

ODA JOURNAL

VOLUME 96/ISSUE 10 JULY/AUGUST 2005

The 2005
Summer Practice
Management Issue

Grow

Relax

Improve

Cultivate

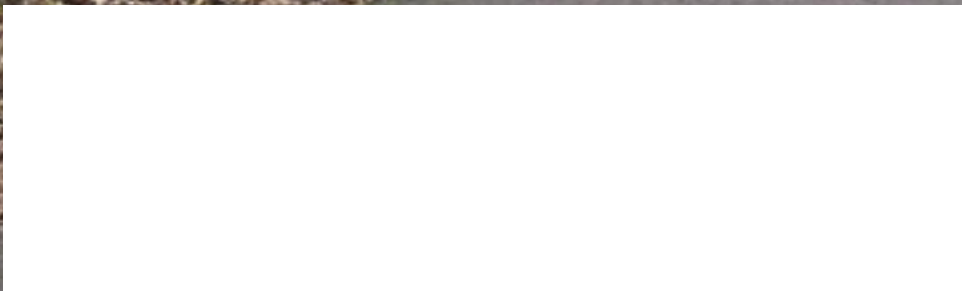
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MEMBER PUBLICATION
AMERICAN ASSOCIATION
OF DENTAL EDITORS

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EDITOR'S MESSAGE

By: Dennis Weibel, DDS

"If you build it, they will come" is the classic quote from the 1987 baseball movie Field of Dreams. As the new-kid-on-the-block Editor of the ODA Journal, it is

easy to wonder, "If you write it, will they read it?"

I've been assured by the ODA staff that the Journal really does get read, which makes this new job of Editor even more intimidating. Following the able and creative job that Raymond Cohlmiya has done as past Editor isn't helping matters either, so I would ask your patience as I sort things out over the next few issues. Past journalism experience is limited to high school and college yearbooks, along with short stints as Editor of the OAGD newsletter, so our very capable ODA staffers will surely be walking me through the journalistic pathways.

Fortunately for us all, we are enjoying the results of several years' hard efforts in revamping our Journal. Making it more readable and accessible has been expertly addressed with the new format, and feedback has been encouraging. The large stack of unread material on everyone's desk is a clear indication that none of us has the extra time to peruse all the publications available to us. The new Journal format features several ways to make the Journal fast and easy to read, starting with the color-coded margin tabs: blue for ODA activities, purple for featured article green for clinical, and so on. The larger type really helps those of us now wearing bifocals, and looking at full color pictures is pure pleasure.

Starting with this issue, a new feature will be found on the back inside page of each Journal. Titled "Root Tips" and styled after the back pages of Sports Illustrated and Field and Stream, it will provide an eclectic selection each issue of widely varying content, sometimes non-dental, but always attempting to be entertaining and eye-catching. Material will come from sources inside and outside of dentistry, and we will be encouraging contributions from aspiring Oklahoma dentist-writers. We hope it will become the first thing you read when you pick up the Journal.

I'm excited about being Editor, and hope that the Journal will continue to evolve into one of the most creative and innovative dental publications around. Let us know how we're doing. ●

Alliance to the ODA (AODA)

By: Mella Glenn, AODA President

The Alliance to the ODA held its annual board meeting and installation of officers at the 2005 ODA Annual Meeting. During the board meeting, the previous year's activities were reviewed and evaluated for effectiveness. Last year's projects included membership drives, dental health education projects, support of Dentist Day at the Capitol, scholarship awards and involvement in the annual DENPAC auction.



Alliance members at their 2005 Board meeting at Nonna's in Bricktown.

Our new board members for 2005-2006 are **Mrs. Mella Glenn** - President, **Mrs. Margaret Hosier** - President-Elect, **Mrs. Ruth Blythe** - Vice-President of Membership, **Mrs. Melinda Danner** - Treasurer and **Mrs. Ashley Danner** - Secretary. **Mrs. Jan Hagedorn**, our current AADA President, graciously installed our Board during our annual luncheon held at Nonna's in Bricktown this year. Mrs. Hagedorn was joined by **Mrs. Marthiel Russell**, our AADA 8th District Trustee, in welcoming our new board members.

Welcome also to **Mrs. Lathonya Shivers** - Committee Chair for Legislation, **Mrs. Tina King** and **Mrs. Becky Baggett** - Co-Chairs for Dental Health Projects. Each year our Alliance awards scholarships to graduating dental students. Our scholarship winners for this year are **Dr. Eric Kyrk**, soon to be located in Locust Grove, and **Ms. Michelle Fitzpatrick**, hygienist in Chickasha. Congratulations to you both.

The Alliance supported the DENPAC auction by gathering donated items and staffing the booth. **Dr. Matt Cohlmiya** entertained us all, making great popcorn and his wife Susan helped encourage the bidding. Thanks to **Mrs. Kathy Trammell** for her time and efforts in finding just the right items to draw a crowd to the auction table.

Many items were staked out during the final minutes including jewelry made by **Mrs. Ann Smith** of Bartlesville, a clam bake and golf at ODA Executive Director **Dana Davis'** home, and the mystery dinner hosted by **Dr. Krista Jones**. Thank you to everyone who donated time and money to this event.



DENPAC Silent Auction

As you toured the new ODA building you may have noticed that the ODA has given our Alliance a permanent home! We share an office with the OK County Dental Society and now have a place to keep our organization's records. Entering the new building you will see the beautiful chairs donated by our Alliance! We also donated various accessories and helped organize the project to frame the Past



Items up for bid at the 2005 DENPAC Silent Auction



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**Join Dr. & Mrs. Haught
 at the 2005 ADA
 Presidential Gala**

On Monday, October 10th, the 2005 ADA Presidential Gala will be held in Philadelphia. The Presidential Gala is held on the Monday following the ADA Annual Session and this year it will honor Dr. and Mrs. Richard Haught.

If you are planning on attending this event, please order your tickets through the Oklahoma Dental Association Executive Office so that all ODA members can be seated together. Members who purchase their tickets individually will not be seated with the Oklahoma delegation.

To reserve your Presidential Gala tickets, simply contact the ODA at 405.848.8873 and let the ODA know how many tickets you would like **before July 20th**. No payment is necessary at this time. You will be billed when the tickets are received.

ADA Presidential Gala
 Monday, October 10
 7pm Reception
 7:45pm-11:30pm Dinner,
 Entertainment and Dancing
 Location: Philadelphia Marriott,
 Grand Ballroom
 Cost: \$85 in advance (\$95 on-site)
 Black tie optional

This year's Presidential Gala in honor of ADA President Dr. and Mrs. Richard Haught will feature a very special presentation, "The Broadway Exchange!" This show offers a tribute of timeless Broadway classics. A variety of numbers will be featured throughout the dinner service with a special grand finale. All song; all dance; all spectacle!

The fun will continue after dinner as you dance the night away with "Big Ric and His Fabulous Dance Band". Touted as the "dance band of the new millennium," and recognized as one of the best in Philadelphia, Big Ric has a song list that spans from the 40's to the hottest current music. This evening's musical variety is the perfect finale to the ADA Annual Session. ●

CALENDAR OF EVENTS

JULY

- JULY 1** – ODA Offices Closed
- JULY 4** – ODA Offices Closed
- JULY 8** – Strategic Plan Task Force Meeting
- JULY 8** – Bylaws & Policy Subcouncil Meeting
- JULY 15** – Executive Committee Lunch Meeting
- JULY 15** – Budget and Finance Sub-Council Meeting
- JULY 18** – Retired Dentists Lunch, ODA Headquarters, 11:30 AM
- JULY 18 - 22** – ADA Management Week

AUGUST

- AUGUST 5** – ODASCO Board Meeting, ODA Headquarters, 8:30 AM
- AUGUST 5** – ODA Leadership Training, ODA Headquarters, 9:00 AM
- AUGUST 5** – ODA Board of Trustees, ODA Headquarters, 1:30 PM
- AUGUST 15** – Retired Dentists Lunch, ODA Headquarters, 11:30 AM
- AUGUST 25** – OUCOD Student Fall Festival, ODA Headquarters, 5:30 PM

SEPTEMBER

- SEPT 2** – ODA Offices Closed
- SEPT 5** – ODA Offices Closed
- SEPT 10** – 12th District Pre-Caucas, Dallas, TX
- SEPT 13** – TCDS Dinner Featuring Local Radio Host, Michael Deljourn, Renaissance Hotel, 6:00 PM
- SEPT 19** – Retired Dentists Lunch, ODA Headquarters, 11:30 AM
- SEPT 23** – ODF Annual Meeting, Tulsa, Holiday Inn Select
- SEPT 24** – ODF Annual Meeting, Tulsa, Holiday Inn Select
- SEPT 24** – ODA House of Delegates, 1:00 PM
- SEPT 30** – AGD Fellowship Exam Session, ODA Headquarters

Have an event you would like listed on the ODA Calendar?
Email details to events@okda.org

IN MEMORIAM

Dr. John Allen

Birth: June, 1946
Death: May, 2005
Tulsa, Okla.

Dr. Allen was a member of the ADA and ODA. He received his degree in dentistry from Baylor University - College of Dentistry in 1971. Dr. Allen served as a dentist in the US Navy for three years before opening a private practice in Tulsa in 1974.

Dr. John F. May

Birth: July, 1917
Death: May, 2005
Tulsa, Okla.

After serving in World War II, Dr. May obtained his dental degree from the University of Michigan Dental School in 1952. He was a regional dental examiner and received many awards throughout his career including the A.L. Walters Award for Outstanding Dentist, presented by the Tulsa County Dental Society, and the John Gaway Award for 25 years of distinguished dental service. He was a member of the ODA and International College of Dentists.



WE WANT YOUR BRIGHT IDEAS!

If you have a great idea for the Profile or Features section of the Journal, let us know!

Email your ideas to ideas@okda.org

accessories and helped organize the project to frame the pictures of the Past Presidents of the ODA.

We will be updating our membership database in the coming months. Please help us keep in touch with you by remembering to send us your change of address if you move. Address changes can be submitted to **Mrs. Ruth Blythe**, feblythe2@aol.com.

Our new national Alliance mission statement: The Alliance of the American Dental Association is the organization of ADA member spouses committed to supporting the American Dental Association through public oral health education, legislative advocacy and the well-being of the dental family.

