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Dr. Richard Edward Jabbour 1939-2015

By Dr. Gene Atkinson, SCDA Historian

The South Carolina Dental Association is saddened by the death of past president Dr. Richard Jabbour on September 23, 2015. He served as the SCDA president from 1991 to 1992. The below biography on Dr. Jabbour was written by SCDA Historian Dr. Gene Atkinson for the SCDA History book update for the upcoming 150th Anniversary in 2019. Memorials may be sent to Mobile Meals, Inc., P.O. Box 461, Spartanburg, S.C., 29304, Appalachian Bear Rescue, 121 Painted Trillium Way, Townsend, TN, 37882, or the SCDA Foundation, 120 Stonemark Lane, Columbia, S.C., 29210.



Dr. Richard Jabbour

Dr. Richard E. Jabbour was born in 1939 in Union City, Tennessee to Toufich "George" and Frieda Jabbour. Most of his early life was spent in Tiptonville, Tennessee where he attended elementary and high school. Upon his graduation from high school, he enrolled at Memphis State University where he received a Bachelor of Science degree. While there he was a member of the Sigma Alpha Epsilon fraternity where he served as pledge master and vice president. Dr. Jabbour's dental education was obtained at the University of Tennessee's College of Dentistry where he graduated in 1964. After his graduation there he served in the public health arena in the eastern portion of North Carolina. After six months there, he volunteered for service in the United States Navy Reserves and was assigned to the U.S. Naval base in Norfolk, Virginia. While in the Navy, he also served at the Naval War College.

After Dr. Jabbour's service in the United States Navy Dental Corps, he opened his practice of general dentistry in Spartanburg, South Carolina where he practiced until his retirement in 2007.

Dr. Jabbour served dentistry in many offices. Among these were president of the Spartanburg County Dental Society and the Piedmont District Dental Society. From 1991 to 1992, Dr. Jabbour was president of the entire South Carolina Dental Association. While president Dr. Jabbour presided over the grand opening of the new modern headquarters building for the SCDA on Stonemark Drive in Columbia. Also a new Radiation Safety Self Study Program was introduced for dental assistants to become certified. Dr. Jabbour and the SCDA staff were able to thwart the mandatory inspections of dental offices announced by the South Carolina Department of Labor in the wake of a case of an isolated dentist in Florida who infected several of his patients with the AIDS virus.

The SCDA Annual Session during Dr. Jabbour's term was held out of state at the renowned Grove Park Inn in Asheville, North Carolina. The theme at this convention was the "Pursuit of Excellence," a common thread in the dental profession to provide the best possible care for our patients.

While SCDA president, Dr. Jabbour served on the American Dental Association's council that was responsible for producing the white paper on "Access to Care."

In 1989 Dr. Jabbour was appointed by Governor Carroll Campbell to the Department of Health and Environmental Control Board representing the 4th Congressional District. He served on this board for eight years as well as being its chairman part of that tenure. While there, many issues affecting the practice of dentistry arose. One was to have dental x-ray equipment inspected every year, which he led the efforts to have this rejected. Another

Continued on Page 2

involved the regulations regarding bio-medical waste removal. Dr. Jabbour and the SCDA were able to show that dentists were extremely small generators and helped steer the board into creating a "Small Generator license" for dentists that allowed them to dispose of less than 50 pounds per year after appropriate on-site treatment.

Civically Dr. Jabbour was a member of the Optimist Club in Spartanburg. He also served as a member of the Appalachian Health Council.

For his many contributions to mankind in South Carolina, Dr. Jabbour received the prestigious Order of the Palmetto from Governor James B. Edwards in 1978. This is South Carolina's highest civilian honor that can be bestowed on one of its citizens.

In dental circles Dr. Jabbour was inducted as a Fellow in both the American College of Dentists and the International College of Dentists for his service to the profession of dentistry.

Religiously Dr. Jabbour was a member of St. Paul United Methodist Church in Spartanburg.

Dr. Jabbour was married to the former Kay Foster and they had three children, one son and two daughters: Edward, Wistine, and Lea. He retired in 2007 after 43 years of serving the dental needs of his patients.

