



TENNESSEE

MAY/JUNE 2021 VOLUME 27, ISSUE 3

DENTAL

ASSOCIATION NEWS

TNDENTALASSOCIATION.COM

WELLNESS GOOD SLEEP FOR GOOD HEALTH

see page 20



: FEATURE

154TH ANNUAL SESSION

JUNE 25-26, 2021

see page 4

If you haven't renewed your 2021 TDA membership, this could be your last issue!

Contact Membership Manager Brittany Hall at brittany@tndentalassociation.org or renew online at tndentalassociation.org. Membership in the ADA, the TDA and your local component delivers.

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



BOARD OF TRUSTEES *Report*

Fourth District Earns 2020 Outstanding District Award Presidential Rotation Discussion Distribution of Unclaimed KN95 Masks to Philanthropic Clinics

The Board of Trustees met via video conference on March 8th and conducted business of the TDA.

Mr. Mark Greene, TDA Contract Lobbyist, reported that he is now providing the TDA office a weekly legislative update for distribution to members. Access to legislators is opening gradually, which is positive.

- Priority is to defeat the Rural Health Center bill which would allow non-dentists to own dental clinics. Notification of the bill with talking points to TDA members proved to be a successful campaign and has helped get traction to defeat that bill.

- The bill regarding Dentist Anesthesiologists continues to be a challenge. The bill would prevent dentists from using the term anesthesiologist, even though Dentist Anesthesiologist is a nationally recognized specialty.

Dr. Jay Davis, Treasurer, presented the TDA Financial Statement as of January 31, 2021 and highlighted areas of significant change from last year at this time. Dr. Davis also shared the report on the TDA's mortgage loan as of January 31, 2021. The Budget & Finance Committee will meet in April regarding the budget for 2021-2022.

Dr. Rhett Raum, Liaison to the Tennessee Board of Dentistry, reported that Dr. Phillip Kemp is the new President of the Board of Dentistry. Ms. Jennifer Putnam, Deputy Director, Health Licensure and Regulation at Tennessee Department of Health, asked the TDA to sponsor legislation that would allow the dental student examination to utilize a live human patient or a non-patient-based model. The TDA is forming that bill.

Mrs. Andrea Hayes, Executive Director, stated that the TDA signed a new agreement with the Renaissance Nashville Hotel with no penalties associated. President Beauchamp said that the opening of the connected 5th + Broadway multilevel food, fashion and entertainment center will provide excitement and interest for attendees.

President-elect Susan Orwick-Barnes provided highlights on the ADA's Power of Three reports. She is also considering her year as president and called for her first Board meeting the day after the annual session, Sunday, June 27, 2021, at the Renaissance.

President Beauchamp proposed a change to the current presidential rotation. Discussion will continue at the next Board meeting.

President Beauchamp announced that the Fourth District Dental Society won the Outstanding District Award for 2020.

The Board approved the list of appointments to councils and committees for the 2021-2022 year. The chair of the Council on Membership will be considered at the next Board meeting.

In new business, President Beauchamp reported that she has asked Dr. Jim Gillcrist, TennCare Dental Director, to provide an update on what is happening with TennCare. Also, the Board approved distribution of unclaimed KN95 masks purchased by the TDA Relief Fund to philanthropic clinics.

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154th Annual Session JUNE 25-26, 2021

Renaissance Nashville Hotel
Nashville, Tennessee

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MEETING DETAILS

The TDA Annual Session will be located at the Renaissance Nashville Hotel in exciting downtown Nashville. Recently undergoing a complete renovation, the hotel is a contemporary space that reflects the spirit of the city. Continuing education sessions and events will flow seamlessly from hotel to meeting and food/beverage areas. A walkway under the same roof connects to the brand-new Fifth + Broadway, a multi-level food, fashion, and entertainment mecca in the heart of downtown.



MAY 2021 VOLUME 27, ISSUE 3

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

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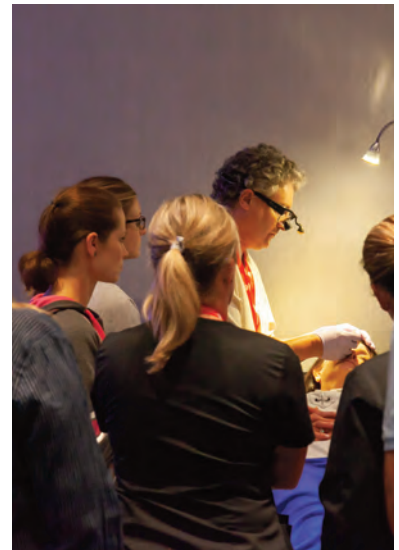
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ONLINE REGISTRATION

Preregistration for the meeting, courses and events will be available through June 14, 2021. You must register and pay in advance. At the meeting, please check in at the registration desk to note your attendance and receive your conference badge. The registration desk will be open in the Grand Ballroom Lobby:

- **Friday, June 25th 3:00 p.m. – 6:30 p.m.**
- **Saturday, June 26th 6:30 a.m. – 1:30 p.m.**

Registration fee will include admittance to Friday's reception, Saturday breakfast, lunch and CE courses offered throughout the day on Saturday. Registrants may also purchase an additional reception ticket for a guest or spouse. A Botox® course will also be offered on Friday for a separate fee.

Continuing education courses will be recorded and offered on the TDA website for staff CE and others unable to attend.

COVID-19 Policy

While participating in events held or sponsored by the TDA, social distancing must be practiced, and face coverings are encouraged to reduce the risks of exposure to COVID-19.

Venue, state and local directives will be followed and observed.

#TDAConnect21

The official meeting hashtag is #TDAConnect21. Be sure to add it to all your social media posts.



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The official meeting hashtag is #TDAConnect21.
Be sure to add it to all your social media posts.



Food and Events

All covered in your registration fee!

Friday, June 25, 2021

5:30 – 7:00 p.m., Reception and Awards

Attendees are invited to a reception hosted by TDA President Dr. Jeannie Beauchamp which will honor our 2020 and 2021 awardees, including Jack Wells Awards, and Fellowship Awards. At the conclusion, there will be plenty of time to enjoy the evening exploring the phenomenal restaurants and nightlife in downtown Nashville.



Saturday, June 26, 2021

7:15 a.m. – 8:15 a.m. Coffee & the COVID Rundown: What We Learned from the Pandemic and Looking Ahead

Come for breakfast and an informal presentation including Q&A with a Vanderbilt University specialist on infectious diseases.