Tulsa County Dental Society (TCDS)

By: *Jeff Parker, DDS - Editor*

The Driller Park in Tulsa was "rockin" during the stormy evening of the OU vs OSU Bedlam Baseball game on May 13th. But a really fun time was had by all the 276 dentists, spouses, dental teams and family members who enjoyed the picnic and "rode-out-the-storm" that eventually caused the game to be called in the last couple of innings.

This summer, our TCDS Dental Care Standing Committee will kick off our second "Back to School on a Full Stomach" canned food drive to benefit the underprivileged in the Tulsa area, and our Activities Standing Committee is organizing a family Laser Tag night.

For our upcoming evening and all-day meetings that will be held at the Tulsa Renaissance Hotel, our Professional Development and Education Standing Committee has confirmed the following speakers:

- Tuesday, September 13th evening meeting will feature local radio host **Michael Deljourn**
- Tuesday, October 18th evening meeting will feature **Robert Dowd**, JD, on "Improved Patient Care Through Malpractice Protection: Advanced Lawsuit Protection Strategies"
- Tuesday, November 8th evening meeting will feature **Dr. Angelo Cuzalina** on "Extreme Dental Makeovers"
- Friday, November 18th all-day meeting will feature **Dr. Charles Blair** on "Positioning Your Practice For Profit"
- Thursday, December 8th Holiday Casino Party at the Renaissance Hotel
- Friday, January 13th all-day meeting will feature **Dr. Michael Koczarski** on "The Bread, Butter and Caviar of Contemporary Aesthetic Dentistry"
- Tuesday, January 24th evening meeting will

feature Table Clinics & Election of Officers

- Friday, March 3rd all-day meeting will feature **Dr. Gerard Chiche** on "Recipes For Predictable Anterior Esthetics"
- Tuesday, March 14th evening meeting will be our Awards Banquet & Installation of Officers

Oklahoma Dental Assistants Association (ODAA)



By: *Kathan*

(L-R) Grace Holden, Marthann Daft, Kathan Kent and Kay Mosley celebrating at the President's Gala at the ODA 2005 Annual Meeting.

Kent, CDA - President

Greetings from the ODAA! Oklahoma City recently hosted the 65th annual session of the Oklahoma Dental Assistants Association. Both members and non-members enjoyed some time with us and brought many helpful ideas back to their practices.

We held these exciting breakfast forums: Six dental companies in a round table setting presented "New Products for Your Practice".

Also **Ms. Ameyka Pittmann** shared her presentation "Interview for Success". She offered many helpful suggestions for those going on job interviews and for the interviewers as well.

The ODAA's booth in the convention center was open (when we were not in session) to share news about our organization and chat with visitors. Our 9th District Trustee **Marthann Daft** was available to answer questions about the National organization. Later, many students joined us to kick back and relax in the ODAA hospitality room at the hotel and share in the fun, food and fellowship.

During the session two more Board Members were elected to join the existing Executive Board.

OFFICERS

- President - **Kathan L. Kent**
- Secretary Treasurer - **Rebecca Streeter**
- President-Elect - **Carol Focht**
- Recording Secretary - **Joy Carter**
- Vice President - **Jean Muller**
- Past President - **Linda Bilby**
- Parliamentarian - **Quembe Walkingstick**

BOARD MEMBERS

- Sherri Eleby** (2006)
- Denise Elwell** (2007)
- Patricia Trent** (2008)

Susan Jackson (2006)

Janet Sessom (2007)

Grace Holden (2008)

I extend my sincere thanks to **Carol Focht**, our convention chair, and all the officers and board members for their efforts during the 2004-2005 season. We have had a great year and I look forward to an even better one starting right now!

Please feel free to call if you have any questions about our organization or if I can help locate an assistant for your practice.

D-DENT

By: *Shirley Harris*

D-DENT was pleased to host an Appreciation Reception for their Tulsa area dentists on Sunday, April 10, 2005 at the Tulsa Decorator Showcase. We would like to thank **Dr. Mike Smith** and wife **Myrna Smith** for co-chairing and helping host this event. Myrna, a D-DENT Board member from Tulsa, arranged the entire event and secured funding.

Even though rain was forecast and dark skies threatened to spoil the party, the unusually cool, crisp weather seemed to energize everyone's spirits and generate a lively mood for the evening. The beautiful grounds, which had been professionally decorated along with the entire house, were a perfect setting for the reception. Everyone enjoyed touring the stunning home. Following the tour, our guests



Shirley Harris, Sen. Robinson and wife, and Dr. Jim Lowe



Guitarist Melanie Davis



Volunteers Phoebe Brown and Dr. Floyd Sellers

entertaining the guests with guitar music. A good time was had by all!

In other news, D-DENT was glad to participate in the Exhibit Hall of the ODA 2005

contd. on pg. 8

Annual Meeting. It was fun to see our dentists and their staff and thank them in person for all their hard work.

Dana Davis, ODA Executive Director, and ODA staff did a wonderful job with the meeting, moving to the new building, and hosting the reception. **Sherry Beasley**, wife of ODA's immediate Past-President **Dr. Lee Beasley**, did a fantastic job helping decorate the new building.

Aspiring dentist (and D-DENT volunteer) **Phoebe Brown**, was given a wonderful opportunity this summer to participate in the Oklahoma INBRE Foundation (Idea Network Biomedical Research Excellence) in Stillwater. She will be participating in research related to periodontal tissue engineering, where the team will try to create periodontal tissue that can be used for implants in periodontal patients or oral cancer patients. As much as we will miss Phoebe's help, we know this is an



Junior Hospitality volunteers: *Mona Allbee, Dee Bates, and Melanie Anthony*

invaluable learning experience for her future dental career.

Luckily for D-DENT, the Junior Hospitality Club of OKC has stepped in to volunteer.

They have already been a big help assembling toothbrush kits for the Preventive Dental Education program and helped address the invitations for the croquet tournament held this past June.

Finally, D-DENT wants to give special recognition and thanks to **Dr. Ray Laverdiere**, **Tammy Vargo RDH** and his staff for volunteering their time and talents to provide treatment to 42 D-DENT clients this past month! Alarmingly, of those 42 patients, ten were found to need oral pathology; three of them were definitely cancerous. We wonder what could have happened had these clients not been seen.

THANK YOU to all volunteer dentists that give their time and talents to help BRING BACK THE SMILES in our communities.

Give back to your community. Call (800) 522-9510 or (405) 424-8092 to volunteer your services.

[OU College of Dentistry \(OUCOD\)](#)

*By: Frank J. Miranda, DDS, MEd, MBA
Senior Associate Dean*

COMMENCEMENT 2005

A special Senior Dinner and Awards Ceremony was held on June 3 at the Petroleum Club to honor the graduating Class of 2005. Commencement was held the next afternoon

at the First Baptist Church of Moore, with the commencement address delivered by **Dr.**

Richard Haught, President of the American Dental Association. The following members of OUCOD's 30th graduating class were recognized for their outstanding accomplishments:

ELIZABETH BOHANON: Academy of General Dentistry Award; American Academy of Orofacial Pain Award; Brasseler's Shillingburg Award; American Academy of Pediatric Dentistry Predoctoral Student Certificate of Merit; Dentsply Merit Award in Prosthodontics; International Congress of Oral Implantologists Award; Organization of Teachers of Oral Diagnosis Award **WES BORENGASSER**: American Association of Endodontists Award **AARON BULLEIGH**: Graduating with Outstanding Distinction; Alpha Omega Award; American Academy of Oral and Maxillofacial Radiology Achievement Award; American College of Dentists Award; Michael Louis Backowske Award for Excellence in Anatomical Science; Pierre Fauchard Academy Student Achievement Award; Richard L. Reynolds Award of Excellence; William S. Kramer Award of Excellence [2004]; Omicron Kappa Upsilon Dental Honor Society **DEBORAH BUTLER**: International College of Dentists Student Leadership Award; Student Research Group Award of Distinction **JENNIFER CHAMBERS**: American Academy of Implant Dentistry Dental Student Award; Michael E. Lindley American Student Dental Association Award **CARRIE CHASTAIN**: Graduating with Special Distinction; Department of Dental Materials Award; Omicron Kappa Upsilon Dental Honor Society **MEGAN DARROW**: American Academy of Oral Medicine Award **LORI HOLDEN**: Graduating with Distinction; American Academy of Oral and Maxillofacial Pathology Award; Oklahoma Association of Pediatric Dentists Award, Omicron Kappa Upsilon Dental Honor Society **COURTNEY HOUSLEY**: Academy of Osseointegration Outstanding Dental Student in Implant Dentistry Award; Operative Dentistry Departmental Award **BRANDON JAMES**: Graduating with Distinction; American Academy of Esthetic Dentistry Award; American College of Prosthodontists Award; Fixed Prosthodontics Departmental Award **ERIC KYRK**: Graduating with Distinction; William E. Wood Memorial Award **JACOB MENDENHALL**: Graduating with Special Distinction; American Association of Orthodontists Award; Jay Anderson Award in Periodontics [2004]; Southwest Society of Oral and Maxillofacial Surgeons Award; Omicron Kappa Upsilon Dental Honor Society **VALERIE NGUYEN**: Hanau Waterpik Prosthodontic Award; Quintessence Award for Clinical Achievement in Restorative Dentistry

KHANHLAM PHAN: F.C. Seids Award in Pediatric Dentistry **SCOTT RENFROW**: Graduating with Distinction; American Academy of Periodontology Award; American Association of Oral Biologists Award; Student Research Group Award of Distinction; Omicron Kappa Upsilon Dental Honor Society **DAREK RID-PATH**: Graduating with Distinction; American Academy of Oral and Maxillofacial Surgery Student Implant Award; Jay Anderson Award in Periodontics [2004]; Robert G. Gerety Scholarship in Orthodontics; Omicron Kappa Upsilon Dental Honor Society **WILLIAM ROBINSON**: Graduating with Distinction; American Academy of Dental Practice Administration Award; Charles E. Hurlburt Radiology Award **THOMAS ROGERS**: Graduating with Distinction; Donald C. Graves Prize in Microbiology Award **AMY ROWLAND**: Academy of Dentistry for Persons with Disabilities Award; Academy of Operative Dentistry Award; Quintessence Award for Clinical Achievement in Periodontics **BROOKE SNOWDEN**: Graduating with Distinction; Omicron Kappa Upsilon Dental Honor Society **ERIC TUGGLE**: American Association of Oral and Maxillofacial Surgeons Award **MICHAEL WALLACE**: American Student Dental Association Award of Excellence; Pierre Fauchard Academy Student Scholarship Award; William E. Brown Service Award **JEROD YAERGER**: Golden Key Award for Mastering the Art and Science of Communication; Southwest Academy of Restorative Dentistry Award