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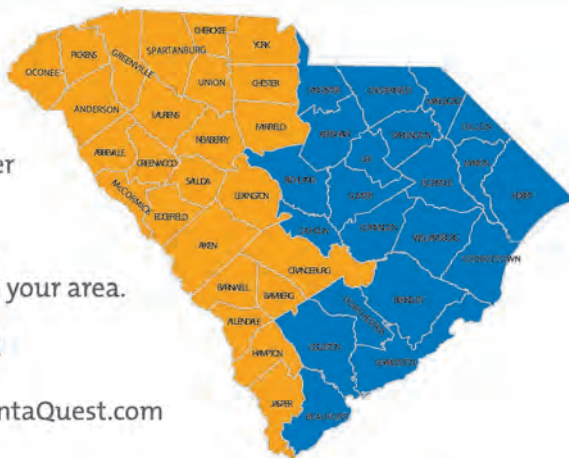
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Oral Pathology Quiz: Case #8

By Angela C. Chi,¹ Marshall Lynn Wallace,² Allen G. Gunn,³ Brad W. Neville¹

¹Division of Oral Pathology, College of Dental Medicine, Medical University of South Carolina ²Private Practice, Sumter, South Carolina ³at the time of writing: Shaw Air Force Base, South Carolina

A 45-year-old African American female presents for routine oral examination. Her medical history includes iron deficiency anemia and prior removal of a few intestinal polyps. Radiographic examination shows multifocal, mixed radiopaque-radiolucent lesions in the mandible and maxilla (Figure 1). No jaw expansion is evident clinically, and the patient is asymptomatic.

Figure 1. A: Panoramic radiograph demonstrating mixed, radiopaque-radiolucent lesions in all four quadrants. B and C: Detailed views of panoramic radiograph.

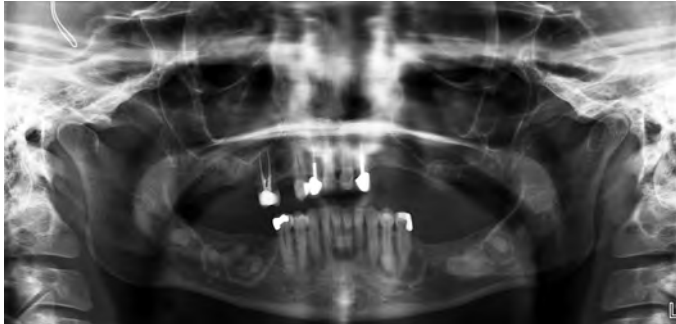


Figure 1 A

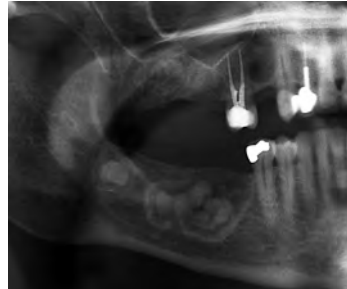


Figure 1 B



Figure 1 C

What is the most likely diagnosis?

- A. Paget's disease of bone
- B. Gardner's syndrome
- C. Fibrous dysplasia
- D. Idiopathic osteosclerosis
- E. Florid cemento-osseous dysplasia