11:45 a.m. – 12:45 p.m. Lunch and Networking

Between courses, you will be treated to a fun lunch and networking with your peers.

Saturday, June 26, 2021

Continuing Education

8:00 a.m. – 5:00 p.m.

The Complete Face: Botox® Training with Cadaver Anatomy Workshop
Dr. Gigi Meinecke



All-day Course with lunch break.
Afternoon is HANDS-ON

\$1,500 TDA Members

\$2,500 Non-members

(Limited to 15 dentists/injectors)

8 Hours CE Credit

Covering more than any other Botox® course available, The Complete Face is exactly that – COMPLETE. FACES provides the only Botox® training that includes muscles of the upper AND lower face plus masseter and temporalis in one class. FACES exclusive cadaver anatomy review workshop provides the requisite anatomical foundation that allows consolidation of the entire face into one course. The uniqueness of The Complete Face saves you time and money by not requiring multiple levels of training. Re-invigorate your practice by adding Botox® treatments with the Anatomically Based, Academically Rigorous and Scientifically Driving Seminar™.

Course Objectives:

- Optimal to bring patient for afternoon Hands-On course.
 - With enrollment fee, dentists will receive one bottle of Botox® 50 unit. Depending on your patient, you may need to purchase an additional bottle (\$330).
 - Dr. Meinecke will supply all injectable needs: Saline, lidocaine, needles, syringes, skin preps, alcohol preps, headbands, mirrors, surgical markers, gauze, etc., as well as necessary paperwork for consent, post/op instructions, etc.
 - Registrants license to practice will be confirmed in advance and photo ID required to enter class.
 - **Friday, June 25 course is closed. Please note, Annual Session registration NOT required for this course.**
- Identify specifically the areas of the aging face and features that can be improved using Botox®.
 - Conduct a thorough patient consultation to evaluate the potential need for and assess the suitability of facial injectables.
 - Identify muscles of facial expression and muscles of mastication in a human cadaver specimen.
 - Acquire the technical skill to perform these injections through “hands-on” training.
 - Avoid, recognize, and manage adverse events.

Dr. Gigi Meinecke has been active in the field of facial injectables since 2004. Her organization, “FACES,” provides cosmetic and therapeutic injectable training for medical and dental professionals with a core focus on comprehensive facial anatomy. FACES is the only training offered in this discipline that integrates actual cadaver study (not video-taped) with live patient injections. In addition to teaching nationally, Dr. Meinecke is the Facial Injectables Course Director and Faculty at the Boston University School of Dental Medicine. She is author of the recently published book: “START AND GROW YOUR COSMETIC INJECTABLE PRACTICE.” Dr. Meinecke is a past President of the Maryland Academy of Dentistry. At the national level, she is a past Chair of the ADA Council on Communications; she serves as spokesperson for the AGD. Dr. Meinecke is a Fellow in the Academy of General Dentistry, the International College of Dentists, and the American College of Dentists. Dr. Meinecke maintains a private practice in Potomac, Maryland.

Conflict of Interest Disclosure.

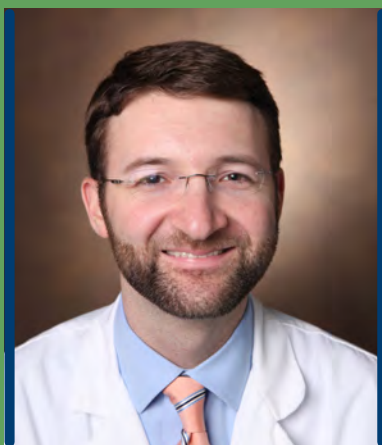
Dr. Meinecke is a minor shareholder in Abbvie, Evolus, and Revance.

Saturday, June 26, 2021

Continuing Education

7:15 a.m. – 8:15 a.m. | 1 hour CE Credit

Coffee & the COVID Rundown: What We Learned from the Pandemic and Looking Ahead
Bryan Harris, M.D.



Though pandemics had been anticipated, COVID-19 showed us that we were not ready. We will review the impact and timeline of this pandemic, examine the areas where things went wrong as well as areas where things went right, understand how to keep yourselves and patients safe, and discuss how we're likely to move forward from here.

Course Objectives:

- Understanding of the COVID-19 timeline and its current state
- Identifying areas for improvement and changes in the attitude and approach to the solution of dental problems
- Preparing for future threats

Biography

Dr. Bryan Harris is an infectious disease specialist. He earned his MD and MPH at Vanderbilt University School of Medicine (VUSM), completing a Fellowship in Infectious Diseases in 2016. He currently serves as Chief Epidemiologist for the Tennessee Valley VA Healthcare System, Associate Epidemiologist for Vanderbilt University Medical Center, and Assistant Vice Chair for Clinical Affairs for the Vanderbilt Department of Medicine.

Conflict of Interest Disclosure

None reported.

10:00 a.m. – 11:30 a.m. | 1.5 hours CE Credit

Technology in the Practice: Friend, or Foe? *
Justin Homeyer

We will walk through the benefits and challenges associated with technology in the dental practice. Along the way, we will address several items practices often struggle with their information technology and provide effective and affordable methods of resolution.

Course Objectives:

- Understand the benefits technology can bring to an emerging practice, from increasing efficiency and sales to building patient relationships and enhancing communication.
- Learn how to identify and effectively address the common challenges with technology.
- Discuss preparing a budget to drive your office forward with technology.



Biography

With 25 years of experience in Dental IT, Justin has witnessed the industry growth from a computer or two at the front desk, to the current state with computerized milling machines, digital impressions and 3D printers for models and appliances. Directing a security focused IT MSP (Managed Service Provider), Justin has overseen the design and implementation of hundreds of startup practices across the country. Today he combines his extensive technical and business experience to take the role of CIO (Chief Information Officer) for dental practices across the country and help them understand the challenges and benefits technology brings to the practice.

Conflict of Interest Disclosure

Justin Homeyer is employed by Centric Technology Services LLC

**This session runs concurrent to the General Session. CE credit will only be issued for ONE of these courses.*

General Session

8:30 a.m. – 11:30 a.m | 3 hours CE Credit

Managing Life & Business, Practice Success After COVID-19

Jim Philhower

As we emerge from the pandemic, dental practice owners are under greater financial pressure than ever before. Lower reimbursements, fewer new patients or patients covered by dental benefits, as well as the current economic climate make for challenging times. What can you do to prosper in this new era?