DH CONVOCATION

Dental hygiene commencement was held on May 14 for our largest ever class of 36 graduates including ten from our distance site in Bartlesville. Fourteen graduates were recognized for their academic achievements: graduating with Distinction (GPA = 3.50 - 3.74) were **Lauren Cook, Kara Idleman, Kari Johnson, Megan Roper, Jillian Taylor, Rachel Terrell, and Ha-Le Tran**; graduating with Special Distinction (GPA = 3.75 and above) were **Michelle Fitzpatrick, Matt Hookom, Limberly Lee, Kinsey Parker, Stacy Randall, Krista Thompson, and Carolyn Tucker**. Banner Carrier for the College of Dentistry during the general OU commencement ceremonies the previous evening was **Kinsey Parker**. The following members of the Class of 2005 were recognized for their outstanding accomplishments (TCTC [Bartlesville] graduates are identified by asterisk): **KRISTI BECK***: Community Dental Health Award **JENNIFER EPPS***: Class President Recognition **MICHELLE FITZPATRICK**: Sharon Barton Faculty Award; Preventive Dental Health Award; Sigma Phi Alpha

Honor Society **MEGAN HOLMES**: SADHA President Recognition **KIMBERLY LEE**: Community Dental Health Award; Sigma Phi Alpha Honor Society **ASHLIE LYLES***: Personal Achievement Award ; SADHA President Recognition **JENNIFER McCORMICK***: Preventive Dental Health Award **KINSEY PARKER**: Sigma Phi Alpha Honor Society **STACY RANDALL**: Class President Recognition **AR-RON THOMPSON***: Hu-Friedy Golden Scaler Award **HA-LE TRAN**: Personal Achievement Award **CAROLYN TUCKER**: Sigma Phi Alpha Honor Society **LACY WOODS**: Hu-Friedy Golden Scaler Award

FACULTY/STAFF HONORS

During commencement exercises on June 4, the Class of 2005 presented awards to the following faculty/staff: Outstanding Clinical Instructor – **Jeff Lunday** (Operative Dentistry); Outstanding Classroom Instructor – **Dunn Cumby** (Dental Services Administration);

Outstanding Part-Time Instructor – **Richard Safi** (Fixed Prosthodontics); and Outstanding Staff Person – **Pamela Kirk** (Dental Support Laboratory). The Department of Occlusion received the Outstanding Department Award. A special award of recognition was presented to **Edwin Wilson** (Associate Dean of Clinics) for his overall service to the class. Lastly, an overall Outstanding Instructor Award was presented to **Raleigh Holt** (Removable Prosthodontics).

The annual Employee Recognition Luncheon sponsored by the OUHSC Staff Senate was held on April 26 at the Meridian Convention Center to honor employees for their service to the University. Among those presented with certificates of appreciation for their years of service were the following OUCOD staff: [10 years] **Judy Hinkle** (Oral Biology), **Pamela Kirk** (Dental Support Lab), and **Lisa Nichols** (Oral & Maxillofacial Surgery); [15 years] **Linda Hale** (Clinic Operations) and

Clarissa Holloway (Pediatric Dentistry); [20 years] **Thomas Clark** (Dental Support Lab), **Glenda Jenkins** (Clinic Operations), **Helen Lowery** (Removable Prosthodontics), and **Allen Williams** (Student Store); and [25 years] **Teresa Donoghue** (University Dental Faculty Group), **Karen Lassiter** (Oral Pathology), **Marilynda Mothershed** (University Dental Faculty Group), **Charlene Shaw** (Oral Biology), and **Josephine Shaw** (Graduate Periodontics).

Among a group of recent HSC retirees honored during the luncheon were two from the College of Dentistry: **Susan Martin** [20 years] and **Diane Stewart** [13 years]. Also honored were the OUHSC Employees of the Month for the 2004-05 year which included **Jean Lapham** (AEGD), the February 2005 recipient. Congratulations and thank you to all our staff for your service and dedication. ●



ADA Product Evaluation Program – PANELISTS NEEDED!

Members told us loud and clear that they want an ADA product evaluation program, and we're pleased to announce that the ADA Professional Product Report is slated to launch in mid-2006 to meet this need. In addition to laboratory tests, the quarterly newsletter will tap ADA members' expertise and experience to provide useful clinical information. The Report will go to all ADA members as a new member benefit.

The heart and soul of this new program will be the ADA Clinical Evaluator (ACE) panel-dentist members who volunteer to report on various products they use, sharing their best insights from actual experience. ACE already has built an enthusiastic core of volunteers, but more help is needed.

The time commitment for members will be minimal, but their impact on the quality of the Professional Product Report will be great. Members will report experiences with products that they currently use; they will not be asked to test unknown or unfamiliar products on their patients.

To volunteer or learn more, send an email to pprclinical@ada.org or fax to (312) 440-2536. This is a great way for members to be involved in a very meaningful activity that will benefit the profession as a whole.

We are also considering special evaluation projects for local study clubs. Please forward our call to action to your local study club leaders for consideration. Interested study club leaders may send club contact information to the email or fax noted above, or call Dr. Ron Zentz at (800) 621-8099, ext. 2522. ●

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ODA PHOTO ALBUM



ODA Retired Dentists enjoy their first lunch in the new ODA Headquarters.



ODA President-Elect Pam Low, Vice President Krista Jones and Executive Director Dana Davis attended the South-Central States Leadership Forum in Wichita, KS.



ADA TRUSTEE REPORT

Frank C. Grammer, Trustee 12
ADA Board of Trustees Meeting
April 16-19, 2005

The Board heard from its Finance Committee that the ADA continues to be sound financially. The 2004 audit showed no discrepancies, and the reserve fund is currently above 40% of the operating budget. The Board will propose a resolution to the 2005 HOD to reflect the attainment of a strong reserve position, and make the dues stabilization policy of the Board official ADA policy.

The pot continues to boil on our two primary challenges; DHATs performing illegal dentistry in Alaska, and the progress (or lack of progress) toward a uniform national licensure examination. Total expenditures budgeted for Alaska in 2004-2005 are now more than \$250,000. The Board approved a \$73,000 expenditure from the contingency fund to mount a public relations and advocacy campaign to be headed by Dick Green. The ADA Board takes this situation seriously, and is doing everything reasonable to resolve it favorably. There seems to be a little movement toward compromise among the contending factions on licensure, but nothing is certain yet. The American Student Dental Association reported to the Board that they do not support the ADEX examination.

The National Campaign for Dental Education is progressing well. Details are coming together for a public launch on schedule in 2007.

The Board proposed new policy which will allow limited use of the ADA Seal for products distributed outside the United States, as long

as these products are primarily intended for sale within the U.S. This will save manufacturers and distributors a great deal of money, and remove ambiguities in our policies.

Al Guay, Chief Policy Officer, proposed the construction of a Dental Market Index (DMI), similar to the Consumer Price Index (CPI). This would help dentists understand the market in which we practice and enable the ADA and individual practitioners to make financial decisions based on sound data rather than guesswork. Guay needs fifteen volunteers from our district to submit data beginning in 2006. We need general dentists aged 35-50. If you know of anyone who might be interested, submit their names to Dana Davis, ODA Executive Director, so that they can be contacted with details.

The Board approved \$112,000 for the second phase of the Tecker study of the effectiveness of our advocacy efforts, specifically ADPAC and the Washington office.

Dr. Ron Inge reported that the study of the effectiveness of our DR campaign has been completed. The program will be modified to more effectively target those who make healthcare purchasing decisions. Further, \$100,000 will be allocated to study the feasibility of the ADA establishing an in-house third-party administrator (TPA) to oversee the DR effort, increase DR's market share, and possibly generate some income directly to ADA. ●

GREAT SOUTHWEST ...on the case

THE CASE: patient who is prone to breaking partial dentures

CLUE: a nylon thermoplastic that is virtually unbreakable

GREAT SOUTHWEST 002



VALPLAST

OFFICIAL EVIDENCE

[REDACTED]

[REDACTED]

[REDACTED]



