



TENNESSEE

JANUARY/FEBRUARY 2022 VOLUME 28, ISSUE 1

# DENTAL

ASSOCIATION NEWS

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**MEMBERSHIP  
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VALUE**

*see page 7*



**: WELLNESS**

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*see page 24*

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

# THE STATE OF THE Association

When I came into office last June, I was hopeful that the end of the Pandemic was in sight. Unfortunately, since then we have had to deal with two new variants (Delta and Omicron) of COVID-19. Thankfully our vaccines are doing a good job of protecting us. All of us, including the TDA, have learned to deal with our new normal.

## MEMBERSHIP

Last year the TDA and the ADA proved their value to members by leading the way in education and current safety measures updates. As a result, we saw membership numbers increase by 5.8%. This year we have been able to maintain a 67.2% market share of the active licensed dentists in Tennessee. We are a pilot state for the ADA's 15 for 12 Membership Program. We were able to offer 15 months of membership for the renewal fee of 12 months. 35 dentists have rejoined or joined using this promotion.

## COMMITTEES

The Editor Search Committee did multiple interviews and recommended Dr. Vrushali Abhyankar to be our next Scientific Editor. She is with the UTHSC School of Dentistry.

The TDA Executive Committee and the Budget and Finance Committee held a joint working retreat in November. During that time, we were able to review and update our Core Strategy from the TDA Strategic Plan. This has given the TDA team direction as they move through their daily tasks. Andrea is already working with the ADA in preparation of updating the entire TDA Strategic Plan in 2022.

An Ad Hoc Committee to review the rules and regulations for the TDA Relief Fund met and presented their recommendations. We are working on incorporating those suggestions into our current policy.

The Ad Hoc Committee on Non-Dues Revenue met several times. They are

formulating a plan for the TDA to follow with the additional revenue once the TDA Horvat Building is paid off in a few years.

The Tenn-D-PAC has been active preparing for the upcoming Legislative Session this winter. Our grassroots contact system with our members has worked well to develop needed legislation in the past. I'm sure we will need to call upon you again this year. Be sure to remember Tenn-D-PAC when you pay your dues.

## ANNUAL SESSION

The three subcommittees of Annual Session Committee have been working closely with our TDA team to finalize the plans for our 2022 meeting. We have some excellent speakers signed to contracts. I think there will be something for everyone. We are currently working hard to recruit sponsors and exhibitors for the meeting. Langley, our newest TDA team member, is helping us to pull it all together. She's doing a great job so far. We are slowly growing the meeting back to our pre-COVID days. This year's meeting will be larger than last year and lead us into a new era.

## LEGISLATIVE

This past year more than ever, the ADA has proven its membership value on the legislative front. Thanks to a grassroots campaign and intense lobbying, the dental portion was removed from the Medicare bill. ADA supports some type of plan that is fair to both elderly patients at the poverty level and our practicing dentists. They will continue to work in that direction.



## JANUARY 2022 VOLUME 28, ISSUE 1

Executive Editor: Andrea Hayes  
Managing Editor: Lourdes Arevalo  
Editor: Amy Williams

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The US House recently passed legislation supporting the Prevent HPV Cancers Act to prevent certain head and neck cancers. The bill is currently in the Senate. ADA supports and has worked toward passing this bill.

On the state level, we are hopeful that the Legislators will support giving the dentists of Tennessee the opportunity to administer the HPV Vaccination if they choose to do so.

#### **THE BOARD**

The Board has adapted a hybrid schedule for our meetings. Some meetings have been via Zoom and some have been in person. I am hopeful we will be all in-person moving forward. At any rate, the meetings have been smooth and productive. I am grateful for all of the hard work and support from the Trustees and Officers.

#### **TDA TEAM**

Our new Executive Director, Andrea Hayes, has just completed her first full year. She has done an exceptional job working with the team to develop their job descriptions and offering support when needed. She offers guidance but gives them space to run with their ideas. I am grateful to all the TDA ladies. Thank you to Lourdes, Brittany, and Langley for all of your hard work. A very special thanks to Amy. She is the woman who has the answers to all my questions or knows where to find them.

I want to thank all the TDA members for giving me the opportunity to serve as your President. I am here for you. Please feel free to reach out to me. As I visit the Component Districts this Spring, I look forward to seeing you in person. I also hope to see you in Nashville at our Annual Session May 12 -14. The House of Delegates will convene the morning of May 15.

Sincerely,

Dr. Susan Orwick-Barnes  
TDA President



**The Board has adapted a hybrid schedule for our meetings. Some meetings have been via Zoom and some have been in person. I am hopeful we will be all in-person moving forward.**



**DR. SUSAN ORWICK-BARNES**

*TDA President*

# GETTING TO KNOW

## DR. VRUSHALI ABHYANKAR

TDA's New Scientific Editor



**Y**ou may have heard the *Journal of the TDA* is resuming publication in the fall of this year. *TDA News* sat down with Dr. Abhyankar to learn more about her background, her role and experience.

Dr. Abhyankar is an assistant professor in the Department of Periodontics at the University of Tennessee Health Science Center (UTHSC) College of Dentistry and serves in the role of assistant director, graduate periodontics, and Externship director. She received a Master of Oral Sciences and a Certificate in Periodontics from the University of Iowa and holds a Master of Dental Surgery in Prosthodontics from Nair Hospital Dental College in Mumbai, India. She holds IV sedation and dental licensure in multiple states. Dr. Abhyankar's commitment to dentistry extends far beyond education, experience, and service to dental students, she is also actively involved in several committees across UTHSC including the UTHSC Faculty senate. Throughout her career, Dr. Abhyankar has earned several accolades. Her awards and distinctions include research grants from UTHSC College of Dentistry, the International Congress of Oral Implantologist, the American Academy of Periodontology, among others. She is a Diplomate of the American Academy of Periodontology and a member of the American Board of Periodontology, the American Academy of Periodontology, the American Association of Dental Research, the American Dental Education Association, the ADA, the TDA and the Memphis Dental Society and the Indian Dental Association.

***Tell us about your background. Where did you grow up and how did you get into dentistry?***

I grew up in India in a family of lawyers, librarians, and administrators. Never a conformist, I wanted to choose a career that had a human element to it but one, that also provided a "hands on" experience. Dentistry was the obvious choice. Also, having undergone a significant amount of dental treatment by a dynamic dentist in my teens galvanized the decision. In India you join dentistry after high school, unlike here where you must complete 4 years of prior college.



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**What sparked your interest in periodontics?**

The motivation for becoming a Periodontist did not spring from any single incident. It was my years of prosthodontic experience that gradually led me towards it. Prosthodontics and Periodontics are collaborative disciplines. I realized that any prosthodontic work undertaken is incomplete without due consideration to the periodontium. I eagerly welcomed an opportunity to gain new knowledge and training in the full range of surgical procedures including surgical placements of implants and bone grafting which expanded my clinical endeavors. I find in me, the urge to understand and apply every aspect of dentistry to make myself relevant and useful to my patients in a highly dynamic world.