Jim Philhower has more than 35 years of sales and leadership experience. Jim has changed many lives during his career. He incorporates the hard-earned lessons he's learned along the way into his presentations. Jim also integrates the legacy of his late son, Cole, in everything he does. This remarkable young man, wise beyond his years, impacted the lives of everyone around him. Jim shares the values and life lessons Cole taught him of hope and perseverance. Be prepared to take an introspective look and walk away with a new outlook.



Course Objectives:

- Strategies for practice growth post COVID-19
- Proven techniques to increase new patient flow
- How to increase production and profitability
- The only way to effectively lower practice overhead
- How to find gratitude in your work and life
- Creating a renewed sense of focus and purpose in your work and leadership
- Live a Life of No Regrets

Biography

Jim Philhower is the Director of North America Dental Sales and Leadership Development for Henry Schein. Jim is a 35-year veteran of the dental industry, he lectures to thousands of Dentists and team members annually on the Business of Dentistry and Practice Success.

Conflict of Interest Disclosure

Mr. Philhower is an employee of Henry Schein.

1

Oral Pathology: From Canker Sores to Soft Tissue Lesions

Dr. Juan F. Yepes

The attendee will receive the most up-to-date information regarding the fascinating field of oral pathology. The course will use case-presentation as the learning and discussion format and will cover the entire spectrum of the most common oral soft tissue lesions in pediatric, adolescent, and adult pathology.

Course Objectives:

- Understand the importance of “building” a differential diagnosis based on the clinical presentation of oral lesions.
- Learn the most common soft tissue lesions in children, adolescents, and adults.
- Learn the most updated treatment for some of the most common oral conditions besides gingivitis and dental caries.



Juan F. Yepes DDS, MD, MPH, MS, DrPH is a full professor in the Department of Pediatric Dentistry at Indiana University School of Dentistry and an attending at Riley Hospital for Children in Indianapolis, Indiana.

He is also a clinical professor at the University at Buffalo. He is an active member of the American Academy of Pediatric Dentistry, American Academy of Oral Medicine, American Academy of Oral and Maxillofacial Radiology, Indiana Dental Association, American Dental

Association, and is a fellow in dental surgery from the Royal College of Surgeons in Edinburgh.

Conflict of Interest Disclosure

None reported.

2

Smile Virtual - Smile Test Drive, Smile Shape

Dr. Brian Harris

This is not your ordinary course in smile design, so come with an open mind and be prepared to SEE THINGS DIFFERENTLY. In this course Dr. Harris will share his 3 secrets to double the number of cosmetic cases in your practice in 30 Days.

Course Objectives:

- Learn how to use virtual consult technology to leverage your time and connect with patients that are looking to improve their smile.
- Emotional treatment planning using the Smile Test Drive, a 30 min. procedure done with flowable composite at their first consult appointment. A complete game changer for closing cases.
- Be introduced to the Smile Shape procedure, the next big trend in cosmetic dentistry and how you can start offering it to your patients.



Dr. Brian Harris and his innovative ideas around cosmetic dentistry, patient communication and social media will transform the way you practice dentistry. He is recognized in dentistry for helping doctors use virtual consult technology to attract and treat more complex restorative and smile cases in their practice. He is a 2005 graduate of the University of the Pacific School of Dentistry and a practicing dentist in Phoenix, Arizona.

Conflict of Interest Disclosure

Dr. Harris is the founder of Smile Virtual. Dr. Harris receives speaker honoraria from KavoKerr.

Schedule of Events

Friday, June 25, 2021

7:00 a.m. – 8:00 a.m.

Registration for Botox® Course (Outside of Fisk)

8:00 a.m. – 5:00 p.m.

The Complete Face: Botox Training
Dr. Gigi Meinecke (Fisk Room)

3:00 p.m. – 6:30 p.m.

Registration (Grand Ballroom Lobby)

5:30 p.m. – 7:00 p.m.

Reception and Awards (Event Hub Lobby)

Saturday, June 26, 2021

6:30 a.m. – 1:30 p.m.

Registration

7:00 a.m.

Continental Breakfast

7:15 a.m. – 8:15 a.m.

Coffee & the COVID Rundown
Dr. Bryan Harris

8:00 a.m. – 5:00 p.m.

The Complete Face: Botox Training
Dr. Gigi Meinecke (Fisk Room)

8:30 a.m. – 11:30 a.m.

Managing Life & Business, Practice
Success After COVID-19
Mr. Jim Philhower

10:00 a.m. – 11:30 a.m.

Technology in the Practice: Friend, or Foe?
Mr. Justin Homeyer

11:45 a.m. – 12:45 p.m.

Lunch Provided for all registrants

1:00 p.m. – 4:00 p.m.

Breakout #1: Oral Pathology: From Canker
Sores to Soft Tissue Lesions, Dr. Juan Yepes

Breakout #2: Smile Virtual – Smile Test Drive –
Smile Shape, Dr. Brian Harris

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.

First District Dental Society

Kathryn Allen

Second District Dental Society

Dyron Holt
Marissa Hillard

Fourth District Dental Society

Joshua Lee

Nashville Dental Society

Alexys Kelly
Sarah Herrmann
David Lehman
Elizabeth Bills
Jon Ireland
Brandon Sims
Juliet Chang

Memphis Dental Society

Alane Holliday
Paul Luepke
Storm Kimbrow



PAST-PRESIDENT RECEIVES UTHSC HONOR

The College of Dentistry at the University of Tennessee Health Science Center recognized TDA Past-President Dr. Terryl Propper during Dentistry Alumni Weekend and the 26th William F. Slagle Dental Meeting in March.

Dr. Propper received the "Outstanding Alumna Award." The award is the highest honor given by the University of Tennessee Dental Alumni Association recognizing a graduate of the University of Tennessee College of Dentistry and member of the profession of dentistry who has distinguished himself/herself in community service, leadership, teaching, research, and/or service to the University.

Congratulations, Dr. Propper on this recognition!



TDA NEWS SEEKS SCIENTIFIC EDITOR

The Tennessee Dental Association is searching for a Scientific Editor for the bimonthly newsletter, TDA News. The Editor is responsible for the overall content quality of the scientific articles submitted to TDA News. The editor will oversee the scientific review process to ensure it is thorough, fair, and timely, and is responsible for recruiting and selecting reviewers for the scientific articles. The Editor will have the final decision-making responsibility for the acceptance or rejection of all CE articles submitted to TDA News. The editor of the CE articles should be a TDA member.

ARE YOU AN EDITOR?