GREAT SOUTHWEST DENTAL LAB

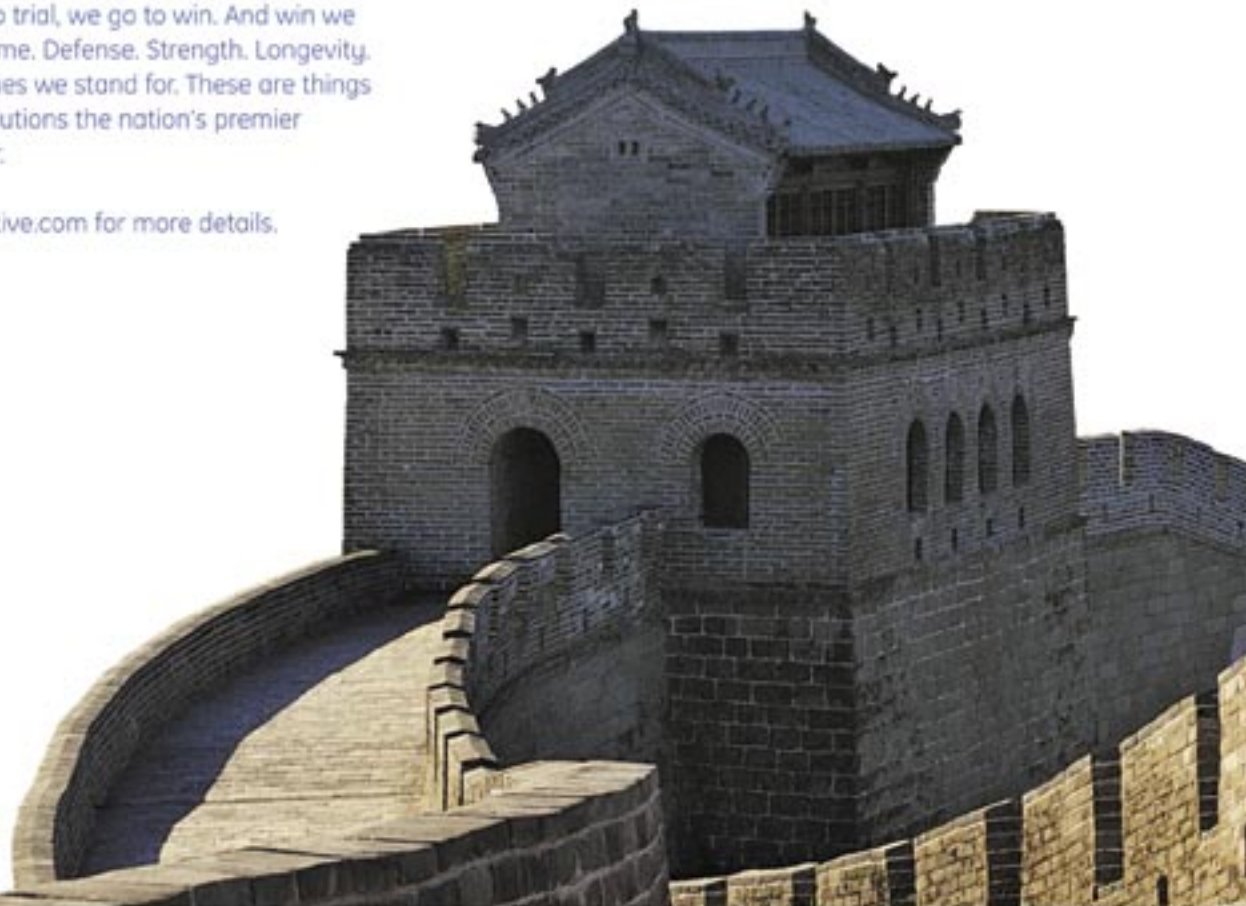
[REDACTED]

You don't have to fend off hordes of invaders. It only feels that way.

Defense.

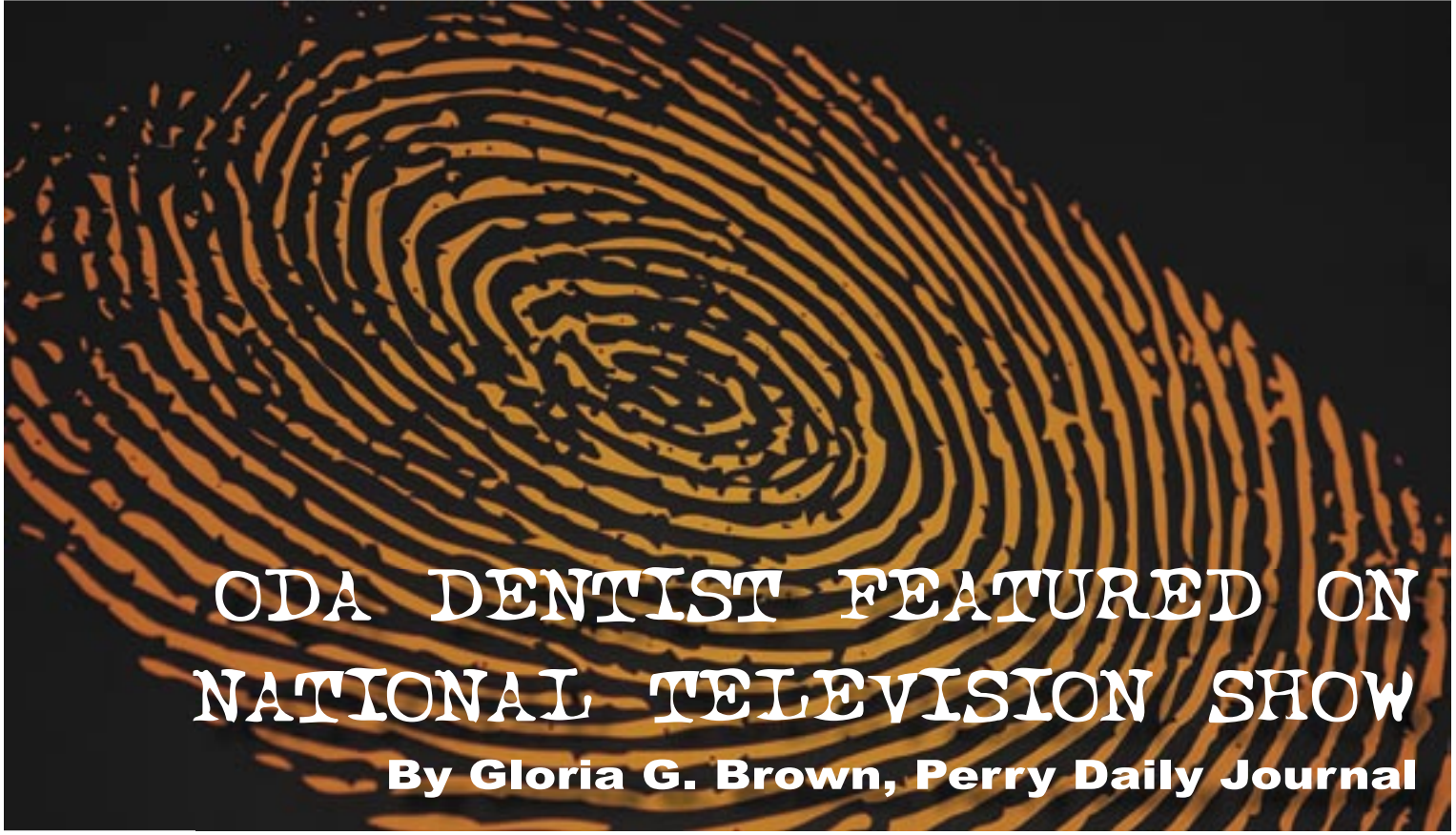
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ODA DENTIST FEATURED ON NATIONAL TELEVISION SHOW

By Gloria G. Brown, Perry Daily Journal

Dr. Bryan Chrz D.D.S., a general dentist in Perry, appeared on *Cold Case Files* this past Spring. *Cold Case Files* is a television series in which old court cases are solved. Dr. Chrz, one of only 98 Board-certified forensic dentists with the American Board of Forensic Odontology, helped solve the murder of Justin Wiles.

Wiles was reported missing from his Tulsa home on Tuesday, June 20, 1989, and his body was found four days later in the mud on the bank of Lake Bixhoma, near Bixby.

Wayne Henry Garrison, who lived only five doors down from Wiles and his family, was questioned during the case, but since the evidence connecting Garrison to the crime was circumstantial, he was released and not

charged. Garrison was a suspect as he was last seen with Wiles.

According to the court records, during the time of the investigation, police took a picture of a wound on Garrison's right forearm. A state expert said the wound was probably a partial bite mark. A defense witness testified the state's expert had insufficient data to determine if it was a bite mark, so no definitive conclusion could be made regarding the source of the injury.

Ten years later, detective Ray Himi contacted Dr. Chrz, a forensic odontologist and dentist with 24 years' experience, and asked him to look at the pictures of the wound on Garrison's arm. With the help of Clyde Snow, an anthropologist in Norman, there was enough evidence



PHOTO CAPTION: Dr. Bryan Chrz D.D.S., left, is pictured in his Perry office with Mike West, producer of *Cold Case Files*, Roel Robles, camera man, and Sean Kilby, sound man. Ally Chrz photo.

to exhume the body of Wiles in order to make models of his teeth helping to create a test bite mark, which looked exactly like those on Garrison's arm. Garrison had previously claimed the marks were made when his brother hit him with a shovel. "I knew a shovel could not make those marks," said Chrz.

Garrison was tried by jury in the District Court of Tulsa County and convicted of first-degree murder on Nov. 30, 2004. The jury set punishment at death, after finding the existence of two aggravating circumstances: Garrison was previously convicted of a felony involving the use or threat of violence to a person; and the existence of a probability that Garrison would commit criminal acts of violence that would constitute a continuing threat to society.

"It was hard for them to realize someone from the small town of Perry would be considered an expert," said Chrz. "They kept saying, 'from the small town of Perry?' right?"

"When I do a case, I am a source of information for the case and unbiased," said Chrz. "I am there to present the truth in a scientific manner. After the facts in this case, I feel like we did something for Justin Wiles to help bring his murderer to justice, and I'm sure it helps bring some closure to the family that someone has been brought to justice for such a horrendous crime."

When asked what he thought about being a television star, Chrz said, "I am honored that what I do is valuable enough for a TV show. However, I'm humbled that I'm just a small part of the puzzle. The jury put together the final pieces of the puzzle to

make the final decision."

Chrz has testified and identified bite marks in approximately 40 criminal cases. His knowledge has helped identify people in the Oklahoma City bombing, the disaster at the World Trade center, and for numerous airplane crashes.

His latest case is identifying bodies in Thailand following the tsunami disaster. "Of course this work is continuing," said Chrz. "They are still working on it and I remain in contact with them. I may have to go back for a couple of weeks. They will probably still be working on this for the next two years. The process will probably run well into 2006." ●



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PROFILE: AMBER MCQUERRY, ODA COORDINATOR

Amber McQuerry was born in Lawton and lived in Moore for a few years while her father finished school at the University of Oklahoma before moving to Fort Collins, Colorado where she grew up. Sooner football was a huge part of McQuerry's life as a child, so it was no surprise to her parents when she chose to attend OU for college, and eventually graduated in 2003 with a Bachelor's Degree in Political Science and a Minor in Business. During her time at the University of Oklahoma she was actively involved in the Baptist Student Union.

McQuerry was married on March 12, 2005 and is currently enjoying her time as a newlywed. She enjoys playing with her cats, running, and spending time with friends and family. McQuerry is involved with Southern Hills Baptist Church and enjoys organizing and putting together different events.

As a Coordinator at the ODA, McQuerry is involved with many different aspects of the organization. She works on membership billing and member record-keeping, serves as the staff liaison for ODA's Sub-Council on Mediation Review, has helped design and implement an archive and storage system for all ODA information, and assists the Oklahoma Dental Foundation and ODASCO with many of those organizations' programs and events. Also, as with all ODA staff, she has numerous responsibilities related to the Oklahoma Dental Association Annual Meeting.

