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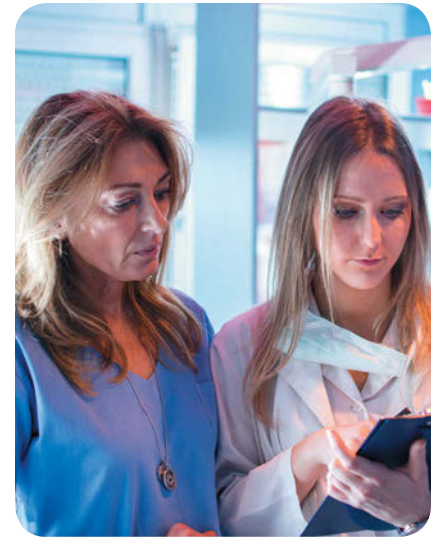
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Membership Matters is an official publication of the Oregon Dental Association in support of its core purpose to advance the dental profession and promote the highest standard of oral health and oral health care.



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PUBLISHED APRIL 2018/ODA-M0418/9291 *Membership Matters* (ISSN 1082-4111) (USPS-905060) is published monthly (except July) by the Oregon Dental Association, 8699 SW Sun Pl, Wilsonville, OR 97070. All statements of opinion and of alleged fact are published on the authority of the writer under whose name they appear and are not to be regarded as the views of the ODA or its subsidiaries or affiliates. Subscription to *Membership Matters* is a member benefit of the Oregon Dental Association. The annual subscription rate for nonmembers is \$40. Single copies may be purchased for \$5 each.

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Periodicals postage paid at Wilsonville, Oregon, and at additional mailing offices. POSTMASTER: Send address changes and all correspondence to: 8699 SW Sun Pl, Wilsonville, OR 97070; 503-218-2010 or 800-452-5628 (toll-free in Oregon).

Published by **NAYLOR** ASSOCIATES INC. 5950 NW First Place, Gainesville, FL 32607 Phone: 800-369-6220 Fax: 352-332-3331 www.naylor.com, Publisher Jack Eller Editor Russell Underwood Marketing Associate Larissa Flores Project Manager Sheneka Anthony Project Support Specialist Hannah Mule Book Leader Krys D'Antonio Sales Representatives Brian Agnes, Leigh Flora Layout and Design Manish Dutt Sharma



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Will Disruptive Forces Change Dentistry?



By Barry J. Taylor,
DMD, FAGD,
FACD, CDE

Editor,
Membership Matters

Barrytaylor1016@
gmail.com

IF YOU WERE TO START THE DENTAL profession anew today, there are probably many things that would be different. The oft-used cliché is “thinking outside the box,” but sometimes there needs to be that disruptive force that forces such thinking to turn into action. Right now, we are faced with many of those disruptive forces: student debt, multiple new proposed providers and societal expectations that health care is a right.

To begin with, the dental education model would be different. Students graduating \$400,000 in debt is not sustainable. We can look to the physical therapy profession for a model in which some universities have accelerated programs to get a Doctorate in Physical Therapy. The involved university offers a three-year undergraduate program in biology, and you can apply to the DPT program at the same university at the end of your third year. If you are accepted, you receive your bachelor’s degree in biology at the end of your fourth year of studies, and you receive your doctorate in six years. A similar program in dentistry could allow a student to receive both their bachelor’s and doctoral degree in seven years. The OHSU School of Dentistry is located in the OHSU Collaborative Life Science Building, which is also where Portland State University has a large presence for its science program. OHSU and PSU have also joined together for a School of Social Work, so there is a precedent for a joint program between the two institutions.


There is no question that a doctorate-level program is what is needed for dentistry. If we were starting from scratch, dentistry very well could be a specialty in medicine that you would begin after your first two years of medical school. If we were more closely aligned with medicine, we would be doing more health screenings and basic medical

procedures such as vaccinations. I can go to Fred Meyer’s and get my flu vaccination, and people have Botox parties at their home. But a dentist can’t deliver vaccinations and only recently have we been able to use the Botulinum toxin if it is within a limited scope of dentistry. We currently screen every patient for high blood pressure, yet there are other diseases such as diabetes that we could screen at-risk populations. We have a population base that visits us on a regular basis and we have the infrastructure but dental schools are isolated from medical schools so the divide starts before we are even doctors.

If we were forming an Association of Dentists today, we would probably not base the association on a governance model. What if instead we were to base our new association on a business model such as a co-op like R.E.I.? The association would have a professional staff to run the business and a board of directors that would give guidance to the staff. The difference would be that we would not have a House of Delegates; cumbersome and antiquated systems of governance that we just assume to use because that is what associations do. What if we followed a business model and each year there was an annual shareholders meeting in which the board of directors would report to the members (shareholders) on the success and future direction of the association? There would be no delegations of representative members of each locality. Resolutions could still be presented to the board and they would pass by simple majority.

The dental profession cannot maintain the current status quo. It is naïve to think that market forces that we can’t control and societal changing values and opinions aren’t going to change our profession. The question is, are we going to be wise enough to make the adaptations? ●

The opinions expressed in this editorial are solely the author’s own and do not reflect the views of the Oregon Dental Association or its affiliated organizations.



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Events & Education Component CE Calendar



Calendar provided by Mehdi Salari, DMD

Date	Host Dental Society/ Organization	Course title	Speaker	Hours CE	Location	More Information
04/24/18	Clackamas	Tooth Wear: Diagnosis & Treatment	Dr. Silvia Amaya Pajares	2	Oregon City (Providence Willamette Falls Comm. Center)	executivedirector@clackamasdental.com
05/08/18	Marion & Polk	TADs & Mini Implants	David Swiderski, DDS, MD	1.5	Salem (West Salem Roth's)	Contact Sabrina – mpdentalce@qwestoffice.net
05/08/18	Washington	Prevention and Management of Nerve Injuries	Daniel Petrisor, DMD, MD	1.5	Aloha (The Reserve Golf Course)	Contact Dr. Dierickx – contact@wacountydental.org
05/10/18	Southern Oregon	Are you Prepared for Retirement?	Shannon York (Edward Jones)	1	Medford (Los Arcos)	Contact Tonya – sodentalsociety@gmail.com
05/21/18	Multnomah	Annual Awards Dinner/Table Clinics	Multiple	2	Multnomah Athletic Club	multdental@aol.com or lora@multnomahdental.org
05/22/18	Clackamas	Periodontics Panel	TBD	2	Oregon City (Providence Willamette Falls Comm. Center)	executivedirector@clackamasdental.com
10/19/18	Southern Willamette	Risk Management	Chris Verbiest	3	TBD	Contact Brian @ swdsoregon@gmail.com
11/15/18	Multnomah	OSHA Update	TBD	2	Milwaukee (Moda Plaza)	multdental@aol.com or lora@multnomahdental.org
12/11/18	Marion & Polk	Risk Management	Chris Verbiest	3	West Salem (Roth's)	Contact Sabrina H. – mpdentalce@qwestoffice.net

Find this calendar online at www.oregondental.org. Click “Meetings & Events” > “Calendar of Events”.

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David J. Dowsett, DMD, at the 2017 annual Academy for Sports Dentistry Symposium in San Francisco.

For more information, or to email your photo to us, contact ODA Membership Manager Kristen Andrews at 503-218-2010 x110 or kandrews@oregondental.org.



