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ENTERING A
DRAMA
FREE
ZONE**



Tips on how to create one for your practice

Content

Articles

- 9 Tips to Protect You, Your Team, and Your Practice Against Violence—articles
- 10 The Dos and Don'ts of Politics in the Workplace—CEA
- 13 CA Meals and Rest Break Laws are Complex—CDA
- 16 Remain Calm When Faced with Irrate Patients—TDIC
- 20 Managing the Regulatory Environment—ADA
- 22 How to De-escalate Encounters with Aggressive Patients—ADA
- 26 The Role of AI in Streamlining Back-office Functions—CDA

Backyard

- 3 Presidential Pondering
- 5 Editor's Corner
- 12 MJC Clinical Education Partnership updates—Joy Brack, RDA Lead Instructor
- 15 In Memorandum
- 28 Calendar

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Mailing Address:
2401 E. Orangeburg Ave.
Ste. 675-319

Modesto, CA 95355

Physical address:
2339 St. Pauls Way
Modesto

Ph: (209) 522-1530

Fax: (209) 522-9448

Email: sdsdent@thevision.net

Website: stanislausdental.org

Questions or comments about the content of this

publication may be directed to:

Editor: Andrew Smith, DDS

Editorial Manager: ED Robin Brown

Your contributions in the form of articles, photos and/or ideas are greatly appreciated. The APEX editorial staff is interested in articles of general membership interest. This can include an accomplishment, interesting hobbies, innovative ideas, volunteer efforts, etc. Please feel free to submit an article or call for an interview. All articles are subject to editorial review.



Presidential Pondering

Recognizing and Combating Compassion Fatigue

Dr. Alexandra Hebert, SDS President

Every year in the long stretch between the fun and excitement of the holidays and our next office vacation in July, I feel myself start to get burned out. The longer days and sunshine help fight off the feeling of fatigue, but I can only out-run it for so long. Even in school, around February every year, I remember finding myself counting down the remaining days of school as I pushed hard to the finish line. While I don't miss the stress of finals, I have found that with the summer there was a time to decompress, and without that reset, it's a lot easier to fall into a pattern of chronic fatigue and burnout. Dentistry is a wonderful profession, but it comes with unique stressors including long hours, tremendous patient expectations, pressure to maintain high standards of care, financial responsibility that comes with running a business, and often working alone in isolated practice environments. This drive to help people and strive for perfection is what led many of us into this career, however taken even a little too far or too seriously and it can mean that we spend a lot of time on other people and not enough on ourselves.

It wasn't until more recently that I attended a lecture that helped me put a name to a lot of what I was feeling: compassion fatigue. Some common symptoms of compassion fatigue include emotional exhaustion, reduced empathy, sleep disturbances and other stress-related ailments, cynicism or apathy, and reduced job satisfaction. Coined by Dr. Charles R. Figley, a psychologist and researcher in the early 1980s, Dr. Figley initially used the term in the context of his work with caregivers of trauma survivors, particularly in the field of psychology and social work. He observed that individuals who were repeatedly exposed to the traumatic experiences of others, such as counselors, therapists, and healthcare providers, could experience emotional and physical exhaustion, reduced empathy, and a diminished ability to effectively care for their clients or patients. In other words, we can experience emotional and physical exhaustion from caring for patients who are experiencing pain, trauma, or distress. In some cases, I would argue that we are even closer to many of our patients than our colleagues in other health fields. Our profession demands not only a high degree of technical proficiency, but also empathy and sensitivity to patients' fears and anxieties while recognizing that we are, despite all attempts to the contrary, partially inflicting that trauma simply by doing our job. These factors can contribute to a sense of helplessness and frustration, further exacerbating compassion fatigue.

I feel very blessed to have come into the profession in a time that lays greater emphasis on mental health and well-being. Through the course of my education, I was connected with resources and had the opportunity to listen to practitioners who actively discussed topics like mental health and two of the most important things I have learned are 1) we are not alone and 2) we can help combat compassion fatigue with self-care practices. Establishing a supportive environment where colleagues can debrief and share experiences can help mitigate feelings of isolation and stress. Peer support groups, even study clubs and local dental associations, can provide a forum for discussing challenging cases and seeking advice. By prioritizing self-care, including adequate rest, regular exercise,

(cont. on Page 4)

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(cont. from Page 3)

healthy nutrition, and hobbies that promote relaxation and rejuvenation, we are able to show up at our best for those we love and want to help. Sometimes it's as simple as setting clear boundaries between work and personal life to prevent emotional overload. Maybe this is as simple as responding to work emails during work hours, or maybe this means taking the time to step away, even for a day, to recharge in a place that brings you peace. It could also mean engaging in hobbies and activities outside of work that bring joy and relaxation. And of course, recognizing that part of being a good doctor is knowing when to be a good patient and seeking the help of professionals in turn.

Whatever level of burnout or compassion fatigue you might be feeling, it's worth setting aside time to evaluate and formulate proactive measures to support your emotional well-being, promote a healthier work environment, and enhance patient care outcomes. Through education, support, and fostering a culture of compassion and self-care, we can mitigate the impact of compassion fatigue and continue to provide quality care to our patients effectively. We aren't alone and it's never too late, or too early, to put in place practices that will keep us engaged, motivated, and fulfilled throughout our careers.

Podcast Recommendations:

<https://brenebrown.com/podcast/brene-with-emily-and-amelia-nagoski-on-burnout-and-how-to-complete-the-stress-cycle/>

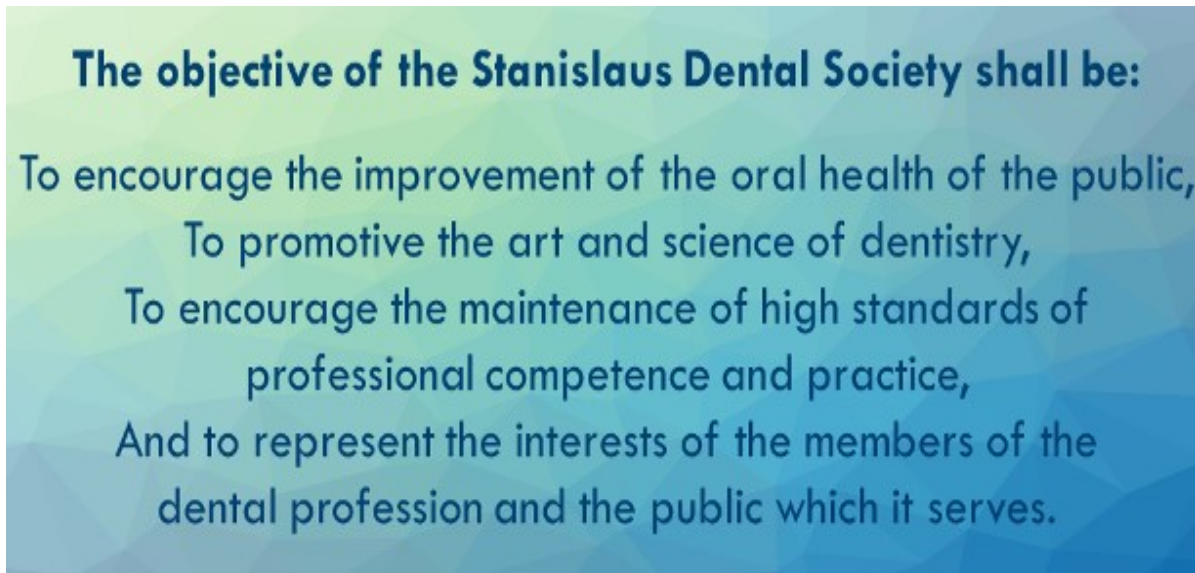
CDA Wellness Resources: <https://www.cda.org/practice/wellness-program/>

ADA Mental Health Resources: <https://www.ada.org/en/resources/practice/wellness/mental-health>

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Stay well!

