



TENNESSEE

JANUARY/FEBRUARY 2024 VOLUME 30, ISSUE 1

DENTAL

ASSOCIATION NEWS

TNDENTAL.ORG.

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WELLNESS

ARTIFICIAL INTELLIGENCE AND YOUR HEALTH

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

Building Momentum: STATE OF THE ASSOCIATION

The first six months of my tenure as your TDA President have been busy and productive. Following the successful ballot initiative in Massachusetts that calls for dental insurance carriers in the state to establish a medical loss ratio for dentistry, the Board of Trustees and the TDA staff have been working diligently to take the momentum of that state's win, to pass meaningful dental insurance reform in Tennessee. A survey of Tennessee dentists identified the most pressing concerns related to dental insurance. Those issues were prioritized and broken down into enforcement issues for which there was already a law on the books in Tennessee and advocacy issues for which we needed to affect change.

In July, a group of member dentists, TDA and ADA staff met with the Tennessee Attorney General's office to discuss dental insurance laws that need to be enforced. The main issues addressed were non-covered services, which prohibit insurers from dictating the cost of care they aren't covering; assignment of benefits, which allows patients to request their insurer pay their dentist directly for care; and network leasing, which protects dentists from being pawned off to different insurance networks without knowledge or consent. Our message was well received and that office would contact the Tennessee Insurance Commissioner to investigate under whose jurisdiction enforcement falls. TDA Executive Director Andrea Hayes has had several discussions with the Department of Commerce and Insurance, and we are confident that there will soon be a path for reporting dental insurance carriers when the law is breached.

The TDA hosted a Legislative Workshop in

August. The ADA, TDA staff, and lobbyists did a superb job educating members on effective ways to communicate our message to legislators as we prepare for the upcoming legislative session. The main issues identified in TDA's survey that will be addressed in the bill are downcoding, bundling of services and virtual credit cards. When insurance companies "downcode", they alter a dentist's claim form, changing the service the dentist performed to a less complex service. When they "bundle" services, they group distinct healthcare services into a single billing code. Both practices result in decreased reimbursement to the dentist. A virtual credit card law would require insurers to provide options for claim payments other than limiting it to one that charges transaction fees.



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

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The Tennessee Dental Association disclaims all responsibility for the opinions and statements of all alleged facts made by the contributors and advertisers to this newsletter unless such opinions or statements have been adopted by the Association. If you have any questions, please call the TDA Executive Office at 615-628-0208.



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Our association has a bright future under the leadership of the Board of Trustees and the TDA staff.

The Government Affairs Committee, chaired by Past-President Jeannie Beauchamp, has also done a great job getting TDA's bill ready for submission. Andrea and her staff have traveled across the state, orchestrated meetings with key legislators, and contacted dentists to make the case for our bill. It is really not a complex case to make; the power has shifted dramatically in favor of dental insurers at the expense of dentists and patients. The dental insurance plans I signed up for in 1998 in no way resemble what is offered today. Patient benefits have remained largely unchanged over the past 40 years. It is not true insurance but a benefit in the \$1000-\$1500 range. The premiums our patients and their employers pay have consistently increased, but the patient benefit has not and the reimbursement to the dentist has not. Fee schedules have remained virtually the same since 2011. During that same time, inflation rose 39%. Historically, fighting any insurance carrier has been an uphill battle as they have deep pockets and can influence legislators, but I feel we have well-conceived message and great staff, dentists, and lobbyists to convey that message.

Membership continues to decline, but not to the same degree as it is nationally. Tennessee ended 2022 with a 65% market share, while the ADA dipped below 60% for the first time in its history. The issue is that the "Baby Boomer" dentists will all retire in the next five years, and the early-career dentists are not joining at the same rate as the late-career dentists are departing. The ADA is in the process of revamping its membership model in hopes of making it more relevant to young dentists. The TDA New Dentist Committee led by Brooklin Byrd has done a great job of creating events for new dentists and communicating the wants and needs of these dentists to the Board of Trustees. The TDA is working to create a leadership development program to identify and train our future leaders. We also continue to work to create new tangible member benefits in hopes of reversing the membership trend.

The TDA Foundation recently had a Strategic Planning meeting that was very productive in creating

a plan to grow its mission. Most notable was the creation of three "new dentist" positions: one from each of the three Grand Divisions (East, Middle, West)

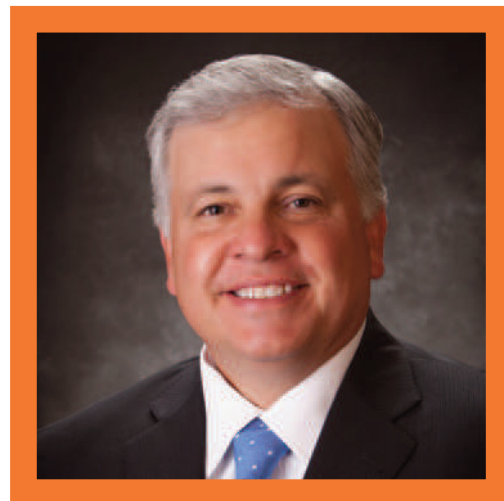
The staff at the TDA is one of our biggest strong suits. TDA's Executive Director, Andrea Hayes, has built a talented and cohesive staff. Andrea has a dedication, commitment, and enthusiasm that is contagious. Amy, Grace, Sara, Lourdes, and Lisa all do an outstanding job serving the members and the Board of Trustees.

