Twin sisters offer tips and tricks to expand online presence

BY OLIVIA ANDERSON

Alisha and Natasha Nanji have a long list of titles to their name. They’re twins, dental students, entrepreneurs and, more recently, social media influencers.

Because the sisters grew up with a father who is a dentist, the family had countless dinner-table conversations about the dental field. As they got older, it gradually became clear to both Alisha and Natasha that a career in dentistry would become their path, too.

After earning their undergraduate degrees from Cornell University, the twins took a gap year while attending the Harvard School of Dental Medicine, where they’re currently in their last year. During the gap year, they created a startup called AppBuddy. The app, a mentorship platform that aimed to combat educational inequity, was selected as one of 120 companies out of 7,900 applicants to receive $125,000 in funding.

“The reason we started that is because we see technology as making a scalable impact,” Natasha said, noting that there is also a personal component.

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Influencing the future of dentistry

Twin sisters offer tips and tricks to expand online presence

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“The reason we started that is because we see technology as making a scalable impact,” Natasha said, noting that there is also a personal component to why they’re interested in the tech and career pathways.

Oftentimes, people ask questions about their dentistry degree and college clubs to date. Alisha and Natasha often receive messages from followers either requesting networking connections recommendations, asking questions about their dentistry journey, or simply thanking them for their tips and openness in sharing their own experiences.

“It makes us so happy because you’re putting content out there and you don’t really know how it will resonate with people. Just to get that positive feedback and positive response — it’s super cool to be able to actually see the impact it’s having,” Alisha said, smiling.

For anyone in the dental space interested in expanding an online presence, the Nanji sisters compiled six tips and tricks to help jumpstart the endeavor.

Choose the right platform. Often times, different social media platforms best cater to different demographics. TikTok, for instance, is a video-sharing social media app that allows users to create short-form content about any subject and is particularly popular among younger generations. LinkedIn, on the other hand, is a platform geared toward business, employment and networking opportunities. According to the Nanji sisters, it’s important to learn about the unique offerings of each platform in order to choose which channel is the best fit.

Understand your goals. There are a variety of reasons to use social media as a dental professional, from wanting to mentor the younger generation to increasing your patient base. The twins suggested cementing one to two main purposes for joining social media and then holding to them.
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- 3mm: 100% (Parkell DuraTip® Inserts), N/A** (Competitor Conventional Inserts)

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What are your New Year’s resolutions?

**By David Burger**

The arrival of a new year leads to many promises of lifestyle changes. More exercise. Save money. Lay off the sweets.

For dentists, the same vows are made, but are not limited to just those. The ever-changing nature of the profession carries with it demands to continue delivering optimal care for all patients while still looking for ways to improve on the great work they do every day of the year.

The ADA News asked dentists across the nation what their professional resolutions for 2024 were, and the answers showed how much professional goals and personal hopes are intertwined – all with eyes on the betterment of the patient.

Emma J. Guzman, D.D.S., New York City

My resolution for 2024 is that my professional career will look much different than what is has looked like in the past. I am going through a transformation and focusing on what truly makes me happy and makes a difference outside of clinical dentistry. I am taking the steps now to increase my involvement in organized dentistry through my roles in the 2nd District Dental Society. I am going on a dental mission trip to Jamaica in January with the Jah Jah Foundation, starting off the year with service, and I plan to continue to immerse myself in service work, as I have always been passionate about it. I also plan to teach and speak professionally. 2024 is going to look very different, and I look forward to the professional change.

Dr. Guzman

Dr. Gingrich

Margaret S. Gingrich, D.D.S., Big Rapids, Michigan

Find an associate and hygienist, learn to say no when prioritizing my needs versus the needs of others, continue learning and implementing new technologies to keep up with the fast-paced growth of dentistry, using laser for more applications like frenectomies, and get the staff to agree on one office temperature.

In 2024, my resolutions for 2024 are to continue to pursue excellence, share what I’ve experienced with others, and strive to make a bigger contribution to the lives around me. This includes pouring more of myself into my family — my wife, my children and my beautiful grandchildren. At the end of the day, my legacy in them is the most essential.

Dr. Carstensen

Dr. Keegan

Jennifer A. Keegan, D.M.D., Tinker Air Force Base, Oklahoma

My 2024 resolutions include working to increase efficiency, while maintaining excellent dental care, as well as working to improve on third molar extractions and endodontics. I also want to strive to be excellent at explaining dentistry so that my patients are educated and informed. As a captain in the Air Force, I aim to work hard to be a respected and approachable leader to my fellow airmen and coworkers. Doing so would help us to work as a team to accomplish our mission of providing dentally ready military men and women who are safe to deploy.

Dr. Jonathan S. Jeter, D.D.S., South Point, Ohio

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Dr. Jeter

For 2024, I have a couple of new resolutions. After taking on a new role at the University of Louisville School of Dentistry as ethics course director, I want to continue to help this new generation of dentists see all of dentistry through an ethical lens. The ADA has a great opportunity to emphasize their Principles of Ethics and Code of Professional Conduct with the students and new dentists. It’s a joy and privilege to work with the next generation of dentists to help them understand the positive impact we can have on each patient and the responsibility we have to impact patients and communities positively.

My second resolution is simple. I want to appreciate the positivity in each day. After my Dental Dilemmas podcast interview with Ar-Nelle Wright, D.M.D., I realized that I needed to try to be my best self each day, no matter what the day brings. So, I’m going to focus on positivity not only in my dental career but my daily endeavors for next year.

Ansley H. Depp, D.M.D., Highland Heights, Kentucky

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Influence continued from Page 1

**Be consistent.** The dental field can be overwhelming and busy, the sisters acknowledged, as patient care is always the first priority. But understanding that “consistency is key” when it comes to posting online will help grow an internet presence, they said. There are apps to help schedule posts, as well as to curate social media feeds.

**Engage with your audience.** The twins stressed the significance of interacting with your audience, whether by liking comments or responding to direct messages. Creating a sense of real community will likely make people feel valued, and as a result, want to stick around.

**Keep pushing.** Although low follower counts at the beginning might prove to be discouraging, it’s helpful to remember that growth usually happens gradually. Try not to compare your online presence to other content creators, focus on your own platform, and celebrate the little wins – because they might not be so little after all.

