • CE allowance, paid professional liability •opportunities to contribute to your community through education and charity events • Full team of support from qualified and educated dental assistants to a regional leadership team and a corporate service center with all the departments to ensure your practice runs smoothly.
Contact: Brad Cabibi | 561-866-8187
bradcabibi@puredentalbrands.com

General Dentist – Lewisburg, TN (Full Time or Part Time -- Sign-On Bonus Incentive $10,000, $50K Student Loan Repayment Program, Relocation Incentive)
Pure Dental Brands seeks a General Dentist to work Full or Part time. This opportunity will help lead a fast paced, well-established dental practice. We prefer a candidate with a minimum of 2 years work experience who can perform a range of services to our patients. Qualified NEW GRADS welcome to apply. You'll enjoy: Base salary with performance incentives to earn more • 401K program and generous employer match • CE allowance, paid professional liability •opportunities to contribute to your community through education and charity events • Full team of support from qualified and educated dental assistants to a regional leadership team and a corporate service center with all the departments to ensure your practice runs smoothly.
Contact: Brad Cabibi | 561-866-8187
bradcabibi@puredentalbrands.com

General Dentist – Dickson, TN (Part Time -- Fridays Only)
Pure Dental Brands seeks a General Dentist to work part time, Friday only. This opportunity will help lead a fast paced, well-established dental practice. We prefer a candidate with a minimum of 2 years work experience who can perform a range of services to our patients. Qualified NEW GRADS welcome to apply. You'll enjoy: Base salary with performance incentives to earn more • 401K program and generous employer match • CE allowance, paid professional liability •opportunities to contribute to your community through education and charity events • Full team of support from qualified and educated dental assistants to a regional leadership team and a corporate service center with all the departments to ensure your practice runs smoothly.
Contact: Brad Cabibi | 561-866-8187
bradcabibi@puredentalbrands.com

PRACTICE FOR SALE

Choice Transitions currently has several practices for sale. From smaller/starter practices ideal for more recent grads all the way to large, multi-doctor practices! Our inventory is constantly changing as practices sell and new practices are listed. To investigate these opportunities please visit and register for FREE on our website at www.choicetransitions.com or Contact Fred Bacon, DDS at (877) 365-6786, x220 or Jay Lowrey at x221

Jefferson City, TN | Dental office for sale, Jefferson City, four opts with equipment, (6) dental chairs, (4) Belmont track lights, (3) DCI under counter delivery system, (2) Belmont x-rays, cabinets and much more. Contact richardjmiller1114@gmail.com, 865-475-4426

EQUIPMENT FOR SALE

Intraoral X-Ray Sensor Repair/Sales
We repair broken sensors. Save thousands in replacement costs. Specializing in Kodak/Carestream, major brands. We buy/sell sensors. American SensorTech 919-229-0483 www.repairsensor.com

Classified Advertising (Ad Prepayment Required)

Classified ads: The first 100 characters (i.e., letters, spaces, punctuation) are free* for TDA dentist members and $40.00 for nonmembers. Each character, in excess of 100, is an additional 40 cents per character (this applies to members and nonmembers).

Mail checks made payable to the TDA, along with your typed or clearly printed classified ad, by the 1st of the month prior to the month of publication to: TDA Newsletter, 660 Bakers Bridge Avenue, Suite 300, Franklin, TN 37067.

TDA reserves the right to reject any advertising. Call the TDA Executive Office at 615-628-0208 or email tda@tndentalassociation.org if you have any questions.

* Free to TDA members: one ad per year — three (3) month maximum — after third month the $40.00 minimum and additional character charge will apply.

ben-pat INSTITUTE



Are you curious about the connection between pain and sleep?

At Ben-Pat Institute, we go beyond just basic dental education on orofacial pain, temporomandibular disorders and dental sleep medicine. We link the correlation of these conditions together to help make you a more skilled clinician in these disciplines to further help your patients.

If you've ever been curious about how you can help pain and sleep patients, join us for a four-part dental education course on orofacial pain and dental sleep medicine. The great thing about this education series is that we take a hybrid approach, which means there are three ways to join: All sessions in a live setting, half virtual and half in person, or all virtual.

You will learn various bite techniques for sleep apnea appliances and TMJ splints as well as injections for various blocks that are associated with orofacial pain. We will also show you how to create temporary oral appliances, examine pain and sleep patients, and the delivery of custom sleep appliances.

Each attendee will also receive two custom appliances for themselves, temporary appliances for TMJ disorders and sleep appliances. But the benefits of this course don't stop there.

Our course also offers a 2-month complimentary mentorship.

This allows you to ask us questions or receive further guidance as you begin to implement services around orofacial pain, TMD and dental sleep medicine. And if you need additional guidance and advice beyond those two months, we also offer a pay-as-you-go mentorship service.

