

PDT



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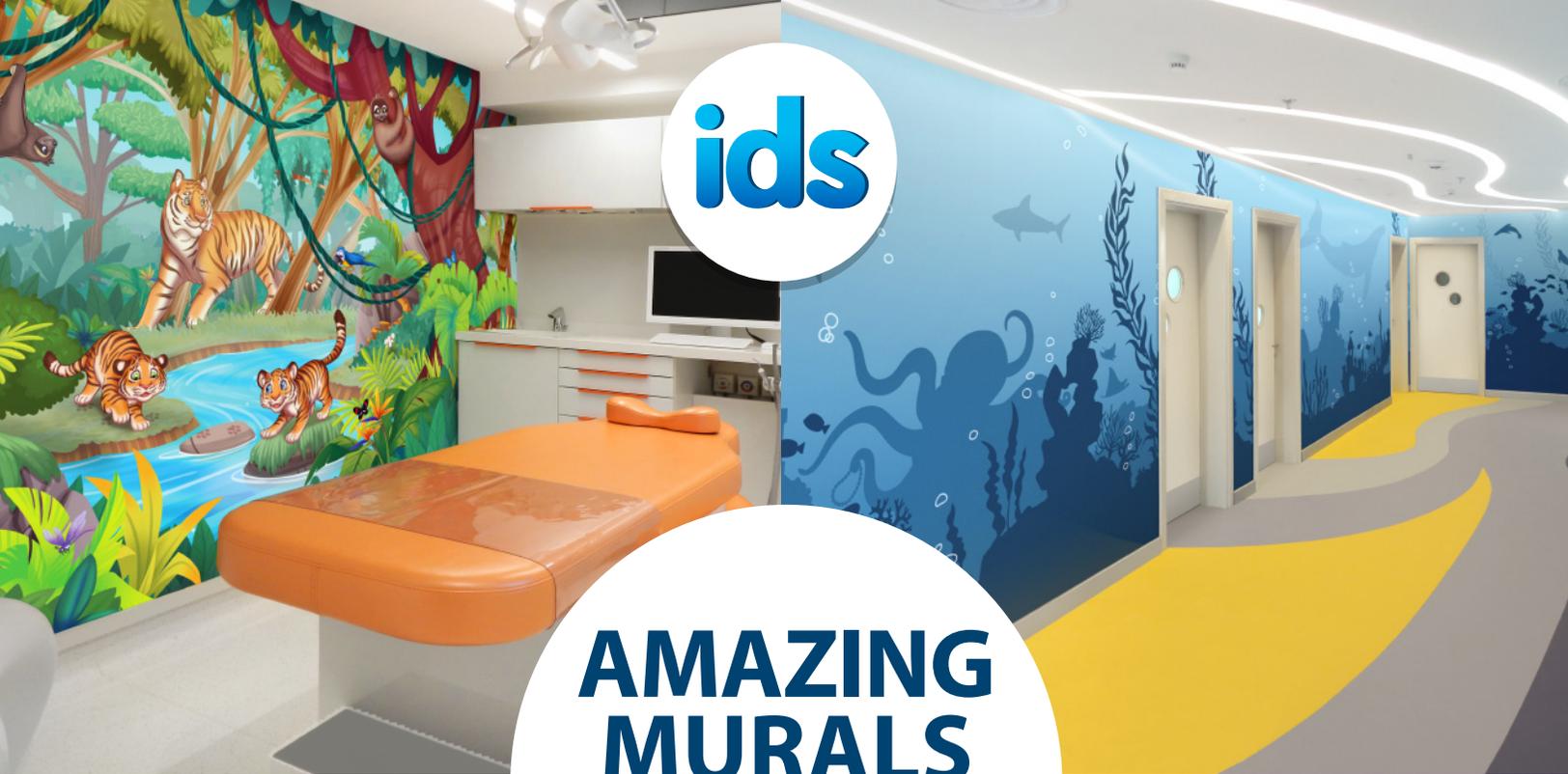
Feature Story

Fostering the Future of Pediatric Dental Education

November 2018 Volume LIII, Number 6

Practice Management and Marketing News
What Experience Do You and Your Team Members Provide?

24

The logo for 'ids' is displayed in a white circle. The letters are in a bold, blue, lowercase sans-serif font.A large white circle containing the text 'AMAZING MURALS FOR ANY SPACE!' in a bold, blue, uppercase sans-serif font. The circle is centered over the collage of images.

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PDT

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Opinions expressed in *PDT* are not necessarily endorsed by the AAPD.

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Call for 2019-20 Nominations

The AAPD Nominations Committee is accepting nominations for the 2019-20 election of secretary/treasurer and at-large trustee. Nominations must be received by the AAPD headquarters office no later than Dec. 1, 2018. This date reflects procedures for the Nominations Committee, per the current AAPD Administrative Policy and Procedure Manual*. The term of the current at-large trustee, Dr. Paula L. Coates, expires in 2019. The at-large trustee also represents the international membership.

A nominee's submission must be on the standard AAPD Nominations Committee Candidate Consideration form. This form can be obtained by contacting Executive Assistant and Office Manager Margaret Bjerklie at mbj@aapd.org. The required materials from nominees are the following:

- The completed and signed Nomination form;
- A one-page essay explaining their interest in serving in the specific office and summarizing their leadership skills;
- A background description suitable for publishing in *Pediatric Dentistry Today*;
- Three letters of personal recommendation from active, life or retired members of the Academy; and
- A photograph in electronic format suitable for publication in *Pediatric Dentistry Today*.

The Nominations Committee will meet on Jan. 16, 2019, at which time they shall interview all nominees either in person or via teleconference or web conference or other appropriate technology. All nominees must agree to participate in this interview process. All nominees for the 2019-20 academy year will be published in the March or May 2019 issue of *PDT* and voted on by the membership at the 2019 General Assembly.

For further information, please contact Chief Executive Officer John S. Rutkauskas at (312) 337-2169, ext. 28, or jrutkauskas@aapd.org

*All members have online access to the most recent version of the AAPD Administrative Policy and Procedure Manual, which is periodically reviewed and updated by the Policy and Procedure Committee with oversight and approval by the board of trustees. Visit <http://www.aapd.org>, the Members'-only section under Member Resources.

STATEMENT OF OWNERSHIP, MANAGEMENT, AND CIRCULATION 1. Publication Title: PDT (Pediatric Dentistry Today). 2. Publication Number: 1046-2791. 3. Filing Date: October 1, 2018. 4. Issue Frequency: bimonthly. 5. Number of Issues Published Annually: 6. Annual Subscription Price: Domestic \$20; Foreign \$20. 7. Complete Mailing Address of Known Office of Publication: 211 East Chicago Avenue, Suite 1600, Chicago, IL 60611-2672. 8. Complete Mailing Address of Headquarters or General Business Office of Publisher: American Academy of Pediatric Dentistry, 211 East Chicago—Suite 1600, Chicago, IL 60611-2672. Contact Person: Dr. John Rutkauskas. Telephone: 312-337-2169. 9. Full Names and Complete Mailing Addresses of Publisher, Editor, and Managing Editor: Publisher—American Academy of Pediatric Dentistry, 211 East Chicago Avenue, Suite 1600, Chicago, IL 60611-2672; Managing Editor—Dr. John Rutkauskas. 10. Owner: American Academy of Pediatric Dentistry, 211 East Chicago Avenue, Suite 1600, Chicago, IL 60611-2672. 11. Known Bondholders, Mortgagees, and Other Security Holders Owning or Holding 1 Percent or More of Total Amount of Bonds, Mortgages, or Other Securities. None. 12. Tax Status: Has not Changed During Preceding 12 months. 13. Publication Title: PDT (Pediatric Dentistry Today) 14. Issue Date for Circulation Data Below: August 1, 2018

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15. Extent and Nature of Circulation		
a. Total Number of Copies (<i>Net Press Run</i>)	10,124	10,185
b. Paid and/or Requested Circulation		
(1) Paid/Requested Outside-County Mail Subscriptions Stated on Form 3541. (<i>Include advertiser's proof and exchange copies</i>)	8,886	8,993
(2) Paid In-County Subscriptions (<i>Include advertiser's proof and exchange copies</i>)	0	0
(3) Sales Through Dealers and Carriers, Street Vendors, Counter Sales, and Other Non-USPS Paid Distribution.	0	0
(4) Other Classes Mailed Through the USPS	617	588
c. Total Paid and/or Requested Circulation [<i>Sum of 15b. (1), (2), (3), and (4)</i>]	9,503	9,581
d. Free Distribution by Mail (<i>Samples, complimentary, and other free.</i>)		
(1) Outside-County as Stated on Form 35416845	0	0
(2) In-County as Stated on Form 3541	0	0
(3) Other Classes Mailed Through the USPS	0	0
e. Free Distribution Outside the Mail (<i>Carriers or other means</i>)	0	0
f. Total Free Distribution (<i>Sum of 15d. and 15e.</i>)	0	0
g. Total Distribution (<i>Sum of 15c. and 15f.</i>)	9,503	9,581
h. Copies not Distributed	621	604
i. Total (<i>Sum of 15g. and h.</i>)	10,124	10,185
j. Percent Paid and/or Requested Circulation (<i>15c. divided by 15g. times 100</i>)	100%	100%
16. Extent and Nature of Circulation		
a. Paid Electronic Copies	0	0
b. Total Paid Print Copies (<i>Line 15c</i>) + Paid Electronic Copies (<i>Line 16a</i>)	9,503	9,581
c. Total Paid Distribution (<i>Line 15f</i>) + Paid Electronic Copies (<i>Line 16a</i>)	9,503	9,581
d. Percent Paid (Both Print & Electronic Copies (<i>16b divided by 16c x 100</i>))	100%	100%

17. Publication of Statement of Ownership is required. It will be printed in the November 1, 2018 issue of this publication.

18. Signature and Title of Editor, Publisher, Business Manager, or Owner

John S. Rutkauskas, Chief Executive Officer

Date: October 1, 2018

I certify that all information furnished on this form is true and complete. I understand that anyone who furnishes false or misleading information on this form or who omits material or information requested on the form may be subject to criminal sanctions (including fines and imprisonment) and/or civil sanctions (including civil penalties).



Dr. Joe Castellano

AAPD President

Amidst Midterm Mayhem, Our Advocacy Efforts are Still Strong

Midterms have finished and the dust has settled on both sides of the aisle. The Senate and House seats are once again filled with incumbents and newbies. Legislative agendas will again appear, and Congress's work will resume. We will have to wait and see if any big changes are in store, or if it will be business as usual. One thing is for certain—AAPD's primary focus will continue to be on what is best for children.

The American Academy of Pediatric Dentistry (AAPD) works to advocate policies, guidelines and programs that promote optimal oral health and oral health care for children.

We are advocates for children's oral health and work closely with legislators, other professional associations, and health care professionals. AAPD Advocacy efforts strengthen the voice of pediatric dentistry on behalf of children's oral health at the national and state level.

AAPD's Legislative and Regulatory Priorities are developed each year by the Council on Government Affairs, along with our Congressional Liaison, and approved by the board of trustees. They develop and prioritize the issues on which the Academy will focus their legislative efforts. Among the AAPD's 2018-19 key areas of focus are:

- **Secure Title VII funding.** The goal is to acquire FY 2019 funding of \$40.673 million for the HRSA Title VII Primary Care Dental Training Cluster and related oral health programs, with not less than \$12 million for Pediatric Dentistry Training programs including continuation of dental faculty loan repayment program awards under FY 2017 funding criteria that gave preference to pediatric dental faculty.
- **Making dental faculty loan repayment non-taxable to the recipient.** There is currently no provision to alleviate taxation of such payments to the individual. This limits the effectiveness of the program in recruiting and retaining primary care dental faculty. AAPD supports H.R. 6149, which would remedy this situation.
- **Supporting the repeal of antitrust exemption for health insurance.** Repeal of the antitrust exemption for health insurance companies would help inject more competition into the insurance marketplace by authorizing greater federal antitrust enforcement in instances where state regulators fail to or cannot act. Promoting lower prices, greater consumer choice, and increased innovation through robust competition is the role of the antitrust laws.
- **Supporting the student loan refinancing and restoration act.** This act would:
 - Allow borrowers to refinance their student loan interest rates to the 10-year Treasury note rate, plus one percent, throughout the lifetime of the loan.

- Eliminate origination fees and instead set future student loan interest rates at the 10-year Treasury note rate, plus one percent.
- Delay student loan interest rate accrual for many low- and middle-income borrowers while they are in school.
- Allow for borrowers in medical or dental residencies to defer payments until the completion of their programs.

Educating pediatric dentists, health care providers, legislators, and the public regarding pediatric oral health is a big part of our advocacy efforts. Every year in late February or early March, the AAPD convenes its Advocacy Conference in Washington, D.C., during which our members head to the "Hill" and advocate on behalf of the children we serve. This year, nearly 300 members, including over 175 residents representing 36 residency programs, made visits to congressional offices to get AAPD's message out to Senators, Representatives, and Staffers. Through these face-to-face meetings, AAPD continues to build crucial relationships with our lawmakers and allows them to better understand our cause. Next year's Advocacy Conference is scheduled for Feb. 24-27, 2019, where we will again head to the Nation's Capital to advocate and educate lawmakers on issues that affect children's oral health.

Interested in advocacy? Would you like to be a voice for children? It is not as hard as you think. You can make an impact by establishing relationships with your Senators and Representatives. Invite them to your office and show them what a pediatric dentist is and does. Schedule an appointment to talk to them about our priorities and the importance of pediatric oral health. The relationships you establish will go a long way in advancing the message about children's oral health. Those relationships will make a difference in children's lives. *You* will make a difference in children's lives.

Since Turkey Day is almost upon us, I would like to take this opportunity to wish each of you a wonderful Thanksgiving holiday. May you enjoy it with family and friends...and perhaps a wee bit of football.

Happy Thanksgiving! Have a great one!

Legislative and Regulatory Update

Unless otherwise noted, for further information on any of these issues please contact Chief Operating Officer and General Counsel C. Scott Litch at (312) 337-2169 or slitch@aapd.org.

Federal News

U.S. Surgeon General to Develop Updated Report on Oral Health

On July 27, 2018, there was a *Federal Register* notice that included the following summary:

“On behalf of the United States Department of Health and Human Services, the Office of the Surgeon General, the National Institutes of Health, and the National Institute of Dental and Craniofacial Research, the U.S. Public Health Service’s Oral Health Coordinating Committee announces the **commission of a Surgeon General’s Report presenting prominent issues affecting oral health**. The report will document progress in oral health in the twenty years since the 2000 Surgeon General’s Report on Oral Health, identify existing knowledge gaps, and articulate a vision for the future.”