It is truly an honor to serve as your President. While many challenges face our profession and organized dentistry, our association has a bright future under the leadership of the Board of Trustees and the TDA staff.

Chip Clayton

Chip Clayton

TDA President 2023-2024



THANK *You!* FOR YOUR MEMBERSHIP!

The ADA, the TDA and your local component are here to help you thrive personally and professionally as you grow your career.

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

If there is anything we can do to enhance your membership experience, please call us at 615.628.0208 or email tda@tndental.org. We'd love to hear from you!

The TDA welcomes the following dentists as our new and reinstated members.

First District Dental Society
Dr. John Royal

Second District Dental Society
Dr. Mary Speicher
Dr. Christopher O'Rourke
Dr. Kelsey Marken
Dr. Laura Ike
Dr. Clarence Worley

Chattanooga Area Dental Society
Dr. Jeannette LaBelle

Fourth District Dental Society
Dr. Gregory Nicholson
Dr. Nathan Hopkins

Nashville Dental Society
Dr. Annabel Kisling
Dr. Kristle Hill-Ferguson
Dr. Nicholas Miller

Eighth District Dental Society
Dr. Rachel Stein
Dr. Lysha Cawthon

Memphis Dental Society
Dr. Paul Kuta

TENNESSEE DENTISTS SERVING ON ADA COUNCILS AND COMMITTEES

We extend our heartfelt appreciation to the dedicated members of the TDA (Tennessee Dental Association) for their exemplary service and commitment to advancing the field of dentistry through active participation in ADA (American Dental Association) councils and committees. By contributing your time and expertise you elevate the standards of dental practice and play a crucial role in fostering collaboration and innovation within the TDA/ADA community. Thank you for your valuable service in ADA councils and committees:

- Council on Communications: Dr. Rhett Raum, Lafayette
- Commission on Dental Accreditation: Dr. Cherae Farmer-Dixon, Nashville; Dr. Paul Luepke, Memphis
- Council on Dental Education and Licensure: Dr. Todd Smith, Memphis
- Commission on Recognition of Dental Specialties: Dr. Jeannie Beauchamp, Clarksville



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In 2023, the Tennessee Dental PAC was supported by 208 individuals who joined the Capitol Club. With a Tennessee Dental PAC contribution of \$150 or more, you can add your name to the growing list of dentists striving to make a greater difference regarding legislative and regulatory issues in Tennessee.

Following are 2023 Capitol Club members as of December 31, 2023.

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Dr. J. Baker
Dr. Jeannie Beauchamp
Dr. John Coulter
Dr. Tom M. Gardenhire
Dr. Mitchel Godat
Dr. Wallin Myers
Dr. Tommy Page
Dr. Rhett Raum
Dr. Robert Shearer

GOLD \$300 - \$549

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Dr. Lowell Blevins
Dr. J. Allen Bureson
Dr. Marc Cohen
Dr. Kristy Dye
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Dr. Terryl Propper
Dr. Candace Settles
Dr. Leon Stanislav
Dr. Randall Staples
Dr. Ann S. Trivette
Dr. John Werther
Dr. David Wickness

SILVER \$150 - \$299

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Dr. Edsel Bates
Dr. John M. Beasley
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MEMBER EMAIL ADDRESS UPDATE

ARE YOU RECEIVING EMAILS FROM THE TDA?

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 received emails from the TDA, please make sure to check your spam or junk mail folder and mark tda@tndental.org as a safe sender. To be included in the mailing list or to update your email address please email us at tda@tndental.org.



PRESERVE AND PROTECT YOUR PROFESSIONAL INTERESTS:

SERVE AS A LEGISLATIVE CONTACT DENTIST

Join a statewide network of colleagues working at the state level to strengthen the representation of the dental profession in Tennessee's political process. As a legislative contact dentist, you will protect your patients and profession by educating state legislators on key issues.

How Do I Become a Legislative Contact Dentist?

Notify the TDA via email at tda@tndental.org with your office, preferred contact number, and email address. Also include the name of the state lawmaker who is your friend, patient, acquaintance, or someone you support.



Numbers to Know.

