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Honoring the Past, Embracing the Future

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2015

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I AM NOT SURE THERE is any career advantage if you have chosen dentistry as your profession and either of your parents were dentists as well. Certainly, however, your parents must have demonstrated that dentistry is a great and satisfying career. The most recent issue of US News & World Report has “dentist” in the top spot on their list of the “100 Best Jobs.” Although I have always viewed that magazine’s lists skepticaly, the article does have some valid points. As it is expressed in the introduction, “The best jobs pay well. They challenge you without stressing you out too much. There’s room to grow and advance.”

The most recent data from the American Dental Association shows dental income plateauing, and future income growth will be minimal. Despite that data, and the added complication of the debt with which students graduate, dentists still have an above average income. Unfortunately, these days, any profession that requires a graduate degree is going to put a student in debt. Using data from US News & World Report and the Oregonian (“Professional school students offer look at new world of extreme student debt,” 12/11/2014), it is easy to see that there is no easy, debt-free path in a graduate level education today.

An attorney may have an average debt of (only) $150,000, yet their average salary is less than a dentist, and I would venture to guess that it is a more competitive market for a recent graduate in law. Veterinarians, pharmacists, and, even physicians face a similar student debt problem. In my biased mind, I would argue that dentistry still offers the best balance of student debt and time spent in school for your education, as well as your professional lifestyle and post-graduation income. Do you want to save $100,000 in debt, and spend three more years in school to become a family physician, whose income is on par with a dentist? Do you think that being a physician in today’s marketplace is less stressful?

Stress in a profession is difficult to measure and is often very subjective. I am thankful that we no longer hear “Oh, you’re a dentist? Don’t they have the highest rate of suicide?” No, they do not. The reality is that health care practitioners (i.e. physicians, dentists, nurses, and psychologists), as a group, tend to top the list of incidence of suicide in many studies. When one looks at professions in which workers are prone to depression, there is no consensus in the studies. Dentistry may not be more stressful than any other professional career.

The dental profession is changing, and many dentists are now working in corporate group practice settings. There seems to be two prevailing views when it comes to stress in regards to this. Some will argue that these practice modalities are more stressful because of the economic incentives to see more patients. Another prevailing view is that these practice models are less stressful than private practice because stressful tasks, such as managing staff, are handled by administrators, and many of these positions are salaried.

Which brings us to the last and, maybe, most important comment made by US News & World Report, “There’s room to grow and advance.” Dentistry can be very rewarding when the practitioner makes the effort and takes the time to be active in his profession. There are many different opportunities for one to grow and advance in dentistry. This can be growth in your clinical skills through continuing education, growth in your patient base, or personal growth by being in a profession that is all about providing patient care and taking care of people.
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February 18, 2015  8:30 AM–4 PM*

*Note: We will arrange a meeting with your legislator for you, and you do not need to stay until 4 PM if that meeting is earlier in the day.

You are invited to ODA’s Dental Day at the Capitol!

February 18, 2015  8:30 AM–4 PM*

Oregon State Capitol
900 Court St NE, Salem, OR 97301

Join your ODA colleagues in a day at the state capitol helping to educate legislators and their staff about the importance of oral health. We’ll start the day with orientation before you’ll have a chance to meet with your legislator.

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Volunteers NEEDED

The ODA councils and committees listed below currently have volunteer opportunities. All ODA members are encouraged to participate in the leadership of this organization.

Interested applicants should submit a letter of interest and a one-page resume to:

Mail: ODA Leadership Development Committee
Jim Smith, DMD
Chair, Nominating Sub-Committee
PO Box 3710
Wilsonville, OR 97070

Email: leadership@oregondental.org

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DECLARED CANDIDATES
Florence Dental Clinic awarded 2014 Community Applause Award from Oregon Bankers Association

The Oregon Bankers Association (OBA), in partnership with the Independent Community Banks of Oregon (ICBO) and Oregon Business magazine, recently announced that Florence Dental Clinic is the recipient of a 2014 Community Applause Award, which includes a commemorative plaque and a $1,000 donation to the non-profit of their choice. Founded in 1996, the award competition is open for banks doing business in Oregon to nominate their business customers in recognition of their service in the community. An independent panel of judges reviews each nomination and selects one winner annually.