The full notice is available at the following link: <https://www.federalregister.gov/documents/2018/07/27/2018-16096/notice-to-announce-commission-of-a-surgeon-generals-report-on-oral-health>.

An initial working meeting will be convened in the Washington, D.C., area on Nov. 26–27, 2018, by the Centers for Disease Control and Prevention (CDC) Division of Oral Health, in collaboration with the Office of the Surgeon General and the Oral Health Coordinating Committee. Pediatric dentistry will be well represented with attendees including: Drs. Paul Casamassimo (AAPD Chief Policy Officer), James J. Crall (AAPD representative to the ADA’s Dental Quality Alliance), Vineet Dhar (U. of Maryland School of Dentistry Department of Pediatric Dentistry), Jessica Y. Lee (AAPD Vice President), Norman Tinanoff (U. of Maryland School of Dentistry Department of Pediatric Dentistry) and Robin Wright (Director, AAPD Pediatric Oral Health Research and Policy Center).

Final FY 2019 Funding Bill Contains \$12 million for Pediatric Dentistry Training and Preference for Dental Faculty Loan Repayment

On Sept. 28, 2018, the President signed an \$854 billion appropriations bill (as Pub.L.115-245) that keeps the government running through Dec. 7, and provides FY 2019 funding for Department of Defense and Labor-Health and Human Services-Education programs. The conference bill — HR 6157 — was passed by the Senate 93-7 on Sept. 18, and by the House of Representatives 361-61 on Sept. 26. Thanks to the great efforts of Congressional Liaison Heber Simmons Jr., AAPD’s D.C., lobbying firm Hogan Lovells, and the nearly 300 AAPD members who participated in the Public Policy Advocacy Conference earlier this year, the AAPD was successful in obtaining our recommended funding level of \$12 million for Title VII Pediatric Dentistry training. In addition, report language provided a **preference for pediatric dental faculty** in the dental faculty loan repayment program (DFLRP). AAPD advocacy for DFRLP has already benefitted a number of pediatric dentistry faculty members around the country.

The specific report language is as follows:

“Oral Health Training.-The conferees include not less than \$12,000,000 for General Dentistry Programs and not less than \$12,000,000 for Pediatric Dentistry Programs. The conferees direct HRSA to provide continuation funding for predoctoral and postdoctoral training grants initially awarded in fiscal year 2015, and for section 748 Dental Faculty Loan Program grants initially awarded in fiscal years 2016, 2017, and 2018. The conferees continue to support awards with a preference for pediatric dentistry faculty supervising dental students or residents and providing clinical services in dental clinics located in dental schools, hospitals, and community-based affiliated sites.”



C. Scott Litch

Chief Operating Officer and General Counsel

Litch's Law Log

CEBJA to Assist AAPD with Specialty Advertising Issues

Long-time readers of this column may recall the issue of what constitutes inappropriate advertising by general dentists who treat children was discussed in the September 2006 *PDT*¹ and more recently in the May 2018 *PDT* related to comments submitted by the AAPD and our Washington State chapter to the state's Dental Quality Assurance Commission (their board of dentistry).²

The AAPD has continued to urge state dental boards to maintain and enforce specialty advertising regulations, namely that only those trained in a dental specialty shall be permitted to advertise as a specialist.

When AAPD members bring advertising issues to our attention, we explain that the AAPD only has direct purview over Affiliate member general dentists. To maintain AAPD membership, adherence to this policy is required:

"The AAPD Credentials and Ethics committee considers the follow phrases to be acceptable and consistent with membership obligations of the Affiliate (general dentist) category:

- Family Dentistry
- General Dentistry for Children
- General Dentistry for Children and Families

Conversely, the Credentials and Ethics Committee considers the following phrases to be contrary to the membership obligations of the Affiliate category, and subject to disciplinary actions as provided in Chapter XIII of the Bylaws:

- Child Dentistry
- Children's Dentistry
- Dentistry for Children
- Dentistry for Kids
- Pediatric Dentistry"³

We are pleased to report that with AAPD Affiliate members usually advertising issues are resolved amicably upon notification by the AAPD of this policy. However, the AAPD has no jurisdiction over non-members, and unfortunately state dental boards seem to place a low priority on investigating advertising complaints against dentists.

Since many general dentists are ADA members, the AAPD recently raised issues of concern with the ADA's Council on Ethics, Bylaws,

and Judicial Affairs (CEBJA). We explained some of the unique advertising issues related to children's dental services, since pediatric dentistry is the only age-defined dental specialty. While CEBJA was reluctant to add language to Section 5.I of the *Principles of Ethics and Code of Professional Conduct* at this time, CEBJA agreed that when the AAPD passes along instances of potentially misleading advertising by ADA members, they will review the case and if appropriate send a letter to the executive director of the constituent (state) dental association indicating that:

"The AAPD is concerned that the advertisement in question may constitute a violation of Section 5.H. and 5.I of the ADA's *Principles of Ethics and Code of Professional Conduct*, and otherwise may be considered to be false and misleading in a material respect, in that the AAPD believes that the advertisement may be viewed by the public as an announcement of services by a specialist when, in fact, the dentist in question is a general dentist.

This matter is being forwarded . . . for review and possible action. Pursuant to Chapter XI, Section B of the *Governance and Organizational Manual of the American Dental Association*, constituent and component associations have the preliminary responsibility within the ADA's tripartite system for investigating and handling questions about the ethical propriety of a member's professional conduct. I would appreciate it if you would forward this matter on to the appropriate agency within your Association for its consideration.

The Council would urge that if the advertisement in question is considered to be potentially misleading and in violation of the ADA Code, that the matter be informally addressed with the member so that an amicable resolution can be discussed before any formal enforcement action is instituted. [CEBJA] will appreciate being informed of the result of that review, any discussion held with the member dentist and whether any remedial action is being contemplated by the agency."

AAPD members should continue to alert us to situations where a general dentist is advertising using a term or phrase that would imply specialty status and is false and misleading in a material respect.

For further information contact Chief Operating Officer and General Counsel C. Scott Litch at 312-337-2169 ext. 29 or slitch@aapd.org.

This column presents a general informational overview of legal issues. It is intended as general guidance rather than legal advice. It is not a substitute for consultation with your own attorney concerning specific circumstances in your dental practice. Mr. Litch does not provide legal representation to individual AAPD members.

¹Legal Parameters for Advertisements by General Dentists Who Treat Children. <http://www.aapd.org/assets/1/7/2941.pdf>

²Washington State Academy and AAPD Weigh in on State Dental Board Specialty Advertising Regulations. http://www.aapd.org/assets/1/7/Litch_Law_Log.pdf

³AAPD Administrative Policy and Procedure Manual (June 2018 edition), Section 13. F. Advertising by Affiliate Members.



AAPD PAC THE BIG ADVOCATE for little teeth

PAC Corner

AAPD PAC in Action

I want to again thank all those who have made AAPD PAC check deliveries this mid-term Congressional election cycle. Some photos of your AAPD PAC in action are provided below:



Congressman (and dentist) Brian Babin (R-Texas 36th) visits with pediatric dentists at the Texas Dental Association meeting on May 3, 2018.

(l-r) Dr. Carlen Blume, Congressman Babin, and Dr. Jason Zimmerman). Dr. Zimmerman serves as PAC Steering Committee SW representative.



Congresswoman Yvette Clarke (D- N.Y. 9th) visits with pediatric dentists on June 10, 2018.

(l-r) Dr. Reneida Reyes, Section Chief Pediatric Dentistry NYPBMH Dental Department, Congresswoman Clarke, Karen Chan, Acting Dental administrative Coordinator NYPBMH, Miguel Otero, Office Manager NYPBMH Dental Department, Dr. Stephen Scotto, Attending NYPBMH Dental Department, Dr. Aaron Brandwein, Program Director NYPBMH Dental Department, Dr. James Sconzo, Director of Dentistry NYPBMH Dental Department). Dr. Reyes is a past chair of the PAC Steering Committee and member of the PAC Advisory Board.



(l-r) NorthCentral Trustee Dr. Jessica Meeske, Dr. Colleen Greene (Wisconsin PPA), Senator Tammy Baldwin (D-Wisc.), Dr. Shane Fisher (Wisconsin Chapter president), Dr. Nicolet DeRose (Wisconsin's first PPA), and Dr. Cesar Gonzales. This fundraiser for Senator Baldwin was hosted at Dr. Fisher's home and raised over \$20,000.



Senator Dean Heller (R-Nev.) visits the office of Dr. Jade Miller in Reno, Nev., in August, 2018. (l-r Senator Heller, Dr. Miller).



Congresswoman Nita Lowey (D- N.Y. 17) with Dr. BJ Mistry on May 1, 2018. (l-r Congresswoman Lowey, Dr. Mistry).

For further information about the AAPD PAC, please contact PAC Secretary C. Scott Litch at (312) 337-2169, ext. 29, or slitch@aapd.org.

Warren A. Brill
PAC Steering Committee Chair

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AAPD 2019

Chicago, Ill.

May 23-26, 2019

The AAPD invites you to join us in Chicago for a weekend of remarkable education and fun in the windy city!



Wednesday

Joint Academic Day

Thursday

Preconference Course

Friday

Keynote Address

PALS/BLS

Personalized Medicine: Peter Polverini

New Parents and Toothy Toddlers: Francisco Ramos Gomez & Man Wai Ng

What's New and Trending in Orthodontics: Dan Bills

Your Practice Through the Patient's Eyes: Laci Phillips

Advanced Building your Confidence for Challenging Cases: Martha Ann Keels & Philip Slonkowsky

Brain Development: Gerard Gioia

Dental Benefits Symposium

Exhibit Hall

My Kid's Dentist Poster Competition

Learning Labs

MiniClinics I

Early Career Dentist Happy Hour

Leadership Institute Reception

Sunstar Welcome Reception: Sweet Home Chicago at the Museum of Science and Industry

Saturday

Coffee Clutch for Office Staff

PALS/BLS

MiniClinics II

GSRA Presentations

Exhibit Hall

My Kid's Dentist Poster Competition

Learning Labs

Evidence Based Training Workshop

Successful Dental Team Culture: Lilly Cortes-Pona

Early Career Dentist Course

Career Fair

Aesthetics—Bleaching and Acid Abrasion: Richard Chaet & Tim Wright

Obstructive Sleep Apnea in Children: Cristina Perez

PedoX Talk

PAC Reception

International Reception

Affiliate/Alumni Receptions

HSBC Donor Appreciation Gala: Art Institute

Sunday

Exhibit Hall

String of Pearls

Sedation: Steven Ganzberg

General Assembly

How to Care for Your Instruments

President's Farewell Dinner: Morgan Manufacturing

Opening Session and Keynote Address

Nicole Malachowski, USAF, RET

Harnessing the Headwinds of Change

Friday, May 24, 2019

The first woman to become a pilot in the Elite Air Force Thunderbird Aerial, accumulating over 2,300 flight hours, 188 of which were in combat and Commander of an Air Force squadron are just a few of the hats that Nicole Malachowski has worn. Malachowski has faced the unexpected throughout her entire life and career and shares her inspiring stories to help audiences harness their inner determination and drive.

A 21-year U.S. Air Force Veteran Colonel, Malachowski has forged a path through the various changes in her life that has helped her overcome significant adversity. After graduating from the Air Force Academy, she began her adventure as one of the first women to fly a modern fighter aircraft. From there, she had been personally selected by the First Lady to advise on all matters pertaining to military service members, veterans and military families. When an illness left Malachowski unable to safely walk or speak intelligibly and ended her military career, she still came out on top and uses her story as an opportunity to educate others. Hers is an inspiring story of the power of determination and the drive of a truly indomitable spirit. She will share her unique story and how all of us can harness the power of the headwinds in our lives. The lessons she learned can benefit you, your teams and your organization.



Career Fair

Saturday, May 25, 2019

Immediately following the Early Career Dentist Course

The annual Career Fair is a great opportunity for hiring organizations to network with both early career pediatric dentists seeking their first practice position, as well as experienced pediatric dentists who are looking for a change. The Career Fair is a personal and dynamic way of connecting with members of AAPD.

For more information, contact Meeting Services Associate Kelly Katona at (312) 337-2169 or kkatona@aapd.org. The cost to participate is \$150 for AAPD members and \$500 for recruiting companies.

Preconference Course

Speak Up for Patient Health: Critical Conversations on Controversial Issues

“The topic is important, but I don’t know what to say!” Pediatric dental professionals find it challenging to talk with parents and patients (especially adolescents) about a host of medical conditions and lifestyle choices related to oral health. This interactive session offers practical advice from top content experts on how to hold effective conversations on such difficult topics as overweight/obesity, eating disorders, substance use, transgender issues, sexual practices, pregnancy and STIs. It tells how to break bad news in the face of unexpected treatment results – and mistakes. The session will boost communication skills and confidence for pediatric dentists and team members when addressing topics that might make parents and adolescent patients feel embarrassed, upset, judged negatively, or unwilling to return to your practice.

Communication is a “must have” skill for pediatric dentistry, especially when the discussion turns difficult or the only response from a ‘tween patient is a shrug or eye roll. It is critical to oral health literacy, informed consent, patient motivation and behavior change. In addition, strong communication skills bring many benefits. Patients who have positive communication with their health providers are more likely to accept treatment recommendations, have less anxiety about treatment, experience less discomfort, require less medication and recuperate more quickly than patients who do not. A fast-paced session relevant for every member of the pediatric dental team.

AAPD Abstract Submission Deadline

Jan. 15, 2019

Graduate Student Research Awards (GSRA)

My Kid’s Dentist Research Poster Competition

Sunstar Research Fellowship

International Oral Presentations at AAPD 2019

The AAPD recognizes the importance of research that is taking place globally and wants to offer an opportunity for these international colleagues to share their knowledge. The Academy is seeking oral presentations from pediatric dentists outside of North America to give a 15 minute presentation on their research at the AAPD 2019. In this format, each presenter will bring a single idea or concept and will share it with the audience. One winner will be selected for a monetary prize. Submit your abstract today; the deadline is Jan. 15, 2019. For more information, contact Meeting Services Manager Caroline Oliva at coliva@aapd.org.



