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A Journey to Dental School

Caleb Parry
Western U. Class of 2022

Thwack. With that sound, suddenly, blood stained my jersey and countless droplets speckled the dirt. I had not realized what exactly had happened until my teammates sprinted to me with terrified looks on their faces. I was sixteen years old, playing baseball when a ground ball bounced irregularly and struck me directly in the mouth. Four teeth were displaced, parallel with the roof of my mouth, and my lip was severely split open.

Never once did I think baseball would be the reason I am now pursuing dentistry, but it is quite funny how things unfold. After this fiasco occurred at age sixteen, I spent hours within numerous dental offices to restore my broken teeth. As a young man stemming with curiosity, I was fascinated by the art form of dentistry. Dentists could transform things with their hands in such a short period of time and have an immense impact on the confidence and comfort of their patients. Throughout this period of constant exposure, I discovered that this was the profession I wanted to pursue.

I was heavily involved in athletics throughout my life, and I was lucky enough to receive an athletic scholarship to play baseball at the University of Pittsburgh. As a young, naive man traveling across the country to pursue academics and athletics, I truly had no clue about the impact that this opportunity would have on me. Being a student-athlete truly molded my personality and my habits into what they are today. There was so much structure, discipline, and intensity going into every waking moment. Yes, there were times that I felt more than overwhelmed, but those times prepared me for the rigors of dental school and the responsibilities of a dental professional. Athletics endowed upon me the opportunity to make friendships with numerous types of people, instilled in me countless leadership qualities, and taught me how to forge through failure. I cannot say where I would be without the experiences of being a Division 1 athlete, and I am so thankful that I had the ability to participate in something that not many others have the opportunity to do.

Through my experiences in athletics, I found that a smile is a gateway for conversation. It can create an immediate connection between two individuals before any words are spoken. I quite often look back on the sixteen-year-old me with a bloody mouth and mobile teeth and wonder where I would be if that didn't happen, but I am more than happy with where it has led me today.



Proudly representing the dentists in Riverside, San Bernardino and eastern Los Angeles Counties

Connection

Featured Inside

- Meeting your TCDS President
- How to live to 136+
- Transitions: Predicting Success
- Multigenerational Offices
- Are Loupes Necessary?

What's this? See pg 15



Annual meeting of former presidents of the Tri-County Dental Society

See inside for more information on page 22





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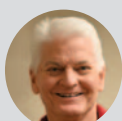
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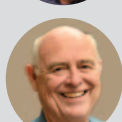
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Connection
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Mission
Statement

It is the Mission of TCDS to be the recognized
source for serving the needs of its members
and the dental community.

What's
Happening

Explore the **FREE** CE Programs. Register for any event online at www.tcds.org
or call (951) 787-9700

Thu. April 9 - Continuing Education Program
(FREE to TCDS Members & Two Staff)
TCDS Office. Registration/Social Hour: 6:00 PM –
Seminar: 6:30 PM – 8:30 PM
Applications of CBCT in Dentistry
Setareh Lavasani, DDS, MS
2 CEU's – Seating is Limited

Thu. May 7 - Continuing Education Program
(FREE to TCDS Members & Two Staff)
TCDS Office. Registration/Social Hour: 6:00 PM –
Seminar: 6:30 PM – 8:30 PM
The 7 Steps to Negotiating PPO Fees
Benjamin Tuinei
2 CEU's – Seating is Limited

Thu.-Fri. May 14-15 Hospitality Suite – CDA Presents
(FREE to CDA member dentist / 2020 dues must be current)
Anaheim Convention Center 800 W Katella Ave. Anaheim, CA
92802
Time TBD Sponsored by TCDS

Thu. June 7 - Continuing Education Program
(FREE to TCDS Members & Two Staff)
TCDS Office. Registration/Social Hour: 6:00 PM
Seminar: 6:30 PM – 8:30 PM
Employment 101
Anita York, Esquire. 2 CEU's – Seating is Limited

Thu. July 16 - Continuing Education Program
(FREE to TCDS Members & Two Staff)
TCDS Office. Registration/Social Hour: 6:00 PM
Seminar: 6:30 PM – 8:30 PM
TMJ Disorders: Basics for the General Practice and Recent Findings
Gary Demerjian, DDS 2 CEU's – Seating is Limited

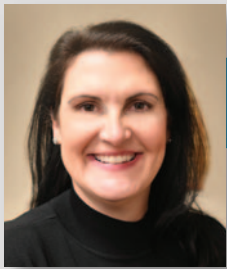
Thu. Aug 13 - Continuing Education Program
(FREE to TCDS Members & Two Staff)
LLU 11092 Anderson St. Loma Linda, CA 92350
Registration/Social Hour: 6:00 PM
Seminar: 6:30 PM – 8:30 PM
Pediatric Dental Trauma Treatment and Prevention
Anna Chen, DDS 2 CEU's – Seating is Limited

Sun. Sept 20 - Continuing Education Program
(FREE to TCDS Members & Two Staff)
Location TBA Registration/Social Hour: 7:00 AM
Seminar: 8:00 AM – 5:00 PM
New Tools in Marketing, Internet, Social Media, and Elective
Cosmetics
Todd Snyder, DDS 8 CEU's – Seating is Limited

Fri. Oct 2 - Continuing Education Program
(FREE to TCDS Members & Two Staff)
TCDS Office. Registration/Social Hour: 7:30 AM
Seminar: 8:00 AM – 12:00 PM
Infection Control & California Dental Practice Act
Leslie Canham, CDA, RDA
4 CEU's – Seating is Limited

Sun. Nov 8 - Continuing Education Program
(FREE to TCDS Members & Two Staff)
Location TBA. Registration/Social Hour: 7:00 AM
Seminar: 8:00 AM – 5:00 PM
Things That Go Wrong, Even When You Do Everything Right
Joyce Bassett, DDS, FAACD, FAGD
8 CEU's – Seating is Limited

Thu. Dec 3 - Continuing Education Program
(FREE to TCDS Members & Two Staff)
TCDS Office. Registration/Social Hour: 6:00 PM
Seminar: 6:30 PM – 9:00 PM CPR/BLS (HANDS ON)
ProMedify 3 CEU's – Seating is Limited



Katherine J. Cooke, DDS

President's Message

On Your Marks

Wow! It's 2020. HAPPY NEW YEAR! HAPPY NEW DECADE! It's going to be a fantastic year! I have been preparing for 5 years now, to be, "On Your Mark." It's now time. Let me politely introduce myself. My name is Katherine Cooke. I am very humbled and honored to be your 2020 Tri-County Dental Society (TCDS) President. You don't realize how many "big shoes" I am following. It's a privilege. Not to be taken lightly. So many extraordinary, knowledgeable, huge, past presidents, and boards of TCDS that have just been running the component along smoothly and now they have passed the baton to me. It truly is teamwork to make our dream dental society "work."

I was born and raised in the San Gabriel Valley. I attended USC undergraduate and USC dental school (Class of 1991). Go Trojans! Fight On! Married since 1994 to Lee (high school business teacher/Future Business Leader of America advisor) and we have two adult children, a daughter and son. No grandchildren yet (thank goodness)! I have worked as an associate dentist in the Temecula Valley since 1992. I have been a member of the ADA since dental school (ASDA) and became a professional tri-partite member as soon as I graduated. I just knew it was that important to belong. Life membership is now creeping up on me.