Answer on Page 8

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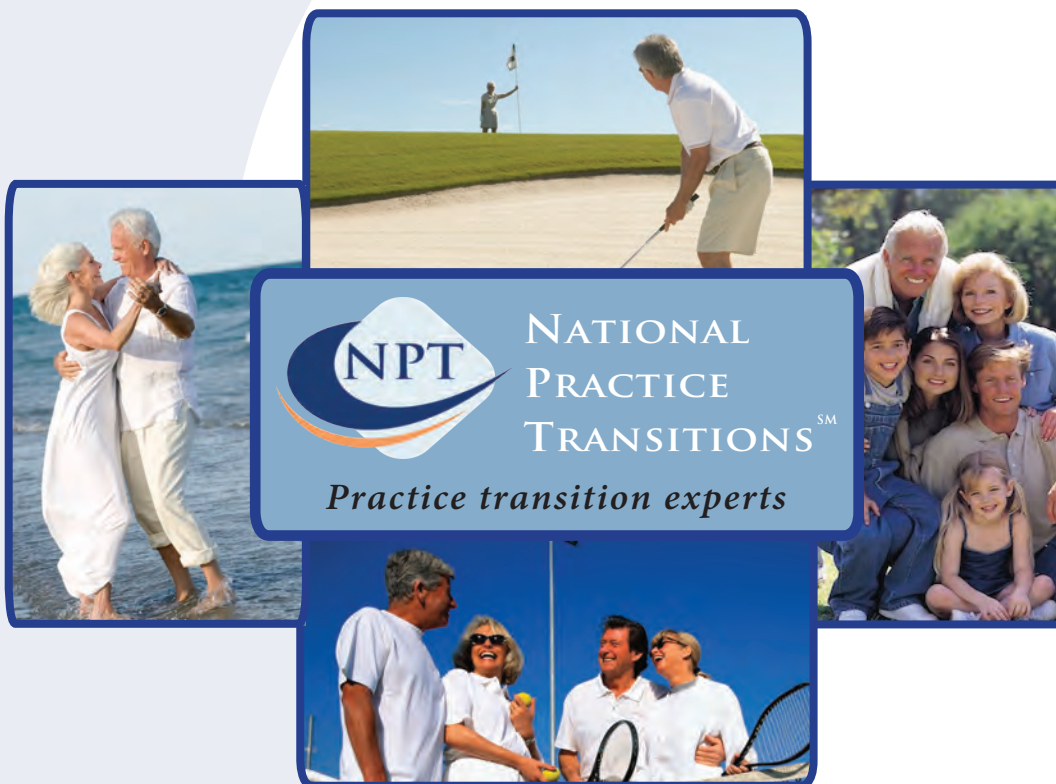
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Get To Know Your SCDA Staff

By Phil Latham, Executive Director

Those of you who read the Bulletin know that each month, Maie has featured a "Get to Know the Staff" article. I am confident that most of you know me as I have been employed with The South Carolina Dental Association since 1999.

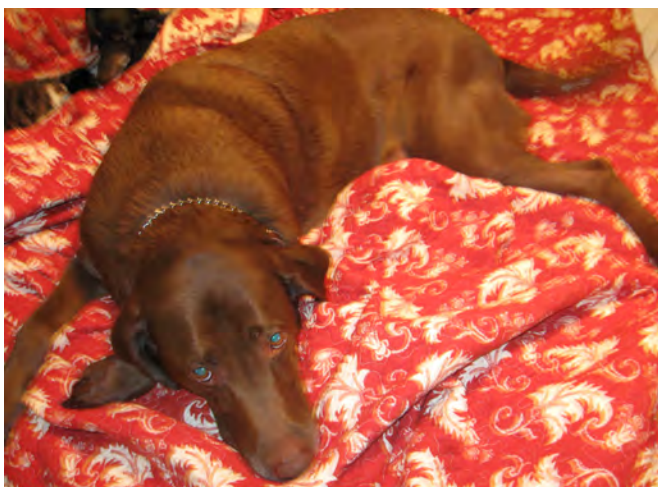
Since that time, I have witnessed many changes. In 1999, your Association had just over 1,400 members, the computers operated with floppy disks, the for profit arm, Stonemark, was still in an infant stage, Dental Access Days (DAD) and Donated Dental Lifeline (DDL) was not on the radar and there were only 4 employees including Hal Zorn, who at that time served as the Executive Director.

I am proud to say that today, our Association has over 2,000 members, our computers run on the latest software, we use our cell phones to conduct a lot of business, the for profit arm, SCDA Member Benefits Group has grown tremendously, we have begun numerous outreach programs including DAD and DDL, solidified our financial standing, gotten involved in numerous other projects and have six employees including me as your Executive Director.

None of this has occurred without the volunteers and the great staff at the Association. Your staff does a great job in every aspect of their jobs and they deserve more credit than I for the growth and success of your Association.

On a personal note, I am an avid runner and love to read about the history and founding fathers of our great country. In addition, I am a huge sports fan and enjoy watching competition from football to basketball and even the Tour de France, but my favorite is baseball because it is one of the few sports that don't rely on a clock, and the game can change with one pitch or one hit, therefore, making it a great game to watch.