**Be authentic.** Social media doesn’t always accurately reflect reality, with glamorized and heavily edited photos often taking centerstage. But the Nari twins have found that showing the more raw, messy and real aspects of their life have actually created a stronger connection with their followers. “It just reassures people. If you’ve failed, if you’ve gotten rejected, if your room is messy, that is okay,” Alisha said. “To be relatable, be authentic, just be yourself and don’t worry about acting like someone you’re not on social media.”

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Advanced education program graduates

Females made up more than half (52.1%) of 2022 graduates from all types of advanced dental education programs. Females made up more than half of graduates in nine of 14 program types while male graduates made up the majority of graduates in dental anesthesiology, oral and maxillofacial surgery, and periodontics.

Source: ADA Health Policy Institute. 2022-23 Survey of Advanced Dental Education. Available from ADA.org/resources/research/health-policy-institute/dental-education. Notes: For bars that do not add up to 100%, the remaining amount is "Other/unknown." AEGD: Advanced Education in General Dentistry.

New ADA guidance released on terminating network agreements

BY DAVID BURGER

Editor’s note: Dental Insurance Hub is a series aimed at helping dentists and their dental teams overcome dental insurance obstacles so they can focus on patient care.

The ADA Council on Dental Benefit Programs has created a new online document, Terminating a Network Agreement, which seeks to answer frequently asked questions, including:

- How much time is needed to terminate the agreement?
- Where do I send the termination letter?
- What should I expect after the termination takes effect?

“May find that it’s time to renegotiate your network fee schedule or even that participation is no longer working in your practice,” said Sara Stuefen, D.D.S, chair of the Dental Benefit Information Subcommittee of the council. “Terminating an agreement can be complicated and you may not know where to start.”

The guide starts by reminding dentists to consider the use of the ADA’s Contract Analysis Service before signing the initial agreement.

The ADA has also created contract negotiation tools including a guide to help you with any fee discussions with dental insurance plans.

The ADA has an online hub for ready-to-use dental insurance information that can help dentists address and resolve even their most frustrating questions at ADA.org/dentalinsurance.

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Dentists are often subjected to uncomfortable postures, repetitive hand motions and noisy handpieces as they care for their patients. That combination can lead to pain and hearing loss.

In the American Dental Association’s 2021 Dentist Health and Well-Being Survey Report, 84% of dentists reported pain or discomfort while working, most commonly in the neck, shoulders and back. Of those dentists, 14% indicated the pain interfered with their work. More than a third of dentists reported experiencing hearing issues, and of them, over 60% had not been evaluated by an audiologist.

The ADA Practice Institute offers resources to assist dentists with preventing pain and hearing loss. See below for ergonomic stretches to help avoid work-related pain and injuries as well as tips to protect your hearing.

For additional wellness resources, visit ADA.org/wellness.

### Ergonomic Stretches

**INTRO**

Taking regular breaks to stretch throughout the day can help prevent work-related pain and injuries. Get more in-depth resources to help you practice at your best at ADA.org/wellness.

**NECK**

- Neck Rotation
- Neck Side Bends
- Neck Extensions
- Neck Retraction

**HAND / WRIST**

- Finger Spreader
- Finger Wiggle
- The Rubberband
- Finger Prayer Stretch
- Wrist Flex
- Wrist Extension

**TORSO**

- Touchdowns
- Side Bend Stretch
- Behind Head Chest Stretch
- Chest Stretch
- Shoulder Stretch
- Elbow Flex/Extensions
- Low Back Standing Stretch
- Low Back Stretch
- Upper Back Stretch
- Trunk Twist/Rotation

**HIP**

- Hip Marching
- Hip Spreaders
- Hip Twist

**KNEE / ANKLE**

- Knee Flex/Extensions
- Ankle Circles

**PROTECT YOUR HEARING**

Wear ear plugs or noise-canceling headphones when you use dental equipment.

Consider the noise level produced by dental equipment when making purchasing decisions.

Get tested to establish a baseline of your hearing.

Monitor your hearing acuity on a regular basis to encourage correct diagnoses and early intervention.

Note: These activities should not cause any undue pain or discomfort; if you experience any undue pain or discomfort, please consult your physician. These exercises are not meant as a substitute for a complete musculoskeletal assessment.
Dentists report taking on additional tasks as staffing shortages persist, according to new data from ADA's Health Policy Institute.

Of the more than 1,000 dentists surveyed in the October 2023 edition of HPI’s Economic Outlook and Emerging Issues in Dentistry poll, more than one-third reported that workload division has changed between themselves and their teams since the beginning of the COVID-19 pandemic, with many dentists taking on duties normally assigned to dental hygienists, dental assistants and administrative team members.

Additionally, when asked whether staffing shortages or low patient demand concerned them the most, more than half of poll respondents said they are concerned about staffing shortages, while about one-third said they are concerned about low patient demand for care.

NEW U.S. BUREAU OF LABOR STATISTICS STATS

The U.S. Bureau of Labor Statistics released data on wages and currently filled positions in dental offices. HPI created an interactive dashboard to vizualize the data at both the national and state levels from 2001 to 2022.

See the dashboard at ADA.org/resources/research/health-policy-institute/wage-and-job-count-dashboard.

RESEARCH BRIEF ON CAREER TRANSITIONS, SATISFACTION

In a new research brief, HPI analyzes career transitions and job satisfaction among new dentists. Findings include:

• New dentists are likely to remain within the same practice type over a five-year period. This is true regardless of practice size or dental service organization affiliation status.
• In terms of career satisfaction, new dentists prefer unaffiliated private practices, described as non-DSO, non-multisite group practices. At the same time, HPI research indicates there are pros and cons associated with different practice settings, and new dentists might make their selections based on how much they value various aspects of the practice environment.
• Debt is not a major driver of career choice for dentists in this initial career stage.

UPDATED INFOGRAPHIC ON PRACTICE OWNERSHIP

HPI has updated its infographic on key trends in practice ownership. Practice ownership among dentists in private practice has been declining over the years, dropping from 84.7% in 2005 to 72.5% in 2023. The decline is more pronounced among younger dentist cohorts.

SIX NEW REPORTS ON DENTAL EDUCATION RELEASED

New data from the annual Survey of Dental Education, Survey of Advanced Dental Education and Survey of Allied Dental Education Programs has been published for the 2022-23 school year.

All three surveys were conducted on behalf of the Commission on Dental Accreditation. Readers can find information on dental school enrollment and graduate figures, data on 770 advanced dental education programs across 16 different disciplines and other data on dental hygiene, dental assisting and dental laboratory technology programs.