I have always wanted to be a dentist since the age of 5. I was in an operator (hooked up to nitrous) when I overheard my dentist explaining to an older female patient in another room that she had a bad tooth, it needed to be removed and that she needed a bridge. All my 5-year-old self could visualize (with eyes wide open) was the Golden Gate Bridge. How in the world was my

dentist going to fit the Golden Gate Bridge in this ladies mouth? How was she going to chew? To talk? And was it going to be red? I'm thinking, "There has to be something better." Thus, my dental journey started.

People have asked me, "So how much are you getting paid to be President?" I reply, "It's all volunteer." They look at me in disbelief. Yes, it is all volunteer. We serve gladly with our passion, pride and time. Why do we "just volunteer?" Because as human beings, it's what we do. To help others. Even if those others happen to be our colleagues. "A rising tide lifts all boats."

How does one become involved in serving and volunteering with a dental society? Do you need to be qualified? Do you need to know it all? Do you need to have all of your ducks in a row? Well, let me tell y'all. It all begins so innocently. (LOL) First, you need a working relationship with a colleague. To the millennials we all know that as "networking." That happened to be my very first mentor, Dr. Evangelos (Ross) Rossopoulos of Corona way back at the end of November 2012. He called me up one day. "Hi Kathy, I have something to ask you. I am going to be Chair of the Continuing Education committee for TCDS. Will you be on my committee? It won't take too much of your time. I see the committee meeting face to face one time at the beginning of the year and the rest of the meetings will be conference calls." I'm thinking, "I can do that. My husband won't mind, he is involved, volunteering with FBLA. It shouldn't take too much of my time to help out. My kids are older now. It would be fun to do. Sure", I tell Ross. "Count me in." So now its 2013. We just had our first CE meeting. My time spent has been valuable. Just to let you know, Ross went on to become TCDS president several years later and is now volunteering at the state level as

part of the CDA Board of Managers. He is still one of my mentors.

Now it's February 2013. I get a call from Penny Gage who was at the time, our TCDS Executive Director. (She is now retired, living her best life in Arizona and we miss her bunches.) "Hi, Dr. Cooke. Have you ever heard of the CDA House of Delegates?" "Sort of," I replied. She then said "Well, it's a conference that is held every November. We send delegates every year to make and vote on, policy. We send 17 delegates every year. We also choose 17 alternate delegates in "case one" of the delegates has an emergency. Are you willing to be an alternate?" Penny then proceeds to tell me, "Don't worry, you won't be chosen as a delegate this year. We need 17 delegates per our Bylaws." I tell her, "OK." Penny then tells me to look for the TCDS summer Bulletin (now called Connection) issue. All delegates and alternate delegates' names must be listed. "Not to worry," she says.

Well... it's late summer now. I get another phone call from Penny Gage. CE committee is going along smoothly. "Hi, Dr. Cooke. I have a question to ask you. One of our board of directors has resigned and we need a member to fill the vacancy for the rest of the year. Your name came up. Can you do it? We only have two more board meetings for the year. Don't worry, I will help you out." I'm thinking, I will have no clue what I am supposed to be doing but sure, I think I can do this. Yes," I tell her.

So I am there for the 2013 September board meeting. Do not know anyone except for Ross Rossopoulos and Penny Gage. I do not know what is going to happen but I'm there to help out. Penny tells me, "You are sitting next to me tonight." Penny was my angel. That's the night where I met Dr. Michael Mashni, our 2019 President. "Hi, I'm Michael, nice to meet you." Another mentor of mine. He has done such an outstanding and exceptional job this past year for TCDS. (How do you follow him?)

No one knew me and it was awkward. However, I

was in awe of everyone. You soon learned there were many people there that have served the society for years and they have so much passion for serving the society and doing what is best for our members. I learned, you take action and you stumble on. Fall forward. Listen well, so much advice to be given. I am not going to lie, it did take a while for colleagues to warm up to me. I was too quiet! I was listening the entire time, mentally taking notes. I still do. Whew! Made it through my very first board meeting. I also learned at this board meeting that Penny Gage was retiring and I was heartbroken. "No", I thought. She was my helper.

Then, in late October 2013 I received another phone call from Penny. "Hi, Dr. Cooke. I wanted to let you know that one of our delegates cannot make it to our House of Delegates conference. Your name has come up for consideration to be a delegate. Can you do it?" At first I was silently thinking, "What about the alternate delegates, 1 through 16? I'm number 17." I asked Penny, "When, can I let you know if I can attend?" Penny told me, "You have two hours. I need to call CDA and let them know right away."

So now I'm frantically calling my husband, asking if we have any obligations the weekend of the conference which is in early November 2013. "No," he says. I check with my office and the schedule. "Go for it", the office manager tells me. So I call Penny back and give her a "Yes." So now, I'm expected to attend a pre-caucus meeting for the House of Delegates prior to our November board meeting. This is where all the delegates meet prior to the conference to discuss the resolutions that are coming up on the floor of the House to be discussed and voted upon. Another mentor has been, Dr. Jerry Middleton, Past TCDS president and Chair of CDA Cares 2019. He showed me the ropes of the HOD conference. He was such a force with CDA Cares. He led the bull by the horns on this committee. I had so much respect for him. It was a lot of work, yet he made it look so easy.

The HOD conference is a true experience when attending for the first time. I was literally in awe of all the proceedings. I had no idea all of the

years of being a CDA member of how this conference existed, let alone ran. You had grown men upon stage, crying over CDA. So passionate about taking care of the members of California. This is when I first heard of the Delta Dental lawsuit and all of the inner workings. I urge you, to apply to be a delegate for this conference. You will be duly impressed to see 290 delegates, representing 32 dental societies, making and voting on policy for 27,000 CDA members. Just incredible, and it's a serious responsibility to be a delegate.

Fast forward to 2014. It's February. I'm sitting at home late one night watching TV with my husband. I get a phone call from our Executive Director, "Hi Dr. Cooke." "I'm here with the Nominating Committee (huh, what's that?) and you have been selected to be our Treasurer for 2015. Will you accept?" I said, "When can I decide." The ED said, "We need an answer right now." I'm whispering to my husband (with my hand over the receiver) "They want me to be treasurer!" My husband shrugs his shoulders and says, "Just do it. Say yes." So, I said, "yes."

And that's how you start serving and volunteering for a dental society. LOL A rolling stone gathers no moss. You need to take action. You don't need to know it all. You do not need to know everyone. You don't need all the ducks in a row. I thought you did. You just need the heart to serve, dive right in and give some of your time. Don't worry. You have colleagues ahead of you who have blazed the way for you to succeed. They are always there to help you if you stumble. They will not let you fail. This I have learned the past several years moving up the ranks on the executive committee and serving as Chairs of Finance, Continuing Education and Membership.

We still have at least 10 past presidents that are active in this dental society. That's a lot. That tells you much about this local component organization that we all belong too.

Our dental society: Did you know? Geographically, we are the largest out of all 32 dental societies of California. Our members: Over 2,700! 1,620 are active/recent dentists and 640 are dental students from Western University in Pomona

and Loma Linda University. 46 are faculty members. 114 are Life Active and 194 are Life Retired. We are growing daily. Our local component membership is larger than many other States' memberships. That's just astounding.