**TO APPLY PLEASE SEND A LETTER OF
INTEREST, CURRICULUM VITAE, AND
2 LETTERS OF RECOMMENDATION
AND REFERENCE TO
TDA@TNDENTALASSOCIATION.ORG.**

> **Duties and responsibilities**

- The editor is responsible for overseeing the editorial review process for scientific articles.
- Use a peer-review system to conduct the editorial review process and ensure author's submission meets ADA CERP guidelines (see attached).
- Handle the peer review of papers; select appropriate reviewers and, on the basis of the received reviews and their own opinion, make decisions on the acceptability of the articles for publication.
- Ensure that the review process is completed in a timely way and that authors receive constructive feedback about articles submitted.
- The editor will work collaboratively with TDA staff and provide scientific articles accepted for each issue of TDA News.
- Ensure that the articles are complete, including illustrations, references, and contact information for the authors.
- Submit the articles for each issue on time according to the schedule agreed upon with the TDA staff.
- The Editor will seek opportunities to invite potential contributors to consider submitting scientific papers to TDA News.
- The editor will act as the senior authority – as it relates to the scientific articles – on all matters of editorial policy, decisions, and scope, acting with impartiality, confidentiality, and fairness.
- When requested by the BOT, the editor will write reports or provide updates on scientific article matters.

> **Compensation**

Compensation in the form of an annual honorarium will be provided.

Virtual HOD in June

The TDA House of Delegates will meet virtually this year on Saturday, June 12. The Reference Committee will meet the day prior, Friday June 11. Delegates and Alternate Delegates will receive specific information regarding times and online meeting links. Details for both meetings are below.

TDA House of Delegates

Virtual via Zoom Webinar
June 12, 2021 (Saturday), 9:00 a.m. Central Time
Webinar link for registration is available to all members via the TDA website under Meeting & Events.

Resolutions and other materials to be posted online no later than May 20th.

Reference Committee

The Reference Committee will meet to discuss resolutions to be presented at House.
Virtual via Zoom Meeting
June 11, 2021 (Friday), 12:00 noon Central Time
Zoom meeting link is available to all members via the TDA website under Meetings & Events.



UTHSC COLLEGE OF DENTISTRY APPROVED

for New Advanced Education in General Dentistry Program in Memphis

The College of Dentistry at the University of Tennessee Health Science Center has received approval from the Commission on Dental Accreditation to begin an Advanced Education in General Dentistry (AEGD) residency program at its Memphis campus.

The college is accepting four candidates for the inaugural cohort of the one-year program, which will begin July 1. The deadline for application is April 15.

The AEGD-Memphis program will offer advanced clinical training beyond that achieved in dental school. The residents will have the opportunity to provide comprehensive care to patients of diverse populations with the support and supervision of faculty from the fields of prosthodontics,

operative dentistry, pediatric dentistry, endodontics, and dental implantology.

The didactic component will include instruction in pain management, diagnosis and treatment planning, esthetic dentistry, dentures, crown and bridge work, dental implants, orthodontics for the general practitioner, dental emergencies, medical emergencies in the dental office, implant dentistry, law pertaining to dentistry, as well as a special emphasis on practice management.

"The goal of the AEGD program is the development of the adroit, technologically savvy, ethical, and evidence-based dentist," said Bard Levey, DDS, assistant professor in the Department of General Dentistry at UTHSC and site director for the AEGD-

Memphis program. "The graduating resident will also become an excellent diagnostician, armed with the confidence, skills, and knowledge to make informed career decisions."

"At the UTHSC College of Dentistry, we are very excited about expanding our Advanced Education in General Dentistry program by adding a second site," said Dean James Ragain, DDS, MS, PhD, FICD, FACD. The college already has a site in Nashville. "The residents in this program will have a tremendous opportunity to hone their clinical skills before entering private practice."

To get more information or to apply, go to the AEGD-Memphis website or email aegd@uthsc.edu.



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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 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**



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In Memoriam

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

Dr. Carl Marzel Stiefel

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

Dr. J. Howard McClain

Dr. McClain was a member of the American Dental Association, the Tennessee Dental Association, and the Memphis 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) 741-3011

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
2nddistrictdental@bellsouth.net

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

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

Eighth District Dental Society
Executive Secretary: Ruby Batson
(931) 245-3333
ruby@clarksvillepediatricdentistry.com

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



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NEW TDA MEMBERSHIP BENEFIT! VOLUNTARY INSURANCE PLANS

We're excited to announce that we're offering a new special voluntary benefits program – you, your employees, and your family are eligible to participate. The benefits include life, short-term disability, critical illness and accident insurance, and can be customized for each participant. The plans can help to attract and retain talent at little or no cost to the employer.

Contact us for additional info.

tda Insurance
AGENCY, INC.

800.347.1109
TDAInsurance.com
TDA@assoc-admin.com

TNDENTALASSOCIATION.COM

GETTING THE CHANCE TO SMILE MORE

For Chattanooga resident Mary, 62, the story of health is nuanced. Like 53 million Americans, Mary is also caring for her elderly mother and—as caretakers do—generally prioritizing her mother’s health ahead of her own.

She was able to see a dentist before she retired to take over this caregiving role, but that was more than 10 years ago. Since then, Mary’s dental health has deteriorated to the point of losing teeth and experiencing painful infections.

Mary also suffers from osteoporosis, degenerative disc disease, peripheral neuropathy, asthma, high blood pressure and high cholesterol. She relies on a Social Security Disability benefit to cover her medical expenses, medication, and daily living expenses.

More often than not, her expenses exceed her limited income. Mary had nowhere to turn for help with her dental problems, which continued to deteriorate. That is when she found Dental Lifeline Network and through the Tennessee Donated Dental Services (DDS) program, Mary was connected with Dr. William Turner, a Tennessee DDS volunteer.

Dr. Turner extracted three teeth and restored two others, and with the help of volunteer laboratory, Kirton Dental Lab, donated upper and lower partial dentures. Thanks to these caring volunteers, Mary received more than \$4,300 in donated treatment that restored her dental health. She shared how thrilled she was to smile again!

“I am super happy,” said Mary. “Everyone at Dr. Turner’s office was wonderful.”

DLN supports patients in all 50 U.S. states who have disabilities, who are considered medically fragile, or who are elderly and have no means to afford dental care. This is entirely possible thanks to its network of volunteer dentists.

By volunteering with DLN’s DDS program, you can provide relief and peace of mind to people with great needs right here in Tennessee. By seeing just ONE patient a year, you can help provide comprehensive dental care to those who otherwise could not obtain it.