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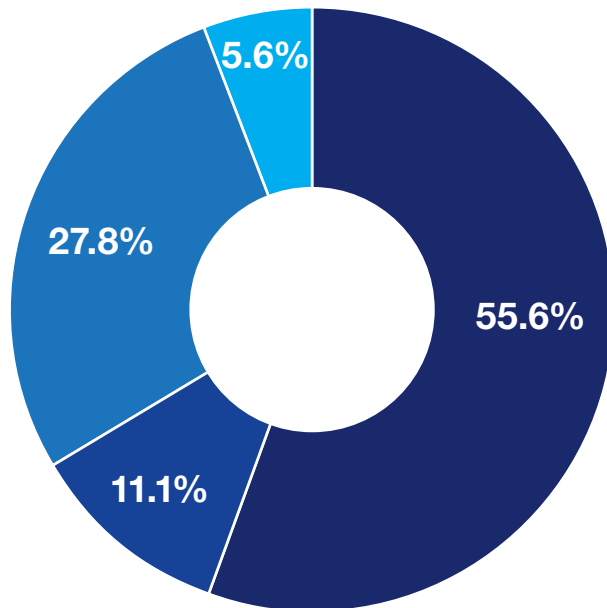
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Membership Poll Results!

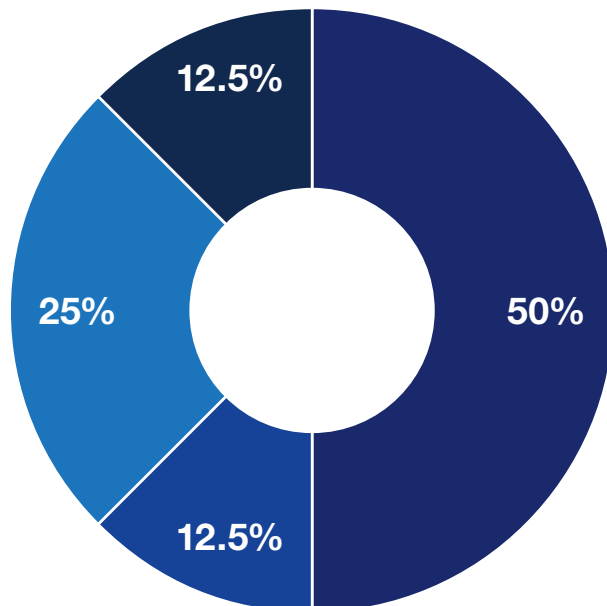
IN AN EFFORT TO LEARN MORE ABOUT our members, we've started to include a poll question in each issue of the *ODA Insider* e-newsletter. Below are the results from January and February. Please keep an eye out for future questions and be sure to participate!

Why do you attend the Oregon Dental Conference?



- To attain 18 CE credits in just three days!
- Do business w/dental industry vendors at the Solutions Marketplace.
- To connect with colleagues.
- To spend time with your dental team.

Which recent issue of *Membership Matters* have you enjoyed most?



- October 2017 - Membership Edition
- November 2017 - Collaborative Care and Guided Implant Surgery
- December 2017 - Dental School Curriculum
- February 2018 - Oregon Dental Conference Preview

A Holistic Approach to Dental Practice Management



By Greg Hansen



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DENTAL SCHOOL PREPARES ASPIRING DENTISTS for the art and science of dentistry. Their primary focus is to learn how to provide the best care for their patients. What dental school doesn't teach them is that running a dental practice is the equivalent of two full-time jobs.

First, there's providing exceptional care for their patients. This is how dentists bring in revenue, sell their goods and services, and why they became a dentist in the first place — to care for others and serve the community.

Then, there's the business side of running a dental practice. This is where things like handling payroll, managing employees and planning for the future not only add costs and complexity to their daily functions but also pull them away from focusing on the one thing that matters most — caring for their patients.

Managing both the front and back office is no easy task. The key is to work smarter, not harder. Being more efficient is critical to running a successful business and improving the bottom line.

For dentists trying to tackle the business side of dentistry, the three areas that require the most attention include human resources, technology and financing. The biggest challenge with managing all of these moving parts while also caring for patients is time management. Meeting with the HR person, a dental consultant and supply reps doesn't leave much time for patient procedures. Juggling front- and back-office responsibilities on a daily basis can impact a practice in several ways, including:

- **Business revenues:** Spending time handling employees and business-related issues takes away from seeing more patients. This limits the number of patient



First row (from left): Paul Angers, Lisa Horton, Rebecca Lanxon, Greg Hansen
Second row: Rachèll Couch, Jennifer Bell, Christy Jackson, Michelle Newell, Veniese Pearia, Oksana Ilinich, Jessica Hansen
Back row: Dennis Dailey, Karen Wilson, Daniil Mironichenko, Moss Drake, Daniel Seicianu, Paul Metteer

procedures and lowers overall business revenues.

- **Growth opportunities:** Not having expenses under control impacts future growth and investing in the latest technology to stay competitive. When expenses are in order, dentists can capitalize on ways to be more efficient and profitable.
- **Patient care:** Having less time to spend chair-side reduces the number of patients who are cared for. When dentists are too busy to fit in one or two more procedures a week, it affects the overall impact they have on the community.

The key to effectively managing the back office is a holistic approach. Rather than working with separate companies and managing multiple relationships, a partner that combines financing, emerging technology and HR services is much more efficient and can save a dental practice significant time and money to improve its bottom line.

Astra Practice Partners combines these services to create a single point of contact for essential back-office dental needs. Comprising DMC (Dental Management Corporation), DCC (Dental Commerce Corporation), and Moda Health Services, Astra offers customized technology, finance and human resources solutions to help dentists run a profitable practice and achieve their long-term goals.

As a member of the Moda, Inc. family of companies, Astra has more than 30 years of experience in the dental industry. We know what type of hardware works best with practice management software in the dental environment. Our HR services provide everything from leadership training to conflict management. We also help dental offices implement policies and procedures such as redundant backup systems that help with PHI and HIPAA compliance.

Today, it is essential for dentists to find a partner that understands the dental environment. Astra provides a lifeline to dental-specific products

and services that dentists can tap into that's bigger than just being on their own. By combining well-connected industry relationships and dental expertise with a 360-degree approach to back-office solutions, Astra takes care of the business side of the practice so dentists can focus on their profession and provide the best care for their patients. ●

Greg Hansen is director of Astra Practice Partners. Astra Practice

Partners offers customized technology, finance and human resources solutions to help businesses run a profitable practice and achieve their long-term goals. As a member of the Moda, Inc. family of companies, Astra leverages more than 30 years of experience in the dental industry to help dentists run their practices effectively and efficiently so they can focus on what they do best.

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Share your advice and experience with dental students. We invite you to be a mentor at the annual Mentor Dinner, sponsored by the New Dentist Council.

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Section 1557 Tagline Requirements


IN ACCORDANCE WITH SECTION 1557 RULES, covered dental practices are required to post both a Notice of Nondiscrimination and Taglines. The deadline to have these posted was October 16, 2016.

Taglines are statements, translated into the appropriate languages, that indicate language assistance services are available. The Taglines must be written in the top 15 non-English languages

in your state. The Office of Civil Rights has posted the top 15 languages in each state on their website. Oregon's top 15 languages are:

- Spanish
- Vietnamese
- Chinese
- Russian
- Korean
- Ukrainian
- Japanese
- Arabic

- Romanian
- Mon-Khmer, Cambodian
- Cushite
- German
- Persian (Farsi)
- French
- Thai

The ADA has developed sample Taglines for each state's top 15 languages. These Taglines, as well as additional information about this Section 1557 requirement, can be found at success.ada.org. 



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Tuesday, February 26, 2019

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ODA Member Involvement Matters



By Jen Lewis-Goff

Dear ODA Member,

I have officially been onboard at the Oregon Dental Association as your director of government affairs for eight months now and thought it overdue to introduce myself and share about the work we do on your behalf. While many members know we monitor all activities in the Oregon legislative and regulatory processes that may affect you and how you practice dentistry, you may not know the depth and breadth of our daily work to advocate for dentists and the patients you serve.