The *ODA Journal* recently sat down with McQuerry to discuss what she enjoys about being an ODA staff member.

ODA: What has been the most exciting aspect of being on the ODA staff?

AM: The most exciting aspect of being on the ODA staff is being able to be a part of all the recent changes. Ever since I joined the ODA, the Association has been constantly improving. For example, I enjoyed seeing online registration for the Annual Meeting and watching our new building be built. It has really been exciting to be a part of a team that is constantly striving to improve and change.

ODA: As part of the ODA staff, what are your goals for the ODA?

AM: My goal is to help impact dentistry in a positive way. I want to help provide a legacy for dentistry and also help keep the public informed about the importance of good oral health. I also have a goal of making sure our

members are taken care of because without them, this Association would not exist. Without our members it would be impossible to do anything, and it is a pleasure working for and with them.

I also have a goal of keeping the Association modern. One of the great things I was a part of was the database change to the new ADA database. This has been a great change and I look forward to more wonderful changes in the future.

ODA: What have you learned from your involvement with mediation review?

AM: I have learned a lot about the process of mediation and about how mediation review can be avoided. Most mediation review cases that come through our office are based on a misunderstandings and can be handled through better communication.

ODA: What have you learned from your involvement with various councils?

AM: Being a part of the ODA has been a great learning experience. I not only handle the Mediation Review programs but I also have the pleasure of talking to the ODA dentists about their membership. Being involved in membership and membership services has taught me to be more organized and to find a goal and work towards it. By being a part of different councils, I have learned a lot about both the different programs the ODA currently offers and the programs that the ODA is working on for the future.

ODA: What is something you have learned about dentistry since joining the ODA?

AM: While growing up, I learned the basics about oral health: the importance of keeping your teeth clean by brushing and flossing. Shortly after joining the ODA though, I really became aware of the impact oral health has on not just your teeth but on your overall health. I am also really interested and have learned a lot about the general advancements that are being made in dentistry. The *ODA Journal* and the *Journal of the American Dental Association* provide a wealth of information about the breakthroughs and innovations in oral health care, and I think the strides being made in oral health treatment are really incredible. ●

ODA LEGISLATIVE REPORT



By Scott Adkins, ODA Contract Lobbyist

The first session of the 50th Oklahoma Legislature adjourned the afternoon of May 27. Of the more than 2,100 pieces of legislation introduced in February, 492 reached the Governor's desk. Ten bills were vetoed and the rest became law.

Overall, it was a fairly quiet year for dentistry. There were no major fights over scope of practice issues. The

ODA did play a significant role in the passage of HB 1337, a request bill from the Oklahoma Board of Dentistry. HB 1337 was important to the dental school because it allows the faculty to practice one day a week in their field of specialty. The new law also grants peace officer status to the Board of Dentistry investigator. The ODA openly supported this bill and many dentists from around the state contacted their individual Senators and Representatives.

With their first majority in over 80 years, the House Republicans definitely left their mark. Speaker Todd Hiett (R-Kellyville) dictated the terms of many of the major issues during this year's legislative session. The higher education bond issue and the increase in Medicaid provider funding were both the result of compromises crafted by Hiett and the House leadership.

Also, if you blinked and missed it, Governor Henry immediately called the legislature back into special session to tackle workers compensation reform. The bill was already crafted, but time ran out to pass it in the regular session before adjournment. After two days of legislative mechanics – just to get it thru the process – both chambers overwhelmingly passed the bill and it was quickly signed by the Governor.

Following are some of the major issues that became law that could have an impact on our profession and Oklahoma Dentists:

Higher Education Bond Issue - \$475 million bond issue for higher education capital improvements. Also establishes a \$25 million "bond bank" that institutions can access and repay.

Medicaid Hospital Provider Funding - \$63 million appropriation through the Oklahoma Health Care Authority that will be used to access federal matching funds and result in almost \$200 million additional Medicaid provider reimbursements.

Tax Cuts - \$58 million fiscal impact the first year, \$150 million in 2007. Among many things, the bill increases the standard deduction from \$2000 to \$4000 for married couples, cuts the top rate from 6.65 to 6.25%, provides for an income tax rebate this first year, expands the exemption for retirees, and eliminates the "method II" portion of the income tax code.

Road and Transportation Funding - \$17.5 million additional appropriation this year, and \$170 million 5 years out. Of the total, \$10 million is allocated for bridges, \$5 million for roads, \$2 million for the Heartland Flyer, and \$500,000 for public transportation.

Workers Compensation Reform – The bill was endorsed and given an "A" rating by the State Chamber who estimates employer savings of between \$60 and \$110 million. Some of the reforms include employer choice of physicians to eliminate "dueling doctors," limits on attorney fees from 35% to 20% of the award or settlement, increased penalties for workers comp fraud, allows for drug testing of a worker after an incident that causes \$500 of property damage or an injury, and provides a new schedule for "soft tissue" injuries.

One a final note, a very special THANK YOU goes to all of our dentists who contribute to DENPAC! Your money is helping support candidates and political activities that benefit our profession. In the last month, DENPAC delivered campaign contributions totaling \$27,600. Our political action committee is evolving into one of the most powerful in Oklahoma!

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MENTOR OF THE MONTH - DR. PAUL B. STRAHAN



By Carla Binker, Amanda Fulfer, Clint Stevens, Brian Pattern, and Parnam Mohanna

A mentor is defined as a wise and trusted guide and advisor. There are countless stories of individuals who have impacted a person's life one way or another. Most people have probably

had at least one person in their lives that has influenced them to some extent.

Dr. Paul B. Strahan is a Tulsa dentist to whom we all owe a great deal of gratitude for being a mentor. This individual is not only a mentor, but is also a boss and a trusted friend whom we will never forget and will always respect. Dr. Strahan has always given his time and knowledge to those who needed it.

Dr. Strahan graduated from the University of Texas, Houston Dental School in 1976. He and his wife Susie decided to move to Tulsa and buy a practice in a downtown high-rise where he has enjoyed many years of success, and has loved being a dentist from day one. It is here in his busy office that he has shared his love of dentistry with us, and taught us much about the field of dentistry and provided us some experience before we headed off to school.

We have all worked for Dr. Strahan as dental assistants or hygienists. But the best thing about Dr. Strahan is that his mentoring did not stop once we quit working with him and began school. He is always willing to take time out of his busy schedule to allow us to come back

to the office during breaks for observations or just a quiet lunch to see how we are doing in school. He is always available to talk to us when we have questions and always has great advice. We all look up to Dr. Strahan with great respect and honor. We appreciate the endless gift of knowledge and friendship he has shown us and we will never forget his love for dentistry that he has passed on to us. ●

Editor's Note: This column begins a feature that recognizes mentors in our profession. Each of us likely has someone in our lives who encouraged us to pursue the profession of dentistry or helped us see the value of being a member of organized dentistry. In this column of the Journal, those people and their efforts will be recognized in order to acknowledge the impact they had on our lives – a reminder that will hopefully motivate each of us to become mentors ourselves.

So, if someone in your life has influenced your success as a dentist, we want to hear about it. Your mentor may have been a faculty member who always encouraged you during the trials and tribulations of dental school, or it may have been a District President who showed you the importance of being active in organized dentistry by getting you

involved in a position that utilized your talents. Whatever the case, let us hear about the mentor in your life.

Submit brief mentor stories by email to mentor@okda.org or contact Stephanie Trougakos at 405.848.8873. Also, don't worry; you do not need to be a professional writer to contribute to this section. ODA staff will provide any assistance you need in articulating your gratitude.

The term mentor comes from Homer's classic 'The Odyssey' where Odysseus, off to war, chose 'Mentor' (who was the goddess Athene in the form of Mentor) to protect and advise his son, Telemachus. This has translated to the modern day as an 'experienced and trusted adviser' (Oxford Dictionary).



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The Summer Practice Management Issue

As the heat of the Oklahoma summer reaches its zenith in July, we hope this issue of the ODA Journal finds you able to take some time away from the hectic schedule of practicing dentistry.

Summer lends itself to relaxing, to taking a step back from the normal routine and enjoying the simple pleasures of living. As children, we all used the summer time to escape the rigors of school, taking each day as it came by following nothing but our imagination in a world full of possibilities.

So, we encourage all of our readers to recapture that childlike feeling of possibility this summer. Take some time to sit back, broaden your vision, and take stock of everything around you. Take this time to evaluate not only your dental practice but your entire life. This summer, pick one thing that you know needs your attention and improve it.

With that end in mind, we have assembled a group of articles that will hopefully provide you with several ideas about how to make easy but incredibly valuable changes to your office, life, or schedule. We hope you enjoy the first annual Summer Practice Management Issue, and we hope that at least one of the articles contained in this section helps you improve, relax, or recharge.

Have a great summer, and we'll see you in the fall.

-- The ODA Journal Editors & Staff



WHAT YOU SEE IS WHAT YOU GET

By Mary M. Byers, CAE

How many times have you heard it: The physical appearance of your office determines, to a great extent, what your patients think of you. But after hearing it, how many times have you really walked through your office with a critical eye?

I once visited the office of a dentist who's been well-respected in organized dentistry for years. I expected a plush, modern office and was quite surprised at the Spartan surroundings that greeted me. Not only had the furnishings not been updated in years, the carpet was worn and the equipment was dated. And even though I knew and respected this man, I couldn't help but wonder, based on his office, if his dental skills equaled his leadership skills.

“A lot of the perception of the quality of the dentist, and the quality of the dentistry, is through the patient's perception of the facility...”

The very foundation of communications and public relations is this: perception is reality. If your patients perceive you as being successful, then in their minds, you are successful. If they perceive you as caring and capable, then in their minds you are caring and capable. Not surprisingly, your office is one of the tangible signs your patients read in order to help determine their perception.

While it's true that perception is reality, it's also true that you never get a second chance to make a first impression. And a large part of a new patient's perception is determined by what they see and how they feel when they walk into your office for the first time. Notes Michael Unthank, DDS, an architect that specializes in building dental offices, “A lot of the perception of the quality of the

dentist, and the quality of the dentistry, is through the patient's perception of the facility because they have absolutely no way of evaluating the quality of your dentistry. They're not trained to know if the margins are close and the contacts are where they should be. They can't understand dentistry in those terms. So they base it on your facility instead."