Join us for our pain and sleep programs

Location: 200 Ashford Center North, Suite 195. Atlanta, GA 30338

56 CEUs
Lecture and Participation

CLASS 3 (Late 2022):	CLASS 4 (Early 2023):
Session 1: Aug 26-27	Session 1: Jan 27-28
Session 2: Sep 23-24	Session 2: Feb 24-25
Session 3: Nov 4-5	Session 3: Mar 24-25
Session 4: Dec 2-3	Session 4: Apr 21-22

Space is limited. Register Now!

918.633.2778
info@benpatinstitute.com
www.benpatinstitute.com/courses

PACE ACADEMY of GENERAL DENTISTRY PROGRAM APPROVAL FOR CONTINUING EDUCATION

Ben-Pat Institute, LLC
Nationally Approved PACE Program Provider for FAGD/MAGD credit.
Approval does not imply acceptance by
any regulatory authority or AGD endorsement.
12/1/2021 to 11/30/2025.
Provider ID# 401524

ENDORSED MEMBER SERVICES

The TDA endorses the following services available to you as a member.
Please contact any of the endorsed companies to obtain TDA member rates.

ADA Credit Cards – US Bank, adavisacard.com

AHI Travel: Guided tours across the globe. 844-205-1171 or http://ada.ahitravel.com

Best Card: Credit card merchant processing services. 877-739-3952

Bento: A modern alternative to dental benefits. Visit bento.net, email or call 800.734.8484

BMO Harris Bank: Practice financing and commercial real estate loans. 1-833-276-6017 or bmoharris.com/dentists

CareCredit: Patient Payment Plans - new 1-800-300-3046, ext. 4519; already enrolled 800-859-9975 or carecredit.com/dental

ClaimX: Electronic Claim Processing - 866-886-5113 Opt 1 (Promo Code KCI0208) or www.claimxedi.com

Cyracom: Interpretation and translation services. 1-844-737-0781 or getstarted@cyracom.com

D-MMEX: Easy Refine Scrap Metal Recovery Program 1-800- 741-3174 or www.easyrefine.com

DrFirst: iPrescribe mobile electronic prescribing application and service. 866-263-6511 or https://drfirst.com/products/iprescribe/

GE Appliances: Savings of up to 25% off MSRP on select GE appliances www.adamemberadvantage.com/en/endorsed-programs/ge

Lands' End: Business Outfitters - Customized Apparel for You and Your Staff - 1-800-490-6402 or http://ada.landsend.com

Lenovo: PC products and accessories. 800-426-7235 ext. 4886 or www3.lenovo.com/us/en/ada

Medical Protective: Malpractice Insurance – Contact TDA Insurance Agency: 1-800-347-1109 or www.TDAinsurance.com

Mercedes-Benz: New, purchased or leased Mercedes Benz and Smart Cars Call 866-628-7232 or visit ada.org/Mercedes

On-Pay: Payroll Solution, integrity accounting, time keeping and attendance software- www.onpay.com/ada or call 1-877-328-6505

PBHS Website Design & Marketing Services: Call 1-855-WEB-4ADA or visit www.pbhs.com/ada

PBHS Secure Mail: Secure, regulatory-compliant email solutions for dental practices. Visit www.pbhs.com/ada

RJ Young: Tamper Proof Prescription Pads/Paper - 1-800-800-5876 or customerservice@twopointinc.com or www.theTDAstore.com

TDA Insurance Agency, Inc.: Personal & Business Insurance Programs - 1-800-347-1109 or www.TDAinsurance.com

UPS: Shipping. 1-800-MEMBERS (800-636-2377) or visit www.savewithups.com/ada

It's Never too Soon to Explore Your Options

Whether you plan on selling your practice today or you're just beginning to investigate your retirement options, don't wait until it's too late. The Transition Sales Consultants at Henry Schein **Dental Practice Transitions** can help you identify and evaluate your options.

Our Transition Sales Consultants will take care of all the details, including:

- **Help investigate your retirement options**
- **Perform a detailed valuation of your practice**
- **Establish the right listing price**
- **Prequalify all prospective buyers**
- **Assist with financing options and availability**

It's never too early to start planning for your future.

What are you waiting for?

Give us a call at **866-335-2947** to schedule a complimentary, confidential consultation.

HENRY SCHEIN®
DENTAL PRACTICE TRANSITIONS

www.henryscheindpt.com

■ PRACTICE SALES ■ VALUATIONS
■ TRANSITION CONSULTING/ PLANNING ■ ASSOCIATESHIPS

Special thanks to our meeting sponsors!

tda Insurance Agency, Inc.

BioHorizons

SDDS Second District Dental Society

Henry Schein Dental

Delta Dental

Kerr

DentaQuest

Mahan & Associates, LLC

avēsis

CareQuest Innovation Partners

Dentsply Sirona

NDI Since 1905

Zimmer Biomet Dental

Horne

Crest + Oral-B

The University of Tennessee UT Alumni Health Science Center

clearcorrect

BlueCross BlueShield of Tennessee

Fotona Ultra Performance Lasers

Pinnacle Financial Partners

Wealth Practice

CodeOne CPR Training Center

FifthGear Technology Concepts

The 5 Patrons

The TDA sincerely appreciates your support.