

2025 Volume 03

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Facets

MAGAZINE

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GRAPHIC DESIGNERS

A7D Creative Group

Anna Hopkins
Gabriella Scott
Dani Mikulics

SDCDS STAFF

Crystal Washington | Director
of Membership Engagement
membership@sdcds.org
Katherine Hobday |
Administrative Project
Coordinator
communications@sdcds.org
Lauren Blackwell | Operations
Assistant admin@sdcds.org

PUBLISHED BY

San Diego County
Dental Society
4747 Viewridge Ave.,
San Diego, CA 92123
Mailing: 4142 Adams Ave, Ste
103-520
San Diego, CA 92116
Phone: (619) 275-7188

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EDITORIAL

Personal Health...

A mystery in the making:

A Personal Story

Written By:
Eric Shapira, DDS,
MAGD, MA, MHA,
Facets Editor



In the beginning, G-D created Man and Woman, maybe from a rib from one or the other, whoever came first. A debatable issue for sure, based on biblical knowledge and the possibility of a guess or two by unknown individuals of the time. One thing is for sure: personal trauma influences personal health, both mental and physical. And personal knowledge and continued good care of oneself may lead to minimal trauma and an extended lifespan. But this is not a given....

Being proactive in the process of extending one's lifespan is a priority! Maintaining longevity and one's ability to survive the rigors of "Life" itself is both a challenge and a difficult job, as there are too many variables in the scheme of things to make it an easier chore. Maintaining longevity and the ability to survive the vicissitudes of life with the goal of survival, hopefully in an unscathed body takes study, skill, intention, goals, information, good choices about the way we structure and live our lives, and protection from man-made stressors, as well as the rigors of a living world fraught with diseases, extensive microbes, and deleterious situations that can cause ones' ultimate demise at any age and at any time in the cycle of one's life.

Can you think back to your beginning and remember your arrival into the world? It was, for most of us, a negative experience as the first communication we received, once out of the womb, was a slap in the rear to make us breathe by crying. Don't think for one minute that that little brain of ours was not keeping score about the trauma we experienced in the memory bank of your mind. Every trauma thereafter sticks with all of us, whether we remember it right away or it is remembered when some other trauma occurs in our

lives and conjures it up to exacerbate the situation.

I do not remember that slap on the butt, but I do remember, at the age of three, my mother giving me a glass of juice to drink, and my having an immediate allergic reaction to it. The doctor was summoned, and he said he thought I had Diphtheria and ushered me into an ambulance while I struggled to breathe through an anaphylactic scenario. I remember the lights of the city whooshing by the window of the ambulance, and found it a comfortable distraction from my inability to catch my breath. I was immediately taken into the Emergency Room, and I distinctly remember to this day, the masked and hooded men and women standing above me and then someone cutting my throat to perform a tracheotomy, so I could breathe. I survived, but not without the memory of the ordeal. From that moment on, I had concerns about anyone ever touching my neck again. Just one example of the stigma of a personal trauma and how it played out.

Memories:

I can recount many situations involving accidents, broken bones, pain from many sources, operations, and many of the things that caused me trauma in my lifetime; hence, I made it my goal to try and live as healthy a life as I could. I played sports. I was a runner in high school as well as a tennis player. These skills followed me into college and adulthood. I watched my diet due to propensity towards allergies and at about 25-30 years of age, I never ate red meat or pork again, spending most of my dietary life eating vegetables and some chicken and fish of sorts. I tried to live a healthy lifestyle, but was haunted by the negative memories of my past and spent many years trying to rid them from my psyche through counselling and therapy. Understanding oneself and the traumas that befall us does wonders for self-improvement. In my early adult life, I volunteered to be a patient in a research study. I was a young dentist already and thought this would be a good thing to do for the sake of the knowledge it would bring





to assist others. Twelve doctors in the program, including myself, ended up with insulin resistance from the research project. None of the Principals had any idea of the side effects of what they proposed. This altered my life a great deal and again, I rolled with the punch, letting go of my anger and knowing that I had to learn coping skills to survive, along with taking the appropriate medicine to keep me healthy and alive. These are just some of the traumas I experienced in the past that have stuck in my memory.

A Major Trauma:

More recently, I woke up at midnight feeling irritable, anxious, and strange. I sat up in bed and broke out into a sweat immediately and then “Mt. Vesuvius” went off in my left chest...I was having a heart attack. 911 was called and that’s a story for another day; however, I eventually (about a week later, believe it or not) had a stent placed in my right coronary artery. And then four weeks later, I had two stents placed in the left circumflex arteries, which bifurcated off the left coronary artery. I am alive and grateful, but angry about the paramedics insisting I was normal and who left me to die without any treatment! Then I experienced delays and anger over having to wait so long to see a cardiologist to verify my diagnosis. The time I had to wait to see a cardiologist due to overbooking, understaffing and a lot of people waiting for the same care was unthinkable. A huge trauma that I have since been processing. But in going to the Cardiologist in fear of some drastic treatment, like having my chest cracked

open for a bypass operation, I told him that I knew 70% of what happens to us is genetics and 30% is how we try and live our lives to reverse any kind of negative outliers that hang around our necks during life. He congratulated me for my judicious living and told me that if I had not lived my 30% AND THIS HEART-ATTACK OCCURRED SOME TIME AGO, I WOULD ALREADY BE DEAD! This sobered me up and allowed me to realize the strength of genetics and how it can lead to a “dead-end” in the scheme of things. Something we have very little control over no matter how we try to cope. I listened and stayed forward- directed in my mind and tried to control my body and what was happening to me, with respect to saving myself.