In my other free time, I enjoy being on Lake Murray and hanging out with Dixie, my Labrador Retriever. One small fact about me that most people do not know is that I am a certified professional tennis instructor.



November Calendar

November 5-10	ADA Meeting	Washington, DC	
November 6	Fortis	SCDA Office	9:30 AM
November 14	Nitrous Oxide Monitoring Course	MUSC	

SCDA Foundation

By Dr. Mona Ellis, Foundation Committee Chair

Each year during our Annual Session we have multiple drawings for gift certificates. Since this may be seen as a "raffle" we will no longer be able to have this as part of our silent auction fundraiser for scholarships for assisting, hygiene and dental students. There is a new law and we would have to pay a fee and disclose how much we raised- even though we are tax exempt! Should you have any ideas or contributions for the auction, please contact Dr. Mona Ellis or another board member.

Now it will become even more important that each member contribute the \$30 to the Foundation when you pay your dues. Generally we get around \$8,000 plus per year from dues rather than the \$50,000 plus we would have available if each of our 2,042 members contributed the recommended \$30. The tuition/mandatory fees of \$86,000 per year are now prohibiting private practice buyouts with only one in four being sold.

Let's continue to show the South Carolina students that we are concerned by making your minimal \$30 contribution on your dues this year!

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Thank you from all the students and your Foundation Committee.



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ANSWER: E. Florid cemento-osseous dysplasia

DISCUSSION:

Cemento-osseous dysplasia is a benign fibro-osseous lesion of the jaws. The term "benign fibro-osseous lesion" does not constitute a specific diagnosis but instead refers to a diverse group of processes in which normal bone is replaced by fibrous tissue and newly formed mineralized product. Major types of benign fibro-osseous lesions involving the jaws include fibrous dysplasia, ossifying fibroma, and cemento-osseous dysplasia. Among these entities, cemento-osseous dysplasia is encountered most commonly.

Cemento-osseous dysplasia affects tooth-bearing areas (or edentulous alveolar processes) of the jaws and exhibits a predilection among African American females. There are 3 major clinical variants: *focal*, *periapical*, and *florid*. The florid variant is characterized by multifocal involvement that is not limited to the anterior mandible. As seen in the current case, all 4 quadrants may be involved, and a roughly bilaterally symmetric distribution of lesions is common. Often the patient is asymptomatic, and the condition is discovered incidentally on routine radiographic examination. However, in other cases, a patient may develop pain and draining fistulous tracts; symptomatic disease typically develops as the lesional bone becomes increasingly sclerotic, hypovascular, and prone to secondary infection.

On radiographic examination, early lesions of cemento-osseous dysplasia may appear entirely radiolucent. However, as the lesions progress, they become increasingly sclerotic. A radiolucent rim typically is retained around sclerotic lesions. In some cases, secondary traumatic bone cyst formation may occur and may be evident as a radiolucency.

The radiographic differential diagnosis may include other diffuse or multifocal processes affecting the jaws. Paget's disease of bone tends to arise in older patients but exhibits a predilection for patients of Anglo Saxon ancestry and is uncommon in African Americans. Multiple bones may be affected--especially the pelvis, femur, lumbar vertebrae, skull, and tibia; however, the jaws are involved in only a minority of cases, with a predilection for the maxilla. Increased serum alkaline phosphatase levels may be noted. Gardner's syndrome is associated with multiple osteomas and odontomas of the jaws, epidermoid cysts of the skin, intestinal polyposis, and an increased risk for gastrointestinal adenocarcinoma. Although the patient in the current case did have a history of intestinal polyps, the radiograph demonstrates a radiolucent component among the jaw lesions, which would not be compatible with osteomas. Fibrous dysplasia exhibits histopathologic features similar to cemento-osseous dysplasia; however, this lesion typically is expansile, with a predilection for the posterior maxilla of adolescents or young adults. Radiographic examination classically shows an ill-defined ground glass opacification, although mixed or radiolucent lesions also are possible. Idiopathic osteosclerosis produces asymptomatic, nonexpansile areas of sclerosis that may be solitary or multifocal but lack a radiolucent rim or other radiolucent component.