Co-owners of Florence Dental Clinic, Dr. Brian Holmes and Dr. Justin Linton, accepted their award and the $1,000 donation to Mapleton Food Share. The award ceremony also included videos about each award recipient, which can be viewed online at www.oregonbankers.com/community/applause-awards.

Florence Dental Clinic won in the category of “Businesses with less than 50 employees,” and was nominated by Debra Dee Osborne, vice president at Siuslaw Bank. Devoted to comprehensive and preventative patient care, Dr. Brian Holmes and Dr. Justin Linton, of Florence Dental Clinic, have an unwavering commitment to bettering the lives and the health of adults and children in their community.

For the dentists, improved health starts with teaching children proper dental care, which is why they provide dental education to all kindergarten, preschoolers, and first graders in their community. And, since 2002, the dentists and their staff have volunteered in MTI mobile dental clinics at Mapleton and Siuslaw elementary schools, screening every child for emergency dental needs. They then return to the schools to provide critical services free of charge. Dr. Holmes and Dr. Linton host the dental vans multiple times per year, for a combined total of 48 volunteer days and over $400,000 in free care provided. The dentists at Florence Dental Clinic also support many non-profits, assist with fundraisers, and donate volunteer time to a variety of organizations.

In commenting about her nomination, Osborne said, “Florence Dental Clinic is the kind of business every town dreams of. Dr. Holmes and Dr. Linton are professional, successful businessmen, and with that success they give back to the community by donating services, volunteer time and money. I am proud to be their banker and customer.”

About the Oregon Bankers Association
Established in 1905, the Oregon Bankers Association is Oregon’s only full-service trade association representing state and national commercial banks, thrifts and savings banks chartered to do business in Oregon. More information is available at www.oregonbankers.com.
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AS PART OF MEMBERSHIP IN THE TRIPARTITE, the surveys produced by the ADA Health Policy Institute are free, including the 2013 Survey of Dental Fees, for which non-members pay up to $400 in the ADA catalog.

The 2013 Survey of Dental Fees covers material collected in 2013 from the 2,198 responding dentists. The survey sample was a simple random probability sample of 13,052 dentists in private practice, which included both member and non-member dentists.

The 2013 Survey of Dental Fees report includes:

- National average fees broken for both general practitioners and each of the six specialties
- National level statistics for fees for over 200 commonly performed dental procedures
- Average fees charged by general practitioners, broken down into nine regional areas, using U.S. Census divisions
- Standard deviation and percentiles for each fee
- Dental procedures identified by procedure code and nomenclature from the Code on Dental Procedures and Nomenclature as published in the ADA's CDT 2013
- Methodology, glossary, and survey instrument information

The survey data should not be interpreted as constituting a fee schedule in any way, and should not be used for that purpose.

You can find this survey (as well as other useful practice management information) on the ADA's Center for Professional Success' website: success.ada.org.


This column is intended to acquaint you with the benefits that you receive as a member of the Tripartite (ODA, ADA, and your component dental society).

Family Legacies

The benefits and challenges of having spouses and relatives who are dentists

By Melody Finnemore

Like father, like son, and—in the case of dentistry—‘like wife, like daughter’ as well. Several Oregon families have multiple members in the oral health profession. The Smiths, Colasurdos, and Tinkles are among them, and they recently shared some of the pros and cons of working with spouses and other family members who also are dentists.
The Smith family

The Smith’s dental family tree includes Oscar (grandfather); Steve (father, and ODA past-president); David and James (uncles); Stevenson (son); and Jessica Jackson (daughter). Jessica Jackson, DMD, said her father’s mentorship and support has been invaluable throughout her career.

“One of the biggest benefits for me, as a part-time dentist, wife, and mother of three, was sharing ownership of our dental practice with my dad. While our patients and practice were very important to me, he supported me working part-time, which was the right balance for me and my family. It was nice to share practice responsibilities and patient care with someone I trusted,” she said.