Alexandra Hebert, DDS





Maximizing Patient Care

Andrew Smith, DDS

SDS Editor

Dentistry has had a long-spanning understanding of systemic and oral links for patient care. For many, COVID-19 became a focal point for healthcare highlighting the importance of multidisciplinary care and inter-professional work. Following the wake, this pandemic has exemplified how dentistry is an effective branch of health care in not only this realm, but others by initiatives like authorized vaccinators, new ADA recognized specialties such as orofacial pain and oral medicine, and a shift in education.



As society changes and the landscape of healthcare remodels, we find ourselves more involved in dental-medical care. The academic setting for dental education has evolved to begin the shift from restorative care to prevention and interceptive treatment with an increased focus on evidence-based decision making in a patient centered aspect. Programs like hospital dentistry and special patient clinics have nailed the importance of systemic-oral connections that remind us we are more than just dentists. Such concepts have been deeply explored and visited such as ***Input from Practice: Reshaping Dental Education for Integrated Patient Care*** (MacNeil, Hilario 2021).

Translating these principals in private practice can be imagined in different ways for us to maximize patient care. This can vary greatly from certifying in courses like Advanced Cardiac Life Support (ACLS) to better manage medical emergencies in a dental office or as minor as working with MD counterparts in managing chronic systemic conditions to stabilize the oral cavity. Furthermore, staying up to date with research can improve treatment outcomes like that of the Journal of the American Dental Association's cover story of Buprenorphine and a link to caries (Segelnick, Weinberg 2024).

Dentistry has always been a tricky intersection between material science and healthcare. It is important that we remind ourselves that we are not just dentists but doctors that are involved in patient care. To maximize what we do on a daily basis, it is important that we don't just stay informed on the newest technological advancements but also stay informed on the different biological/physiological mechanisms that influence dentistry.

Andrew Smith, DDS

SDS Editor

General Membership Meeting-February

Labor Law Updates



Michelle Coker
Employment Practice Analyst
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Marian Hesemeyer
mhesemeyer@addent.com



Erik Winkel
ewinkel@biolase.com



Saran Hurd
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Laurel Hoberg
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Matt White
mwhite4@solventum.com



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General Membership Meeting-May

Your Financial Future: Begin Now for Then!



BofA: Jessica Johnson, Jessica McConville, Merrill Lynch, Shaun Joseph, BofA, Lindsey Lund

Jose Virrueta-Integrity Practice Sales
SDS's newest vendor-Welcome!

Tips to protect you, your team, and your practice against violence

[How to Prepare for Violence Occurring in the Dental Office](#)—May 27, 2022

Today's RDH Magazine—By Anne O. Rice, RDH, BS

A few things will make us become paralyzed with shock and horror during our lives. One is the senseless loss of human life due to the work of a deranged killer, and such events stupefy us even more when the victims are children.

[Violent and aggressive patients](#)—May 2020

Despite advances in modern dentistry, people rarely look forward to dental treatment and unsurprisingly dentists are regularly confronted by patients demonstrating a range of challenging behaviors. These will span a continuum from merely unpleasant, borderline abuse through to aggression and occasionally, violence.

Nature.com—Published04

Merivale, J. Violent and aggressive patients . *BDJ In Pract* **33**, 24 (2020)

DentistryIQ

[Preparing for the unthinkable: Violence in the workplace](#)—Mar 19th, 2015

By Paul Edwards

No one wants to think about it, let alone prepare for it. But violence in the workplace has become a very real thing today. It could happen in your dental office. Get your staff prepared.

[Workplace violence: De-escalating tense situations in the dental office](#)—Feb. 26, 2024

By Kimberly A. Erdman, EdD, RDH, FAADH, FADHA

Workplace violence in health-care settings is a pervasive problem that leads to employee turnover. Our response to these offensive behaviors plays a crucial role in diffusing tense situations and promoting positive outcomes.

[Protecting dental staff from angry patients](#)—April 29, 2024

By Amanda Hill, BSDH, RDH, CDIPC

Dental staff members have the right to feel safe. But sometimes, belligerent patients ruin the day. Does your office have a plan to shut them down and protect the team?

2024 Dental Salary Report. DentalPost. <https://www.dentalpost.net/salary-survey/>

[ASHRM Workplace Violence Toolkit](#)—American Society for Healthcare Risk Management

The Dos and Don'ts of Politics in the Workplace

Giuliana Gabriel, J.D., CEA Vice President of Human Resources

September 12, 2024



As a child, I was told that there were three topics you should never discuss at a dinner party: religion, politics, and money. While you may or may not agree with this advice, what's your opinion about discussing politics in the workplace? With national attention on the upcoming election, California employers need to revisit the dos and don'ts when it comes to politics and understand employee rights and protections.

Considerations When Promoting a Political Message

Many companies have taken a stance on social justice issues, whether internally or to the public. Whether promoting a political viewpoint or advocating for a candidate is right for your organization may depend on factors such as customer and client perceptions, impact on employee morale, and alignment with your company's values.

Private employers are generally permitted to engage in political speech, however, they *cannot attempt to coerce or control the political activities* of their employees. Notably, Labor Code sections 1101 and 1102 prohibit employers from making, adopting, or enforcing any rule or policy:

- Forbidding or preventing employees from engaging or participating in politics or from becoming candidates for public office;
- Controlling or directing, or tending to control or direct the political activities or affiliations of employees; or
- Using the threat of job loss to coerce, influence, or attempt to coerce or influence employees to take or refrain from any particular political activity.

California employers should also be aware of a *potential bill* that has already been presented to the Governor for signature, [SB 399](#), which, if passed, would prohibit employers from taking adverse action against an employee (or threatening to do so) because the employee declined to attend or listen to an employer meeting/communication regarding the employer's opinion on political or religious matters.

At a minimum, if your company promotes a political message on your website or in the media, ensure that your message is not coercive and that you do not attempt to influence your employees' political activities or beliefs. And, if SB 399 passes, proceed with caution in holding any meetings or sending communications to employees regarding your organization's political opinions.

Employees and Free Speech Protections

One question that employers often ask is what employees' rights are around free speech. We have an easy answer. The First Amendment's free speech protections do **not** extend to private employees. Therefore, employers

are generally permitted to ban the use of political slogans and other speech and may prohibit employees from distributing political materials and soliciting donations for political candidates or causes at work. If you wish to ban political speech in your workplace, be sure to set clear guidelines in your policies regarding dress code, office décor, and employee conduct.