Cemento-osseous dysplasia does not require surgical removal. It is best to avoid surgical procedures (such as tooth extraction, periodontal surgery, and dental implant placement), because during the sclerotic phase, the lesions become hypovascular with a tendency for necrosis, secondary infection, and poor wound healing. For patients with asymptomatic disease, preventive care to maintain optimal oral health is indicated. Symptomatic disease may necessitate antibiotic therapy and saucerization of necrotic bone.

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SCD10/15

President's Message



Dr. Gloria Pipkin

As I grow closer to the end of my "reign" (aka presidency) I wanted to move away from discussions of the issues and challenges we face, towards a more positive message. As I prepare to pass the torch to the next victim (– OOPS! I mean "honored leader!") I am drawn to the thought of resilience – that is, the ways we persevere and excel despite the challenges and stress of every day practice and changes in our field. As I researched the many wisdoms that have been dispelled on the subject, I realized that there are greater minds than mine that have related these ideas much better and more eloquently than I ever could. So I decided to share my favorite with you.

Of course I wouldn't think of doing this without proper credit to the creator – as well as an invitation to read his entire manuscript which can be found at: <http://www.oasisdiscussions.ca/2015/07/24/sr-3/>

BASICS – Strategies for Coping with Stress and Building Personal Resilience (Dr. Kaufmann, CCFP, FCFP, a former family practitioner, is medical director of the OMA Physician Health Program. To obtain further information on the Physician Health Program, visit the PHP website php.oma.org.)

"B" is for body: "B" might also stand for biology, and the biology of stress is interesting. Consider first the concept of homeostasis, the maintenance of the internal physiological environment of an organism within healthy limits. Homeostasis means that we eat when hungry, drink when thirsty, sleep when tired, and so on. Thus we are restored. This is the physiology of our regular patterns, routines and diurnal variations — the baseline biochemical "hum" of existence. When we are chronically stressed, the physiological changes that result render us less resilient, more susceptible to the diseases and disorders that we know through experience often occur in that context.

"A" is for affect: Which refers to our emotional states. However, it may be better considered as encompassing personal attitudes, thinking and self awareness. These all interact in accordance with the experiences and stresses of life in ways that range from unconscious, passive reaction to deliberate self-management. There are a number of personality types and traits observed in medical trainees and doctors that are associated with a tendency to experience life as distressing. They include an introverted approach to life, pessimism, passivity, and perfectionism to name a few. Are these traits fixed, "hardwired" into the psyche, or learned? Are they ingrained into our way of being in the world, or can we modify their impact upon our thoughts, feelings and behavior?the answer is some of both. There isn't much resilience in a life primarily devoted only to those things one does really well.

"S" is for social: friends, lovers and family; "It is our first nature to be connected," says psychologist Petruska Clarkson in her book entitled, "The Bystander". Human beings, doctors included, are social creatures and we need each other. Try this exercise: think back to everyone you would have included in your personal support system when you were in high school. Include family members as well as friends, teammates, fellow club members, and so on. Count them up. Repeat the exercise a few more times considering the years spent in university, medical school, residency, and beyond. What has happened to the total number of individuals in your support system over time? Has it decreased? For many in medicine (dentistry), the years of rigorous training will take their toll upon social connections causing a robust network to shrink and fray. Yet, how intimate partners treat each other has been found to be one of the most powerful determinants of individual mental and physical wellbeing and work productivity.

"I" is for intellect: Intellect refers to the power of the mind to grasp ideas, to understand concepts, and to make rational judgements and decisions. Medical training and practice is all about developing our intellectual power, and using it to acquire the requisite skill and knowledge to be good physicians (dentists). We take pride in our intellectual prowess, and our rationality. Resilient physicians are able to maintain a sense of value in their professional role. They retain a sense of contribution, and having a meaningful role in the lives of others. They like what they are doing and continue to cultivate interest and acquire knowledge through continuing education in their area of work. They understand and accept the demands of the (practice) role, learning such skills as task prioritization and time management to help them cope.

“C” is for community: “In and through community lies the salvation of the world”. This is the first sentence of a book written by psychiatrist M. Scott Peck, entitled, “The Different Drum — Community Making and Peace”. This is a powerful statement indeed, and I use it to introduce the concept and role of community in physician resilience and well-being. Genuine community is inclusive. All kinds of doctors, regardless of specialty, cultural origins and gender, doctors in training, and allied health professionals, may belong. Genuine community is at once human, humane and healing. Genuine community fosters resilience in its members.

