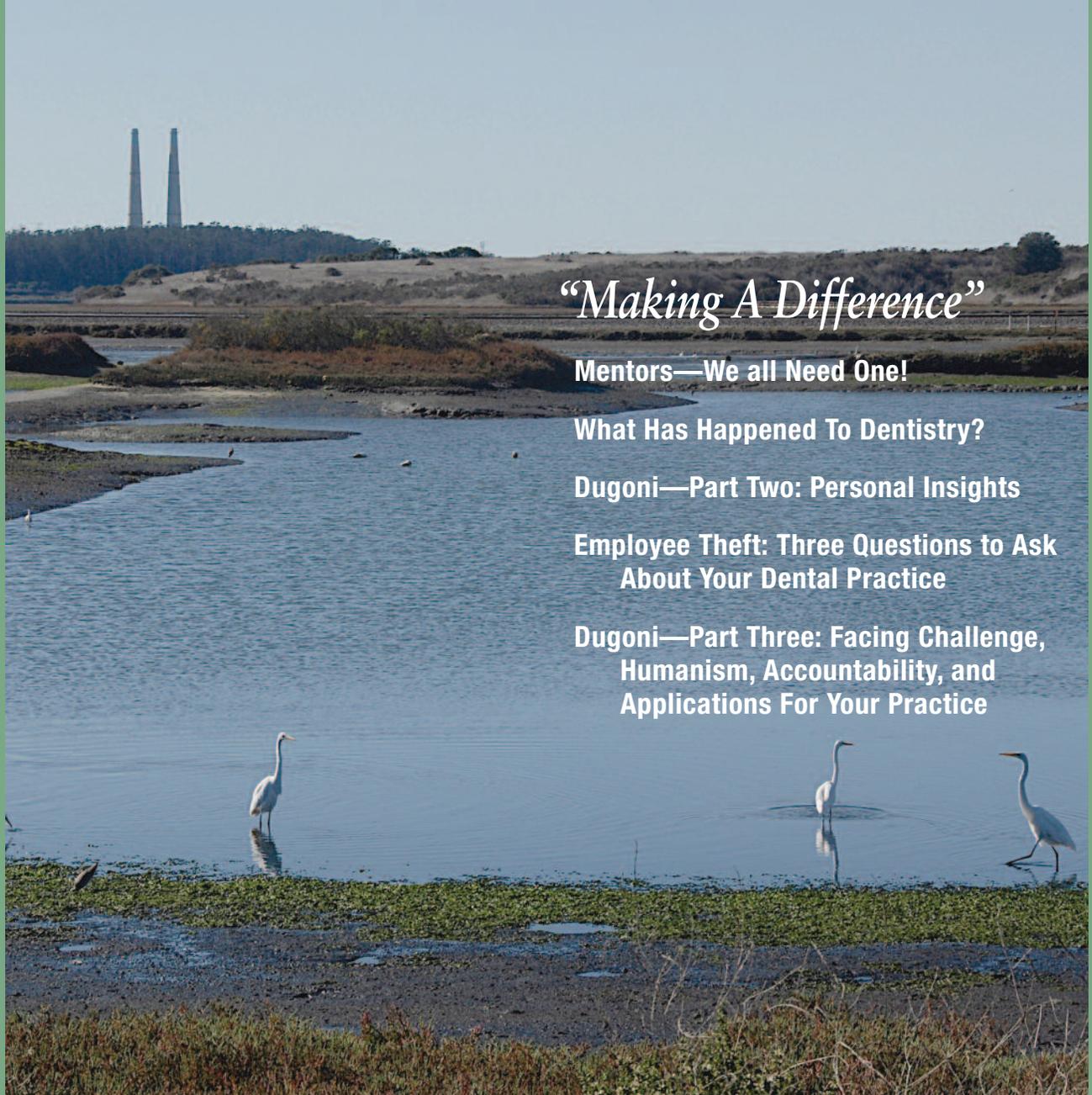


# SMILELINE



THE NEWSLETTER OF THE MONTEREY BAY DENTAL SOCIETY

SPRING/SUMMER 2014



## *“Making A Difference”*

**Mentors—We all Need One!**

**What Has Happened To Dentistry?**

**Dugoni—Part Two: Personal Insights**

**Employee Theft: Three Questions to Ask  
About Your Dental Practice**

**Dugoni—Part Three: Facing Challenge,  
Humanism, Accountability, and  
Applications For Your Practice**



## A Message From Your Outgoing MBDS President

The state of our dental society is strong. It has been my honor serving as your Monterey Bay Dental Society President. Our accomplishments this past year as an organization have been made possible by the joint efforts of our members. I want to express my gratitude to those who have given their time, energy, and hard work this year to the Monterey Bay Dental Society (MBDS). We are kicking off 2014 with an impressively strong group of professionals!



In an effort to look toward the future and anticipate challenges over this past year, we devoted a day last February to creating a strategic plan for the direction of our dental society. I am happy to share that this planning was a successful collaboration of our members, with Gail Grimm from the California Dental Association (CDA) as our facilitator. The results of our strategic planning targeted primarily four main areas of focus over a three year time span: #1 Increase communication with our members, #2 Increase the quality of our continuing education, #3 Increase service to the community, and #4 Increase member involvement. Our chief goal this year is to strengthen our communication with members and update our website with the latest technological advances. Our executive director, Debi Diaz, has worked tirelessly on improving our website and enabling efficient online payment for MBDS events and continuing education. With the new website launch that happened this past November, we are excited to open the doors of communication and invite you to take a look at the new and improved MBDS website.

Service to our community has always been an important facet and goal of our society. It is with great credit to my colleagues and great personal pride that our dental society sponsored a dental chair with a donation of \$500 to support the San Jose CDA Care Event held in May. The numerous staff and members who volunteered for this event played an active leadership role in serving our community and those patients that do not have access or cannot afford dental treatment.

Over 1.6 million dollars in dental services were administered and over 2,000 patients treated.

In our planning, another area of focus is to increase membership involvement in 2014 and continue to strengthen the quality of education offered to our members. Increasing the involvement of our membership is critical in building the unique bond and partnership that our dental society offers. The Staff Appreciation Dinner at the Embassy Suites in Seaside was a fantastic gathering of

dentists and their staff members. It was a delightful evening, one that offered us the opportunity to recognize our staff members for their continued diligence toward great patient care. In addition, another venue we hope to continue to offer to new members is the New Dentist Welcome Social Event. This is an opportunity for new dentists to meet and share their experiences as they embark on their professional dental careers. Furthermore, to continue our efforts to strengthen and build MBDS, the board is committed to revisiting our mission annually. We are so fortunate to have an amazing executive director, Debi Diaz who works extremely hard on our behalf, with exceptional and dedicated MBDS board members.

In closing, it gives me great pleasure to introduce to you our new MBDS President, a man of great character, integrity, and humor, Dr. Tim Griffin, DDS. A native of California, Dr. Tim Griffin offers over 30 years of experience in the field of general dentistry and community involvement, providing MBDS with an arsenal of knowledge and wisdom. Dr. Tim Griffin successfully introduced a group of quality CE speakers, such as Dr. Gordon Christensen, for our dental society. It has truly been an honor and a great experience as the Monterey Bay Dental Society President. From rolling up our sleeves together at the CDA Cares event—to seeing a staff member with tears of joy after winning our cruise Staff Appreciation raffle—I will truly miss all my experiences as your president. Cheers and Happy 2014 to all!

*Your colleague,*

**Daniel J. Pierre DDS MS, Past President, MBDS**

# SMILELINE



## A Message From Your Incoming MBDS President

I would like to introduce myself and give a little background about how I became interested to serve on the board of the Monterey Bay Dental Society. I grew up in Watsonville and graduated from “Thee” Georgetown University School of Dentistry in 1979. I returned to Watsonville to associate and then start my practice shortly after graduation. A classmate at Georgetown--my future brother-in-law now practicing in Scotts Valley--introduced me to his sister at graduation. After pursuing her for many months, not stalking her, she relented and we married in 1981. We are blessed with three wonderful children, Kellen, Conor and Claire. Recently another blessing came along in the form of our beautiful daughter-in-law, Valerie!



I started working in the mid-eighties with the MBDS coordinating dental health screening in the Pajaro Valley. A group of member dentists in Watsonville, in conjunction with the dental society, did a few “Dentists With A Heart” programs. This was a sort of mini CDA Cares on a very local level and that was the extent of my involvement but I told myself someday I would like to work on the board!

As I write this note I am beginning my 35th year of practicing dentistry. I turned 60 and became MBDS President in November. As I stated earlier, I hoped to someday work on the board which I have done for the last seven years. Life became less chaotic and the time was right for me to serve and it’s been a real “epiphany” on organized dentistry and what it does for us all. Organized dentistry has allowed us to practice

this great profession while watching over our needs and interests!

I attended the CDA House of Delegates late this last year along with fellow board members Geri Menold (trustee), Nanette Benedict, Ariana Ebrahimian (my niece and proud of her), and Julius Kong. I had another “epiphany” occur concerning organized dentistry. I realized just how

much it does for us behind the scenes. It gives us all a voice and represents us in the world of legislative and regulatory situations that have great impact on how we do dentistry (whether you realize it or not!) CDA’s administrative personnel, staff and volunteer members work so hard and accomplish so many things that benefit us!

In closing, I would encourage everyone to consider serving on the board or helping out the component when the right time crosses your path. Remember even after 35 years practicing dentistry and being 60 years old—it’s never too late to get involved. I believe you’ll find as I have that you’ll meet great, motivated dentists in a collegial environment that want to give of their time to serve all of us and organized dentistry!

Happy New Year to all!

*Your colleague,*  
**Tim Griffin, DDS**  
**President, MBDS**

# SmileLine

## The Newsletter of The Monterey Bay Dental Society

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## Welcome To Our New Members

### BEN LOMOND

Oana Carnu, DDS  
General Dentist  
UCSF, 2009

### BOULDER CREEK

Steven Morandi, DDS  
General Dentist  
UOP Dugoni, 2013

### GONZALES

Sang Hoon "John" Han, DDS  
General Dentist  
Loma Linda, 2013

### MARINA

Richard Holm, DDS  
General Dentist  
Loma Linda, 1985

### MONTEREY

Ayman Adeeb, DDS  
General Dentist  
University of Cairo  
New York Presbyterian Hospital

### Joseph Fullmer, DMD

Oral and Maxillofacial Surgeon  
University of Louisville, 2008  
Cook County Hospital, Chicago,  
2012, specialty

### Jeffrey Lehr, DDS

General Dentist  
Creighton University,  
Omaha, 2012

### SALINAS

Frank Liu, DDS  
General Dentist  
UCSF, 2011

### Seth Reder, DDS

Pediatric Dentist  
UOP Dugoni, 2005  
University of Texas Health  
Science Center at Houston,  
2007, specialty

### Madhav Mukundan, DDS

General Dentist  
New York University, 2005

### SANTA CRUZ

Mark Christie, DDS  
General Dentist  
UOP Dugoni, 2013  
Gabriela Torres De Fernandez,  
DDS  
General Dentist  
Universidad Nacional  
de Córdoba, Argentina, 1992  
Terry Schmunk, DDS  
General Dentist  
Loma Linda, 1973

### SEASIDE

Sumeet Singh, DDS  
General Dentist  
New York University, 2013

### SOQUEL

Justin Shyba, DDS  
General Dentist  
New York University, 2013

### WATSONVILLE

Zachery Castiglione, DDS  
General Dentist  
UCSF, 2011

## MBDS Board Room available

Members can now utilize the board room at the dental society for a small fee to host study groups, meetings or staff events. For more information, contact the Dental Society at 831-658-0168

## Robert Howard Davis(1944 - 2014)



Robert Howard Davis  
March 2, 1944 - January 20, 2014  
Resident of Watsonville

Robert (Bob) Davis, 69, of Watsonville died unexpectedly Monday. He was born to the late Margot Howard and Robert Bernard Davis, March 2, 1944, in Holyoke, MA where his father was stationed in the US Army. Because his father was an English professor, Bob spent the remainder of his childhood in towns with small liberal arts colleges in Pennsylvania, Ohio and Iowa. He graduated from Columbian High School in Tiffin, Ohio in 1962; Occidental College in 1966; and the University of Southern California School of Dentistry in 1970, where he met his future wife, Caroline Malmgren.

In 1972, Bob and Caroline moved to Watsonville where he practiced dentistry for 34 years. He had a unique talent for turning a patient into a friend. He also took great pleasure as a teacher of dentistry helping both other dentists and assistants to improve their skills.

The Pajaro Valley and his ranch provided the perfect setting for Bob to be: a 4-H leader, Santa Cruz County Fair supporter and a youth basketball and baseball coach. Bob found a lot of enjoyment in woodworking, fishing and fence mending, as well as in being an avid San Francisco 49ers and Giants fan. Bob was well known by both family and friends as an enthusiastic storyteller.

He is survived by his wife of 42 years, Caroline, his three daughters: Heather (Raymond) Desrocher of Naples, FL; Autumn (Chris) Moran of Marblehead, MA; Lauren (Justin) Taylor of Aptos, CA; and a son, Brian Davis. He is also survived by five grandchildren; and his brother, Charlie Davis of Burlingame, CA.

The family asks, that in lieu of flowers, donations be made to the Watsonville YMCA, the Salsipuedes Little League, or the Watsonville High School Athletic Department. A memorial will be held this coming summer.

## Lewis Richardson(1944 - 2013)



Salinas

Lewis Richardson

Lewis Richardson, 69, of Salinas, passed away Tuesday, August 20, 2013. He was born April 15, 1944 in Cleveland, Ohio, and in 1970 he headed for San Diego to join the [U.S. Navy](#) as a Dental officer, and see the ocean for the first time.

His love of the central coast led him to lay his roots in Salinas, where he nurtured his dental practice from 1972 until present and was an honored member of the ADA and the Monterey Bay Dental Society. He truly loved his work as a dentist, his early morning spin class, Motown music, cooking for his family, the pursuit of a deeper spiritual meaning, and exploring the rugged beauty of the California coastline.

He will be dearly missed by his immediate family: Katherine Richardson of Salinas; his daughters, Jennifer Richardson of Redondo Beach, Ashley Richardson of Santa Monica; daughter-in-law, Michele Fleury of Santa Monica; and brother, Bob Richardson of Vermillion, OH. and of course his beloved patients as well as the dental community at large.

A Celebration of Life will be held Saturday, September 28, 2013 at 1:00 p.m., at Community Church of the Monterey Peninsula, 4590 Carmel Valley Road, Carmel, CA 93922.