AMERICA'S PEDIATRIC DENTISTS
THE BIG AUTHORITY on little teeth®

Welcome New Members

The AAPD would like to welcome new members. We look forward to supporting your professional needs. For further information on membership benefits please contact Membership Department at (312) 337-2169 or membership@aapd.org.

Member Benefit Spotlight

Martti - Language Interpretation Service An innovation from CLOUDBREAK

The AAPD has partnered with Martti™ (My Accessible Real-Time Trusted Interpreter) to provide highly effective video language interpretation services for Limited English Proficient and Deaf and Hard of Hearing patients, at a reduced rate exclusively for AAPD members

Martti provides live video medical interpreting to help eliminate healthcare disparities related to language and cultural barriers. Martti provides access to interpreters of nearly 60 languages via live video and to more than 250 languages via live audio Interpreting. Both Martti interpretation offerings connect to its highly qualified, certified medical interpreters. Martti interpreters have a thorough understanding of the US healthcare system and are some of the most culturally competent interpreters in the market.

Due to the release of Section 1557 federal regulations in 2016, health care providers, including dentists, who receive federal financial assistance (such as those participating in Medicaid or CHIP) must post notices in the top 15 languages spoken in their state that free language assistance services are available, and ensure their interpreters (including bilingual staff) are “qualified.”

Pricing options start as low as \$0.85 per minute for audio-only interpretation. To request Martti, visit www.martti.us/aapd/

Pedo Teeth Talk

AAPD Podcasts

Join AAPD leaders, experts in the field of pediatric dentistry and other professionals for Pedo Teeth Talk. We'll be discussing scientific, clinical and the most up-to-date, relevant information out there for anyone and everyone in the pediatric dental community. Be sure to subscribe and stay up-to-date on all of the most recent episodes!

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AAPD Fellow Program

The AAPD Fellow Program was revised, reenergized and reintroduced to the membership to bring fresh meaning and value to the designation. The focus of the fellowship program is to reward, encourage, and recognize contributions in organized dentistry, scholarly activity and community involvement. It is completely voluntary.

The term Fellow in a professional association often refers to a person who has distinguished themselves above the standard norm, either by publications or contributions to the profession. AAPD wanted to create that opportunity. **Fellowship status can be announced by including the term “FAAPD” on your business cards, website, letterhead, etc.**

HOW TO BECOME A FELLOW OF AAPD (FAAPD)

Below is an outline of requirements, point system, fees and renewal for the FAAPD program membership. Each FAAPD activity is assessed its own maximum point score to help determine candidates’ acceptance into the program.

Mandatory Requirements

1. Recommendation letters from two current Fellows.
2. Board certification by ABPD.
3. At least five consecutive years of AAPD Active Member Membership (student membership does not count)

All Fellows must score 20 points or higher for consideration.

Point System

A new candidate must earn points in at least three out of four categories with a maximum of 12 points per category. Points are assigned to the different accomplishments in these categories so that it is fair and equal for all members. Only activities going back five years from the date of the application will be considered with the exception of published research articles that can go back up to 10 years. If a candidate serves on more than one council for the same organization or has attended multiple annual meetings, points can be awarded for each activity.

POINT VALUES CATEGORIES

1. Active Membership in AAPD, HSHC, State or District Chapter

- AAPD State Unit meeting within the last 5 years (1 point per meeting)
- AAPD District Unit meeting within the last 5 years (2 points per meeting)
- AAPD meeting within the last 5 years (3 points per meeting)
- Serving on a council or committee in a state or district unit (2 points per year)
- Serving on a AAPD/HSHC council or committee in AAPD (4 points per year)
- Chair of a council or committee in a state or district unit (4 points per year)
- Chair of a council or committee in AAPD/HSHC (6 points per year)
- State or District Board of Trustee or Executive Committee (6 points per year)
- AAPD Board of Trustees or Executive Committee (8 points per year)
- AAPD Editorial Board (4 points per year)
- Leadership Institute (6 points for full 3 year program)
- Advanced Leadership Institute (4 points)
- Public Policy Advocate (2 points per year)
- Dental Home Day (2 point per year)

2. Organized Dentistry

- Leadership in ABPD, COD (4 points officer; 2 point other)
- Leadership Roles Organized Dentistry such as ADA, AGD, HDA, AAO, AAE, AAP, etc (4 points officer; 2 points committee/other)
- Board Examiner (NERB (3 points)

- ABPD Examiner (3 points)
- ABPD Test writer (3 points)
- State Dental Board Examiner (3 points)
- State Dental Association involvement (1 committee member – Leadership role 3 points)
- Local Dental Society involvement (1 committee member – Leadership role 3 points)

3. Scholarly activity

- Publishing of articles as the first author (6 points) or co-author (3 points)
- Service as an attending in a hospital (3 points)
- Service as a full-time faculty (4 points) or part-time faculty (2 points)
- Participate in AAPD Journal CE Program (1 point)
- Presenting at dental meetings (1 point per hour of presentation)
- Advisory Board Membership to local community colleges Dental Assisting Program (2 points per year)

4. Community involvement

- Volunteering at Head-Start Program (2 points)
- Volunteering at Health fairs, Give Kids a Smile (2 points)
- Volunteering at a Community Health Center (2 points)
- Serving on a School Board (1 point)
- Dental related mission trip (5 points)
- Presenting at a study club, mom’s club, or community meeting (1 point)
- Leadership in community service organization (i.e. Girl/Boy Scouts) (2 points)

AAPD FELLOW PROGRAM MEMBERSHIP FEES

First-Time Fellows

One-time membership fee \$200

Renewing Fellows

Every five-year membership fee \$100

Please contact Membership and Marketing Director Suzanne Wester for more details regarding this program at swester@aapd.org.

Social Media and Resident Education

On a busy morning in clinic last spring, I met a particularly tiny 15-month-old girl and her father for her new patient exam. After we discussed her extensive medical history, her father reported his chief complaint: “she only has one front tooth.” When I presented the case to my attending, I suggested a diagnosis of solitary median maxillary central incisor syndrome (SMMCI). After reviewing the literature, I began digging further into her medical history. I found that previous genetic testing was positive for a mutation in chromosome 7q36, consistent with SMMCI.¹ Though she had been evaluated by many specialists, she had not yet been diagnosed with SMMCI. It was a pivotal moment for me. After years of education and study of a specialty often viewed as limited to the trivial plight of carious baby teeth, I felt a strong sense of my role as a pediatric healthcare provider.

I owe this experience to the community of pediatric dentists who collaborate online via social media each day. Just a few months earlier, while scrolling through a wall of cases, conundrums, and advice, I came across an interesting panoramic and a thread about SMMCI. We had not yet covered SMMCI in residency, and I found the syndrome intriguing. If I had not seen that post on SMMCI, my first thought during the patient's exam would likely have been fusion of the maxillary anteriors. Not only would the presentation to my attending have been somewhat more routine, but I may have missed important subtleties during the exam, like the missing maxillary frenum. Although I would have, no doubt, been introduced to SMMCI by my attending that day, the ability to develop the differential diagnosis myself was a rewarding step on the path from resident to practicing pediatric dentist.

During residency we dedicate ourselves to learning as much as possible so that we can provide the specialty care parents expect and patients deserve. It is a particularly valuable time to have access to a stream of case examples and challenges presented daily through social media and other online resources. This is not only because as residents we enjoy access to medical libraries, journals, and databases, as well as the support and guidance of our expert attendings, but also

because we have considerably more time to use the resources at our fingertips. There is so much to learn that it can be overwhelming, but collaborative social media groups offer a novel resource through which we can be exposed to new clinical problems, procedures, and medical conditions.

These groups provide a warm welcome to the specialty and a sense of community that is hard to imagine residents felt in the years prior to social media. What's more, they provide the opportunity to network with, and refer to, like-minded pediatric dentists all over the country. This sense of comradery strengthens our specialty and improves access to care for our patients, even when they're away on vacation.

Although having clinical pearls, oral pathology photos, treatment plan discussions and more, at a glance, between patients and between classes, has been an asset thus far in my education, it is, of course, important to be wary of making clinical decisions based solely on advice gleaned from social media groups. As Dr. Vineet Dhar pointed out in his recent article “Social Media and its Implications in Pediatric Dentistry,”² relying on social media can result in dentists acting on expert opinion alone when stronger forms of evidence on the topic may exist. Despite our access to a wide community of helpful colleagues, it is critical that we remember that expert opinion is the weakest form of scientific evidence. It can be tempting to crowdsource the best approach to complex cases, but we must take the time to search the literature and refer to meta-analyses and systematic reviews whenever possible. Therefore, while in residency, it is imperative that we familiarize ourselves with the ADA's Center for Evidence-Based Dentistry, The Cochrane Database, PubMed, UptoDate, and the AAPD website. By utilizing these resources we can be certain we are providing care based on years of sound scientific investigation.

Nonetheless, when used mindfully, social media groups are a truly wonderful place to learn, share literature, and continue building a community with the mission of using evidence-based dentistry to improve children's wellbeing.



ABOUT THE AUTHOR

Dr. Patricia Robus is a second year resident at Yale—New Haven Hospital in Connecticut. She is originally from Bainbridge Island and finished dental school at the University of Washington in 2014.

¹Hall, R.K. Solitary median maxillary central incisor (SMMCI) syndrome. *Orphanet J Rare Dis.* 2006;1:12.

²Dhar V. Social Media and Its Implications in Pediatric Dentistry. *Pediatric Dentistry [serial online].* May 2018;40(3):174-176. Available from: Academic Search Premier, Ipswich, MA. Accessed August 20, 2018.

AAPD Predoctoral Chapter Spotlight

The Tooth Wigglers—Virginia Commonwealth University

The American Academy of Pediatric Dentistry (AAPD) Predoctoral Student Chapter at Virginia Commonwealth University, School of Dentistry (VCU), known here as the “Tooth Wigglers”, aims to promote pediatric oral health and dental care, as well as student interest in learning about the treatment of children. The organization’s goals include educating students seeking a career in pediatric dentistry or those providing dental care to children on oral health care delivery; Fostering collaboration among medical and dental providers to address access to oral health care and common risk factors to overall childhood health and organizing; and participating in community-based events.

The Tooth Wigglers had a productive academic year making a difference in the Richmond community. In October 2017, the organization provided oral hygiene instructions and delivered free dental home-care kits to over 200 children and their parents at Children’s Hospital Foundation Fire Prevention Day.

In November 2017 the Tooth Wigglers participated in the Mini Medical Family Day at VCU, aimed at spreading health awareness and providing health screenings for children of the Richmond community. The Tooth Wigglers helped by providing nutritional and dental education to parents and children.

In February 2018, the Tooth Wigglers participated in “Give Kids a Smile Day” at VCU, where the members provided free dental care to the children of the Richmond community. Also in February, the Tooth Wigglers took part in “Play Smart Program” at Clover Hill Library in Midlothian, Va. The program was featured on the local news and its focus was to give parents an opportunity to ask questions they had pertaining to their child’s dental needs. At this event, the Tooth Wigglers came up with fun and interactive ways to educate the children on the importance of oral health care and provided instruction on proper oral hygiene.

In March 2018, the Tooth Wigglers participated in “VCU Block Party”. The event aimed to provide free health screenings and resources for the local Richmond community. The Tooth Wigglers provided oral hygiene instructions along with free dental homecare kits to nearly 500 members of the Richmond community.



The Tooth Wigglers also organized various fundraisers. The organization set up a bake sale to raise money for the Hurricane Harvey victims and hosted a school-wide fundraiser called “No Shave November”. The proceeds from “No Shave November” were donated to **St. Joseph’s Villa**, the longest continuously operating children’s nonprofit in the country.

Aside from serving the Richmond community, the Tooth Wigglers set up a mentor-mentee program for their members. The organization collaborated with local pediatric dentists like Dr. Randy Adams and gave its members an opportunity to spend a day shadowing them to learn more about pediatric dentistry. Moreover, the Tooth Wigglers organized pediatric residency sessions to help its members with the pediatric dentistry application process.

In the upcoming academic year, the Tooth Wigglers aim to participate in more public outreach opportunities and organize educational sessions for its members on topics such as pediatric craniofacial trauma. Collaboration with the Virginia Society of Pediatric Dentistry will be helpful in organizing educational sessions and outreach with practicing pediatric dentists and pediatric dentistry faculty. The AAPD Predoctoral Student Chapter at VCU School of Dentistry deeply values the importance of pediatric dental care and education. This chapter is committed to making a difference in public health by providing its members with opportunities to get involved in various community outreach efforts and leadership and learning opportunities.

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Fostering the Future of Pediatric Dental Education

How the University of Washington has Successfully Encouraged Graduates to Pursue Academic Careers

David Avenetti, D.D.S., M.S.D., M.P.H.

National Spokesperson of the AAPD, Residency Program Director and Clinical Associate Professor

University of Illinois at Chicago, Department of Pediatric Dentistry



INTRODUCTION

Pediatric dental departments across the country are facing faculty shortages. The vast majority of pediatric dental graduates go into private practice following residency training. In the past decade however, the University of Washington (UW) Department of Pediatric Dentistry has graduated a significant number of residents who have pursued full-time and part-time teaching positions. Currently, there are at least 12 graduates who hold full-time teaching positions and six who hold part-time positions that graduated from UW in the last ten years. Scores of others also held various academic appointments during this timeframe. Dr. Travis Nelson, a graduate and current clinical associate professor at UW, states, “The true success of an academic program may be judged by its ‘byproduct,’ which would be the future of pediatric dentistry in our case. Since inception, UW consistently produced high quality pediatric dentists that contribute greatly to the field as academicians, community leaders, and representatives in organized dentistry.” This article aims to highlight the factors that promote and successfully lead graduates to serve in academics and/or research positions after program completion.

Many programs, such as the University of Iowa and the University of North Carolina at Chapel Hill, have historically had a reputation as academic centers with some graduates who pursue teaching and research careers. Recently, the University of Washington has joined their ranks. What do these programs that produce academicians have in common? They have a common goal to foster public health education and integrate leadership, service, research, and advocacy into their clinical pediatric dental education. Dr. Wa’ Yin Chan states that she was encouraged to pursue teaching and public health endeavors because of the strong public health component which was introduced to her while a resident at UW.

There is no uniform agreement on what defines an academic career. This spectrum includes individuals with non-clinical responsibilities, those with part-time and adjunct teaching appointments, and those with full-time faculty positions—with a range from research intensive to clinically intensive roles.