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Tennessee Department of Health
(615) 741-3011

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

STAFFED COMPONENT SOCIETIES

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

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

Chattanooga Area Dental Society
Executive Director: Lacey Heftka
(423) 886-9191
Info@ChattAreaDent.com

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

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

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





TDA LEADERSHIP POSITIONS FOR 2024-2025

House Elected positions for TDA Officer / Deadline March 31, 2024

TDA members interested in being nominated for one of the following officer positions must submit the following documents to the TDA by March 31, 2024 (required for new nominees only):

1. Letter of Interest
2. CV
3. Conflict of Interest Statement

Positions for election:

• President-elect

- o Active or life member of the TDA for at least five years
- o One-year term which automatically succeeds to the office of President for one-year and Immediate Past President for one-year.
- o Board policy suggests candidates be from the First District or Second District.
- o Duties found in TDA Bylaws, Chapter VII, Section 80.B.

• Speaker of the TDA House of Delegates (Speaker John Petty is not eligible for re-election)

- o Active or life member of the TDA for at least five years
- o One-year term and limited to six terms
- o Duties found in TDA Bylaws, Chapter VII, Section 80.D.

• Secretary (Allen Burleson is eligible for re-election)

- o Active or life member of the TDA for at least five years
- o One-year term and limited to six terms
- o Duties found in TDA Bylaws, Chapter VII, Section 80.E.

• Treasurer (Jay Davis is eligible for re-election)

- o Active or life member of the TDA for at least five years
- o One-year term and limited to six terms
- o Duties found in TDA Bylaws, Chapter VII, Section 80.F.

• Middle Tennessee Vice President

- o Active or Life member of the Association

- o Two-year term on the TDA Board of Trustees

o Bylaws require candidates to be from the Middle Tennessee Grand Division. Trustee agreement suggests candidates be from the Sixth District.

- o Duties found in TDA Bylaws, Chapter VII, Section 80.C.

• West Tennessee Vice President

- o Active or Life member of the Association
- o Two-year term on the TDA Board of Trustees
- o Bylaws require candidates to be from the West Tennessee Grand Division. Trustee agreement suggests candidates be from the Memphis Dental Society.
- o Duties found in TDA Bylaws, Chapter VII, Section 80.C.

Trustee Positions Election by Components / Deadline one week prior to election

Eligibility for trustee positions must be confirmed by the TDA Executive Office **before election** by their component society. Send Conflict of Interest Statement to the TDA Executive Office at least one week prior to component election meeting.

Trustee Positions for election or re-election for term beginning June 1, 2024:

- Trustee / First District (Mike Lamb is eligible for re-election.)
- Trustee / Sixth District (Steve Nowlin is not eligible for re-election.)
- Trustee / Seventh District (David Magee is eligible for re-election)

Basic information:

- o Eligibility: Must be an active or life member, in good standing of the TDA for at least five years and a fully privileged member of his/her component society for at least three years.
- o Term: Three-year term and limited to two terms.
- o Duties: Found in TDA Bylaws, Chapter IV, Section 70.

Please submit documents to:

Andrea Hayes, Executive Director

andrea@tndental.org

As a Practice Owner, You Should be Able to Answer the Following Questions:

1. Do you have or have you considered an exit strategy?
2. How long do you plan on being a practice owner? If your health allows, would you like to continue practicing after that point?
3. Do you know what your practice is worth today? How do you know? When was your last Practice Valuation done?
4. Have you met with a financial planner and have a documented plan? Have you established a liquid financial resources target that will enable you to retire with your desired lifestyle/level of income?



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IN MEMORIAM

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

Dr. Joseph Rainey

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

Dr. Dick Hyatt

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

Dr. Charles Abbott Burdeshaw

Dr. Burdeshaw was a member of the American Dental Association, the Tennessee Dental Association, and the Nashville Dental Society.





Healthy Habits For Healthy Smiles!



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February is National Children's Dental Health Month. Visit [ADA.org/NCDHM](https://ada.org/NCDHM) for more activity sheets.



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NATIONAL CHILDREN'S DENTAL HEALTH MONTH

The American Dental Association (ADA) is pleased to provide you with the February 2024 National Children's Dental Health Month (NCDHM) Program Planning Guide.

The 2024 NCDHM theme is:
"Healthy Habits for Healthy Smiles!"

This month-long national health observance brings together thousands of dedicated dental professionals, healthcare providers, oral health champions, and others to promote the benefits of good oral health and prevention to children and adults, caregivers, teachers, and many others.

The NCDHM Program Planning Guide offers oral health champions resources to promote the benefits of good oral

health and prevention to children. The guide includes easy-to-do activities, program planning timetable tips, a sample NCDHM proclamation and much, much more.

To learn more about National Children's Dental Health Month please visit: [ADA.org/NCDHM](https://ada.org/NCDHM). You can also order FREE Posters and Postcards, and download materials.

POSTERS (FREE with English on one side of the poster and Spanish on the reverse side) &

POSTCARDS (FREE in English and Spanish) can be ordered.

ACTIVITY SHEETS OR FLYERS (available in English & Spanish) can be printed.