If you implement a policy banning political slogans, dress, or speech in the workplace, apply the policy consistently regarding all viewpoints. Notably, the California Labor Code prohibits employers from adopting or enforcing any rule or policy that tends to control or direct the political affiliations or activities of employees.

Employers also need to keep in mind that Section 7 of the National Labor Relations Act (NLRA) protects employees when discussing the terms and conditions of employment, even on social media. This encompasses, for example, discussions regarding wages, hours, working conditions, safety, and treatment by management, and unionization efforts. As such, employers are not permitted to restrict speech on these topics, *even those with political undertones.*

For example, in the recent 2024 [Morales decision](#), the National Labor Relations Board (NLRB) ruled against Home Depot in favor of an employee who wrote "BLM" (the acronym for Black Lives Matter) on his work apron. The key to the decision is that employees there had previously complained about racial discrimination in the workplace, and the NLRB viewed the employees' actions as stemming from previous workplace complaints and taking action to get management's attention. Therefore, they found the conduct qualified as "protected concerted activity."

The NLRB has clarified that employers may discipline employees for speech that is discriminatory, harassing, or threatening, such as racist or sexist comments, in accordance with your anti-harassment and code of conduct policies.

Disciplining Employees Based on Political Activities Outside of Work

California law prohibits employers from terminating or otherwise retaliating against employees for their political activities or beliefs.

However, this is different from a situation where the employee's outside political activities interfere with work. For example, if an employee misses work to attend a protest or if the employee runs for office and is unable to meet their work obligations, the employer is permitted to discipline or terminate the employee based on legitimate business reasons, unrelated to the political activity.

(cont. Page 11)

Encouraging Employees to Engage in Political Activities

Employers are free to encourage employees to participate in civic duties, such as voting and volunteering at the polls so long as the employer does not require employees to support any specific candidate or issue. You may also offer employees additional paid or unpaid time off for these purposes, in accordance with your policies.

Employee Time off Rights for Voting in California

Finally, let's discuss voting rights for California employees. If an employee does not have sufficient time outside of working hours to vote in a statewide election, they are entitled to take up to two hours of **paid time** off from work, to vote. If an employee requires more than two hours to vote, they are entitled to use additional **unpaid time off**. You may not require the employee to use accrued vacation or PTO for this purpose. Exempt employees who take time off to vote are entitled to their regular salary so long as they perform any work in the workweek.

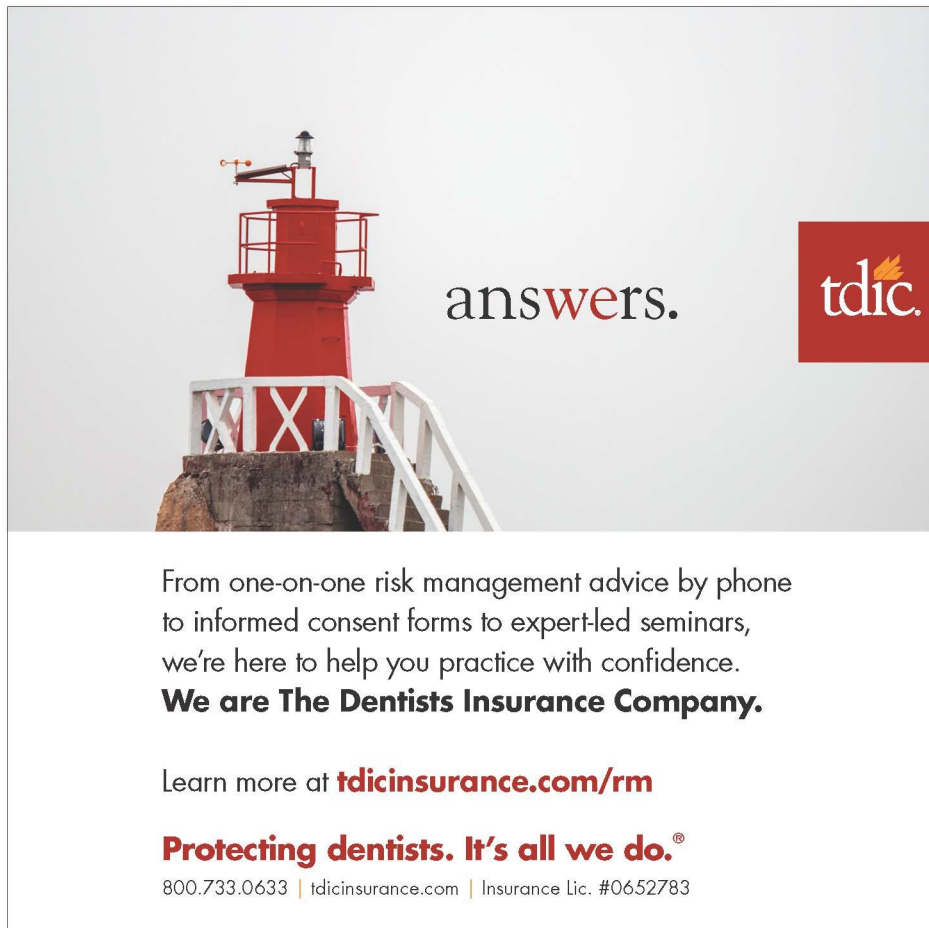
Employers may require employees to use the time off only at the beginning or end of their shift, whichever allows for the most time to vote and the least time off from working. Employees who need time off to vote are obligated to provide at least two working days' notice to their employer.


Posting for Employees

Remember, at least 10 days before every statewide election, employers are required to post a "[Time Off to Vote](#)" notice in a conspicuous place at work. If you have an all-in-one California and federal poster, this notice should already be in your workplace. However, if your office is operating remotely, consider mailing this notice to your remote workers 10 days before the election.

More questions before the upcoming election? CEA members can call us at 800.399.5331, or email us at CEAinfo@employers.org.

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Modesto Junior College Dental Assisting Program: Clinical Education Partnership Updates



by Joy Brack, RDA, Lead Instructor

We are excited to announce that MJC's Dental Assisting Program was approved to support "TWO" Cohort starts in July!!! We have accepted 27 students into the program. I have been reaching out to our community and existing externship partners to support our student's clinical experience. Our program start date for the two classes will be July 15th 2024 through July 12th 2025. I would like to ask if any dental practices would be willing to take a photo or donate a procedural set-up (composite, crown and bridge prep, cementation of crown and bridge, Root Canal Therapy, simple extraction) of current supplies/instrumentation being used for our dental program for chairside simulation, which would be greatly appreciated! Please label on the tray or in the photo the names of the materials/instruments. I want to make sure our students are simulating procedures in class that are current and up to date in dental practices! Also, if any doctors are open to field trips to demonstrate technology used in dentistry, I would love to coordinate, I want to instill quality education to our students in today's dentistry! Please feel free to contact either me or Robin if you have any questions. Thank you so much for all your support! I am excited for what this next year will bring for our dental community!