BARRIERS AND FACILITATORS TO CHOOSING AN ACADEMIC CAREER

At a time when dental schools and non-university programs (such as hospital and community-based residencies) face challenges recruiting and retaining faculty, academicians and administrators are left wondering how they can encourage students to pursue academic careers. Reasons for the number of open faculty positions are multifactorial, including reduced funding to support faculty salaries, reduced funding to support dental research (a pillar of academic careers and component of advancement), and the financial opportunity cost of teaching when compared to entering private practice.

Most literature outlining reasons why people pursue academic careers is greater than ten years old, does not focus on specialty training, and does not reflect the current climate of dental education. Nevertheless, many of the key findings likely persist and are still relevant today. According to Schenkein and Best¹, factors that promote an academic dentistry include an individual’s interest to contribute to teaching and scholarship, having positive mentors and role models, the desire to conduct research, and long-term academic aspirations. These and mentorship for career development “are crucial factors in developing interest in academics among graduate dentists.” The primary barrier to entering academic careers is reduced income potential and student loan indebtedness. This is becoming a rising concern given the increase in the cost of dental education.

INFLUENCES OF PRE-DENTAL EDUCATION ON CAREER DECISIONS

When students begin their pre-doctoral dental education, it is unlikely that most have been informed about careers in academic dentistry. Up to this point, most are deciding whether they want to be a general dentist or whether they want to specialize and which specialty would be the most appropriate. Based on feedback from University of Washington graduates, most indicate that they were exposed to the idea of a teaching career while in dental school or earlier. This highlights the importance of fostering dental educators as early as the first year of dental school when students are early in the career decision-making process.

One example of early mentorship comes from the University of California Los Angeles, where faculty and selected students participate in a *Basic Dental Principles* selective. Participants can learn about dental careers and work with a faculty mentor to develop and deliver a lecture to pre-dental students. Lefever and Bibb indicated that mentoring future dental educators through an apprentice teaching experience, such as the *Basic Dental Principles* course, has great potential for encouraging more graduates to pursue careers in academic dentistry². A survey of dental students in 2006 indicated that factors contributing to the intent to pursue some form of faculty career were gender, plans to specialize, knowledge of academic issues, having a parent in higher education, and personal teaching experience. This study highlights that dental students in general do not possess the knowledge and information necessary to make an informed decision regarding a career in dental education³. To address this issue, the American Dental Education Association (ADEA) developed the Academic Dental Careers Fellowship Program with the goal of providing both students and residents the opportunity to gain exposure to academia through structured mentorship, training, and information about academic careers. Expanded awareness through programs like UCLA's *Basic Dental Principles* course and the ADEA Academic Careers program have the potential to recruit academicians early. Dr. Jessica de Bord, a graduate from UCLA and participant in *Basic Dental Principles*, became interested in teaching prior to attending UW. She was drawn to UW because "they educated [them] to understand the big picture

beyond restoration of teeth, from the child and family level, to the community level, to the policy and advocacy level."

INFLUENCES OF RESIDENCY EDUCATION ON CAREER DECISIONS: CREATING A CURRICULUM THAT TEACHES MORE THAN DRILLING AND FILLING

We recognize that the decision to enter academics may not be realized during dental school. Many people may not choose to pursue teaching until early—or even late—in residency education. This highlights the importance of mentorship throughout residency. Dr. Glenn Canares describes that "during residency, it was good to have both experienced faculty and junior faculty serve as mentors. The experienced faculty served as examples of the long-term career opportunities" while the junior faculty were "people he could relate to more easily." Graduates consistently describe the mentorship from both junior and senior faculty as key influencers in their decision to pursue academics.

Through the application review process, faculty at the University of Washington indicate that they seek to matriculate residents that have the potential to become leaders in the field of pediatric dentistry. Dr. Joel Berg, former department chair and dean at UW stated, "We are not only training first-rate dentists and pediatric dentists, we are also teaching future teachers to teach." While academic performance and potential for clinical success are highly important factors, their evaluative criteria also emphasize service, life experiences, leadership, and advocacy. This suggests that UW residents may represent a self-selective group of individuals who have academic potential; however, components of the residency program also promote academic development that sets graduates up for success in academic careers.

Through the Maternal and Child Health Bureau, the University of Washington received funding to support dual degree programs in Pediatric Dentistry and the School of Public Health. Under the leadership of Dr. Penelope Leggott (Professor Emeritus), two residents per year participated in a three-year program that included a Certificate in Pediatric Dentistry, Master of Science in Dentistry, and Master of Public Health. Both two-year and three three-year residents received

didactic and practical experiences that foster public health training with an emphasis on maternal and child health education. A survey of graduates suggests that this formalized training has a high propensity to develop individuals that pursue academic careers. Dr. Elise Sarvas stated: "From the day I interviewed, UW professed its mission to be a public-health program. It is unique in that it truly sees the discipline of pediatric dentistry through that lens."

Embedded in the UW curriculum are opportunities to participate in pre-doctoral teaching. Under the guidance of clinical faculty, residents serve as teaching assistants for dental students during student rotations in the pediatric dentistry clinic. Furthermore, the program has strong support for resident research projects. While many students may feel overwhelmed by the idea of conducting clinical, biomedical, or behavioral research, strong research support encourages intellectual curiosity, interest, and potential for future research collaborations after residency. Dr. Karin Herzog took full advantage of research opportunities while at UW and now serves as Director of Research Statistics at Boston Children's Hospital. She stated that UW "employed experts from other disciplines, such as biostatisticians, psychologists and epidemiologists. Access to these diverse experts enabled multi-disciplinary research" and allowed her to complete "several research projects as part of [her] residency, and through this experience strengthened [her] interest in research."

Under the guidance of program leadership such as Dr. Joel Berg (past Department Head and Dean), Dr. Rebecca Slayton (past Department Head and Program Director), Dr. Travis Nelson (Clinic Director), Dr. Marcio da Fonseca (past Program Director), and other past and present faculty, there has been substantial mentorship to pursue academic careers that include research, involvement with advocacy and organized dentistry, research and publication, and strong clinical training. There is also strong support from Dr. Elizabeth Velan (past Program Director), Dr. Joseph Kelly (past interim Program Director), and other full- and part-time faculty to pursue hospital dentistry. The reputation of leadership in the department provides significant opportunity for strong mentorship, a key factor in developing graduates who aim to pursue academic careers.

This highlights that the University of Washington has developed a culture that aligns with the traits and career interests that are foundational to academic careers. Furthermore, as Dr. Elizabeth Velan describes, she chose to enter a teaching career because she had “faculty that appeared to enjoy their jobs!”

COMMON MISPERCEPTIONS ABOUT ACADEMICS

Many graduates report that they may not consider academic careers following graduation because they do not feel ready without having clinical experience following graduation. The late Dr. Suzi Seale frequently addressed this concern with students and suggested that new graduates consider teaching immediately following residency. She indicated that pediatric dentists who become “settled” in clinical practice may find it difficult to return to teaching after establishing themselves in practice. Graduates must also recognize that to graduate from a Pediatric Dentistry program, they must achieve competency in all areas outlined by the Commission on Dental Accreditation and therefore likely have the capability to become strong educators immediately following completion of residency. Although it may be beneficial for individuals to pursue full-time academic positions early in their academic career to realize their full potential, there are always opportunities to return to teaching mid- and late-career.

For individuals who may not be interested in full-time academic careers, there are many opportunities for part-time teaching positions in community health centers, hospitals, dental schools, and other settings where dental students and residents train. Full-time academicians often encompass the pillars of academic development, which include scholarship, research, and service. This also normally includes administrative responsibilities. In addition to these obligations, full-time clinical faculty often also provide direct patient care through intramural or extramural practice. Most part-time teaching positions are usually devoted to

University of Washington Graduates (only those actively teaching)

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Class of 2010
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and Associate Professor
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of Dental Medicine /
Children's Hospital of Colorado



Elizabeth Velan, D.M.D., M.S.D.

Class of 2008
Hospital Dentist and Clinical
Assistant Professor
University of Washington, School
of Dentistry
Seattle Children's Hospital



Joe Wilson, DMD

Class of 2009
Pediatric Dentistry Attending
NYU Langone Health
Yakima Valley Farm Workers /
Children's Village



Not Pictured: James Cannava (Class of 2012), Joseph Kelly (Class of 2006), Anne Reeves (Class of 2011)

clinical teaching, but part-time faculty still can become involved in didactic teaching, scholarship, service, and other components that are foundational in full-time careers.

While income potential and high loan debt are the most commonly cited barriers to academic careers, there are other benefits to offset these concerns. Many full-time positions offer the potential to supplement base salary through intramural or extramural practice, fringe benefits, healthcare, retirement, monetary support for professional expenses, and allowed time-off. Practitioners in private practice may report limited scheduling flexibility, uncompensated sick and vacation leave, and the feeling of geographic anchoring after establishing themselves in a practice setting.

FEDERALLY FUNDED PROGRAMS TO SUPPORT FACULTY LOAN REPAYMENT AND ACADEMIC CAREERS

Through the efforts of the American Academy of Pediatric Dentistry, three cycles of dental faculty loan repayment have been funded by the Health Resource and Service Administration (HRSA). This program has the

potential to significantly reduce the financial barriers of student loan repayment while serving as faculty. As Townsend and Chi describe, numerous opportunities exist through faculty compensation models and loan repayment programs that make an academic career financially viable⁴. Many graduates from the UW are currently participating in these faculty loan repayment programs. Additional programs are available through the HRSA Bureau of Health Workforce to support individuals from disadvantaged backgrounds in health professions and through the National Institute of Health to support individuals that perform biomedical or behavioral research⁵.

While the programs support direct loan repayment, HRSA has also funded pre-doctoral and post-graduate training grants to improve access to underserved individuals. These grants do not fund faculty loan repayment, but do have the opportunity to expose dental students and residents to key factors facing public health, dental education, and health services research. These programs foster both direct patient services while also providing enhanced education that may support and encourage future academicians.

Dr. Ian Marion describes that he is able to overcome financial barriers through faculty loan repayment programs, faculty practice, and fringe benefits—“though faculty may still earn a lower salary overall, the gap is not as wide as it may seem when comparing annual salary.”

CONCLUSION

The University of Washington has emerged as a program with a reputation for developing academicians. It is important to explore the factors that lead graduates to pursue academic careers, and UW, among others, may serve as a model. This is important at a time when the number of open faculty positions in U.S. dental education continues to rise. Literature suggests that mentorship during dental education and residency may increase the likelihood of students to enter academic careers. The primary barriers are financial. AAPD’s success in advocating for faculty loan repayment programs, in addition to other federal programs, may offset some of the concerns surrounding student loan debt as a barrier to pursuing academic careers. Notwithstanding, the UW curriculum embraces and provides strong mentorship for research, service, advocacy, and leadership in addition to strong clinical education. These align with the principles of academia: scholarship, service, and research and may therefore lead graduates to consider teaching.

¹Schenkein, Harvey A., and Al M. Best. “Factors considered by new faculty in their decision to choose careers in academic dentistry.” *Journal of Dental Education* 65.9 (2001): 832-840.

²Bibb, Carol A., and Karen H. Lefever. “Mentoring future dental educators through an apprentice teaching experience.” *Journal of Dental Education* 66.6 (2002): 703-709.

³Rupp, Jeffery K., Daniel L. Jones, and N. Sue Seale. “Dental students’ knowledge about careers in academic dentistry.” *Journal of Dental Education* 70.10 (2006): 1051-1060.

⁴Townsend, Janice A., and Donald L. Chi. “Academic Pediatric Dentistry is a Rewarding, Financially Viable Career Path.” *Pediatric dentistry* 39.5 (2017): 361-363.

⁵Faculty Loan Repayment and Grant Programs, Accessed September 2018 https://www.adea.org/professional_development/academic_dental_careers/Pages/FacultyLoanRepaymentandGrantPrograms.aspx



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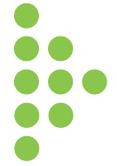
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Clarice Law, D.M.D., M.S.
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for the Pediatric Dental Patient



MARCH 14 – 16, 2019 • Los Angeles

This course features the recognized leaders in the field, both in dental anesthesia as well as pediatric dentistry. You'll find didactic lectures, case studies, film clip sessions, panel discussions and hands-on breakouts with personalized attention. This course will offer opportunities to gain hands-on experience while learning airway techniques to rescue patients and will include breakout sessions with manikin practice with face masks, ambu bags and the insertion of nasal and oral airways; all in a personalized setting with real equipment and monitors.

Course Chair and Speaker

Stephen Wilson, D.M.D., M.A., Ph.D.

Course Vice-Chair and Speaker

Bobby Thikkurissy, D.D.S., M.S.

Speakers

Alan Milnes, D.D.S, Ph.D., F.R.C.D.(C)
Christine Quinn, D.D.S., M.S.

Who Should Attend

Any dentist who sedates children in their office and wants to be taught by the leaders in the field who wrote the current AAPD-AAP Guidelines.

CE Hours

22 hours

Sponsor



Pediatric Sedation Emergencies
SIMULATION
Course



MARCH 17, 2019 • Los Angeles

While no one ever expects an emergency situation to arise, attending this course will help you and your team be more prepared should the unexpected arise. This course is designed to simulate emergencies that may occur in a pediatric dental office. It will offer some didactic materials but will focus on team-driven assessment and responsiveness to situations that might arise during sedation of children for operative care. The course is intended for pediatric dentists who are currently using sedation techniques in their office and will allow for the participant to make quick assessments of patient status and simulate airway techniques, while managing real-time trending of physiological status with the goal of stabilizing the patient. You will be able to immediately implement training protocols for your practice that you've learned in the course.

Course Chair and Speaker

Stephen Wilson, D.M.D., M.A., Ph.D.

Course Vice-Chair and Speaker

Bobby Thikkurissy, D.D.S., M.S.

Speakers

Alan Milnes, D.D.S, Ph.D., F.R.C.D.(C)
Christine Quinn, D.D.S., M.S.

Who Should Attend

Pediatric dentists who wish to sharpen and practice their cognitive skills and rescue techniques involving emergent pediatric sedation scenarios using SimMan technology.

CE Hours

9* hours
*Two (2) hours required online learning in advance and seven (7) hours hands-on.