Suggestions for planning your future:

Start off by planning for your health. Outline what it is that you will do to change negative habits, such as: healthier eating habits, increased exercise, more rest, and less stressors in your life. The Surgeon General advocates 30 minutes of sustained, rhythmic exercise daily. That means if you walk or run with a partner, it should be difficult to speak while doing the exercise. Try not to do these with your pet dog! As these kinds of “friends” tend to pull you off balance while running side-ways to sniff something “wonderful” on the ground etc. Need I say more?!

Make a chart and write down everything you eat daily, from Breakfast, Snacks, Lunch and Dinner, as well as after dinner snacks. Take time to figure out what foods you are imbibing that are detrimental to your overall

health. Eat in moderation, meaning smaller meals and maybe more times during the day, coupled with exercise. Check your weight and get as much sleep as you need. There is no logical given time for the number of hours one needs to sleep; but if you are tired during the day and not at home, then meditate on a break and relax. Take care of yourself. WE only have one body, one heart and one brain. They are valuable commodities, and we cannot live without them.

Remember:

Think and know that each day is a gift and needs to be nurtured and lived to its fullest. We only have today...Being kind to oneself in the shadow of past and present traumas is essential in the scheme of things. Being able to forgive oneself and others, as well as letting go of the trauma that befalls us all during our life cycles, is paramount to surviving this life we each have and not taking it for granted. Take the time to think about your “story” and process it. Weed out the traumas that cause one’s negative thoughts and actions and be positive. “WE” cannot change the past. “WE” only have today to make things right. Acceptance is key.

If we stay positive and maintain these actions and activities, then tomorrow will be a better day. This is my “Frog Following for Positivity Philosophy”. Frogs can only go forward. If they want to go backwards, then they must turn themselves around, and then they are going forward again. Be forward directed in your lives and live each day to the fullest, for that may be all we each have. **Carpe Diem. EZS**

AUGUST

**VIRGINA
MATTSON,
DDS**



Honoring Our Member Dentists Through Their Journey

In every chapter of a dentist's professional journey, there lies a story of dedication, perseverance, and service. As a Dental Society, we are privileged to walk alongside our members from their very first steps out of dental school to the meaningful contributions they make even after retirement.

We honor those newly graduated, who enter the profession with enthusiasm, fresh knowledge, and a desire to make a difference. Whether they begin their careers as associates, venture into private practice ownership, or join corporate dentistry, these early stages are marked by courage, growth, and the forging of professional identity.

To those who have taken on the responsibility of leading a practice, mentoring others, or adapting to evolving technologies and patient needs, we commend your

resilience and innovation. You form the core of our profession's strength, providing quality care while contributing to the broader advancement of Dentistry. And to our retirees—who may have closed their practice doors but continue to open their hearts through volunteering, mentoring, and organizational service—we offer our deepest gratitude. Your wisdom, generosity, and enduring passion serve as a beacon for the generations to follow.

Each stage of a dentist's path is worthy of recognition, and it is our honor as a Society to celebrate your milestones, support your goals, and uphold the shared values of integrity, compassion, and lifelong learning. Thank you for your unwavering commitment to both the profession and the community we proudly serve together.



AUGUST

ANGELA
LANDSBERG



Emphasizing Untold History

The Dentists Who Shaped San Diego

If you're from San Diego, or if you've spent more than five minutes in the airport, you can't help but see symbols of this city's history scattered throughout its landscape. Sure, San Diego is basically an infant when compared to ancient cities like Tikal or Rome, but San Diego has a rich and modern history that goes far beyond the tales associated with sugar cubes and popsicle sticks that made up our problematic 4th grade Missions projects. The history of San Diego is illustrated by its people.

As a native to America's finest City, I can point to the names of people who were touted as change makers in our city all throughout my education and I can assure you that none of them were dentists. Many moons later, as the proud Executive Director of the San Diego County Dental Society, I find the omission of this piece of our city's history to be a lost opportunity. The role that dentistry plays in the creation of a modern city is a story of its own. Stories of dentistry in San Diego history include people who brought ingenuity and promise to a burgeoning town through their dedication, skills, and compassion. As some of the City's first entrepreneurs, San Diego's earliest dentists broke through racial barriers, improved the quality of life for their fellow San Diegans and established professional standards that remain today.

Old Town wasn't always known for its margaritas. In 1858 you might have been looking for someone to extract your aching tooth and Dr. Frederick Painter would have been the person to do it. According to the book *San Diego County Dental Society 1887-1987*, by Dr. Thomas Baumann, the period between 1821-72 heralded innovations including the first gold filing, nitrous oxide, ether, and porcelain teeth. Without these critical treatments we can only imagine what would have become of the many people who helped build America's Greatest City.