“S” is for spirituality: Spirituality — the neglected domain. In his book, Spirituality and the Healthy Mind, Marc Galanter depicts spirituality as a large tent that can house diverse views of transcendence with room enough for the secular and the religious. There is evidence, summarized in various reviews, that spirituality and religious commitment is associated with positive physical and mental health. Attitudes and beliefs influenced by spirituality also provide a framework for understanding adversity and making sense of tragedy, as well as having a protective effect on physical and emotional wellbeing among healthy individuals. Every day we join with our patients, listen to their stories, offer them our empathy and understanding, along with our skill.

So, leaving the last word to Wayne and Mary Sotile, maybe all we have to do is a little. One or two doable stress managing, resilience enhancing choices per day might be plenty. “Do sweat the small stuff,” the Sotiles say. Even small changes can have large rewards. This is how we take responsibility for ourselves, restore our integrity, heal together, and celebrate the many rewards of being a doctor (or a dentist!) and a whole person in our demanding world.

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Executive Director's Notes



Mr. Phil Latham

Four Strategies to Thrive in a Struggling Economy

When the economy is bad, consumer focus usually shifts from luxury to necessity and from elective care to need-based care. Patients are less likely to come to your office looking for that movie-star smile. In fact, some are even questioning if they really need that cleaning appointment. Additionally, patients are less inclined to stay with your practice if you don't honor their companies' insurance plans.

Four strategies to help you weather tough economic times.

1. Be Flexible

Tough economic times require a willingness to be flexible. For example, if you're losing patients or fewer new patients are scheduling because you don't take their insurance, maybe it's time to reconsider your approach. Research the major employers in your area and find out what type of insurance they offer. For what companies do the patients you've lost work?

2. Look at Your Fees

Are your fees affordable for your patients? You may feel your practice is worth the extra money, but unless patients buy into your high dollar philosophy, you'll have a tough time retaining them. It's simply the reality of the current marketplace.

Consider freezing your fees this year. Send a letter to your patients thanking them for their loyalty to your practice. Tell them you're sensitive to the fact that many patients are experiencing difficulties as a result of the current economy. And in an effort to be responsive to the needs of your patients, your office is going to hold the line on fees this year, even though costs have increased for everyone, including your practice.

3. Keep Marketing Your Practice

Many dentists shut down their marketing efforts during tough economic times. Don't fall into this trap. Keep your website and other social media up and running and current. Continue to regularly reach out to patients with a practice newsletter or periodic letters signed by you. Perhaps you want to reconsider that great billboard deal or the expensive radio campaign, but this is definitely not the time to disappear from the marketing landscape.

4. Make the Most of Your Team

During thriving economic times, dentists argue they are too busy to train staff. Take advantage of slower periods to invest in staff education. Send a couple of your staff to area dental meetings and ask them to present what they've learned during staff meetings. Ask employees to give a mini-workshop to the rest of the team on their specific responsibilities. Educate the business team about dental procedures performed so they can better answer patient questions.

Sally McKenzie, Certified Management Consultant, is a nationally known lecturer and author. She is CEO of McKenzie Management, which provides highly successful and proven management services to dentistry and has since 1980. McKenzie Management offers a full line of educational and management products, which are available on its website, <http://www.mckenziemgmt.com>. In addition, the company offers a vast array of Practice Enrichment Programs and team training. Ms. McKenzie is the editor of the e-Management newsletter and The Dentist's Network newsletter sent complimentary to practices nationwide. To subscribe visit www.thedentistsnetwork.net. She is also the Publisher of the New Dentist™ magazine, www.thenewdentist.net. Ms. McKenzie welcomes specific practice questions and can be reached toll free at 877-777-6151 or at sallymck@mckenziemgmt.com.

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Finding Payroll Processing To Be Difficult?