As I have moved up the ranks the past 6 years, I have learned so much about organized dentistry and what it takes to lead. I'm still learning -- Daily. I couldn't do it without the backbone of the society: past presidents, past executive committees, past boards, committee chairs, trustees, our famous Editor, and our lovely office staff. They all have left footprints for us to follow. We all have roles and we all come together as a team. Thank you to all of the spouses and significant others who let their "someone special" serve. I have met and made so many new friendships along this journey. Jim Rohn once said, "You are the average of the five people you spend the most time with, and that means everyone in your life counts." Right now, I'm trying to attain that average with the back bone of our society.

I and our entire TCDS board, urge you if you are reading this message, to please, somehow, someway, be involved with TCDS. We need you. We need your energy. This is a call to action. Volunteer at an event, volunteer on a committee. Please call. We would like very much to meet you. We are calling for new future leaders to continue paving the way for our members. We have much work to do in 2020 and beyond. Remember, a rising tide lifts all boats. We need you to be that tide.

We have a fantastic "new" Executive Director, Ms. Shehara Gunasekera whose heart is for Tri-County Dental Society. We have an energetic Program Coordinator, Ms. Reyna Gomez. We also have wonderful Ms. Sally Medina who helps us part time with Membership. The team is ready.

So right now, I am "On my mark." I hope to serve you well these next 12 months. GO!

Warmly,
Katherine Cooke



Dan Jenkins DDS,
FIAPA, CDE-AADEJ

Editorial

Living Longer - Will You Make it to 136?

<https://www.ssa.gov/oact/STATS/table4c6.html>

How long do you want to live? Why? When I was asked those questions a while back I responded that I wanted to live to be 136 years old! When they asked “Why?” I told them “I just want to stick around and see what happens.” Of course, I was just picking a random number out of my head for the 136 figure. But, is it possible to live longer than the statistics claim? I believe that with advances in medicine people born today will live to be well over 100 years of age.

The life expectancy for those born in 2019 in the USA is 76 yoa for a male and 80 yoa for a female. By the way, those born in Canada have a life expectancy of 80 for males and 84 for females. I quickly determined that it would not work to get close to the age of 76 and then move to Canada to live an additional 4 years. <https://www.statista.com/statistics/274513/life-expectancy-in-north-america/>

The Social Security Administration has Actuarial tables to determine how much longer a person will live from each year of their life. The life expectancy figures take into account people dying from diseases, accidents, and war. While a person born may have a life expectancy of 76 years, the longer they stay alive the better chance they have of living past the 76-year mark. It seems the sweet spot is at 79 yoa for a male as at that point it is determined that they should live 8.88 more years (84.88) – 10.35 more years for a female (89.35). At 65 yoa, the statistics are 17.92 more years, (82.92) for males and 20.49 more years for females, (85.49). Due to disease and accidental deaths those currently at 30 yoa show statistics at 47.2 more years for males, (77.2), and 52.01 more years for females, (82.1).

Since I was a child I have enjoyed talking to older people and listening to their stories from their lives of many years ago. My grandmother told me of going out on dates on a horse-drawn buckboard wagon. Former TCDS President, Dr. Joe Page, our oldest member at the time of our Centennial in 2008 was 101 when I spent a day with him for his interview. I continued internet conversations with him up until a few weeks before his death – just a few days short of his 102nd birthday. He would share stories of how dentistry “worked” in the 1930’s as well as his time in the Navy in Australia during WW II. He was very lively and clear in his informative conversations. In 1969, during college, I worked in a hospital as an orderly in the ICU. I met a patient who was 106 yoa – the oldest person I’ve yet to meet. He immigrated to the USA with his father from Italy when he was 17 and they worked as barbers and bleeders. Through his stories I felt like I had extended my life span back to when he was born in 1863. It made things so much more real than obtaining the stories from a history book.

A few weeks before last Christmas, I stopped into my favorite fast-food Mexican restaurant. There was a mother with a young daughter, who appeared to be about 4 years old, and they were ordering at the counter. 4 year-olds are at that chatty age and she was no exception. She did seem a little shy or afraid of strangers as she gave me a glance and moved closer to her mother. The girl started up a conversation with the gentleman taking the order – a tall good sized man named Tracey, in his third decade of life. If it was not for his ready smile he would be intimidating to most people – let alone a 4 year old girl. The two started talking about Christmas and all of

the traditions and she was delighted. She was not fearful with one who she could have considered an ominous adult. Normally, in fast-food restaurants the young male personnel are not so ready to interact with 4 year-old girls. But, Tracey seemed very comfortable to take the time to interact with her. After the mother and daughter left the order area Tracey apologized for the delay. But, I congratulated Tracey for taking the time with the girl and I told him of my feeling of extending our lives through making an impact on the lives of other people for the rest of their lives. Thus, by making an impact on a 4 year-old, who more than likely will live to be over 100 years old, he may have extended his own life by 96 years. She may tell the story of interacting with Tracey for the rest of her life – and she may even tell it to her children, grand-children, and great-grandchildren. In that case, Tracey’s life may go one even longer.

As dentists, I feel we may have an outright responsibility to live longer. Each of us has our own unique education and training that we need to share with the public. While this does not mean we all agree on the ideal treatment, we should want to extend our influence on the importance of dental care to the public.

When we see a 4 year old child in our office we should think of how far reaching our interactions will be. Every one of us, since dental school, have had a patient come in who says, “I HATE dentists! When I was a child, a dentist just tore my mouth up every time I went in!” That patient may be extending the life span of their childhood dentist but, that is not a positive interaction for them to share. There is no doubt those patients pass their negative experience on down to their children and grandchildren.

Even if you, as a dentist, have ceased caring for younger patients you may wish to consider this when interacting with adolescent patients who will still live for another 70+ years. If you had good interactions with a 4-year-old when you are 55 and the child lives to be 100 that would extend the memory of you on this earth out to 151. With a 13-year-old adolescent, your life would be felt on this world for 142 years from the time you were born.

I write this not as a campaign for you to care for young children but rather for you to consider your long reaching results you can feel proud about in caring for the future generations and of what I’m sure will be a very positive long-lasting effect for the good of our proud profession of dentistry. Thus, I’m sure each and every one of us will indeed have a life that will last more than 136 years!



Omer Reed, DDS
1932-2020

Omer Reed, DDS. An example of living longer.

Omer passed away on January 11th at the age of 87. He was well known by many dentists for many years – and a true professional. Many dentists have heard of his wise sayings dubbed “Omerisms.” I have no doubt that his sayings will continue for more than another 100 years--even if he does not get the credit. I have copied some of his “Omerisms” that he shared with many of us.

You don’t know what you don’t know

And if you don’t know what you don’t know you’ll always do what you’ve always done.

And if you always do what you’ve always done then you’ll always be what you’ve always been.

If you’re not paid what you’re worth, you become worth what you’re paid.

If it’s been done, it’s probably possible.

I like me better when I’m with you.

Seek first to understand before being understood.

None of us is as smart as all of us.

How much is enough?

Not to decide is to decide.

Get off the teet of the insurance company.

If you kept your teeth as clean as you kept your forks, you wouldn’t need me.