“I also truly benefited from the mentorship my dad offered me from the time I started working summers in the practice at age 12. I had over a decade of practical experience in all aspects of dentistry—from reception to clinical care to lab work—by the time I decided to pursue a DMD degree,” Jessica said.

Jessica joked that it can sometimes be a challenge for spouses and other relatives when she, her brother, and father want to talk about dentistry during family gatherings. “I still can’t understand how they find teeth boring,” she said with a smile.

“On a serious note, it can take a toll on relationships when individuals in a family work closely together, as personalities and philosophies differ. Plus we have so much history with each other, which, at times, can be a struggle to completely set aside while at work,” Jessica said.

“Finally, it’s hard to not get caught up in unrealistic expectations of myself as a professional when I see the contributions my dad made to dentistry and our patients over his 40-year career. At least it keeps me humble,” she added.

Since Steve Smith, DMD, retired in 2013, Jessica said, she has enjoyed the “changing of the guard” and now co-owns Smith & Jackson Family Dentistry, in Eugene, with her brother, Stevenson Smith, DMD. “I look to the future with gratitude and excitement that we’ll have the opportunity to practice together,” she said.

Stevenson said he has benefitted from learning how to talk to patients from his father, uncles, and grandfather.

“When you’re fresh out of dental school you are way too formal and sterile. Being my father’s dental assistant at times, growing up, helped me realize that people are coming to you and want your recommendation. They don’t want 10 different treatment plans with contingency plan upon contingency plan. Being straightforward with patients while being realistic about risks and expectations of treatment is a valuable skill,” he said.

Stevenson said he also benefitted from seeing how his father lived his life away from the office. “He gave me an example to learn from and improve on, while showing an example of how someone deals with the challenges of managing a dental practice,” he said.

Among the challenges Stevenson has encountered is patients’ expectations of him after his father retired.

“My father is loud and gregarious while I am more soft-spoken. Patients have remarked on how quiet our office was after Dr. Steve retired. Being yourself while meeting an expectation has been a challenge, especially when patients are conditioned for loud and gregarious,” he said.
The Colasurdo family

The Colasurdos who share dentistry as a passion and a profession include A.J. (grandfather); John (son); Vincent “Vini” (grandson) and Vini’s wife, Melissa.

Melissa (Faber) Colasurdo, DMD, said she was attracted to a career in the medical field as a child. She grew up on a dairy farm and loved sports, and thought she would be a veterinarian or a physical therapist.

“However, in high school, I went on a trip to the Dominican Republic and worked with a dentist. In the first hour we were there, she showed us how to assist, clean teeth, and give shots,” she said. “We worked for two weeks straight and I loved every day working with her and helping in a very underserved community. From that day forward I knew I wanted to be a dentist.”

Melissa met Vini in dental school, and they married soon after their 2014 graduation. She said she appreciates having family members in the dental field, because, among other benefits, she is able to get advice about the cases she experiences in her Portland practice.

“We talk about new techniques or encounters we have had in the dental office. When I talk about my day my husband understands, which is nice. We also are able to go to CE and dental meetings together. It’s great to hear stories or advice from my grandfather or father-in-law because they have had years of experience and various techniques,” she said.

There are few challenges in her mind, though dentistry often tends to take up the bulk of family conversations, Melissa said.

Vincent Colasurdo, DMD, joked that the NFL never came calling, so he chose a career in dentistry. He credits his family members with serving as mentors, noting that dental schools do a good job of training students, but “it is impossible to experience every situation and become proficient in every nuance.”

“Having my father in the office, with his decades of experience to draw upon at any moment, is invaluable. Our relationship is already present, so there is no reason for hesitation to ask for a second opinion or advice,” he said. “Some aspects of dentistry have changed drastically since my grandfather was practicing, but an awful lot is very similar. His advice on patient relationships is just as effective and relevant today as it was when he was hand-mixing amalgam.”

The challenges Vini has experienced as a third-generation dentist include maintaining the standard of care that has been present in his family for more than 60 years.