Learn more at ADA.org/HPI.

HPI examines dentist workload impact from staffing shortages

More new research, including dashboard on wages, job counts, posted online

DECEMBER 11, 2023

PERCENTAGE OF DENTISTS WITH AN ADEQUATE NUMBER OF NON-DENTIST STAFF IN THEIR PRACTICE, OCTOBER 2023

<table>
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<th>Category</th>
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<td>Dental Assistants</td>
<td>67.8%</td>
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<td>Office/Administrative</td>
<td>76.4%</td>
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Source: American Dental Association Health Policy Institute, Economic Outlook and Emerging Issues in Dentistry, October 2023.
The Centers for Medicare & Medicaid Services issued the 2024 Medicare Physician Fee Schedule final rule, announcing that it will in the coming year pay for dental services when they are linked and related to the success of other covered services like treatment for head and neck cancers. The payment rules will go into effect Jan. 1, 2024.

The ADA previously told CMS it supported the inclusion of the proposed rule’s covered services, which were supplemented by clinical evidence. The services include the treatment of cancer through chemotherapy, chimeric antigen receptor T-cell therapy, and the use of high-dose bone modifying agents, or antiresorptive therapy, as well as for medically necessary diagnostic and treatment services to eliminate oral/dental infections prior to or contemporaneously with such treatments.

The ADA urged CMS to “provide clear guidance to the Medicare Administrative Contractors that such services, although not directly related to ‘elimination of dental infection,’ should also be considered covered services.” In addition, the ADA suggested working with CMS to determine a more appropriate payment schedule for dental services.

“The ADA supports a defined scope of services necessary to complete a dentist prescribed treatment plan for the targeted population, who are highly vulnerable, to enable management of their medical condition and enhance their quality of life,” the ADA said. “The ADA would like to partner with CMS to develop an appropriate coding and payment methodology that addresses the shortcomings we have identified and accounts for the unique cost structure in dental offices.”

According to CMS, in February 2024 it will again accept public submissions for similar clinical scenarios with clinical analysis and evidence under which Medicare payment could cover dental services.

Follow all the ADA’s advocacy efforts at ADA.org/Advocacy.
ADA signs joint letter urging passage of CHIPP Act
Legislation would make Children’s Health Insurance Program permanent

BY OLIVIA ANDERSON

The ADA and 187 other federal, state and local groups signed a joint letter to Congressional leadership in support of the Children’s Health Insurance Program Permanency Act, which would make the Children’s Health Insurance Program permanent. CHIP provides affordable health coverage to children in working families who earn too much money to qualify for Medicaid, but can’t afford private insurance. It provides health care services like preventative care, vaccinations, dental, vision care and other necessary treatments.

The groups stated that CHIP has had a 25-plus-year impact on improving children’s health outcomes, providing families with financial security and ensuring equitable access to health care. The Nov. 7 letter highlights some of CHIP’s contributions, such as reducing the number of uninsured children, safeguarding children’s health, promoting prevention and early intervention, reducing health disparities, promoting academic success and relieving financial burden on families.

“The CHIPP Act secures access to quality, affordable health care coverage for millions of the nation’s children, offering families stability and peace of mind while eliminating the fear and anxiety that arises with temporary funding extensions and the threat of the program’s discontinuation,” the letter reads.

The letter also said that making the CHIPP Act permanent is “long overdue” and would put it on par with other federal public health insurance programs. It goes on to say that Congress has “failed, as a body, to prioritize CHIP’s permanence,” noting that the legislation has faced repeated threats such as being vetoed twice and going unfunded for four months.

“Congress can put an end to the recurrent funding dilemma that stands in the way of securing millions of children’s access to critical, lifesaving coverage and care,” the letter reads. “We urge you to prioritize the health and well-being of the nation’s children by taking bold action to pass the CHIPP Act during the 118th Congress.”

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CISA releases cybersecurity toolkit for health care sector

Resources could help protect dental practices

BY OLIVIA ANDERSON

Several government agencies have partnered to create a cybersecurity toolkit for the health care and public health sector, many elements of which will benefit dentists.

The Cybersecurity and Infrastructure Security Agency, the Department of Health and Human Services and the Health Sector Coordinating Council Cybersecurity Working Group are delivering tools, resources and trainings in order to help the health care sector increase cybersecurity, an area in which many organizations are facing ongoing challenges.

According to CISA, the toolkit will help organizations “build their cybersecurity foundation and progress to implement more advanced, complex tools to strengthen their defenses and stay ahead of current threats” as well as “proactively assess vulnerabilities and implement solutions.”

For dentists, several resources may be especially useful, including the cybersecurity education platform Knowledge on Demand. Knowledge on Demand offers five free cybersecurity trainings that align with the top five threats named in HHS’ Health Industry Cybersecurity Practices. Each training contains job aid, interactive videos, a PowerPoint presentation with notes and content intended for a learning management system.

Dentists are also encouraged to check out CISA’s Secure Your Business information sheet, which examines four ways to protect an organization from online threats: teaching employees to avoid phishing, requiring strong passwords, requiring multifactor authentication and updating business software.

Finally, dental providers should visit the Office of the National Coordinator for Health Information Technology’s Security Risk Assessment Tool, a resource designed to help medium and small providers conduct a security risk assessment as required by the Health Insurance Portability and Accountability Act. The desktop application will determine whether an organization is compliant with HIPAA’s administrative, physical and technical safeguards, as well as whether protected health information is at risk.

For more information, visit the CISA Healthcare and Public Health Cybersecurity webpage.

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It’s Time to Understand the Value of Your Practice

Silent Partners Buy Part of Your Practice

Dozens of Invisible Dental Support Organization (IDSO) silent partners are paying record values for partial interests in practices advised by LPS.

IDSOs purchase 51% to 90% of practices for cash now at low tax rates. Doctors retain ownership and have significant upside in the equity value. Some LPS clients have achieved 3x to 7x equity returns in only three to five years.

Long-Term Wealth Building Partnership

Doctors continue to lead their practice with their brand, team, and strategy for years or decades. Practices benefit from the resources of a larger, silent partner, but are not micromanaged or homogenized.

IDSO partnership is not a short-term transition strategy, but rather a long-term wealth-building partnership. More of our clients are under 50 than ever before ($102 million in client partnerships completed for doctors in their 30s in 2022!).