**Some days I work with the undergraduate dental students helping them understand the basics of periodontal disease in the patients they are treating, while other days I work with the graduate periodontics residents doing complex surgical procedures.**

**Share with us a little about your role at UTHSC. What's a typical day like for you?**

The best part about working at UTHSC is that every day of the week is different from the other, and I thrive on the range of diversity it provides. Some days I work with the undergraduate dental students helping them understand the basics of periodontal disease in the patients they are treating, while other days I work with the graduate periodontics residents doing complex surgical procedures. Clinical/Laboratory research fill up some days while others are involved in treating patients visiting the University dental practice.

**What are the top three things you enjoy about your job?**

Truth be told, I enjoy all aspects of my job, but the most satisfying aspect is to see the transition of a 1st year dental student to a confident dentist or a 1st year periodontal resident to a surgically adept periodontist and the proud feeling that I had a very small but an important role in building the future of dentistry. I enjoy doing faculty practice where I get to practice what I teach and

also the intense but highly informative resident case presentation seminars.

**What are the most challenging aspects?**

Like most working women, sometimes I struggle to find the right work-life balance. I have two middle-school, drama-queen daughters for whom every little zit is the end of the world. Luckily, my Periodontics department and the College of dentistry are very supportive, and I am truly grateful to be a part of such an affectionate and co-operative workplace, that helps me tide over all challenges, big or small.

**What do you look forward to with the relaunch of the TDA Journal?**

I am very excited with the relaunch of the TDA journal. The Journal has been an important source of knowledge, events, and newer developments in dentistry to the Tennessee dentists for a long time and I am very happy to be a part of its relaunch. I look forward to the expert knowledge and insights that the journal will bring, along with the coveted CE credits. Relaunching the TDA Journal, Tennessee becomes one of the few states which publish a state dental journal. I look forward to bringing 2 or more issues a year beginning 2022.

**What skills are critical for anyone interested in becoming a journal reviewer?**

Though experience in reviewing journal articles is not a requirement, attention to detail, ability to assess the scientific validity of the research method or technique, responsiveness in a timely fashion and strong communication are desirable skills.

**Do you have any advice for those interested in submitting journal articles?**

The TDA journal will bring news, information, and various other aspects about Tennessee dentistry to all the TDA members across the state, reaching maximum Tennessee dentists. This is a great opportunity to share pearls of wisdom and clinical experience for the benefit of the dental community.

We invite submission of research articles, clinical case reports, clinical techniques, evidence-based reviews, perspectives, and practice management articles. Manuscripts ranging from 1000-3000 words should be submitted in word document format to either [vabhyank@uthsc.edu](mailto:vabhyank@uthsc.edu) or [tda@tndentalassociation.org](mailto:tda@tndentalassociation.org) Include Cover letter, Title page, Conflict of interest declaration and Abstract along with the manuscript. Please send figures and images separately.





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# MEMBERSHIP Adds Value

*7 in 10 dentists in Tennessee have the TDA behind them. Are you among them?*

## **See why members across the state find value in membership**

The 2022 membership statements are in the mail (and email) now. We hope you'll join us this coming year and experience the many ways the TDA, the ADA, and your local component society have your back.

The TDA works on issues important to dentistry to protect dentists and the oral health of the public, is your go-to resource for resolutions through Peer Review mediation, provides continuing education opportunities, keeps track of your CE hours through a complimentary reporting system, offers insurance plans to protect you, your family, and your practice, helps you save through exclusive endorsed providers, and delivers regular updates via email and newsletters.

We're here to support you as you drive your career forward.



**ONE OF THE NEWEST MEMBERSHIP  
BENEFITS IS FREE MEMBERSHIP TO THE  
CLASS PASS APP! I LOVE IT.**

*- Dr. Rachel Hymes*





"I am so thankful for membership to the TDA and ADA for the networking and mentorship. Our members have such a tremendous wealth of knowledge and experience. It is also so important that we work together to have the power in numbers to protect our profession and our patients. One of the newest membership benefits is free membership to the Class Pass app! I love it. Class Pass is an online fitness app that is awesome. There are so many quality classes to choose from!"

**DR. RACHEL HYMES**, *First District Dental Society* \_\_\_\_\_



"As my practice, and family have grown, I have found myself having less and less time to be engaged with the subtleties of policy and law that absolutely makes a difference in how dentistry is practiced, both locally and nationally. By being a member of the TDA, I know that there are doctors and administrators who are advocating on my behalf. Even though I may be at a point in life where I am busy managing other important matters, I know that my membership makes a difference because my voice is being heard as a collective and cohesive group of doctors here in our state. I have witnessed first-hand on many occasions how the desires and concerns of the dentists in this state have been taken under careful consideration by our policy makers because we are unified and organized. While occasionally frustrating and bumpy, our unity as a group of doctors is a necessity....and a beautiful thing."

**DR. SHAWN LEHMAN-GRIMES**, *Eighth District Dental Society* \_\_\_\_\_



"I love the networking opportunities the membership provides and also the access to national and state dental journals, not only online but also in print."

**DR. VRUSHALI P ABHYANKAR**, *Memphis Dental Society* \_\_\_\_\_



"In a pandemic the TDA connection has been everything!"

**DR. ALLYN JOHNSON**, *Memphis Dental Society* \_\_\_\_\_



"The camaraderie gained from being able to participate in organized dentistry has led me to make some of my very best friends throughout the country. Being able to surround myself with leaders in dentistry from the local, state, and national levels has been a tremendous benefit both personally and professionally."

**DR. KEN RANDALL**, *Chattanooga Area Dental Society* \_\_\_\_\_

# welcome

## 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 to achieve optimal health for all.

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 for the future you've envisioned.

Your membership allows us to continue providing value for our members and advocating for the profession to achieve optimal oral health for all.

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

***We've got your back. Always.***

#### **First District Dental Society**

Dr. Anne Miller Harper

#### **Second District Dental Society**

Dr. Gloria Serrano Coronado  
Dr. Anna Birch  
Dr. Jeff McKnight  
Dr. Morris Graves

#### **Chattanooga Area Dental Society**

Dr. Amy Cooper

#### **Fourth District Dental Society**

Dr. Thomas Bevelock

#### **Nashville Dental Society**

Dr. Archie Bertrand  
Dr. Joel Nichols  
Dr. Thad Champlin  
Dr. Ryann Luther

#### **Eighth District Dental Society**

Dr. Samantha Kelly

#### **Memphis Dental Society**

Dr. Wesley Johnson  
Dr. Xiao Yu  
Dr. Maria Macaraeg-Litten  
Dr. Rebecca Mayall

## TDA ELECTED POSITIONS

The TDA House of Delegates will elect officers for the 2022-2023 year. If you are interested in being nominated for one of the following positions, please contact your district's TDA Trustee.



- **President-elect (NDS)**
- **Speaker of the TDA House of Delegates**
- **Secretary**
- **Treasurer**
- **Middle Tennessee Vice President (NDS)**
- **West Tennessee Vice President (MDS)**



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## 2021 TENN-D-PAC CAPITAL CLUB CONTRIBUTIONS

In 2021, Tenn-D-Pac was supported by 353 individuals who joined the Capital Club. For a Tenn-D-Pac contribution of \$150 or more per year, you can add your name to the list of dentists who want to make a greater difference regarding legislative and regulatory issues in Tennessee. Following are 2021 Capital Club members as of November 30, 2021, along with the number of years that person has been a Capital Club Member.