We monitor all activities at the Board of Dentistry, helping to facilitate ODA representation and commenting on ODA's behalf when necessary. We follow relevant activities at the Oregon Health Authority, such as seeking to increase Medicaid reimbursement rates, closely monitoring dental pilot projects and finding opportunities for the agency to focus on oral health equity. The ODA's newly established Regulatory Affairs Council provides direction on regulatory efforts.

The Oregon Legislature meets annually. With the help of our contract

lobbyist, George Okulitch, prior to each session, we develop a legislative agenda for the ODA's Board of Trustees to review and approve. We identify all bills that are introduced to see what impact they may have on you and your practice. Under the direction of your ODA Board, we prioritize, monitor and help move relevant bills through the legislative process. We use the following guiding principles in our review:

- Is it in the best health and safety interest of the public at large and of dental providers?
- Does it maintain and protect the dentist as the head of the dental team?
- Is it cost effective for the public?
- Does it address access to care barriers for those in need of dental services while providing adequate reimbursement to the provider?

When the Legislature is not in session, campaign work becomes prominent. The ODA actively participates in campaigns through its political arm — the Dentists for Oregon Political Action Committee (DOPAC). Working with our lobbyist and consultants, we provide recommendations to the DOPAC Board on political contributions and facilitate the delivery of checks, bringing a member dentist to events whenever possible. Going forward, we will be developing a process by which DOPAC will interview candidates for upcoming elections to determine endorsements. We also coordinate with ADPAC (the ADA Political Action Committee) on contributions to the federal Oregon delegation.

Simply put — we love what we do. In order for us to be effective on your behalf, we need your help. Your engagement and involvement are essential to the advancement of ODA's priorities and in our ability to represent your interests successfully. YOU are the expert in dentistry, and we are here to help your voice be heard.

How can you be engaged?

- Share an idea for a legislative or regulatory change.
- Review a piece of legislation or policy that affects your area of expertise.
- Attend an Oregon Board of Dentistry meeting.
- Attend an Oregon Health Authority meeting on behalf of ODA.
- Attend a fundraiser on behalf of DOPAC.
- Represent ODA on an external committee.
- Become a local representative for dental equity on behalf of ODA.

Regardless of whether your involvement is big or small, it will make a difference. Please reach out so we can find a way to incorporate your expertise into furthering the dental profession through legislative and regulatory processes.

Also, make sure to join us at Dental Day at the state capitol in Salem, **Tuesday, February 26, 2019** — offering a great opportunity to peek into the legislative process and meet with your legislators.

All my best,
Jen Lewis-Goff

JLewis-goff@oregondental.org

The Oregon Dental Association kicked off the inaugural Leadership Academy in January. The Academy provides participants with a unique backstage pass to ODA offerings and experiences, while developing and enhancing leadership and interpersonal skills. Learn more about the class of 2018 below:



Jordan Anderson, DDS

What most excites you about being part of the inaugural ODA Leadership Academy?

Most exciting is the opportunity for professional growth in leadership and for the opportunity to help shape curriculum for future academy classes.

Who has been a primary mentor/influential person in your life, and what have you learned from him/her?

My grandpa was a shift engineer at a large paper company in the Northwest for 40 years. He started with nothing but managed to put his kids through college and retired to pursue community service at a good age. He taught me early on about the importance of respecting and caring for others and developing a strong work ethic — all the while enjoying each day!

What do you most appreciate about the profession of dentistry?

I thoroughly enjoy the ability to serve my community by offering a tangible service. Also, in general practice, I have had the opportunity to meet many patients who are truly amazing people.

Any words of wisdom you'd like to share with your colleagues and/or the aspiring dentist?

For my colleagues: Be the best dentist you can be. Continue to improve your skillset to the benefit of your patients, your staff, and your own personal/professional growth.

For the aspiring dentist: Talk to people who have gone through the process; we are here to help where we can, and we love to share our passion for the dental field!



Amberena Fairlee, DMD

What most excites you about being part of the inaugural ODA Leadership Academy?

I'm excited to not only get a unique experience that will help me to gain leadership skills, but to also give feedback to shape the program in the future. Gaining personal skills is exciting, but helping to create the opportunity for others to improve themselves is truly valuable.

What do you think the true role of a leader is?

The true role of a leader is to inspire those around them to reach their full potential. It's a role that involves seeing everyone's unique perspectives and skills, and encouraging them to use their strengths to benefit the team.

Who has been a primary mentor/influential person in your life, and what have you learned from him/her?

The biggest influence in my life has been my incredible husband. He's inspired me to be fearless and to reach for all of my goals, large and small. Knowing that I constantly have his support allows me to focus and stay driven.

Would you rather be good and on time or perfect and late?

I'm a VERY punctual person, so I would much rather be good and on time. Plus, everyone has a different definition of perfect, so I'm not sure that's even possible!

THROUGH THE LOUPES



Deepak Devarajan

What most excites you about being part of the inaugural ODA Leadership Academy?

It's really exciting to know that the ODA is taking an important initiative to provide this opportunity to share and learn from such a diverse cohort of dentists. We're trailblazing the way for aspiring leaders, and I'm proud to be a part of it.

What do you think the true role of a leader is?

To inspire and empower people to always challenge themselves and the status quo.

Who has been a primary mentor/ influential person in your life, and what have you learned from him/her?

Not quite sure what she saw in me, but my wife would have to be the biggest inspiration in my life. She strikes an amazing balance between contentment and relentless pursuits and has taught me to always pause and embrace joy in the simplest pleasures in life.

Any words of wisdom you'd like to share with your colleagues and/ or the aspiring dentist?

Never stop asking yourself "why" at any given time in your career. It gives you a clarity of purpose and will likely open up doors you never thought existed.



Stacy Geisler, DDS, PhD, PC

What most excites you about being part of the inaugural ODA Leadership Academy?

I am so excited to have been selected for this inaugural class! We need more women in leadership roles, and I am looking forward to learning how I can become a better leader so that I can mentor other women and lead my team better. My ODA Leadership Academy co-members are really interesting people with good ideas, and I am looking forward to learning from them. They are also a lot of fun!

What do you think the true role of a leader is?

Strong leaders are service-oriented, putting the needs of those they are serving above their own. A leader can have tremendous impact in the world through this type of humble service.

Leaders also need to have a vision for where they are leading their team. Leaders hold the map for their whole group, and the clearer the vision, the fewer distractions and detours on the journey. When the group hits adversity (which is inevitable), the leader's vision will guide the team through it successfully.

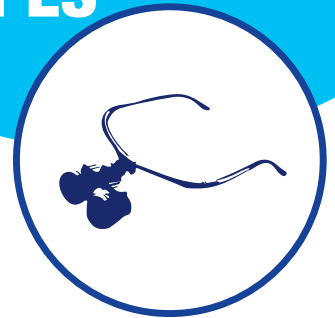
Finally, and maybe most importantly, leaders need to have integrity. Without integrity, leadership does not have lasting effects and can, in fact, be harmful.

What do you most appreciate about the profession of dentistry?

I believe that we have the absolute best profession in the world! Physician colleagues often tell me of how unhappy they are in their profession due to managed care and how much medicine has changed during the past thirty years. They feel that they don't have a say over their practices or their patients' needs. Many feel that they are being told how to practice by third parties, and they really dislike it. The joy has gone out of their professional lives.

As oral health providers, we have an opportunity to shape where our profession is going in ways that medicine does not. There are still opportunities for us as a group to shape our future. For some of us, private practice is our calling. For others, the corporate model makes the most sense. But I believe it is in the choosing that we define our profession and protect it.

We are also extremely lucky in that we not only provide needed health services to members of our communities but also that we serve our communities by providing jobs, mentoring young people interested in the profession and giving philanthropically through participation in groups such as Medical Teams International and Mission of Mercy.