Six or More Choices in Partnership

LPS clients have 6 to 10+ qualified bidders. LPS completed over $612 million of transactions for dentists of all types, in 2022 alone. LPS’ size enables our clients to achieve record values that the little advisors cannot match. Multiple clients have achieved values of over 4x collections.

Your Value in Today’s Consolidation Frenzy

You should understand the value of your practice in an LPS-advised process. Doctors who deal directly with IDSOs often leave millions on the table and do not get to consider ALL of their options.

CONTACT US TO SCHEDULE A CONFIDENTIAL, NO-COST, NO-OBLIGATION DISCUSSION TO LEARN THE VALUE OF YOUR PRACTICE; YOU WILL BE SURPRISED AT TODAY’S VALUES!
Dental organizations across the country are making moves to tackle the ongoing issue of workforce shortages through the implementation of dental assisting training and apprenticeships. One of the programs spearheading this effort, Charter Apprenticeships, received national approval of the model in September.

According to Charter College New Business and Innovative Program Development Director Shane Reeder, the push for these programs has become increasingly vital as delayed career training in an academic model for more than 30 years and includes occupations like dental assisting, nursing assisting and dental assisting.

But when the global COVID-19 pandemic hit, these professions saw significant disruptions in the workplace. Mr. Reeder said in 2018, about 7,700 first-year students were enrolled in dental assisting programs. By 2023, there were around 4,500 first-year students — a steady decrease over time of about 30%.

“Tthere’s a natural demand decline, and some of that has to do with the cost of training relative to the wage, some of that had to do with COVID and [the thought] of, ‘Oh my gosh, if I work in health care I’m going to die,’” Mr. Reeder said.

“That’s what’s caused us to think [about why] we need to do something differently, because status quo is not cutting it anymore.”

ADA Council on Government Affairs Chair Leigh Kent, D.D.S., said about 90% of dentists are running into staff recruitment and retention challenges, which greatly affects the number of patients they can treat at any given time.

“It’s true everywhere, but it’s especially true in areas of most need,” Dr. Kent said. “I know it varies from region to region, but across the board, it’s really a national issue that we’re working hard on.”

According to Dr. Kent, most people tend to live close to where they trained. This means training more apprentices to work in areas of need will incentivize them to remain in those places afterward.

“That is going to help alleviate access to care because if dentists aren’t even able to work every day because they don’t have enough staff, or if they’re not able to work up to their full capacity, that’s affecting our patients’ ability to get treatment,” she said. “So these apprenticeship programs should help to relieve some of these barriers.”

In rethinking the general model for health care training, Mr. Reeder said a major goal was to land on a proportional cost to earnings ratio. When training a dental hygienist, for instance, the earnings, requirement for licensure and cost should be more significant. But because wages for dental assistants are lower, the costs should be as well.

That’s how the dental assisting apprenticeship concept was born. Several years ago, Charter College approached the U.S. Department of Labor seeking national approval of the model, and although the labor department approved other similar proposals such as medical assisting and dental hygiene, the labor department approved other similar proposals such as medical assisting and dental hygiene, although the labor department approved other similar proposals such as medical assisting and dental hygiene, although the labor department approved other similar proposals such as medical assisting and dental hygiene, although the labor department approved other similar proposals such as medical assisting and dental hygiene, although the labor department approved other similar proposals such as medical assisting and dental hygiene.

Mr. Reeder noted one of the biggest challenges is obtaining a dental assistant certification from the Dental Assisting National Board. CDA certification can come from graduating from a school accredited by the Commission on Dental Accreditation. The next path to certification is through on-the-job training without general standardization, which requires 3,500 work hours.

But an apprenticeship sits somewhere between these two pathways. Because dental assisting programs include a structured training environment, there are typically about 2,000 hours of on-the-job training — which is 1,500 hours less than DANB’s CDA certification requirement.

“That’s one of the barriers that’s still out there with the USDLB, but DANB recently created [an entry level] certification that would tie into any on-the-job trained piece, and I’m going to get that back in front of the USDOL and say, ‘Let’s get this to the point, and then they can keep training and working to the 3,500 hour mark,’” Mr. Reeder said.

When it comes to what the dental apprenticeship program looks like, every apprentice is expected to gain competency in five core areas: front office and scheduling, patient interaction, procedures and chairside assisting, sterilization, and radiography. Each competency area is then broken down into specific demonstrated skills such as appointment scheduling, room setup and breakdown, rooming and vitals, preparing instruments, taking alginate impressions, placing rubber dams and barriers, coronal polishing, biohazard disposal and taking or processing X-rays.

There are currently 400 hours of curriculum, as well as a skills competency checklist that the dentist will evaluate halfway through the apprenticeship. While Mr. Reeder has expressed confidence in the program, he also acknowledged that much still has to be done before it’s completely off the ground.

“The USDOL doesn’t see the commonality, so I have to go state to state to state to get state-level approval,” Mr. Reeder said.

To date, Montana and Utah have approved the dental apprenticeship program. Once it has been approved in three states, the U.S. Department of Labor will consider national approval.

We asked charters about this program in the November issue. Webb Brown, executive director of the Montana Dental Association, summed up the importance of dental apprenticeships in one word: demand. There is a higher need than ever for dental staff, Mr. Brown said, so crucial next steps include determining what his state “is going to require on one hand, and offer on the other hand, [in order] to make this an attractive apprenticeship program.”

“People are just screaming for workforce. It doesn’t matter whether it’s dental assistants or dental hygienists or office managers,” Mr. Brown said. “Part of it is the opportunity to get a little buzz about a career in dentistry in general, and the apprenticeship provides a better pathway to be able to achieve that.”

Officials are still ironing out the details, from logistics to timeframe to the specific offset in wages, Mr. Brown said, but the process is underway.

“Apprenticeships are a great tool. On one hand, they’re a great way to determine the fit, just to make sure that you’ve got someone who likes the company and the profession that they’re an apprentice in. And on the other hand, a company that says, ‘Yeah, this person seems to be getting on and it seems like they’ll be a valuable addition to the team.’ So we’re excited about that being available in the apprenticeship world,” Mr. Brown said.

In honor of National Apprenticeship Week in November, both Montana and Utah hosted an official signing ceremony. Leading up to the event, Mr. Brown and Utah Dental Association Executive Director Val Radmall gathered employers in support of the program, and at the ceremony, each signed an agreement.