### PLATINUM \$550+

Dr. Ruth E. Bailey - 9  
Dr. K. Jean Beauchamp - 21  
Dr. George H. Clayton - 11  
Dr. Ernest James DeWald - 22  
Dr. Nicholas F. Ferguson - 1  
Dr. Keith Gilmore - 3  
Dr. F. Rick V Guthrie Jr. -19  
Dr. Mark Hardison - 4  
Dr. Emanuel James Hnarakis - 10  
Dr. Michael W. King -17  
Dr. Garrett Orr - 9  
Dr. Rhett E. Raum - 7  
Dr. Justin L. Robbins - 4  
Dr. Robert V. Shearer - 6  
Dr. Leon Edward Stanislav - 25  
Dr. John Carlos Stritikus -12  
Dr. William Roy Thompson - 26

### GOLD \$300 - \$549

Dr. J. Newsom Baker - 20  
Dr. L. Dale Blevins - 26  
Dr. J. Allen Burleson - 9  
Dr. John P. Dinsmore - 3  
Dr. Amy T. Duncan - 3  
Dr. Dale R. Dunn - 2  
Dr. Joseph C. Elkins Jr. - 20  
Dr. Walter D. Fain - 15  
Dr. Philip A. Fontenot - 23  
Dr. K. Michael Garrett -17

Dr. Paul L. Gilliam - 11  
Dr. Jack E. Gotcher Jr. - 26  
Dr. Cynthia A. Green - 6  
Dr. Joshua K. Gunnels - 1  
Dr. Bradley M. Harris - 19  
Dr. Fernando Heros - 24  
Dr. Jeffery T. Higgs -8  
Dr. Bradley S. Johnson - 7  
Dr. Deborah W. Jones - 3  
Dr. J. Dale Kennedy - 7  
Dr. David T. Kizer - 5  
Dr. Rajan Kshatri - 6  
Dr. Mike Lamb - 13  
Dr. Muriel Law - 2  
Dr. Shawn P. Lehman-Grimes -13  
Dr. Andrew Riley Lunn - 10  
Dr. Katherine Bodford Malone - 2  
Dr. John M. Martin - 3  
Dr. Charles L. McBrayer Jr. - 20  
Dr. Paul T. McCord - 14  
Dr. J. Michael McCoy - 22  
Dr. J. Peter McLemore III - 17  
Dr. Rudy Meeks - 1  
Dr. Rodric L. Miller - 2  
Dr. Susan Marie Orwick-Barnes - 23  
Dr. David H. Otis - 8  
Dr. Tommy Wayne Page - 18  
Dr. Michael Patterson - 2  
Dr. Walter T. Pattison - 7  
Dr. Reuben Nisbet Pelot III -16  
Dr. Martin E. Poarch - 1  
Dr. William D. Powell - 25  
Dr. Craig M. Rockett -16

Dr. Terry D. Sawyer - 13  
Dr. Phillip Palmer Shipp IV - 7  
Dr. Randall P. Staples - 4  
Dr. Kurt R. Swauger - 3  
Dr. James Leonard Vaden - 12  
Dr. John R. Werther -13  
Dr. David P. Wickness - 4  
Dr. Matthew J. Yezerski - 1

### SILVER \$150 - \$299

Dr. John Acosta - 2  
Dr. George Adams - 2  
Dr. Samuel Alborz -1  
Dr. Jimmy Albright - 1  
Dr. James D. Allen - 5  
Dr. James Gregory Anderson - 6  
Dr. William B. Armstrong - 14  
Dr. Tandra Atkins - 2  
Dr. Robyn I. Atkinson - 2  
Dr. Vincent B. Atkinson - 2  
Dr. David S. Bailey - 2  
Dr. Jeffrey Banyas - 2  
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Dr. David R. Barnes - 4  
Dr. David Eugene Barto - 14  
Dr. Edsel E. Bates Jr. - 8  
Dr. Ted Beazley - 10  
Dr. Michael Beeler - 2  
Dr. Jeffrey Bell - 1  
Dr. Christopher Birdwell - 1  
Dr. Nicolas R. Bisig - 1  
Dr. Janet A. Black - 5

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Dr. Thomas E. Blockley - 8  
Dr. Heath Blockley - 1  
Dr. Joshua Blockley - 1  
Dr. Louis Bonvissuto - 3  
Dr. Jason B. Botts - 10  
Dr. Greg Boucek - 1  
Dr. George H. Bouldien - 3  
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Dr. Robert Caldwell - 4  
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Dr. Robert Bruce Carney III - 8  
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Dr. James L. Carter - 1  
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Dr. Christian A. Clinard - 1  
Dr. Marc A. Cohen-1  
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Dr. Jennifer F. Cole - 1  
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Dr. Jennifer J. Cornell - 8  
Dr. John Coulter - 4  
Dr. Laura Lee Cox - 1

Dr. Alan L. Crisman - 15  
Dr. John R. Crockett III - 15  
Dr. J. Randall Crowder - 1  
Dr. Brianna E. Crumpton - 3  
Dr. Jason Cunningham - 3  
Dr. James W. Curtiss Jr. - 16  
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Dr. Adam Davis - 1  
Dr. Jay Gibson Davis- 5  
Dr. William F. Davis - 1  
Dr. Matthew DeFelice - 1  
Dr. Brian Devine - 1  
Dr. John A. Diddle - 4  
Dr. Lucy Hight Digmon - 1  
Dr. Justin Dinsmore - 1  
Dr. Keith B. Dressler - 19  
Dr. Richard W. Dycus - 18  
Dr. Kristi Jo Dye - 1  
Dr. David Jonathan Dykes - 5  
Dr. Samuel Grayson Eddy - 15  
Dr. Chad O. Edwards - 6  
Dr. Spencer Ellis - 2  
Dr. Taylor Enochs Engler - 1  
Dr. Tara H. Ericson - 2  
Dr. Sonia Espinal-Hafner - 1  
Dr. Phillip W. Ezell - 1  
Dr. Thomas Frederic Faerber - 20  
Dr. Marie B. Farrar - 4  
Dr. Douglas Farrar - 1  
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Dr. Joanne M. Gaydos-Daniel - 1  
Dr. Samuel Gentry - 1  
Dr. Erin C. Giacomini - 1  
Dr. Brenton Glassell - 1  
Dr. Charles L. Greenblatt Jr. - 22  
Dr. Derrick Gregory - 1  
Dr. Todd Gruen - 1  
Dr. Vicki D. Guffey - 2  
Dr. Kevin D. Gurley - 20