Bradley Field, DDS

What most excites you about being part of the inaugural ODA Leadership Academy?

I am excited to have the opportunity to better understand the inner workings of the Oregon Dental Association and how to become more involved. It has also been a real privilege to develop professional bonds with colleagues throughout the state.

Who has been a primary mentor/influential person in your life, and what have you learned from him/her?

A primary mentor and supporter in my life has been my dad. He has always believed in me and pushed me to achieve at my highest level. I learned from him the power of positive thinking, and of perseverance and dedication to make your goals come to fruition.

Would you rather be good and on time or perfect and late?

As a self-admitted perfectionist, this is a difficult question to answer! However, I would rather be good and on time. Although we strive for perfection, one lesson from a dental school attending still sticks with me: "Perfect is the enemy of good." The difference between perfect and good may sometimes be minimal, whereas the difference between being on time and being late can sometimes have a big impact on others.

Any words of wisdom you'd like to share with your colleagues and/or the aspiring dentist?

I would say to find a cause you believe in and make that your primary drive. From there, life may take you on a journey, but at least you are doing something you love.



Megan Hayes, DMD

What most excites you about being part of the inaugural ODA Leadership Academy?

Growing up in a small rural town, there was always a sense of community. After deciding to stay and raise a family in Portland, I wanted to reignite that same feeling. I wanted a platform from which to see local needs and play a role in addressing them and instigating change where necessary, while creating an atmosphere that truly felt like home.

Who has been a primary mentor/influential person in your life, and what have you learned from him/her?

This one is easy: my dad. My childcare basically took place in the back room of his dental office. As a young adult, I started to realize what a successful and compassionate business my dad had built. My understanding of dentistry was only strengthened by the years I sat chairside to assist with him. He taught me not only the basics of dentistry, but he also always stressed doing what was right for the patient.

What do you most appreciate about the profession of dentistry?

I enjoy the relationships I develop with my patients. Being a patient can be a vulnerable position, and growing together with your patients through their course of treatment can create a lifetime connection. I also enjoy the ability to develop an environment that I think is fun and rewarding for staff.

Any words of wisdom you'd like to share with your colleagues and or the aspiring dentist?

Although I still have a lot to learn as a dentist, I am starting to realize the importance of finding the things that I truly enjoy doing and making sure to incorporate as much of that into my practice as possible.



Andrew Peterson, DMD, MS

What most excites you about being part of the inaugural ODA Leadership Academy?

I am looking forward to meeting with other professionals within the dental community who share similar ideas and goals. I am excited to learn more from my other colleagues, be challenged, and to become a better leader within my community of friends and colleagues.

Who has been a primary mentor/influential person in your life, and what have you learned from him/her?

This one is easy to answer. Dr. Ernest Weinberg. This man was my greatest mentor, not only in periodontics but also in life. I have so many stories I could write about him, but I will focus on what he taught me. First, always do the right thing for the patient. Second, take pride in what you do. He had so much passion for the residents and a passion to teach and help us learn. Every Monday and Thursday evening, he would stay with us, going over cases and treatment planning until 8 or 9 at night. This is always when I learned the most. He would challenge my thought process and treatment planning, and once I gained his trust, he would let me challenge him. Especially when I wanted to start trying treatment techniques my way. More often than not, the words that usually came out of my mouth were, "You were right, Dr. Weinberg." I had so much fun learning under this man. We still keep in contact to this day, and I still call him about once a week. We still talk about periodontics from time to time, but now I ask him about house projects! Dr. Weinberg exemplifies what it means to be a mentor for me.

Would you rather be good and on time or perfect and late?

I grew up running on Peterson Time, which was always late. My family was the family in *Home Alone* that was running through the airport to catch a flight. So based solely on my childhood experiences, I would rather be good and on time.

What do you most appreciate about the profession of dentistry?

Technology and research and where the field of dentistry is heading. From guided implant surgery with bone reduction guides and all-on-four implant placement, to implant drills that navigate like a GPS system for implant placement, the technology is advancing so quickly it is hard to keep up with, not to mention expensive.



Sita Ping, DMD

What most excites you about being part of the inaugural ODA Leadership Academy?

"It takes a village," and I'm really excited to work with people who are really inspired to strive to improve the profession and the community, and find my place in how I can best help make a difference as well.

What do you think the true role of a leader is?

I think the role of a good leader is to be what the team needs most. A leader is someone who needs to be able to wear many hats. That could mean being the individual who paves the way, inspires, makes decisions and gets things moving, or it could be a supportive role to build up the strengths of others for the betterment of the team.

Would you rather be good and on time or perfect and late?

A lot of the work we do in dentistry is very concrete; whether it is a simple filling or a full-mouth rehab, there is a final end product that we have made and changed. And because of that, I think it is easy to step back and look at something and see its flaws or where something could have been better. Perfection is an unattainable goal to me, so I would rather just do the best I can do and respect others' time as much as possible.

What do you most appreciate about the profession of dentistry?

I really like that dentistry is so universal. It still surprises me how simple most people's questions are relating to their teeth and their dental care. I appreciate being a resource to explain and clarify things about one's own health. I also really like being able to see the direct impact you are working on. It's a great feeling getting someone to be cavity-free.



Shane Samy, DMD

What most excites you about being part of the inaugural ODA Leadership Academy?

After 24 years of private practice and being involved with my local dental society, Oregon AGD, National AGD, ADA and AAID, it is great to get re-energized to continue the journey. Getting previous concepts and principles of serving organizations fortified and maintaining the energy and enthusiasm to contribute to our profession.

What do you think the true role of a leader is?

“To instill the pursuit of excellence in others.” I realize this sounds cliché, but I have observed this to be a common thread amongst true leaders; they get gratification from other people’s success.

What do you most appreciate about the profession of dentistry?

This is also a long list, but probably having autonomy and having the ability to direct your own destiny.

Any words of wisdom you’d like to share with your colleagues and/or the aspiring dentist?

“It will all be okay”...We all share similar goals and aspirations. We all try to do the best for our families, friends and patients. Don’t forget the golden rule. When it’s all said and done, you will only have the memories left. Try to concentrate on creating these memories and what you would like to remember when looking back at your career and life. (I personally have not achieved this, and I struggle with this on a daily basis, especially when there are so many external factors that influence all of us, and the fact that most of us are making rapid decisions on a daily basis that can affect the people around us.)



Jeremy Suess, DDS

What most excites you about being part of the inaugural ODA Leadership Academy?

The best part of the Leadership Academy experience is the sense of renewed purpose that it brings. The daily task of performing clinical dentistry is challenging and rewarding, but it often has the singular purpose of fixing whatever problem is in front of you. It isn’t often that we get to work ON our profession instead of IN our profession. Taking that “bigger picture” approach is what will leave the profession better for those that come after us.

What do you think the true role of a leader is?


In the most elemental form, true leaders must work to raise the stature of those around them, leave things better than they found them and make sure that others are served before themselves.

Would you rather be good and on time or perfect and late?

Improved time management is one of my resolutions for 2018, so, for the first time in my life, I would say “good and on time.”

Any words of wisdom you’d like to share with your colleagues and/or the aspiring dentist?

If you are in private practice, do not neglect to run a well-designed and functional BUSINESS. You are just as responsible to your employees as you are to your patients. Compromising their working conditions for clinical reasons is just as unfair as compromising clinical care for business purposes.

For additional information on the Academy and how you can be part of the 2019 program visit <http://tiny.cc/ODALeadership>. 



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Women in Dentistry: Not Done Yet



By Dr. Kathy
O'Loughlin,
Executive Director,
American Dental
Association

HOW DO YOU DESCRIBE THE AVERAGE DENTIST IN AMERICA?