“I have been a patient in the same operatories in which I now work, and can draw on those experiences to fully understand how high the bar has already been set. It is a great motivator to continue to learn and improve and provide the highest level of care that our patients have come to expect,” he said.
The Tinkle family

The Tinkle’s dental family tree includes James Wilson Tinkle (grandfather, and ODA past-president); Jim Tinkle (son of James) and his wife, Sandra McCoy; Aaron Tinkle (nephew of Jim), and his wife, Amanda. Jim Tinkle, DMD, said camaraderie and understanding are among his favorite benefits of having other dentists in the family. “When somebody has a problem—or the opposite of a problem—it’s easy to understand how they are feeling and how they got to that feeling,” he said. “Everything is more meaningful when someone has had the same kind of day or the same kind of experience and knows what you are going through.”

Jim noted that spouses and family members who share the same profession also provide inspiration for each other. “When Aaron was considering becoming a dentist, it was easy to point to his grandfather and show him what a good life dentistry could provide, and what a great and talented man he was,” he said.

The down side is the inability to take extended vacations or, sometimes, even mental breaks from the office, particularly if spouses run a practice together. “I think the challenges come more in what I saw with my parents. My father was a dentist and my mother was his office manager, so they were together every minute of the day, and that created some difficulties,” Jim said.

Aaron Tinkle, DMD, agreed with the work-life balance challenges cited by his uncle. He and Amanda are raising a 5-year-old and a 2-year-old. Aaron runs Belmont Family Dentistry in Portland, and Amanda practices in Vancouver. Aaron said he feels fortunate to have family members who serve as role models about how to balance work and family life.

“It’s very helpful having a spouse who is a dentist, because they understand the stress of running a business, that you are nearly always on call, and the fact that it’s not an 8-to-5, clock-in, clock-out job,” he added. “And there are so many advances within the profession that it’s nice to have someone to bounce ideas off of.”

Amanda Tinkle, DMD, said she appreciates the family network of support and information. “I can ask any silly question I may have any time I want, and not feel self-conscious about it,” she said. “If I ever find myself stumped or in over my head, I know I have access to help immediately. And if they can’t offer the answer, they know many other people who can.”

Amanda noted that she felt like she was instantly welcomed into the dental community by all of the people who knew the Tinkles. “I never felt as isolated as a new dentist might coming out of school. I always had support and encouragement, and I am so lucky for that,” she said. “Additionally, seeing what my husband went through, I knew what to expect when I decided to go to dental school. I started school the August after he graduated, so I knew ahead of time what I was getting into.”

The biggest drawback, she said, is that she compares herself to her husband and is conscious of upholding the Tinkle family name.
“Having motivation to always stay on top of your game isn’t bad, but it is difficult to fly under the radar in situations such as organized dentistry and social events,” she said. “Even though I know my husband and I are different people who operate in totally different ways, it is hard to not compare myself to him and his practice.

“I prefer for us to see ourselves as peers, but since he has been at it longer than I have, it can feel like a teacher/student relationship, which is not how I prefer our relationship to be,” she added. “Because of this, and other reasons, we have chosen to not share a practice. Someone, ultimately, would have to be ‘the boss,’ and how do you shut that off once you get home? A wise man once told Aaron, ‘You need to have a special relationship to be able to work with your spouse, and you don’t want to find out if your relationship is that special.’”

Not surprisingly, people often assume Jim is Aaron’s father rather than his uncle. Jim said his reaction to this common error is emblematic of the gratitude and appreciation he feels about his family’s legacy within the profession.

“It is a huge source of pride for me when I meet someone who doesn’t know me but has positive things to say about Sandra or Aaron or Amanda or my father. I never met anyone who didn’t say my father was a great guy and most of them launched into a story to illustrate that,” he said. “And it might bug them, but I also feel great when asked if Amanda or Aaron are my children.”
Six Ways You Can Help Patients Move Forward with Treatment

By Mark T. Murphy, DDS, FAGD

When you look critically at most practices that say they are not busy enough, there is usually plenty of dentistry left to do. The problem is, it is still in the charts! Incomplete treatment, work not accepted, and undiagnosed procedures can be worth hundreds of thousands of dollars in your practice. The good news is you don’t have to get all of them to say yes; just a few more will do. There are some very predictable behaviors that we can choose to change that will impact results.