Joy Brack, RDA, Lead Instructor Brackr@yosemite.edu

Elizabeth Demichelis, DDS, Dental Program Director ead.dds@gmail.com

Symposium w/ Dr. Marc Geissberger

Injection Molding: Incorporating Innovative Concepts for Esthetic and Reconstructive Dentistry in Clinical Practice and Why Are My Teeth Getting so Short?: Managing, Altering and Improving Vertical Dimension



California meal and rest break laws are complex: Employee scheduler software can help



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QUICK SUMMARY: California meal and rest break laws are strict and have major potential penalties for employers who break them. Software that incorporates mandated breaks into scheduling and notifies employees about their required meal and rest periods can save employers from fines, lawsuits and even closure. CDA-Endorsed Partner HR for Health offers a comprehensive option to protect the practice.



If you are a dental practice owner or employer in California, you must provide your nonexempt employees a 30-minute unpaid, uninterrupted meal break for every five hours of work. If evidence shows you have not complied, the court will assume a violation unless you can prove otherwise.

That break period cannot occur at the end of the employee's shift. Employees must be granted their break period no later than the end of the fifth hour of shifts that are five to nine hours long. Legal experts at [HR for Health](#) recommend employers confirm that their employees are clocked out by the beginning of the fifth hour of work (4 hours, 59 minutes) to ensure compliance with the law.

Providing required second meal break, consent to waive meal break

If the employee is working a shift of 10 or more hours, they must be granted a second meal period. This rule ensures all employees are working under fair conditions.

California law allows employees to waive their meal break if they are scheduled to work six or fewer hours and the employer and employee mutually consent to the waiver. Protect your practice by making sure the employee completes a waiver each time they waive their meal break. If the employee would like to waive their break every day, consider making the waiver a weekly event with each requested day specifically called out.

Calculating rest breaks per hours worked

Rest breaks are calculated separately from meal breaks. Your nonexempt employees are entitled to a 10-minute paid and uninterrupted rest period for every four hours that they work. Since the rest break time is paid, the employee does not need to clock out. However, employers may want to consider having their timekeeping records reflect that the rest break was provided.

What does that mean in practice? If your employee's workday is:

Less than 3.5 hours: rest break is not required.

5-6 hours: one 10-minute paid rest period is required.

6-10 hours: two 10-minute paid rest periods are required.

10-12 hours: three 10-minute rest breaks are required.

Noncompliance with meal and rest break law invites fines and lawsuits

Employers who do not comply with California meal break law are in danger of incurring a non-compliance penalty. A missed meal or rest break will result in a penalty of one extra hour of pay for the employee for each missed break. This can result in up to two hours of penalty pay each day — one for the missed meal break or one for either of the two missed rest breaks (maximum of two penalties per day).

More simply, if you are not providing the required rest breaks or sufficiently notifying your employees about them, you are putting yourself and the practice at risk for fines and lawsuits.

Keeping track of [California's meal and rest break laws](#) can be challenging. Critically, dental practice owners and managers must communicate clearly with their employees about meal and rest breaks. This means educating them about when and how they can take their breaks, how to report if they are prevented from taking a meal or rest break and provide them with the necessary resources and support.

Improve accuracy and protect the practice with scheduling software

Because manual data entry is error-prone and slow to update, consider using software, such as the [Employee Scheduler software from HR for Health](#) that includes scheduling functionality with California meal and rest laws that are written into the software.

(cont. Page 14)

(cont. from Page 13)

At the most basic level, employee scheduling software connects the practice's clock and calendar, automating the daily clock-in process to improve accuracy and cut down on fraud.

Software with automated compliance features should notify you and your employees about the required meal and rest periods and ensure employees take them in accordance with California law. Software removes human errors of distraction and creates a legally useful "paper trail" or documentation.

Software like the Employee Scheduler can also include many other helpful features along with basic scheduling. Automated reports, trend analysis and notifications about scheduling gaps can increase productivity, performance and retention.

[CDA endorses HR for Health](#) as an HR software solution for dental practices. The [Employee Scheduler](#) covers meal and rest break compliance, and the full platform covers a lot more. If you would like to learn more about how the Employee Scheduler could work for your dental practice, [schedule a call](#) and a demonstration with HR for Health.

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Remain Calm When Faced With Irate Patients

When a patient's anger escalates, a practice owner has a responsibility to protect staff from aggressive, belligerent or threatening behavior. Learn more about providing a safe working environment.



Many emotions swirl around the dental office. Fear, stress, worry, dread, apprehension and frustration are all normal and expected. Anger can also be found in the dental office and many dentists have experienced their share of angry patients. But when that anger escalates, practice owners have a responsibility to protect their staff from aggressive, belligerent and threatening behavior.

The Dentists Insurance Company reports several calls to its Risk Management Advice Line from practice owners facing irate patients. Typically, these cases stem from patients who are upset over unplanned expenses, treatment plans they consider unnecessary, failure to achieve expected results from cosmetic procedures or a dentist's refusal to practice outside the standard of care when a patient attempts to dictate treatment.

It's one thing for a patient to become angry. But when that anger manifests into threatening behavior such as yelling, cursing, stalking or violence, practice owners must intervene. As employers, they are obligated to provide a safe working environment for their staff, one in which employees are not fearful for their own safety.

In one case reported to the Advice Line, a woman brought her son in for an exam. The dentist recommended placing sealants on a few of his molars. The mother was unsure about the sealants and declined the treatment. The next day, she called the office and said she had changed her mind and wanted to move forward with the treatment after all. She brought her son in the following day and the sealant was applied.

A week later, the mother called the office and stated she wanted the sealants removed, as she had done some research online and was concerned about the risk they posed. The dentist declined, as he was confident in the treatment and it was his professional opinion that removal was unnecessary. The mother called repeatedly and harassed staff members. She showed up to the office with the child, acted belligerently and demanded the dentist remove the sealants. The dentist was out of the office. The patient's mother screamed and cursed at the office manager and assistant. The dentist ended up offering a refund as a gesture of goodwill.

In another case, a patient demanded a refund for orthodontic treatment that had been performed several years prior. She said she had recently been to a different orthodontist who said he would be able to achieve a better outcome. The original treating orthodontist invited the patient to meet face to face, but did not recommend retreatment. The patient disappeared for some time, then called back and wanted to talk. When the doctor called her back, she again demanded a full refund. The orthodontist refused, as he was confident in his work.

The patient repeatedly called the office demanding her money back. On several occasions, she showed up at the end of the day and either staff or the doctor would tell her they were closed. The patient eventually filed a complaint with the Better Business Bureau and the doctor called the Advice Line. Because the practice wasn't a member of the BBB, the analyst advised him that he had no obligation to respond to the complaint.

Senior Risk Management analyst Taiba Solaiman said the best course of action to take when faced with angry or irate patients is to remain calm. Respond with a professional demeanor and let them know you are willing to hear them out.

"Sometimes patients just want to be heard," Solaiman said.

"Sit down with them privately and let them know you understand they are upset and that you are willing to listen to their concerns. A compassionate ear can go a long way in diffusing a tense situation."

(cont. on Page 17)

Showing compassion does not mean you shouldn't set boundaries. Be forthright about what is and isn't achievable or realistic. Let the patient know that you cannot allow them to dictate treatment nor can you practice below the standard of care. Should a discussion become heated, it may be helpful to bring in a third person, such as an office manager or another staff member with whom the patient has a good rapport. Often, a third party can help explain the situation in a way the patient understands.

In instances in which patients demand refunds, it is always within a dentist's right to do so. Offering patients their money back does not imply an admission of wrongdoing, but rather a desire to bring the matter to a mutually agreed-upon resolution.