A few years later in 1895, another great



A look back at a San Diego County Dental Society event.

advancement occurred when Emma Read applied to become a licensed dentist, only to be told that it was useless for her to take the exam because it would establish an intolerable precedent. Not one for taking no for an answer, she persisted and passed the exam, and went on to become the President of the San Diego County Dental Society for five terms. Dr. Read paved the way for many women who would eventually enter dentistry.

In 1935, Dr. Jack Johnson Kimbrough hitchhiked to San Diego after hearing of a lack of black dentists in our town. He went on to become the President of the NAACP and an activist who fought to end racial prejudice. He was reported to have organized a sit-in at the U.S. Grant in 1948 to protest against segregation. He was credited for helping to organize Time Saving and Loan Bank to facilitate loans for increased home ownership in all parts of San Diego by all races, and was recognized by President John F. Kennedy in a reception honoring outstanding leadership.

Fast forward past dozens and even hundreds of other inspiring stories to 2025. The San Diego County Dental Society is in its 138th year. With a membership base of nearly 70% of the dentists in San Diego and Imperial Counties, a robust program of continuing education, advocacy, social events and day-to-day support for its members, the SDCDS has a marked place in San Diego's history and its future. It is my hope that their stories and many more of accomplishment, compassion for others, fortitude and dedication to the advancement of the profession will become shared stories for others to learn from. The stories that make up the past and future of dentistry deserve to be told, and perhaps even have a place in terminal 2.

SPONSORED CONTENT

Keith Reid, MD: **San Diego County** **Mobile Anesthesia** **Services at Your** **Dental Office**



Written By: Keith Reid, MD



In 2021, I transitioned from a nine-year career in hospital-based anesthesia to anesthesia for dentistry in San Diego county, servicing all specialties, to include but not limited to Oral Surgeons, Periodontists, Endodontists, Cosmetic Dentists, Prosthodontists, and Pediatric dentists.

Dentists and Oral Surgeons continue to seek ways to improve their patients' experience and their practice efficiency. Because my anesthesia service is mobile, I offer safe and effective in-office general anesthesia without the need to refer out to hospitals or surgery centers. This allows patients to have their procedure completed in a familiar environment. Additionally, I am completely self-sustained, needing only an electrical outlet. I have my own outstanding assistant with a long history in the dental and oral surgical community, and we are able to take the burden of pre, intra, and post-op anesthesia care completely off the shoulders of the doctor and their staff, allowing them to solely focus on the patient's dental needs.

The following are a few key benefits that my practice brings to dental and oral surgical practices.

Enhanced patient comfort and satisfaction

Many patients experience anxiety or fear related to dental procedures, especially those involving surgery or extended treatment times. Well before

their appointment date, we start communications with an email introducing myself and my practice, along with pre-op and post-op information. This allows me to begin to alleviate any anxiety and to begin building trust. The day before the case, or earlier if requested, I call the patient to discuss their history with anesthesia, medical conditions, prescribed medications and over-the-counter supplements. We discuss what to expect before the start of the case, as well as what to expect after they wake from anesthesia. I also give tips and advice for making their experience as comfortable as possible. I am there to combat the dental and surgical anxiety that the patient often experiences. Because of my mobile platform, patients receive their care in a known environment. Many adults and kids are needle-phobic, dreading the idea of seeing let alone being awake for their IV placement or the injection of local anesthetic. I am able to assuage their fears as I routinely place the IV after putting them asleep via a mask induction.

The following is a case I was involved with that highlights the benefit of my experience and the benefits of my mobile platform that truly enhance patient comfort, safety and satisfaction:

A special needs patient from the San Diego Regional Center, whom I had cared for previously at their general dentist's office, needed to be seen by an Oral Surgeon. I referred him to an

office I have worked closely with and with whom I have great respect for both their surgical skills and bedside manner, as well as their skilled and compassionate staff.

On the day of surgery, he refused to go from the waiting room to the x-ray room, let alone the surgical suite. This patient had acute issues, which placed his need in the urgent category, such that putting the case off further was not a medically appropriate option. After some quick thinking and a team huddle with my assistant, the Oral Surgeon, his staff, and the patient's parents, I developed a plan that would serve to accomplish the objective and maintain the patient's safety. Due to my practice preferences built over years of experience, as well as the patient size and physical build, I would not give them an intramuscular injection to induce sedation. I wheeled my anesthesia machine, including all monitors out to the waiting area. With the father's and team's help I mask induced him, maintained a patent airway and spontaneous respirations, then placed an IV. While maintaining his airway and on full monitors, we transported him in the wheelchair to the X-ray machine. After successfully obtaining the films needed we transported him to the operating suite. Once we carefully got him into the treatment chair I deepened his anesthesia and nasally intubated him. The oral surgery case was completed as planned, and the parents were very grateful for the team approach and dedication to safety for their child.

Greater efficiency and case acceptance

During general anesthesia, dentists can complete complex, and or multiple procedures in a single visit, reducing the number of appointments needed. This efficiency often leads to higher case acceptance rates, as patients are more likely to agree to treatment that is convenient and results in fewer procedures, ultimately reducing stress. Because I work with my own assistant, the office staff is free to manage other tasks while I bring the patient back to the treatment area and get them off to sleep. Likewise, as soon as the procedure is complete my assistant and I take control of the patient for emergence until discharge, again freeing up staff.