These materials will help speakers, teachers, and others who want to educate and advocate for oral health.



Classifieds

Advertisers, please note openings for dentists and staff have moved to the TDA Career Center. Please visit tda.careerwebsite.com to find your next great hire.

PRACTICES FOR SALE

Choice Transitions currently has several practices for sale. From smaller/starter practices ideal for more recent grads all the way to large, multi-doctor practices! Our inventory is constantly changing as practices sell and new practices are listed. To investigate these opportunities please visit and register for FREE on our website at

www.choicetransitions.com or Contact Jay Lowery at x221

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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@tndental.org if you have any questions.

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ARTIFICIAL INTELLIGENCE AND YOUR HEALTH

HOW COMPUTERS ARE HELPING MEDICINE



There's a lot of talk about artificial intelligence, or AI, these days. AI is everywhere—from virtual assistants to facial recognition software. The technology is even assisting doctors and scientists. So, what exactly is AI? And how is it helping advance scientific research?

"AI is basically trying to teach computers to 'think' in the same way as the human brain," says Dr. Despina Kontos, an AI researcher at Columbia University.

One approach to AI uses a process called machine learning. In machine learning, a computer model is built to predict what may happen in the real world. The model is taught to analyze and recognize patterns in a data set. This training enables the model to then make predictions about new data. Some AI programs can also teach themselves to ask new questions and make novel connections between pieces of information.

"Computer models and humans can really work well together to improve human health," explains Dr. Grace C.Y. Peng, an NIH expert on AI in medicine. "Computers are very good at doing calculations at a large scale, but they don't have the intuitive capability that we have. They're powerful, but how helpful they're going to be lies in our hands."

Researchers are exploring ways to harness the power of AI to improve health care. These include assisting with diagnosing and treating medical conditions and delivering care.

MINING MEDICAL IMAGES

One area that AI is already being used daily is medical imaging. Computers help doctors comb through CT and MRI scans for signs of problems like heart disease and cancer.

"AI can look at images very closely, in a way that's much more detailed than we can do with the human eye," Kontos says. That means that the computer may be able to pick up on subtleties that a person might miss.

“AI is basically trying to teach computers to ‘think’ in the same way as the human brain”



In medicine, catching early signs of certain diseases can be the difference between life and death. Kontos and her team are testing ways AI can be used to identify women who are at high risk for developing breast cancer. They're using AI to analyze different features in mammograms—X-ray pictures of the breast—such as breast density. Women who have a higher risk of breast cancer can take preventative steps, like more frequent screenings. This approach could help lead to earlier diagnosis and more successful treatment.

The team is also testing whether they can use AI to individualize breast cancer treatment based on imaging results that show how breast tumors are responding. AI may better reveal who needs more intensive treatment, like chemotherapy, and who can safely skip it.

"That way, we could spare women who don't need intensive treatment from unnecessary side effects," Kontos explains.

CONNECTING PEOPLE WITH CARE

Over the last year, advanced "chatbots," like ChatGPT, have burst on the scene. These AI programs are designed to have realistic conversations with people. People are starting to use the technology to find health information.

Many chatbots are a form of "generative AI." This type of AI can create new content based on what it learns from analyzing existing data. Such chatbots use what's called large language models, which are trained on huge data sets that are gathered from across the internet. The training

teaches them to predict what words are most likely to appear after another.

It may be tempting to ask these tools to answer medical questions. "But these chatbots don't actually understand what you're asking," Peng says. "They're just looking at the phrases and making predictions about what comes next." So it's important to use caution if you're using them to seek health advice.

"These tools also don't have a lot of context," explains Dr. Ellen Fitzsimmons-Craft, a mental health researcher at Washington University in St. Louis. "They may be able to state something that's the right medical advice in a general sense. But that may not be the right medical advice for you personally."

"We don't always know what information these tools like ChatGPT are trained on," Fitzsimmons-Craft adds. "We don't know if they're getting information from reputable sources or not."

Still, the idea of using chatbots in medicine has promise, explains Fitzsimmons-Craft. Right now, there is a shortage of health care providers in many fields, including mental health. Chatbots may be able to fill in some gaps.

"Not many people follow through with recommendations provided after a mental health screening," Fitzsimmons-Craft says. "And we don't have enough providers to connect with every one of those people." Fitzsimmons-Craft and her team are developing a chatbot to help guide people with eating disorders toward seeking care.

Their chatbot is made using a rule-based model, with limited AI. Rule-based means that human experts write entire conversations beforehand. Then, the chatbot picks what to say based on the responses of the person using it.

"Nothing this chatbot says should come as a surprise," Fitzsimmons-Craft explains. "That's in contrast to generative AI, where you have to work a lot harder to build in guardrails."

Her team is now testing their chatbot to see which conversation pieces are the most effective. They'll then test whether it can increase the number of people seeking help after a screening for eating disorders. Other NIH-funded researchers are studying whether chatbots can help in additional areas, like suicide prevention and encouraging heart-healthy diet changes.