Keeping your facility updated doesn't have to be expensive. A new coat of paint works wonders. Another trick for keeping things fresh is to rotate the wall hangings in your office on a regular basis. (One dentist I know works in conjunction with the local school district and displays students' artwork in his waiting room, which is fun for everyone. And, he claims he's gained several of the students and their families as patients.)

While an occasional facelift is important, it is also important to really take a look at your office. Is the reception area well-appointed? Is it warm and inviting? If any room should be, this is it. Remember that you never get a second chance to make a first impression.

Next, take a look at each of your operatories. Challenge yourself to come up with one thing you can do in each room to improve its appearance. This review doesn't have to be overwhelming, but it should result in a list of concrete steps you can take to improve your office's appearance – and thus patients' perception of you.

Remember that you never get a second chance to make a first impression.

Instead of relying solely on your own opinion, I suggest you include your staff as well. Take time during a staff meeting, when no patients are present, and do a walk-through together. Keep pencil and paper handy as ideas start to flow and you find out what your staff really thinks of the stuffed fish hanging in the men's room or the castoffs from your home that ended up in the office. As you make a list of changes to make, remember that they can be made little by little.

If you really feel like it's time to make some sweeping changes, consider hiring an interior designer on an hourly basis to give you some ideas. A designer doesn't have to handle the project – but it does help to get some professional help at the outset.

Finally, make a note in your budget file for next year to begin to include interior improvements annually as a line item. Many dentists regularly include equipment and technology expenditures but don't include things like new carpeting, new furnishings, etc. When you keep up a little at a time, rather than making massive changes periodically, it's not nearly as hard on your budget.

Notes Dr. Unthank, patients "want to go to a dentist who is current and who has an attractive facility." Does your office fit the bill? ●

Mary M. Byers is a professional speaker and author specializing in topics for the dental profession.

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A GOOD BEGINNING



Any pediatric dentist knows that an infant's first visit to the dentist should lay the foundation for pleasant experiences and attitudes about future oral health care. Dr. Steven Schwartz, writing in the *New York State Dental Journal*, offers some advice on how dentists can make young children lifelong happy patients.

First, he says, the examination of an infant should be performed in a non-threatening area outside the dental operatory, such as a private office or quiet reception area.

The most effective and comfortable position for the patient, parent and dentist is the "knee-to-knee" position, he writes. The dentist and parent sit opposite each other with knees touching. The child sits in the lap of and faces the parent. The child's legs embrace the parent's lap, and the parent holds the patient's hand. The child then lies backward until his head rests in the dentist's lap. This position enables the child to see and feel the parent while the dentist performs the examination with minimal restraint. It also allows for excellent visualization of the oral cavity by both the parent and dentist.

The evaluation of the patient begins with an extraoral examination, which includes inspection of the head and neck for abnormalities in size, shape and symmetry of the head, lymph nodes, eyes, ears, nose, lips and mouth. The intraoral examination includes evaluation of the soft tissues for cysts, clefts, traumatic ulcerations, tongue and frenum lacerations, and gingivitis. Examination of the dentition includes evaluation of the jaw relationships (overjet, overbite, midline deviations and crossbites), presence or absence of spacing, presence of dental abnormalities, hypoplastic/hypocalcified enamel and dental caries.

In the examination position, the dentist or the hygienist can demonstrate to the parent the proper positioning and technique for tooth and gum cleaning.

After the findings are gathered, the dentist makes an assessment of the patient's risk for dental disease. Based upon the patient's risk assessment, appropriate recommendations for dental disease prevention techniques are made, including the parent's role, diet counseling, tooth and gum cleaning procedures, fluoride assessment, and a recall schedule. ●

THE CHILD-FRIENDLY OFFICE

The number-one requirement of dentists who treat young children is patience, and plenty of it. In addition, writes Kristina Lynch, in the *Academy of General Dentistry's AGDImpact*, general dentists should be aware of the techniques pediatric dentists have in their bag of tricks.

A very important strategy, she says, is to talk with the parents before seeing a child. Dental professionals should try to convey to them the importance of preparing kids for a trip to the dentist. Even superficially innocuous statements such as "We're going to the dentist, it won't hurt" can set off alarm bells in a child's mind. The word "hurt" is all the child notices.

Although a general dentist will not want to turn the entire dental practice into a child-oriented location, it is wise to keep it child-friendly. Books, children's magazines, videos, a few games—maybe a full-blown play corner—can help relax children. Policies allowing parents into the treatment rooms may be necessary in order to accommodate the needs of especially fearful children, Ms. Lynch writes.

Children can be a key ingredient to a dental practice's success. A dentist who treats a child usually ends up with the entire family as patients. In addition, treatment of a child leads to education, which leads to a lifetime of good oral hygiene habits. ●



PLAN IT, SCHEDULE IT, AND LIVE IT



By Shelly V. Short, RDH, MS

How many times have you said something like this? *I just don't have time to exercise. I know that it is important, but my schedule is so crazy, and I never know when we will finish with our final patient of the day.*

We try to accommodate everybody, we schedule emergency patients at their convenience, we provide treatment trying to secure some needed production, and my dental team and I are already not ranking in popularity with our families because of these late hours!

Where in my demanding and stressful schedule am I going to do some healthy food shopping and plan some exercise or activity?

Where do I find the energy at the end of the day when we have been running from one treatment room to the next – our double-booked schedule does not even allow us time for lunch!

If you stop and think about the things that matter most in your life – what would they be? Do you give these areas the attention and structure you really need to set aside for them? Why is it we are all needing more time, wanting to enjoy life more, but asking how to make this happen?

At Jameson Management, Inc., we teach our doctors and their dental teams how to plan for the future by increasing productivity and decreasing stress. Yes, we want our practices to become more financially secure, but we also know that people

are only as wealthy as they are healthy! So where do we start? The first key is scheduling! If you do not take control of your schedule, it will take control of you, and rob you and yours of both health and quality of life.

As Dr. Cathy Jameson has echoed for many years, “The scheduling of appointments is the heartbeat of the dental practice.” It is the driving pulse that maintains a healthy life for the practice. The scheduling system is a direct reflection of the health of the practice – monitoring the new patient flow, the quality of care given by the clinical team, scheduling true emergency

“The scheduling of appointments is the heartbeat of the dental practice”

patients today rather than patients that need a future appointment, and the adequacy of the business team. A poorly managed schedule leads to poorly scheduled days, which are a tremendous source of stress for the entire team.

On the other hand, a properly engineered scheduling system can be the control mechanism that leads to productive, stress-controlled days. And friends, there is plenty of research supporting the fact that reducing stress in our daily lives improves our overall well-being!

Future planning for financial security is a high priority, and the prerequisite for financial security is our health! Just as we make contributions to our 401K securing our financial future, so should we make deposits to our “health fund”, positioning the outlook for our quality of life. In the dental office, the health fund starts

contd. on pg. 23

THREE COMPONENTS OF SUCCESSFUL MARKETING

Marketing is the strategy and system for creating and maintaining a demand for your services. A new dentist starting from scratch will have a different marketing strategy than one buying an existing practice. Edward Challberg, CPA, writing in *New Dentist*, identifies three components of any successful dental practice's marketing plan:

1. Current Patients. Marketing to your current patients (customers) is called internal marketing. If you have bought an existing practice with a substantial patient base, your marketing strategy will be focused on retaining your current patients and maintaining a level of enthusiasm so that they will refer others. Factors that make patients want to come to your office and to refer others include: having a well-designed and appointed facility with comfortable amenities; being greeted and served by a knowledgeable, experienced and personable staff; offering options that make dentistry affordable to each patient in accordance with financial circumstances; and keeping patients informed of existing, new and changing services.

2. Potential Patients. If you are starting a practice from scratch, external marketing, defined as marketing to potential patients, is critical. Having a clear idea of what your practice can provide, the type of patient you want to serve, and the demographics of your community is

essential to an effective external marketing plan. External marketing may include signs, mailings, print and radio advertising, sponsoring community projects and teams, public speaking, and welcoming packets for new residents. External marketing also entails developing and maintaining a reputation for excellence in the dental community and greater community.

3. Marketing Plan. To effectively market your practice, you must have a plan that is part of your overall business plan. Marketing must be regular and consistent. A system must be in place so that your marketing plan is being implemented automatically, all the time. For example, follow-up calls to patients after treatment or gifts to referring patients are good marketing ideas. You won't know how effective your marketing is unless you measure it, which is why a long-term plan is wise. ●



MAKING
YOUR WEB
MARKETING
CAMPAIGN
A RUNAWAY
SUCCESS

Now more than ever, and in record numbers, consumers are using the Web to locate information on products and services, write Dr. Mickey Bernstein and Robert Silkey in an article on internet marketing published in the *Journal of Cosmetic Dentistry*. A few essential preliminary steps are involved in designing a successful Internet marketing program.

First, remember what it is that will attract patients to your practice. Second, make sure you fine-tune your practice so that the people who come to you via your web advertising want to stay as long-term patients. Next comes building a winning web site. Finally, the authors note, when all the previous steps are done, it's time to learn about internet traffic and then invest in strategies to drive this traffic to your practice's web site.

The initial step in devising an Internet marketing strategy

involves recognizing the factors that attract patients to a dental practice and ultimately convince them to proceed with treatment. In restorative dentistry, Bernstein and Silkey write, patients make the decision out of a desire to preserve their teeth, avoid pain, or do what is responsible. But in aesthetic dentistry, patients' decisions are based more on emotions. Attractiveness, self-esteem, the importance of appearance in business dealings, romance, fashion and prestige are therefore the primary "hot buttons" in marketing dental services.

Another important aspect of Internet marketing is the determination of exactly what kind of traffic you want to direct to your Web site. The authors recommend distinguishing between total and targeted traffic. Suppose your cosmetic practice focuses 100 percent on cosmetic procedures and your Web site gets 1,000 visitors a month. If half of those visitors found your site by entering search words such as "extractions," then you would legitimately be interested only in the other half who entered search

"...FINE-TUNE YOUR PRACTICE SO THAT THE PEOPLE WHO COME TO YOU VIA YOUR WEB ADVERTISING WANT TO STAY AS LONG-TERM PATIENTS"

words such as "cosmetic dentistry." You need to consider other factors before deciding how many visitors might actually be potential patients, including their geographic location. If you're in Florida and you get a hit from a consumer in Washington, that's not likely a new patient.