Funeral arrangements by Struve and Laporte Funeral Home. Online condolences to [www.struveandlaporte.com](http://www.struveandlaporte.com)

## Dr. David W. Wardlaw(1942 - 2014)



Salinas

Dr. David W. Wardlaw

Dr. David W. Wardlaw passed away Monday, Feb. 3, 2014, following a short illness. He was 71 years old. David was born Dec. 19, 1942 in Kansas City, MO, to Helen Louise Ganzler Wardlaw and Clyde Woodrow Wardlaw.

He spent his childhood years growing up in Shawnee Mission, KS. He graduated from Shawnee Mission East High School in 1960.

David received his undergraduate education at Wichita State University and at the University of Kansas, and then studied at the University of Missouri-Kansas City School of Dentistry from which he graduated in 1967.

David served in the United States Army Dental Corps from 1967 to 1975, during which time he served in Vietnam, Germany and Fort Ord, among other places. It was during his time at Fort Ord that he developed his love for the Monterey Bay area.

Following his military service, David completed a residency in Periodontics at the University of California-San Francisco in 1977. He then returned to the Monterey Peninsula and entered private practice in Periodontics in Salinas, where he continued to practice until his passing.

David was a member of the American Dental Association, the Monterey Bay Dental Society, the Western Society of Periodontology, and the California Society of Periodontics.

David had many interests. He was an avid reader, especially of history. He loved cooking for his wife, Pam, and their friends. He enjoyed his daily walks, dining out and traveling abroad. David had many fond memories of time together with family and friends at his vacation home in Sunriver, OR. He especially enjoyed the company of his much loved cats.

David is survived by his wife, Pamela Jones of Salinas; his brother, Dale Wardlaw of Melbourne, Australia, and other family members. David will be missed by his family and his many friends and colleagues.

David's family would like to thank all who have offered love and support during this difficult time. In lieu of flowers, the family asks that donations be made to the Animal Friends Rescue Project (AFRP), P.O. Box 51083, Pacific Grove, CA 93950, or the Salvation Army Monterey Peninsula Corps, P.O. Box 1884, Monterey, CA 93942.

A Celebration of Life Memorial service will be held Saturday, Feb. 22, 2014 at 1:00 p.m., at the Community Church of the Monterey Peninsula, 4590 Carmel Valley Road, Carmel.

Funeral arrangements by Struve and Laporte Funeral Home.

For more information and to share a memory, visit [www.struveandlaporte.com](http://www.struveandlaporte.com).

## New Additions!

### Our New MBDS Website Launches!

[www.mbdstentist.com](http://www.mbdstentist.com)

Greetings! I hope this note finds you and your practice well. 2013 was a great year for the Monterey Bay Dental Society. We have hosted a number of excellent Continuing Education courses and had several fun social events as well.

Perhaps the most exciting news to share with you is the unveiling of our new MBDS Website! An upgrade to our current website has been a long-desired goal for the Dental Society, and we are proud to say that we have finally been able to accomplish this task.

You will notice that many features have been added to our new website. Firstly, a comprehensive calendar has been developed in which members can easily access important dates for our society. The roster of the current Board of Directors is now posted for all to see, and a New Member section is available as well.

The web address remains the same:

[www.mbdstentist.com](http://www.mbdstentist.com). Your username is your ADA number, and your initial password is mbds (which can be changed later). You can then update your profile, and register for any courses that interest you.



We hope you find the new website to be as informative and helpful. This is just one step among many that we are taking to help the Monterey Bay Dental Society flourish and best serve your needs. If you have any further questions, please don't hesitate to contact either myself or our Executive Director, Debi Diaz, at (831) 658-0168.

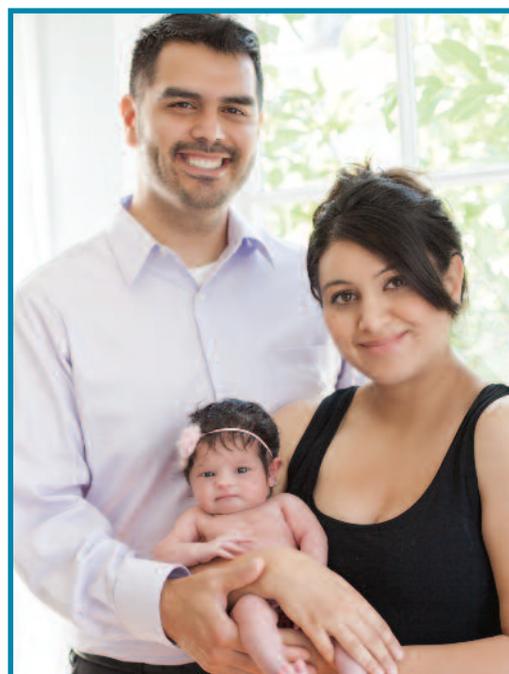
Best regards to you, your staffs and families in 2014!

Charles ("Carl") E. Sackett, IV, DDS  
MBDS President-Elect and Pediatric Dentist

### Other New Additions!



Jochen and Maya Pechak with twin boys Johannis Jack and Andreas Wolfgang born July 10th, 2013 at seven pounds EACH!!



Dr. Carl Sackett and Dr. Najia Gardezy with their daughter Lena.

## Upcoming MBDS Calendar of Events for 2014

### Continuing Education 2014

#### May 2, 2014

Leslie Canham

“OSHA , Infection Control and California Dental Practice Act”

Embassy Suites, Seaside, CA 93933

9:00 AM – 4 PM

6 CE Units - Dental Board Mandated

Member Dentists \$210

Non-CDA members \$300

Auxiliary \$90

#### July 11, 2014

Brian Novy, DDS

“Be Very Afraid – An Introduction to Modern Cariology”

Embassy Suites, Seaside, CA 93933

9 AM – 5 PM

7 CE Units (Core)

Member Dentists \$250

Non-CDA members \$350

Auxiliary \$115\*

(see discount information below for additional staff)

#### September, 19, 2014

“Dentsply 360– TOTAL OFFICE SERIES”

Embassy Suites, Seaside, CA 93933

9 AM – 5 PM

7 CE Units (Core)

Special pricing for multi-staff attendance early registration -TBA

#### November 7, 2014

Mohammed Sagegh Namazikhah

“How to Manage Endodontic Failures”

Embassy Suites, Seaside, CA 93933

9 AM – 5 PM

7 CE Units (Core)

Member Dentists \$250

Non-CDA members \$350

Auxiliary \$115\*

(see discount information below for additional staff)

### General Membership Dinner Meetings & Member Staff Appreciation Dinner

Thursday, April 17, 2014

Dr. Jag Heir

“Office Emergencies”

6:00 PM • Hyatt Regency, Monterey, CA

Thursday, June 19, 2014

Mr. Lewis Gelmon

“How to Negotiate Commercial Dental Office Leases”

6:00 PM • Bittersweet Bistro, Aptos, CA

Thursday, August 21, 2014

Darren Cox, DDS, MBA

“Clinicopathologic Correlation: Enhanced Understanding of Oral Pathology through Real Cases”

6:00 PM • Hyatt Regency, Monterey, CA

Friday, October 24, 2014

Installation of Officers

7:00 PM • Pasadera Country Club Monterey, CA. 93940

### MBDS Board Of Director's Meetings

6:00 PM

Dental Society Office,

8 Harris Ct, A2, Monterey

Tuesday, March 11, 2014

Tuesday, May 13, 2014

Tuesday, July 8, 2014

Tuesday, September 9, 2014

Tuesday, November 11, 2014

### 2014 House of Delegates – San Diego, CA

Friday, November 14th - Sunday, November 16th, 2014

**REGISTRATION FEES** —Fees include lunch for all day courses and breakfast for AM only course. \*A \$95.00 rate will apply for each additional auxiliary from the same member office.

Lloyd Nattkemper, DDS,  
Editor

### Pinhole Fever

It was well along in the afternoon on a Saturday in February 1985. I was sitting with my periodontal resident buddies as far back as possible in the postgraduate auditorium at USC, attending a symposium on bone grafting and emerging periodontal regenerative therapies. The six gentlemen who had lectured during the day were seated at a table in the front of the auditorium, answering questions from the audience and debating their viewpoints. Things heated up. One of the lecturers was absolutely adamant that hydroxyapatite, placed into two- and three-wall bony defects, produced true periodontal regeneration. Two members of the audience, both of whom were well respected clinicians and researchers, commented that what the lecturer was claiming was probably impossible. Other lecturers then claimed that the materials and techniques they touted – calcium sulfate, Perioglas, tricalcium phosphate, and another one I can't recall – did in fact provide this elusive miracle. Arguments went on for nearly an hour – based on a few clinical trials, animal histology and initial observations in private practices. Over the next few years, clinical research and use of these materials in practice showed that it was only in certain, sometimes rare situations that these materials did in fact produce regeneration – and when that did take place, it sometimes involved use of these materials in combination with others or other techniques, such as use of occlusive membranes or, later, growth factors.

I've witnessed similar emotionally charged discussions regarding several implant designs, any number of membrane materials, and GTR techniques (which were developed for treatment of intra-bony defects) used for root coverage. I've taken out 20 or more sub-periosteal implants, maybe 50 implants that were originally HA coated (now devoid of HA and surrounded by granulation tissue), and have had to redo a number of my own bony and soft tissue graft procedures owing to failure of materials or technique. I have witnessed a considerable number of materials and procedures being proven non-predictable or even harmful



The West Los Angeles VAMC periodontal residents in 1985: E.C. Smith, Ronald Lascoe, Michael Toffler and myself

to patients. This is no news for anyone who has been in practice more than a few years.

In restorative dentistry, there have been a host of materials and techniques used in prosthodontics that have come and gone, or at least proved problematic. Those of us in clinical practice along with our patients have largely been the testing ground. Pressed porcelain materials that fracture after limited periods of time, zirconia abutments that fail or splinter, other porcelains that seem to flex in occlusion, “flat top” implants that seem to consistently develop crestal bone loss once restored, cements that are too thick, too strong, not strong enough, hard to remove, irritating to the pulp, radiolucent, radiopaque, difficult to detect for removal, you name it. When things haven't worked, patients haven't gone to the manufacturer who sold us the material or the guy who taught us the technique. They've come to us. They wanted us to do things over again – gratis – wanted us to make things right – wanted us to fix things so they—their tooth, their appearance, their ability to function, their comfort – was restored.

And in many such cases there can be emotional situations. These are sometimes expensive problems, and, unfortunately, patients and sometimes family members leave practices because of issues related to materials and techniques that didn't work.

In the last few weeks, I've had lunch with several dentists, some of whom pressed me as to a new surgical technique. Take a look at these photos! Anybody can do it! I understand that one of my periodontal colleagues now has a television spot advertising this technique in his practice. I've had a number of patients ask me when they can see me for this. The UPS guy asked my office manager about it. Patients

who are scheduled for procedures intended to address bone loss in the posterior regions of their mouth are asking me if this new technique would help save their teeth. I've been feeling déjà vu, remembering when Dr. Keyes was advertising his nonsurgical technique for getting rid of pockets, when LANAP was first introduced, and when patients would come into my office wanting prescriptions for Periostat so they wouldn't have to go through surgery or brush their teeth.

For those of you who are interested, I've done some homework about this new surgical procedure – or at least about the man who developed it. He is a general dentist. He has a team marketing the procedure and the course he gives; he has patented the technique as well as a set of instruments needed to perform it. A large contingent of the periodontal community is apparently upset about the “commercial” manner in which this gentleman is conducting his marketing and instruction. Traditionally, new techniques/concepts have been introduced with little or no “marketing”, let alone intention for monetary gain. This same degree of “upset” occurred several years ago when the Periolas and LANAP therapy was first marketed.

I contacted a well-known and highly respected periodontist who pioneered the concept of periodontal microsurgery, has taught courses in delicate periodontal and implant procedures for over 25 years, who is one of the finest and most thoughtful clinicians I have known, to ask him his impression of this new technique and the man who developed it. It seems that the developer of this technique was one of this periodontist's students, that the technique, while new and innovative, utilizes sound surgical principles. He commented that it is extremely expensive to teach techniques such as this, and that throughout the course of his teaching career, he had to supplement income from course tuitions through his private practice in order to keep the doors of his teaching institute open. Perhaps most interesting – the developer also has a degree in law, and took it upon himself to patent the technique and the instruments used, as well as teach the course himself, so as to ensure consistency – and to prevent other entities from claiming ownership or patents. This renowned periodontist commented that many of the instruments and some of the techniques he himself developed have been taken and duplicated by other companies and

individuals – each of which has claimed ownership. He commented to me that he could easily understand why this gentleman had gone to the trouble of patenting what he teaches (and also that it is a sad reality that this is necessary in today's world).

So, yeah – you bet I'm signed up to take the course! There are few things I enjoy more than learning and incorporating techniques that improve quality of care I provide and do so in an increasingly comfortable manner. But I am also viewing the claims, and by all means the public's expectations, with a generous measure of perspective. The paper introducing the technique was published about a year and a half ago. The results in the paper, while very impressive, had an 18 month (average) period of follow-up. There was a single author – the inventor. Face it. Nobody knows if this is going to hold up.

In providing some perspective, here are a few words from a paper Art Dugoni wrote for the CDA Journal, based on speeches he has given to students beginning their education at the University of the Pacific: “What does the calling to be a doctor imply? In my mind, it implies fairness, integrity, service above self or self-interest, respect for the human dignity of everyone, a passion for quality and a commitment to excellence. Albert Einstein reminds us to ‘try not to become a success but rather try to become a man of value.’” Art, throughout the article, emphasizes that the respect and trust the public has in us has been built by those who have gone before us. In that spirit, perhaps it is contingent on each of us to inform our patients, based on our experiences, clinical trials and good judgment, in recommending any new technology.

With this in mind, I humbly ask you to consider reading the two articles in this issue I've written about and with Art Dugoni, and to thoughtfully consider what you do each day. It's hugely important to incorporate new technology. This keeps us sharp, excited, and when it's done right, is wonderful – it's essential – for our patients! But always take the time to inform, discuss alternatives, and to realize that you – both personally and professionally – “own” what you do. We are all here for the long run to serve, thoughtfully and responsibly.

### Lindley Zerbe, DDS

The early November sun was setting as we gathered at Seascape's golf clubhouse. As a new member of the Monterey Bay Dental Society, I was excited to meet my colleagues and make new friends at the annual Installation of Officer's dinner. Upon entering, my wife and I saw two familiar faces, Dr. Daniel Pierre and his dear wife Roseanne. Our first words were quite off topic for this event, with both my wife and I exclaiming, "I didn't know you're pregnant!" Roseanne was just beginning to show and laughed, noting, "yes, we found out some time ago but were waiting to tell people." My wife and I nodded knowingly (we had done the same thing with our first child, a baby boy, currently growing in my wife's womb). Roseanne then smiled, and said, "when you came up to our office to tell us you were having a baby, we had just found out we were pregnant!"