LOOKING TOWARD THE FUTURE

As AI moves into more areas of health care, many ethical issues will need to be addressed, explains Kontos. "These systems learn from human data, so they may learn our biases," she says.

For example, in the past, research studies have included far more men than women. This means that the resulting data may not be as accurate for guiding women's health care. So, if this information is fed into AI models, that bias will follow.

Recognizing biases before they reach the machines may provide a chance to break this cycle. "Can we end up training the machines better because we learned from the mistakes that we have in our own society about training people?" Peng asks.

NIH-funded researchers are working on these issues, as well as many other ways to use AI in medicine. These include modeling the ways a virus might spread between countries and predicting if new drugs will be safe.

All of these projects need human imagination and computing power. So AI is not a replacement for people, says Fitzsimmons-Craft. "AI is just another tool in the toolbox, that's offering another form of help."

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](https://www.nih.gov/newsinhealth)

ACE YOUR INTERVIEW:

TIPS FOR HIRING DENTISTS AND CANDIDATES



New dentists have many career options after graduating from dental school. One possibility is joining an existing practice as a new associate.

Though this may seem like an ideal route for a dentist just starting out, it's essential that the practice owner and new hire are aligned from the very start. This begins with the rapport built in the first interview and continues as you discuss key terms such as compensation, benefits, laboratory expenses, supplies and more.

Whether you're looking to join a practice or hire a new associate, this article will offer helpful guidance. Let's start with 9 questions that job candidates might ask when they are considering joining a practice.



1. WHY IS THE PRACTICE BRINGING ON A NEW DENTIST?

If the practice needs help keeping up with a growing patient base, the candidate will want to know if there is enough physical space for them. How many operatories are available? Will additional staff (such as dental hygienists and assistants) be hired to round out the team? What are the plans for handling new and existing patients to the new dentist?

Perhaps the reason for hiring a new associate is to allow the owner to slow down a bit. In this case, there should be an open conversation about work schedules, which patients the owner (or other dentists) will keep and which will be reassigned.

2. WHY IS NOW THE BEST TIME TO EXPAND STAFF?

If this has already been explained, then there's no need to delve further. But the practice owner may plan to sell within the next few months or years, in which case the timeline for this transition should be discussed in more depth. The new associate should know what to expect, including what role they may be expected to play as the practice changes hands.



ONCE THIS IS ESTABLISHED, THE ASSOCIATE WILL NEED TO KNOW WHETHER THEY WILL EARN A STRAIGHT SALARY, A PERCENTAGE OF PRODUCTION OR COLLECTIONS, OR SOME COMBINATION OF THE TWO.



The candidate has a right to know why a new associate is needed. There are times when practice owners feel the need to reduce hours, but don't pair this need with plans to build the patient base so that the new associate has plenty of patients to see. Being clear about work hours and potential growth is essential for both parties.

3. WHAT WOULD THE NEW ASSOCIATE'S WORK SCHEDULE LOOK LIKE?

Candidates might ask to see work schedules from a few typical weeks. This might lead to questions about the procedure mix and the amount of time allocated for each treatment. It's a good time for both of you to evaluate whether the candidate has the skills to handle a typical week at the expected pace. If new skills are needed, how will they be gained? The owner may offer to mentor the new associate or pay for CE courses.

4. HOW WILL COMPENSATION BE DETERMINED?

This is a two-part question. First, the candidate must know whether the practice is seeking to hire an employee or an independent contractor.



new associate will be fully responsible for state and federal taxes, expenses and more. Make sure this point is covered and the associate's status is clear.

Once this is established, the associate will need to know whether they will earn a straight salary, a percentage of production or collections, or some combination of the two. The difference between production and collections can be significant, especially if the practice works with many third-party payors or has difficulty collecting revenues.

Candidates should be concerned if the practice has a collections rate of less than 98% and hopes to pay based solely on collections. In this case, a better approach would be to seek (or offer) a slightly lower cut of production, which may help assure more stable income.

5. ALONG WITH PAY, WHAT BENEFITS ARE OFFERED?

Benefits can add significantly to the value of a total compensation package. Be sure to discuss any benefits such as health, dental, vision or life insurance that are offered, along with retirement programs (including employer match, if applicable). If there is a generous CE allowance or other free or low-cost training, include these in the conversation.



The practice should disclose who will treat fee-for-service patients and who will treat patients covered by a PPO, HMO or government plan.”



6. WHICH INSURANCE PLANS (AND OTHER THIRD-PARTY PAYORS) ARE ACCEPTED?

Knowing a practice's payor mix offers insight into how the office runs. Candidates may choose to check the fee schedules for each payor. The practice should disclose who will treat fee-for-service patients and who will treat patients covered by a PPO, HMO or government plan. If the new associate will be assigned most of the patients with third-party payors, it's good to disclose collections rates to affirm that pay rates will be fair.