People don’t care how much you know until they know how much you care.

Happiness is a choice.

A fair fee is one willingly paid and accepted with neither party losing gratitude.

Don’t be down noton something you’re not up on.

Work smazter, not harder

RIP, Omer-Dan

Addendum: Omer’s celebration of life was Feb 29th in AZ. Over 200 people traveled in from as far as Australia and Britain.

TCDS—Officer Installation Party

On December 12, 2019 the annual TCDS Officer Installation party was held at the TCDS office by about 30 members. While there was great food brought in there was no need for outside entertainment. Members seemed to thoroughly enjoy each other's company while they discussed a wide variety of topics amongst themselves. The 2019 TCDS president, Dr. Michael Mashni introduced those filling the various offices and received his traditional TCDS Presidential Gavel from TCDS 2020 President, Dr. Katherine Cooke.



"Katherine, the Great"
2020 TCDS President, Dr. Katherine Cooke with her husband, Mr. Lee Lara and their daughter, Kaitlyn are our new "First Family." (Son, Steven, was not able to attend.)



Dr. Cooke presents Dr. Mashni with his TCDS Gavel as outgoing 2019 President



TCDS VP, Dr. Paul Simeteys and Dr. Cooke share some humor.



Of course, we KNEW who put the whole party together. TCDS Executive Director, Ms. Shehara Gunasekera, with Mrs. Sally Medina, and Ms. Reyna Gomez. Thank you, ladies for our best party yet!



2019 TCDS BOARD, L-R Front: Hemant Joshi, Michael Mashni, Katherine Cooke, Wayne Nakamura. Back: Dan Jenkins, Jay Bhatt, Wade Banner, Joan Dendinger, Paul Simeteys, Gisella Angarita



The Doctors Johnson insisted on a pic with the Editor — me.



A drawing was held for a prize — won by Mrs. Sherine Gunasekera. She is Shehara's mother!
CONGRATULATIONS



Dr's Eby and Rachel Johnson



Dr. Wade Banner expresses himself to Dr. Rishi Bhatt, while Dr. Jay Bhatt tries to avoid the picture.



Student Representatives: top: Dimitri Haber, Daniel Aclan
Bottom: Youstina Mekhael, Zainab Bhagat, Jeanine Khoury.



TCDS President-elect, Dr. Hemant Joshi and his wife, Dr. Madhavi Joshi pose in front of TCDS Christmas Tree.



Dr. Michael Mashni and his significant other, Dr. Isbella Piedra enjoying the evening



Board Directors, Dr. Gisella Angarita and Dr. Joan Dendinger sharing dental stories.



TCDS Board Director, Jay Bhatt, his son, Dr. Rishi Bhatt, New Dentist Committee Chair, Dr. Asma Patel, and TCDS President-elect, Dr. Hemant Joshi pose for a pic.



2010 TCDS President, Dr. Leonard Raimondo shares some old stories humor with TCDS staff member, Mrs. Sally Medina



Dr. Mashni announces the committee chairs for 2020 as chosen by TCDS 2020 President, Kathy Cooke.



Reyna and her significant other, Israel (Izzy) Bustos, check out some pics.... while Eby, Rachel, and Gisella listen to Hal Deisem give advice. Paul is in the back of the room getting 2020 game plans from Madam-President Katherine "the Great."



Dental Student Representatives put on a bit of a show. Dimitri Haber, D4 LLU, is center stage — he doesn't like to be noticed. J Youstina Mekhael, IDP4 LLU, is far left, Jeanine Khoury, IDP3 LLU, next to her, far right is Daniel Aclan, D3 Western U, and next to him is Zainab Bhagat, Western U IDP4.



ADA News January 20, 2020

BY DAVID BURGER Fort Lauderdale, Fla. —

A class action lawsuit alleging that a Florida dental practice sent unsolicited text messages in violation of the Telephone Consumer Protection Act was filed Jan. 6 in the U.S. District Court for the Southern District of Florida. The lawsuit alleges that the practice, TLC Dental-Hollywood, sent texts to plaintiff Adriana Hill and others using an automatic dialing system without the practice receiving prior consent. If substantiated, the action could be found in violation of the Telephone Consumer Protection Act, which prohibits sending certain kinds of messages without consent.

Congress passes \$1.4 trillion spending package – Dentistry's portion?

What ADA Advocacy did? Permanent repeal of medical device tax from ACA.

ADA News January 20, 2020

BY JENNIFER GARVIN

Key advocacy wins for the ADA include: • National Institute of Dental and Craniofacial Research. Appropriators approved \$477.4 million for 2020 — \$15.6 million above the 2019 enacted level. • Indian Health Services Division of Oral Health. The bill includes \$210.6 million — an increase of more than \$6 million. The IHS Health Professions account that includes recruitment and retention programs received \$65.3 million, an increase of nearly \$8 million over current funding. IHS estimated this funding would

DENTISTRY NEWS

enable them to hire around 200 more health care providers.

• Health Resources and Services Administration. The bill includes \$12 million each for general dentistry and pediatric dental residencies and \$2 million for dental faculty loan repayment. Area Health Education Centers received \$41.3 million — an increase of \$2 million; \$15 million for HRSA's Health Careers Opportunity Program; \$13.1 million for HRSA's Ryan White Part F Dental Programs; and \$5.3 million for HRSA's Maternal and Child Health Special Projects of Regional and National Significance. • Military dental research. The bill includes \$10 million for military dental research. • The repeal of taxes created by the Affordable Care Act. This includes a permanent repeal of the 2.3% medical device tax that the ADA, AGD and other stakeholders have long advocated for. The bill also repealed the Cadillac tax and a fee on health insurance plans. • Medicaid funding extension for U.S. territories for fiscal years 2020 and 2021. This includes program integrity improvements for Puerto Rico's Medicaid program. This funding will be available at a federal match rate of 76% for Puerto Rico and 83% for the other territories. The ADA joined the Partnership for Medicaid coalition in urging Congress to fund Medicaid, including oral health, in the territories.

Pharmacy Chains Sue Ohio Physicians Over Opioid Prescribing

Ken Terry

Several large pharmacy chains have sued 500 unnamed doctors in northeast Ohio as part of the sprawling litigation that has arisen from the opioid epidemic, The Washington Post recently reported.

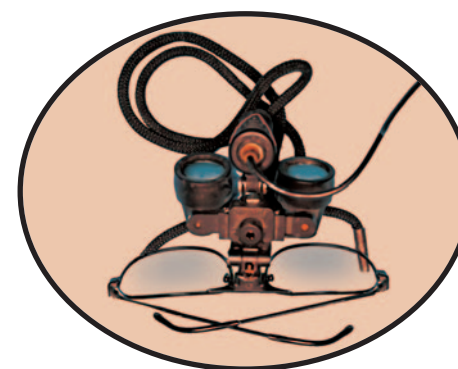
The federal lawsuit alleges that opioid prescribers bear some of the responsibility for the overuse of these powerful drugs, which have killed more than 400,000 Americans during the past 20 years.

Among the plaintiffs in the case are CVS, Walgreens, Walmart, Rite Aid, Discount Drug Mart, Giant Eagle, and HBC Service Company, Robert Pitts, an official with the US District Court for the Northern District of Ohio, told Medscape Medical News.