Dr. Fred V. Guthrie Sr. - 20  
Dr. Katherine Hall - 5  
Dr. Frank H. Hampson - 1  
Dr. Jack W. Haney - 2  
Dr. James C. Hawkins - 9  
Dr. Thomas J. Heeren - 1  
Dr. P. Jan Henley - 21  
Dr. Donald D. Henson - 12  
Dr. Marsha Hickey - 1  
Dr. Vince E. Hicks - 6  
Dr. Lawrence A. Higginbotham - 1  
Dr. James R. Hight Jr. - 22  
Dr. Eric W. Himmelreich - 2  
Dr. Hugh Holliday - 1  
Dr. Paul Holliday - 7  
Dr. Daniel M. Holsinger - 1  
Dr. Dennis M. Holmes - 1  
Dr. Charles E. Holt Jr. - 11  
Dr. Christina Honey - 1  
Dr. Donald G. Hooie - 3  
Dr. Kenneth Marcus Hopkins - 11  
Dr. G. Robert Hopper - 5  
Dr. Lee Ann Hovious - 15  
Dr. William G. Howard - 4  
Dr. Jeff Hunter - 5  
Dr. Elizabeth O. Jackson - 1  
Dr. Nauzanene Jafari Fard Veyjoyeh - 1  
Dr. Benjamin K. Jamison - 1  
Dr. Chad E. Johnson - 3  
Dr. Michael R. Johnson - 4  
Dr. William Franklin Johnson - 2  
Dr. Alan W. Jones - 1  
Dr. Derek Y. Jones - 3  
Dr. Lacy Jones - 1  
Dr. Rasone Jones - 1  
Dr. Nadim J. Jubran - 14  
Dr. Marke E. Kalchthaler - 1  
Dr. Roger D. Keller - 2  
Dr. Robert M. Kelso - 1  
Dr. Goodloe M. Keltner Jr. - 6  
Dr. Gregory C. Kemp - 1  
Dr. Kevin Kennedy - 5  
Dr. Matthew B. Kickliter - 1  
Dr. John Patrick Kinard - 5  
Dr. Bennett M. Kizer - 8  
Dr. Mary C. Koen - 9  
Dr. James F. Kotsianis - 10

Dr. Gary L. Kropf - 10  
Dr. Tammy Kussman - 3  
Dr. David W. Lambert - 1  
Dr. Ruth E. Lambert - 1  
Dr. John Michael Law - 24  
Dr. Elizabeth H. Lee - 11  
Dr. Marty W. Lindahl - 1  
Dr. Riley H. Lunn - 15  
Dr. David Magee - 13  
Dr. Terrance M. Major - 1  
Dr. Jennifer L. Maloney - 1  
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Dr. Stephen J. Maroda Jr. - 9  
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Dr. James F. McCallen III - 3  
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Dr. Hunter T. McCord - 5  
Dr. James William McDaniel - 16  
Dr. Paul D. McGowan Jr. - 16  
Dr. David Eugene McNeely Jr. - 22  
Dr. Timothy E. McNutt Sr. - 6  
Dr. Tim E. McNutt Jr. - 1  
Dr. Harold Meacham - 1  
Dr. John David Meister - 2  
Dr. Timothy Messer - 2  
Dr. Ernest T. Meyer - 1  
Dr. Jessica Minton - 4  
Dr. David J. Miranda - 2  
Dr. Randall C. Montgomery - 3  
Dr. Richard E. Moore - 1  
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Dr. W. Greg Moore - 20  
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Dr. Kim C. Norman - 6  
Dr. Steven Nowlin - 2

Dr. Jennie M. O'Malley - 1  
Dr. Garry Drew Osborn - 2  
Dr. Derek Osborne - 2  
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Dr. Ernest N. Oyler Jr. - 2  
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Dr. Arvind K. Patel - 7  
Dr. Aaron R. Payne - 19  
Dr. Joseph P. Payne - 1  
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Dr. James T. Pickering - 1  
Dr. David Pittman - 1  
Dr. Margaret Spears Pitts - 1  
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Dr. Jason T. Primm - 1  
Dr. Julia A. Prince - 1  
Dr. Randall P. Prince - 18  
Dr. Elizabeth Felts Randall - 4  
Dr. Donald R. Ratliff - 7  
Dr. Kevin D. Reed - 1  
Dr. Kristen Reilly - 1  
Dr. Heather K. Ridgway - 1  
Dr. William L. Roberts - 1  
Dr. Richard Lee Robinette - 16  
Dr. Gerald Robinson - 5  
Dr. Quinton C. Robinson III - 3  
Dr. Ruth E. Ross-Edmonds - 3  
Dr. Thomas C. Rumph Jr. - 2  
Dr. Rodney Runyon - 1  
Dr. C. Brook Schwepfinger - 4  
Dr. Scott J. Self - 5  
Dr. Candace Settles - 2  
Dr. Dennis A. Sigman - 2  
Dr. Wesley W. Singer - 3  
Dr. Travis W. Sisco - 1  
Dr. William F. Slagle Jr. - 15  
Dr. John L. Soldano - 2  
Dr. Michael Solly - 1  
Dr. Anuj Soni - 1  
Dr. Dennis Wayne Standifer - 5

Dr. Benjamin A. Stroud - 1  
Dr. Emily A. Suiter - 1  
Dr. John Hugh Sullivan - 21  
Dr. Lauren A. Teachout - 1  
Dr. Timothy L. Thomas - 2  
Dr. Andrew L. Thomasson - 1  
Dr. Mark H. Thomasson - 4  
Dr. Hugh A. Thompson - 3  
Dr. Sean P. Toomey - 1  
Dr. Ryan Torti - 3  
Dr. Robert D. Trim - 3  
Dr. Michael L. Tyler - 3  
Dr. James Anthony Vaughn - 21  
Dr. Adam K. Veitschegger - 1  
Dr. Reggie Waddell - 1  
Dr. Stanley R. Waddell - 1  
Dr. Sarah E. Walker - 1  
Dr. Tracy Walker - 1  
Dr. Cathryn M. Wall - 1  
Dr. William H. Wall III - 19  
Dr. James D. Walmsley Jr. - 1  
Dr. Hope E. Watson - 1  
Dr. Dennis I. Watts - 2  
Dr. Edward H. Weakley - 12  
Dr. Chip E. Webb - 9  
Dr. Elizabeth F. Webb - 1  
Dr. Scott P. Werner - 18  
Dr. Neil B. Weston - 3  
Dr. Bradley White - 3  
Dr. Tommy N. Whited - 12  
Dr. Gordon L. Wills - 1  
Dr. Darren R. Williams - 2  
Dr. John C. Williams - 20  
Dr. James M. Wilson - 3  
Dr. E. Jack Woehrman Jr. - 2  
Dr. Gary R. Woodall - 4  
Dr. Nathan R. Wooten - 1  
Dr. Artmas L. Worthy - 8  
Dr. John F. Young - 2  
Dr. Stanley P. Young - 16

PRESERVE AND PROTECT YOUR PROFESSIONAL INTERESTS:

# SERVE AS A LEGISLATIVE CONTACT DENTIST

**J**oin a statewide network of colleagues who work at the state level to strengthen dentistry in Tennessee's political process. As a legislative contact dentist you will protect your profession and patients by educating state legislators about dental issues.