"In many cases, offering a refund can be the best way to diffuse a situation and prevent it from escalating," Solaiman said.

Solaiman cautions that if these efforts fail and the patient continues to harass or threaten you or your staff, it may be a good idea to consider dismissing the patient from care. Ensure that the patient is not midtreatment and follow a formal dismissal procedure.

Unhappy patients are an unfortunate reality of practice ownership. And in many cases, frustration — even anger — is understandable. But when patients cross the line and their anger turns into aggressive or violent behavior, it is your professional responsibility to put a stop to it. Otherwise, you put yourself, your practice and your staff at risk.

TDIC's Risk Management Advice Line (/Manage-Risks/Advice-Line) is a benefit to TDIC policyholders. To schedule a consultation with an experienced risk management analyst, visit [tdicinsurance.com/RMconsult \(/rmconsult\)](https://tdicinsurance.com/RMconsult) or call 800.733.0633.



José M. Virrueta

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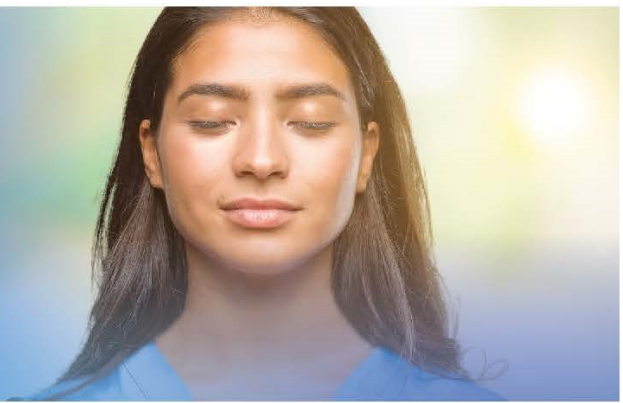
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WELLNESS RESOURCES FROM THE COUNCIL ON DENTAL PRACTICE



Explore [ADA.org/Wellness](https://ada.org/Wellness) for articles, courses, videos and other resources across these health and well-being areas: mental health, physical health, opioid prescribing, and pregnancy.



Well-Being Index (WBI) [ADA.org/Well-BeingIndex](https://ada.org/Well-BeingIndex)

Your health matters. The ADA licensed the Dental Well-Being Index (WBI) — the validated risk assessment tool invented by the Mayo Clinic and used by hundreds of health care organizations — for every Member. Log into your ADA account first. Then, set-up your WBI account. The WBI takes one minute to complete and you will see your own personal dashboard and resources. You can track your well-being over time.



ADA Dentist Well-Being Program Directory *(updated in 2023)*

[ADA.org/WellnessDirectory](https://ada.org/WellnessDirectory)

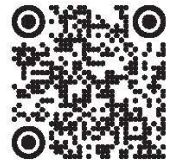
This Well-Being Program Directory provides a list of healthcare professionals in each state who will serve as a point of contact and offer support during a time of need. This is part of the ADA mission to enhance the personal and professional lives of our members for the betterment of the dental team and the patients they serve.



After a Suicide Postvention Toolkit

[ADA.org/Postvention](https://ada.org/Postvention)

September is national suicide prevention awareness month. *After a Suicide: A Guide for Dental Workplaces* was developed in 2023 by the American Foundation for Suicide Prevention (AFSP) and the American Dental Association (ADA). This resource reflects learnings in responding to a suicide death for professional dental settings.



ADA Ergonomic Stretches

[ADA.org/Stretch](https://ada.org/Stretch)

Better ergonomics can improve your practice — daily stretching and exercise, can help dental practitioners and their team enjoy long, healthy careers. Download the ADA Ergonomics Stretches infographic today, including 25 quick stretches, to keep you and your dental team healthy.



ADA Wellness Videos

[ADA.org/WellnessVideos](https://ada.org/WellnessVideos)

Visit ADA's Wellness Playlist on our YouTube channel to watch new, short promotional videos on:

- ADA Dentist Well-Being Program Directory
- 2-part Resilience Webinar courses in ADA CE Online
- ADA Opioid Prescribing Resources



Managing the Regulatory Environment ADA's Guidelines for Practice Success™ (GPS™)



ADA Tip Sheet on Workplace Violence

The Occupational Safety and Health Administration (OSHA) is a division of the Department of Labor and responsible for overseeing laws that require employers to provide their employees with working conditions that are free of known dangers. OSHA sets and enforces protective workplace safety and health standards and provides information, training and assistance to workers and employers.

In 1996, OSHA issued "[Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers](#)," a report that revealed that more assaults occur in the healthcare and social services industries than in any other industry. The Guidelines, which are voluntary and not an enforceable standard, encourage management, including healthcare managers, to affirm a policy that "places as much importance on employee safety and health as on serving the patient or client."

The [General Duty Clause](#) of the Occupational Safety and Health Act (OSHA) of 1970 requires employers to provide employees with a workplace that "is free from recognizable hazards that are causing or likely to cause death or serious harm to employees." Essentially, that enforceable standard advises that employers can be cited for violating the General Duty Clause for failing to prevent or abate any recognized likelihood of workplace violence at their establishment.

Workplace violence can mean more than inflicting bodily harm to someone while they're on the job; it can also be interpreted to mean allowing a person to direct language or actions that make another person uncomfortable occur while in the workplace. OSHA maintains specific [Occupational Injury and Illness Recording and Reporting Requirements](#) that require employers to maintain a log that details information on any injury that requires more than simple first aid. Injuries recorded there might include lost-time incidents, those that modify job performance or that cause loss of consciousness. Be aware that any injury that causes three or more employees to be hospitalized must be reported to OSHA within eight hours.

According to the Guidelines, employers should conduct a risk assessment to assess which of the steps below are appropriate for their workplace:

✓ provide staff training and education in the early warnings and prevention of workplace violence

- train workers to appropriately identify hazardous situations and manage patients and/or family members who may become agitated
- provide appropriate responses in emergencies
- make structural and procedural changes that protect employees from enraged clients. use bright and effective lighting
- use curved mirrors at hallway intersections
- allow for two exits in a room and arrange furniture to prevent entrapment
- provide adequate staffing, particularly during times of increased patient activity and during restraining procedures
- provide enclosures, deep service counters, or bullet-resistant glass to protect staff
- establish communications with the local police
- install metal detectors to identify concealed weapons
- install alarm systems and panic buttons
- set up "time out" or seclusion rooms 2

✓ keep records of threatening or violent workplace incidents

✓ conduct surveys to determine if employees feel threatened

- solicit employee input to reduce the threat of violence

✓ establish post-incident response procedures for victims and witnesses of violence

Readers are also encouraged to review the [ADA Tip Sheet on Employee-on-Employee Violence](#) for additional information.