By Mark Brown



Mr. Mark Brown



Do you find yourself getting tied up more and more on administrative items in your practice and less time with your patients? Maybe you are having to continually stay later in order to get caught up instead of getting home to your personal life. Is any of this valuable time being lost on payroll processing? If so, perhaps it's time to give SurePayroll a shot. They make payroll processing as easy as possible. Not only can you run payroll on your desktop, you can even download the mobile app and run payroll when you're on the go. When using SurePayroll, the program automatically calculates, files, and pays taxes for you, saving you time and letting you focus on what you do best, dentistry. The system is also very user friendly, making it easy to add new employees and input any necessary deductions. As an added bonus, employees can login and view vacation hours, W-2s, and 1099s at their convenience, saving you the time and trouble of finding the documentation for them. You can set it up to where your employees receive an email notification every time they get paid so they can login and review their pay stubs. As a SCDA member benefit, you get your first month of payroll free of charge as well as free W-2s for the first year! So if you've grown tired of difficult payroll processing, consider making the switch to SurePayroll and see how they can start making your life a little bit easier. For more information, please feel free to contact SurePayroll toll-free at 866-535-3592 and tell them you are an SCDA member.

Send us your story ideas! Do you have an idea for a story? We'd love to hear it. We're always looking for topics of interest to our members. If you have a suggestion, email Maie Brunson at brunsonm@scda.org or call 800-327-2598. Please be specific We'll let you know if and when your idea will come to fruition. Thanks for your help!

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5 Signs Your Website is Getting Outdated

By Officite an SCDA Endorsed Company

A long time ago, your website may have been a work of art. But unlike fine wines and cheeses, websites only get worse with age. So how do you know if your website is up to date? Is it still strong, or is it leaving your patients with a sour taste in their mouths? Read on for a few tell-tale signs that your website is past its prime.

1. Your website fails the “thumbs test”

Mobile technology has taken the world by storm, and that means people are increasingly navigating the Web with their thumbs instead of a mouse. Because of that, your practice website needs to be friendly to all your patients’ thumbs. How do you know if it is? Access it from a smartphone or tablet. Is it hard to navigate? Do you have to re-size, zoom, and pinch your way through for it to be readable? Are the buttons too small to be located and pressed easily? Will your patients need their reading glasses in order to see it? If you answered yes to any of these questions, make sure you have a mobile site, or better yet, a responsive design, since Google’s “mobilegeddon” algorithm update this last spring has made top-of-the-line mobile websites more important than ever.

2. Your site doesn’t make a modern first impression

Failing the “thumbs test” is a good way to fail this test too, but there’s more to it as well. Your website functions as the face of your practice. A patient visiting your site will make a snap judgment within seconds of seeing your site. Does it make you appear ahead of the game, or behind the curve? What they assume of your website, they will assume about your practice as a whole. For both dentists and websites alike, being called “outdated” is one of the worst insults imaginable.

3. You need to call your developer every time you want to make a change

Having a developer is good when you’re building your website. But if you have to call them every time you want to make a small change, it’s awful. A site built through a modern company should have a system in place that will allow you to make small changes on your own, easily and conveniently, without requiring any knowledge of how to code or design a site. If you have your developer on speed dial, it might be time to upgrade.

4. You have no social media integration

Social media is the new word of mouth. Your patients use it every day, and it’s the easiest way to stay connected in a way that makes your practice and your brand part of their daily life. Social media builds loyalty. If your website doesn’t provide an easy portal for your patients to connect with you through social media, it’s letting new opportunities slip through the cracks.

5. Your website is only a website.

If your online marketing starts and ends with a website, it’s not doing enough. Nowadays, successful online marketing demands something more than a website – a complete Web Presence designed to turn every corner of the Web into a marketing asset. Any single site, no matter how good it is, will get lost in the vast expanse of the Web without additional measures like social media, SEO, and blogging. The bigger your online footprint, the easier it is for new patients to find you.

If you take one thing away from this article, let it be this: on the modern Web, a website is the starting point, not the finish line. Nowadays, success starts when you start thinking beyond your website, focusing your attention on the larger Web Presence. But regardless of your additional efforts, be sure your website is something you can be proud of – something you want associated with your name. The first impression is often the most powerful. Call Your Web Presence Advisor at 866-731-8834 or visit www.officite.com/dental for a modern Web Presence proven to work for SCDA members like you.



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