7. WHAT'S THE LONG-TERM PLAN FOR THE PRACTICE?

Incoming associates must think about their long-term potential for growth and success. Owners should be willing to discuss plans to expand, open new locations or sell the practice at some point in the future. Candidates will evaluate whether their career plans fit into the long-term vision for the practice.

If the owner is moving towards retirement, the candidate should know if there will be an opportunity to buy into the practice when it's time. If this option is part of the employment offer, it should

be documented in writing. No associate wants to join, only to find out that the promise of ownership was simply a lure and not a solid plan.

8. WILL THE OWNER (OR SENIOR DENTISTS) OFFER MENTORING?

Candidates may want to learn new skills or dental specialties. They may also want to learn about the business side of running a practice so they can start or buy their own someday. They may also want to improve their case presentation skills or learn how to manage dental teams.

With this in mind, the interview can cover any mentoring the owner is willing to offer. This may take the shape of a mentorship-to-ownership pathway or simply involve hands-on guidance and learning as the associate gains experience.



9. ARE THERE OPPORTUNITIES TO SHADOW THE OWNER OR REVIEW CASES TOGETHER?

Candidates who ask to shadow the owner for at least half a work day are signaling positive interest in the practice. This is a great opportunity for the potential new hire to see how things run and how patient care is handled. Gaining a sense of the practice's energy level, procedures and approach can help assure a good fit – or signal that it's not the right match.

Reviewing cases together is a good way to check out work styles, especially if shadowing is not possible. This might involve looking at before-and-after images and discussing treatment plans and outcomes. While methods vary, there should be mutual respect for the work that owners and potential associates do – and a sense that you will communicate well with each other and with patients.

10 TIPS FOR SUCCESSFUL INTERVIEWS

Interviews are typically the first time that two dentists have time to discuss their goals and consider how well they will work together. Since this is a high-stakes decision – especially if the employment offer will include an option to buy the practice in the future – both parties should prepare thoroughly. Here are 10 insights that can help.

1. FRAME THE CONVERSATION AS A TWO-WAY STREET.

Whether you are the hiring dentist or the dentist seeking an associateship, you both have power and authority to decide what will happen. If one or both of you assume it's solely about your own wants and needs, the conversation will be less than fruitful.

2. TALK LESS THAN 50% OF THE TIME.

In a job interview, both parties need space to express themselves. Allow time for the other dentist to ask and answer questions and share reasons this may be a good fit. Embrace any awkward silences, allowing pauses so the other person has time to tell their side of the story.

3. FOCUS ONLY ON THE CONVERSATION.

Silence your phones and put them out of reach. Make sure the other dentist knows they have your full attention. Allow no interruptions from staff while you're talking. If the interview takes place by phone or teleconference, put other devices away so you won't be tempted to answer texts or emails.

4. AFFIRM THAT YOU ARE LISTENING AND UNDERSTANDING

The best way to let someone know you are listening is to provide gentle signals that don't interrupt. For example, you might nod, say "mmm-hm," or smile after the other dentist makes a key point. This may be even more important during a phone interview, when neither party can see facial expressions or body language – so light verbal cues such as "yes," "agreed," and "I understand" can help move the conversation along.

5. DO YOUR HOMEWORK.

Run an internet search on the other dentist to see what you can learn about them, beyond the resume or web links you may have exchanged. Read any blog posts they've written, podcasts they've done or stories about community work they've been involved in. Glance at LinkedIn to see if you have a shared school or other connection. Candidates should know as much about the practice as possible, which can help in preparing good questions.

6. THINK ABOUT WAYS TO KEEP THE CONVERSATION MOVING.

Bring notes to the interview that will help you stay on track and move past any momentary lags in the conversation. Refer to your notes casually rather than reading from them, and maintain eye contact as much as possible. Let questions flow naturally from earlier answers or main points covered.

7. MAKE SURE BOTH OF YOU HAVE TIME TO ASK QUESTIONS.

Questions reveal as much as answers do, so don't allow the balance to tip too far

toward the hiring dentist and away from the candidate. Plan ahead so there's plenty of opportunity for questions on both sides.

8. BE YOURSELF.

The goal isn't to present some idealized (yet unnatural) version of yourself. This will only hide the style you bring to your work – which doesn't allow either of you to judge how well you will collaborate. If either of you is uncomfortable with the other's personal style and manner of expression, your working relationship may not work out. It's better to notice these differences at the interview stage than discover them later when serious tensions arise.

9. PAY ATTENTION TO NON-VERBAL COMMUNICATION.

Candidates and hiring dentists can both show interest by leaning toward one another in conversation. Crossed arms may signal a closed attitude or even fear. Eye contact helps both parties make a more substantial connection. If you're doing a phone interview, try standing while you talk so that your body moves around freely, giving you a sense of ease. While the other dentist won't see this, it will help you maintain positive energy during the conversation.