Resources:

- OSHA Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers
- OSHA General Duty Clause
- OSHA Occupational Injury and Illness Recording and Reporting Requirements
- ADA Tip Sheet on Employee-on-Employee Violence



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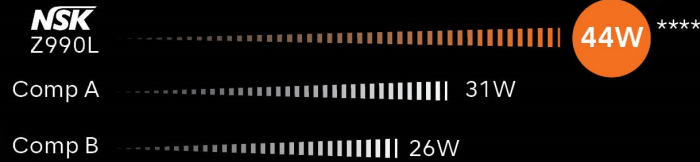
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Keeping your team safe: How to de-escalate encounters with aggressive patients

by Mary Beth Versaci

ADA News

During her 25 years of practice as a periodontist, Ann Blue, D.D.S., has encountered fearful and upset patients, but she and her staff are trained to de-escalate these situations to resolve them in a calm manner.

“Managing these patients and keeping my team and other patients in the practice safe is definitely an important skill to develop,” said Dr. Blue, a member of the ADA Council on Communications.

Recent violence against dentists, including the fatal shooting of a California dentist by a former patient in February, underscores the dangers dentists may face in their workplace.

Survey data from the 2024 ADA Council on Communications Trend Report found more than half of responding ADA member dentists sometimes or often encounter aggressive patients.

The survey was conducted this spring and included responses from about 560 member dentists who are part of the Advisory Circle research panel. Generally representative of overall ADA membership, the panel is made up of members who participate in surveys typically focused on practice-related topics. The report will be published this fall.

Encounters with aggressive patients were more common among dentists younger than 35 and dentists working at federally qualified health centers and dental school clinics, according to the survey. About 30% of respondents reported they have felt their safety threatened by a patient. These instances were more common among female dentists, dentists working at FQHCs and dentists working as employees or associates at dental support organizations.

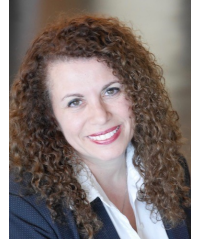
While health care workers make up 10% of the workforce, they experience 48% of nonfatal injuries caused by workplace violence, according to 2023 data from the Bureau of Labor Statistics. The most common perpetrators of this violence against health care workers are patients, patients’ family members, visitors, colleagues and supervisors, according to the [National Institute for Occupational Safety and Health](#). Health care workers may also experience violence from someone they know personally, such as an intimate partner or family member.

The Occupational Safety and Health Act’s General Duty Clause requires employers to provide their workers with a workplace free from recognized hazards that are causing or likely to cause death or serious physical harm. OSHA also requires employers to establish an [emergency action plan](#) for workplace emergencies such as workplace violence, natural disasters, fires and more.

For employers with more than 10 employees, the plan must be in writing, kept in the workplace and available to employees for review. An employer with 10 or fewer employees may communicate the plan orally to employees. The plan must include emergency escape procedures and route assignments, such as floor plans, workplace maps and refuge areas.

OSHA’s [Guidelines for Preventing Workplace Violence for Health Care and Social Service Workers](#) call upon employers to establish a workplace violence prevention program as part of their overall safety and health program. The violence prevention program should have clear goals and objectives for preventing workplace violence, be suitable for the size and complexity of operations, and be adaptable to specific situations and facilities, according to the guidelines.

The guidelines encourage employers to conduct surveys to determine if employees feel threatened, solicit employee input to reduce the threat of violence, make structural and procedural changes that protect employees from enraged clients or customers, and provide training and education in the early warnings and prevention of workplace violence as part of their violence prevention program.



Dr. Blue



Dr. Dornfeld

(cont. Page 23)

(cont. from Page 22)

OSHA is considering establishing a standard for the prevention of workplace violence in the health care and social assistance sector that would include requirements rather than guidelines for employers. A May 2023 [report](#) on the proposed standard by the Small Business Advocacy Review Panel — which includes representatives from OSHA and other federal agencies — identified dentists and dental hygienists as direct care occupations that are at risk of workplace violence.

“Sadly, our reality as dental professionals is that what should be a safe place at our office is no longer the case,” said Kami Dornfeld, D.D.S., chair of the ADA Council on Dental Practice’s Dental Team Wellness Advisory Committee. “We must pivot and provide our teams with de-escalation techniques to safely manage aggressive or upset patients and prevent workplace violence. Training on these techniques could keep the entire dental team prepared to defuse aggressive behavior through proven communication methods or other safety and security measures.”

At her practice, Dr. Blue and her team regularly practice patient management skills, including communication and conflict resolution. She offers the following advice for dealing with upset patients:

- 1. De-escalation:** Employ active listening, maintain a calm demeanor, use nonconfrontational language and acknowledge the patient’s feelings. It is important to maintain empathy and avoid reacting defensively when a patient may be accusatory.
- 2. Maintain communication:** As a team, attempt to explain diagnoses, treatment recommendations, alternative options and potential negative outcomes as clearly as possible in layman’s terms. A well-informed patient who understands what is being recommended and the possible side effects of treatment will be less likely to be upset when a negative outcome does occur.
- 3. Be observant for signs of patient agitation:** Dentists and their teams need to be able to recognize the early signs of agitation or aggression in patients. These signs may include frustrated facial expressions and demeanor, snide comments, raised voice volume, clenched fists, pacing, or threatening body language. By identifying these signs early, dental teams can attempt to intervene before the situation escalates.
- 4. Establishment of boundaries:** It is important for dental practices to have clear policies for proper professional behavior. Teams should show respect for patients and their concerns while also establishing boundaries for patients and encouraging them to maintain acceptable behavior and avoid offensive remarks.
- 5. Team collaboration:** Team members need to work together to solve problems to avoid escalation. If a situation escalates, a colleague should be nearby to help, including by contacting on-site security or law enforcement if needed. Role-playing potential conflicts can help to develop team members’ confidence in dealing with patient concerns and disruptive behavior and avoid escalation to violence.
- 6. Ability to seek assistance:** Ensure team members know it is always acceptable to ask for help if they feel overwhelmed or unsafe. Calling law enforcement may be necessary if they believe they are in danger.

“Following these steps and continuously refining your communication and conflict resolution skills will help you manage upset or aggressive patients in your practice and keep you, your team and your patients safe,” Dr. Blue said.

Reprinted from ADANews

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Stanislaus Dental Society

209.552.1530

California Dental Association

800.232.7645



SDS member, Dr. Michael Shaw is the SDS Well-Being chair, drshaw@drmps.com
Please contact him should you, or any member you know, have a need.

SDS Members by the Number

Total: 281

Market Share: 85.8%

(Total # of dentists in Stanislaus County who are members of the tripartite (ADA, CDA, SDS))

Active – 176

(Recent graduate-Reduced dues members)

RD1 – 11 / RD2 – 12 / RD3 – 11 / RD4 – 6

Post-Grad – 2

Life Active – 20 / Life Retired – 40

Temporarily disabled - 1

Non-members in county - 62

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Transforming dental operations: The role of AI in streamlining back-office functions

Reprinted with permission from California Dental Association



QUICK SUMMARY: With the integration of artificial intelligence, dental practices are witnessing a significant overhaul in their operational workflows. Read how AI-powered appointment scheduling, coding, billing and claims processing, patient data management and electronic prescribing not only ensure accuracy but help dentists and staff focus on patient care.

Artificial Intelligence is no longer just a buzzword in the technological landscape; it has become a pivotal force in transforming various industries, including dentistry. While AI's role in clinical applications such as diagnostics and treatment planning is widely recognized, its impact on the operational side of dentistry is equally transformative, but less discussed.