Mr. Reeder believes dental apprenticeships are a crystal-clear way to adapt to the ever-changing health care job market. For him, although the list of obstacles is still lengthy, the list of benefits for implementing these programs:

“It increases employee retention, you have uniformly trained employees, you have standardized training, office to office to office, you have someone else managing all the paperwork.

“It’s not as hard as it seems, and frankly, one of the really cool incentives is that most states have funding to pay wage offset for the apprentice,” he said.

By Olivia Anderson

Dental apprenticeships aim to mitigate workforce challenges

Training programs approved in Montana, Utah

THE U.S. PREVENTIVE SERVICES TASK FORCE PUBLIShes FINAL ORAL HEALTH RECOMMENDATIONS

Recommendations align with ADA’s previous comments

By Olivia Anderson

The U.S. Preventive Services Task Force published its final recommendations about the value of oral health screenings in nondental settings for children and adults, which align with the ADA’s comments earlier this year.

For both asymptomatic adults and children ages 5 to 17, the task force stated that “the current evidence is insufficient” to recommend for or against routine screenings or preventive care for oral health conditions, such as dental caries, in the primary care setting.

“The USPSTF is calling for more research on addressing oral health in nondental primary care settings, particularly in persons who are more likely to experience oral health conditions and on social factors that contribute to disparities in oral health,” the task force said, adding that primary clinicians “should use their clinical expertise to decide whether to perform these services.”

The U.S. Preventive Services Task Force’s final recommendations are consistent with the ADA’s comments to the task force in June following a systematic evidence review to evaluate the benefits and harms of screening and preventive interventions for oral health conditions. The Association said in a letter that it “generally agreed[s]” with the task force’s recommendation for oral health in children and adults.

“We would only point out that the evidence review demonstrated that screening and preventive interventions were beneficial when performed by dental care clinicians. Since routine dental care is an essential primary care service — and general and pediatric dentists are primary care clinicians — it may be worthwhile to highlight that point,” the ADA noted.
December JADA looks at stem cells in dentistry
Cover story is latest in Oral Science Trends series

BY MARY BETH VERSACI

The future use of stem cell-based therapies in dentistry will depend on clinicians and researchers collaborating on projects to understand the safety, efficacy and feasibility of these treatments, according to the cover story of the December issue of The Journal of the American Dental Association.

In “Stem Cells in Clinical Dentistry,” the authors discuss original data from experiments and comparative analyses and review articles describing the identification and characterization of stem cells in the oral cavity. It is the latest addition to JADA’s Oral Science Trends series, made up of invited reviews that explain where current biomedical and clinical sciences are leading to impactful changes in dentists’ ability to provide care and improve health.

Dental stem cells self-renew to maintain a pool of cells that can be activated to replace terminally differentiated cells or enable wound healing, according to the article. These cells also can differentiate into functional blood vessels and nerves.

“Initial clinical trials have shown that transplanting dental pulp stem cells into disinfected necrotic teeth has allowed for the recovery of tooth vitality and vertical and horizontal root growth in immature teeth with incomplete root formation,” the authors said in the article. “As a consequence of these groundbreaking discoveries, stem cell banks are now offering services for the cryopreservation of dental stem cells.”

To read the full JADA article online, visit JADA.ADA.org.

Other articles in the December issue of JADA discuss articaine use in the U.S., provider perspectives on pediatric pain management and dental care for emergency department patients.

Every month, JADA articles are published online at JADA.ADA.org in advance of the print publication. ADA members can access JADA content with their ADA username and password.

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ADA standards, technical reports available for comment

Deadline to respond is Dec. 31

BY MARY BETH VERSACI

ew standards and technical reports are available for comment from the American Dental Association’s Standards Committee on Dental Informatics and Standards Committee on Dental Products.

The Standards Committee on Dental Informatics has approved the following new standard for circulation and comment:

• Proposed ANSI/ADA Standard No. 206 for Implantable Materials for Bone Filling and Augmentation in Oral and Maxillofacial Surgery — Contents of a Technical File: This standard applies to implantable materials used as dental devices for filling and augmenting bones in oral and maxillofacial surgery. Evaluation includes the physico-chemical, mechanical, biological and clinical aspects and behavior of these implantable dental materials. To review this standard, send a request to standards@ada.org.

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- Proposed ADA Technical Report No. 189 for Photobiomodulation (PBM) in Oral Health: The Technology, Science, and Safety Considerations: This technical report provides an overview of the photobiomodulation field, including history, terminology, mechanisms, devices, safety, regulations and policy. The importance of fundamental concepts of photobiomodulation education and training focusing on light-tissue interactions, target tissue composition, evoked therapeutic biological responses, clinical diagnosis and rationalized dose prescription is emphasized. The draft standard can be downloaded from ADA.org/apreview.

The ADA is accredited by the American National Standards Institute to develop national standards for products and information technology used by dental professionals and consumers. There are currently more than 130 national standards, and more are under development.

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The American Dental Association news is approved by the American Dental Association Committee on Dental Products.

GL-4411523-112023
ADA continues to advocate for veterans’ access to care as 2024 approaches

About 7.8 million veterans enrolled in the Veterans Affairs health care system — 85% — are ineligible for VA dental benefits

BY DAVID BURGER

When the father of Mark A. Vitale, D.M.D., died, his widow gave her son the Bronze Star that his father had been awarded decades before for bravery and heroism while risking his life in the Korean War.

Years later, when he was chair of the ADA Council on Government Affairs, Dr. Vitale was shocked to learn that most veterans, many of whom risked their own lives, were ineligible for dental benefits through the Veterans Affairs health care system. His father had sacrificed greatly, and so had so many others. Dr. Vitale said it bothered him that those who served their countries didn’t receive dental benefits.

The Veterans Affairs health care system offers comprehensive dental care benefits to certain qualifying veterans — more than 600,000 veterans were provided dental care in the 2022 fiscal year — about 7.8 million veterans enrolled in the system — 85% — are ineligible for VA dental benefits.

Generally, to qualify for VA dental services, veterans must either have a dental issue that is service connected or based on other criteria — for example, the veteran is a former prisoner of war or has a service connected disability rated as total.

VA Dentistry provides comprehensive dental care to qualifying veterans, and the VA celebrated One Million Strong Nov. 9 at the VA Central Office in Washington, D.C.

GIVE VETERANS A SMILE

Well-suited to act as a national convener and potential collector and deliverer of data and resources relating to charitable oral health services for veterans, the ADA convened the first-of-its-kind Give Veterans A Smile Summit in May 2022.