10. BE OPEN-MINDED.

If the other dentist surprises you in any way, or seems different from what you anticipated, relax and see how things go. Often, people who are different from us bring fresh possibilities we never expected – and that can be a great thing! One question that can help you explore each other's point of view more deeply is to ask about a person that made a difference in their life, whether as a mentor, guide or friend. Listen closely to the answer with no fixed expectations. You may find that the other dentist can speak openly about this valued person, giving you incredible insight into their values and experiences.

This article originally appeared 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

What I learned in my general practice residency

Going back to school for a general practice residency after four years in private practice was not what I imagined it to be. It was better. The only regret I have is not having done it right out of school, despite my mentor advising me to do so. Had I taken her advice, I would have been gifted with the perspective, mentorship and vision I have today, years earlier.

First, the elephant in the room. Why did I go back for a GPR?

Things changed by the end of year two of practice, when I began experiencing serious burnout and realized there are aspects of general dentistry that I don't like. I also felt stuck in one insurance-driven practice after the other, where "what's covered" is the question of the day.

Practice ownership seemed exciting; however, I felt disillusioned about starting a practice only to be doing exactly what I was doing as an unhappy associate. I believe this is a question many associates debate.

Year three was when I was able to connect the dots, thanks to the Leadership Education in Neurodevelopmental and Related Disabilities fellowship I completed at the University of Washington. The LEND fellowship reminded me of my passion to serve those with special health care needs. It taught me the gaps that exist in our current health care system. I was alarmed to understand the dismal rates at which adults with special health care needs receive dental care in the country. When I moved to California, it became obvious to me that I needed to go back for a GPR to

gain the necessary skill set and training to serve this population.

4 things I learned in my GPR

1. Learning endodontics from an encouraging endodontist

We all have had the experience of learning endodontics from professionals who scare us into thinking general dentists can't do root canal treatments well. We are made to believe we don't have the knowledge or the experience. And that is absolutely true for most new graduates who do not have a robust endo experience in dental school.

However, while an endodontist may be able to do things more efficiently and should be referred to, when the times arise, there simply are not enough endodontists out there to do all the root canals that need to be done. Learning to do root canals in the right way has been one of the greatest benefits from this residency. Our superb teacher, Raymond Scott, D.D.S., was a gem of a person who made root canals fun and calming. I looked forward to the days he was attending because I knew I was going to have fun that day!

How many root canals were we completing on average in this residency? Between six to eight every week. Do the math. The endo experience

I got out of residency at Highland Hospital was unbeatable.

2. Learning how to give a successful inferior alveolar block

There will always be a percentage of times that I miss an inferior alveolar block and need to give it again. However, prior to this residency, I am embarrassed to admit, I used to miss it probably half the time. In year three of practice, I had gotten so humiliated about missing it and disappointing patients that I would dread seeing a No. 19 or 30 crown prep on my schedule (the most common teeth that need crowns, fillings or root canal treatments). I don't mind admitting to this now because I know I have finally conquered the beast! All credit goes to Akshay Govind, D.M.D., M.D., the head of oral and maxillofacial surgery at our residency.

3. Patients with special health care needs

Working with this patient population has probably been my most treasured experience this past year. I've found that many patients with special health care needs can be treated safely in a regular dental clinic setting and need not be fully sedated. They need more time, desensitization, patience from the team and additional supports, as necessary.



One thing that helps tremendously with this population is using teledentistry. We can get the full medical history prior, understand what specific wheelchair transfers they need, find out if they require transport before and after the appointment or an American Sign Language interpreter, etc. It makes the following appointment in the clinical setting very smooth.

Being on Epic and having access to a patient's full medical history, including labs, and sometimes the ability to contact their primary care provider, is also a huge boost. I can't imagine being able to treat patients with medical comorbidities and complex surgical and treatment histories without a system like Epic. I would often quiz patients on their medications, while simultaneously eyeing what was on their Epic, and sometimes, the differences were very big. Medical-dental integration should be the norm, not optional. We should demand more from our practice management software solutions.

Patients also have a habit of remembering only the more positive details of their lives



“ Being on Epic and having access to a patient's full medical history, including labs, and sometimes the ability to contact their primary care provider, is also a huge boost.”

— “selective memory.” I had a patient tell me very convincingly that his hemoglobin A1c was 6 this year when in fact it was 9 in the past month, per Epic. This made it unsuitable for us to extract his teeth that day. By not getting the complete medical history of a patient, we are opening ourselves up to liability. In the case of a poor outcome from a procedure, the first person to be critiqued would be the doctor because “you should've known better and done more research.” Our role as a health care provider should be taken seriously.