More than 300 suits have also been filed in state courts across the country. State attorneys general have filed 89 suits against drug companies. About half of the attorneys general have proposed a \$48 billion settlement in those cases, but the other states have not approved it.

https://www.medscape.com/viewarticle/923964?nlid=133588_5402&src=wnl_dne_200121_mscpedit&uac=158058BK&impID=2250941&faf=1

What's this? Answer on pg 15



Magnification loupes have become commonly used by dental operators. Many if not all dental schools in Canada require students purchase and use them throughout their dentistry and dental hygiene programs. Asking practitioners who use loupes in their practices, they say they couldn't imagine working without them. Intuitively, it makes sense that if you can see better then you can practice better, leading to the assumption that magnification results in better treatment outcomes. And, is this true?

Intuitively, it makes sense that if you can see better then you can practice better, leading to the assumption that magnification results in better treatment outcomes.

The Canadian Agency for Drugs and Technologies in Health (CADTH), set out to investigate that question. To find quality study designs, CADTH looked for health technology assessments first and then systematic reviews, which are the gold standard for evidence synthesis. After that in descending order of confidence follow meta-analysis, double blind randomized control trials (DBRCT), randomized control trials (RCT), non-randomized studies, economic evaluations, and evidence-based guidelines.

The CADTH Rapid Response Report was released on October 9, 2019, Dental Loupes and Headlamps for Dental Care: Clinical Effectiveness, Cost-Effectiveness, and Guidelines. The report summarizes the abstracts of the best available evidence since 2009 that address the questions of whether there are differences in clinical effectiveness when using dental loupes versus unaided vision, and when using headlamps versus

How Effective are Dental Loupes and Headlamps for Dental Care?

From: Canadian Dental Association, Oasis Discussions

By Carolyn Boyd, DDS, Diploma Library & Info Technology

operatory lights. The report is based on two systematic reviews, two randomized controlled trials, and three non-randomized research studies that specifically addressed these questions. The findings are presented in order of highest to lowest quality of evidence found.

1. Both systematic reviews looked at endodontic treatment performed with magnification. The first review found no trials that met the inclusion criteria, so no conclusions could be drawn. The second review found that the use of magnifying loupes, surgical microscope or endoscope had no or minimal positive effect on treatment outcomes.

2. The two randomized controlled trials found magnification tools improved scaling and root planing of teeth and removal of composite adhesive after ortho bracket debonding.

3. The results of the 3 non-randomized studies were a mixed bag. One study suggested magnification improved the detection of white spot lesions in enamel, while another one concluded magnification with or without headlamps did not improve supragingival scaling treatment outcomes and added to treatment time. The last study did not assess treatment outcomes but found that loupes reduced endodontic treatment time.

4. CADTH could not locate any health technology assessments, literature on cost-effectiveness, or any guidelines for the use of magnification to affect clinical effectiveness.

Just because the evidence isn't pointing to a hard and fast answer doesn't mean that dental loupes aren't advantageous. The onus is on individual

practitioners to choose what works best for them.

This report specifically addresses the effect of magnification on clinical effectiveness, not on whether magnification improves vision of the operator. Of course magnification allows the user to see in more detail, but does it necessarily lead to measurably improved dental care either directly or indirectly?

There are other factors to consider with magnification, such as operator comfort. For example, a recent study noted improved neck angulation that suggests loupes require the operator assume a consistent posture that may lead to long-term ergonomic comfort and musculoskeletal health (1).

It takes time for new technologies to settle into widespread use and for long-term data to be available for conclusive review. Just because the evidence isn't pointing to a hard and fast answer doesn't mean that dental loupes aren't advantageous. The onus is on individual practitioners to choose what works best for them.

Original article: Dental Loupes and Headlamps for Dental Care: Clinical Effectiveness, Cost-Effectiveness, and Guidelines. CADTH, October 2019

Reference

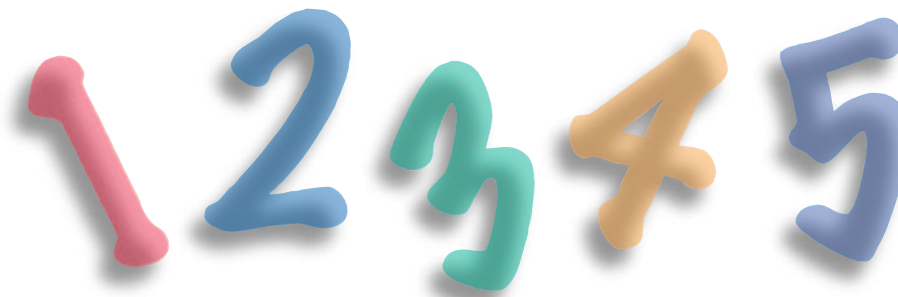
1. Wajngarten D, Garcia PPNS. Effect of magnification devices on dental students' visual acuity. Murphy BA, ed. PLoS ONE. 2019;14(3): e0212793. doi:

TRANSITIONS IN DENTISTRY

Top 5 predictors of a successful practice transition ADA: New Dentist News

By Dr. Suzanne Ebert - January 16, 2020

Editor's note: This article originally appeared Dec. 19, 2019, in the ADA Practice Transitions' ADAPT Blog.



This year, ADA Practice Transitions (ADAPT) went live — and I have had the privilege of working with dentists in the midst of career transitions of all types. From dental students to dentists wrapping up 40-year careers, I am thoroughly enjoying working with each and every one!

As we look ahead to 2020, I wanted to share five of my thoughts on the biggest predictors of a successful transition.

#1: Keep your options open!

Many people — not just dentists — fall into a trap of thinking their career needs to follow a predetermined path. But in reality, you determine your dental destiny. By keeping your options open, you may discover an opportunity that you would have otherwise dismissed at first glance but is exactly right for your needs.

To really commit to this path, start by thinking about your top three “must-haves” for your next role. These could be anything: a location, a specific practice size, or your thoughts on life after retirement — anything at all! But then challenge those assumptions. If the “perfect” practice pops up in a small town, explore that town. See what a larger or smaller practice might offer you. Discover what types of interesting work an FQHC or residency program could provide for life after retirement. You may find that challenging your knee-jerk assumptions opens the door to some amazing opportunities.

For example, Dr. Christy Rens assumed she would end up practicing in urban Minneapolis — until a fantastic short-term contract opportunity presented itself in rural Wisconsin. She transformed that contract into a very rewarding career that

provides engaging work, flexibility, and a comfortable lifestyle.

#2: Think about philosophy of care FIRST

I joined ADAPT in part because of the focus on philosophy of care. Throughout my career, I have seen how important compatibility is for long-term success and what can happen when dentists are not aligned. My goal is to help dentists find someone who shares their philosophy of care so they can set themselves up for future success.

This is not to say that two dentists should do clinical dentistry the same. It just means that they share an overall commonality in how they approach their patients, staff, and communities.

When evaluating an opportunity, many dentists want to see financials first, before they have even made contact. This is a mistake. Since an in-depth view of the financials typically requires paying an accountant, we suggest determining the “easy” stuff first. Namely, decide whether the practice is one where you can thrive, based on the overall philosophy and general overview of the operations. Doing this takes real listening, both to the other dentist and your own gut. Ask questions about how the practice or person operates and pay attention if something does not feel “right.” (More on this in #4 below.)