To register, visit www.aapd.org/events



APRIL 5 – 6, 2019 • Boston

Course Chairs

Isabelle I. Chase, D.D.S.
F.R.C.D. (C)
Man Wai Ng, D.D.S., MPH

Matthew Heeney, M.D.
Ingrid Holm M.D., M.P.H.
Bridget Hron, M.D.
Amy Hughes, M.D.
Gi Soo Lee, M.D.
Dennis Rosen, M.D.
Stephanie Sacharow, M.D.
Michael Somers, M.D.
Rosalynd Sulyanto D.M.D., M.S.

Speakers

Stacy Croteau, M.D.
Serena Fernandes, M.D.
Katharine Garvey, M.D.
Laurie Glader, M.D.

This course will provide the pediatric dentist, dental resident, hygienist and assistant an update on a wide variety of areas of pediatric medicine, to include common disorders and diseases that the pediatric dentist may encounter in clinical practice.

All speakers are on staff at Boston Children's Hospital and are members of the Harvard Medical School faculty, and many are nationally and world-renowned in their respective fields. Each lecture will provide a medical review of the more common disorders and diseases the pediatric dentist might encounter in clinical practice setting, followed by a discussion of the latest advances in management with a specific emphasis on its relationship to clinical dentistry. The lecture format followed by panel discussion affords participants an opportunity for dialogue between lecturer and audience.

Who Should Attend

All members of the dental team who treat pediatric patients.

CE Hours

15 hours

ADA C.E.R.P.® | Continuing Education Recognition Program

ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry.

HRSA Dental Faculty Loan Repayment Meet the Recipients



Growing up in Haiti, Dr. Patrick S. Lolo witnessed oral health disparities that inspired him to pursue a career in dentistry. His passion for the dental field grew even stronger upon moving to Florida and observing similar disparities among children. Following his 2015 graduation from the University of Florida College of Dentistry, Lolo noticed that most of his classmates were not fond of participating in the Medicaid program and helping to address the needs of underserved

children. The most common reason was high student debt. As a minority who once benefited from government subsidized health insurance programs, he was determined to be a part of the solution. With few dentists willing to accept Medicaid in their private offices, Lolo realized that educational institutions and community health centers bear most of the burden of providing care for the underserved. These issues compelled him to complete a certificate in Pediatric Dentistry at Nicklaus Children's Hospital in Miami. There he met his mentor Dr. Oscar Arevalo. With his leadership and passion for the underserved, Arevalo inspired Lolo to pursue an academic career. After obtaining his certificate in Pediatric Dentistry in 2017, Lolo accepted a position as a junior faculty at Nicklaus Children's Hospital. While he was excited about his career path he wondered about his ability to repay his educational loans. The HRSA Dental Faculty Loan Repayment Program has enabled Lolo to focus on what is meaningful; developing a career as an academician, serving as a role model for minority children, and influencing dental residents to make a difference in the lives of underprivileged children.

Graduate Student Research Awards

The Graduate Student Research Awards (GSRA) were established in 1989 for pediatric dentistry residents and recent graduates. Finalists receive complimentary registration to the Annual Session for themselves and a guest, reimbursement for travel expenses, a cash award and plaque presented during the General Assembly.

Applications for the GSRA will be available during the first week in November by clicking on the *Awards and Fellowships* page under the Resource Center tab on the AAPD website at www.aapd.org.

AAPD / HSHC Proudly Announces Seven Scholarships for the Master Clinician Program

Building on the momentum of the past several years, the AAPD and Healthy Smiles, Healthy Children: The Foundation of the American Academy of Pediatric Dentistry proudly announces the 2019 Master Clinician Scholarship Program.

AAPD/HSHC scholarship recipients will attend the *Institute for Teaching and Learning* in Atlanta, Georgia as well as complimentary registration to the AAPD *Comprehensive Review of Pediatric Dentistry* continuing education course.

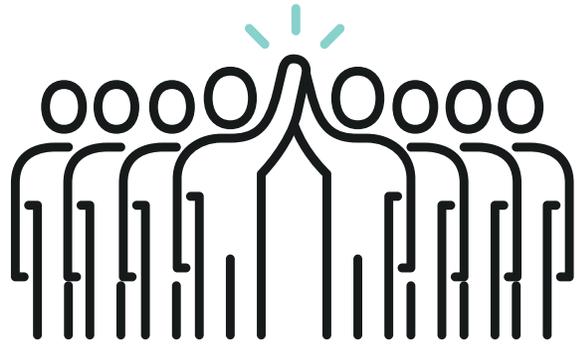
Scholarship applications are available by clicking the *Awards and Fellowships* link under the *Resource Center* tab at www.aapd.org. **Applications must be received by the AAPD by March 29, 2019.**

Please contact Educational Affairs Manager Scott Dalhouse at (312) 337-2169 or e-mail sdalhouse@aapd.org for further information.

Save the Date

Annual Joint Academic Day

Wednesday, May 22, 2019



LCP Dental Team Coaching (the new name for Julie Weir & Associates) is recognized as the premier consulting firm specializing in pediatric dentistry since 1996.

CASE STUDY #10: What Experience Do You and Your Team Members Provide?

PRACTICE PROFILE

- A two-doctor pediatric dental practice. New owner doctor was previously the associate dentist. She acquired an existing seven year-old practice. The previous owner remained on as a part-time associate doctor less than 12 hours/week
- Two locations
- Owner doctor works four patient days per week and four to five in-office IV sedation days per year. Associate doctor works two to three half patient days per week and one in-office IV sedation day per month
- Six chairs: two restorative, four recare
- Team: two doctors (one owner doctor and one associate doctor), zero hygienists, six assistants, two front office
- Seventy percent of patients have PPO Insurances and 10 percent Medicaid
- Average monthly production as of 2017: \$118,631 combined for both offices
- Average monthly collections as of 2017: \$103,595 combined for both offices
- Collection ratio as of 2017: 87 percent
- Average monthly new patients: 67 new patients combined for both offices

DOCTOR CONCERNS

- Lack of organized systems at the front desk; lacking cohesiveness and teamwork
- Division of labor
- Follow-up on tasks delegated
- Lack of chair space
- Inefficient patient flow

- Inexperienced at holding team members accountable
- Difficulty in managing the team, the practice's growth and still do the dentistry
- Practice has plateaued
- Scheduling template needed in the dental practice management software

DOCTOR GOALS

- Create an efficient schedule
- Increase productivity for the doctor(s) and team
- Increase collections
- Create standard operating procedures for the front office team to maximize efficiency
- Work on team communication
- Focus on customer service and patient experience
- Market satellite practice for growth
- Add another associate in one year
- Understand how to market properly

FINDINGS

Leadership

- Doctor had natural leadership skills that required fine-tuning
- There was no true practice coordinator, resulting in no accountability from the team.
- Front office leader struggled with holding front office team accountable, causing lack of communication and consistency.
- Job descriptions unclear about expectations
- Did not share practice production or collection goals with the team

- Team did not have consistent scheduled monthly meetings
- Goals and vision for the practice were not clearly conveyed to the team, causing unclear expectations

Team Dynamics

- Low team morale because there was no true team leader to implement and follow through with strong systems and team building activities
- Lack of teamwork and unity due to the team being unaware of a common goal to work towards
- Lack of follow through due to unclear expectations

Facility/Presentation

- One office was in a brand new space/location. The other office was a satellite office
- Open windows and beautiful parent & kid-friendly décor
- Very clean and organized
- Nice reception area for parents and play area for kids

Front Desk Efficiency

- Separate Check-in and Check-out areas
- Inefficient insurance verification system
- Insurance coverage tables not updated resulting in incorrect treatment plans
- Poor efficiency due to lack of standard operating procedures manual.
- Needed proper verbiage for cancellations, no shows or last-minute changes in the schedule

- No use of route slips/daily huddle sheets
- Appointment policy documents outdated and missing important information
- Ineffective communication among team members regarding patient and appointment notes
- Statements not being sent consistently
- Collections process nonexistent

Scheduling/Production

- Unproductive Morning Meetings due to a lack of someone to lead these meetings
- Block Scheduling Template needed for efficient scheduling
- New patient appointments not scheduled correctly and often ran behind, causing new patients to wait
- Unscheduled treatment not followed up on
- Inefficient recare system

Marketing

- New logo created and website updated
- No Marketing team established so owner doctor was doing most of the marketing
- Community involvement and some school presentations
- Social media not being posted to regularly
- Effective website and good search engine optimization
- Not consistent with tracking new patients and referral sources

RECOMMENDATIONS

Leadership Recommendations

- Doctor shared his vision for the practice with the team to create unified goals to work towards
- Created new practice and team mission statements. Posted them in the office where they could be seen
- Identified Clinical Coordinator and Front Office Leader- doctor spent time having leadership meetings and developing them
- Morning Huddles, monthly Team and Quarterly Department meetings happening consistently
- Practice Vital Signs and goals monitored to ensure that implemented systems are working

- Set individual performance goals for the year during scheduled performance reviews

Team Dynamics Recommendations

- To increase team morale, team members and doctors express appreciation for each other daily
- Schedule quarterly “Team Building/Bonding” events
- Update job descriptions and review them periodically for updates
- Team members held accountable to accomplish their expectations

Front Desk Recommendations

- Everyone taught proper verbal skills and techniques for converting shoppers
- Create Standard Operating Procedures Manual for the front office team to reference. Use this manual as a guide for training all new team members
- Properly trained to:
 - Maintain healthy accounts receivable
 - Verify and update insurance
 - Use Dentrix software optimally
 - Schedule appointments according to customized templates related to practice goals
- Trained on best verbiage to keep schedule filled during school hours how to minimize last minute cancellations and no-shows

Scheduling/Production Recommendations

- By placing patients in the proper block on the schedule, the experience gets up-leveled for the patient/parent and those scheduled around them
- A block scheduling template created to meet producer goals will contribute to a smooth flow and decrease running late with appointments
- Make sure specific front office personnel are held accountable for keeping the recare and restorative schedules full
- Full treatment to be entered consistently and correctly by clinical team members prior to walking patient to check-out
- Schedule uninterrupted time for specific team members to work the past due recare and unfinished treatment plan reports

- Chart reviews are to be completed by the clinical team the day prior to check for medical alerts, radiograph needs, and unscheduled treatment

Marketing Recommendations

- Theme days should be done once to four times monthly and posted to social media
- Create a plan to post consistently to social media
- Authentic videos, Boomerang videos and photos and videos using Snapchat get more responses and engagement than just pictures
- Many parents like posting about their children’s experiences. Always have a signed consent form and only use their first name in the posts. Encourage parents to tag your social media pages
- Patients love to be celebrated. Create multiple opportunities to celebrate your patients during their visit, such as a Smiles Club, birthday prizes or a fun photo booth
- Create a full team birthday video email to be sent through your Patient Communication Software to patients
- Compliments from parents are perfect opportunities to inform them that we are always accepting new patients
- Team should understand that they are all part of the Marketing team
- Track new patient referral sources and send hand-written thank you notes
- Increase efforts to connect with referring and non-referring local healthcare providers to increase referrals and word of mouth

POST COACHING RESULTS

- Business Analysis Report & Recommendations report created and followed
- Two Front Office Leaders needed to assist in the growth of each practice
- Hiring a full-time associate to have three doctors between the two offices
- New leaders and doctor began holding team members accountable in a respectful and timely manner
- Team united and worked together toward a common goal

- Substantial decrease in no-shows and cancellations
- Noticeable increase in production and collections due to new systems and increased understanding of software utilization
- Reviewing practice goal numbers and team became motivated seeing they could hit and surpass their goals
- Production increased 10 percent by an additional \$12,000/month to \$130,562/month by 2018
- Collections increased 18 percent by an additional \$19,000/month to \$122,685/month by 2018
- Collection ratio increased by six percent to 93 percent as of 2018
- New patients increased 34 percent from 67/month to a total of 90 new patients per month

WHAT YOU SHOULD LEARN FROM THIS

- The experience you provide is as important to your patients/parents as well as your team members
- Office culture is more important than the doctor's vision. If you have ever felt like you don't want to go into your office, chances are you are not the only one
- Morale and operational issues do not fix themselves; they perpetuate and blow up at the most inopportune times
- Leading team members is more effective than managing people. Business and leadership skills are needed now more than ever
- Make sure you are running your office and it is not running you
- Team members want to know goals and it helps them be more productive
- Properly training your team members is a wise investment. They impact your business more than you realize
- Reviews and word of mouth referrals will increase – What are parents saying and writing about the experience you and your team deliver?

“If you build a great experience, customers tell each other about that. Word of mouth is very powerful.”

Jeff Bezos, founder of Amazon

Published four times a year, Practice Management and Marketing News is a featured column in Pediatric Dentistry Today.

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| • Team Meetings Kit: Morning, Team, Leadership & Marketing | \$85 |
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We are on a mission to promote the health and happiness of our young patients and their parents. Sprig has brought oral-health technology to the forefront of pediatric dentistry by creating the first pediatric Zirconia crown, giving concerned parents a more esthetic and healthier alternative to metal crowns while providing their children with confidence and next-generation care.



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Pediatric Oral Health Research and Policy Center

Updated AAPD Research Agenda

A research agenda should not be driven by funding, but by the encouragement of funding into critically important areas, according to the AAPD Council on Scientific Affairs, chaired by Donald L. Chi, D.D.S., Ph.D. To encourage evidence-based clinical care and improve patient oral health, the revised AAPD Research Agenda for 2018-2019 urges funding agencies to devote resources to the following areas:

- Improved diagnosis, prevention, and management of dental and craniofacial conditions through the life course (e.g., emerging dental caries management agents, precision/personalized oral health care, technologies and strategies to monitor and promote health and self-care).
- Interdisciplinary research to understand and eliminate oral health disparities and promote oral health for all (e.g., basic behavioral and social determinants of health, development of evidence-based public health interventions, clinical trials focusing on children and vulnerable populations, integration of dentistry into the health care delivery system, interoperable databases between medicine and dentistry, models of interprofessional collaboration, data sharing, training, and team science).
- Translational research to move scientific knowledge into practice and policy (e.g., dissemination and implementation of evidence-based care principles into clinical practice, barriers to dissemination and implementation, policy and practice partnerships).

Safety Committee Update

The AAPD Committee on Safety examines the processes and culture of patient safety as they pertain to the practice of pediatric dentistry, and makes recommendations to the AAPD as to possible initiatives the organization could implement to enhance the safety of children in a pediatric dental office.