Optimized patient safety and focus for the Dentist/ Oral Surgeon

I am an MD, and a Diplomate of the American Board of Anesthesiology. Through my thirteen years of anesthesia education, training, and years spent working in multiple hospitals, outpatient surgical centers, dental and oral surgical offices, I have managed many difficult and complex situations that have helped me grow into a well-seasoned anesthesiologist. No man or woman is an island and I did not get to where I am on my own; over those years I have had the privilege to learn from and work with many brilliant and talented medical professionals that have allowed me to hone my knowledge and skills.

I completed my medical school degree at Penn State College of Medicine in May 2006. Immediately after walking the stage at graduation I was

commissioned as an Officer in the United States Navy, then moved to San Diego where I did my internship at the Naval Medical Center San Diego. After internship I traveled back to the east coast for training in radiation health science and Navy Dive School to become an Undersea Medical Officer, sometimes referred to as a Dive Medical Officer. After 6 years, I separated from the Navy as Lieutenant Commander and traveled back to Penn State Hershey Medical Center to complete my anesthesia residency. During residency training I was recognized and honored by receiving four Penn State Milton S Hershey Medical Center "Sparks Awards" for patient care and performance of duties above and beyond the standard. I was also recognized publicly on Penn State Milton S. Hershey Medical Center's website, "Salute A Hershey Hero," for patient care and bed side manner in December 2013. After completing residency, I was hired and later became a partner with Anesthesia Consultants of California Medical Group in San Diego from 2015-2021. I was the recipient of the Palomar Health System's "Caring Hands Award" for actions and care rendered during a code blue involving a pregnant patient in September 2017.

By carrying the responsibility of managing all aspects of the patient's safety and anesthesia from the start to the finish of the case, the Dentist or Oral Surgeon can focus on their work, not having to take their attention away from their objective. In any field of practice, removing distractions optimizes one's focus, minimizing the potential for human error, and maximizing patient safety.

Access to Care for Special populations

Patients with special needs, severe dental anxiety and phobia, or complex medical conditions often require anesthesia to receive oral health care, both routine, elective, and medically urgent. My in-office mobile anesthesia makes it easier, or at extremes, at all possible, for these patients to access the dental treatment they need without the need to be transferred out to a hospital where wait time for access can be frustratingly long if not prohibitive. I am also a vendor with the San Diego Regional Center and as such can provide general anesthesia for those special needs adults they service.

Cost-Effective Solution

Compared to the cost of outfitting a surgical suite or referring patients to a hospital, my services are often a more affordable option. It eliminates overhead costs associated with maintaining in-house anesthesia equipment and staff, while still providing high-quality care.



Practice Growth and Differentiation

Letting patients know that my services are available in their offices, Dentists and Oral Surgeons set themselves apart from other offices. It demonstrates a commitment to patient-centered care and modern treatment solutions, which can attract new patients and build loyalty among existing ones.

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A Leadership Lesson from Hamilton: **It's probably not what you think.**



Written by:
Megan Clarke, DDS

By now, most of us have seen the musical *Hamilton*. I was late to the *Hamilton*-fan party, not that I didn't want to see it, but it just hadn't happened. So, like many Americans during the pandemic, when a recording of a production of the original cast became available on Disney+, I watched it. Needless to say, I loved it. That was several years ago, and as with many Broadway productions, seeing it live is far superior than watching it on the screen, so when it returned to San Diego this spring, I eagerly bought tickets to take my family to see it.

For some context, I saw the musical just as I was finishing up my capstone project for my master's degree in organizational leadership, so let's just say that I had leadership on the brain. My family and I enjoyed seeing it on a quiet Sunday afternoon, after which I would return to editing. It was a bit of a study break, something which I know we dentists are familiar with.

The musical starts with setting the stage for the course of *Hamilton's* life, but it was the second song, "Aaron Burr, Sir", that caught my attention that day. This scene is where we meet the namesake of that song and the person who ultimately becomes the villain in Alexander *Hamilton's* story. Any student of American history knows that these two eventually became rivals, even though they initially were friends and associates. It's why they become rivals that holds the thrust of the story.

One knows right away that these two hold quite different views of the world, and the genius of the writers of the

musical encapsulates this with some of Burr's "life lessons" for *Hamilton*. This is summed up by the lyrics, "Talk less, smile more...Don't let them know what you're against or what you're for."

There are many interpretations of what these words could mean. *Hamilton* is an extroverted character, whereas Burr is far more introverted. Certainly, we have all been around "Hamilton's" in our lives. Though they command a room and readily take charge of situations, there are times when we just want them to sit down and stop talking! *Hamilton* is a loud and dominant presence, whereas Burr is more subdued, more calculated. Because this is something I work around, I can say that there are far more Burrs than *Hamilton's* in dentistry. Those are the obvious character contrasts, and for the sake of the musical, it does an excellent job of illustrating their rivalry.

But it's the second part of those lyrics that had me thinking that day and stayed with me long after the performance. It was the line, "Don't let them know what you're against or what you're for."

At first, I knew exactly what he meant. In a society like one on the brink of war, it is important to keep your true beliefs close to the chest, as one doesn't know who is an ally or who is a rival. It is life-saving to keep one's beliefs close inside, to not let one know whose side they are on.