Taking time to really listen can help avoid the trap of investing funds and then feeling obligated to continue into a transaction even while your gut is saying that the situation is not quite right.

Instead of waiting until late in the process, START with philosophy of care to make sure you are

both on the same page. ADA Practice Transitions does an initial screening and will only suggest matches when the rough numbers are aligned, so you can take a bit of time to investigate whether this is someone you can work with or if you can feel comfortable turning over your legacy. Once you have that initial connection and both agree to move forward, then you can start digging into the numbers.

#3: Take the time to do it right the first time (and get it in writing!)

Half of all associateships fail within the first two years. That generates frustration for all involved: the associate, the owner, patients, and staff.

There can be a better way, though. Rather than jumping at the first opportunity, take the time to find a match that fits your needs now AND in a few years.

That is where I come in as your ADA Advisor: I will help you define your short- and long-term goals so you can find the situation that is just right for your needs now, and in the future. I will also help you think through the entire process so you can take control of things right from the start.

Do everything you can to avoid the all-too-common situation where you were promised ownership and then four years later, find that the owner is NOT willing to follow through. Alternatively, ensure an associate who says they are interested in buying out the practice does not “back out” three years down the road because they decided they would rather remain an associate — leaving you in the position of finding another buyer when you are more interested in hanging out with your grandchildren.

Allow your ADA Advisor to screen applicants/practices for you so you do not waste your time on less ideal options, and let us guide you as you wander down your individual path. This can take more time upfront — but it might help you avoid another search in a couple of years.

#4: Listen closely (to yourself and to others)

So many misunderstandings and disappointments could be avoided by better listening. Throughout a practice transition, check in to make sure you are really listening both to yourself and to the other person. Are you hearing their answers, or just what you hoped to hear? Are you pausing so they can ask their own questions? Are you listening to what your gut is telling you, or are you paying more attention to those around you?

If you are trying to sell, it can be tempting to think you need to really sell your practice. But the truth is, if your practice is right for the other doctor, overly aggressive or salesy tactics may drive them away. Instead, while you should clearly state what is great about the practice, make sure you let the other dentist respond! ADAPT CEO Bill Robinson shared his own tips for better listening.

#5: Owners: update your practice. Incoming dentists: look past the paint

I see many potential buyers or associates who are unable to look past a dated facade. Updating your practice can be relatively easy, but too often it gets pushed off.

Look at your practice from another dentist's point

of view. Ask a trusted friend or colleague for their opinion. A fresh coat of paint and updated upholstery can go a long way towards freshening your office space and making it feel more modern.

For incoming dentists, look past the cosmetics and be on the lookout for a “fixer-upper.” Just like on TV, if the bones are good and you have the guts, you can create your dental dream home!

Many younger dentists see digital x-ray and computer compatibility as essential, so if you have been on the fence, go ahead and invest in the upgrade. It will make your practice sale easier.

And do not overlook your practice's financials. Updating your collections policies and fees can improve your bottom line, which helps make your practice more marketable. Make these changes as early as possible to boost your average annual collections.

I wish you peaceful holidays and a successful 2020! If your resolutions include a practice transition, create your ADA Practice Transitions profile today. Once you submit your profile, I will help you think through your own goals and guide you through each step of the process.

Practice Sales of the Past

Currently, practice sales are usually handled by brokers who have fairly similar formulas for the sales price based upon:

1. A percentage of the average annual gross collections over the last 2-3 years.
2. Any specialized equipment the office may have - taking into consideration the age of the equipment.
3. The accounts receivables that are less than 90 days may be purchased by the buyer dentist or some collection agreement may be worked out between the buyer and seller.

In the past a dentist wanting to sell would search for a young dentist to associate and if they worked well together a sale would be worked out. Sometimes the price would be based on the number of active patient charts as low as \$1.00/chart!

Another arrangement I have seen was based upon a percentage of collections the new dentist collected on the records being sold as the seller was moving out of state with the equipment.

Keep in mind there are many ways a practice can be sold/purchased. Attend society meetings and discuss things with other dentists of varied experience and decide what will work for you. dj

Volunteer Opportunities



2019 CDA CARES – San Bernardino

Smile Unto Him Dental Clinic
Ongoing
661 Arlington Ave., Suite G
Riverside, CA 92504 • 951.977.9415
Contact: Dr. Sue Suh

Gloal Dental Relief
Phone: 303.858.8857
<https://www.globaldentalrelief.org/volunteerabroad/search/dental/>

GoAbroad.com
<https://www.goabroad.com/volunteerabroad/search/dental/volunteer-abroad->

International Medical
Scheduled trips to other
Phone: 970.635.0110
www.IMRUS.org Contact Shauna
GoAbroad.co
Lists many
970.635-0110

Mercy Ships
Multiple locations
<https://www.mercyships.org/volunteer>
903.939.7000

Jongguon Kim, DDS
General Practitioner
LLU, 2016
No Practice Address Listed

John Kim, DDS
General Practitioner
LLU, 2016
77900 Fred Waring Dr
Palm Desert, CA 92211

Joshua Lee, DDS
Periodontic Resident
LLU, 2017 (DDS)
LLU, 2020 (Perio)
No Practice Address Listed

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General Practitioner
LLU, 2017
34636 County Line Rd Ste 19
Yucaipa, CA 92399
909.795.2585

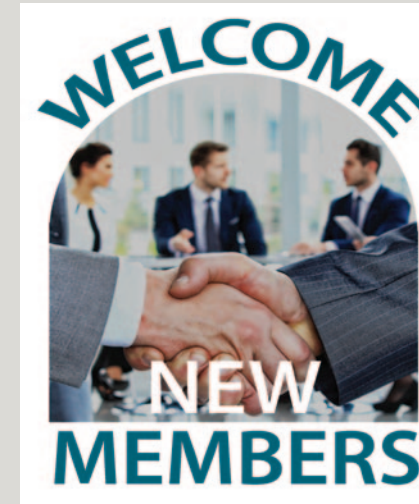
Damian D'Auria, DDS
General Practitioner
NYU, 2019
No Practice Address Listed



LLU



NYU



Tufts
U.



USC

Roxanne Iris Ramos, DDS
General Practitioner
Tufts University School of
Dental Medicine, 2019
No Practice Address Listed

Ming-Chung Lai, DDS
General Practitioner
USC, 1982
700 N Diamond Bar Blvd Ste C
Diamond Bar, CA 91765
909.860.7780



U of
Maryland
Baltimore



U of
De La Salle

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General Practitioner
USC, 2013
No Practice Address Listed

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College of Dental Surgery, MD,
2012 (DDS)
V A Med-Loma Linda, 2013 (GPR)
1882 De Palma Rd # 2E
Corona, CA 92883

Adria Marcinkowski, DDS
General Practitioner
Mexico-Universidad De La Salle,
2018
No Practice Address Listed

Lilian Mikhail, DDS
General Practitioner
Mexico-Universidad De La Salle,
2019
No Practice Address Listed

TCDS History—Jan, 1990

- President: Wilfred Nation (A great guy.)
- Total Membership: 905 (less than half of 2020.)
- Newsletter: Bulletin, 8 pages. (1/3rd current Connection.)
- Cover: "TCDS TURBO Molar Drill Team" in the Pasadena Doo Dah Parade right down Colorado Blvd.
- CE & Topics: All-Ceramic Crowns, Earthquakes, Age related xerostomia, Esthetic and Adhesive Dentistry, AIDS—100,000 cases, computer literacy, esthetic dentistry vs "Golden" age of dentistry, Reversible occlusion Centric Relation appliances, AIDS in Dentistry in the Young Dentists' Study Club, and registration for the TCDS Annual Golf Tournament.