In Tennessee alone, there are only 209 volunteer dentists and 51 volunteer labs, yet almost 300 people need treatment. To decrease our waitlist, please consider volunteering to see ONE patient.

If you would like to join us and become a volunteer, apply online at WillYouSeeOne.org, contact Lindsay at 615.983.2601 or email Lharold@DentalLifeline.org.

DLN • TN is part of a national non-profit organization, DLN, a strategic partner of the American Dental Association. More than 15,000 volunteer dentists and 3,400 laboratories participate in DLN’s DDS programs nationwide. For more information, visit www.DentalLifeline.org/Tennessee.

**“I AM SUPER HAPPY,”
SAID MARY. “EVERYONE
AT DR. TURNER’S OFFICE
WAS WONDERFUL.”**





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GOOD SLEEP FOR GOOD HEALTH

GET THE REST YOU NEED



Sometimes, the pace of modern life barely gives you time to stop and rest. It can make getting a good night's sleep on a regular basis seem like a dream.

But sleep is as important for good health as diet and exercise. Good sleep improves your brain performance, mood, and health.

Not getting enough quality sleep regularly raises the risk of many diseases and disorders. These range from heart disease and stroke to obesity and dementia.

There's more to good sleep than just the hours spent in bed, says Dr. Marishka Brown, a sleep expert at NIH. "Healthy sleep encompasses three major things," she explains. "One is how much sleep you get. Another is sleep quality—that you get uninterrupted and refreshing sleep. The last is a consistent sleep schedule."

People who work the night shift or irregular schedules may find getting quality sleep extra challenging. And times of great stress—like the current pandemic—can disrupt our normal sleep routines. But there are many things you can do to improve your sleep.



SLEEP FOR REPAIR

Why do we need to sleep? People often think that sleep is just “down time,” when a tired brain gets to rest, says Dr. Maiken Nedergaard, who studies sleep at the University of Rochester.

“But that’s wrong,” she says. While you sleep, your brain is working. For example, sleep helps prepare your brain to learn, remember, and create.

Nedergaard and her colleagues discovered that the brain has a drainage system that removes toxins during sleep.

“When we sleep, the brain totally changes function,” she explains. “It becomes almost like a kidney, removing waste from the system.”

Her team found in mice that the drainage system removes some of the proteins linked with Alzheimer’s disease. These toxins were removed twice as fast from the brain during sleep.

Everything from blood vessels to the immune system uses sleep as a time for repair, says Dr. Kenneth Wright, Jr., a sleep researcher at the University of Colorado.

“There are certain repair processes that occur in the body mostly, or most effectively, during sleep,” he explains. “If you don’t get enough sleep, those processes are going to be disturbed.”



ACCORDING TO THE STUDY, PEOPLE GAINED WEIGHT WITH LACK OF SLEEP. THEIR BODIES’ ABILITY TO CONTROL BLOOD SUGAR LEVELS ALSO GOT WORSE.



SLEEP MYTHS AND TRUTHS

How much sleep you need changes with age. Experts recommend school-age children get at least nine hours a night and teens get between eight and 10. Most adults need at least seven hours or more of sleep each night.

There are many misunderstandings about sleep. One is that adults need less sleep as they get older. This isn’t true. Older adults still need the same amount. But sleep quality can get worse as you age. Older adults are also more likely to take medications that interfere with sleep.

Another sleep myth is that you can “catch up” on your days off. Researchers are finding that this largely isn’t the case.

“If you have one bad night’s sleep and take a nap, or sleep longer the next night, that can benefit you,” says Wright. “But if you have a week’s worth of getting too little sleep, the weekend isn’t sufficient for you to catch up. That’s not a healthy behavior.”

GETTING A BETTER NIGHT’S SLEEP

Stick to a sleep schedule.

Go to bed and wake up at the same time every day, even on the weekends.

Get some exercise every day.

But not close to bedtime.

Go outside.

Try to get natural sunlight for at least 30 minutes every day.

Avoid nicotine and caffeine.

Both are stimulants that keep you awake.

Caffeine can take 6–8 hours to wear off completely.

Don’t take naps after mid-afternoon.

And keep them short.

Avoid alcohol and large meals before bedtime.

Both can prevent deep, restorative sleep.

Limit electronics before bed.

Try reading a book, listening to soothing music, or another relaxing activity instead.

Create a good sleeping environment.

Keep the temperature cool if possible.

Get rid of sound and light distractions. Make it dark.

Silence your cell phone.

Don’t lie in bed awake.

If you can’t fall asleep after 20 minutes, get up and do a relaxing activity until you feel sleepy again.

See your health care provider if nothing you try helps.

They can determine if you need further testing.

They can also help you learn new ways to manage stress.

In a recent study, Wright and his team looked at people with consistently deficient sleep. They compared them to sleep-deprived people who got to sleep in on the weekend.

Both groups of people gained weight with lack of sleep. Their bodies' ability to control blood sugar levels also got worse. The weekend catch-up sleep didn't help.

On the flip side, more sleep isn't always better, says Brown. For adults, "if you're sleeping more than nine hours a night and you still don't feel refreshed, there may be some underlying medical issue," she explains.

SLEEP DISORDERS

Some people have conditions that prevent them from getting enough quality sleep, no matter how hard they try. These problems are called sleep disorders.

The most common sleep disorder is insomnia. "Insomnia is when you have repeated difficulty getting to sleep and/or staying asleep," says Brown. This happens despite having the time to sleep and a proper sleep environment. It can make you feel tired or unrested during the day.

Insomnia can be short-term, where people struggle to sleep for a few weeks or months. "Quite a few more people have been experiencing this during the pandemic," Brown says. Long-term insomnia lasts for three months or longer.



Sleep apnea is another common sleep disorder. In sleep apnea, the upper airway becomes blocked during sleep. This reduces or stops airflow, which wakes people up during the night. The condition can be dangerous. If untreated, it may lead to other health problems.

If you regularly have problems sleeping, talk with your health care provider. They may have you keep a sleep diary to track your sleep for several weeks. They can also run tests, including sleep studies. These look for sleep disorders.

GETTING BETTER SLEEP

If you're having trouble sleeping, hearing how important it is may be frustrating. But simple things can improve your odds of a good night's sleep. See the Wise Choices box for tips on the previous page to sleep better every day.

Treatments are available for many common sleep disorders. Cognitive behavioral therapy can help many people with insomnia get better sleep. Medications can also help some people.