Like the cycle of renewal and creation, we were reminded of the cycle of those that move through this board, bringing new ideas and perspectives, a passion for service and commitment to dentistry and public health. Such was the task at hand tonight, an introduction and passing of the torch to a new set of minds and hearts. The now immediate past president, Dr. Daniel Pierre, began the evening with a gesture of thanks to all in attendance, followed by recognition of his current(2012-2013) board members.



left to right – Debi Diaz, MBDS Executive Director; Debbie Reynon, recipient of the MBDS Community Service Award; Dr. Bridgete Clark, Director of the Cabrillo College Dental Hygiene Program



Carl Sackett – recipient of the MBDS Dentist of the Year Award

Many on the board were continuing in their posts, with some notable changes including the welcoming of Tim Griffin, DDS into the position of President, Carl Sackett, DDS serving now as president-elect and taking charge of the CE committee. Ariana Ebrahimian, DDS is taking over the positions of Vice President and officer in charge of the membership committee. Drs. Eric Brown, Adrianna Lalinde and John Stevens are welcomed in as new County Directors. Lindley Zerbe, DDS is the new officer in charge of community and public relations.

The highlights of the evening occurred after heartfelt speeches by Drs. Pierre and Griffin, both remarking how grateful and humbled they were and are to serve the MBDS as President. Dr. Griffin had the added benefit of introducing the 2013 Dentist of the Year Award to a much deserving Dr. Carl Sackett. Dr. Sackett, in addition to being active on the board for many years, has also been integral in the setup and purveyance of Give Kids a Smile, CDA Cares and other public health events.

## Installation of Officers (Continued)

In addition, Bridgete Clark, D.D.S., B.S. (Director of the Dental Hygiene Program at Cabrillo College) along with Drs. Pierre and Griffin, presented Debbie Reynon, CDA, RDA, AA, AS (Director of the Santa Cruz ROP Program in Dental Assisting) the MBDS Community Service Award. The plaque presented to Debbie was inscribed: "The Monterey Bay Dental Society thanks you for your

tireless efforts and passion to the education and training of dental auxiliaries throughout the years."

The night closed with thanks to all who attended and have been tasked with continuing our mission of uniting dentists in the pursuit of improving the public health and promoting the art and science of dentistry both to its members and the general public.



Dr. Tim Griffin, incoming MBDS President; Debbie Reynon; Dr. Bridgete Clark



Drs. Carl Sackett, "King" Dan Pierre and Tim Griffin

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By Lloyd P. Nattkemper, DDS

*It's funny, really. When I sat down to write this piece about some of the background, motivations and "secrets" Art Dugoni shared with me during our interview in February 2013, I envisioned being able to neatly categorize each topic, say a word or two about concepts and provide an example of each. Nice and neat. Then a bigger concept, or more accurately, a reality began to take shape as I reviewed the notes and transcription, and wrote down topics for the article. Everything Art talked about, and really, everything about how he has conducted his life, focused on making the very most of whatever or whoever he has encountered. Each day. Each moment. Each student. Each colleague. Each organization. Each problem, or rather, each opportunity. Every one of these, he tirelessly and generously strives to expand. And with that, an understanding of what drives him to continue—what inspires him, what matters to him and what he loves most—became clear. So here, in the form of a list written in concepts that run from one to the next, I will share my version of Arthur Dugoni— Personal Insights.*

### You own your life – Art's Lists

Anyone who meets and has spent time with Art Dugoni senses it. An urgency. Intensity. Energy. Drive. The simple key, I believe, is that Art takes complete responsibility for every minute of his life. "You own your life. You own your schedule. Plug it in. Do it." He applies this to everything. "If you want to have a more successful marriage, you've got to devote time to make that marriage successful. As I say to our students, you can determine that Wednesday night belongs to your significant other. Nobody else is going to ever occupy that Wednesday night. You can determine that every six weeks, you're going to go away for four days with the person that's the most important person or people in your life. You own that, you can do it."

Two of Art's "secrets" are his appointment books, and his lists. His lists drive his appointment books. Art maintains at least two lists at all times. His master list—which includes professional and personal goals, important priorities, major events, aspirations—he reviews this thoughtfully on a regular basis, updates it, and enjoys a sense of achievement as he crosses things off he has



Art and Willie Mays—on his "bucket list" of people to meet!

completed. "If it was a big project, I broke the big project into pieces, because big projects can be overwhelming. If you let the big project be only the big project, you never get it done. What you do is break it into small pieces, then you accomplish the pieces, and pretty soon it all gets done." Things like spending additional time with Kaye, or his children, or getting to church more often, or writing a speech for a group of educators, typically about 50 items would be on this list. "That major list, once a month, I rewrite." His master list powers his other, a daily list. He sticks by it, hell or high water. "On the list this morning, there was something like twelve items I wanted to get done today, and I finished five or six of them before you came, and then I have five or six more I want to get done. If I don't get them done this afternoon, I'll get them done tonight. They should all be done by morning. Then there'll be a new list tomorrow."

And then, to put his lists into practice, he maintains appointment books. “You’ve got an appointment book you live by. Here’s an appointment book for my wife that I make up every day. This is for the caregiver—I make this up every day—what I expect her to do for Kaye’s care each day. She fills it in—see, she checks the boxes here—Kaye’s breakfast, her morning pills, she’s put in her hearing aids, given her hygiene, taken her to balance class, taken her to a computer game, done a community puzzle...Here, she says Kaye had a great day, lots of energy.” In developing this appointment book, Art has talked with the caregiver and worked out strategies intended to help Kaye physically, emotionally and psychologically. “I talked to her—she’s an expert in the field.”

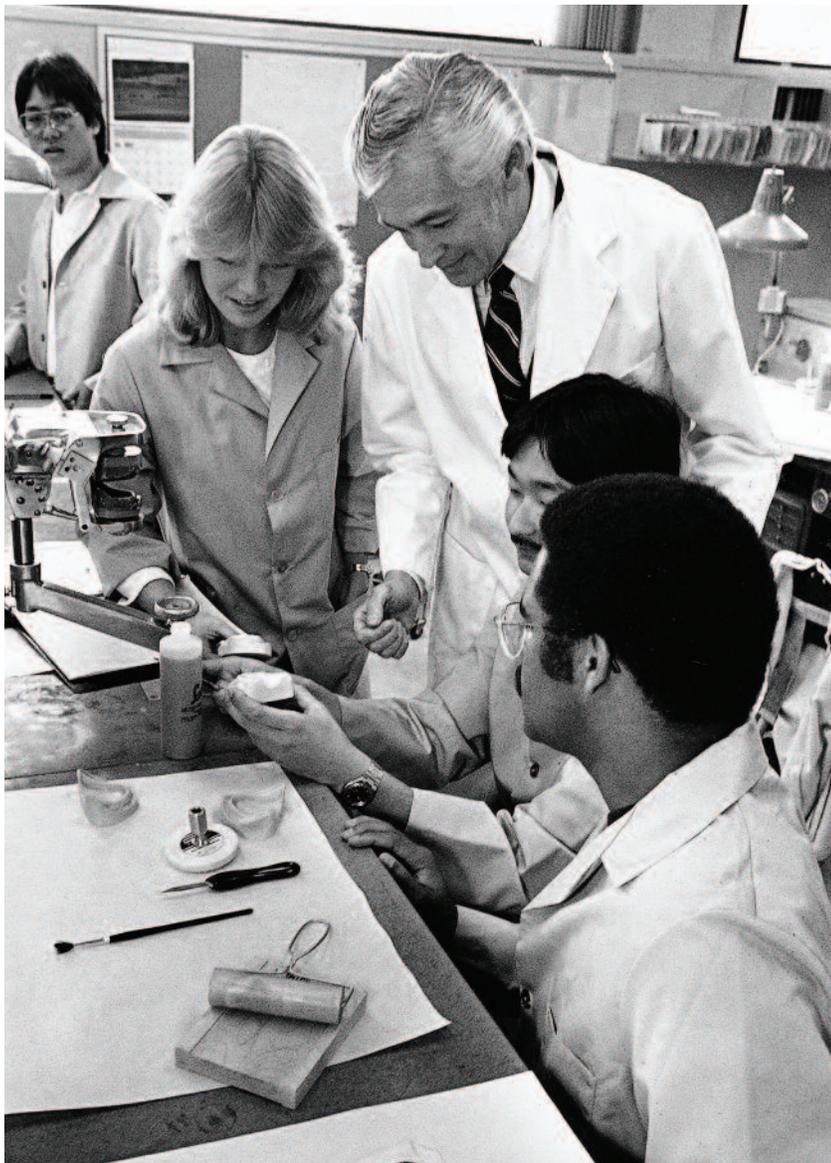
He did the same with hundreds of individuals when working on projects at Pacific, at CDA, at ABO (The American Board of Orthodontics), ADA, at the FDI. He has an appointment book for his professional meetings and responsibilities, as well as one for his personal goals.

### Crossing the Line – Touching the Heart – Helping People Grow

When Art and I talked about the things that have meant most to him, and for which he feels his life and efforts have mattered most to others, it has been in encouraging individuals to make the most of their lives—and then seeing the results. He described numerous individuals,

some of whom were students at Pacific, others in undergraduate study, others, such as dentists in practice for years, who have contacted him to ask his viewpoint about a problem, and how often, with a few words of perspective, have gone on to exceed many of their aspirations. “I have never regretted taking the Deanship. It profoundly changed my life. Such a tremendous responsibility – 1000 lives – faculty, administrators, staff and students – not to mention 7000 alumni – I believe I made a difference in many of those lives too. And now, one of my greatest joys is mentoring others in this almost ninth decade, sitting down and showing them how they can realize their dreams and reach their goals.” I asked Art if there was something unique about the way he went about leading, and now mentoring. “I cross the line with people. Why? Because I care.” Art was referring to development of personal relationships with his students, faculty, staff and fellow administrators. First name relationships, names and connections thoughtfully memorized.

He has done this not because he wants to be friends with everyone—rather, because he has discovered it is incredibly effective in inspiring learning, performance and

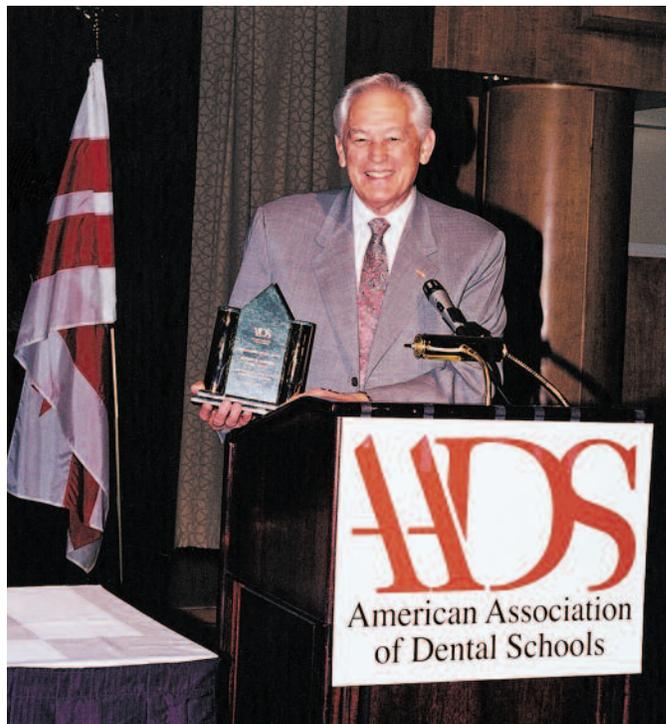


Art in the lab, doing his MBWA (management by walking around). “This was in ‘84 or ‘85. Ken Shimizu—terrific student—was working on his denture set-ups.”

positive change. “I believe very strongly in communication. You cannot get to the mind, though, unless you first touch the heart.” It has been this philosophy that Art applied to the University of Pacific School of Dentistry, every day, with every individual, that has resulted in one of the most effective educational institutions in the country—known for its Humanistic Model of Education. It has also resulted in an affection, respect and admiration for him by virtually all Pacific alumni, faculty and staff—and felt mutually on his part in return. This personal level of communication has worked just as effectively for Art when he has made mistakes, when things he has put forth have hurt others’ feelings—and he mentors others to do the same. “I counseled someone just a couple of weeks ago, when they were venting with me and talking about problems with somebody else. I said, ‘You need to go in, make an appointment, and then say ‘I want to say that I am sorry that there’s a difference and a chasm between us. I’m sorry for that. I want to find ways to make it better.’ And then shut your mouth and let that person talk.’” Often in his communication Art has gently raised the bar for others, such as faculty members, once a level of personal connection is attained. He offered an example to me: “Say you were Chairman of Perio, you came in with a written agenda, things you were concerned about, and we discussed them all. And I had a group of items over here that I also wanted to discuss with you, and I would say, ‘I’d like you to become boarded in your specialty. We’ve been talking about that for a few years now, how can I help to make that happen?’ Growing is a motivational issue, and in some cases, when I have had discussions like that with faculty or others, there were a few people who were not able to accept the challenge.” Art sat for a moment, “consulting his memory bank” as he says, and a smile came across his face. He nodded. “One of my favorite figures in history was Winston Churchill. He wrote, ‘To every person there comes in his or her life that special moment when they are figuratively tapped on the shoulder and offered the chance to do a very special thing, unique to them, and fitted to their talents. What a tragedy if that moment finds them unprepared or unqualified for that work!’ But in almost every case, if you can build trust and a respectful relationship with people, there are no problems with those kinds of discussions. You can have these kinds of discussions because they all come from caring and from the heart.”

### An Appetite for New Challenges – Openness – Energy

In the previous MBDS SmileLine, I shared Dr. Dugoni’s comments about being selective of commitments he has taken on, such as his presidencies in CDA, ADA and other professional organizations—primarily because he has always felt that involvement with any entity is only something he would do if he felt he could make a positive difference, to “change the status quo”, and if he had the time necessary to help make that happen. There is more,



Art was the second individual in the history of the American Association of Dental Schools to receive its Distinguished Service Award.

though, to what has driven him to take on such challenging commitments (and he is still taking on challenging commitments!). In our conversation, there were several instances when Art talked briefly about an aspect of his character that I believe is, in concert with his remarkable abilities in organization, communication and leadership, central to understanding his tremendous drive. He doesn’t rest when everything is running smoothly. “I get bored with something that is repetitive. I need a new challenge.” A little later—“I am always setting goals.” Art combines this need for challenge with openness, awareness and a proactive approach regarding his health, technology, educational models, and things he learns in working with others. This was reflected in his “open door policy” as Dean at Pacific. “It’s so important to listen to what people’s

concerns are. If you don't listen, you don't really know the guts of the institution and what's going on within your own institution.”