What's this... answer



American Industrial Diminutive Medical "Victor" Portable Dental X-ray machine cylindrical glass Coolidge Tube. Circa 1920s.

THE CHALLENGE OF A MULTIGENERATIONAL WORKFORCE

by Tim Twigg & Rebecca Boartfield

Here are some strategies for successfully navigating multiple generations in the workplace:



1) Discover what workers truly want. Understand what makes the different generations “tick” in broad terms (there’s a lot of information out there on this topic). That being said, while there are very broad generalizations that can be applied to any one generation, it is important to note that there are always exceptions to the rules. Avoid the potential to accept as true the stereotypes about various generations. Too often employers guess at what workers want without speaking with them to understand what they want most. This was never the best management method, now it is even worse since each generation can bring very different wants and needs to the table.

- Having opportunities for mentoring
- Understanding the big picture
- Receiving effective communication
- Receiving positive feedback

Experiencing an exchange of ideas
Addition commonalities relate to the twelve foundation essentials that need to be present for long term success with all employees, regardless of age or generation:

- Ethically sound business principles and quality healthcare
 - A consistent and fair management style
 - Policies that are friendly, frank, fair, and firm
 - A pleasant and harmonious work environment – minimal stress
 - Adequate facility, instruments, tools, equipment and supplies
 - A competent and compatible staff
 - Assistance in learning: communication, decisions and initiative
 - Clearly defined job responsibilities
 - Recognition: acknowledgement, contribution and appreciation
 - Adequate compensation and benefits
 - Feedback: knows how the employer thinks they are doing
- Good communication and worthwhile staff meetings

4) Build collaborative relationships. We understand and appreciate others more when we have the opportunity to get to know them. Creating opportunities for employees of different genera-

tions to interact in both work- and non-work-related settings can help to build relationships and minimize misunderstandings.

5) Create opportunities for cross-generational mentoring. This can work both ways. Don’t make the mistake of automatically assuming that the only mentorship that can happen is to the younger generations by older generations. All age groups have opportunities to learn from each other. Generational diversity has great potential. People from different generations can grow and learn from one another as they are exposed to one another’s ideas and experiences. The new perspectives they gain can spark new ideas and prompt new ways of working.

6) Play to their strengths. While avoiding stereotypes, it is true that every generation has its own skill set. When pairing teams or assigning projects, make sure everyone is able to do something that they are good at. For instance, if you are working on a new social media campaign, it may be helpful to team up a millennial who knows how to “hashtag” with a baby boomer who has more experience with client relationships. The baby boomer can provide insight on what clients respond to while the millennial can help with phrasing for better social media exposure.

7) Rethink training and development. Each generation may have different ways in which they need/want training and development. For example, long formal training sessions are a thing of the past for the younger generations. Today’s reality is that workers spend 1% of their time on training and development, which equates to 24 minutes per week. In this context, learning and development needs to change. It needs to be delivered in small chunks, of differing lengths, accessible on mobile devices. It needs to come from experts who are motivating, and needs to provide a sense of community.

8) Rethink career development. Generations Y and Z view career development and advancement in radically different ways than Gen Xers or Baby Boomers. Workers born in the ‘80s and ‘90s tend to view a job as a stepping stone. Generally, they place a greater emphasis on professional development and training opportunities when making career decisions, such as where to apply for a job, if to accept an offer, and how long to remain with an employer.

In contrast, workers born in the mid-1950s to the 1970s generally place a greater emphasis on tenure and loyalty to a company. They tend to have a more formal, traditional view of career advancement through promotions and increases in pay.

To optimize employee satisfaction, companies should consider cross-training for different positions with a focus on the development of transferable skills. This will help to keep the younger generations engaged, while honoring the experience and tenure of older workers.

As your workplace becomes more diverse, not only in terms of generation but also other attributes, it’s important to take time to understand and provide opportunity for interaction with and between various groups. The more you are able to understand each other, the better you are able to work together.

The bottom line is this: it doesn’t matter how old or how experienced we are, we all crave respect and feeling valued and appreciated. With the variety of multigenerational employees in today’s workplace, companies can no longer abide by traditional rules of leadership and management. Organizations can achieve real strategic advantage by embracing the diversity among generations to create a flexible work environment that values all people and keeps them productive, regardless of age. Only when each group respects the others can all thrive. Respect and acceptance are vital for a successful multigenerational team.

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Crystal Washington: New TCDS Membership Coordinator

Crystal Washington is our newest TCDS staff member. I found her highly personable and, indeed, she says she really likes interacting with people. She holds the position of Membership Coordinator and will be involved in membership issues and transfers – as well as the liaison to LLUSD and Western U.

Crystal has her BA degree in Sociology from Jackson State University and an AAS in drafting from Holmes Community College. She has previously worked in the nursing arena dealing with compliance issues. She and her husband moved to the IE about 4 years ago and they are currently raising their 11 year-old son while their 3 grown children and a 14 year old are still in Mississippi.

She and her husband are both into body building. Crystal used to compete in the body building competitions! They also like to bowl for recreation – I wonder how many pins they smash apart with all that body building strength? Crystal also likes to do volunteer service and travel. She has been to Thailand and Cabo and has a bucket list a mile long for future trips.

When I asked what her favorite song is she said, “One in a Lifetime” by Monica. I had not heard of this song so, I Googled it and liked it – I think you will like Crystal as well. (This is the link to the song.)
<https://www.youtube.com/watch?v=2NfEjSBSwvs>
If you call the office and Crystal answers, be sure to welcome her. You will immediately appreciate her personality. If you see Crystal at a TCDS meeting or happen to be stopping by the office be sure to welcome Crystal to our TCDS family.

Welcome, Crystal Washington!

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TCDS Membership Status Report

Active/Recent	1581
Life Active	136
Retired	26
Life Retired	199
Post Grad	22
Faculty	47
Disabled	10
Military/Public Health	1
Hardship	6
Dental Student Member (Not counted by CDA)	753
Pending App	5
TOTAL	2786

Leadership: Committee Chairs

Audit Committee.....	Dr. Evangelos Rossopoulos
Community Health Outreach.....	Dr. Leonard Raimondo
Continuing Education Committee..	Dr. Paul Simetey
Ethics Committee.....	Dr. Robert Stevenson
Finance Committee.....	Dr. Clelan Ehrler
Governance Committee.....	Dr. Clelan Ehrler
Membership Committee.....	Dr. Hemant Joshi
New Dentist Committee.....	Dr. Asma Patel
Nominating Committee.....	Dr. Art Gage
Peer Review Committee.....	Dr. Joan Dendinger

Websites/emails & Toll Free Numbers

ADA	ADA.org	(800) 621-8099
CDA	CDA.org	(800) 736-8702
CDA Members	Contact Center	(800) 736-8702
CDA Practice	Support Center • Contact cda@cda.org	(888) 253-1185
TDIC	tdicinsurance.com	(800) 733-0634
TDICIS	tdicinsurance.com	(800) 733-0633
Dental Referral		(800) 322-6384

HMO Consumer Complaint Hotline (800) 400-0815
State Dept. of Corporations Consumer Services division

DON'T LEAP BEFORE YOU LOOK!

by Timothy McNeely

The powerful benefits of thoughtful action

When people are confronted with adversity, opportunity or both, they often react quickly—with the intention of dealing with the situation rapidly and moving forward.