The back-office operations in dental practices are crucial for seamless functioning and directly affect the patient experience. These operations encompass a range of activities from appointment scheduling and billing to compliance management and patient data handling.

Traditionally, these tasks have been labor-intensive and prone to human error, leading to inefficiencies that can affect the overall service quality. However, with the integration of AI, dental practices are witnessing a significant overhaul in their operational workflows.

Increasing efficiency and accuracy in appointment scheduling

Appointment scheduling is one of the fundamental areas where AI is making a mark. AI-powered scheduling systems can predict peak times, manage appointment slots efficiently and even handle rescheduling and cancellations dynamically. AI-powered scheduling not only optimizes the dentist's time but also enhances patient satisfaction by reducing waiting times and improving access to dental care.

Streamlining billing and claims processing

Billing and insurance claims processing are other critical areas where AI can dramatically improve efficiency. Dental practices and contracted billing and claims professionals can use AI algorithms to automate much of the coding and billing processes, reducing the chances of human error. These systems are also capable of analyzing and auditing billing statements and insurance claims in real time, ensuring accuracy and transparency. AI-enabled billing not only speeds up the reimbursement process but also minimizes the incidence of claims denials due to errors.

Improving patient data management

AI's ability to manage and analyze large volumes of data is particularly beneficial in managing patient data. AI systems can organize, store and retrieve patient records

effortlessly, ensuring data is handled securely and in compliance with regulations such as HIPAA. Furthermore, AI can uncover insights from patient data, helping dental practices to tailor their services better and predict patient needs, thereby enhancing personalized care.

Revolutionizing CDT and CPT coding with AI

In the realm of dental billing, accurate and rapid coding is essential, especially when cross-coding with medical insurance. AI is significantly transforming this aspect by automating ICD-10 and CPT coding. AI systems can quickly analyze treatment details and accurately assign the appropriate medical codes, which is crucial for dental practices that provide services that may also be covered under medical insurance.

This AI-driven approach not only guarantees precision in coding, leading to fewer claim rejections and denials, but also significantly speeds up the billing process. By reducing the time spent on manual coding, dental practices can focus more on patient care. Additionally, AI systems are continually updated with the latest coding changes and regulations, helping the practice remain compliant with current medical and dental billing standards.

Improving patient care with AI-enhanced electronic prescribing

AI-enhanced electronic prescribing software is revolutionizing the way dental professionals manage and dispense medications. This technology automates the prescription process, significantly reducing the potential for human error and ensuring that prescriptions are accurate and tailored to each patient's specific needs.

With AI, electronic prescribing systems can analyze patient records, prior prescriptions and even allergy information to suggest the most appropriate medications and dosages. This helps prevent adverse drug interactions and improves the safety and effectiveness of treatment. Additionally, AI-enabled systems can verify insurance coverage for prescribed medications in real time so that patients receive their medications without unnecessary delays or cost issues.

The speed of AI-driven electronic prescribing also means that prescriptions can be sent instantly to pharmacies, dramatically reducing wait times for patients and improving the overall efficiency of the dental practice. This seamless integration of prescribing into the patient care workflow allows dental professionals to spend more time on patient care and less on administrative tasks.

(cont. on Page 27)

Considerations and challenges in AI adoption

While the advantages of AI in dentistry are significant, dental professionals should be aware of several considerations and potential challenges. First and foremost, the accuracy of AI systems depends heavily on the quality of the data they are trained on. Poor data quality can lead to inaccurate outcomes, which can affect patient care and operational efficiency.

In addition, the use of AI in health care requires attention to ethical and privacy concerns. Dentists must ensure that they comply with all relevant privacy regulations, such as HIPAA in the United States, when implementing AI solutions that handle sensitive patient data. And as AI technologies evolve, they will require ongoing training. Dental professionals will need to commit to continuous learning and adaptation.

Finally, while AI can significantly reduce the dental staff's workload, maintaining a balance between automation and human oversight is crucial. AI should be seen as a tool to strengthen, not replace, the professional judgment and personal interaction that are critical to quality dental care.

The future of AI in dental operations

By automating routine tasks and improving accuracy and efficiency, AI is not just streamlining back-office operations but also enabling dental professionals to focus more on patient care rather than administrative tasks. As technology advances, the scope of AI in transforming dental practice operations will only expand, paving the way for more innovative and efficient health care solutions.

While the clinical applications of AI in dentistry continue to grab headlines, its role in revolutionizing back-office operations is equally significant. The future of dental practices will heavily rely on AI to increase operational efficiency, improve patient experiences and maintain compliance, ensuring that the dental industry keeps pace with the rapid advancements in technology.

CDA endorses iCoreRx cloud ePrescribing software by iCoreConnect. With HIPAA-compliant iCoreRx, dentists can easily write, review, send, modify and communicate prescriptions directly to the pharmacy. It integrates with your practice management system and the CURES database. [Book a demo](#) or call 888.810.7706. Member discount applies.

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Congratulations!

May 5, 2024

At the annual meeting to the Northern California Section of the American College of Dentists, Dr. Michael Cadra, (retired SDS member and former Greater Modesto Oral Surgery partner) received the Dr. Willard C Fleming Meritorious Service award. This was awarded for "Outstanding Activities as an ACD Fellow and Services for the Advancement of the Dental Profession and it's Public Appreciation". This included his years of experience as a Member of the AAOMS Committee on Continuing Education and Professional Development, SDS Participation and serving as a delegate and trustee, service as Memorial Medical Center Chief of Staff, and other medical leadership positions as well as his most recent participation in the ACD Committee on Medical-Dental Integration.



Attending the ceremony were Dr. Jake Barber and wife Katie, Dr. Amanda Farley, and Dr. Erik Cadra as well as three of the staff members of GMOS. Other family members also attended including his wife Sandy, daughter, Meridith and her daughter, Maddie.

Calendar 2024

October

- 14 Columbus Day (closed)
- 17 GM Meeting
- 18 CE-TBD



December

23-Jan 1—Winter Holiday (closed)

November

- 5 Board of Directors Meeting
- 7-9 HOD—Los Angeles (closed)
- 11 Veterans Day (closed)
- 28-29 Thanksgiving (closed)

Calendar 2025

January

- 1 New Year's Day (closed)
- 7 Board of Directors Meeting
- 10 BLS Renewal
- 20 Martin Luther King (closed)
- 22 CE-OSHA/Infection Control
- 23 CE-Dental Practice Act

February

- 7 BLS Renewal
- 17 President's Day (closed)
- 18 GM Meeting-Labor Law Update

March

- 4 Board of Directors Meeting
- 7 BLS Renewal

April

- 4 BLS Renewal
- 11 CE-Schmedding
- 17 Shred-it Event

May

- 2 BLS Renewal
- 6 Board of Directors Meeting
- 8 GM Meeting
- 26 Memorial Day (closed)

June

- 6 BLS Renewal
- 19 Juneteenth (closed)
- 23-27 Symposium



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CDA's Wellness Program is a member benefit that supports and advocates for the mental, emotional, and physical wellness of dental professionals and their families. The Wellness Program is led by compassionate volunteer members and recovering dentists with the assistance of dental society staff and allied health professionals.