The committee continues to move forward with development, planning and coordination of their current main projects:

1. A sedation/general anesthesia accreditation model for pediatric dental practices;
2. A safety resource manual/online toolkit serving as a dynamic online resource providing links to many other resources with areas of expertise like the CDC, OSAP, etc.;
3. A safety symposium in 2019; and
4. A Guest Editorial in the *Pediatric Dentistry July/August 2018* issue that outlines the absolute commitment the AAPD has made to Patient and Provider Safety and discusses the initial projects outlined above.

Evidence-Based Dentistry Committee Update

The Evidence-Based Dentistry Committee (EBDC) members have developed a mission statement, vision and goals for the committee under which the committee will operate following board of trustees approval. Currently, EBDC is overseeing two new EBD guidelines:

- Clinical Practice Guidelines for Use of Non-Vital Pulp Therapies in Primary Teeth, and
- Clinical Practice Guideline on Behavior Guidance for Pediatric Dental Patients.

The non-vital primary tooth pulp therapy guideline workgroup, composed of Drs. James Coll, Chair; Kaaren Vaargas; Shahad Al Shamali; Chia-Yu Che; Abdullah Marghalani and Reva Bhushan have submitted their systematic review protocol to PROSPERO (international prospective register of systematic reviews) for both in vivo and in vitro studies. The non-vital pulp therapy guideline will focus on the efficacy and effectiveness of any non-vital pulp treatment or aspect of non-vital treatment in primary teeth with irreversible infected or necrotic pulp from deep caries or trauma.

The table below indicates the timeline of clinical guidelines development.

Clinical Practice Guideline Topic	Systematic Review Publication Date	Publication Date Guideline	Revision Scheduled Date
Sealants (completed)	08/2016	09/2016	9/2021
Vital pulp therapy (completed)	01/2017	09/2017	9/2022
Silver Diamine Fluoride (completed)	n/a	09/2017	9/2022
Non-vital pulp therapy (in progress)	2019	2020	9/2024
Behavior guidance (in progress)	2020	2020	2025

New Page on AAPD Website Oral Health in Primary Care

http://www.aapd.org/policy_center/oral_health_in_primary_care/

Primary care providers can be a major source of both referrals and patient education. The AAPD now has a page dedicated to Oral Health in Primary Care. Currently, the page houses reports on our three-year interprofessional study on oral health in primary care. The page includes additional resources that can aid medical professionals in incorporating oral health into patient care.

Do You Know these Pediatric Dental Facts?

According to the 2017 AAPD Survey of Pediatric Dental Practice:

- Pediatric dentists are getting younger. The average age of pediatric dentists declined between 2001 (51 years) and 2016 (45 years), due in part to the increase in pediatric dentistry residency programs.
- The state with the lowest ratio of pediatric dentists per 100,000 children in 2016 was West Virginia (4.5 per 100,000) followed by Missouri, Kansas, and New Mexico. (In comparison, the total U.S. average is nine pediatric dentists per 100,000 children.) The District of Columbia had the highest ratio of pediatric dentists (16.3 per 100,000) followed by Massachusetts, Connecticut, and Hawaii.
- The average number of active patients per pediatric dentist increased from 3,390 in 2011 to 5,120 in 2016. (An active patient is defined as any seen within the last 12 months.) Further, 75 percent of the average caseload was established patients, meaning three out of four patients who visit pediatric dentists have a Dental Home.
- A “big city” practice may not have the biggest case load. While the average number of active patients on record per pediatric dentist varied by county size, smaller counties had the highest average number of active patients on record.
- Your paycheck is a bit larger. According to ADA surveys, the average net income for pediatric dentists of \$284,670 in 2015 appears to have stabilized after years of decline. (The lowest earnings of \$271,552 were seen in 2012.)

The 2017 AAPD Survey of Dental Practice supplies current information on critical functions of pediatric dental practices. You can view the full report at www.aapd.org in the Resource Center under Member Resources at http://www.aapd.org/assets/1/7/AAPD_CHWS_survey_Pediatric_Dentistry_final.pdf (Log-in is required).

CDT 2019 Revisions and Additions

The Code on Dental Procedures and Nomenclature (CDT) is updated annually. The American Dental Association (ADA)'s Code Maintenance Committee (CMC) meets early each year to review the code change requests that are submitted, and votes to either accept, deny, or table each request. New and revised codes pertinent to pediatric dentists become effective Jan. 1, 2019.

Before reviewing the new codes, it is important to remember a few key facts about CDT. First, the primary purpose of CDT is to provide dental teams with a standardized language to report dental procedures. This standardized language allows doctors to:

- Clearly communicate with patients about proposed dental procedures.
- Accurately document all dental services performed.
- Appropriately bill patients for services.
- Accurately report dental procedures to third-party payers.

The existence of a code does not necessarily mean that it will be reimbursed. Payers are required to recognize current CDT codes when submitted on claims, but they are not obligated to pay for them. Furthermore, different payers may start providing reimbursement for new procedure codes at various times, depending on when they update their plan document. Despite this fact, it is vital to always report the most accurate, current CDT code to describe the procedure performed. The more frequently a code is reported, the more likely that it will be reimbursed in the future.

D0100-D0999 I. DIAGNOSTIC

ADDITIONS

D0412 blood glucose level test – in-office using a glucose meter

This procedure provides an immediate finding of a patient's blood glucose level at the time of sample collection for the point-of-service analysis.

D1000-D1999 II. PREVENTIVE

ADDITIONS WITH RELATED DELETION(S)

~~**D1515 space maintainer – fixed – bilateral**~~

D1516 space maintainer – fixed – bilateral, maxillary

D1517 space maintainer – fixed – bilateral, mandibular

~~**D1526 space maintainer – removable – bilateral**~~

D1526 space maintainer – removable – bilateral, maxillary

D1527 space maintainer – removable – bilateral, mandibular

D7000-D7999 X. ORAL AND MAXILLOFACIAL SURGERY

REVISIONS

D7283 placement of device to facilitate eruption of impacted tooth

Placement of an attachment on an unerupted tooth, after its exposure, to aid in its eruption. Report the surgical exposure separately using D7280.

D9000-D9999 XII. ADJUNCTIVE GENERAL SERVICES

ADDITIONS WITH RELATED DELETION(S)

D9944 occlusal guard – hard appliance, full arch

Removable dental appliance designed to minimize the effects of bruxism or other occlusal factors. Not to be reported for any type of sleep apnea, snoring or TMD appliances.

D9945 occlusal guard – soft appliance, full arch

Removable dental appliance designed to minimize the effects of bruxism or other occlusal factors. Not to be reported for any type of sleep apnea, snoring or TMD appliances.

D9946 occlusal guard – hard appliance, partial arch

Removable dental appliance designed to minimize the effects of bruxism or other occlusal factors. Provides only partial occlusal coverage such as anterior deprogrammer. Not to be reported for any type of sleep apnea, snoring or TMD appliances.

OTHER ADDITIONS

D9130 temporomandibular joint dysfunction – non-invasive physical therapies

Therapy including but not limited to massage, diathermy, ultrasound, or cold application to provide relief from muscle spasms, inflammation or pain, intending to improve freedom of motion and joint function. This should be reported on a per session basis.

D9613 infiltration of sustained release therapeutic drug – single or multiple sites

Infiltration of a sustained release pharmacologic agent for long acting surgical site pain control. Not for local anesthesia purposes.

D9961 duplicate/copy patient's records

D9990 certified translation or sign-language services – per visit

For more information, contact Dental Benefit Director Mary Essling at (312) 337-2169 or messling@aapd.org

The AAO Donated Orthodontic Services (DOS)

The DOS program was launched in 2009 by the American Association of Orthodontics (AAO) and provides orthodontic treatment on a pro bono basis to children of low income families with no access to insurance coverage or public assistance. Although the program is concentrated in 11 states, it serves patients across the country. Periodically AAO experiences a shortage of patient applications and many of AAO's orthodontic volunteers do not have patients assigned to treat. To maximize the number of children treated, AAO requested AAPD to assist in promote the existence of the program. Please keep this program in mind for your patients who may qualify to receive treatment.

For more information, please contact Ann Sebaugh at asebaugh@aaortho.org.

DID YOU KNOW?

State Chapter Code and Insurance Workshops are offered by AAPD Dental Benefit Director Mary Essling. No fee is required. Chapter must cover costs of airfare and hotel. The course is typically two to three hours long and CE credits are offered.



How Would You Like To Have The Best, The Happiest, And The Most Competent Pediatric Dental Assistants **Who Actually Make You Money?**

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Media Mix

For more information on how to submit your media coverage, please contact Public Relations Director Erika Hoeft at (312) 337-2169 or erika@aapd.org.

AAPD President Contributes Article on the Value of Back-to-School Appointments

AAPD President **Dr. Joe Castellano** submitted an article to *Dr.Bicuspid.com* reminding parents and pediatric patients to focus on their oral health care.

According to the article, “Studies have shown that poor oral health can lead to poor overall health and poor performance in school. Getting your pediatric patients examined before the school year starts will help ensure that every child has the best possible chance at success. With the craziness of the summertime and the “back-to-school” in our offices, dentists and hygienists can provide certain tips and guidelines to parents and caregivers to help keep their children cavity-free and start the school year right.”

AAPD Research on Early Dental Visits Featured in ADA News

AAPD announced research findings in August which were covered in the *ADA News*. The research, which is part of a series of studies launched in 2014 aimed at exploring pediatric medical providers’ perceptions and practices surrounding oral health, produced a predictive model, “that suggests the odds of a child having tooth decay at the first dental visit more than doubles for every year of increased age,” according to a news release about the study.

“By delaying the first dental visit, parents take an unnecessary gamble on their child’s oral health,” said Dr. Paul Casamassimo, chief policy officer of the AAPD’s oral health research and policy center and a member of the ADA’s Council on Advocacy for Access and Prevention.

AAPD President Featured in Palmero Health Newsletter

AUGUST IS CHILDREN’S EYE HEALTH AND SAFETY AWARENESS MONTH

“Safety is paramount in all areas of dentistry, and eye safety is no exception,” said American Academy of Pediatric Dentistry (AAPD) President **Dr. Joe Castellano**. “All dental care providers need to have and wear eye protection during dental procedures. It is equally important that eyewear is always provided to patients to keep their eyes safe. Splattered or aerosolized fluids containing pathogenic bacteria and flying tooth fragments (which are basically projectiles), can contact our eyes, or those of our patients, at any time during a dental procedure. Donning protective eyewear for every dental procedure is the easiest and safest way to ensure that the patient’s and the dental care teams’ eyes remain free from harm.”

New Mouth Monster Hub Content

LITTLE TEETH TRUTHS: IS MY KID A GOOD CANDIDATE FOR DENTAL BRACES/RETAINER?



AAPD national spokesperson **Dr. Laji James** addresses this pressing parent question in part by stating, “By becoming a patient of a pediatric dentist, you will have access not only to a Dental Home, but also a pediatric dentist that will help guide your oral health care decisions.

Your child will be a good candidate for dental braces if they have healthy teeth, healthy gums and good daily habits of keeping their teeth clean. Your dentist may refer you to a pediatric dentist or orthodontist that has received special training in both evaluating and correcting problems with occlusion. Occlusion refers to the alignment of teeth and the way that the upper and lower teeth fit together (bite). The upper teeth should fit slightly over the lower teeth. The points of the molars should fit the grooves of the opposite molar.”





Continuing Education to Prevent Professional Decay

Is continuing education an obligation to maintain license(s), privileges and board certification or a way to continue to grow professionally and stay excited about pediatric dentistry? Likely both! Despite new clinical techniques, materials and practice management tools developing as this is read, it is easy to get into the habit of practicing the same way every day, especially when your systems are working well for you. As members of the AAPD there are virtually unlimited resources at our disposal at **AAPD.org** including but not limited to: publications, Oral Health Policies and Recommendations, a catalog of Education Meetings, and Podcasts.

Board certified pediatric dentists engaged in the Renewal of Certification Process (ROC-P) also have additional resources to assist in continuing education organization and enhancement. Your ROC-P Dashboard can function to organize all the CE you input, not just the minimum for maintaining board certification. Continuous Quality Improvement Modules (CQIs) are available at **ABPD.org** via your log-in and ROC-P Dashboard. Only two CQIs are required for your ROC-P; however, you may do as many as you like or all of them for more CE!

Learn more with these CQI Modules:

- Assessing Changes in Quality of Life and Dental Anxiety for Children After Dental Rehabilitation Under General Anesthesia
- Comparing GMTA and DFC in Pulpotomized Human Primary Molars
- Antibiotic Usage
- Hypophosphatasia
- Indirect Pulp Therapy
- Do early dental visits reduce the need for and cost of treatment in children?
- Documentation and Risk Assessment for Operating Room Care
- Adverse Events During Anesthesia
- Dental Bleaching for the Child and Adolescent Patient
- Bleeding Disorders and Dental Care
- Heritable Dental Developmental Anomalies
- Pain Management
- Patients with Special Needs
- Preformed Metal Crowns
- Local Anesthetics in Pediatric Dentistry
- Management of the Developing Dentition and Occlusion
- Eating Disorders in the Pediatric and Adolescent Population
- Prescribing Dental Radiographs
- Protective Stabilization
- Pulp Therapy
- Prevalence of Sleep Bruxism and Associated Factors in Preschool Children
- Preventive Effect of Fluoride Foam on Enamel Decalcification During Orthodontic Treatment
- Sedation Emergency Scenarios with Video
- Pulp Treatment Primary Incisors
- Restorative Pediatric Dentistry
- Sedation and Monitoring
- GI Disorders and Dental Care
- The Effect of Acid Etching Time to Bond Strength
- Soft Tissue Pathology and Considerations
- Effects of Glass Ionomer Temporary Restorations on Pulp Diagnosis & Treatment Outcomes in Primary Molars
- The Role of Glass Ionomer Cement on the Remineralization of Infected Dentin: An In Vivo Study
- Evaluation of Primary Carious Dentin after Cavity Sealing in Deep Lesions
- Trauma to Permanent & Primary Incisors
- Treatment Options for Incipient Decay Found in Anterior Teeth
- Use of Fluoride
- Use of Silver Diamine Fluoride (SDF) for Dental Caries Management
- Pediatric Psychopharmacology and Local Anesthesia: Potential Adverse Drug Reactions with Vasoconstrictor Use in Dental Practice

As a friendly reminder, the ROC-P Dashboard needs to be complete by November 30th and resets annually on January 1st. As convenient as remote learning is, knowledge gained in professional fellowship and collaboration during breaks and social outings is missed.