Many people with sleep apnea benefit from using a device called a CPAP machine. These machines keep the airway open so that you can breathe. Other treatments can include special mouthguards and lifestyle changes.

For everyone, "as best you can, try to make sleep a priority," Brown says. "Sleep is not a throwaway thing—it's a biological necessity."

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 [news.nih.gov](https://www.news.nih.gov)

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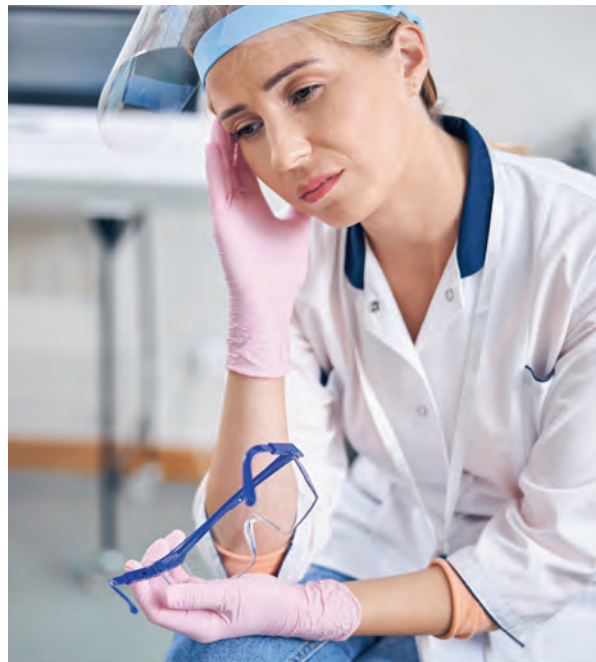
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: PRACTICE SUCCESS



5 REMEDIES FOR A TOXIC WORK CULTURE

Negative attitudes and behaviors weigh heavily on dental practices and are challenging to deal with.

Negativity spreads like a common cold, and before the dentist realizes it, the team is sick, and the practice is suffering. Unresolved conflict causes tension, anxiety, low productivity, and interferes with patient care.

Conflict becomes harder to resolve the longer it is ignored. The first step in solving conflict is to recognize there is a problem. This can be challenging, especially for a busy doctor trying to see patients or a leader trying to keep the practice running. For the conflict-avoidant leader, it may be natural to evade confrontational situations. Confrontation is critical to team effectiveness, even though it is challenging and uncomfortable. Below are 5 types of toxic behaviors and the remedies to aid in healing a practice.

5 TYPES OF TOXIC BEHAVIORS AND REMEDIES:

1. PESSIMISM

SYMPTOMS: Pessimistic team members portray a “can’t do” negative personality. These employees typically display poor work ethic and low morale, which has a damaging effect on the team. A pessimist lists all the potential problems for the day before the day even begins. They may sigh and groan during Morning Huddle about a challenging patient coming in for their restorative visit. They may even try to pass their responsibilities off to another person. Negative attitudes and behaviors are contagious, especially when leaders are negative about the schedule and their patients. If negative attitudes are ignored, their impact will spread quickly.

REMEDY: A FUN-LOVING AND ENCOURAGING ENVIRONMENT.

Dealing with pessimism can be challenging and exhausting. It is imperative that negativity halts before team morale and productivity diminishes. At the first sign of a pessimistic team member, address the situation immediately. Meet one-on-one and let them know how their negativity impacts

others in the office. Use the phrase “you may not realize” to address the behavior and to keep their actions separate from them as individuals. Clarify where the negativity comes from. Is the employee frustrated, or do they feel a lack of appreciation from their team members or leadership? If they do not respond positively to the feedback or discussions, it may be time. Even a well-developed team member is not valuable when their negativity affects team productivity. As you begin each day, keep in mind that the dentist and leader’s attitudes set the mood for the day within the first two hours.

2. GOSSIP

SYMPTOMS: Gossip afflicts most dental practices and is another form of harmful behavior in the workplace that negatively impacts team morale. It also creates distrust and skepticism, especially when this behavior comes from a leader. A team member may spread gossip about another employee, leadership, or the doctor. They also may try to get other team members to partake in gossiping with them.

REMEDY: AN ENVIRONMENT WHERE RESPECT IS GIVEN AND RECEIVED.

Leaders should coach gossipers to speak about their team members in appropriate and healthy ways. Meet one-on-one and discuss the implications for speaking negatively and how gossiping can damage a person’s self-esteem. Let them know that gossip is unacceptable in the workplace and must stop immediately. Document the behavior and get the team member to sign that you have discussed this with them. Be sure to store it in their



employee file. Consider having a “Positivity Jar” in your office for team members to drop notes in expressing appreciation for one another. Share a couple of these notes with your team each day during Morning Huddle.

3. BLAMING OTHERS

SYMPTOMS: When a team member refuses to take responsibility for their actions, it shows a lack of accountability. Everyone makes “Mis-Takes” from time to time; however, blaming another person is an unhealthy response. An assistant may be blamed for not ordering gloves, when in fact, another assistant did not pull the tag and give it to them to order. Blaming others helps a person save face but creates a toxic environment where no one feels safe or protected. Blaming others can be a sign of people not feeling safe enough to be vulnerable or honest.

REMEDY: HELP THEM TO CULTIVATE A PROACTIVE MINDSET BY MAKING YOUR EXPECTATIONS CLEAR.

Counteracting blame begins with accountability. Leaders must hold team members accountable even when blame is shifted to another employee. Keep the focus on what the team member is responsible for and identify the reason for incomplete tasks. Make sure the team members possess the training and resources necessary to meet expectations.

“The secret of crisis management is not good vs. bad; it’s preventing the bad from getting worse.”

- ANDY GILMAN



4. PASSIVE AGGRESSION

SYMPTOMS: Passive aggressiveness aims to harm another team member with indirect words or actions. These behaviors can be as harmful to your team as direct aggression. Some common characteristics are talking under their breath, spreading rumors, downplaying another's achievements or retaliating by setting another person up to fail. These behaviors are often done with subtlety, which can make identifying these issues particularly difficult.

REMEDY: AN ENVIRONMENT WHERE RESPECT IS GIVEN AND RECEIVED. Discuss with the team member one-on-one about specific instances you have witnessed or heard about. Explain that they are in a safe space to discuss their concerns. A passive-aggressive person withdraws even further if they feel cornered or confronted. Once you identify the cause of their behavior, reassure them that you will help them to overcome challenges or obstacles they are facing to improve their work environment. Team members desire safety in their work environments and should feel comfortable communicating with one another without retaliation. No one can control how someone receives what they say, but they can control how they deliver it.