The day-and-a-half gathering highlighted the need to prioritize the delivery and access to care for veterans across the country.

The discussion items included gathering data for a national database of charitable veterans’ oral health care programs; facilitating the sharing of best practices; fostering collaboration among organizations/programs that provide care for veterans; and ultimately determining if there is a productive role the ADA can play in advancing access-to-care efforts for veterans.

Carol Gomez Summerhays, D.D.S., a veteran herself and past ADA president, chaired the summit. In her opening remarks to the attendees, Dr. Summerhays quoted President John F. Kennedy: “As we express our gratitude, we must never forget that the highest appreciation is not to utter words but to live by them.”

Dr. Summerhays said that in addition to bringing to the table the key stakeholder organizations focusing on veterans’ care, the ADA wants to see if the Association’s 21-year-old signature access-to-care program, Give Kids A Smile, could be used as a model for serving veterans.

The ADA Board of Trustees has demonstrated its continued enthusiasm about these nascent efforts through creating a Give Veterans A Smile National Advisory Committee to guide the development of a Give Veterans A Smile program and provide strategic advice with respect to matters of concern in the provision of care for veterans. The committee, chaired by Dr. Vitale, held its first meeting in April.

The committee’s work is underway. To date, the proposed initial goals of the Give Veterans A Smile program, to be housed within the ADA Foundation, include:

- Shining a light on and calling national attention to the unmet dental needs of veterans.
- Encouraging dentists to provide pro bono oral health care services and dental homes to underserved veterans.
- Collaborating with and highlighting the good works of other organizations and programs providing overall health services to veterans.
- Collecting and sharing national charitable oral health care data for veterans to help guide advocacy efforts to increase funding and access to care for underserved veterans.

ADA ADVOCACY

A policy, known as Resources for Veterans Ineligible for VA Dental Care, was adopted by the 2020 House of Delegates. It reads as follows: “Resolved, that the American Dental Association supports the federal authorization of administrative authority to provide dental care to veterans to achieve this outcome, and supports the federal authorization of funding for the veterans health care services and dental homes to underserved veterans.”

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Everyone for Veterans seeking dentists to provide pro bono care for nation’s heroes

Nonprofit connects veterans with comprehensive dental care

BY DAVID BURGER

The nonprofit access-to-care program Everyone for Veterans reports that since it has received its combat veteran requirement and opened its programs to all eligible veterans across the country, there has been a 600% increase in applications seeking dental care.

Everyone for Veterans, founded by Theresa Cheng, D.D.S., a periodontist from Issaquah, Washington, and past recipient of the ADA Humanitarian Award, collaborates with civilians and professionals to provide goods, services and comprehensive dental care to veterans across the nation, at no cost to the veterans.

In the last five years, Everyone for Veterans has assisted more than 1,500 veterans and their families and has provided comprehensive dental care in 34 states.

"There are many dental programs going on around the country for Veterans Day," said Dr. Cheng. "Most of them are urgent need-based programs, which are wonderful, and our program complements them in veterans achieving oral health. Hence, it is very important for dentists to know our program and join us in our endeavor to promote oral health for veterans."

In 2008, Dr. Cheng started providing pro bono dental care to combat veterans and their spouses in her clinic. She wanted to give back to the nation’s veterans returning home from deployment and realized many did not receive dental benefits. It was formalized as a nonprofit organization in 2017.

"By seeing just one veteran a year in their office, dentists are helping to improve the oral and overall health of our nation’s heroes and for that, we are beyond grateful," said Jessica Elwell, Everyone for Veterans executive director.

One of those veterans is Nathan Meyer, who served in the Marines as a crew chief on a CH-53 helicopter. After he was discharged, he worked several odd jobs in welding, automotive and security, but due to a shoulder and spinal injury stemming from his time in the service, he was unable to work outside the home.

When Mr. Meyer came to Everyone for Veterans, he had some fractured upper front teeth, which were causing him pain, and had some other missing teeth. He was hoping to be able to smile again and chew his food more comfortably.

Everyone for Veterans connected Mr. Meyer to Dr. Whitney McBrayer, D.D.S., of W Dentistry in Lubbock, Texas. She provided multiple extractions as well as a full upper and lower denture.

After, Mr. Meyer shared that he is finally pain free and is able to smile more confidently.

"Dr. McBrayer has been an absolute pleasure to work with and be a patient of," he said. "I feel better about my health and about myself. I can smile now if I choose to without worrying about missing teeth."

"I have always had the utmost respect, admiration and gratitude for our service members." Dr. McBrayer said, "Working with Nathan and Everyone for Veterans has been a very rewarding experience. First of all, Nathan is an inspiring, kind and heroic individual deserving of the benefits of this program and so much more. I’ve truly enjoyed getting to know him through our appointments, and I hope our friendship will continue long after we finish this process. Second of all, I’m so thankful to be involved with Everyone for Veterans because this is a truly worthy cause. I come from a military family and have always had the utmost respect, admiration and gratitude for our service members."

To learn more about Everyone for Veterans and consider signing up to provide care, visit everyoneforveterans.org.


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Veterans Smile Day to ‘serve those who’ve served’

Annual event offers free dental care to military veterans

BY OLIVIA ANDERSON

When Deryck Pham, D.D.S., left the military in 2007, he spent hours undergoing exams and sifting through piles of exit paperwork. During the process, he chose medical, health and life insurance plans, but he couldn’t find dental options anywhere. It quickly dawned on Dr. Pham that dental care was not included in his benefits package provided by the U.S. Department of Veterans Affairs, nor was it for almost anyone else not considered completely disabled without a service-connected condition. As both a veteran and a dentist, lack of access to dental care for veterans troubled him.

Not long after reaping civilian life, an idea crept into his mind. Dr. Pham wanted to provide free dental care to military veterans as a way to thank them for their service, while simultaneously spreading awareness about the lack of dental care for veterans across the country. The seedling idea eventually blossomed into what is now known as Veterans Smile Day.

“I knew when I actually became an owner of a practice that I was going to start this day of giving for veterans,” Dr. Pham said. “That wasn’t until 2012 when I became an owner, and I said, ‘Okay, this year we’re going to open up our doors on a Saturday and treat as many veterans as we can. So that’s how it started.”