This trusted resource extends help in a variety of ways, offering support to family members of impaired individuals and providing assistance following diagnosis and/or treatment.

Whether your wellness challenge is anxiety, depression, mental illness, physical illness or substance dependence, our volunteer members are available around the clock to offer confidential peer-to-peer support while you navigate your wellness journey.

As a dentist, you likely balance many roles: healthcare provider, team leader, employer and colleague. Work-related stress can result in burnout, putting you at risk for depression. Some signs that you may need support to regain balance are:

- Weight loss or gain
- Social isolation
- Insomnia
- Anxiety
- Apathy
- Feelings of hopelessness
- Thoughts of self-harm or suicide

For more information regarding the Wellness Program or for a confidential referral, please contact your local dental society or a Wellness Committee near you:

Visit cda.org/wellness-program to learn more.

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Central California

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Southern California

310.487.5040

San Diego

562.832.2489

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Resources for Managing the Dental Team

Guidelines for Practice Success



We have compiled online resources for Guidelines for Practice Success, Managing the Dental Team to make it easier for you to locate the additional information, samples, and resources discussed throughout the module.

[Background checks](#) [PDF]

[Benefits primer](#) [PDF]

[Checklist policy manual](#) [PDF]

[Checklist retention schedule](#) [PDF]

[Compensation analysis](#) [PDF]

[Dental assistant](#) [PDF]

[Dental hygienist](#) [PDF]

[Job analysis worksheet](#) [PDF]

[Maternity leave](#) [PDF]

[New hire checklist](#) [PDF]

[New hire checklist 2](#) [PDF]

[Office manager](#) [PDF]

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[Tips manage all employees](#) [PDF]

[Tips manage new employees](#) [PDF]

[Waiver background check](#) [PDF]

View the full content of the [Guidelines for Practice Success](#)

Practice Support Team

When you need support navigating the business side of dentistry, CDA's experienced analysts can answer your questions about practice management, dental benefit plans, employment practices and regulatory compliance. Meet the team who have created a full library of online resources, speak on timely topics and provide one-on-one guidance by email and phone.



Ann Milar—*Director, Practice Support* ann.milar@cda.org [916.554.7324](tel:916.554.7324)

Ann provides strategic direction for Practice Support's resources and initiatives while leading the team of expert analysts. She is also responsible for identifying and analyzing emerging issues for policy development and implementation on behalf of CDA's 27,000 member dentists. Ann has worked with CDA for more than 15 years and her health care experience spans 20 years of working with associations, health plans and advocacy organizations.



Jenell Bell-*Associate Analyst* Jenell.bell@cda.org [916.554.4986](tel:916.554.4986)

Jenell has worked in the dental industry for over nine years, which has included managing multiple practices. Jenell uses her experience and passion for customer service to assist CDA members in the areas of compliance and employment.



Katie Fornelli—*Senior Practice Management Analyst* katie.fornelli@cda.org [916.554.5308](tel:916.554.5308)

Katie specializes in dental practice management and marketing. For more than 18 years, she's worked with dentists and their teams in areas such as scheduling, collections, front office systems, case presentation, patient management, practice transitions, and dental practice marketing.



Lisa Greer, *Dental Benefits Analyst* lisa.greer@cda.org [916.554.5953](tel:916.554.5953)

Lisa specializes in several aspects of dentistry, including working with dental benefit plans, dental billing, accounts receivable, community marketing, human resources, practice management and regulatory compliance. As a Practice Analyst, she brings more than 20 years of dental industry experience to CDA, including having served as a regional collections specialist for a dental support organization that supported 70-plus California offices.



Matthew Nelson, *Practice Analyst* matthew.nelson@cda.org [916.554.4940](tel:916.554.4940)

With over seven years of experience as an office manager, dental consultant and CDA analyst, Matt specializes in all areas of practice management, including leadership, practice systems, dental billing, human resources and practice transitions.



Michelle Coker, PHR, PHRca, *Employment Practices Analyst* michelle.coker@cda.org [916.554.4968](tel:916.554.4968)

As a certified employment law expert, Michelle specializes in assisting members with employment practices, including employee management, policy development and employment law compliance. Her time spent in private practice as an office manager gives her a unique view into the dynamics of a dental practice. Since joining CDA in 2006, Michelle has utilized over three decades of dental experience to support dentists and their practices.



Miguel Mariona, *Analyst, Dental Benefits and Practice Management* miguel.mariona@cda.org [916.554.4936](tel:916.554.4936)

Miguel has over 10 years of dental experience from working with dental benefit plans in various roles, including customer service and provider relations, as well as managing a dental practice. Miguel's passion for providing exceptional service is evident in his commitment to CDA members when addressing their dental benefit and practice management challenges.



Teresa Pichay, CHPC, *Senior Regulatory Compliance Analyst* teresa.pichay@cda.org [916.554.5990](tel:916.554.5990)

Teresa specializes in regulatory compliance, including information verification, documentation strategies and referral to legal references. For more than 26 years, she's worked with CDA members in the areas of occupational and environmental safety and health, HIPAA, California Dental Practice Act and other business regulations.



Tiffany Glass, *Project Resource Coordinator* tiffany.glass@cda.org [916.554.4914](tel:916.554.4914)

As the project resource coordinator, Tiffany brings a positive and optimistic attitude while delivering and maintaining a high level of service and support to CDA members and CDA member-clients through Practice Support and its supporting website. She has over 10 years of experience working in marketing, specializing in customer care.

Welcome New Members!



<p>Benjamin Anowia, DDS General Dentist No practice address Herman Ostrow '23</p>	<p>Shayal Chand, DDS General Dentist No practice address UCLA '24</p>	<p>Vineet Gangadharan, DDS General Dentist No practice address UOP Dugoni '24</p>
<p>Jose Garcia, DDS General Dentist No practice address Universidad De La Salle '23</p>	<p>Puneet Kumar, DDS General Dentist No practice address Herman Ostrow '24</p>	<p>Kwang Min Lim, DDS General Dentist Pacific Dental Care 1429 College Ave Ste D Modesto Case Western '16</p>
<p>Arlene Martinez Jauregui, DDS General Dentist No practice address UOP Dugoni '24</p>	<p>Mathew Merril, DDS General Dentist No practice address UCSF '24 Highland Hosp Res '24</p>	<p>Tyler Moyle, DDS General Dentist No practice address Touro College of Dental Medicine at NYMC '21</p>
<p>Vishal Pandya, DDS General Dentist Western Dental 1720 E. Hatch Rd. Modesto International '21</p>	<p>Paul Phandi, DMD General Dentist In practice w/ David Paxman, DDS 400 E. Orangeburg Ste 4 Modesto Midwestern University, '23</p>	<p>Michael Stepovich, DDS Orthodontist 1729 N. Olive St. Turlock UOP Dugoni '87 UCLA, '89</p>
<p>Robert Stout, DDS General Dentist Golden Valley Dental 1920 Memorial Dr. Ceres AZ-Midwestern Univ.' 22</p>	<p>Arely Velasco, DDS General Dentist Eggleston Dental Care 2053 Geer Rd. Turlock Loma Linda '19</p>	<p>Nadejda Voronina, DDS General Dentist Suave Dental 3309 Sierra St. Riverbank International '23</p>