**WHY?** Your Legislators need you. They depend on their constituents to educate them about issues. Without local constituents, legislators may not know legislative priorities regarding dental matters. As a legislative contact dentist, you can provide information to the TDA's Government Affairs Committee on your legislators' positions on pending bills. This information and feedback is vital to the success of dentistry's lobbying efforts.

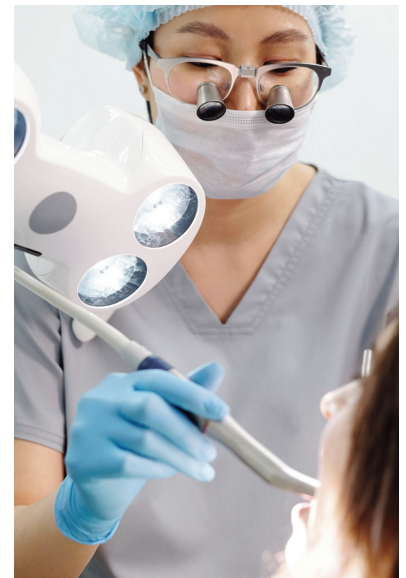
**"OUR LEGISLATORS NEED YOU. THEY DEPEND ON THEIR CONSTITUENTS TO EDUCATE THEM ABOUT ISSUES."**

## How Do I Become A Legislative Contact Dentist?

Notify the TDA via email at [tda@tndentalassociation.org](mailto:tda@tndentalassociation.org) with your office, cell phone number, and email address as well as the name of the state senator and/or state representative who is your friend, patient, or someone you support.

## Who Is My State Senator and/or Representative?

State Senator and/or State Representative information can be obtained by visiting [www.capitol.tn.gov/legislators](http://www.capitol.tn.gov/legislators). Enter your street address and city, and a photo of each legislator along with their email address will appear. More detailed information is available by either clicking on "Senate Member" or "House Member" to the right.



# TDA PRESIDENTIAL ROTATION PROCESS

In early 2021 the TDA Board of Trustees undertook a review and update of the TDA presidential rotation process and agreement. The decades-old “gentlemen’s agreement,” arranged TDA’s 9 local component societies into four (4) regions and then created rotations within those regions.

The new policy adopted by the Board of Trustees in May retained the four (4) regions and balanced the number of members - with each region comprising approximately 25 percent of the TDA membership. The new plan calls for a strict rotation among the four (4) regions and is open to any qualified candidate, from any district within a region. The new rotation plan was adopted as TDA Board policy last May. The policy states:




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The candidate(s) for TDA president-elect shall be selected based on a four-year, regional rotation created to balance both geography and membership. The balance and composition of the regions may be reviewed by the Board of Trustees from time to time. The candidate(s) for president-elect may be supplied from any district within the selected region during that region’s year. There is no formula for a specific district within a region supplying the president-elect candidate(s).

**THE FOUR GROUPS ARE AS FOLLOWS:**

- Region 1:** First District and Second District
- Region 2:** Chattanooga Area (Third District), Fourth District and Sixth District
- Region 3:** Nashville Dental Society (Fifth District)
- Region 4:** Memphis (Ninth District), Seventh District and Eighth District

This rotation will commence with Region 2 in the election to be held in 2021.

**At the 2022 House of Delegates, eligible candidates from Region 3 may run for the office of President-elect.\*** All candidates should submit their intention to run to the TDA executive office no later than 30 days prior to the House of Delegates.

\* Any qualified TDA member may run for the office of TDA President-elect. Eligibility can be found in Chapter VII. Section 20 of the TDA Bylaws.



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## Numbers to know

American Dental Association  
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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](mailto:tda@tndentalassociation.org)

### >Staffed Component Societies

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

Second District Dental Society  
**Executive Director: Diane Landers**  
**(865) 919-6464**  
[SDDSooffice@gmail.com](mailto:SDDSooffice@gmail.com)

Chattanooga Area Dental Society  
**Executive Director: Rhonda Jones**  
**(423) 886-9191**  
[CADS@peacecom.net](mailto:CADS@peacecom.net)

Nashville Dental Society  
**Executive Director: Kristen Stewart**  
**615-628-3300**  
[director@nashvilledental.org](mailto: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](mailto:dwilliams@memphisdentalsociety.org)





## 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 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 check your spam or junk mail folder and mark [tda@tndentalassociation.org](mailto: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](mailto:tda@tndentalassociation.org)

## In Memoriam

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

### ***Dr. John Crockett***

Dr. Crockett was a member of the American Dental Association, the Tennessee Dental Association, and the First District Dental Society.

### ***Dr. David Creasman***

Dr. Creasman was a member of the American Dental Association, the Tennessee Dental Association, and the Second District Dental Society.

### ***Dr. Rex Rader***

Dr. Rader was a member of the American Dental Association, the Tennessee Dental Association, and the Chattanooga Area Dental Society.

### ***Dr. Jack Hixson***

Dr. Hixson was a member of the American Dental Association, the Tennessee Dental Association, and the Chattanooga Area Dental Society.

### ***Dr. Frank Willard***

Dr. Willard was a member of the American Dental Association, the Tennessee Dental Association, and the Eighth District Dental Society.

### ***Dr. Gary Kropf***

Dr. Kropf was a member of the American Dental Association, the Tennessee Dental Association, and the Memphis Dental Society.

### ***Dr. Richard Dixon***


Dr. Dixon was a member of the American Dental Association, the Tennessee Dental Association, and the Memphis Dental Society.

### ***Dr. John Parrish***

Dr. Parrish was a member of the American Dental Association, the Tennessee Dental Association, and the Memphis Dental Society.

TENNESSEE  
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ASSOCIATION NEWS

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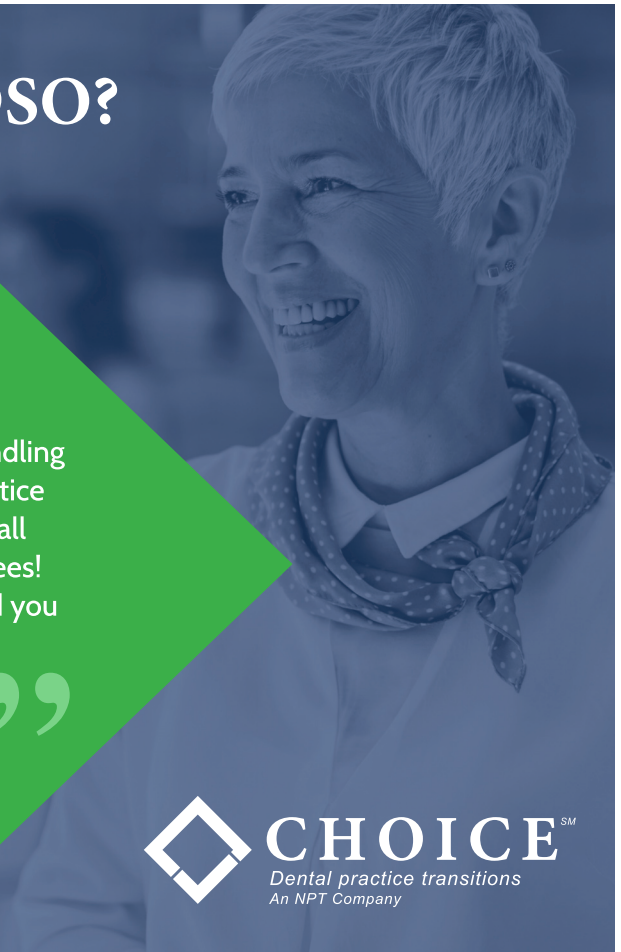
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DENTIST DOES NOT DISCLOSE ERROR COMMITTED BY PREVIOUSLY TREATING DENTIST;