A paper written in the 1940s that was co-authored by Dr. Harold Hillenbrand, a former executive director of the American Dental Association, made an attempt:

“The average dentist in the United States is a white male who is engaged in private practice. He is married, has 2.4 children, a fairly well-worn Chevrolet and a home about which the bank still has something to say... His feet, very often, hurt him except after thirty-six holes of golf when they feel fine because of the exercise...”

“All in all, the average dentist and private practitioner is a pretty good American in a casual sort of way. He is a pretty good fisherman, shoots a respectable game of

golf, likes a nip or two on occasion, and smokes more cigarettes than are good for him. He's going to quit smoking and drinking 'pretty soon,' but never does.

“It is this very human bundle of contradictions, superstitions, likes, dislikes, failings and virtues that we call the average American dentist in private practice.”

This colorful, if incomplete, description of the average dentist may have been accurate in the 1940s, and likely for many decades after that, but no part of this assessment of old rings true today, except perhaps the last line of it. While I enjoy thirty-six holes of “exercise” as much as the next dentist, it's about time to let go of the idea that there is such a thing as an “average” dentist in America.



BOJAN MILINKOV/SHUTTERSTOCK.COM

And that's OK.

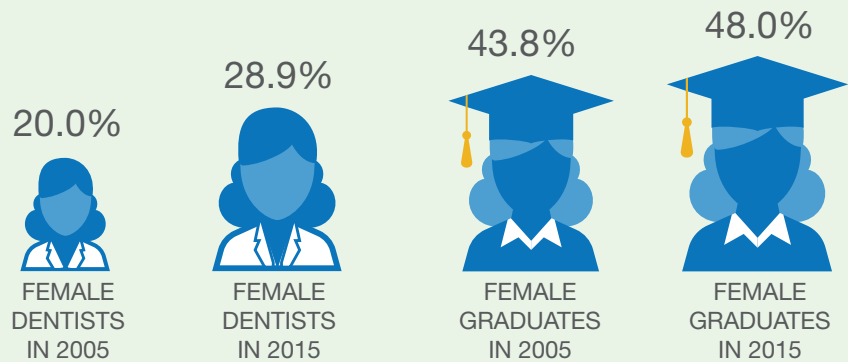
Different is good. Diverse perspectives make us stronger, and that's one of the reasons we should strive to embrace and promote diversity and inclusion at all levels of our Association. Best practice leadership standards across a variety of industries suggest that an organization's leadership and governance composition should reflect the varied constituents it serves. There is an abundance of well-done business research that strongly suggests that increasing diversity enhances team performance in very measureable ways.

Many dentists and dental students understand this. We need our associations as a whole to understand this, too. We have to first acknowledge — all of us — that we have the ongoing need to build and sustain a truly diverse and inclusive environment.

I speak from firsthand experience.

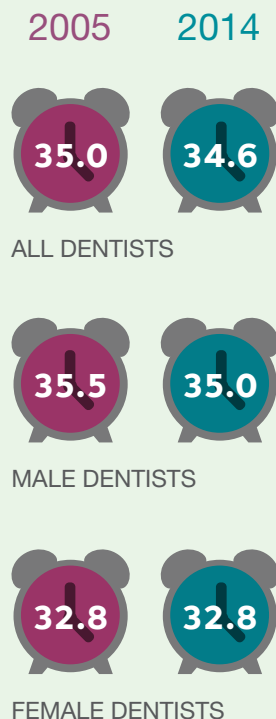
One in 20 dentists was a woman the year I graduated from dental school. Instances of sexism were rampant. I remember clearly, after graduating with my doctorate as valedictorian and president of my class, having no job offers on the table, despite the fact that the previous class valedictorian had an abundance of offers. When I was ready to open a private practice, I was denied a bank loan unless my husband co-signed. I refused and we cashed in his life insurance instead! More than once, during dental meetings, I was given drink orders or coats to check. It was always my role in organized dentistry meetings to take the notes and check on the snacks. My experience was not unique. I still hear similar stories from female dentists and dental students alike.

To be honest, none of this bothered me. I always saw myself as equal to a man, which often got me into some difficulty. My parents would often ask me "why" and at that time, I honestly



A HIGHER SHARE OF DENTISTS IS FEMALE

Between 2005 and 2015, the percentage of female dentists in the workforce increased from 20 percent to 29 percent. This increase is expected to continue for several more years, as is evident in the growth of the proportion of female dental school graduates.



FEMALE DENTISTS WORK SLIGHTLY FEWER HOURS PER WEEK

The average number of hours a dentist works per week has remained stable since 2005. However, female dentists work slightly fewer hours than their male peers.

The Dentist Workforce – Key Facts. Copyright ©2018 American Dental Association. Health Policy Institute. All rights reserved. Reprinted with permission.

“Today, one in two dental school graduates is a woman, and just as our society was slow to embrace women in science-based professions and shift away from the mother-knows-best culture, organized dentistry is at times slow to embrace women in leadership roles.”

did not know why it was so important to me to compete toe to toe with men in so many aspects of my life: sports, school, career choices, leadership positions. In the years when I was in high school and college, women had just started going to college at the same rate as men, and yet the jobs

we could access once we completed our education were not the same. Right or wrong, I believed that I had to be smarter, faster, better, more persistent and more strategic than men to win at whatever I was aiming for. I didn't see women stockbrokers, engineers or CEOs of companies. I didn't see women being tenured faculty in medical schools or dental schools. While the number of women getting a higher education changed dramatically, the culture to support that achievement didn't come along for the ride. I was still expected to manage the home front and raise perfect children.

Looking back at the 60s and 70s, American culture did not change as quickly as its demographics. Society still held onto a culture with moms at home wearing pumps and aprons, looking perfectly made-up and coiffed. This “normal” was perpetuated by the media right up until the 1970s.

Today, one in two dental school graduates is a woman, and just as our society was slow to embrace women in science-based professions and shift away from the mother-knows-best culture, organized dentistry is at times slow to embrace women in leadership roles. To many, the bias is invisible, but it rears its ugly head in damaging ways. For example, women are labeled when they speak their mind. You've heard the old adage: An assertive male leader is considered an asset, while an assertive female leader is considered a liability. A woman who complains about lack of parity is a “whiner.” There are leaders in organized dentistry who call seasoned and well-accomplished women “young ladies” or “girls.”

The problem isn't that there aren't women who are willing and able to fill leadership positions, but rather that the American culture of men in leadership is deeply embedded. Women of talent perform equally well in leadership roles — and they deserve respect. Women and men exercise that role in fundamentally different ways, each successfully. Make no mistake: any and all instances of sexism, big and small, perpetuate gender bias and widen the cultural divide between men and women.

The risk this poses for organized dentistry is great. If we do not intentionally embrace and encourage women in leadership roles, I believe it highly unlikely that organized dentistry will achieve long-term sustainability and growth in the future. The tsunami of women coming through dental school means that if we disenfranchise women dentists now, we'll see membership numbers drop consistently for the next 25 years. It will happen slowly in the beginning, until these women become the majority group of our mid- and late-career dentist cohorts.

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If the current trend continues, diverse women will be the majority, the most established, and the majority of full dues payers in the coming decades. If we get to the point where we have not engaged them in meaningful ways, and they don't join, we'll all be impacted. This is a significant risk for our future.

Culture does not change itself. We need to drive our behavior to the culture we want and must have in order to be relevant to the profession of the future. A culture of inclusion, of integrity, of excellence, of science, of service to our members and our communities.