Let’s look at six things we can do that shift the odds in our favor. Do these, and you will see quick change in your case acceptance and fewer holes in your schedule.

1) Ask More and Tell Less
It is easy to do an exam, develop a treatment plan, and then tell someone what they need (more on that later). But patients are not usually aware of, interested in, or concerned about the long-term consequences of non-treatment. Many believe the absence of pain or dysfunction means health. Our goal is to ask them questions about the problem, its progression, and the ultimate outcome until they take ownership and ask, “What can I do about that?” A colleague of mine used to say, “Stay in the question. Talk about the problem until they become curious and figure it out with you.”

2) Create a Co-discovery and Curiosity Examination Experience
By asking about the problem and staying in the question, most patients will start to figure things out with us, and become curious. Letting patients co-discover and see things using the intraoral camera or hand mirror gives them the opportunity to really learn about their mouth. Just telling them what you see is passive education whereas letting them figure it out is much more active and creates ownership. Instead of discussing solutions, talk about the problems and their progression until the patient asks you for your recommendations.

3) Think Wants Not Needs
People may have money for what they want, but not always for what they need, so focus on helping them want better dentistry and a more complete solution. A great deal of money is spent on alcohol, tobacco, and gambling compared to dentistry. It’s also common to hear complaints about gasoline prices or see people pay $1 per pint ($8 per gallon!) for bottled water that is available from the tap for pennies. With patience, the patient will come to understand the problem, and the consequences of inaction. They will eventually “want” to know and ask for a solution.

4) Remember: It’s about Value
Luxury goods, high-end cars, and fine jewelry are examples of patients paying for ‘upgrades’ that they value. Although we can live without teeth, most people place a level of value on having a healthy dentition, and being able to chew. As this new process for case acceptance evolves, remember that the value proposition for patients is very different than it is for the dentist. Helping your patients see, understand, and want a healthy mouth and smile creates a value proposition that makes them more likely to use discretionary dollars to achieve. Going beyond the limited coverage of dental reimbursement and maintenance plans requires that they value it like a better car or expensive watch. People spend money on things they want—especially if they value it highly.

5) Offer Individualized Options
Consumers often finance automobile and other large purchases, so they can make monthly payments. By offering payment options and making patient financing available, we can broaden the field of patients who can manage payment for recommended dental care. I prefer to discuss payment options in terms patients understand. “The total fee for your treatment will be $13,000. There are three different ways you can pay for that: pay as we go, pre-payment with a bookkeeping...
adjustment because we will not have to send statements, or the CareCredit credit card.” Most people understand the idea of credit. It is much easier for most folks to digest a monthly payment for 36 months (for example) than a one-time payment of $13,000.

6) Make sure Patients Understand the Real Role of Insurance

Here is where the rubber hits the road! Many patients have an insurance entitlement mindset and only want to “Do what is covered by insurance.” I suggest you have a discussion about the role of dental reimbursement or maintenance plans (see the nomenclature change again) before you look in their mouth. Help them understand that typical insurance plans—like the kind we have for cars and homes—provide coverage in the event of a catastrophic loss. Their dental insurance only provides for $1,500 in care a year, so it’s better to think of it more like a maintenance plan. It’s good to have it but it does not cover all necessary dental care. To compare: auto insurance does not cover oil changes, new wiper blades, and new tires; home insurance does not cover maintenance for your air conditioning or a new disposal in the sink.

Dental insurance started in Washington state 60 years ago, and, for the most part, benefits have remained unchanged. If we adjusted $1,500 worth of coverage for inflation, it would have grown to $7,000–$14,000 (using 3% and 4% as bookends). Now that would be catastrophic insurance coverage.

Use these six constructs regularly, and you will see your case acceptance improve. There will be more dentistry, the kind you love to do, getting done in your chairs than sitting in your charts. And you will be able to help more of your patients have healthier mouths and create greater success for you and your team.
April 9–11, 2015
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In addition to longtime favorites such as the Trade Show Grand Opening Reception, New Dentist Reception, Raffles, Free Massages, Student Table Clinic, and the Red Cross Blood Drive, there are new events in store for the 2015 ODC.