The ABPD hopes to see you in Chicago at the AAPD Annual Session!

E. LaRee Johnson, DDS, MS, FAAPD
Secretary & OCE Liaison, ABPD
Raleigh, NC
Diplomate since 2001



How to File a Disability Income Insurance Claim

By D. Scott Fehrs, ChFC®

Chief Executive Officer, Treloar & Heisel, Inc.
www.treloaronline.com

Insurance is one of those things in life that you buy and hope to never use. Disability income insurance is one of the primary insurances that you really hope not to have to use. And yet, should that day ever come, you'll be happy you bought it.

Pretty much everyone knows someone who was disabled through accident or illness, and – whether temporarily or permanently – was unable to return to work. When that happens, first is the immediate shock of what happened to you. “Will I be OK? Can I go to work again? How will I provide for my family?”

Assuming that you had the foresight to buy disability income insurance, the next question is “Will the insurance company pay my claim?” To some degree, every claimant experiences the dread of not knowing if his or her claim will be accepted.

Once you file your claim, the insurance company will need to ascertain a number of things about you. They need to know your occupation at the time of the disability, the nature of your disability, and your income. As simple as this may seem, a lot of energy goes into giving them this information so that they can produce an answer for you.

Being better educated about the claims process could put you in a better place emotionally, and help you move through this time efficiently. To help manage your anxiety, I thought I'd put together a few concepts you will need to understand:

OCCUPATION

The insurance company cares about your occupation at the time of disability. Say you bought your insurance policy when you were an oral surgeon, but now you are a consultant to a national implant company. Well, this change may make a difference as to how the company evaluates your claim. (By the way, how an insurance provider defines the word ‘occupation’ is one of the most important things a dentist needs to understand about a disability income policy.)

ELIMINATION PERIOD

The elimination period is the period of time that needs to lapse before the insurance company starts accruing your benefits. Many people mistakenly believe that this is when you start receiving your checks – it's not.

A personal disability policy will typically have a 90-day elimination period, though other options exist. A business overhead policy may have a 30-, 60- or 90-day elimination period.

If you have a 90-day elimination period it's important to realize that you're not going to start receiving checks on the 90th day after your disability. You will start accruing benefits after 90 days with payments usually beginning a short time thereafter.

DUE DILIGENCE

It's easy to be cynical and say that insurance companies do not pay claims. They absolutely do pay appropriate claims, they just need to thoroughly research your claim. This process is known as due diligence.

Due diligence includes getting statements from your attending physician. It also includes getting your tax returns. While this may feel highly invasive, it has nothing to do with the insurance company being ‘nosy.’ The statements from your medical providers help the insurance company determine the nature of your disability.

Your financial statements help provide a picture of your financial health. Some companies will look back as far as five years to determine your income. This can be advantageous for you. We saw this in 2008 and 2009 when many clients' incomes were down and our clients could look back as far as 2005 to determine income. So you see, it's not necessarily bad to give them the information they seek.

ESTABLISH YOUR CASH RESERVE – NOW

You'd be surprised at how many (even high-earning people) don't have adequate cash reserves. By now you will have figured that if an insurance company has a waiting period of 90 days before they even start looking at your paperwork, realistically, you're not getting a check until at least 120 or 130 days after your disability event. This represents at least four months that you may need to pay for your ongoing expenses out of pocket.

You should have a minimum of 6 months' worth of expenses in cash. Ideally, 9 months or even a year's worth would give you peace of mind that you're covered in the event of an unexpected mishap.

WORK WITH YOUR SUPPORT TEAM

Make sure your broker is experienced in handling claims like yours. Your broker could be your chief advocate during the claims process. Also, I can't stress enough how important it is to work with your accountant, doctor's office, and everyone else who is going to help you as you go through this process.

Let everyone on your support team know that time is of the essence. The faster they move to give the insurance company the information it needs, the faster you'll have your check in hand. Time is money!

If you follow these steps, you should be in good shape. Good luck with your claim.

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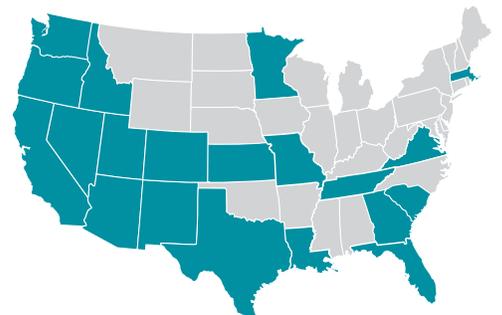
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You can find Pacific Dental Services®, featuring My Kid's Dentist®, at **booth #209** during the AAPD Annual Session!



Opportunities

For information regarding placing a listing in *PDT* or Pediatric Dentistry please visit the AAPD Career Center at <http://jobs.aapd.org> or call (312) 337-2169

SEEKING PEDIATRIC DENTIST

ARIZONA—GOODYEAR. Exceptional pediatric dental practice has a wonderful opportunity for a pediatric dental associate! We have a well-established, state of the art, themed office in a rapidly growing area. Our office is looking for an enthusiastic pediatric dentist to join our team who will provide high quality care to our patients on either a full-time or part-time basis. Our office is doctor owned and has been a successful business for over 13 years. Associates earn a guaranteed daily base salary, monthly bonuses, and share in the corporate retirement plan as well as group medical insurance. Please e-mail your C.V. to hilgersk@yahoo.com to learn more about this exciting opportunity! D.D.S. or D.M.D. with a certificate from a pediatric dental residency program. Current residents may apply!

CALIFORNIA—SAN DIEGO. Great opportunity for Pediatric Dentists in the San Diego County area. Join our team and be a part of something as extraordinary as the children you treat. With five locations, we are looking for someone compatible who is personable, enthusiastic, caring and someone who loves what he/she does. Currently, we're seeking both part-time and full time positions. For more information on our practice, please feel free to check out our website www.thesuperdentists.com and send your resumes to nicki@thesuperdentists.com or call (619) 548-8772 for more information on the opportunity. Requirements for this position: Pediatric Dentist, CA License.

GEORGIA—CANTON. An established specialty office is currently interviewing for a full time compassionate, quality focused Pediatric Dentist with possible path to partnership. This is a great opportunity to practice in a fun and privately-owned office. We believe in a high level of patient/parent education and making sure that children have an excellent dental experience at each visit. Our office is upscale and modern with a team of happy, motivated, multi-skilled members. Candidate must have excellent communication skills, be enthusiastic and motivated. We have an exceptional compensation package including generous guaranteed salary with production based bonus system, medical insurance and other benefits and sign-on bonus. Please visit our website at www.niadentistry.com. For more information about this position please contact Dr. Azi Nia at peditricdentistjob@gmail.com.

ILLINOIS—NW SUBURBS CHICAGO. We are looking for a new or experienced Pediatric Dentist to join our successful multipractice/specialty office. Excellent compensation in this high tech, modern office that sees no HMO or state insurance. Inquire/send resume and photo for more details. Visit our website: www.kidsmyl.com. Must be a Pediatric Dentist who has a specialty license in Pediatric Dentistry to practice in IL and has successfully completed a 2 or 3 year residency program. Please e-mail resumes to nvlittleteethRus@gmail.com.

ILLINOIS—NAPERVILLE. Immediate opening for a Pediatric D.D.S. in expanding multi-specialty practice. High end technology, southwest suburbs, F/T and P/T hours available. Looking to add an amazing team. The office treats between 70-90 patients daily. We offer an outstanding compensation package. • Salary ranges between \$250k-\$350k • Medical & Dental Insurance benefits • Malpractice Insurance • 401k • Sign on Bonus • Partnership Opportunity. Please send resumes to: recruiter@innovativepediatricdentistry.com.

ILLINOIS—OAKBROOK AND ST. CHARLES. Outstanding part or full time opportunity for associate/partnership with immediate potential for partnership/ownership in busy, established and still growing pediatric offices in the western suburbs. Diverse population that seeks optimal care and the full range of services including interceptive and corrective orthodontics, non-pharmacologic care, in-office sedation, special patient care, hospital and surgical center care. Optimal for a skillful pediatric dentist or dual-trained pedo-ortho who seeks ownership of one or both offices. Experience and Board certification highly desirable; owner looking to return to an academic setting and phase out over a mutually agreeable timeframe to permit smooth transition. Flagship office in Oak Brook has 2850 sq. ft, remodeled in 2011; has 6 open-bay operatories and 3 semi-private chairs; St. Charles has 2900 sq. ft, remodeled in 2005 has 4 chairs open bay and one private chair. Great place to live and raise a family, outstanding schools, world class dining and shopping, close to what a vibrant business city has to offer. St. Charles office can be purchased separately; alternately both offices can be purchased together. Owner will consider financing. Brokers are not invited. Interested parties should send resume and letter of interest to jjpenterprises@gmail.com.

MASSACHUSETTS—MARLBOROUGH. Pediatric Dentist opportunity. We are seeking a pediatric dentist to join our fantastic team. Our fast-growing multi-specialty locations in Leominster, Marlborough and Fitchburg offer a highly motivated and skilled team and a great patient base. Excellent pay and benefit package. We offer: base pay of \$1,000 a day, 40% production reconciliation bonus structure, paid holiday and vacation, medical, dental and vision insurance, flexible spending account, professional and licensure dues, malpractice insurance, disability insurance (short- and long-term), C.E. allowance, and 401(k). For more information on our practice, please visit our website at DentistryandBraces.com. Send resume to pedocandidate@newenglandfamilydentistry.com or contact Gretchen at 207-730-2360.

MASSACHUSETTS—LOWELL. Massachusetts—Exciting opportunity to join an expanding pediatric dental practice 40 minutes north of Boston. Full time/part time position available. Daily salary plus bonus. Benefits include Health insurance, continuing ed allowance, 401K, malpractice coverage, hospital privileges. Office utilizes nitrous oxide, in-office sedation with an anesthesiologist, and hospital dentistry. Come be apart of designing and building a new office. Position available as of December. Future partnership potential. Send resume to our office manager at lanna.dentistry@gmail.com. Requirements for this position: Certificate from a pediatric dental program.

NEW JERSEY—OLD BRIDGE. 'Practice pediatric dentistry the way it is meant to be practiced.' We are offering a full time or part time career opportunity to a pediatric dentist who is interested in joining an amazing team, doing an amazing job, and developing a satisfying career. You will enjoy an exceptional production-based compensation pro forma, coupled with a full menu of benefits to include health care, dental care, 401K, an extensive CE program and more. This opportunity to grow and prosper provides our pediatric dental associates with great financial success, as well as personal and professional security. Kidzdent will assist you in learning more about sedation dentistry, early interceptive orthodontics, advanced behavioral management, and intervention in sleep related breathing disorders. Professional education is a lifetime pursuit and KidZdent will help you to achieve your highest potential for growth. Kidzdent is a full service care center for children and is dedicated to pediatric dentistry, interceptive orthodontics, orthodontics, and special needs dentistry with special attention to the autism community. We believe in preventive dentistry and providing the best options for our patients during every phase of their growth and development. For over forty years, KidZdent has grown to become the most trusted, premier practice in NJ for children's dental health care needs. Please send your C.V. along with an introductory letter to Christine@kidzdent.com, or fax it to Christine at (732)679-2722. Requirements for this position: Pediatric Dentist Specialty License.

NEW JERSEY—MARLTON. Great opportunity for pediatric dentist to establish your own satellite or primary office 1 - 4 days/week renting space from a progressive, well established, busy orthodontic practice for nominal rent and overhead. Be self-employed! We are fee for service orthodontic practice delivering excellent patient experiences seeking a charismatic, highly skilled pediatric dentist who is motivated to establish their own, low overhead practice. We will help you grow YOUR pediatric dental practice in a building we own with a large pediatric medicine practice. We are only 15 miles from Philadelphia and 50 miles from the beach. Requirements: pediatric dentistry certification, NJ license, specialty permit, board certified is a plus. If you are outgoing, pleasant disposition and looking for satisfying career growth, please contact us for more information and/or email C.V. to carlynp11@gmail.com. Visit our website at drphucas.com. We look forward to hearing from you!

NEW YORK—PEEKSKILL. We are seeking a Part-time Pediatric dentist to join our team. Our offices are located in upper Westchester County NY. The ideal candidate is a personable fun individual with skills to match and dedication to provide unmatched patient care. We provide a full range of dental services including sedation and OR/GA. New grads welcome. Please send resume to gentlecarejobs@gmail.com.

NEW YORK—BABYLON. Growing Pediatric group, with multiple offices, needs pediatric associates with potential of partnership in our expanding offices. We re looking for full or part time associates in our Queens and Central Suffolk locations. Excellent

salary and percentage is being offered. Requirements for this position: Completion or soon to be completed Pediatric residency program. Please e-mail 2align@gmail.com for more info.

OHIO—SPRINGFIELD. Springfield Pediatric Dentistry is currently seeking a Pediatric Dentist to join our team. This is a great opportunity in a group practice setting in a state of the art practice. We offer a competitive salary and a signing bonus. We have access to surgery facilities at Dayton Children's, Nationwide Children's and Springfield Regional. We are completely digital office and also offer laser Dentistry with a Solea laser. Qualifications: Valid state license, D.M.D. or D.D.S., Pediatric Specialty Certificate, ability to maintain state required coverage. Please e-mail resumes to springfieldpeddent@gmail.com.