What can you and I do? Women need sponsors who pull them through, endorse them, support them, and help them be true to themselves while they play by the rules of volunteer politics — rules that they, by the way, had no role in creating. We have to stop prejudging gender and ethnicity, using terms like “girls” and “young ladies” when referring to accomplished women. And we have to not only stop engaging in this behavior ourselves, but call it out when we witness it. We must be self-aware of our normal natural bias and be intentional to be inclusive.

When you look at families where the father is a dentist, and he has two or three kids who have gone into dentistry, there's no question in that father's mind that his daughter can be just as successful as the son. We have to embrace that attitude at all levels of leadership in our organization. We have to embrace “different” as the new “normal.”

Many dentists have gotten there. Organized dentistry needs to get there, too. ●

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ODA Members Share How Being a Female Dentist Impacts Their Practice and the Profession

By Melody Finnemore

THE NUMBER OF WOMEN IN DENTISTRY is growing, both nationwide and in Oregon. Between 2005 and 2015, the percentage of female dentists in the workforce increased from 20 percent to 29 percent. This increase is expected to continue for several more years, as the number of female dental school graduates is also on the rise, according to the American Dental Association's Health Policy Institute.

Within the Oregon Dental Association, 20 percent of its members are female. Several members recently shared with *Membership Matters* what inspired them to become dentists, how being a woman impacts the work they do and how they see the profession continuing to evolve.

Jan Peterson, DMD, retired Corvallis dentist and the ODA's first female president

Dr. Peterson has seen the dental profession and society as a whole change dramatically in terms of accepting women as dentists and as working professionals in general.

"When I graduated in the 1980s, I had quite a few old guys come in and say, 'I want to talk to the real dentist,'" she says. "I think society is changing, too, especially in that generations now are much more accepting of women working full time for one thing and women being equal in competency."

Dr. Peterson, who served as the ODA's first female president in 2004 and has volunteered countless hours to help lead the association, says that from her experience, most female dentists don't believe they practice differently from male dentists. However, there is often a public perception that they do.

"I've always thought that is pretty much a myth, and I think that has actually helped me because I've gotten quite a few patients over the years who thought women dentists are gentler and kinder, so that's great," she says.

Dr. Peterson says she does see other changes in the dental profession, including different expectations young practitioners — both male and female — have for their careers.



"I think with all people coming out of dental school these days, there's a tendency to go into a group practice, and that's something that the women I knew years ago would have liked because it decreases the number of personnel decisions. You don't have to wear that hat. And you would be able to take time off when you need it," she says.

When it comes to the future of dentistry, Dr. Peterson sees dental care increasingly being considered equally as important as medical care as people take a more holistic approach and understand how oral health and overall physical health are interrelated.

Teri Barichello, DMD, VP, chief dental officer for Moda Health

Dr. Barichello learned about the dental profession from her father, a longtime practitioner in Oregon City. She worked in his office while she was growing up by helping out with everything from cleaning to clerical tasks. Still, she wasn't sure what to list as her major when she applied for an ROTC scholarship and the application posed the question. Her mother suggested she fill in "dentist" just to move the process along and she could pursue something different if she chose to.

"Once she planted that seed in my head, it really started to grow," says Dr. Barichello, who adds that the ROTC said she had greater aptitude for computer science than dentistry, most likely because it needed more computer science professionals at the time. She turned down the scholarship and earned her DMD from OHSU.

As she merged her practice with her father's, Dr. Barichello experienced an upside and a downside to being a woman. "I had just turned 25 when I got my license, and I was the first female dentist in the community," she says, noting she witnessed a definite reaction when her father's patients saw her. "You could see it on their faces. I was young and I was a woman, and the age and gender came into play equally. I had to work to gain their trust and respect."

The upside was that Oregon City was filled with young families, the mothers related to Dr. Barichello and they



appreciated the way she treated their children. Word of mouth soon got around, and she built a thriving practice of adult and pediatric patients.

“Up until the moment I left, I absolutely loved what I did,” says Barichello, who now works as the chief dental officer for Moda Health. “In a family practice with generations of patients, it really felt like a big extended family. I felt really connected to them and like an integral part of their lives.”

In her work for Moda Health, which she began in 2011, Dr. Barichello serves as a conduit between the health system and its dentists. “I feel a bigger responsibility to the profession in my role now. I find that both daunting and gratifying. It will always be a challenge, and that’s what motivates me to do my best every day for the dentists.”

Dr. Barichello also serves on The Dentists Insurance Company Board of Directors, a professional liability and business owners insurance company in California. She has filled numerous leadership positions for the Oregon Dental Association, including president, and she co-chaired the first annual Mission of Mercy in 2010, an event that enlisted more than 1,200 volunteers to provide more than \$800,000 in free dental care over two days. Dr. Barichello also chaired the American Dental Association’s Strategic Planning Committee for four years.

Dr. Barichello recalls attending the ADA’s annual meeting in 2003 and being in an elevator with a delegation of her male colleagues from Oregon. A candidate from the southern part of the country got on the elevator and began talking with the men from Oregon in an attempt to solicit their votes for his election to the ADA’s Board of Trustees. He initially ignored Dr. Barichello but eventually turned to her with a condescending comment about her being a woman at a dental conference. While her colleagues from Oregon were shocked, Dr. Barichello told them, “This stuff happens all the time, and I’m not taken seriously.”

She credits Oregon’s dental professionals with having a much more progressive attitude, and for the state as a whole with improving diversity within the profession. “I’m not going to say it’s perfect yet, but it is better. We’re already seeing more diverse classes graduating, and I think the future in Oregon is bright,” Dr. Barichello says.

The ODA is working to ensure its leadership accurately reflects its membership and that it encourages people from all populations to get involved in organized dentistry, she notes.

“The mistake we make in leadership is that we get comfortable with people we already know, and if something comes up, we go to those people we know and we forget to ask strangers,” Dr. Barichello says. “We need to do a better job of reaching out and asking people, ‘What are your interests, and how would you like to be involved?’”

Tysa Judd, OHSU DMD Candidate 2019

While growing up outside of Bozeman, Montana, Tysa Judd had a great dentist who inspired her with his patience and kindness and his ability to think through problems and find unique solutions. Her mother was a dental hygienist, and Judd followed in her footsteps because she liked the flexibility involved and knew it was work she could do for the long term.



“I had the opportunity to work for some absolutely fantastic dentists, and it was a great environment to learn in,” she says of her time practicing in Montana. “They were masters and artistic, and the patient care they provided was outstanding. I thought, ‘That’s what I would like to do.’”

Upon realizing that dentistry would provide her with an artistic outlet and more authority while allowing her to fulfill her passion to serve as a team leader, Judd moved from Montana to attend OHSU. Now in her third year of dental school, she serves as the OHSU All-Hill communication coordinator, DSG treasurer and the ASDA legislative liaison. She also has volunteered her hygienist skills here.

Judd says she chose OHSU because her father grew up in Portland, she has visited frequently and she has a support system here. When she took a history of dentistry class, she was pleased to learn that OHSU was the second dental school in the U.S. and two women were part of its first graduating class. Judd says her classes are at least 50 percent women and some are about 60 percent.

With an eye toward becoming a general practitioner, Judd says she is interested in working with implants, building constructs and modifying people’s bites so they don’t suffer from TMJ, and periodontal surgery because lasers are interesting to her. She hopes to own at least one clinic and possibly practice in a rural area. Judd says she looks forward to building and leading a team that will complement her skills.

"I think sometimes women are a little bit more group oriented, and I want to choose a team that will amplify my abilities," she says. "Women are also good at building relationships. That keeps people coming back to you."

J. Ryan Thrower, OHSU DMD Candidate 2020

J. Ryan Thrower grew up in southeast Arkansas, which she calls one of the poorest regions in the nation, and she began thinking about a career in dentistry while watching her grandmother suffer from oral hygiene issues that eventually required her to get dentures.