5. BULLYING

SYMPTOMS: Bullying is a serious infraction that creates lasting emotional and psychological effects on your team members. A bully can aggressively attack your team members with words or actions. Some actions a bully might display include verbal criticism, picking on a team member through exclusion and isolation, and micromanagement. By the time a dentist learns about this behavior, the situation is worse than what the dentist has been told. These types are good about behaving properly when in the dentist's presence but acting completely different when around certain team members. They know who they can antagonize and who will not tolerate it.

REMEDY: DOES YOUR TEAM TRUST YOU TO HAVE THEIR BEST INTEREST AT HEART? Your office will become a bully-free zone when people know they can address concerns with the dentist, and it gets resolved. At the first sign of a bully, pull the team member aside and explain that their actions are not tolerated. Document the behavior and let the team member know that if it were to happen again, they will be terminated. If someone were being a bully to your own child on a playground, you would take the necessary steps to end the harm and create a safe environment.

A healthy practice culture is the goal. Recognizing the problem is the first step in managing negative behaviors and attitudes in your practice. Addressing conflict early and directly is the most impactful way to combat problems before they fester. A positive, productive team creates a healthy and profitable practice. It is the leadership team's responsibility to display appropriate, positive behaviors. Set clear standards and guidelines from the beginning with an up-to-date Employee Manual and consistent accountability efforts. Keep open communication with your team and reward positive behaviors with fun days, team outings and lunches, unexpected bonuses, and incentives. A positive attitude is contagious and the perfect remedy to a toxic environment. The most important relationships are the ones with your team members first. Treat your team as you would like your patients and parents to be treated, and this will be reflected in your profitability!

LCP Dental Team Coaching is recognized as the premier consulting firm specializing in pediatric dentistry since 1996

HOW TO TELL IF THAT NICE PRACTICE IS RIGHT FOR YOU

By Dr. Suzanne Ebert, VP Dental Practice & Relationship Management

If you are approaching a practice purchase, you have a lot on your plate!

Financing, real estate, maybe licensure if you're considering relocating.

So what happens when you find a practice? Before you get in the weeds of legal and financial review, make sure this is the right practice for you. After all, you want to buy the practice where you can achieve the perfect blend of career satisfaction, financial stability, AND success.

I advise buyers and sellers to start with a

15-minute conversation to ensure everyone is on the same page as far as timelines and goals. If both sides agree to proceed, then you should begin exploring whether this practice is right for you – and that means looking at how your practice philosophies align. When two doctors share a similar philosophy, patients and staff experience continuity of care – leading to better retention and a

more successful practice transition.

You can assess this alignment by asking several questions, whether through an in-person site visit or a Zoom call. I have included a starting list, but do not feel like you need to address every single item. Rather, ask enough to decide whether you are interested in requesting the financials with the intent of moving towards an offer. I recommend conducting this evaluation BEFORE you invest in paying for legal and accounting expertise.

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Chart review

You can get a great feel for the type of care delivered in the office when you see actual treatment in progress. Ask to see pre- and post-treatment radiographs (often easiest to see by looking at hygiene charts) as well as existing treatment plans and acceptance rates. Discuss different ways of approaching the same case. Remember that there can be multiple paths to a great result, but if you plan to work side-by-side during the transition, you need to respect the other doctor’s work and communicate effectively. Even if you are planning a 100% immediate purchase, a disconnect in treatment styles can be jarring to staff and patients.

Staff training

Ask how often and what type of training staff receives. It may be that the owner and the staff have been together so long that they work like a well-oiled machine. If this is the case, you may want to ask specifics about how patient care is delivered to see if the staff seems to have the capabilities that you will want as you take over.

ASK HOW OFTEN AND WHAT TYPE OF TRAINING STAFF RECEIVES. IT MAY BE THAT THE OWNER AND THE STAFF HAVE BEEN TOGETHER SO LONG THAT THEY WORK LIKE A WELL-OILED MACHINE.

Patient flow through the office

Ask the owner to walk you through a typical new patient experience and a hygiene experience. You simply want to get a feel for what patients expect during appointments. Make sure it is not completely different from the experience you want for your patients.

Collections

Review the practice’s collections policies. This will be covered in depth when you receive the financials, but for now you can learn a lot by just asking how patients are accustomed to paying for their treatment.

Insurance participation

You will do a deep dive into insurance if you decide to move ahead with a sale. At this early stage, you want to get an idea of how involved the office is with insurance companies. If one company is overrepresented in the practice, ask about the office’s experience with the company.

Fee schedule

Ask how often the fees are evaluated and when they were last updated. You do not want to be in the position of needing to increase fees immediately upon purchase, especially if it has been years since an adjustment.





“YOU WANT TO SEE HOW YOUR ABILITY TO PROVIDE CARE MAINTAINS CURRENT PRODUCTIVITY OR ENHANCES THE BOTTOM LINE.”

Referral patterns and procedure mix.

You want to see how your ability to provide care maintains current productivity or enhances the bottom line. Ask which procedures are currently referred out and how saturated the local specialist market is.

After hours call and emergencies

Find out how after hours emergencies are handled and how often they occur. What does the “typical” emergency exam entail? What is your ability to handle them? For example, if the typical emergency exam reveals hopeless teeth that require extractions, are you able to provide that care in house or will you need to refer it out?

Appropriate equipment.

Seeing the equipment and how well it has been maintained will give you a good idea of whether you will need to immediately invest in things like new chairs, autoclaves, or compressors.

Retreatment

Every dentist has treatment that fails. Ask how retreatment is handled in the office. How does the seller handle it? How do you handle it?

This list is not intended to be exhaustive. Think about how you want to treat your patients and what matters most to you, and adjust from there.

But do take the time to conduct this exercise before you get too far down the path towards an offer. I have seen buyers invest in financial and legal advice, even have a contract in place, and then realize they felt trapped in a practice that was not what they expected.



This article originally appeared Feb. 10, 2021 in the ADAPT blog. ADA Practice Transitions (ADAPT) matches you with the right dentist or practice; whether you are looking to sell your practice, hire an associate, buy a dental practice or find a job. Visit ADAPracticeTransitions.com.



NEW DENTIST CORNER

Diversity and Inclusion: The importance of cultural competency training in dentistry

Many moons ago when I first arrived in the U.S., I was a double major in biology and music in piano performance at Fresno State, California. My piano professor, Dr. Werz, was newly emigrated from Germany. He was serious and strict, nevertheless a very kind person.