But then it made me think of how that runs counter to effective leadership. The most effective leaders are transparent in their belief systems. It

is in that transparency that they reveal themselves, and that their followers determine how that belief system reflects their own, ultimately choosing to follow them. When a leader conceals those beliefs, they come across as untrustworthy. This is the reason why so many people distrust politicians these days. One doesn't "know what (they are) against or what (they're) for."

It also made me think of how this statement shows up for dentists in their practices. (What I will say does not apply to all dentists, as there are many who are doing this well). But they are not everyone, and, admittedly, it took me a few years of practicing ownership to understand this concept. In our practices, it either shows up as trying to please everyone, or we don't show them anything true about us. We show up as "the doctor" and end up playing a prescribed role to which we are supposed to conform. In either case, what we actually believe is not at the forefront of how we are trying to lead. We are not showing our teams where we stand. And if the people are supposed to be following us, but don't fully understand us, how can they trust us?

By keeping our teams apprised of what it is we stand for, our "mission", this becomes the way for our teams to better follow us. People follow a mission more than they follow a single individual, especially when it is in line with their own beliefs. This is how we build trust with our teams. It builds loyalty. It is how we lessen turnover: a concept that is at the forefront of most of our practices these days. And in the end, it is what is best for our patients.



MEMBERSHIP *Milestones*

We want to recognize our longstanding members and thank them for being a part of the San Diego County Dental Society. Every August issue of Facets, we honor those who have reached membership milestones in multiples of 5 years, starting at 5, 10, 15, 20 years, and so on, since joining.

Are you not featured and want to be? We love showcasing our members! Please reach out to us at facets@sdcds.org.

5 years

Zeki Abdulaali, DDS
Ronda Alpatty, DDS
Arian Avakian, DDS
Anastasia Avina, DDS
Elizabeth Barnett, DDS
Rhett Baynes, DDS
Garry Bloch, DMD
Ryan Bramhall, DDS
Nina Bubalo, DDS
Fabriel Burquez, DDS
Georgina Carrasco, DDS
Andres Casallas, DDS
Grettel Delgadillo Esparza, DDS
Eduardo Diaz, DDS
Regina Dowdy, DDS
Tracy Evans, DDS
Drake Exstrom, DDS
Hayat Fahliogullari-Smith, DDS
Jason Garland, DDS
Irma Gavaldon, DDS
Hanieh Ghasemi, DMD
Prasad Gonavarum, DDS
James Grant, DDS
Daniel Hall, DMD
Michael Hanna, DDS
Carmen Hernandez, DDS
Massara Kababchy, DDS
Travis Kinser, DDS
Benjamin Koppel, DDS
Christina Kulyk-Arrieta, DDS
Nicole LaMantia, DDS
Tiffany Lu, DDS
Danielle McCourt, DDS
Victoria McRae, DDS

Kevin Menzie, DMD
Justin Messina, DMD
Lydia Mihovilovic-Humes, DDS
Shervin Moshashaei, DDS
Zainab Nasafi, DDS
Lily Neskin, DDS
Huy Nguyen, DDS
Brett Parks, DDS
Divya Patel, DMD
Christina Roberts, DDS
Olga Saiz, DDS
Raoul Santos, DDS
Yasaman Sardari, DDS
Sara Siraj, DDS
Jennifer Stodder, DDS
Katherine Vance, DDS
Natasha Vega-Salas, DDS
Mary Williams-Treesh, DMD
Sascha Zandevakili, DDS
Antonio Zazueta, DDS

10 years

Jaime Acuna Loera, DDS
Jonathan Albaugh, DMD
Olga Alvarado, DMD
Glenn Ashmore, DDS
Morgan Bisbas, DDS
Chance Bodini, DDS
Lucas Brand, DDS
Mark Breese, DMD
Amy Bryer, DDS
Vicky Chang, DDS
Jinyun Cho, DDS
Paulo Cortes, DMD
Kathryn Dardis, DDS
Sarah Davey, DDS

Jacquelyn Do, DDS
Alexander George, DDS
Shivali Gohel-Garg, DMD
John Greiner, DMD
Leila Hamraz, DMD
Ryan Kay, DMD
Carlos King, DDS
Kevin Kohler, DMD
Arvinda Kunduru, DDS
Claudia Le, DMD
Skyler Liatti, DDS
Ian McDonald, DDS
Adam Monroe, DMD
Jennifer Neglerio, DDS
Hoa Nguyen, DMD
Dennis O'Brien, DDS
Paulette O'Connor, DDS
Aleli Palaganas, DDS
Lindsay Pfeffer, DMD
John Pierce, DDS
Galya Raz, DDS
Jason Reesor, DDS
Laura Rein, DMD
Alexandros Reizian, DDS
Alfredo Ripa, DDS
Ziba Shirazi, DDS
Sarah Silverstein, DDS
Luay Simhairi, DDS
Yige Zhao, DDS

15 years

George Abichaker, DDS
Jeffrey Allred, DDS
Ashley Araiza, DDS
Julie Boulos, DDS
Gregory Carlson, DDS