The authors also note that when devising a Web strategy, you should consider using both Internet directories -- such as DentalDocshop.com, 1800dentist.com and ienhance.com -- and the standard search engines such as Google, Yahoo and MSN. ●

with controlling the schedule by establishing a system that all team members will honor and follow. The greatest benefit of a well-managed scheduling system is that you will have time for grocery shopping (for healthy foods easily prepared at home), have the energy reserves for exercise, and a healthy outlook about returning to work the following day!

Dr. Jameson teaches several essentials for effective scheduling and remember, these scheduling keys are the (first-things-first) priorities for planning your quality of life!

1. *Set a goal for production* – the first and most vital of the steps for proper scheduling.
2. *Stabilize production on a daily basis*
3. *Develop a procedure analysis sheet*
4. *Vary your days* – a variety of procedures every day, as this is both physically and mentally healthy.
5. *Schedule primary, secondary and tertiary procedures* – know your production values and schedule your days with variety in each day.
6. *Schedule longer appointments and see fewer patients*
7. *Pre-block your days*
8. *Emergency time* – is it a ‘true’ emergency patient, or is it a patient that needs a future appointment?

With a great scheduling system in place, you are positioned! No more excuses are allowed for missing creative healthy food shopping and meal preparation. No more excuses are allowed for not reserving time and energy for exercise! Here are a few ways to maximize your planned and valued time while grocery shopping and preparing for exercise.

- 1) Be on the defense against new items that appear on the market such as “fake foods.” Keep your guard up.
- 2) Focus on getting nutrients from your diet and know when to supplement it with natural dietary supplements. Do what mom said and eat vegetables!
- 3) Balance your fats as an imbalance can cause inflammation, a precursor to life-shortening conditions like cancer and heart disease. The right fats support hormonal regulation and the immune system.
- 4) Ask the question, is this food item supportive or non-supportive?
- 5) Avoid excess stress as it lowers the immune system. Laugh more as laughter supports the immune system.
- 6) Schedule as little as 29 minutes of daily physical activity.
- 7) Exercise the brain. Brain function is not unlike muscle function: use it or lose it! So, like the body, we do not want our brains to get out of shape!
- 8) Drink water and lots of it!

Plan it, Schedule it and Live it! If you follow the system, you will have time for you and yours, as well as enjoying the rewards of a healthy mind and body! ●

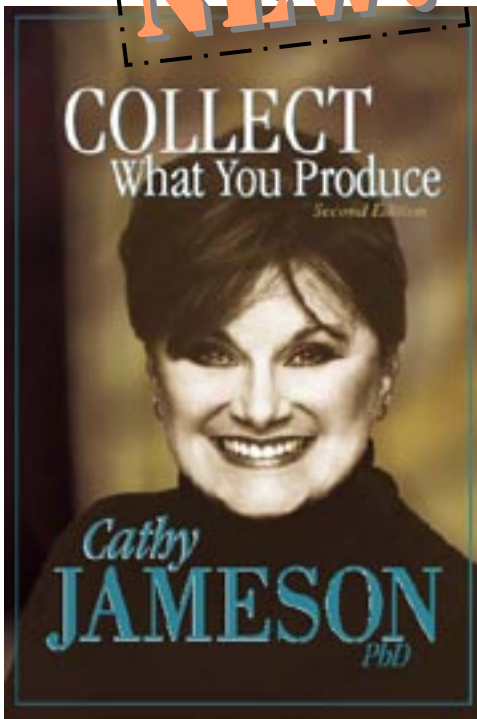
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Great Philosophies to Live by

From Editor Jeffrey B. Dalin, DDS, come these words of wisdom printed in *St. Louis Dentistry*.

1. No one can ruin your day without your permission.
2. Most people will be about as happy as they decide to be.
3. Others can stop you temporarily but only YOU can do it permanently.
4. Whatever you are willing to put up with is exactly what you will have.
5. Success stops when you do.
6. When your ship comes in, make sure you are willing to unload it.
7. You will never "have it all together."
8. The biggest lie on the planet: "When I get what I want, I will be happy."
9. I've learned that ultimately, "takers" lose and "givers" win.
10. If you don't start, it's certain you won't arrive.
11. We often fear the thing we want the most.
12. Yesterday was the deadline for all complaints.
13. Look for opportunities – not guarantees.
14. Life is what's coming, not what was.
15. Now is the most interesting time of all.
16. When things go wrong, don't go with them.
17. Sometimes the majority only means that all the fools are on the same side.
18. A best friend is like a four leaf clover: hard to find and lucky to have.
19. You don't have to attend every argument you're invited to.
20. Our eyes are placed in front because it's more important to look ahead than to look back.



Make recognizing team members a daily habit

For many years, dentists thought that cash bonuses, higher salaries or an expanding menu of benefits was all it took to motivate workers, but employment research of the past decade confirms something else, writes Dr. Ronald Arndt, in *ODA Today*, a publication of the Ohio Dental Association. Employees most often mentioned two factors as motivational: an interesting job and recognition for doing that job well.

Dr. Arndt offers the following five tips to make the process of recognizing your employees a regular and daily habit:

1. **Four Quarter Technique:** At the beginning of the day put four quarters in your right pocket. During the course of the day, look for team members who are doing something right. At that moment, stop and praise them and transfer one quarter to your other pocket. Sounds foolish you think? It's a simple, effective way to create a positive habit.
2. **Create Awards:** Use awards to make people feel special. Awards are symbols that outwardly demonstrate recognition for a positive attitude. The more you reward a positive attitude, the more the practice attracts happy patients and coworkers.
3. **Hand Write Notes:** Write a note at the end of the day to an employee who has done something remarkable, saved you time or embarrassment or gone the extra mile. A simple "thank you" or "I appreciate you" is powerful.
4. **Tell Team Members Why They Are Important:** People who understand that their efforts make a difference to the success of the team want to make sure their team "wins." Let everyone know how important they are – every day.
5. **Leave a Message:** When a team member does something noteworthy call his or her voice mail at home or cell phone and acknowledge a job well done.

Attracting and retaining dental auxiliaries are increasing concerns for many dental business owners, and the situation is expected to get worse as baby boomers grow older and retire. Retaining workers in a competitive market requires an office environment that is supportive, caring and stands out from the rest. This will require an attitude of gratitude. ●



DOES YOUR BUSINESS NEED AN ESTATE PLAN?

By John P. "Jack" Sullivan, CFP®, CLU, ChFC

For most business owners, their most valuable asset is their business. But too many business owners fail to have an estate plan that includes their business. Knowing how your business assets will eventually be passed on can provide you with a sense of security for your family.

Some businesses can be sold – but you need to have an idea of its worth in order to include the value in your estate plan. Some businesses can be passed on to others – employees, partners or family members. In such cases, there needs to be a way to liquidate your share for the benefit of you and your heirs. Another aspect of business estate planning is to protect the business from a principal's untimely death or disability, so that it can continue to operate and provide income until a successor is in place. The main goals of creating an estate plan for your business are:

- to establish a business continuation plan that can help provide benefits for you and your heirs
- to meet your objectives for asset distribution
- to reduce estate taxes

Before deciding on estate planning strategies, it is useful to consider the type of business you have. Different types of business organizations are treated differently for estate planning purposes.

Types of Business Organizations

Sole proprietorship. The simplest business organization is a sole proprietorship – one individual owns and controls the entire business. A sole proprietorship is not a separate entity; therefore, any debts, liabilities or losses of the business are the personal liabilities of the owner. Alternately, any income generated passes directly to the owner who is responsible for paying state and federal income taxes. If a business is a sole proprietorship, it passes into the owner's estate upon death. All business property and effects will pass through the estate; any debts become debts of the estate and income becomes an asset of the estate.

A **general partnership** is formed when two or more people begin a profit-making activity with or without a formal agreement. A general partnership, like a sole proprietorship, does not shield the individual partners from the liabilities of the partnership. Upon the death of one partner, the business is typically dissolved.

A **limited partnership** is formed using specific statutory guidelines. Although tax implications are similar to a general partnership, there are differences. A limited partner is inactive in the business and has limited liability, up to the amount of his/her investment. A general partner exercises broad management functions and is personally liable on behalf of the partnership.

Corporations are separate legal entities, distinct from the people who own their stock. For instance, if a shareholder decides to dispose of stock or dies, the corporation continues to function independently. This is different from a partnership which is dissolved upon the death of one of the owners. In addition, company stock is regarded as an asset, since shares that are owned by the deceased are included in their estate.

A **Limited Liability Corporation (LLC)** combines some of the features of a partnership and a corporation. An LLC will continue to operate even upon the death of an owner.

No matter what type of company you have ownership in, it is important to understand the related estate tax consequences and to plan accordingly. A little planning today could go a long way in helping alleviate future tax problems for you and your estate, and asset distribution headaches for your heirs and partners. Creating a proper estate plan requires careful planning and input from trained legal, tax and financial professionals. ●



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ORAL PATHOLOGY CASE: ULCERATIVE MASS OF UPPER LIP

PROVIDED BY DR. GLEN D. HOUSTON, DDS - OUCOD CHAIR, DEPARTMENT OF ORAL AND MAXILLOFACIAL PATHOLOGY



CASE HISTORY: A 10-year-old female was examined for a slow-growing, expansive mass involving the posterior mandible and associated with the impacted second and third molar teeth. The area was asymptomatic and the duration of the lesion was approximately 18 months.

Question:

1. The radiographic appearance of this lesion is most accurately described as:
 - a. A diffuse, ill-defined lesion
 - b. A unilocular, radiopaque/radiolucent (mixed) lesion
 - c. A diffuse, multilocular, radiopaque lesion
 - d. A well-defined, multilocular, expansile, radiolucent area
 - e. Both a and c

Answer:

1. The radiographic appearance of this area is most accurately described as (d) a well-defined, multilocular, expansile, radiolucent area. Because of these observed features the other possibilities under consideration (a,b,c,e) are excluded in this radiographic assessment.