Many of us under his teaching were foreign students. He would insist on calling us by our ethnic names, and he was one of the few who could pronounce my Chinese name correctly. He was a great mentor on various topics and an excellent professor. Knowing that I didn't have any immediate family around, he helped me to find my first job in the U.S. — as a church pianist. He also asked me to babysit his newborn and toddler while he and his wife went out to dinner or to watch a show.

There were never any comments or assumptions about my culture. He would ask open-ended questions, and he was always respectful: he never used the word "girl" to describe me, and he never commented on how young I was.

Although I did not become a concert pianist, I remember Dr. Werz's practice of professionalism and his practice of diversity and inclusion. He knew I was from Taiwan, and he was educated about the differences between China, Taiwan, Hong Kong and Malaysia. He never once lumped his Asian students together. He took notes on his students to make sure he got the facts right. He would make sure everyone was included in the conversation and favoritism was never observed.

When I discuss diversity and inclusion in the present day, I sometimes experience pushback on the topic or whether it is necessary to teach diversity and inclusion in school. I know of some people who feel that diversity and inclusion

should not be taught in dental schools because it is not "dentally related": just learn the technical part of dentistry.

"When I discuss diversity and inclusion in the present day, I sometimes experience pushback on the topic or whether it is necessary to teach diversity and inclusion in school."



I also know some people who feel that diversity and inclusion is common sense. As a first-generation immigrant living in the U.S. for 30 years, I strongly feel that diversity and inclusion is related to all professions, and that much work is required to develop to make our working culture more welcoming.

The curriculum for teaching students to learn about a diverse patient population is currently up to dental schools and not standardized. I am happy to see that more and more programs have diversity classes now in dental school programs. Students of different backgrounds must learn how to relate among themselves, to the faculty members, and to their future patients. A "colorblind" approach would not work because there is a deliberate effort to avoid looking at race and ethnicity. However, to truly employ diversity and inclusion, we must examine differences in race and ethnicity. Although gender and race are most discussed in the realm of diversity and inclusion, there are so many other facets such as religious beliefs, cultural beliefs, and personal beliefs, to name a few.

In my book “Pulling Wisdom: Filling the Gaps in Cross-Cultural Communication for Healthcare Professionals,” I introduce the concept of the “Amalgamation Scale” which categorize immigrants and their needs based on when they arrive to a new country (U.S.), socialization and language acquisition.

Many students, residents or practicing dentists may be first-generation immigrants with ethnic names which may be subjected to bias by their peers or patients. For example, patients may perceive a dentist with ethnic names to be less proficient in English or less capable. Dental school and residency programs can be the perfect time to develop strategies to improve rapport and understanding between dentists and patients of different origins.

A recent McKinsey and Company survey¹ pointed out that women, minority and LGBTQ+ still face additional challenges and more microaggressions at work.” Some of the examples listed in the article include not receiving credit for their ideas, needing to correct others’ assumptions about their personal life, hearing derogatory comments or jokes about people like them, being excluded from social events, receiving comments about the way they dress, and so forth.

Of those surveyed, they experienced an average 11 events of microaggressions per week. If I were to translate these situations in a dental environment, these examples could very well be: women receiving uninvited comments about their clothing or being called “sweetie,” “honey,” or “girl” by an older male colleague or even an older female staff member; “boat jokes” about Vietnamese colleagues who were

refugees, or comments such as “when I graduated from dental school you are still in your diapers” from an older colleague to a younger colleague.

It is equally important to apply the principles of diversity and inclusion to your peers as well as your patients.

If your patient demographics are multicultural, I recommend researching their cultures, not just the general cultural values, but their mentality about health care.

For example, certain cultures may believe in alternative medicine and view certain procedures as unimportant and expensive. Some may view preventive pediatric dentistry as unimportant as “when baby teeth fall out there’s another set of teeth.” This is not necessarily cultures based on different country origins, but subcultures within the U.S.

An interesting study conducted by Case Western University² to investigate Amish children’s oral care revealed that the Amish were more likely to tolerate pain without seeking for help as they lean to God as the ultimate healer, and that Amish parents may be less aware of their children’s oral health due to a lack of education. Certain genetic diseases, such as bleeding disorders, are more likely within Amish

community due to marriage within a small community. A better understanding of Amish culture would help to educate and communicate with families in order to improve their health disparity.

Training for cultural competency is paramount to team success. Team members often make the first impressions, over the phone or in person. If your patient has long, ethnic names, ask how he or she likes to be addressed, and make a note in the account. Avoid gesturing patients with “summons”: palm facing up, wavering fingers. Less English proficiency does not translate into less intelligence.

Team members should have basic ideas of “culture clusters”³, or cultures with similar beliefs and values by geographic regions. The concept of culture clusters was proposed by Dr. David Livermore in his work about CQ, or cultural intelligence. Diversity and Inclusion is not only dentally related, it is humanly related. In today’s world, hiring someone who speaks Spanish is no longer good enough. Understanding whether your coworker is from Mexico, Peru, Dominican Republic or Ecuador, is not only necessary to appreciate their value differences, but also to create a sense of belonging, which in turn, will increase teamwork performance and harmony in the workplace.

1. Understanding organizational barriers to a more inclusive workplace. McKinsey & Company. June 23, 2020, Survey.

2. Oral health and medical conditions among Amish children. Heima et. al. J Clin Exp Dent, 2017. 9(3): e338-43

3. Livermore, David. Leading with Cultural Intelligence. The real Secret to Success. New York. American Management Association, 2015



Dr. Cathy Hung is a native of Taipei, Taiwan. She earned a Bachelor of Arts in Psychology from University of California at Berkeley and a Doctor in Dental Surgery degree from Columbia University. She further received oral and maxillofacial surgery training at Lincoln Medical and Mental Health Center, Bronx New York. She is a Diplomate of American Board of Oral and Maxillofacial Surgeons. She is the owner of Prospect Oral Surgery Center in New Jersey, and is an author, speaker and coach on cultural competency for healthcare professionals. Her first book, “Pulling Wisdom: filling the gaps of cross-cultural communication for healthcare providers”, is now available in ADA bookstore as a practice management tool. Dr. Hung is an advocate for diversity and inclusion and women leadership. She is an alumni of ADA’s Institute for Diversity in Leadership Program and a guest writer for ADA’s New Dentist Now blog and Dental Practice Success column. Her blog posts were recognized to be the “most popular blog posts of 2020” by ADA’s New Dentist Now blog.

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