# BOTH ARE SUED FOR MALPRACTICE

Mario Catalano, DDS, MAGD | From our partners at MedPro



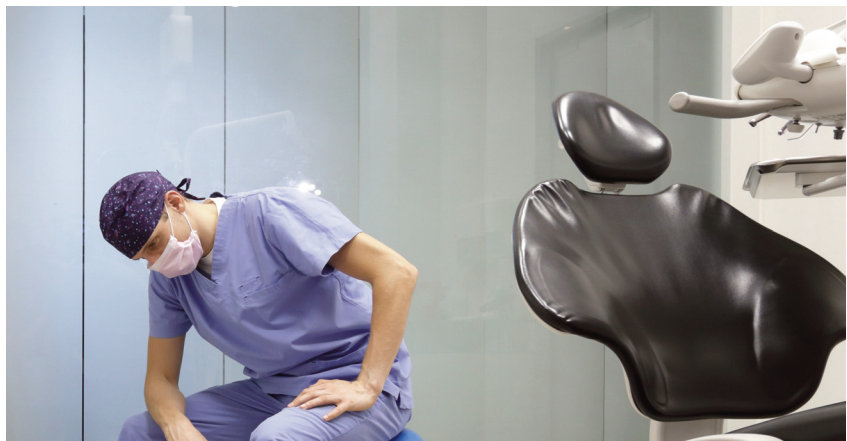
## Introduction

Perfect clinical performance is a noble, but unachievable, goal in dentistry — errors can and will occur during the course of patient care. Typically, when a suboptimal outcome occurs, the treating dentist will recognize it and should take appropriate remedial steps.

Occasionally, however, the treating dentist is not aware of the error or, worse yet, does not inform the patient of it. If the patient comes under the care of a new (subsequent treating) dentist, that provider might become aware of the error. If so, the subsequent treating dentist will likely find that this situation puts him/her in a difficult legal and ethical position, as illustrated in this interesting case from the Midwest.

## CASE DISCUSSIONS

Dr. O, who was 2 years out of dental school, purchased a practice in a major Midwest city and began treating the existing patient population. One weekend, one of the practice's patients contacted her at home.

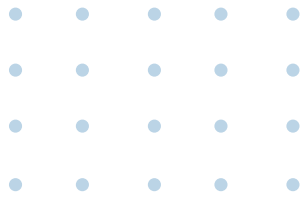


The patient's adult daughter was visiting from out of town. Three days earlier, the daughter had received root canal therapy on tooth number 7 from Dr. T, her regular dentist. The day after her treatment, the daughter had returned to Dr. T's practice because of significant postoperative pain.

Unfortunately, Dr. T was not present in the office. The office staff assured the patient that some postoperative pain was normal, and she should be fine, but they did not contact Dr. T to advise him of the patient's discomfort. Based on the office staff's reassurance, the daughter traveled to her mother's home as previously planned. By Postoperative Day 3, the patient (daughter) was significantly swollen and in much greater pain. Hence, the mother's call to Dr. O.

Dr. O met the patient and her mother at the office, examined the patient, and took an X-ray. She identified a large periapical lesion at tooth number 7. The X-ray also showed root canal sealer extruding past the apex and what appeared to be a separated portion of an endodontic file.

Dr. O performed an incision and drainage, which significantly reduced the swelling, and instructed the patient to follow up with Dr. T. However, Dr. O did not inform the patient of the endodontic file segment because she did not want to "throw Dr. T under the bus." After the patient returned to Dr. T, he treated her with antibiotics, which resulted in abatement of her symptoms. Dr. T never disclosed the file segment to the patient.



## “ANOTHER PROBLEM THAT OCCURRED IN THIS CASE WAS DR. T’S OFFICE STAFF ADVISING THE PATIENT THAT HER POSTOPERATIVE PAIN WAS NORMAL.”

The patient continued to have periodic flare-ups with the tooth over the next several years, which Dr. T treated with antibiotics. Eventually, the patient sought a second opinion at a local dental school. There, the file segment was quickly identified and ultimately removed by means of an apicoectomy. Once this was accomplished, the patient made a complete, uneventful recovery.

The patient sued both Dr. T and Dr. O for failing to disclose the endodontic file separation to her. After a discovery process lasting over a year, the patient dropped her action against Dr. O and received a financial award in the midrange from Dr. T.

### **Risk Management Considerations**

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

The subject of error disclosure has received considerable attention in risk management literature in recent years. The generally accepted approach — with a few narrow exceptions — is that healthcare providers have an ethical responsibility to inform patients when errors occur, regardless of whether the error results in patient harm.<sup>1</sup>

In this case, Dr. T did not disclose the separation of the endodontic file segment for one of two reasons: (1) he was not aware of it, or (2) he was aware of it and chose to not disclose it to the patient. If the former, he could be criticized for not knowing; a simple postoperative X-ray would indicate the retained object. If the latter, he did not fulfill his ethical duty to the patient.

Another problem that occurred in this case was Dr. T’s office staff advising the patient that her postoperative pain was normal. Nonclinical staff should not offer clinical advice, and none of Dr. T’s office staff members were qualified to determine whether the patient’s pain was routine or required intervention. Further, the office staff did not advise the doctor of the patient’s complaint so that he could follow up with her. Many dentists follow up endodontic surgery with a phone call to see how the patient is doing. That also did not occur in this case; if it had, Dr. T may have had the opportunity to intervene in a timely manner.

As mentioned above, when Dr. O realized that a file segment had been retained, she found herself in a difficult position. On one hand, she did not know all of the circumstances surrounding Dr. T’s original treatment; thus, she did not want to portray his care as inappropriate. On the other hand, this retained file segment was information that the patient needed to know and had a right to know.





## DENTISTS PROVIDE COMPLICATED, HIGHLY TECHNICAL CARE

to their patients on a daily basis and with a level of efficiency, efficacy, and safety that is truly remarkable. Unfortunately, not every case will have a perfect result.

Fortunately, there is a practical and effective way to deal with similar conundrums. If possible, the subsequent treating dentist should contact the original dentist directly to ask about the circumstances of the original treatment. At that time, the subsequent dentist can inform the original dentist of his/her findings and offer the original dentist the opportunity to disclose the error to the patient. If the original dentist declines disclosing the error, then the subsequent dentist should fulfill his/her ethical responsibility and inform the patient of the findings.