Question:

2. A reasonable differential diagnosis for this patient based on history and radiographic appearance might include (multiple answers):
 - a. Cherubism
 - b. Ameloblastoma
 - c. Dentigerous cyst
 - d. Odontogenic keratocyst
 - e. Aneurysmal bone cyst

Answer:

2. Your clinical and radiographic impression should include all of the conditions in the differential diagnosis:

Cherubism (a) is a developmental jaw condition that occurs in children. It typically is asymptomatic and presents as bilateral, expansile, multilocular radiolucent areas of the mandible with occasional involvement of the maxilla. These lesions may be associated with unerupted teeth and simulate the appearance of a dentigerous cyst. There are rare reports of unilateral cherubism.

The ameloblastoma (b) is rarely observed in children. This neoplasm is usually asymptomatic and typically presents as an expansile, multilocular, radiolucent lesion involving the posterior mandible. In many cases, an unerupted tooth is associated with this radiolucent lesion.

A dentigerous cyst (c) may involve any unerupted tooth; however, it most often is associated with the mandibular third molar. It is most frequently observed in patients between ten and 30 years of age. Extensive lesions may produce facial asymmetry and radiographically present as unilocular, radiolucent areas with occasional multilocular lesions.

The odontogenic keratocyst (d) is a distinctive developmental odontogenic cyst found in patients between 10 and 40 years of age. The mandible is involved in 60-80% of the cases, especially the posterior region. This lesion presents as a well-defined, expansile, radiolucent area (unilocular or multilocular) and is associated with an unerupted tooth in 25-40% of cases.

The aneurysmal bone cyst (e) is typically observed in the long bones or vertebral column in patients under the age of 30. Those that occur in the jaws usually are seen involving the posterior mandible. They may be painful and present radiographically as an expansile, multilocular, radiolucent area. There is a female predilection.

Question:

3. Your treatment plan should include (multiple answers):
- Aspirate the lesion
 - Biopsy the lesion
 - No surgical intervention; repeat radiographic survey in 6 months
 - Advise the parent that, based upon the radiographic presentation, the patient has cherubism and no further work-up is necessary

Answer:

3. Your treatment plan should include:
- aspirate the lesion
 - biopsy the lesion

Aspiration of the lesion (a) is indicated in order to rule out a central vascular lesion (i.e. arteriovenous malformation). Biopsy of the lesion (b) is necessary in order to establish a definitive diagnosis. There is little to be gained by (c) no surgical intervention; repeat radiographic survey in six months. Finally, rare instances of unilateral cherubism (d) have been reported, but these cases are difficult to support unless there is a family history of this condition.

Question:

4. The area is entered surgically and a thick, cheesy, yellow material is noted. Based on this observation, the most likely diagnosis for this lesion would be:
- Odontogenic keratocyst
 - Dentigerous cyst
 - Central giant cell granuloma
 - Odontogenic myxoma
 - Ameloblastoma

Answer:

4. Based upon the surgical observation of a thick, cheesy, yellow material (keratinaceous debris), the most likely diagnosis is (a) odontogenic keratocyst. See "Discussion" section.
- The other conditions are not considered here because in most cases of the dentigerous cyst (b), keratinization is not a prominent component observed in the surgical specimen. Likewise, keratinaceous debris is not observed as a gross component of the central giant cell granuloma (c), odontogenic myxoma (d), or ameloblastoma (e).

Discussion:

The odontogenic keratocyst was first reported by Philipsen in 1956. There is now general agreement that it is a cyst with very well-defined histologic criteria and possesses one clinical feature warranting its recognition and separation as a distinct entity: the exceedingly high recurrence rate.

Although about 50% of the patients are symptomatic prior to seeking treatment, there are no truly characteristic clinical

manifestations of the odontogenic keratocyst. Among the more common features are expansion of bone, soft tissue swelling, and pain. The lesion may occur at any age but is rarely observed below the age of 10. Approximately 65% involve the mandible and 35% occur in the maxilla. In the mandible, the majority of these cysts occur in the ramus-third molar area.

Radiographically, the lesion may appear as either a multilocular or unilocular radiolucency with a thin sclerotic border. The border may be smooth or scalloped, but is usually sharply demarcated. The odontogenic keratocyst may present as any of the following entities on a radiographic survey: 1) primordial cyst, 2) dentigerous cyst, 3) lateral periodontal cyst, 4) odontogenic keratocyst associated with the nevoid basal cell carcinoma syndrome, or 5) the "idiopathic" odontogenic keratocyst, which commonly occurs between the mandibular first and second molars.

Microscopically, the features of this particular cyst are quite characteristic. The cyst wall is usually quite thin. The cystic epithelium is stratified squamous and exhibits a corrugated layer of parakeratin. This epithelium is very uniform in thickness, rarely being more than six to eight cells thick. The basal epithelial layer is composed of a palisaded layer of cuboidal cells which exhibit hyperchromatic nuclei. The lumen is invariably filled with a thick, creamy, cheesy material which represents desquamated keratin.

Initial treatment should consist of thorough enucleation and curettage. The most important feature of this particular cyst, as mentioned above, is its extremely high recurrence rate. It has been reported as being between 30 and 60 percent. Follow-up of any case of odontogenic keratocyst with annual radiographs is essential for at least 5 years following surgery. When the diagnosis is received, the clinician should also determine if the patient has the nevoid basal cell carcinoma syndrome because of the many associated problems which these patients will ultimately face.

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Editor's note: What follows is the first installment of what is hoped will become a regular feature of the Journal. Patterned after the back pages of several popular slick-cover magazines, Root Tips will provide a venue for Oklahoma dentists who enjoy creative writing to express themselves.... hopefully with some originality and humor. All of us have had experiences, dental and office.

The possibilities are unlimited, and I'm sure we'll be learning as we do this, so be prepared for some unusual features.

To have a story, anecdote, or tale considered for publication here, simply submit it to roottips@okda.org or contact Stephanie Trougakos at 405.848.8873. ODA staff will provide any assistance needed in getting your story down on paper, just the way you want it. Now, for the premiere of this new feature, we introduce what may, unfortunately, become a recurring series of tales from far southeastern Oklahoma.

The Buccal Pit Study Club #1: Ed Lebiew Goes Missing

The boys in the back booth of the Longbranch Saloon in Gator Crossing, Oklahoma were not happy. Their usual waitress, Wanda, had taken the afternoon off, and her substitute was lacking several needed social graces necessary for dealing with this bunch. As was their custom, an initial round of ammunition was required before the weekly meeting of the Buccal Pit Study Club was convened, and this particular gathering would require extra powder. It had been over a week since the senior member of the group, Dr. Ed Lebiew, had mysteriously disappeared on a ill-fated duck hunting trip put on by a pharmaceutical sales rep hawking a new local anesthetic, Viagracaine, a wicked combination of sildenafil and lidocaine that guaranteed profound blocks and other benefits. Much discussion had ensued once the study club members were informed of his disappearance, and several plans for search and rescue were voted on and rejected. Finally the group wisely left the job of finding Dr. Ed to the local county sheriff and moved on to other more pressing issues, like who was going to take care of Dr. Ed's patients and feed his dog?

To the uninitiated, Gator Crossing is an unusual little town down in the far reaches of Southeastern Oklahoma. Nestled between a picturesque Kiamicchi mountain and an abandoned Weyerhaeuser logging road, Gator Crossing is the home of an attention-getting group of dental practitioners that range from the more traditional purveyors of dental services to the likes of Dr. Ed Lebiew, whose business card states his specialty as "Unusual and Surprising Dentistry". Longtime readers of this Journal will be familiar with some of the activities of the Buccal Pit Study Club from past reports in the Eastern District news section, although it is high time the

rest of Oklahoma dentistry was made aware of an interesting side of our membership. Although total city and country population wouldn't seem to justify it, all nine practitioners enjoy successful dental careers and contribute significantly to the local social and cultural scene, with possibly one or two exceptions to be noted in later reports. The Study Club was started in 1973 by a then newly graduated Dr. Lebiew who brought some big-city ideas up from Dallas to be shared with his newly acquired colleagues. Acceptance was slow at first, with a real debate ensuing from Dr. Ed's first use of a new im-



Gator Crossing, Okla.

pression material made from brick dust and horse manure. Crown margin integrity was phenomenal, however, and the new technique was soon adopted. Club meetings were moved from monthly evening meetings to weekly affairs starting in late afternoons and ending well after midnight, usually with assistance from local law enforcement. Continuing education credits have always been a sore subject, especially after a

surprise inspection visit by a member of the State Board of Dentistry several years ago. Upon his return to the Oklahoma City office, the board member recommended that any hours submitted bearing a Gator Crossing postmark be recorded and quietly placed in a special file marked "unknown practitioners". More on this later.

It was getting late and the substitute waitress was in the back crying. A motion to adjourn was made and seconded without any real progress being made on what to do about Dr. Ed's disappearance, his office, or his dog, although it had been suggested that members take turns answering his office phone and referring emergency calls to whomever was up to dealing with Dr. Ed's unusual collection of patients. Members left the Longbranch in hushed silence, as a beautiful full moon rose over Gator Crossing...now short one badly-missed dentist. (Next time: DNA evidence found in an unsuspected place)

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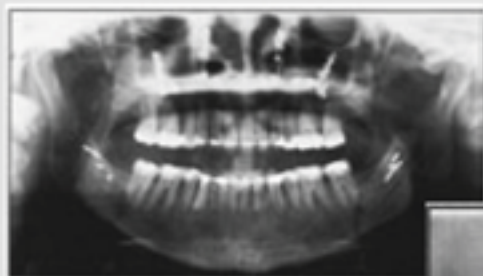
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Chicago, IL	6/10-6/11
Minneapolis, MN	6/10-6/11
Nashville, TN	6/10-6/11
Dallas, TX	6/17-6/18
Toronto, ON	6/17-6/18
Las Vegas, NV	6/17-6/18
San Diego, CA	6/17-6/18
San Antonio, TX	6/24-6/25
New York, NY	6/24-6/25
Vancouver, BC	6/24-6/25
Santa Clara, CA	6/24-6/25

JULY CERTIFICATION

Long Island, NY	7/14 - 7/15
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Tampa, FL	7/15-7/16
Houston, TX	7/15-7/16
Anchorage, AK	7/29 - 7/30
Oklahoma City, OK	7/29 - 7/30
Atlanta, GA	7/29 - 7/30
Colorado Springs, CO	7/29 - 7/30

AUGUST

Chicago, IL	8/5 - 8/6
Boston, MA	8/5 - 8/6
Norfolk, VA	8/5 - 8/6
Honolulu, HI	8/5 - 8/6
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