Hsin-ti Chang, DDS
 Andrew Chapokas, DDS
 Hasan Daoud, DDS
 Janice Doan, DDS
 Cheryl Estiva, DDS
 Brian Fabb, DDS
 Tina Fariba, DDS
 Elona Gaball, DDS
 Sheena Howell, DMD
 Sherin Johnson, DDS
 Mark Karpman, DDS
 Jeff Knutzen, DDS
 Alan Kuehn, DDS
 Natalie Lam, DMD
 Victoria Le, DDS
 Weiwei Lu, DDS
 Paul Luczynski, DDS
 Blake Marston, DDS
 Tina Mayo, DDS, MS
 Alexander Nee, DDS
 Tania Nguyen, DDS
 Tran Nguyen, DDS
 Monica Palusso, DMD
 Priya Patel, DDS
 Lukas Pytlik, DDS
 Arash Qadeer, DDS
 Georgina Quintero-Golshan, DDS
 Teresa Rabanal, DDS
 Javier Raygada, DDS
 Michael Singer, DDS
 Weston Spencer, DDS
 Tamara Teal, DDS
 Nora Tleel, DDS
 David Willes, DDS
 Sarah Winter, DMD
 Joseph Zeidan, DMD

20

years

Vaida Avery, DDS
 Jason Bishop, DDS
 Peter Bond, DDS
 Maribel Celebrado, DDS
 Annie Chow, DDS
 Theresa Cutler, DDS

Farouk Ferouz, DDS
 Doris Fill, DDS
 Robert Folk, DDS
 Rong Gong, DDS
 Holly Hatt, DMD
 Ricardo Hernandez, DDS
 Keven Herold, DDS
 Allen Job, DDS
 David Joseph, DDS
 Jesusa Beatriz Kelly, DDS
 Albert Klitzke, DDS
 Craig Kubina, DDS
 Judy Lee, DDS
 Randal Leoni, DMD
 Eleanor Lumahan, DMD
 Adina Manolescu, DDS
 Gloria Mayora Mejia, DDS
 Chris McKinney, DDS
 Ana Meigs, DDS
 Amir Mojaver, DMD
 Hien Nguyen, DDS
 Nhung Nguyen, DDS
 Nancy Nguyen-Kyger, DDS
 Irene Olaes, DMD
 Megan Olson, DDS
 Tahir Paul, BDS
 Steven Podstreleny, DDS
 Walaa Razaak, DDS
 Hangama Sadat, DDS
 Ritesh Shah, DDS
 G. Thomas Sirinian, DDS
 Hemamalini Srinivasan, DDS
 Erik Stalder, DDS
 Elaine Sunga, DDS
 David Toppi, DMD
 Pauline Tran, DDS
 Linh Tsai, DDS
 Paul Upatham, DDS
 Ryan Watkins, DDS
 Hoi Sze Wong, DDS

25

years

Charles Basso, DDS
 Niloofer Behzadi-Shannon, DDS
 Roland Buyama, DDS

Michael Carlson, DDS
 Tony Chammas, DDS
 Jean Chan, DDS
 Sanjay Dhir, BDS
 William Di Zinno, DMD
 Bang Do, DDS
 Kriston Gallipeau, DDS
 Juan Gomes, DDS
 Heidi Kamrath, DDS
 Tom Keller, DDS
 Gary Krueger, DDS
 Christie Martinez, DDS
 Steven Merchant, DDS
 Xusheng Mu, DDS
 Louis Paulerio, DDS
 Marta Penman, DDS
 Tiffany Phi, DDS
 Ana Poggio, DDS
 Marilou Quiroz, DDS
 Sandhya Ramanujam, DDS
 Renato Reyes, DDS
 James Salazar, DDS
 Cyrus Sheikh, DDS
 Jenny Tsai, DDS
 Nancy Welch, DDS
 Jimmy Wu, DDS

30

years

Bruce Belsky, DDS
 Michael Carter, DDS
 Fen-Hui Chen, DDS
 Joseph D'Angelo, DDS
 Lilyn Djie, DDS
 Frooz Fatoorachi-Korsand, DDS
 Jeffrey Fruin, DDS
 Brian Haymore, DDS
 Manijeh Hosseini, DDS
 Fred Kamansky, DDS
 Georgene Kelley-Rondero, DDS
 Catherine Le, DDS
 Hai Nguyen, DDS
 Grace Orpiada, DDS
 Oscar Rivera, DDS
 Diane Sherman, DMD

Karen Shibuya, DDS
Timothy Smith, DDS
Lauren Snyder, DDS
Guy Sutton, DDS
Ephraim Tabornal, DDS
Theresa Tsai, DDS
Suzanne Tulenko, DMD

35 *years*

Charles Adams, DDS
Janelle Bacino, DDS
Chester Banaag, DDS
William Bate, DMD
Estela Caeg-Bustamante, DDS
Randy Carlson, DDS
Douglas Christiansen, DDS
Neal Chu, DDS
David De Rosier, DDS
Robert Dunlap, DDS
Carlos Espana, DDS
Robert Gandola, DDS
Robert Goldenberg, DDS
Laura Hunt-Lofthus, DDS
Edmund Jay, DDS
Kevin Kenny, DDS
Markell Kohn, DDS
James Lawson, DDS
John Lofthus, DDS
Michael McMahan, DMD
Anton Misleh, DDS
Jeff Muehl, DDS
Chris Patton, DDS
Waiel Putrus, DDS
David Rauterkus, DDS
Paul Styrt, DDS
Faye Tada, DDS
Joel Tzinberg, DDS
Michele Yamada, DDS