Catch a sneak peak below.

**Case CAT Presentations**
*(Clinically Acclaimed Topic)*

For the first time ever, you can attend the “Case CAT” presentations, taking place Saturday in the Exhibit Hall. Participating OHSU dental students will use the best clinical evidence found in existing literature to answer a clinical question about one of their patients. Students will present their findings to judges during the ODC, and cash prizes will be awarded to the top Case CAT presenters. Stop by and show your support for the future of dentistry!

*Sponsored by the Oregon Dental Association*

**Historical Dental Equipment Showcase**

Take a journey through time and discover the origins of today’s latest dental equipment.

Visit the Historical Dental Equipment Showcase, which will be open during exhibit hall hours, located at the end of the 1100 entrance aisle.

**SPECIAL OFFER FOR ODA MEMBER DENTISTS!**

**VISIT THE EXHIBIT HALL FOR FREE!**

**SATURDAY, APRIL 11  9:30 AM – 1 PM**

Are you an ODA member who only wants to visit the Exhibit Hall? We’ll give you a free pass on Saturday, April 11, to visit over 200 exhibiting companies!

Advance registration not available. To take advantage of this special offer, visit the on-site registration area in Pre-Function A of the Oregon Convention Center on Saturday, April 11. Offer only available to ODA member dentists.
Quality of service & craftsmanship: *A BEAUTIFUL RESTORATION on a DIFFICULT IMPLANT CASE. I APPRECIATE THE PHONE CONVERSATION to DISCUSS OPTIONS, AND THE EXTRA TIME INVOLVED. Thank you Alex!*

---

Quality of service & craftsmanship: *49ers would have been proud of that gold.*

---

Quality of service & craftsmanship: *Another great crown.*

---

Quality of service & craftsmanship: *Great morning showing new teeth.*

---

Quality of service & craftsmanship: *Excellent work.*
Dr. Joe Robertson was elected to a four year term on the Moda, Inc. Board of Directors.

Dr. Hai Pham was appointed to a three year term as ADA Delegate at Large.

Dr. Bruce Burton was elected to complete the term on the ODA Board of Trustees that is being vacated by Dr. Scott Hansen.

Dr. Nicole Oliveras was elected to complete the term on the ODA Board of Trustees that is being vacated by Dr. David Carneiro.

Dr. Joe Jenson was appointed to the Annual Meeting Council.

An update was given on ODA’s activities in:
- Digital badging
- 18-month new member communication plan
- Member engagement analysis
- Molar Movement scarf

ADA alternate delegate at large nominations will be open to current ADA council representatives and other qualified members. The election will occur at the April 12th Board of Trustees meeting.
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- Maureen Gangemi DDS, Harrison, MI

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The Tooth Taxi was created through a unique partnership between the DFO, OEA Choice Trust, and ODS. Learn more about the Tooth Taxi on the Dental Foundation of Oregon’s website at www.SmileOnOregon.org.

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Women’s Dental Interest Group

Not so long ago, dental school was overwhelmingly a male endeavor. Female dental students were a curiosity and were expected to behave and desire the same things their male counterparts did. Over time as more women matriculated, dental school culture was slow to adapt to its women students. While there is no “male” or “female” dental student archetype, there surely are differing needs and interests that emerge from student bodies as they become more gender diverse. In fact, women now comprise 51% of dental students nationally; so progressive dental schools encourage and celebrate their female students.

In response to the changing gender composition of dentistry, female students began to develop programs catering to their interests. In January 2014, two 3rd year dental students, Sarin McKenna and myself, created OHSU’s Women’s Dental Interest Group (WDIG). Drs. Lisa Greene and Denice Stewart recognized the importance of this type of programming and were willing to serve as founding faculty advisors. The organization sought to be gender-inclusive; its message would be positive, and activities would be geared toward service. In the end, our mission had three key goals: to foster a culture of collegiality (not only between men and women in the profession, but also between students, dentists, hygienists, researchers, and specialists); to foster student-doctor mentorship; and to develop community outreach for the underserved women and children in our area.