Thrower earned a bachelor's degree in biochemistry from the University of Arkansas and a master's degree in public administration with a concentration in public health policy from the University of Georgia in 2011.

"Policy goes so much further to create change because you are going beyond dentistry and into insurance, caring for underserved people in rural areas and other issues," she says.

When Thrower's husband was asked to relocate to Portland for his job, she was excited about the opportunity to earn her degree at OHSU. She serves as ASDA District 10 communications chair and ASDA vice president.

"My hope is to be an orthodontist. I used to struggle a lot with the idea of whether to provide general care or specialty care, but I'd like to provide specialty care," she says.

Thrower says that as a black woman, she has a multidimensional perspective on the role gender and race can play in dentistry.

"I think women are naturally nurturing and caring. We give patients the opportunity to tell their story and empathize with them so, in turn, I feel like we're able to deliver not only the care they need but the care they like," she says. "We bring a kind of softness to dentistry."

Thrower notes that her classes are pretty evenly split between men and women, and she also sees diversity in terms of different cultures being represented.

"The evolution has been dramatic, to say the least. I think the future is super hopeful, and I think that will open dentistry up to a whole new class of people. When I say 'class,' I think of underserved or underrepresented populations. When you see people who look the way you look, you are going to feel more comfortable," she says.

Terri Baarstad, DMD, FGAD, leader of the SmileAlive offices in Eugene and Springfield

Dr. Baarstad knew she wanted a career in the medical field, and she initially studied pre-med at the University of Oregon. The cost was mounting, however, and financial aid was limited. She spent some time at Lane Community College



exploring her options for careers that would be more cost-effective and get her into the workforce sooner. In 1987, at the age of 19, she began working as a dental assistant. It wasn't long before Dr. Baarstad became intrigued about becoming a dentist.

"I looked across the chair and I thought, 'I could do that.' I spoke to my boss, who told me, 'You'll need \$50,000 in the bank,' which was absolutely not true, but I had no reason to not accept that as truth, so I put it out of my mind," she says.

At the age of 26, Dr. Baarstad divorced and returned to her dream of becoming a dentist. As a single mother, she could not give her two small children the life she wanted for them on a dental assistant's salary. She was accepted into the Oregon Health & Science University School of Dentistry and earned her DMD in 2001. She now leads a staff of 12 people in two dental offices, 11 of whom are women. She says establishing her own practice allows her to have both a rewarding career and a fulfilling personal life.

"It is a great career and wonderful for women. It is rewarding and flexible," she says. "I think it's one of the few careers where we make dollar for dollar the same as men. You can set your own hours and work as much or as little as you want. You can operate a large or small clinic, be an associate, work full time or part time, and set your own hours. It also allows women to support their families."

She notes that she enjoys serving as a mentor to her employees and helping them grow in their professions. She strives to provide great benefits and a healthy work environment because she was an employee and knows what it means to be appreciated, supported and compensated well. She describes the group as more like family than co-workers. They do regular staff meetings, team-building exercises and retreats. Recently, the group spent a Friday team building, talking and making art together at a glass fusing shop.

Dr. Baarstad says her work also gives her the opportunity to make a difference in her patients' lives. She has seen people with severe dental anxiety begin to relax during their appointments and others, including recovering drug addicts, who initially had significant dental problems no longer be embarrassed about the condition of their mouth.

“It’s a great feeling to take somebody with a significant dental disease — someone who is in pain, can’t chew, is embarrassed of their smile or all of the above — and turn that around for them. To see them regain their self-esteem or advance their career is a wonderful thing to be part of. Sometimes, dentistry can be life changing,” she says.

Dr. Baarstad says that while the percentage of women in her graduating class in dental school was small and less than 20 of the practicing dentists in Lane County are women, she sees positive gains being made by women in the industry.

“When I was in dental school, I had two men directly tell me I should not be there. I was taking a man’s space and a man’s job, and I wasn’t going to end up practicing full time anyway so I was just wasting resources. It was very offensive. I think that’s gotten much better,” she says.

She recalls referring a patient she suspected had cancer to a male oral surgeon, who dismissed her concerns and responded as though she were overreacting. When she continued pushing for tests over the next six months, the results showed that the patient did indeed have oral cancer. He died two years later.

“Maybe the outcome would have been the same, I don’t know, but it sure lit a fire under me to not be dismissed,” she says. “I don’t think that most people are overtly sexist, but I do think that there are deep-rooted belief systems that take a conscious decision and direct effort to overcome.”

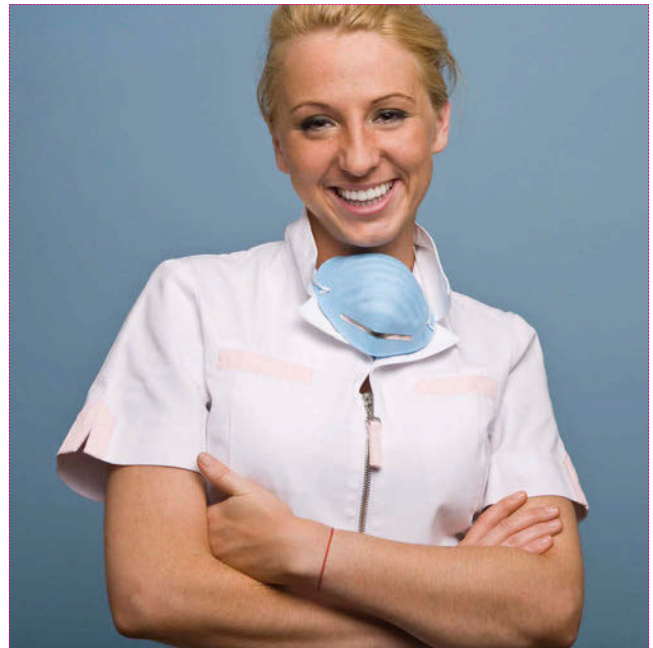
For example, Dr. Baarstad says she believes women tend to think more about support positions in dentistry rather than becoming the dentist because of social norms and pressures. She has had many young men and women shadow her at the office because they are thinking of a career in dentistry.

“When women tell me they want to be a hygienist I ask, ‘Why not a dentist?’ Sometimes the answer is, ‘I never thought of that.’ That bothers me,” she says. “I’ve had about 15 people shadow me, and none of the men said they wanted to be a hygienist.

“We need to encourage women to think about what they really want and take the steps to achieve that dream. Especially in a life where they haven’t seen professional women, I think they don’t necessarily think to shoot for the moon,” she notes. “They should; we all should. Sometimes those dreams come true.”

Lisa S. Yarborough, DDS, leader of Tualatin Pediatric Dentistry

Dr. Yarborough knew she loved children and considered being a teacher, but she also wanted to help people by working in health care. She found the perfect combination as a pediatric dentist.



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“Most children present without any prior dental experiences, so I have the opportunity to establish their first impression of what dentistry will mean to them as they grow and mature. It is a great responsibility that I take seriously,” she says. “I find it most rewarding when kids do conquer their fear and anxiety by getting through a procedure which may not have been easy or necessarily a great experience. I love to see these kids recognize they were able to get through an experience, even if it was difficult, and see the pride of accomplishment on their face.”

Dr. Yarborough says she appreciates the fact that being a pediatric dentist is not always being able to provide kids a wonderful experience. “Sometimes it’s the opposite — painful, traumatic and chaotic. It’s how these kids and their families bounce back

and move forward that is most memorable and impactful to me.”

Dr. Yarborough, diplomate for the American Board of Pediatric Dentistry, graduated from the University of Washington School of Dentistry and completed her residency in pediatrics at OHSU in 2011. In addition to her practice, she is a clinical instructor at OHSU. She says she has experienced a range of reactions as a female dentist.