That first day, Dr. Pham’s New Jersey private practice saw approximately 35 veterans. The following year, about 10 of his dentist friends also agreed to open their doors, and the year after that, more than 30 offices provided free dental care to veterans. At that point, Dr. Pham decided to turn the annual event into a nationwide foundation that would raise funds and awareness, as well as recruit dentists, schools and hospitals to join.

The event has since evolved into something of a community event, with some locations offering blood pressure and glucose screenings, flu shots, COVID-19 shots, professional haircuts, massages and even raffles.

On the day of the event, usually on or around Veterans Day, veterans show up at a participating location and register on provided laptops. They are then given a number and completely evaluated by a dentist and a medical history assessment. From there, a dentist will take the necessary X-Rays and create a treatment plan, starting with the patient’s chief complaint or urgent needs. Finally, the patients wait for an available doctor and ultimately receive customized care.

Karin Irani, D.D.S., co-founder of the Veterans Smile Day Foundation and member of the ADA Board of Trustees, said that the event consistently generates positive reviews from both veterans and doctors.

“I always get great feedback from both sides. The veterans are always so thankful—they’re an amazing group, and so appreciative. Doctors always feel really good [participating], because when you put them in touch with this group of people, they realize how humble [the veterans] are and the sacrifices they have made,” she said.

According to Dr. Pham, many dentists are unaware that the VA doesn’t offer dental care to most veterans. This is partly why the foundation’s overarching mission is not only to provide dental services, but also to draw attention to the fight for veterans’ access to oral health care.

“Veterans deserve better. Most dentists across the country don’t know that veterans don’t get that care from the VA, and that each dentist can actually help by treating one veteran, five veterans. It doesn’t matter how many, just help,” Dr. Pham said.

Dr. Irani, for example, was unaware that most veterans don’t qualify for dental insurance until they turn 65. Most vets qualify for dental insurance when they turn 65.

In 2021 the VA launched its VETSmile program, an effort that works with local community providers to improve dental care access for veterans who do not qualify for VA dental health benefits.

“Like many other regular people, I was not aware of it. I always thought veterans get the best health and dental medical,” Dr. Irani said.

Upon learning this, however, she immediately joined the cause by helping to create a name for the foundation and reaching out to sponsors such as Henry Schein, Ultradent and The Dentists Supply Company. Since those early days, Dr. Irani has delivered many presentations with various dental associations and advocated for legislation that supports access to oral health care for veterans.

Although the Veterans Smile Day Foundation has evolved since it began, both Dr. Irani and Dr. Pham have high hopes for the future. Dr. Pham said he would like to see an official ADA service program for veterans—perhaps similar to the ADA Foundation’s Give Kids A Smile program, which provides underserved children with free oral health care.

“I think the ADA bringing attention to the issue would work on a greater spectrum, and also it would bring more doctors into the fold to participate, because people would hear more about [it] than [they do] from a small program like ours,” Dr. Irani said.

Still, the mission of the program has always been and will continue to be in support of veterans. It is, as Dr. Pham says, “to serve those who’ve served.”

“Every time we help one veteran smile again, that’s what we want. If we can get someone out of pain, that’s awesome,” Dr. Pham said. “If we can get another dentist to join and open up their doors, that’s an accomplishment. It’s almost like one brick at a time to really build a foundation.”

For more information on Veterans Smile Day, visit veteransmileday.org.
New York State Dental Association steps up to care for underserved in state’s Capital Region

BY DAVID BURGER

After the closure of several dental clinics in the metropolitan area surrounding Albany, New York, the New York State Dental Association stepped in Oct. 21 to host the Capital Region Community Dental Event to bridge the access-to-care gap.

It was a call-to-action partnership in New York state’s capital with Hudson Valley Community College, Kare Mobile and the New York State Dental Foundation.

“Through these community dental events, NYSDA aims to break down barriers to better oral health and reach communities that historically struggle to access critical dental care,” said Marlyce James, a registered dental hygienist who was heavily involved in planning the day of service.

“My focus, as a community dental health coordinator will be care coordination and patient navigation to link patients to their new dental home and other resources within their community.”

The event at Hudson Valley Community College is part of the association’s Dental Demonstration Project, a state-funded initiative created in 2015 to improve oral health outcomes in underserved populations across New York State.

Through one-day service events and community outreach, the Dental Demonstration Project strives to close the gap on unmet dental needs, improve health literacy, connect patients to a dental home and link families to resources in their local community.

To date, more than 2,000 patients have received services from volunteer dentists at these type of events across New York state.

The Oct. 21 event featured dental professionals who provided dental screenings, emergency care for tooth pain and dental problems, oral cancer screenings, dental fluoride for cavity prevention and care coordination for finding dental care and insurance.

According to Grazia Yaeger, the association’s director of marketing and communications more than 4,000 patients, most of whom are Medicaid patients, have been displaced by the recent closure of dental clinics in New York’s Capital Region, exacerbating the oral health care calamity in the area.

“If we lose dental care, we lose a whole community,” she said. “These clinics, already committed to serving our community, now face an influx of calls from patients desperate for a new dental home. Hometown Health receives an astounding 40-50 calls daily, with most patients seeking urgent care.”

Betsy Bray, the association’s director of health affairs, acknowledged the event is a small bandage, but still much-needed.

“We’re in a workforce crisis,” she said.

The goals of the event were to relieve pressure on Whitney Young and Hometown Health, relieve pain for community members by providing emergent dental care and a link to a new dentist, and foster interprofessional collaboration and mentorship for dental hygiene and assisting students at Hudson Valley Community College.

“Unfortunately, access to dental care has been an ongoing challenge in underserved communities,” said Greg Hill, association executive director. “Events like these provide opportunities for us to connect people with not only free immediate care, but options for them going forward. In addition to providing important dental services, it was equally important that we connected patients to dental homes for preventative, routine dental care.”