A host of pioneering changes in the physical set up and educational methods for training students at Pacific were born based on concerns or ideas Art listened to from students, faculty, colleagues, and others. Concerns and



Open discussion with students in Art's office at Pacific

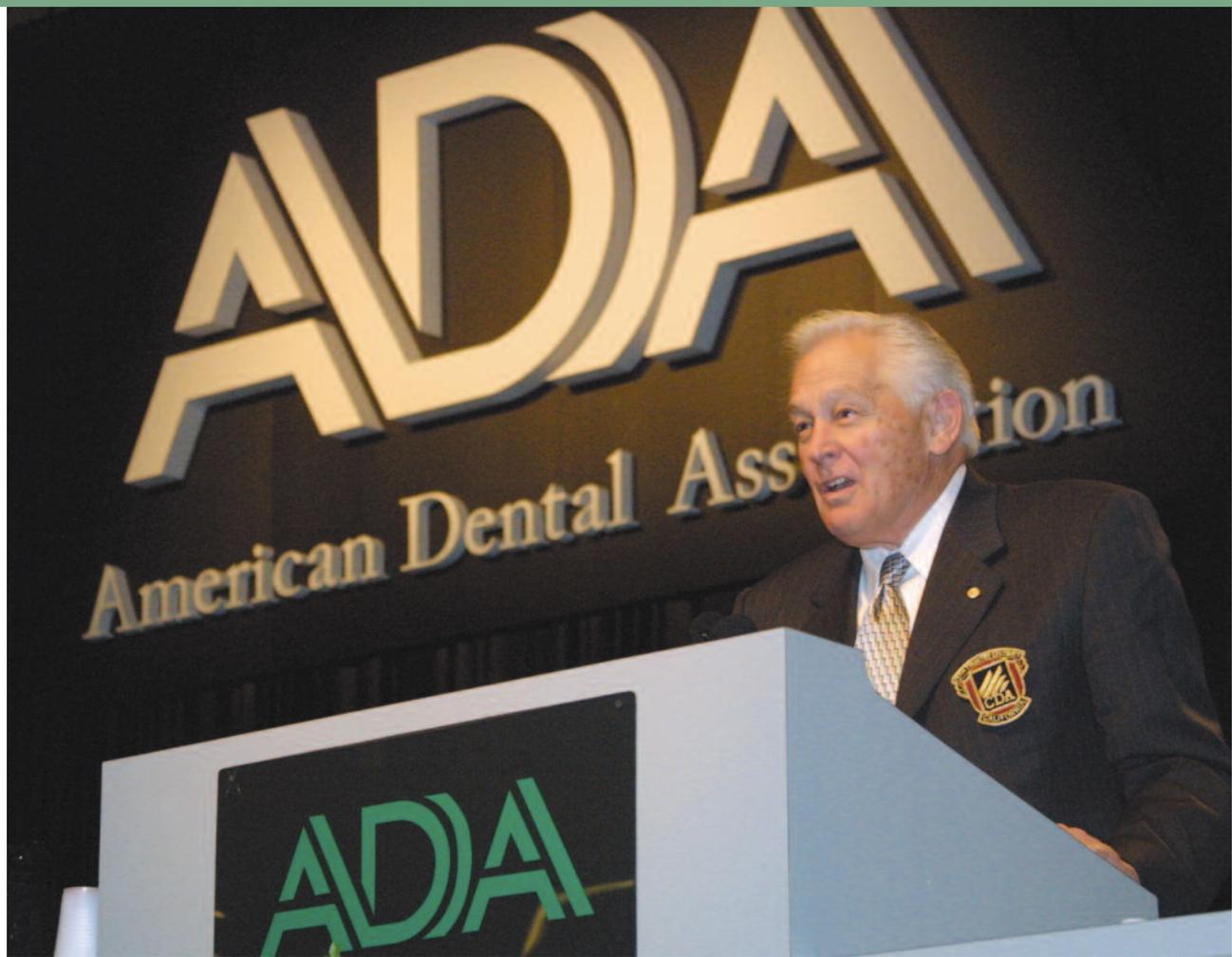
ideas that he took on, converted into projects, made lists, and then steadily and thoughtfully used to expand and enrich the quality of education his students experienced. “The environment is so drastically changing all of the time you absolutely need to have openness. Your ears have to be open, your eyes have to be open to really realize what is needed, what direction your organization should go. It wouldn't have done me any good to be the great dental school of the 1950's or of 1978. No. The needs, challenges, the changes that have occurred in patient care, the needs patients come in with today—as well as changes in technology, science, equipment and methods of treatment—are ongoing and demand awareness and disciplined action.” The wisdom to know how to act—how to make the big decisions, or decisions that created entirely new paradigms—came to Art from working with exceptional people throughout his career. Through his activities as Dean and as a member of a multitude of organizations, Art commented that, “...you meet so many outstanding, dedicated people, and you

learn from those people. You see individuals who have certain skills or certain abilities...and you can grow from those peers you have witnessed.”

All of this has required a huge reservoir of energy, something perhaps most do not have. It also has required a degree of self-forgiveness and something else many individuals only employ selectively. “It comes down to discipline.” And in his next breath, something he shared repeatedly. “You own it.” We talked about the years and years of long hours, the challenges that incorporation of the Humanistic Model of Education involved, his having to manage multiple responsibilities and organizations, raising his seven children with Kaye. “Well, I did put a lot of time into what I did. A lot of hours. Fortunately, I never tire. I can put 14, 16 hours of work in and never tire. I was given a lot of energy and still have it. But still, I try to balance time as much as possible. Did I balance it perfectly? Hell, no. Could I have balanced it better? Hell, yes. And you never get a chance to live it over again...yes I could have done it a lot better.”

### Success

Art shared how influential certain individuals have been in his life, some as examples of what not to be—“I used to have a nasty vocabulary. You had to have a colorful word on every other end, because that's my father.” Others, who he would ultimately mirror. “We lived right next door to Grandpa. He would take me for walks. He was a huge influence on me, with respect to how to live a life, how to live a productive life and how to live a life of value and character. He talked to me a lot about honesty and integrity and your word being your bond.” And someone later in his life. “John Wooden. One of my basketball colleagues went into his office for a moment and returned with a signed copy of the famed UCLA Basketball Coach's, *Wooden – A Lifetime Of Observations And Reflections On And Off The Court*. Inside the cover, John had written, ‘For Art Dugoni —with best wishes in the hope that you enjoy these reflections of an ex-coach. It pleases me to hear we share the same values. John Wooden’ I have a huge passion for being able to listen to people and help them reach their goals. One of the things Wooden said is, ‘Make every day your masterpiece.’ It's a powerful statement.” And then we talked about something else Art has incorporated into every aspect of



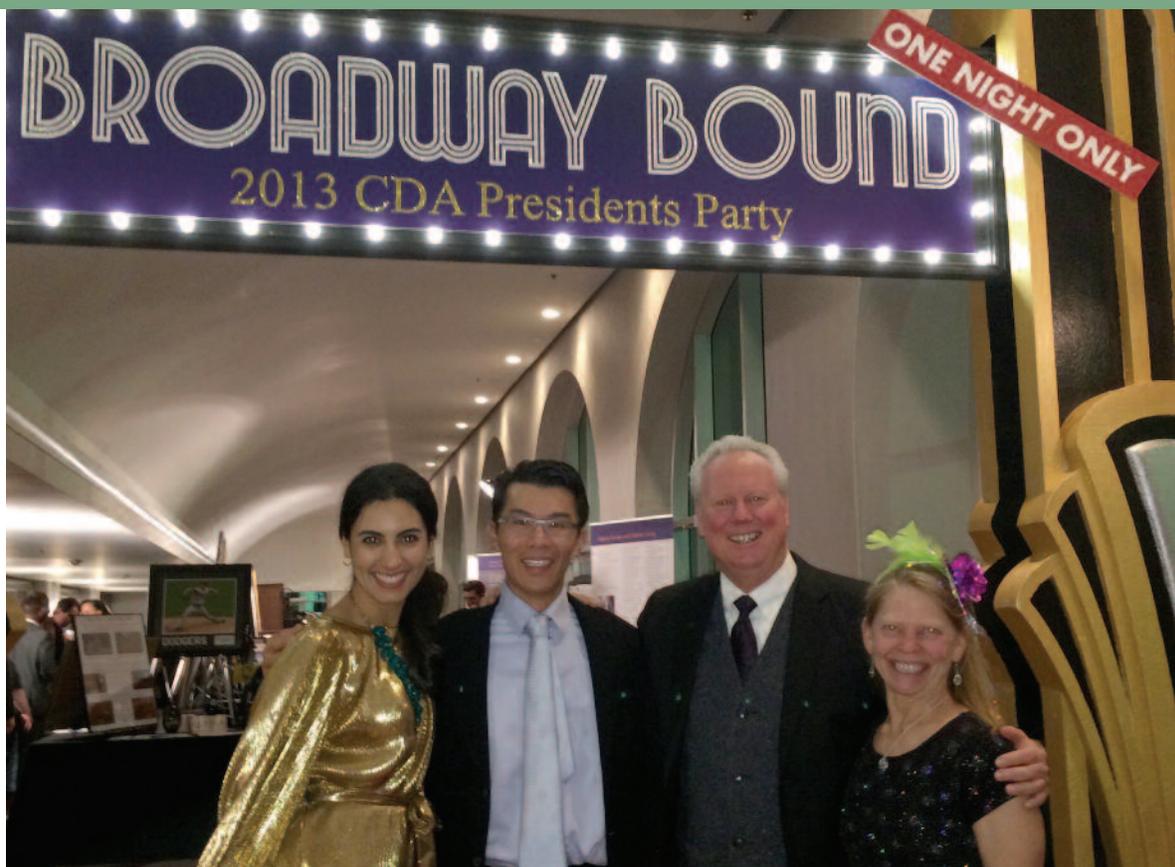
his life as Wooden talked of doing in his. “He uses another word I’ve used so many times—the most powerful 4-letter word in the world. Love. I love you. I care for you. There isn’t one time that any of my children don’t leave a phone message, an email message, that on a personal level they don’t kiss me, hug me, and say, Dad, I love you. The same thing to their mother. The same thing before they hang up the phone. I love you, Dad. I love you, Mom. Love is a very powerful word.”

And that led us to talk about success. He started out talking about what, for Arthur Dugoni, has not defined success.

“Success is not the plaques on the walls. Success is not the lifetime achievement awards. Success is not having a dental school named after you. That’s not success. Those are things that come along the way. I don’t know if you know this, but I was offered the opportunity twice to be the President of the University of the Pacific. I

turned it down. I said no, this is not for me. I don’t feel I have the passion to do what is needed to effect change. It would not be fair to the University or to me.”

“I think success is that when it’s all said and done, it’s not only how many people you knew or loved, it’s how many people remember and loved you. It’s about how many lives you touched and made better. Because of you, because of your example, your coaching and caring. Success is having made a difference in other people’s lives, having made a difference in your communities and organizations. To me, success is having people, after you’re gone, feel that you were something special in their lives.”



Drs. Ebrahimian, Kong, Griffin and Benedict after a long day at the HOD

The photos were from the Californian Dental Association's 42nd Annual Session of the House of Delegate held in Sacramento, CA from Nov. 15-17, 2013.

The delegates representing the Monterey Bay Dental Society members were:

Dr. Tim Griffin, 2014-15 Board President

Dr. Ariana Ebrahimian, 2014-15 Board Vice President & CE Chairperson

Dr. Nannette Benedict, 2014-15 Legislative Chairperson

Dr. Geralyn Menold, 2014-15 CDA Board Trustee



Drs. Menold and Ebrahimian and a colleague



Dr. Benedict and her husband

## Mentors—We All Need One!

Douglas Carlsen, DDS

Who have been the mentors in your life? These are people that took you under their wing and provided both challenges and praise—people that cared about your future.

Here are mine:

**Chuck Day:** Mr. Day was my sixth grade teacher in Fresno. Throughout school I always was near the top of the class, like many of you, yet no one paid particular attention to me until Mr. Day. He noticed my interest in weather without me ever mentioning it! He had me lead several class projects on natural phenomena. He also provided advanced math materials well beyond sixth grade. He knew I had a future and was the first person to ever challenge me.

Junior high and high school were an emotional blur. Puberty hurts.

**Jim Hansen:** I worked for the US Forest Service in the Sierras during college summers. Jim was my boss on a survey reconnaissance crew for two summers. We hiked the backcountry doing preliminary design for future road routes using only topo maps and, in Jim's vocabulary



“ass-compasses.” We were always at least three hours from any civilization and, as such, shouldn't do anything stupid. Jim taught me stupid! We had a ball hiking, backpacking, finding Indian artifacts, learning photography, and providing proper road guidance for the future. Mainly we got really dirty.

I set up my practice in the Rockies (Albuquerque) due to Jim.

**Jack Seymour DDS:** I required a lot of dental work as a kid. Dr. Forbes, a pediatric specialist, was my first dentist. Forbes had zero patience. He gave really quick injections. What's topical? Also, he was a dynamo with fillings. He had a knack for finishing several amalgam preps and condensing well before the anesthesia commenced. After yelling at me one day for being late—I was eleven—my mom decided it was time for a change.

Dr. Seymour was the exact opposite. He gave anesthetic painlessly, waited the proper time, and then did incredibly exacting dentistry. He used rubber dam on all procedures, especially on kids, back in the early sixties. I knew he taught at USC Dental School part-time, yet that made no impression on me until college when I thought of applying to dental schools. Jack was the main source of my interest in a dental career.

*Dr. Carlsen spoke recently at an MBDS dinner meeting, on “The Dentist's Number” – how to plan for retirement and determine precisely how much we need to save each year. Everyone in attendance enjoyed and benefited from Doug's expertise. Doug wrote this article after learning of the articles I've written about Art Dugoni. He wanted to share with you his own experiences with mentors – some good and some not so good – from his career.*

Jack provided constant help while applying for dental school and while at UCLA Dental School called occasionally. I spent several Saturdays at his USC gold study club in the seventies and never had a problem with restorative while in school or later. Jack was a great friend over the years. He passed away in 2013 at age 85. He's really missed.

UCLA Dental School—no one challenged or inspired me, yet the instruction was good.

**Stan Surabian DDS, Director of GPR Residency in Fresno:** My hospital residency in Fresno in 1977-1978 was my most enjoyable year of school ever. That was due to Dr. Stan Surabian's incredible energy in creating an intense program. The reason I had incredible fun in a hard-working environment was that Stan had wicked sense of humor while not taking himself too seriously. Stan was the best true leader I've ever met. Hope you read this, Stan!