This case contains a certain element of irony; although the two dentists were sued for malpractice for not disclosing the separated file segment, the actual basis for the case (the breaking of the endodontic file) was not necessarily malpractice. File breakage during endodontic treatment is generally viewed as not completely avoidable even with the utmost care; thus, it is viewed as a known risk of treatment. Discussing this possible risk (as well as others) with patients as part of the informed consent process can help facilitate disclosure if a suboptimal outcome occurs.<sup>2</sup>

### SUMMARY SUGGESTIONS

The following suggestions may be helpful in dealing with errors or unanticipated outcomes that occur in the course of providing dental care:

- When errors occur, ensure prompt, complete, and truthful disclosure of the circumstances to the patient. With limited exceptions, full disclosure is the best way to handle the situation both strategically and ethically.
- Gather sufficient information so that you can provide at least a basic explanation of what happened, how it affects the patient's situation, and how you propose to fix the problem. Ultimately, more than one disclosure conversation might be necessary as more information becomes available.
- If you are unsure of, or uncomfortable with, how to conduct the disclosure conversation, seek advice from an expert (such as your MedPro Senior Patient Safety and Risk Consultant) prior to the conversation.
- As part of the disclosure process, document the error or unanticipated outcome in the patient's health record, including an objective summary of the pertinent clinical facts surrounding the event. Document the disclosure conversation(s) as well, including what information is communicated to the patient, his/her

understanding of the information, and any next steps in patient care.

- If, after the disclosure, the patient is uncomfortable continuing with you as his/her dentist, do not take personal offense. Be gracious and offer to assist in creating a plan for transitioning the patient's care. Be prepared for questions regarding finances.
- Although careful review and self-examination are a good idea, do not allow the error to distract you from the care you are providing to other patients. Distraction and loss of confidence can negatively affect your performance going forward. For more information, see MedPro's Risk Q&A: Managing Stress After an Adverse Patient Outcome

### CONCLUSION

Dentists provide complicated, highly technical care to their patients on a daily basis and with a level of efficiency, efficacy, and safety that is truly remarkable. Unfortunately, not every case will have a perfect result. Dealing with errors and unanticipated outcomes honestly and promptly is an ethical and patient-centered approach to care that may prevent further harm and reduce potential liability exposure.

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# STEP IT UP!

## GET ACTIVE FOR YOUR HEALTH

It's easy to sit more than you should. Many people sit at desks during the day, where we're inactive for long periods of time. Moving more and sitting less can have major health benefits. Getting regular physical activity is one of the best things you can do for your health.

Experts recommend adults get at least 150 minutes (two and a half hours) of moderate physical activity a week. That means doing activities that get your heart beating faster.

If you do more intense exercise like running, aim for at least 75 minutes a week. Adults should also do activities that strengthen their muscles twice a week.

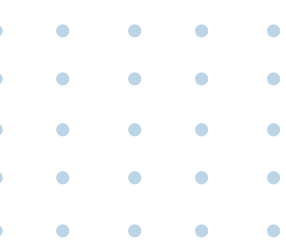
But only about 20% of Americans meet these physical activity goals. The good news is that any physical activity is better than none. And getting active has both immediate and long-term benefits.

### >BENEFITS FOR EVERYONE

Physical activity has powerful benefits for almost everyone. "If we could bottle up what physical activity does for us, we would probably have the most powerful pill ever developed," says Dr. John Jakicic of the University of Pittsburgh. Jakicic is an expert on physical activity and weight control.

Physical activity can help you feel and function better. It can improve your sleep, energy level, and focus. It can help you stay at a healthy weight.

It also helps prevent many diseases, including heart and blood vessel disease, cancer, type 2 diabetes, and depression. Regular physical activity also helps those already diagnosed with these conditions. It can work immediately to reduce anxiety and lower blood pressure.







"It's been shown over many decades that physical activity is one of the most important actions that people of all ages can take to improve their health," explains Dr. Kong Chen, an NIH expert who studies how the body uses energy.

For older adults, physical activity can lower the risk of falls. It also helps reduce injuries if you do fall. It reduces the risk of dementia and improves cognition, or your ability to learn, remember, and think. And staying fit enough to perform everyday tasks can help you live independently for longer.

Children benefit, too. Physical activity helps the body to grow and develop. Studies show that being active improves bone health for young children. It also improves brain function for older children. Experts recommend that kids ages six to 17 do one hour or more of physical activity daily.

Research shows that even pregnant women should be active. It lowers your risk of gaining too much weight during pregnancy. That can reduce your chances of developing diabetes from pregnancy. It also helps lessen symptoms of depression after giving birth. In short, being physically active is recommended for nearly everyone.

#### >HOW TO MOVE MORE

Physical activity doesn't mean you have to go to the gym. Getting more active can include simple things like carrying your groceries or taking the stairs instead of the elevator.



"People mistakenly think that you have to do it a certain way," says Jakicic. "That you have to get your heart rate into a certain zone, you have to work really, really hard, and you have to go to a special facility and wear special clothes." But little choices to be more active can still have big effects. Meeting the 150-minute goal may seem overwhelming. But you can start with a few minutes at a time.

"If time is a barrier, you can still gain benefits by breaking your exercise sessions into smaller periods of time," says Jakicic.

For example, you could take three 10-minute walks throughout the day to meet a 30-minute goal.

Recent research suggests you can benefit from even a couple of minutes of activity. Every minute counts when it comes to movement.

#### >A STEP IN THE RIGHT DIRECTION

Walking is an easy way to get moving. But some places make that easier than others. Studies have found that your neighborhood can affect how active you are. Scientists have asked what makes a neighborhood "walkable."

"We found that things like having destinations close by to where you live certainly encourages more walking," says Dr. Brian Saelens of the University of Washington and Seattle Children's Research Institute. People are more likely to walk to a nearby store, for example.

Saelens' team studies how environment influences physical activity and eating.



**“ANY ACTIVITY IS BETTER THAN NO ACTIVITY,”**

SAYS JAKICIC. “DON’T LOOK FOR THE MAGIC BULLET. LOOK FOR WHAT WORKS IN YOUR LIFESTYLE, LOOK FOR WHAT WORKS FOR YOU, AND THEN TRY TO BUILD ON THAT EVERY DAY.”



“Walkable neighborhoods also have more connected street networks,” he says, “so it’s easy to get from point A to point B without taking a long route around.”

His research also suggests that children are more physically active when they live near parks and playgrounds. Learn how to make your neighborhood healthier and safer.

**>STRATEGIES TO GET MOVING**

Knowing you should be more active and doing it are two different things. Studies have found that the approaches that work vary from person to person.

“One solution that may work for one person may not work for others,” notes Chen.

Some find that using wearable devices or phone apps to track progress can be motivating. Other people may benefit from joining a group that does physical activity together.



Making physical activity social can make it more fun and feel less like a chore. Try to find someone you enjoy being active with. That can be particularly important for kids, who are more likely to be active with others.

Parents also play a key role in keeping their kids active. “Parents need to model being active and provide opportunities for activity,” Saelens says. Ask your child to take a walk with you. Even if they don’t come, you’re modeling the behavior.

If low energy is keeping you from being active, schedule exercise for a time of day when you have the most energy. Tell yourself that physical activity will increase your energy level. It usually does.

So, find what works for you. It could be riding bikes with a friend, going out dancing, or taking a mid-day stroll.