PENNSYLVANIA—HARRISBURG. Children's Dental Health is proud to be the leading provider of pediatric dental health services in the region. With over 20 practice locations throughout Pennsylvania and New Jersey, our mission is to provide the finest and most appropriate dental care to all children we serve, while partnering with parents and families to educate and facilitate a lifetime of excellent oral health. We are proud of our unique characteristics that make Children's Dental Health a great career opportunity for pediatric dentists. Some ways that we are different include: Surgery Center Ownership - We are unique in our ownership of Children's Dental Surgery - a collection of three AAHC-accredited ambulatory surgery centers where our pediatric dentists perform dental procedures on patients under general anesthesia in a safe, state-of-the-art environment. Family-Friendly- Over 80% of our colleagues and more than half of our senior leadership team is female, ensuring focus and attention to the needs of women and families. Diversity and Inclusion - As the largest pediatric dental provider in Pennsylvania, we serve a diverse patient population, including special needs patients. Additionally, we accept a variety of insurances, and are one of the few providers who will accept Medicaid plans in the state. This enables us to make a greater impact with children who need it most. Work-Life Balance- Starting your own dental practice is not easy and takes time. At Children's Dental Health, our business and support teams will take care of practice management and administrative functions, offering you time to focus on practicing dentistry, without the added pressure of managing a business after patient appointments. With us, you can enjoy a healthy career without limiting the amount of time doing what you love. Children's Dental Health is currently seeking a full-time Pediatric Dentist for our established, successful practice in Harrisburg, PA. We also have opportunities available at our other locations throughout Central and Eastern Pennsylvania. This opportunity is open to both experienced dentists, as well as recent graduates of pediatric residency programs. Our competitive compensation and benefits package is among the best in our industry, and we are proud to offer a program that is focused on long-term personal and professional growth with our organization. Compensation: Our compensation plan generally consists of a guaranteed daily salary for the first three months of employment, followed by a transition to percentage of production. We do offer sign-on and relocation packages as well, in addition to annual service bonuses for certain locations. Benefits include medical/dental/vision coverage, HC FSA/DC FSA plans, company-paid life insurance and AD&D, company-paid short-term

and long-term disability insurance, company-paid liability insurance, and a 401(k) Retirement Savings Program with generous company match. We also offer an annual stipend for continuing education, professional dues, etc. Requirements for this position: D.D.S. or D.M.D. accredited by the Commission on Dental Accreditation, certificate in Pediatric Dentistry current, valid license to practice dentistry in state where providing care; license must be in good standing or eligible for licensure. Active state-specific anesthesia restricted 2 license (to be able to administer nitrous oxide). Other certifications as required by state to include: DEA, CPR, PALS. No sanctions for Medicare, Medicaid, or any licensing board. E-mail resumes to mshaffer@childrensdentalhealth.com.

PENNSYLVANIA—COLLEGEVILLE. Children's Dentistry of Trappe is currently seeking an awesome pediatric dental associate who has excellent communication and clinical skills. You will have the benefit of a career position while growing both personally and professionally. At Children's Dentistry of Trappe our mission is to provide the highest quality pediatric dental care in a fun and comfortable environment for our patients and their families. Our core values of Integrity, Caring, Excellence and Fun is demonstrated by our staff and experienced by our patients every day. You will be working with a unique office, team and Pediatric Dentist that believe in personal and professional growth. You will have time where you have the opportunity to have one on one mentoring with Dr. Hans. Your compensation will be 35% of production, not adjusted production or collection, but 35% of production. Based on past experiences, we expect that your annual compensation will exceed \$300,000 and can guarantee minimal annual compensation of \$250,000. You will have a four-day workweek. You will be on call no more than eight weeks a year. You will be given a generous continuing education stipend as well as be eligible for our student loan payback program, which can pay up to \$75,000 of your student loans. Your medical insurance premiums, malpractice premiums, AAPD, and ADA dues will be fully provided by us. You will have the opportunity to go on a mission trip, fully funded by us for you, after two years of working with us. You will have the opportunity to learn about and perform laser dentistry. Our practice utilizes digital radiography, CariVu, Isolite, and other technologies. You will have the opportunity to provide treatment under general anesthesia in any of the three local children's hospitals or their surgical centers. Our practice has been open for over 20 years and is very well respected in the area. We are strictly a FFS practice, but do treat select in need patient's pro-bono. We are honored to treat children and grandchildren of local dentists as well as local pediatricians. We have great base of local referring pediatricians and general dentists, and see many referrals from our current families. Each year we even get a few referrals from some local pediatric dentists. We treat all of our patients as if they were our own children, and guarantee the restorative treatment we provide. If you feel that we are a great fit, email your resume today to: eric.hans@comcast.net. Requirements for this position: Completed or currently enrolled in a Pediatric Dentistry Residency Program. Licensed to practice dentistry in Pennsylvania.

RHODE ISLAND—CRANSTON. Well established pediatric dental office serving the Rhode Island community for over 35 years is seeking a motivated and caring pediatric dentist. Full time position leading to partnership for the right individual. We have two modern offices equipped with the latest digital technology including

all digital radiographs. Our offices are located near the beaches, a major Ivy League institution, and the culture and diversity of Providence, RI. To find out more information about our office, please contact Craig Elice at ceelice@comcast.net or (401) 463-5540. Requirements for this positions: Board eligible or American Board of Pediatric Dentistry Certified Pediatric Dentist. Licensed to practice dentistry in the state of Rhode Island.

SOUTH CAROLINA—LEXINGTON. Seeking a highly motivated, compassionate PEDIATRIC DENTAL ASSOCIATE to join our patient-centered, private practice. We are located in Lexington, SC. The Midlands of South Carolina provides quick access to both the mountains and beaches!! We are also only a few minutes away from the beautiful Lake Murray! We have a full time growth position available for the right candidate, but will consider part-time interest. Very competitive salary upwards of 250K with benefits. This is a great opportunity to join our growing, state-of-the-art practice offering comprehensive care including oral sedation and hospital dentistry. If you are looking for a fun-filled, team motivated working environment, in which we believe that every child should have an excellent dental experience, you should contact our office today at jessica@sunsetchildrens.com. We look forward to hearing from you soon!

SOUTH CAROLINA—COLUMBIA. Excellent opportunity to join a well respected practice that is consistently booked out several months. This position will be very busy immediately. Income potential is great. This office has all the latest technology- paperless, digital x-rays, etc. OR cases are done at nearby hospital and surgery center. Great relationships with all the Pediatricians in the area. This is not a corporation so there will not be anybody looking over your shoulder. This is a full time position with a very competitive compensation package. Benefits include Health Insurance, 401K retirement, paid Malpractice Insurance and an annual C.E./ Professional Membership Stipend (\$1,200). We also offer a relocation stipend (\$2,500). Columbia is a very welcoming city that has great weather that allows for outdoor activities year round. There is a large beautiful lake close by which is great for boating, fishing and water sports. Columbia has a low cost of living, affordable housing and great schools and colleges nearby. The beautiful beaches of South Carolina and the Blue Ridge Mountains are just a short drive away. If you are interested please call Robert at (803) 413-5100 or e-mail ellis3dmd@gmail.com. Requirements for this position: At least 2 years private practice experience preferred.

TEXAS—AUSTIN. We are a Pediatric Dental Practice, located in and around the Austin area with multiple locations to fit the needs of our diverse population. Our commitment is to provide the highest quality comprehensive dental and orthodontic care to the children and teens of the Austin community in a compassionate and caring environment. We truly believe that each patient is unique. We take the time to develop the perfect treatment plan for each child that sits in our chair, treating everyone on a case-by-case basis. Austin is consistently rated one of the best cities to live in and for good reason. It is a hub for live music, the food is amazing, and there are more outdoor activities than you could ever get to. One of the keys to long term happiness and success is the ability to work and live in a city you love. We know you will love your time in Austin! We offer a comprehensive compensation package: -Full Medical Benefits -Company Paid Life

Insurance -Company Paid Long Term Disability Insurance -401K with up to 4% company matching New grads welcome to apply. Please e-mail resumes to Joinourpractice2010@gmail.com.

WASHINGTON, D.C. Kiddie Cavity Care & Orthodontics seeks a highly qualified Pediatric Dentist to join our growing Washington DC and Maryland offices. This would be a 1-2 day or more a week position, working in a facility providing comprehensive patient care to children with the support necessary to be successful. Must be great with Children. Applicants must possess excellent communication skills. We need someone who has an enthusiastic and professional demeanor compatible with a small group practice feel and whose focus is on providing the best in patient care. This is a great opportunity, with an established patient base, in one of the best communities in DC and Maryland. Schedule flexibility is a must. Prior credentialing with DC Medicaid, Maryland Medicaid and major commercial insurance carriers is a plus. Completion of credentialing with our practice is required prior to starting. Your reply should contain a cover letter with a resume. Minimal Requirements: D.D.S. or D.M.D. from an accredited dental school. Must be a licensed dentist in DC and or Maryland. Must have the ability to establish and maintain cooperative working relationships and communicate effectively. Should have experience or an Interest in working with a culturally diverse, low-income population. Must be flexible, responsible, tactful, resourceful and objective. Certification in PALS minimum. Bilingual in English and Spanish preferred. Job Type: Part-time or Full time. Please e-mail resumes to ealtmon@hotmail.com.

FACULTY POSITIONS AVAILABLE

MISSOURI—KANSAS CITY. Are you looking for an interesting and diverse patient population, an exceptional work/life balance, support from a full-range of dedicated specialists and subspecialists, and a desire to make a difference at a stand-alone children's hospital with a national reputation in outstanding clinical care? Children's Mercy – Kansas City is seeking a board-certified or board-eligible Pediatric Dentist to join the Department of Pediatric Dentistry in a growing, well established hospital-based dentistry practice. This is an opportunity to provide pediatric dental care as part of a multi-disciplinary health care team. The practice provides both routine dental care as well as care for children with complex medical conditions. The practice includes both ambulatory and operative dentistry. Children's Mercy's Department of Pediatric Dentistry provides comprehensive preventative and therapeutic oral health care for infants and children. The candidate will practice hospital-based pediatric dentistry and contribute to resident education. This is a fantastic opportunity for a new graduate or experienced pediatric dentist to incorporate teaching residents and performing research into clinical practice. Academic appointments are available through the University of Missouri - School of Medicine. Join our team of three full-time pediatric dentists, one half-time Residency Program Director, community dentists, 5 pediatric dental residents, 7 dental assistants and 2 dental hygienists. Our team is comprised of pediatric dental specialists who work closely with

primary care physicians, especially when patients have complex special health care needs or congenital problems. Children's Mercy – Kansas City is an independent, non-profit, 367-bed pediatric health system, providing half a million patient encounters each year for children from across the country. Children's Mercy is ranked by U.S. News & World Report as one of "America's Best Children's Hospitals" and has received Magnet® recognition four times for excellence in nursing services. In affiliation with the University of Missouri-Kansas city, our medical staff of more than 750 pediatric subspecialist and researchers is actively involved in clinical care, pediatric research and educating the next generation of pediatric subspecialists. And, our leadership in pediatric genomic medicine and clinical pharmacology is driving research and innovation in heart care, neonatology, cancer treatment and other subspecialties to find answers for the most challenging cases and difficult conditions. For more information about Children's Mercy – Kansas City visit www.childrensmc.org. Kansas City is located in the heart of America. It has small-town friendliness, with big-city dining, a variety of entertainment options, incredible jazz, professional sports, world-renowned museums, great shopping and more fountains than any city in the world, other than Rome. The metropolitan area of more than 2 million people has some of the best public school districts in the nation. Interested candidates please forward C.V. to physicianjobs@cmh.edu.EOE/M/F/Disabled/VET

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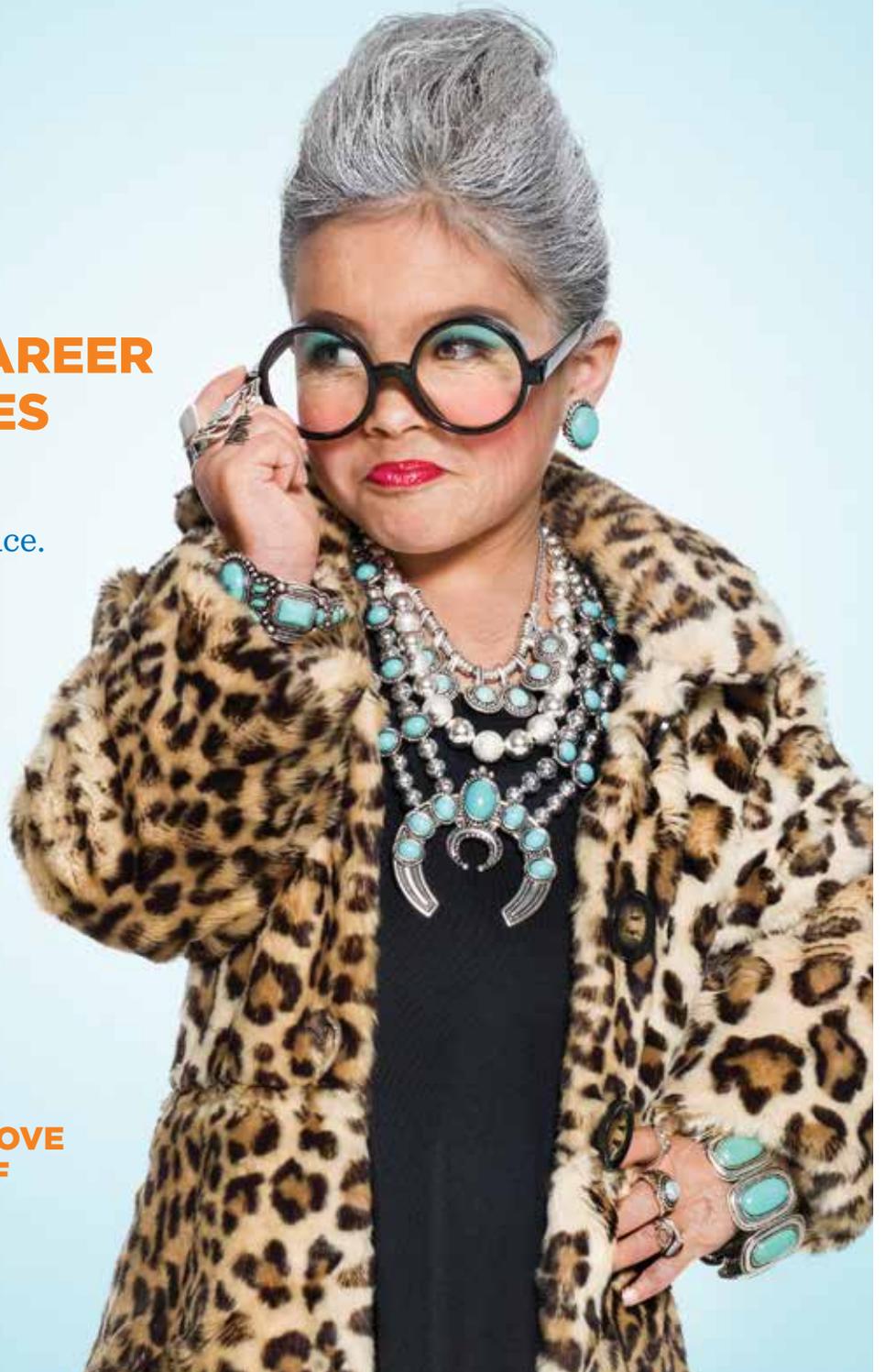
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