Dental Career in Albuquerque—I had occasional contact with Dr. Jack Seymour. I was in several clinical and seminar study clubs, had many dentist friends, yet I never found anyone that was a true mentor.

Upon reflection, there were many chances to build a relationship with several mentors, yet I declined. This was the biggest mistake I made during my career.

**Ben Lund:** Ben is editor of Dentaltown Magazine. Along with Tom Giacobbi and Howard Farran Ben believed in me enough to publish my somewhat affected financial prose. I feel there's a huge need for honesty and real help for doctors facing their financial burdens. Ben went to bat for me, encouraging my growth.

**Linda Miles:** How did she get in here? I never knew Linda while owning my practice. I blew it. While I grow my speaking career, Linda has been a constant advocate and true friend. She's officially retired and sold Miles Consulting years ago, yet still mentors hundreds of consultants and speakers. There's no kinder person in the world. I'm totally blown away with the fact that she is helping a dentist who never paid her a dime during my career. She's a jewel and constant source of ideas.

Have there been irritants and anti-mentors during my life? You betcha. Several idiot baseball coaches, an English teacher from the Elizabethan Age, a clinical dental study club bully with snake breath (not the mentor), that hippy jerk that gave me a C in organic chemistry, and anyone on CNBC are people I'd like to forget.

I had only one real mentor in my dental career. And he was far away from Albuquerque, practicing in Fresno. That seems strange upon reflection. Am I alone in having no close-by ongoing relationship with someone that would energize me and provide hope? I hope not, yet I am afraid many face the same void.

Reach out to a dentist that is wiser than you. Look at his or her practice. Compare procedures. Compare finances. Go fishing together. Play golf. Ski. Dream of the future.

### Douglas Carlsen, DDS

Douglas Carlsen, DDS, graduated from UCLA School of Dentistry in 1977 and practiced in Albuquerque, NM from 1978 until 2004. He retired from active practice at age 53.

Carlsen currently writes monthly financial columns for Dentaltown Magazine. He has over 40 articles published nationally and has lectured nationally since 2007.

He has no financial ties to any company or individual, sells no products. He speaks freely about debt, savings, investment strategies, and financial scams.

You Tube videos are available at [DrDougCarlsen](#) channel, his web site is at [www.golichcarlsen.com](#), and he can be reached at [drcarlsen@gmail.com](mailto:drcarlsen@gmail.com) or 760-535-1621.

## What Has Happened To Dentistry?

Michael Perry, DDS

During the past several years, I've heard this question asked by dentists in a number of ways. I believe what most of them were really asking was, "what has happened to dental practice?"

**The answer should come from 2 contexts: clinical and business.**

On the clinical side, conditions have improved. Technological change has continued to accelerate, allowing dentists to offer more and better services. Radiography, CAD/CAM, endodontic treatment systems, and implant related services are just a few examples.

The business side on the other hand has been mixed and, for many, more challenging. Demand for basic services may have stayed fairly stable, but general demand for discretionary services has certainly diminished since 2007.

Were the above the only issues, an existing or aspiring practice owner could perhaps tighten the family budget and wait for a new business cycle. Two other factors, however, create additional challenges that may not be ameliorated by a change in demand: education debt and third party reimbursements.

I graduated from dental school in 1979 owing \$17,000 in student loans. Adjusting for inflation, that would translate to about \$58,000 in today's dollars. I have heard various estimates for the AVERAGE graduating GP today ranging from \$250,000 to \$400,000. Assuming the lower estimate is correct, at a 6% rate of interest, the monthly payments on this debt would average about \$2,400/month for 10 years! Keep in mind the interest portion would not be tax deductible.

As with medical insurance, dental insurance was introduced into the marketplace as an inducement to attract high quality employees. By today's standards, the benefits were generous.

My father practiced from 1950 to 1994. I've obtained some documents from his former practice including a 1967 statement of employee dental benefits for a company near his practice in San Diego that purchased insurance from the California Dental Service (Delta of CA today). In short, the plan was a \$1,000 annual maximum—100/80/50 plan (percentages paid on preventive/basic/major services). That's similar to a

### Dr. Michael Perry

Dr. Perry is a member of the CDA Council on Membership and the Dental Benefits Task Force. He is also the chairman of the CDA Practice Support Center Workgroup.

Dr. Perry is the founder and President of Momentum Dental Business Consulting and has spoken nation-wide on various topics related to private practice dentistry as a business.

He practices general dentistry in Santa Rosa.

current plan you might think, but factor in inflation and that plan would have been equivalent to one with a \$6,800 annual maximum today! We don't see many like that in Santa Rosa.

Few CA dentists during my dad's era differentiated between their Delta Premier (the only kind of Delta plans that existed for most of his career) and their UCR fee schedules. Their Delta fee schedule most often was their only fee schedule. In 1967, the above plan would have paid, in one year, for 50% of 10 crowns or 80% of 20 fillings. X-rays, exams, and prophys would have been 100% covered. No wonder people stopped bringing their checkbook to recall visits.

Third party reimbursements have fallen off their own fiscal cliff. Annual maximums are often 1/6 of what they were in 1967. But that's not the biggest issue. The big problem is the market dominance of low fee PPOs—insurance plans where dentists contractually agree to fees much lower than their UCR fees to gain access to pools of patients. Delta Dental is just one of many companies competing in this marketplace. It is my belief that many dentists are signing these contracts without understanding the commensurate business realities.

### What Will Happen to Dental Practice?

I can look at my dental practice and long for the days when I could provide operative procedures at an 80% discount. I could even burn some emotional energy in anger at the unfairness of the marketplace and a perceived greed of insurance company management. I could then throw a few verbal volleys at the government for not controlling the cost of dental education. All would be

useless except perhaps as personal therapy.

David McCullough in his historical text “1776” stated that one of George Washington’s greatest strengths as a leader was “his ability to see things as they were, not as he wished them to be.”

I see myself as an optimist as well as a realist. There are only about 185,000 dentists in the United States. It takes a lot of talent, time, and resources to join our ranks. The array and quality of services we can provide and that the public will demand is increasing. We, like other service

industries, have the ability to develop and implement business strategies that will give us the opportunity to thrive as individuals while maintaining our high ethical standards. Our profession is known for excellence on the clinical side. We can achieve it on the business side as well.

My dad used to like to say that “problems always create opportunities.” In 2014 we should step back and clearly see the marketplace as it is. Next, identify the opportunities and learn what is necessary to take advantage of those opportunities. Then take action.

“ How many times did Caesar flunk? How many times was Nelson sunk? When they got licked did they get drunk? Did they retire in a bunk, and End their days as useless junk? The mightiest have known defeat, The strongest oftentimes retreat; The time when men are put to test is when they are the hardest pressed. Lie low while and take a rest— Come back and do your very best. Pick up your nerve – swell out your chest – And treat this trouble as a jest. The game has only just begun, There'll be another deal, my son, and after that another one. ”

**Herbert Kaufman**



**Steve Geib**

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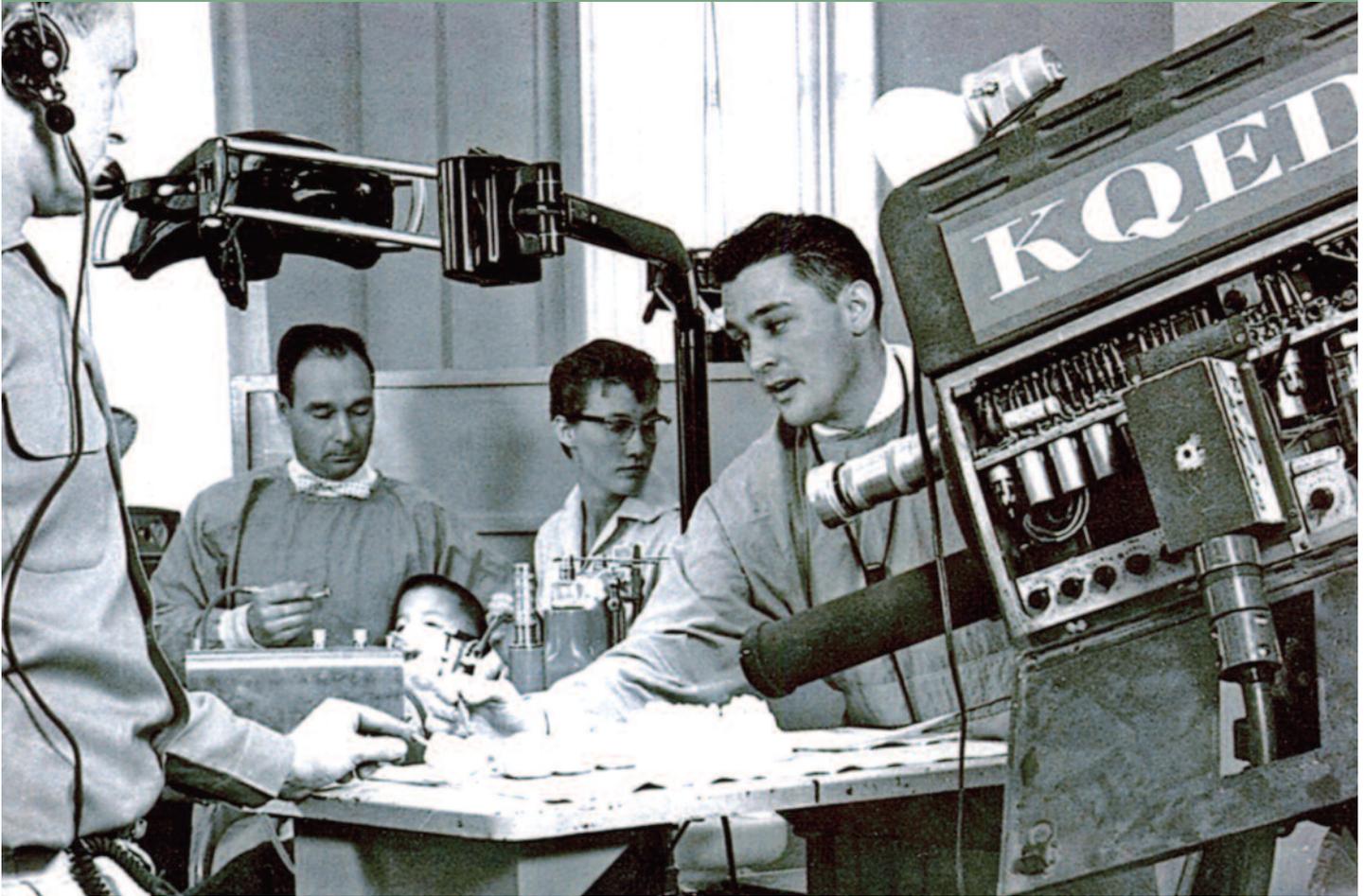
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## Dugoni — Part Three: Facing Challenge, Humanism, Accountability, And Applications To Your Practice



A young Art Dugoni, working to improve the public's awareness, understanding and appreciation of dental health. In the background, Jim Thompson, a pediatric dentist and instructor at Pacific

*In the course of the last year since our first interview, Art Dugoni has provided a steady stream of additional resources – emails with various attachments (often lectures he has just written), notes he has received and forwarded to me, presentations and other documents he has mailed, names and contact information for individuals who he feels are especially noteworthy, and in December, another three-hour interview at his home, where we talked about Delta Dental, about his years at Pacific and in organized dentistry, his family, and colleagues who have been important in his life. Along with this, he has shared with me many challenges he is facing. These have included a serious fall involving trauma to his head and elbow, brief hospitalization, new concerns about cancer, and probably the toughest for him, a decline in Kaye's health. She is now in an assisted living facility close by. For the first time in 65 years, Art is by himself.*

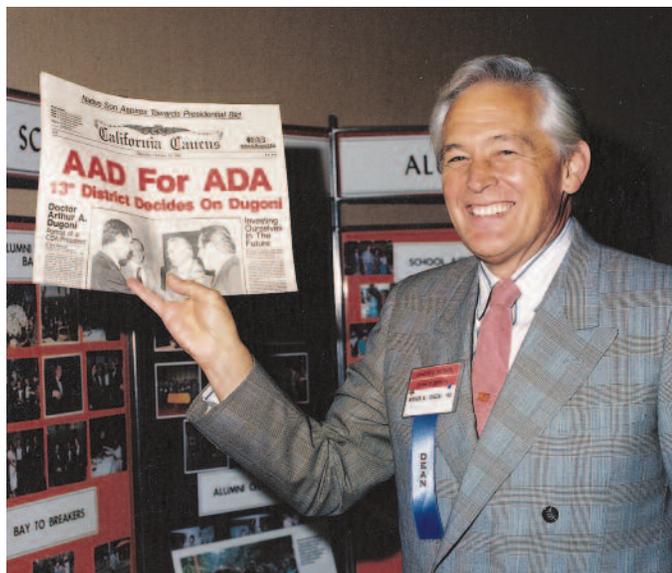
*The volume of material I have gathered over this last year is considerable, as has the influence Arthur Dugoni*

*has had on my own practice and life. And while there are points that will be familiar if you have read “Dugoni Parts 1 and 2”, I want to take you into more depth, with some stories from Art's life and also words from others who know him and incorporate his philosophies. There were three closely related themes I saw throughout this year and in these, I felt there were direct applications to how we conduct our practices. I'll share a few of those at the end of this article. If there are aspects of your practice that are not working, please consider what Art has to say.*