4. What is an emergency and what could wait until Monday

While there are many, many more things we learn in GPRs, I will end with this point. In private practice, I can remember several times patients and bosses talked me into performing certain procedures because they were “emergencies.” These procedures, such as addressing post-operative discomfort after an extraction or restoration, performing temporary crown re-cementation, etc., would be added on to an already full day. Team members would scramble to seat multiple patients and prep rooms at the same time. At the end of the day, everyone feels depleted and exhausted, only to repeat the same dance the next day.

Being through the GPR program and having seen a few true emergencies, you gain much-needed perspective. Personally, I have gained the confidence and wisdom to say the golden word: no. Being in control of your schedule and taking care of your assistant will serve you many times more favorably in the long term than you expect. Taking care of our mental health in this profession is very important, and the time to do it starts now.

Blogger Sampada Deshpande, D.D.S., practices in Bay Area, California. Due to her specialized training, she is often approached for care by patients with special health care needs. Author of the book “Persevering,” Dr. Deshpande earned her dental degree from the University of Washington and completed a general practice residency at Alameda Health System. She is a recipient of an ADA 10 Under 10 Award, Academy of General Dentistry 10 to Watch honor and Denobi Award. She founded the educational nonprofit New Dentist Business Club in 2019 and is the product manager for SamsoSmile, an automated insurance verification service. You can reach her on her website, sampadadeshpandedds.com, for more information.

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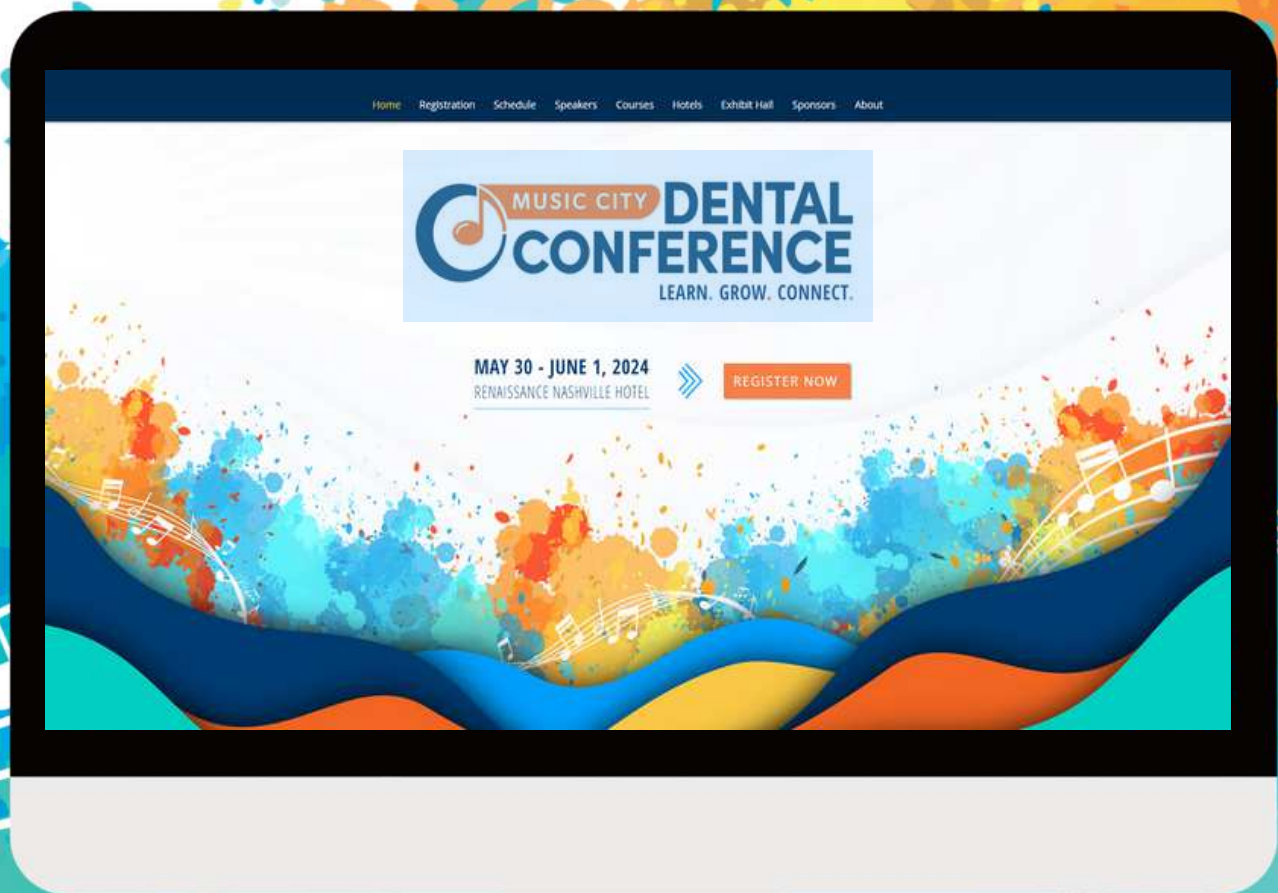


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