40 *years*

Edward Ainza, DDS
Robert Coe, DDS
Paul Coleman, DDS
Craig Dever, DDS
Edward Gray, DDS
Mark Krupp, DDS
Thomas Kujawski, DDS
Howard Locker, DDS
Mark McKee, DDS
Rodney Mellor, DDS
Jeffrey Moses, DDS
John Neuenswander, DDS
Julianna Novotny, DDS
Scott Peters, DDS
Edward Reidy, DDS
Robert Reihm, DDS
David Russell, DDS
Ralph Tardugno, DDS
Martin Thurston, DDS
Paul Van Horne, DDS

45 *years*

Robert Brombacher, DDS
Jeffrey Brown, DDS
Mary Ann Calcott, DDS
Raymond Carpenter, DDS
Robert Chin, DDS
John Cochran, DDS
Gordon Dixon, DDS
David Donnelly, DDS
Gary Greenberg, DDS
Gary Hawes, DDS
Kent Howard, DMD
William Jungman, DDS
Fred Larson, DDS
Guy Lichty, DDS
Thomas Olinger, DDS
Stanford Peskin, DDS
Robert Rosenfeld, DDS

James Sinks, DDS
Donald Thor, DDS

50 *years*

John Albe, DDS
Gerald Barstow, DDS
Nolan Bellisario, DMD
Joel Berick, DDS
Kerry Booth, DDS
Gaddiel Castanon-Velez, DDS
Ronald Chisum, DDS
Graham Freer, DDS
Robert Frickman, DDS
Franklyn Gile, DDS
Russell Haag, DDS
Daniel Lee, DDS
Norman Mittleman, DDS
Gary Olen, DDS
James Piper, DDS
Ronald Roncone, DDS
Dennis Scharer, DDS, APC
Lee Skaalen, DDS
John Sottosanti, DDS
Daniel Tevrizian, DDS
Robert Williams, DDS

55 *years*

Lawrence Addleson, DDS
J. Barry Appelbaum, DDS
Roy Atkin, DDS
Thomas Baglio, DDS
Alan Coffin, DDS
Howard Dixon, DDS
John Dow, DDS
Robert Goehl, DDS
Ronald McCleave, DDS
James McCook, DDS
Larry Moss, DDS
Joe Mullen, DDS
Edward Omens, DDS



William Patterson, DDS
Gordon Rick, DDS
Robert Robinson, DDS

60 *years*

Carl Barnum, DDS
Richard Bauerfeind, DDS
John Carter, DDS
Ray Fields, DDS
Joseph Mayer, DDS
Thomas Miller, DMD
WM Odom, DDS

65 *years*

Raymond Froze, DDS
West Leffingwell, DDS
Ronald Packard, DMD

70 *years*

Bruce Hartley, DDS
Robert Killion, DDS
Oliver Nystul, DDS

THANK YOU, *Members!*

Whether you've been with us for five years or fifty, your continued membership matters.

We're honored to celebrate your milestones and grateful to have you with us at SDCDS.

Slate of Officers

Beginning on January 1, 2026

We are thrilled to announce and congratulate the distinguished slate of members nominated to take on key roles within the SDCDS. You have shown your dedication and passion for the SDCDS, and we can't wait to see the positive changes you'll bring to our organization.

A meeting of the SDCDS Nominating Committee was held to produce this slate of members to serve as officers, directors, and delegates to the CDA House beginning on January 1, 2026. According to our Bylaws, Chapter VII, Section 2: "Additional nominations may be made by petition if such petition is signed by twenty-five (25) or more members in good standing and provided the petition is filed with the Secretary of the Society forty (40) days before the noticed General Membership Meeting. The Secretary shall verify the authenticity of the petitions: if verified, notification of the additional nominee (s) will be made by mail at least thirty (30) days before the General Membership Meeting." The Secretary, SDCDS Directors, and Delegates to the CDA House of Delegates shall be elected at this meeting, to be held on October 9, 2025, at Dock House Grill, 1840 Quivira Way, San Diego, CA 92109.

SLATE OF OFFICERS

BOARD OF DIRECTORS

Dr. Willie Chao Dr. Rick Hagstrom
Dr. Norma Ramirez Dr. Sarah Silverstein

SECRETARY

Dr. Brad Sainsbury

CDA HOUSE OF DELEGATES

Dr. Faith Barreyro Dr. Tom Olinger
Dr. Jose Castillo Dr. Sarah Silverstein
Dr. Karen Becerra Dr. Rick Hagstrom

SDCDS RECENT EVENTS

CDA Presents



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tooth
bank

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DDSmatch.com

Provide

New Member Brunch



Lincoln Reagan Dinner



Check out page 21 to view upcoming SDCDS events — you won't want to miss them!

Let Me Introduce...