### Facing Challenge

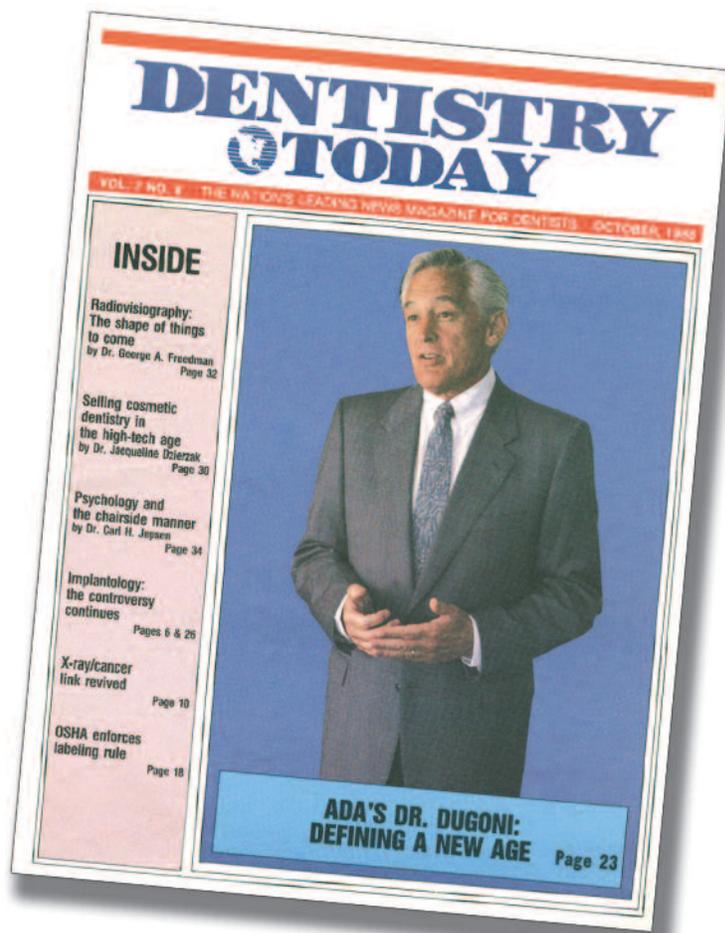
*When Art Dugoni took over as Dean at the University of the Pacific in 1978, he faced resistance every day at every turn. There were funding issues – the University in Stockton drained a huge portion of the dental school's profit and there were very few outside sources of funding, there*

were concerns over ill will on the part of alumni toward the University, some faculty who consistently taught through intimidation, staff and faculty who were unhappy with salaries, facilities and labs that were out of date, and some administrators who couldn't seem to understand what Dale Redig had started and that Art was endeavoring to accomplish with the "humanistic model." *When he became CDA President in 1982*, he was actively working on every one of these issues at Pacific, instituting new



publications to improve communication with alumni, and, with student and faculty help, rethinking many aspects of how the University ran so as to improve their financial situation and image. "I visited all 32 component dental societies (some several times) in California and mixed in visits with our various alumni groups to tell the story of our plans for the future and our humanistic model of education." *When Art took over as ADA president in 1988*, the country was facing a recession. Art remembers they were tough years for dentistry. "Forbes magazine had on its cover 'Dentistry Obsolete' – a dental office with cobwebs." Applicants to his school—as well as dental schools across the nation—were down nearly 70%. Seven other dental schools closed and advisors to college students were suggesting law, engineering, business – rarely dentistry. Art hosted a nationally televised program on Lifetime TV – every Sunday – bringing new science and clinical innovation in dentistry and medicine to the American public. Art keynoted a national meeting with college advisors to the health professions—"The Future

of Dentistry"—designed to inform them of the outstanding opportunities a career in dentistry could provide. Meanwhile at Pacific he worked tirelessly to develop a sense of family, loyalty and a totally positive environment for his students, administration and faculty – with every individual involved in creating this. He worked very hard as well during those years and subsequent years in helping to close the rift between dental education and national and international dental organizations. As concern and loss of morale over "dentistry obsolete" crept through the profession, the ADA and into his dental school, Art found what was at the heart of the problem. He addressed the ADA board, saying, "We are taking too long getting students trained as dentists. They can get into law quicker, engineering quicker, and business quicker. We have got to find ways to get individuals into dentistry quicker so that we can get the top people coming into dentistry. We want the top!"



Arthur Dugoni—working to convert worry into positive steps toward a bright future

At Pacific, Art instituted programs – “2+3” and “3+3” designed to eliminate the “brain drain” in dentistry. “I was able to convince the University to do the 2+3 program and a 3+3 program – in five years, to become a dentist or in six years you could be a dentist and get your baccalaureate degree. You’re not taking archery, girl watching, or bird watching. You’re taking tough courses and you’re coming in with high grade point averages.” Things began turning around quickly at Pacific. They only got better from there.

Art routinely encountered individuals and organizations who provided sometimes very personal resistance or criticism. He shared with me a story from when he was running for ADA President. He went to many states to introduce himself and provide background about what he hoped to achieve. “So I went to Pennsylvania and I was nervous. I gave my presentation. I love questions and answers because they get to the heart – the meat – of issues that are burning. So this one individual gets up and yells at me. ‘I don’t like you! I’m opposed to you running for President of ADA.’ And I said, ‘Thank you. I really want to understand your view: what don’t you like about me? What have you heard? What do you think I stand for?’ He said, ‘Well, you’re an educator – you don’t understand the life and challenges of the practitioner.’ I said, ‘Gee, let me tell you something about myself. I practiced general dentistry for nine years.

Pediatric dentistry for six. I practiced orthodontics for 25 years. I started a large group practice – 55 individuals. I volunteered to teach at no salary from 1950 to 1978. I chaired a department at no salary two days a week because I made enough money in my private practice and the school didn’t need to pay me. The first time I took a salary was when I became Dean.’ He later came up and apologized.”

Art and I talked about the medical challenges he is facing and how frightening some of them have been. I asked if he got down or felt overwhelmed. He shook his head. “I don’t get despondent over challenges. I don’t get depressed over them. I look at them and say, ‘How can I make it better? How can I meet these challenges?’ It’s like when my people would make mistakes at the dental school – I didn’t blame them but instead would say, ‘Hey, together let’s find out why it happened and what we can do to make it never happen again. How can we improve it?’ I think that’s the way I look at the crises and challenges that have come into my life physically, mentally and professionally.”

I asked Art if he ever gets angry, particularly when facing real challenge and people who are acting against him. “Well, in my youth, I had a pretty good temper. I remember one of my professors, Dr. Charles Sweet, when I was a young professor in pediatrics saying, ‘Art, always remember to keep your temper. Nobody else wants it.’ I think I learned just from that expression – and I learned first of all, that to lose my temper meant losing control. If I lost my temper, lost control, I was usually not coherent. I was probably not looking at issues properly and they were probably distorted. I learned over the years to say under my breath – and I did this often – ‘Art, slow down. Slow down. Take it. Take it all. Make sure you get both sides and understand all the issues. Don’t overreact.’ He shared another story, this one after speaking at a large conference of orthodontists in Montréal, Canada about a huge concern facing orthodontists – general dentists doing orthodontics in their own practices. “I said, ‘Here’s a future for general dentistry – I’ve written a paper on it – and here’s the future for you orthodontists. You are no longer going to do simple class I malocclusions. Lower incisor crowding, you’re not going to do either. General dentists are going to take care of that. You’ll probably not be doing



Tom Ginley—ADA Executive Director— and Bill Allen—Associate Executive Director and head of ADA’s Washington office—with me. “I had an amazing team”

any class I craniofacial malocclusions. If they're dental in origin, even four bicuspid extraction cases, you not going to be doing them anymore. You are going to become the neurosurgeons of orthodontics. You're going to do the cleft palates. You'll be dealing with the craniofacial problems. You'll be doing long face syndrome problems. You're going to be doing the severe open bites.' An individual came up to me after my presentation and said, 'You no good G -- D --- son of a bitch! You are trying to ruin our specialty!'" Art looked at the gentleman for several seconds and said nothing. 'This is one of the techniques I've learned to use when people get angry: I say nothing. I let them vent. They keep going, and pretty soon they're done. I usually say 'Thank you. Are you finished now?'" Art laughed.



"This was back in the 70's. No mask! We were in the orthodontic clinic. Loved teaching!"

He shared that by this time quite a large group was surrounding him and this gentleman. He said to him, "You have an amazing vocabulary. You probably used every four letter word in the book. It's unbelievable to me a person of your intelligence with your educational background would use this kind of language to speak to me. I'm offended by it.' Everyone standing in the group around us agreed. Several years later, after I had become ADA President, this man came up to me at a meeting – he had become a leader in organized dentistry – to talk. 'Hey, Art. Remember that discussion? I was wrong.' I said, 'I remember it all very well. Thank you. It takes a big man to admit he's wrong.'"

## Humanism

One of the people Art put me in contact with was Artemiz Seif-Adkins. "Artie" was born in Iran and moved to the US when she was 15. Like many of us who have ultimately chosen dentistry as our profession, there was a period where she wasn't certain just what field in healthcare she would select.



Artie and Art

It was a speech that Art gave at Pacific Pride Day (an event he had started for Pacific where young people who were interested in healthcare – and their families – could learn about his school) that inspired her to go into dentistry and more specifically to go to the University of the Pacific. She graduated from Pacific in 2004. Artie spoke with me about many events during her school years and since, where Art and his humanistic approach has brought about positive change in her life. One of them happened in her first year. "We were sitting in class. We got the news about the World Trade Center, the Pentagon, the plane that went down in Pennsylvania. One of my classmates made a comment to the effect, 'we should just bomb the Middle East off the Earth'. It was not the first time I had heard negative comments about the

Middle East, but it surprised me that one of my classmates would jump on that bandwagon. I wrote a letter to my class expressing that it was precisely during times like this that we needed to remember who we were, a nation made up of people from all parts of the world, and that the strength in that diversity would see us through the hardest periods. I expressed how grateful I was to call the U.S. my home, to have the opportunity to receive the wonderful education at Pacific, and to be with so many incredibly gifted people. Art got a hold of it. He distributed copies of it to every student in the school, sent me a handwritten note saying “thank you for having the courage of your convictions,” and insisted that I stop by to talk whenever it was convenient. After that, I often discovered articles in my school mailbox from Art regarding Middle Eastern women and leadership, where he had underlined specific parts for my benefit. I felt incredibly special, as if I really mattered to him, and that he was acutely aware of how so many people make great sacrifices to call the US home. His actions made me feel like I belonged.”

Artie expressed how the humanistic approach created far more than a positive atmosphere for learning. “I asked for an education and got much more – I gained an entire family and a strong sense of belonging. I gained deeply meaningful relationships with my classmates, faculty, the administrators and especially with Art Dugoni – unlike any other educational institution I ever attended before Pacific.”

In a presentation that Craig Yarborough, associate Dean at Pacific, gave recently, he quoted Artie’s comments when she learned that a Dean from another dental school had asked Art to give a presentation on how to replicate the Dugoni humanistic model: “Ask any one of the thousands of people whose lives were improved as a direct result of who you are, then he will know that you cannot replicate the Dugoni model. But, if you can aspire to be the most complete human being while remaining absolutely humble, if you can genuinely care, wholeheartedly love, be totally inclusive and if you can do all this while taking a personal interest in the lives of each individual who has entrusted you... Well then, you would not have to try to replicate anything. Because at that point you are already a Dugoni.”

Dr. Yarborough outlined the tenants of humanism in this recent presentation – dignity, integrity and responsibility. In the dental school environment, this is “...characterized by respectful professional relationships between and among faculty and students, establishes a context for the development of interpersonal skills necessary for learning, for patient care, and for making meaningful contributions to the profession.” Craig also talks about the fact that humanism is not soft, or weak, or superficially nice.



Art, now Dean Emeritus, still practicing his MBWA, with students in the clinic

For the humanistic model in education to work, every member of the community – students, faculty, etc. – must act responsibly. “Faculty members must be models of the profession’s highest standards, and they must teach in a way that encourages and energizes students. Students, in turn, are expected to set very high standards, to work hard, and to take personal responsibility for their own learning process.” In a paper on the humanistic model, Art writes, “I firmly believe that dental education’s short, medium and long term vision should be to build people, and to place a premium on the development of humanistic educational models which emphasize the importance and value of the individual. The humanistic model...develops a strong feeling of self-worth in its graduates; provides an educational environment that is motivating and inspiring, and places a very high value on the integrity of each individual in an environment of mutual trust and respect.”

I remember sitting as a member of the Pacific faculty in San Francisco's Masonic Auditorium in 1988, listening to a speech Art was giving to the graduating class. He talked about challenges they had overcome, challenges they faced ahead, and about how he envisioned the future of dentistry. Then he focused on suggestions for how those graduates should conduct themselves. About how to be leaders. At the core of the speech he talked about "the five B's" and how they can, when applied with a humanistic approach, result in amazing positive change and continued high levels of motivation in the individual and those around them. Art has applied this approach throughout his life.

1. Be there.
2. Be there on time.
3. Be involved.
4. Be prepared (be disciplined).
5. Be balanced in your life.

So the deal is this – the humanistic model works brilliantly and results in a tremendously positive learning and caring environment just so long as every person in that environment accepts full responsibility and maintains accountability. Individuals comfortable with the status quo, with mediocrity, who demean others, who focus on negative issues rather than finding effective ways of overcoming problems as a team or who don't want to participate, just won't fit.

### Accountability

In our talks, Art Dugoni shared several stories about mentors he has had over the years, many of whom have been younger than he. He has been quick to point out that several of the unique aspects to the physical and working environment at Pacific are thanks to ideas students have brought forward. He talked about his high school principal, who encouraged Art to get involved in leadership debate and public speaking, and in dental school at P & S, Dr. Sweet – chairman of Pediatrics – who came to Art one day with an eight-year-old patient. "Mr. Dugoni, I've selected you," – listen to those words – "I've selected you to take care of Mary Jane. She has a very unusual situation. She has caries in her second primary molars with no permanent successors. So you're going to have to do gold onlays for me that will stay there forever

because she's going to be keeping those primary teeth. I know you're the right person to do it. I've personally selected you.' I thought, 'Wow!' I must have cast those onlays five times, to make sure they were the best Dr. Sweet ever saw. He taught me how to draw positives. He was a great influence on me. Another was Harry True. Dr. True was chairman of Restorative. He always said to me, 'It's never the best you can do unless it is the best you can do.'" Art related how Dr. True was always pushing him just a little and – a great complement – selected Art as his assistant when Dr. True was working in his office on Saturdays. "What I saw was dedication to excellence. He exemplified kindness in his teaching style. I think he probably was the original inspiration for me wanting to work to develop a humanistic model."

The encouragement Art received from these valued mentors also included the award – and burden – of responsibility. Artie Seif-Adkins felt the same when she was in school, and now. She is stepping in as President of Pacific's Dental Alumni Association this March. "You work at it. There is a commitment to seeing it through, all the way, no matter what it is. I try each day to take the opportunity of applying perspective and a little perspiration to make the best of each experience.

I remind myself that my toughest days are better than so many other people's easiest days in this world. And Art's example has taught me to choose to rise to the occasion of life, to elect to live life from a positive perspective, and to decide to own my responsibility as a part of the



"me squeezing Art's face during the most recent PDF Board dinner at the Mint in San Francisco"

whole. There is such pride in that.” This huge measure of accountability, far from being onerous, is looked upon as a gift – just as Artie looks at all that Art Dugoni personifies for her. “Art talked so many times about how he never worked a day in his life because he loved what he did and the team of people he worked with. Art believes that leadership is 1/10th leader and 9/10th’s team. He jumps out of bed in the morning because he wants to get going. He still says he has so much he wants to do! He is ever energetic, vital and valuable.” Peter DuBois, CDA’s executive director, writes, “His charisma emanates from the sense that you are with a person who engages life fully, is determined to make a difference for as many as possible, and has the capability necessary to do so.” Joyous accountability.