WDIG enjoyed a tremendous outpouring of support from OHSU’s administration. The inaugural WDIG meeting was launched January 2014 with over fifty students, faculty, hygienists, and researchers attending. Although the audience was mostly female, a few male students and Dr. Dennis Nicola (a great supporter who has attended nearly every WDIG meeting) participated. Dean Phillip Marucha, who strongly supported this group, catered the meeting. The opening discussion was about the sort of programming the audience wanted from WDIG, and we got a great array of suggestions. There was a lively philosophical debate concerning whether WDIG should promote women versus men, but the group rejected pitting the sexes against each other, preferring to learn from different gender perspectives and use one another’s strengths toward mutual benefit.

In its first year, WDIG has had a variety of programming for dental students. Last spring was the first biannual social at the Oregon Dental Association headquarters with guest speaker, ODA past president, Dr. Jill Price. Dr. Price delivered an inspirational speech about women changing the face of Dentistry and graciously volunteered her time to mentor students in our group. Most recently, Dr. Teri Barichello, ODA past president and vice president and chief dental officer at Moda Health, hosted WDIG’s fall social at the Moda Tower. Dr. Barichello shared with students pearls of wisdom such as the importance of collegiality and professionalism; she has also mentored WDIG members.

WDIG’s community outreach programs were quickly put into place. Programming included providing dental screenings and oral hygiene education for Head Start pre-schoolers. In December, WDIG organized screenings in two Gresham pre-schools and performed 74 dental exams and administered 292 fluoride varnishes. Trying to provide a more rounded social life for women students, WDIG is working on a book club, and recently hosted a holiday party, complete with a recipe exchange. In addition, WDIG organized a number of lunch-and-learns on topics ranging from applying to specialty programs, panel discussions for women dentists in public health, corporate, and private practice, and physical therapists provided health tips such as avoiding female-specific injury prone areas, and managing working while pregnant and after birth.

Moving forward, WDIG plans to help victims of domestic violence. The ADA reports that 90% percent of domestic violence victims suffer head, neck, and facial injuries, which underscores the need for dentists to be knowledgeable and compassionate about
MEMBERSHIP MATTERS • JANUARY 2015

WDIG hopes to provide oral healthcare to victims of domestic violence and promote awareness among other health care professionals within the community. Working at shelters, WDIG members will do dental screenings to identify needs, and then find these women and children a “dental home.”

We expect to expand membership of WDIG to include dentists in Clackamas, Multnomah, and Washington County Dental Societies. This frequent interaction with dental societies will foster mentorship, expand group activities, and provide networking to facilitate students’ employment opportunities.

For more information, please email me at campmarg@ohsu.edu, or check out our Facebook page.
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EAST PORTLAND—WE ARE A LARGE Dental Group seeking a full time General Dentist in the East Portland area. We provide our doctors with competitive benefits and trained staff. If you are interested, please forward your resume to Ron Brush at: BrushR@Interdent.com.

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OPENING FOR FULL-TIME DENTIST AT RUSSELL STREET DENTAL CLINIC. For full details apply online at www.ohsu.edu/jobs. IRC45422. This position is under the supervision of the Dental Director at OHSU’s Russell Street Dental Clinic/Project Dental Health. The duties include: Provide scheduled and unscheduled patient care at the Russell Street Dental Clinic; participate in the education of dental and dental hygiene students in accordance with assignments to Project Dental Health by the School of Dentistry Curriculum Committee and the Community Based Dental Partnership Program (the Department of Health and Human Services Health Resources & Services Administration grant); engage in public service with the knowledge and consent of the Project Director; contribute to the administration of Project Dental Health as assigned by the Clinic Administrator or Project Director. Required: Oregon Dental Licenses, current DEA license, NPI number, CPR certification. Preferred: Five years of practice experience, GPR/AEGD certification. OHSU is an equal opportunity, affirmative action institution. All qualified applicants will receive consideration for employment and will not be discriminated against on the basis of disability or protected veteran status. Applicants with disabilities can request reasonable accommodation by contacting the Affirmative Action and Equal Opportunity Department at 503-494-5148.

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