Dental hygiene and assisting students from the college screened more than 120 patients at

See NYSDA, Page 18
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NYSDA continued from Page 17


the event, and those who needed emerg-
gent care were referred to one of the
two Kare Mobile dental vans onsite with
volunteer dentists to care for patients.
Ms. Yaeger said, “The event sheds light
on the transformative role of CDHCs in oral
health care access to underserved commu-
nities. Ms. James will be working to follow
up with the patients to ensure that they are
connected to a new dental home.”
She added that next year the New York
State Dental Foundation will embark on
a pilot program that will bring CDHCs to
the forefront of providing care in under-
served New York communities, expanding
on the work that has been done through
the Dental Demonstration Project since
its inception.
“This event is a great example of how
CDHCs could be the missing link in bring-
ing oral health care to our most vulner-
able populations,” Ms. Yaegar said.
Elizabeth Whalen, M.D., Albany County
Department of Health commissioner, said
that there has been a “sharp decrease” in
Albany-area providers who accept Medicaid.
She characterized the situation as a “crisis.”
Albany Mayor Kathy Sheehan said,
“We’re grateful whenever these events
happen. It’s heartbreaking as well as
heartwarming.”
Symposium highlights impact of AI on electronic health record advancement

**BY MICHAEL G. NEWMAN, D.D.S.**

**Editor's Note:** The following coverage of the first Global Symposium on Artificial Intelligence in Dentistry in November suggested AI integration with electronic dental records will improve the quality of clinical decision-making and patient outcomes.

"The use of AI to identify anatomy and disease from dental imaging, along with qualitative factors from medical histories and behavioral questions through the use of natural language processing, will make this workflow more quantitative and real-time," said ADA Past President Robert Faella, D.M.D., who attended the symposium Nov. 3-4 at the Harvard University Science and Engineering Complex in Allston, Massachusetts. Representing 21 countries, more than 300 clinicians, AI health care experts and commercial developers attended the meeting in-person and virtually to discuss emerging AI tools and their impact on oral health care. According to Dr. Faella, who chairs the ADA SCDI Working Group 13.8 on Artificial and Augmented Intelligence, electronic health records in the clinical setting will become the gateway for accessing the power of AI systems’ ability to process large amounts of structured and unstructured data at the point of care.

The use of AI to ensure patient safety in monitoring drug interactions is already part of most electronic dental record systems. Future systems can improve prescriptions by looking for genetic markers that determine a patient’s ability to utilize pain medications and antibiotics. Presenters suggested technological advancements in AI are fast-tracking dentistry toward improved clinical practice.

"Artificial intelligence holds the promise of transforming the way we practice oral health care, pinpoint and treat diseases and conditions, and increase equitable access to care and treatment," said William V. Giannobile, D.D.S., D.M.Sc., dean and A. Lee Loomis Professor at the Harvard School of Dental Medicine.

During one session, Creighton University professor Takahiro Miyamoto, D.D.S., Ph.D., and his colleagues presented a prototype of a fascinating virtual dental hygiene system. According to Dr. Miyamoto, The Digital Dental Hygienist is an AI-based app designed to enhance compliance in dental health care, especially for periodontal patients who depend on in-office visits but require motivation for home care. The data from the pilot study showed users had increased motivation and a reduction in plaque and gingival issues following improved compliance with dental recommendations.

Other topics covered during the two-day meeting included AI in temporomandibular disorders, orthodontics and oral surgery. Several speakers demonstrated how AI is being used to augment traditional viewing. Notably, the data generated from AI can be coded, stored and used for further processing. Several companies offered FDA-approved algorithms to assist the dentist. "AI should help us advance patient care through improvement in diagnosis and risk assessment," said Michael McGuire, founder of PerioHealth Professionals and The McGuire Institute.

Attendees were generally pleased by the favorable assessment of AI’s potential. From the symposium presentations, it became clear AI can complement the clinician’s decision-making and is not a replacement for the necessary personal connections at chairside.

"It is with great excitement that I look to AI to once again dramatically alter the way in which dentistry is practiced, increasing the quality of care and the ability to reach more patients who can benefit from everything dentistry has to offer," said Jeanne Ambruster, CEO of The Avenues Company and industry consultant.

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The Marquette University School of Dentistry is one of 11 dental schools in the U.S. with a Special Care Dentistry Association student chapter, which was founded in 2014 and includes about 200 students.

Get to know Marquette dental school
BY MARY BETH VERSACI

The U.S. boasts more than 70 accredited dental schools, all charged with educating the next generation of dentists. This series from the ADA News highlights facts about each to help paint a picture of the current dental education landscape.

From the year it was established to its total enrollment across all programs, learn more about the Marquette University School of Dentistry in the fact box below, and stay tuned for details about more schools in upcoming ADA News issues.

Next generation: The Marquette University School of Dentistry, Pierre Fauchard Academy and Wisconsin Dental Association host the 29th annual Mentor Program dinner in October. The nationally recognized program pairs a current dental student with a mentor dentist for networking and more.

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ADA launches 2 new CE series focused on in-depth learning, networking

New Dentist Learning Networks will empower younger dentists to shape profession’s future

By Mary Beth Versaci

Dentists looking to sharpen their clinical skills and grow their careers will have plenty of opportunities from the American Dental Association to learn and network in 2024.

Appropriate for both dentists and their teams, the new ADA Livestream Series will consist of longer, more in-depth courses designed to give participants the impact and comprehensiveness of an in-person course without the travel or time commitment.

Expert speakers will lead the presentations, with interactive discussions and Q&As to follow. Topics in early 2024 will include digital dentistry, infection control, implantology, opioid prescribing and more.

Courses will take place on Fridays and Saturdays, and participants will earn six continuing education credits per completed course. The series kicks off Jan. 26.

Courses will take place on Fridays and Saturdays, and participants will earn six continuing education credits per completed course. The series kicks off Jan. 26.

Also new in 2024 are New Dentist Learning Networks. Crafted by new dentists and leading experts, the networks are designed to fulfill licensure CE requirements while bringing new dentists together and empowering them to shape the future of dentistry.

The networks are split up into two groups based on time zone, making them easy to fit into busy schedules. They meet online for 1.5 hours each month, leading up to an in-person capstone experience at SmileCon 2024 from Oct. 17-19 in New Orleans. Participants will earn 12 CE credits.

Each session will accommodate a maximum of 200 new dentists for personalized attention. Expert speakers will lead presentations, to be followed by interactive segments, including Q&As and case studies. Dedicated facilitators will manage the sessions and offline engagement to help foster information sharing and networking.

New Dentist Learning Networks starting in early 2024 include:

• LGBTQIA+ Identifying Providers.
• Inventors and Entrepreneurs.
• Next Gen ADA Speakers and CE Presenters.
• Eco-Sustainable Practice.
• Oral Surgery Skills for Female General Dentists.
• LGBTQIA+ Patient-Centered Care.

The first network launches Jan. 16.

To learn more or register for the ADA Livestream Series and New Dentist Learning Networks, visit ADA.org/CElive.

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