### Applications to your practice

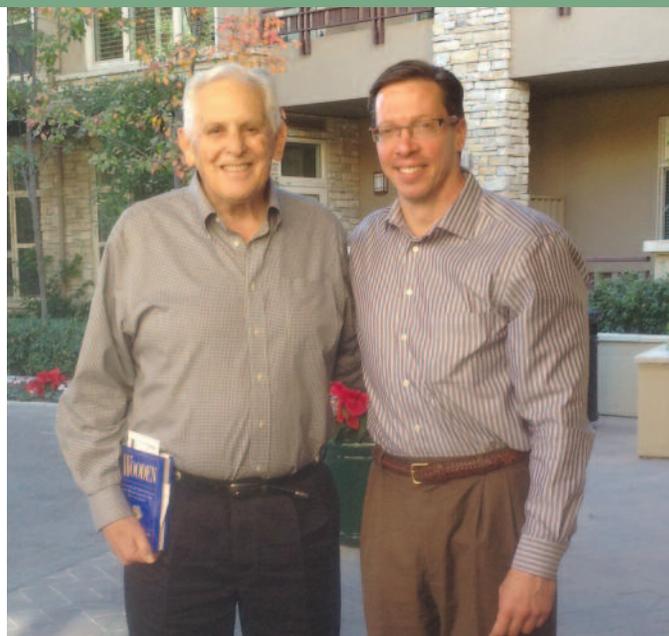
If you have stayed with me through these many pages dedicated to Arthur Dugoni, thank you – I hope they have been worthwhile for you. Certainly there hasn’t been much about new technology, staff management, improving your profits, reducing stress or how to schedule time away from the office. But maybe there has. I’m going to take a little “artistic license” and suggest how you can start creating a Dugoni approach in your practice to address every one of these issues.

#### New technology

Openness to new technology, having an open mind to different approaches of performing dentistry, listening to others – including younger dentists, individuals in the manufacturing sector, your financial advisors, staff members and your own good judgment in deciding what and when to incorporate innovation – can result in continued improvement in the quality of the dentistry you provide and your enjoyment in providing it. Incorporate technology and innovation thoughtfully. If something doesn’t work out like you’d expected, it’s part of the game. Admit it was a mistake. Find out if there’s a way you can make things work better with your team. Above all, don’t stop learning and incorporating new ideas. This is dentistry’s golden age. Ask Art. He will prove it to you.

#### Staff management

Be selective about who you hire and be clear with them about how much you expect – that while you will always treat them respectfully and in a caring, loving manner – they need to follow the five B’s, and step up every day



Art and your editor, Palo Alto—December 2013

just as you do. And don’t forget – you need to follow those same five B’s yourself. Learn about your staff. Learn about your colleagues. Learn about your patients. Learn about what they like, what they’re passionate about, what matters to them, and show interest in them not just as your employees, or your colleagues, or your patients. They are people who have chosen to spend a portion of their life helping you. When it comes to your staff, encourage them to excel, and if you see potential for greater performance, talk to them openly about how you and they can achieve that. If they are not interested, be clear with yourself and them about whether they are best working for someone else, or how there’s a way they perhaps don’t see just now, that they could in fact achieve that potential. Thank them. Every day. Take a minute and write a note expressing thanks for that extra hour spent finishing that cementation late Thursday. Show them how what they do makes a difference in your patients’ lives and in your life. Treat them as equals; they are probably largely responsible for your success.

#### Improving your profits

Lots of us are focused on minutia. Getting a margin just so. Occlusal contacts. Platform switched implants. Profit per hour. Lots of these things matter, and in fact lots of them make tremendous differences in the longevity of the dentistry we perform for people and in our ability to keep our doors open for business. But like it or not, what matters to our patients is a lot bigger. They are dealing with economic pressures, job problems, decisions about what is best for their family and for their

health, and what they can tolerate or choose to avoid. Folks living in Monterey, San Benito and Santa Cruz counties comprise a wide spectrum of socioeconomic strata. Providing services that are appropriate for each individual and family means more than doing six nice anterior PFM's. It means taking into account what that person can afford as well as what you feel is really best for them, being completely open and that you allow your patient to give you feedback as you present your treatment plan, openly discussing how that patient can afford the treatment and then doing your very best in providing the treatment you and your patient have agreed upon. It means being available to your patient. And it means being honest with yourself about your lifestyle and how much money it takes to support that lifestyle. Take great care of people. Start with your family. Then your staff. Patients see this. The profits will come.

### Reducing stress

Running a practice isn't for everybody. It's tough. We face staff issues, increasing overhead, OSHA, more and more laws which favor the employee, our own drive to provide perfection and the fact that that it often is just not possible, the fact that patients sometimes are just plain scared, in pain, and frequently don't like dentists. Consider Art's approach. Step up to the occasion. Get some exercise every day if you can. Hold yourself and every member of your staff accountable for doing the best quality work you and they are able to, and focus consistently on the positive. Get to work early, and come in with a great attitude. Keep that going. Be honest. Admit mistakes. If somebody's upset, hear them out before you give them your piece. Be humble. Stay balanced – walk around some, and talk with your staff – and while you are doing that, make sure they can give you feedback without fear of retribution – and see if they're happy in their work. If they complain that they're not, ask how things can be made better. Let them know that if they've got a complaint, they need to help you with finding a solution. Strive for balance in your life. Realize the leadership you provide, the kindness with which you conduct yourself, the manner in which you guide and encourage your staff, and the relationships you develop with everyone in your life can serve to not only minimize stress, but create a continually rewarding and satisfying profession for you. Art would suggest you strive to do what John Wooden did year after year with his Bruin basketball teams. Make every day your masterpiece.

### How to schedule time away from the office

If you are like me, there may be times – maybe a lot of the time – you feel as though your practice is running your life. You might feel some resentment and frustration. Whatever your attitude toward work each day, the stuff we do takes a lot out of us. Part of being balanced means getting away from this intensity, in order to do things and be with people we love. You've got to schedule that. Each week, set aside time just for your spouse. Set up time with your kids. Go over the schedule with your office manager on a regular basis. Schedule time to get away. If things are tight, maybe it's just an extra day here and there. However much time you set up don't let anything prevent you from enjoying that time – especially if your family is counting on you. I would suggest you plan on things that are renewing, fun, and that provide a total change. This does not include going to a dental meeting. That's different. You can bring things along to work on – that's part of being accountable. But don't let them interfere with your personal relationships. Get others to cover for you when you're away. Phone calls, emergencies, staff problems – they don't belong on the trip. Be accountable in caring for yourself.

Let me finish with a quote from one of Pacific's graduates, Dr. Clifford Ruddell, in a note Cliff had sent to Art. Cliff had been keynote speaker at Pacific's Alumni Meeting in 2011 and, with the note, returned his honorarium as a contribution to the School of Dentistry. After several personal thanks and comments, Cliff shared this, from a Scottish Himalayan expedition:

*“Whatever you do or dream, you can just begin it.  
Boldness has magic, genius and power within it.”*

— Johann Wolfgang von Goethe

I believe Arthur Dugoni has personified these concepts throughout his life. I also believe that following the example he has provided can transform your personal and professional life. In Art's words: “You own it.”

“Here is to us...the next generation... here's to us carrying the torch of Art's Way forward. Words fail to express the special nature of this beautiful man.”

— Artemiz Seif Adkins

## University of the Pacific to Dedicate NEW San Francisco Campus

*New campus is home to the Arthur A. Dugoni School of Dentistry*

University of the Pacific today will dedicate its new San Francisco campus, expanding its presence in one of the world's great cities and marking one of the most important milestones in the university's 163-year history.

The \$151 million campus at 155 Fifth Street will educate dentists, audiologists and music therapists and offer such other academic programs as food studies and data analytics. State-of-the-art clinics located at the campus will deliver the highest-quality care to some 10,000 dental and audiology patients each year, and provide outreach to the Bay Area's most medically underserved communities. About 1,000 faculty, staff and students will work and study in the building, providing an infusion of energy and an economic boost to the South of Market neighborhood. The first students and patients will enter in July.

"The dedication ceremony will celebrate one of the most significant moments in the University's history since 1924, when we moved from San Jose to Stockton," said University President Pamela A. Eibeck. "With the opening of this stunning new facility, we establish ourselves as a true three-city university and make even more of Pacific's outstanding academic programs available to many more students from throughout the region, state and world."

More than 1,000 people are expected to tour the new facility before the evening ceremony, including Pacific alumni, friends from throughout the Bay Area, and faculty, staff and students from the University's Stockton and Sacramento campuses. Special guests are expected to include U.S. Congressman Jerry McNerney.

"University of the Pacific is recognized as an innovator and leader in higher education," said San Francisco Mayor Edwin M. Lee. "In addition to enriching San Francisco's education landscape by training future innovators who will improve the lives of many of our residents, the new state-of-the-art campus in SoMa will support San Francisco's growth and economic vitality."

Pacific firsts include becoming the first chartered institution of higher education in California in 1851, establishing the first conservatory of music on the West Coast in 1878, and becoming the first coeducational campus in 1870.

Pacific's Bay Area roots date to its earliest years. The university was first launched in Santa Clara, moved to San Jose in 1871 and became the Central Valley's first private four-year college when it moved to Stockton five decades later. Pacific offered its first classes in San Francisco in 1962, when it acquired the former College of Physicians and Surgeons, a dental school located in Pacific Heights. In 2004, that school was renamed the Arthur A. Dugoni School of Dentistry in honor of its dean of 28 years, a San Francisco native who led the school to its current standing as one of the top dental schools in the nation.

Pacific extended its footprint to Sacramento in 1966 when it acquired the McGeorge School of Law.

The newly dedicated seven-story, 395,000-square-foot San Francisco campus was acquired for \$47 million in 2011, and underwent two years of extensive renovations to make it a state-of-the-art teaching and patient-care facility. The university sold the last of its Pacific Heights dental school buildings in June.

"This new campus and its superb facilities are a fitting home for the Arthur A. Dugoni School of Dentistry," said Patrick J. Ferrillo Jr., the school's dean. "The modern clinics, classrooms and labs will allow us to continue to offer our innovative curriculum and prepare our graduates for the way dentistry is practiced in the 21st century."

The new building contains flexible classrooms, research labs and support space for the dental school, as well as clinics and technology to support patient care. The location offers close proximity to public transportation, including a nearby BART station, for students, faculty, staff, patients and visitors.

In the years ahead, the new campus will introduce a range of new academic programs to serve needs in San Francisco and the Bay Area, said Pacific Provost Maria Pallavicini. The first, a certificate program in music therapy, will begin this fall.

“Pacific is proud to be offering new graduate and certificate programs in San Francisco, alongside our acclaimed dental school,” Pallavicini said. “More students will be able to benefit from the superior, teaching-focused education that Pacific is known for, and take advantage of our comprehensive graduate, professional and liberal arts programs.”

EDITOR’S NOTE: An open house celebration, and the annual meeting of the University of the Pacific Alumni Association, took place at the new dental school in San Francisco on March 7th and 8th, 2014.

“ I believe everyone, especially all leaders, must be teachers, and whether you are a dentist, football coach, basketball coach, senator, parent or an educator— all of us must be teachers. Teachers affect all eternity, as those who are taught in turn teach others. ”

— Arthur A. Dugoni

## Enter to Win— Dinner For Two at Shadowbrook Restaurant!

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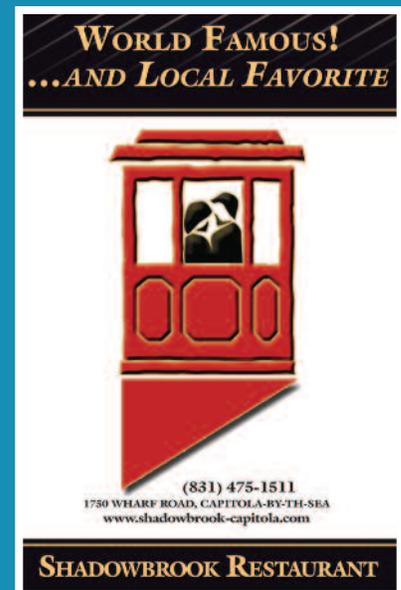
We are convinced our community cares! We hear stories of pro bono dental care, education and free products given to those who are struggling to keep a healthy smile.

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## Employee Theft: Three Questions to Ask About Your Dental Practice

Ronald P. Goldman, The Goldman Law Firm

An alarming number of dentists are victims of employee theft every year. Every dentist who has been a victim of employee theft has commented “I never suspected this could have happened to me.” This article will review the types of employee scams that we have seen and ways to protect your practice against the same or similar threats.

More often than not, it is a trusted veteran employee, one who has earned the respect of his or her dentist boss, who embezzles. Three elements go into staff member embezzlement:

- Unquestionable trust;
- Lack of oversight and double checks; and,
- Opportunity to steal.

Trust is often reposed in the veteran employee who is viewed by the employer as loyal and trustworthy. While the trusted employee likely earned the trust over years of dedication and hard work, the dentist must never become so complacent as to engage in blind trust or to abandon caution and suspicion. So the *first question* you must ask yourself is if there are any staff members in your practice who have your trust and if so, is the staff member in a position of handling some aspect of billing and/or collections. If the answer is “YES”, then consider the next question.

The *second question* to ask is if the staff member who has your trust and who handles some aspect of billing and collections is subject to any no oversight or verification. Think in terms of the wise owl: WHO sets up patient accounts, WHO bills the insurance carrier, WHO bills patients directly, WHO opens the mail and collects the checks, WHO collects the cash, WHO handles the charge card processing and WHO handles reconciliation of the practice bank accounts. If there is a staff member who has your unquestionable trust and he/she handles any of the above tasks without any oversight or third party audit or verification, then you have two out of three elements satisfied for possible embezzlement.

This leads us to the *third question*, whether your staff member will succumb to the opportunity to steal.

Opportunity is the last element necessary for a staff member to embezzle. When in a position of trust coupled with handling income in an unaudited fashion, the staff member may take the opportunity to test his/her scam to see if income can be directed into his/her possession in an undetected fashion. Once the test works, then the opportunity will turn into a habit of systematic embezzlement.

*The following case summaries are from scams experienced by our clients.*

**Credit card refunds:** The dental practice had a long term office manager who was in exclusive control of the billing and collections, data entry, banking account statements, QuickBooks, and the weekly packages which were sent to the practice bookkeeper. The office manager processed credit card refunds to patients for overpayments or refunds. There was no oversight or double check of the financial tasks handled by the office manager. The office manager learned that she could process a refund to her own credit card and her husband’s credit card and then bury the credits in the many monthly adjustments to patient accounts for co-payments and insurance payments. There was no oversight or reconciliation as to credit card refunds. For over ten years, the sponsoring bank for the credit card was WF Bank (fictitious name). WF never once noticed or questioned the fact that credits were being issued to multiple credits cards owned by the same person and that credits were issued absent a preceding charges in the same or greater amount. The office manager was so brazen, she opened multiple credit cards at WF for which she issued credits from the practice. She did the same for her husband’s credit card!