These reflexively gut-driven responses are often rewarded by our culture, which praises the “fast-acting do-er” who “gets the job done” or “puts out fires.”

Trouble is, rapid action can often result in adverse outcomes. When that happens, you might fail to get the desired result while simultaneously making matters worse due to unforeseen and unintended consequences.

The self-made “Affluent” are different, in our experience. Instead of instantly reacting to situations, they approach the good and bad moments strategically. The Affluent have a habit of prudently thinking through the problems and opportunities they face—often in partnership with professional “sounding boards” with whom they discuss ideas and questions. When they do act, it’s usually only after they have a solid understanding of all the facts and possibilities—as well as what they see as the likely outcomes of their possible responses.

Here’s what many of them do differently—and how you can emulate them when you face your own challenges and opportunities.

Start with long-term goals

We find that the Affluent almost always have significant long-term goals that serve as the basis for their decision-making when “big moment” situations come along.

Example: Becoming extremely wealthy is (generally speaking) a long-term endeavor. Therefore, reaping the greatest rewards requires having long-term goals and making sure they guide your behavior. The self-made Affluent carefully incorporate their long-term goals when they make business-, investment- and other financial-related decisions and take resulting actions.

Your job, therefore, is to become very clear about your own long-term goals and then keep them top of mind when taking significant actions—especially in moments when fear or greed want to take over. Those long-term goals can be very useful in helping you stay focused on what is (and what is not) truly important and essential. They can help you stay motivated and avoid “shiny objects” as well as help you persevere through difficult times.

Consistent awareness of your long-term goals can also enable you to better prioritize. By looking at situations through the lens of your long-term goals, you are able to stop and think rather than be taken over by nervousness or impatience.

The Process of Thoughtful Action

With clarity on your long-term goals, you can go into many situations—a conflict that needs resolving, a problem that needs solving, or an opportunity that could potentially be profitable—and engage in thoughtful action.

Step one: Don’t act rashly—don’t leap before you look (and think!). Don’t be unduly swayed by emotions, social pressure or anything outside the merits and possibilities of the situation.

Our experience working with the self-made Affluent reveals that they tend to detach them-



selves emotionally when big-moment situations arise. They actively work to ensure their feelings and sentiments do not control them so they don’t make decisions out of anger, insecurity, frustration, greed, and so on.

One feeling that can prove to be especially challenging is the fear of losing out. This fear is a major reason why many people act quickly—often too quickly. It’s likely that you’ve been in situations where you felt that a business or investment opportunity would pass you by forever if you didn’t move on it immediately. Of course, sometimes there is a window of opportunity that will close. Miss it, and you will fail to take advantage of a possible opportunity.

But in many cases, people actually impose their own artificial deadlines and worry about scarcity where none exists. Unless you can confirm that moving quickly is essential to success, you are usually best served by stepping back and giving yourself time to think things through.

Take an investment opportunity, for example. By gaining insight into it, you may be better able to see all the various issues and considerations. You are therefore less likely to get so enamored of the potential returns that you fail to see the possible flaws.

The Affluent also tend to seek out advice, insight, and perspective on various situations they find themselves in from people they trust and value. These people might include older business mentors, wealth managers, and other financial professionals, or even just friends who are good listeners and critical thinkers. All of these people

I have read that less than 4% of dentists can retire at their average standard of living. I thought this might be useful information. dj

can serve as sounding boards to help assess scenarios and potential action steps with clear eyes.

Armed with deep insights you’ve gained from your own work as well as from your sounding boards, you can take the step of evaluating your possible actions. The self-made Affluent regularly consider different scenarios, framing them by asking themselves questions such as:

- What are the advantages and disadvantages of the different courses of action available?
- What are the implications for the people involved?
- What are some collateral outcomes and what effect will they have on the results I am looking for?

At that point, it will be time to take action. Good or bad, the decision you make is likely to be the best one possible under the circumstances.

While this thoughtful-action approach might not get you perfect outcomes, we believe it is highly likely to get you outcomes superior to the ones you’d achieve by reacting without thinking everything through.

• **ACKNOWLEDGMENT:** This article was published by the BSW Inner Circle, a global financial concierge group working with affluent individuals and families, and is distributed with its permission. Copyright 2019 by AES Nation, LLC.



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Running for President...

By Dan Jenkins DDS, CDE-AADEJ

With this being a presidential election year you might have thought about announcing your own intentions as to whether you are running for president – or not. While you may not have considered running for president of the United States, perhaps you have thought of someday becoming the president of our dental society or the California Dental Association – or even of the American Dental Association?

In this issue our current Tri-County Dental Association president, Dr. Kathleen Cooke tells of her surprising progression to become our president. The progress does take some time as there are things to learn about on the journey. Usually, the journey begins with serving on a committee such as Membership, CE, or even Peer Review. If you participate well, you may be asked by the

Nominating Committee to serve as a Director of the Board. While there, continue observing, participating in discussions, and learning about our dental organization. You might be asked to serve as a delegate to the CDA House of Delegates (HOD). You should consider applying for some committee positions with the CDA as well. This will give you a better understanding of the relationship of the state association to our local society.

Another position you would want to prepare for in your journey to president is being a delegate to the ADA HOD. You can apply for that position through the CDA website. You may be chosen as an alternate delegate at first and await an opening. However, I'd suggest going to the ADA annual meetings and attend the hearings and

discuss items with the other dentists there – including ADA officers.

At our local society you would no doubt be recognized as a leader and you could be asked to be the Secretary/Treasurer or Vice-President leading to president. If you wish, you could work on becoming an officer for the CDA and then the ADA.

That may seem like a lot of work to become President of any of the tri-partite organizations. It is up to you and in the process you will help dentistry to become a better profession and help a lot of people receive better health care. I actually doubt that any of the 17+ ADA presidents I have personally met ever started out with their goal to be ADA President – I feel they just wanted to make dentistry a better profession for the public, and for dentists.

On the cover -- TCDS Presidents' Meet

The second annual meeting of the TCDS Presidents met in Corona at Miguel's to share experiences of TCDS with each other and discuss the future. These experiences go back to when Dr. Clelan (Butch) Ehrler was president in 2003. Interestingly, all of these past presidents are still active in some way with TCDS.



Front row left: Katherine Cooke-2020, Hemant Joshi-2021, Judy Wipf-2017, Oariona Lowe-2006, Evangelos Rossopoulos-2016, Back row right; Butch Ehrler-2003, Wayne Nakamura-2018, Kenneth Harrison-2012, Gerald Middleton-2005, Arthur Gage-2014, Leonard Raimondo-2010, Michael Mashni-2019, Dan Jenkins-2011.



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