“Any activity is better than no activity,” says Jakicic. “Don’t look for the magic bullet. Look for what works in your lifestyle, look for what works for you, and then try to build on that every day.”

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](http://newsinhealth.nih.gov)

*Get*  
**MOVING!**

Here are some tips for making your day more active:

**SET SPECIFIC GOALS** for your physical activity. This increases the likelihood that you’ll meet them.

**TAKE THE STAIRS** instead of the elevator.

**PARK YOUR CAR** at the far end of the street or parking lot.

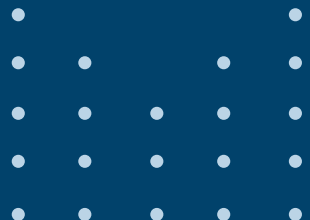
**MAKE YOUR SCREEN TIME MORE ACTIVE.** Set up your space so you can walk on a treadmill while watching TV or stand when using the computer.

**TRY AN ONLINE EXERCISE CLASS** to stay active from home.

**SET AN ALARM** to go off every hour as a reminder to move around for a minute or two.

**HAVE SMALL WEIGHTS IN YOUR OFFICE** or around your home for doing arm exercises.

**TAKE A WALK** on your lunch breaks. Or have “walking meetings” with colleagues at work.





# NEW DENTIST CORNER

## What you should learn in dental school, **but don't**

### Something feels oddly familiar.

Sitting in my neighborhood coffee shop with my laptop open, staring at a course syllabus as it ominously lays out what my life will look like for the next several months. Coffee, flash cards, and wild Friday nights are in my future. And if I'm lucky, I'll get the pleasure of writing a research paper or two while I'm at it. I can only hope as I start my endo residency.

I haven't "studied" in six years. I haven't even thought about studying. It's been so long since I've studied that I'm not even sure I still know how to do it effectively. But still here I am, a student once more, and residency promises to be very much one of those sink or swim scenarios.

Luckily, I haven't forgotten everything that I learned in dental school. There's a few lessons I'm bringing with me this time that I've picked up along the way. Maybe you've heard these a few times before. Maybe you haven't. But I think all of us, from brand new dental students to those who've been out a while, could use a refresher. Here's four important lessons that I learned in dental school and in my years practicing as a general dentist.

#### **1. Get your money's worth.**

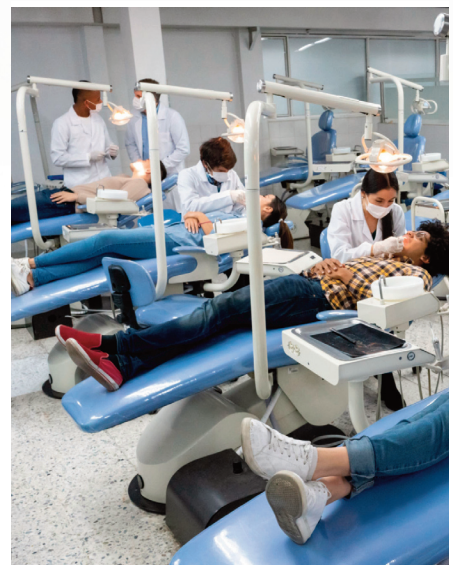
Every day you walk into your dental school, it's like showing up to an 8-hour CE course for which you have paid top dollar. It's tempting to coast. Many of us are guilty of trying to get through our programs by putting as little effort in as possible.

"D stands for Degree," right?

But what I've learned is that dental school is filled with opportunities to learn more than the bare minimum. Some of the most impressive people in our profession work in dental education. And what I've found out is that many of the expensive, top-notch CE courses you take as a practicing dentist are taught by, you guessed it, dental school faculty. Take advantage of your environment. You've already paid for it.

#### **2. Listen well.**

Having been a part-time faculty a few times myself, I've found one of the most desirable qualities in a student is the ability to listen well. Are you teachable? Can you take constructive criticism? Are you willing to own that "student" mentality?



Will you agree with all of your attendings? No.

Do you have to agree? Of course not.

But no one ever starts a sentence hoping that you'll finish it for them. Not every teacher is waiting for your perfectly crafted rebuttal of why you did what you did. Oftentimes, listening is the most powerful tool we have. You will find that this translates well out in practice. Make an effort to actively listen to what your patients have to say, and you'll have a group of raving fans who trust you wholeheartedly.



### 3. Hand skills rarely matter

Look through the Google reviews of any dental office in your community and you know what you won't see? Any mention whatsoever about the occlusal composite staining of the Class I secondary grooves. No 5-Star review on the distoincisal angle of your biomimetically placed resin composite. Not even a single word about that buttery smooth crown margin that you spent an extra 15 minutes polishing for your Instagram photo.

Of course, our hand skills do actually matter (to a degree). But my point is that to the patient, what is often more important (and rarely taught in dental school) are the soft skills required to be a successful practitioner. If I could go back to dental school, I'd spend much more time honing that skill set. Because if you can effectively communicate with your patients, and if you can make a great first impression and win their trust, dentistry becomes a lot easier and a lot more enjoyable.

### 4. Don't sleep on business and finance.

From my very first day in dental school, I was told that we wouldn't learn a single thing about how to run a business, but oddly enough it was essential to our success as a dentist. After hearing that, do you think I made a single effort to learn about business and finance as a dental student? (See lesson #1. Hint: I did not)

Like so many of us, I chose the path of least resistance. I didn't even look at my student loans until six months after finishing my GPR. I didn't read a single

article on practice management until two years into practice.

What a huge mistake. Such a huge mistake in fact, that now I spend much of my time talking to dental students about how to manage their student debt and avoid common mistakes that are made every single day. Mistakes that can set your career back years, and could ultimately affect the decisions you're able to make for you and your family.

So don't do what I did. Don't do what so many of us in this profession continue to do. Start early. Take control of your student loans. Spend time learning about how they work, how to save and budget, and even how to invest. Tap into the vast list of resources on practice management and how to run a business. Books, podcasts, blogs, and even YouTube.

Ask your part-time faculty how they run their private practices. Take advantage of the ADA Success program and have an experienced dentist come to your school and talk about these topics (I'd be more than happy to visit and tell you everything I know).

Dental school was honestly some of the best years of my life. And although it was very difficult and challenging at times, the memories will last me a lifetime. I want to wish all future dentists the best of luck in this new school year. Cherish these moments and always make an effort to take advantage of the opportunities in front of you. Cheers!



DR. JOE VAUGHN

*Dr. Joe Vaughn is a general dentist who graduated from the University of Alabama and currently practices in Seattle, Washington. He works both as an associate in a private practice as well as in a public health clinic. Dr. Vaughn currently serves in roles with both the Seattle King County Dental Society and the Washington State Dental Association. He is passionate about organized dentistry, writing, and talking with other dentists about the many issues we are facing in our profession today. He welcomes any and all of your questions/comments and can be reached at [jkvaughn44@gmail.com](mailto:jkvaughn44@gmail.com).*

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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](mailto:tda@tndentalassociation.org) if you have any questions.

\* Free to TDA members: one ad per year — three (3) month maximum — after third month the \$30.00 minimum and additional character charge will apply.



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