*How was this discovered?* When the practice switched its credit card processing away from WF to a new sponsor bank, the new bank’s fraud department identified the fraudulent scheme within months. The losses to the practice exceed \$150,000. In the process of attempting to determine the total amount embezzled over the years, WF claims it could not retrieve more than two or three years prior to the discovery, hampering the civil and criminal investigation.

**Fictitious patient accounts:** The front desk staffer had exclusive control of patient account creation, billing and collections. She also exclusively opened the mail and retrieved and reconciled insurance and patient payments. This employee would routinely set up bogus or shadow accounts for patients, issue an insurance bill for work which had actually not been performed and once the payment was received, it was credited to the shadow account which was kept well hidden in the computerized ledger. When the insurance check was received, typically either a single payment check or bulk check for which all of the charges were on shadow accounts, the employee would endorse the check with a signature stamp and then deposit the checks to her own account. If the staff member's bank refused to deposit the check into her personal account, the staff member would open a new account in the name of the practice with the staff member having signature rights, and then the check deposits are gleefully accepted by the bank. The bank statements and 1099 forms for the fraudulent practice bank account would be directed to the staff member's home address rather than the practice address to keep the shadowy practice well hidden.

**Bogus Corporate Bank Account:** In one case the office manager took a copy of the Articles of Incorporation for the Dentist's Dental Corporation and created a bogus "new account resolution" authorizing her to open an account for the Dental Corporation with the office manager as the authorized signor. She then engaged in billing patients insurance for work which was not performed, collected the checks and deposited them into her corporate account and was able to hide all of this activity from the practice owner for many years at the cost of hundreds of thousands of dollars.

**Friends and Family Fraud:** There is also a "friends and family" version of this scam where the accounts of the staff member's friends or family were billed for dental services (which were actually not performed) and when the payment was received, the check would be deposited in the regular practice bank account. The embezzling staff member would then issue a refund check to the friend or family member and write off the charge on the patient ledger. Again, with trust, lack of oversight and opportunity, this scam seems to be one of the more common ones that we see have seen.

If the loss of money and the hassle of the audit are not bad enough for the victim dentist, once the dental insurance companies learn of the fraudulent billing, they seek a full refund from the dentist who owns the practice, who unfortunately is liable for the reimbursement.

If you discover that you have been a victim of embezzlement, gather as much evidence as possible, personally present it to the policy and ensure that a police report is generated. The police report is necessary in the event there is some insurance coverage under your Business Owners Insurance policy for the employee theft. There is typically limited coverage under these policies for employee embezzlement. Sometimes the police will attempt a sting to catch the employee in the act; otherwise once you have the evidence, fire the employee for the theft. The best justice is an arrest followed by prosecution by the local district attorney.

Often the dentist must stay in regular contact with the police or investigating detectives pressing for the embezzlement to be prosecuted. Several of our clients who have been very persistent in pressing the police have witnessed a successful prosecution or plea deal in which restitution (repayment to the victim) is ordered as a term of the sentence or probation.

In conclusion, if you answer the first two questions affirmatively, you may want to do a little forensic accounting snoop work to see if that answer to question three is affirmative as well.

### Contact information:

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The Goldman Law Firm provides aggressive cost-effective and result-oriented representation to our clients. GLF focuses its practice in the representation of dentists in such areas as malpractice defense, business disputes, business agreements between dentists, wrongful termination and labor commissioner actions, employer/employee risk management and State Board licensing defense.

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**Business Litigation:** GLF attorneys have comprehensive experience with business related lawsuits between dentists. Our knowledge with business litigation spans such issues as practice value matters, loss of goodwill, unfair competition via patient solicitation, actions against former associates, partnership dissolutions and breaches of either practice sale or associate agreements. Whether arguing these matters in front of a judge, jury or an arbitrator, GLF has the experience in this field second to none!

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### CAPP Supporters:

Much has been happening in California on the MICRA front and we expect the pace to pick up even more in January. That being said, we wanted to provide an end-of-the-year update on the ballot measure campaign and address potential legislative action when the legislature reconvenes in January.

#### **Trial Lawyers Collect Signatures for Anti-MICRA Ballot Measure; Campaign to Protect Vital Law is Heating Up**

Trial lawyers and their allies filed a proposed November 2014 ballot measure to change MICRA that would result in reduced access to health care services for patients while increasing the amount lawyers can collect in legal fees. The change to MICRA's non-economic damages cap from \$250,000 to more than \$1 million will triple the legal fees lawyers can collect for bringing a lawsuit.

The Consumer Attorneys of California (the lobbying group representing trial lawyers), individual trial lawyers, and their allies have made political contributions totaling more than \$1.2 million thus far to pay for the signature gathering effort to qualify the measure for the ballot. You may have seen those paid signature gatherers out front of your local retail stores. They have until March 24, 2014, to gather signatures before they are required to turn them in to county elections officials.

#### **Lawyers Use Bait and Switch Tactics**

In an attempt to hide the MICRA change, the proponents loaded the ballot measure with other provisions designed

as a “bait and switch” to distract voters from the real goal of the measure. The ballot measure includes provisions that would require doctors to undergo mandatory drug testing, require doctors to report any other doctor suspected of drug or alcohol impairment or medical negligence, and require doctors to check the government-run prescription drug website known as CURES before prescribing certain narcotics to patients.

In fact, Jamie Court of Consumer Watchdog, one of the groups backing the measure, admitted in a December 10 column in the Los Angeles Times that the doctor drug testing provisions are “the ultimate sweetener.” He said that when his group brought the proposal before focus groups, “the only thing that made them light up was drug testing of doctors.”

#### **Lawyers' Ballot Measure Will Mean Higher Health Care Costs**

Increasing lawsuit payouts and legal fees paid to lawyers, and creating an incentive to file more lawsuits by changing MICRA, means the ballot measure will have major cost implications to consumers, taxpayers and residents — up to \$9.9 billion annually across all sectors of health care. According to the non-partisan Legislative Analyst's Office, which evaluates only the impact on state and local government budgets, the trial lawyers' ballot measure could cost state and local governments “hundreds of millions of dollars annually.”

### The “NO” Campaign is in Full Swing

On the NO side, we have assembled a strong campaign team to defeat the initiative, including well-respected campaign managers, pollsters, and others who feel confident that with involvement from MICRA supporters, this measure can be defeated.

Initial polling and focus group research indicates voters will look skeptically on this measure and that they are not inclined to support increasing lawsuits and paying higher health care costs.

Our campaign to defeat the anti-MICRA ballot measure also will be well financed.

And, most important, our NO campaign will be represented by hundreds of respected groups who put patients first, not lawyers. Our coalition to oppose the ballot measure includes groups representing doctors, hospitals, nurses, community clinics, local governments, business and labor groups, community groups, public safety and others.

### Potential Legislation in 2014

CAPP anticipates that the trial attorneys will attempt to introduce a MICRA bill in the legislature in early 2014. As always, CAPP and its supporters are keeping a watchful eye and will immediately send an alert if a bill is introduced.

### Early Media Coverage Casts Critical Light on Trial Lawyer Tactics and Ballot Measure

Reporters and columnists who have looked at the trial lawyers' ballot measure are skeptical of the lawyers' motives:

- “If you think doctors should be drug-tested, make the case on its merits. If you think MICRA should be reformed, make that case. But to use the public's emotionalism about drugs to enact something completely different seems fundamentally manipulative and undemocratic.” Los Angeles Times, Michael Hiltzik column, December 10, 2013

- “It's a time-honored political technique in the California initiative process, the bait-and-switch,” said Sherry Bebitch Jeffe, who teaches at the University of Southern California's School of Public Policy. While drug-testing doctors is a good selling point for the public, Jeffe said, for the plaintiffs' lawyers behind the campaign, the target is MICRA...” San Francisco Chronicle, October 30, 2013

### We need your involvement!

To get involved in the campaign opposing the trial lawyer anti-MICRA initiative, sign up online at [www.micra.org](http://www.micra.org) and follow CAPP on Twitter: @MICRAWorks

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## Risk Management Matters—Emergency Kit Basics For Dental Practices

### By: Risk Management Staff

What must a dental office emergency kit contain? The answer varies depending on individual state dental board requirements. There are basic necessities dentists are required to include in emergency kits, according to the American Dental Association Council on Scientific Affairs.

Some states may have more rigorous emergency kit requirements, and The Dentists Insurance Company advises dentists to check with their state dental board or dental association for specifics on what to include beyond ADA recommendations. Practices administering oral conscious sedation are required to meet additional emergency standards, as outlined by state dental boards.

Further, the Occupational Safety and Health Administration (OSHA) requires emergency supplies to be available in case of an employee injury. TDIC advises dentists to maintain an emergency kit for employee use and a separate emergency kit for patients.

Practitioners can assemble emergency kits themselves or purchase them already assembled. Commercial emergency drug kits for dentistry can provide consistent drug availability along with a service to update drugs on a regular basis. Dentists must document that all emergency equipment and drug expiration dates are checked on a regularly scheduled basis.

TDIC advises all dentists to know when, how and in what dosages to administer drugs included in their emergency kits. Stocking emergency medications but lacking the training to administer them appropriately can be a liability. Best practice calls for continuing education in emergency protocol for dentists, for the office to be prepared with an established emergency plan and a team approach by the dentist and staff who are certified in basic life support. TDIC outlines dental office emergency protocol in its Risk Management Reference Guide, which is available online at [thedentists.com](http://thedentists.com).

The ADA Council on Scientific Affairs, in its 2002 report in the Journal of the American Dental Association, “Office Emergencies and Emergency Kits,” recommends the following drugs be included as a minimum. This essential list remains the standard:

- Epinephrine 1:1,000 (injectable)
- Histamine-blocker (injectable)
- Oxygen with positive-pressure

administration capability

- Nitroglycerin (sublingual tablet or aerosol spray; be aware of contraindications)
- Bronchodilator (asthma inhaler)
- Sugar (a quick source of glucose such as orange juice)
- Aspirin

Additional items to include in a patient emergency kit:

- Aromatic ammonia
- Blood pressure monitoring equipment
- CPR pocket mask
- Syringes
- Tourniquets
- High-volume suction and aspiration tips or tonsillar suction

OSHA requires employers to have emergency kits for employees and lists the following supplies as adequate for small work sites, consisting of approximately two to three employees. Larger practices should provide additional supplies or emergency kits. While federal law does not require that a physician approve emergency kits, some states such as California do require physician sign off. Here are OSHA’s recommendations:

- Directions for requesting emergency assistance
- Gauze pads (at least 4 x 4 inches)
- Two large gauze pads (at least 8 x 10 inches)
- One box of adhesive bandages
- One package gauze roller bandage (at least 2 inches wide)
- Two triangular bandages
- Wound cleaning agent (such as sealed moistened towelettes)
- Scissors
- At least one blanket
- Tweezers
- Adhesive tape
- Latex gloves
- Resuscitation equipment (such as resuscitation bag, airway or pocket mask)
- Two elastic wraps
- Splint

*For more information or if you have questions regarding this topic, contact the TDIC Risk Management Advice Line at 800.733.0634.*



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6. Ability to communicate well with students of diverse academic, ethnic, socioeconomic, and cultural backgrounds, including students with disabilities.
7. Ability to work cooperatively with others.
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1. Experience in a general or periodontal practice of dentistry.
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3. Experience as a faculty member of a dental hygiene program or dental school.
4. Three or more years of recent dental clinical experience.
5. Experience with digital radiographs

**Please Note:** To ensure an accurate evaluation of your application materials, please submit information regarding your education, experience, knowledge and abilities as they relate to the qualifications listed.

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### How to Apply

Application forms may be obtained through the Human Resources

web site: [http://www.cabrillo.edu/services/hr/AdjunctFacultyOpportunities\\_000.html](http://www.cabrillo.edu/services/hr/AdjunctFacultyOpportunities_000.html) OR the office location noted below:

Cabrillo College, Human Resources Department  
6500 Soquel Drive, Aptos, CA 95003  
Phone: (831) 479-6217  
Fax: (831) 477-3545

### EACH APPLICANT MUST SUBMIT:

- 1) Completed and signed Cabrillo College academic employment application.
- 2) Job-related resume.
- 3) At least one letter of recommendation that addresses the candidate's teaching ability.
- 4) Verification of educational qualifications (Foreign transcripts must be translated to determine equivalency to U.S. standards. Any fee for such translations is paid by the applicant.):
  - \* Transcripts from all colleges attended (copies are acceptable) OR official proof of request for transcripts. If selected, it is the responsibility of the candidate to provide official transcripts, diplomas, degrees or other documents as required.
  - \* Copy of teaching credential, front and back (if applicable).
- 5) Supplemental Application for Equivalency Determination. (This is only necessary if candidate does not possess and submit proof of specified degrees listed in minimum qualifications OR possess and submit copy of a valid lifetime credential).
- 6) Criminal History Inquiry Supplemental to Application.
- 7) Copy of current DDS license
- 8) Copy of current CPR certification

Email transmittals of application materials are not accepted. Please note that adjunct instructor positions are open until filled and do not have job numbers.

Please notify the Human Resources Department if you require any special accommodation(s) in meeting these requirements.

### Selection Procedure

A search committee will review application materials. On the basis of appraisal of qualifications as documented by application materials submitted, the search committee will invite applicants for interview. If the candidate does NOT possess an applicable community college credential or the specific degree(s) in order to meet state minimum qualifications, then he/she MUST provide evidence of equivalency as described under "Equivalency Requirements."

Candidates selected for employment with Cabrillo College must agree to be fingerprinted and cleared, provide current tuberculosis test results, provide proof of eligibility for employment in the United States and present their Social Security card upon hire.

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Equivalency to an academic degree shall include the same depth of knowledge in the discipline and breadth of general education that is required for the degree to meet the minimum qualifications. Equivalent preparation for employment shall be considered under any one category or any combination of the categories listed below:

- a) Degree in related field with equivalent course work in the required discipline as indicated by transcripts and/or thesis subject.
- b) Equivalent degrees from foreign universities (as determined by an agency selected by Cabrillo College).
- c) Course work at an accredited institution of higher education AND state-approved continuing education units applicable for maintaining licensure AND/OR an internship for licensure AND/OR equivalent professional or work experience AND/OR equivalent verifiable accomplishments of eminence in the discipline including but not limited to: publications, research, seminars, creative works, professional performances or exhibitions, honors or awards.

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