“To this day, people do think I’m the hygienist or the assistant,” she says. “During my residency I had people coming into the emergency room and not realize I was the dentist, but you have to earn patients’ trust.”

Dr. Yarborough says of the 55 people in her graduating class, 16 were women. She sees more women who are entrepreneurial and successful owners of private dental practices.

“Women have a great platform to be in this industry and to do very well. I think I have amazing opportunities because of the women who came before me, and I’ve never felt like I’ve had a door slammed in my face. I’m very excited about the future,” she says.

“I hope this doesn’t come across as a blanket generalization but I do think as a woman, I am less forgiving of myself and consider my errors or inadequacies before I consider other outside factors to improve upon,” Dr. Yarborough adds. “This probably stems from wanting to do everything well and please others: being a good partner/spouse, friend, colleague, citizen, etc. I would not say this translates to lack of confidence in my abilities or compromising on what I know to be true. However, the ability to see other points of view before my own can be helpful in relating to differences and problem solving.”

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BnK Construction, Inc. celebrates a decade of supporting DFO through annual fundraiser

By Melody Finnemore

BnK CONSTRUCTION, INC. HIGHLIGHTS THIS STATEMENT

on its website: *BnK builds more than buildings. We build relationships that last.* That philosophy is reflected in its work for the dental community and its support for the Dental Foundation of Oregon.

A decade ago, the Gladstone-based company initiated a Texas Hold'em poker tournament to raise money for DFO programs. The \$25 entry fee includes dinner, drinks, prizes and a place at the poker table, and BnK suggests a \$100 donation to the DFO as well.

Rick Shandy, principal at BnK Construction, said the first tournament was held in a pole barn and drew about 30 players. The 2018 tournament, held Jan. 27 at Moda Plaza in Milwaukie, boasted more than 90 players, as did last year's event. The tournament has raised between \$150,000 and \$175,000 for DFO programs such as the Tooth Taxi.

Through the Tooth Taxi free mobile dental clinic, DFO is able to provide direct care and oral health education to underserved children. The foundation supports nonprofit dental clinics that serve children statewide, it educates the public about oral health challenges and it advocates for programs and policies that improve care for children. DFO is funded by individuals, corporations and foundations who care deeply about improving children's oral health.

"We'd like to express how much the Dental Foundation of Oregon appreciates our partnership with

BnK Construction. They have made a difference in children's lives and introduced our foundation to many other supporters of our organization," said Susan Greenberg, DFO's assistant director of fundraising and events.

Shandy said BnK is committed to sponsoring the poker tournament each year to support DFO's work and also to give back to the dental community as a whole. Dental offices make up about 30 percent of the company's construction portfolio, and word of mouth from dentists is key to BnK's success in the market.

"We're very involved in the dental community and have been really proud to be part of that. This is

our way of giving thanks and being appreciative for everything the dental community has done for us at BnK and for Oregon as a whole," he said. "I always say it's a good community and once you get in you can never get out, and that's been great for us."

Shandy serves as master of ceremonies for the poker tournaments and encourages his employees to participate. He was pleased to report that, for the first time since the annual event began, a BnK employee actually won the tournament this year.

Just as relationships with clients are key to BnK's corporate philosophy, so too are its principals'

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relationships with the leaders at DFO. Shandy praised the work done by Jacki Gallo and Charlie LaTourette, DFO's former executive directors, and said he looks forward to working with the new executive director. He also encouraged more people in the dental community to join next year's poker tournament.

"A lot of people in banking, construction and real estate are getting involved, and I would like to see more of the dental community get involved.

I know they give a lot, and if they could give one more night, that would be great," he said.

BnK Construction has more than 75 years of combined experience and provides architecture, engineering and contracting services. In addition to dental clinics, it specializes in medical clinics, offices, restaurants and retail stores. The company invites clients to stay in touch after projects are completed and welcomes them to attend its summer BBQs. ●

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Digital Long-Term Provisional: One Solution



By Kim J. Doyle, CDT

IN DENTISTRY, WE ARE OCCASIONALLY FACED WITH situations that require temporary solutions. These cases can be driven by the need to restore health to the patient before a permanent restoration is delivered.



TYREL MORTENSON

Pre-op of the old crown.

At Oregon Health and Science University, a patient visited with the desire to improve the esthetics of a single central. On examination, the tooth was periodontically involved, and the treatment plan was formed to first improve tissue health. But the patient was primarily concerned about esthetics and wanted to feel more confident in public. We decided to fabricate a long-term provisional while his tissue health was treated. The goal was to provide the patient with an improved durable restoration utilizing a simple workflow in a timely manner.

The student dentist, Tyrel Mortenson, removed the original crown, and the preparation was minimally improved. The tooth had a rotated position, and it was not possible to get much more facial reduction. But the tooth had a very nice restorable preparation. At this appointment, a digital scan was taken of the maxillary and mandibular arch; no analog impressions were provided.



STEPHEN BARRETT

Preparation.

Pre-op casts were fabricated and articulated. The tooth had supra-erupted, resulting in excursive interferences. Obviously, the long-term provisional needed changes in contour and length to function properly and restore gingival health.

The original crown on the pre-op cast was removed where the contour was causing interferences. A diagnostic wax up was completed to create a more esthetic and functional crown proposal. Because there was not an impression of the prep, the thickness of the material on the facial of the proposed temporary restoration could not be certain. The selected material for the restoration was the Cerasmart block from GC. The manufacturer recommends a radial thickness for this hybrid block at 1.5 mm.

The diagnostic wax up was copied into the file from the intra-oral scan using a Sirona Omnicam. This was achieved by using “Bio-copy” in the Acquisition portion of the program. Because the scans were so different in appearance, the software could not automatically merge the two images. The software then requires the images to be manually correlated. This is done by placing points on each of the two scans in mirrored locations. Only three matching points are required; then, “compute” is selected to have the software join the two scans.

Once the images are merged, the area that is to be copied can be selected by adjusting the white line on the diagnostic cast image.

The diagram of the custom shade map, along with photos, provided detailed information. A shade map is always useful along with photos because different details can be seen in each. To me, it is preferable to use both. The ceramist should be the one to draw the shade map. I chose to use an A3.5 HT block for the final shade of 4M1. Even though a stump shade was not taken, the stump wasn't too dark to cause an issue with hitting the final shade. GC provides Cerasmart blocks in high and low translucency. I chose HT even though dentin and enamel were being replaced. Cerasmart has opalescence and fluorescence qualities and behaves like natural teeth under black light.

The margins were accurately milled with no chipping. There was no cast to adjust the margins before the appointment, but the marginal integrity was excellent. Another benefit of this hybrid block is that repairs can be made indirectly or directly to correct milling inadequacies using composites, if necessary.

After milling, the restoration was finished using light cured stains and glaze by GC

called Optiglaze. This adds a final glaze layer without high-shine polishing, adjusts chroma and adds characteristics. The colors in Optiglaze are very concentrated, and there is a bit of a learning curve. The crown was designed to be monolithic. It was finished indirectly and ready for bonding before the appointment. No chairside adjustments were needed for fit or shade.

The patient has been on recall for a year with no noticeable wear or decreased glaze on this bonded provisional restoration. The cost to the patient was considerably less than a ceramic restoration and quite possibly could be utilized as a permanent replacement for his original crown. The patient has had no complaints. ●

Kim J. Doyle, CDT, is a restorative faculty dental technician at Oregon Health and Science University. After attending Texas State Technical College for her degree, she has worked in almost every aspect of dental technology. She started as a manager in a large production lab, then continued her career managing two in-house dental labs. She is the owner of two dental labs in Dallas and Seattle, a trainer for Vident, an instructor at a Washington technical college, and currently an instructor at OHSU.



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