DR. SAMANTHA SCHALLER

Written By: **Rosa Le, DDS**

Let Me Introduce is an ongoing column featured in Facets to introduce us to the many members that make up the depth and breadth of the San Diego County Dental Society. We hope you enjoy getting to know your colleagues better.

I was first introduced to Dr. Schaller during another leadership meeting. Her dedication to people, dentistry, leadership, learning, and crossword puzzles is unparalleled. She is a bright light, and we are lucky to have the likes of her guiding the future of dentistry.



Why dentistry?

I was initially in research with a bachelor's degree in molecular and cellular biology. I was unhappy because I didn't get to interact with people enough, so I explored other options. I took a career aptitude test, which recommended that I be a dentist. I became a dental assistant after that and ended up loving the profession. My background in biology gave me all the prerequisites, so I applied for dental school, and here I am today.

What are your favorite CDA, ADA, or SDCDS member benefits?

I love the Three Courses in a Day for BLS/ IC/ DPA. It's streamlined and helps me stay on track with license renewal requirements. I also got to



Dr. Schaller and her husband enjoy hiking in their free time. They are pictured at San Jacinto Peak in Palm Springs earlier this year.

attend the Women's Retreat for the first time this year and was excited to meet the other women in this organization.

What do you like to do outside of dentistry?

I love hiking, running, and gardening. I also spend a lot of time cooking with my husband. Crossword puzzles are a personal favorite, too—I do the New York Times crossword every morning. The same goes for Wordle and Connections.

What's your favorite restaurant and dish in San Diego?

My favorite restaurant is Costa Brava in Pacific Beach. The best dish is either the patatas a la brava or the tapa de conejo.

What's your favorite book, blog, or podcast right now? Or one that you think everyone should read?

Everyone should read *The Phantom Tollbooth* by Norton Juster at least once – it's a great family book. I also really enjoy the podcast "99% Invisible," which focuses on design. Another good one is "Swindled," which focuses on true stories about white-collar crimes.

What do you like about yourself?

I have always been very friendly. I love to meet new people. I believe that I have something to learn from everybody. I would also like to think I am self-aware, so I spend a lot of time reflecting on my strengths and weaknesses and what I can do about them.

If you could change one thing about yourself, what would you change?

I tend to be too hard on myself, especially when things don't go as planned. I have high standards and expectations, and while that can drive me to work hard and strive for success, it can also make me overly critical when I don't meet those expectations. Sometimes I find it difficult to accept that it's okay to make mistakes or take



things at a slower pace. I think this is very common among dentists!

If you lived in an ideal world, how would you perceive it?

I would perceive everything as harmonious, balanced, and full of understanding. People would live with kindness, empathy, and respect for one another, where conflict would be resolved through communication and collaboration, not violence. Above all, I think the key element would be the sense of collective well-being, where individual happiness and fulfillment align with the greater good of society and the planet. It's a place where everyone has a chance to thrive and contribute positively.

Can you share a proud moment or case from your dental career?

One of my first big esthetic cases was a woman who hated smiling. We completed resin chairside veneers and the change in her smile and confidence was immediate. Up until that point, I never got to see what a positive impact dentists can have right away. I'm also proudest when I have a terrible day but still show up smiling for the next one. Dentists need a lot of resilience.

What's your philosophy when it comes to patient care?

Never treat a stranger. I spend time trying to get to know my patients because it helps me understand their treatment goals and needs better. I believe that the foundation of good care is open, honest communication. It's important to listen actively to patients' concerns, fully understand their needs, and make sure they feel heard and respected throughout their treatment.

If you weren't a dentist, what would you be doing? (The answer can't still be dentistry!)

I would probably be a teacher or a writer.

What's your personal motto or mantra you live by?

Turn obstacles into opportunities. Even failure is an excellent way to learn.

Dr. Schaller and her husband got married in Chicago, Illinois in April 2023.



***—We are
indeed better
together!***

The more we learn about one another and the more we come together around our commonalities and our diversities, the more we grow and thrive as a community.

That's how we build our collegial network and develop friendships. If you would like to be featured in a future publication, please reach out to Dr. Le at rosaleds@gmail.com.



Class of 1915



Dental Bites **A Slice of History**

SDCDS, 1887 - present

Written by: Eric Shapira, DDS, MAGD, MA, MHA, FACES Editor

It was 1887 and several significant events took place in San Diego, California during a dramatic Real Estate Boom in the County.

There was a distinct Population Boom as well, which was initiated by a "Railroad Rate War" lowering the cost of travel. San Diego's population surged during this "boom" to an estimated 35,000-40,000 persons, a major increase from its previous size. The California Southern Railroad connected to the Santa Fe line in 1885; however, the significant Real Estate Boom would collapse in 1888, creating a momentary hiatus in population increase.

Economic expansion occurred at this time and assisted in increasing the number of businesses and professionals within the city. This was a key factor in increasing business and commerce in the City of San Diego. A significant increase in transportation facilities, like the Victorian Santa Fe Railway and the California Southern Railroad, as well as the San Diego Electric Rapid Transit Company, introduced its First Electric Street Railway System in the Western United States, which was active and running. These events highlighted 1887 as a "pivotal" year in San Diego's History, marked by rapid growth and development, including the founding of the San Diego County Dental Society.

The history of Dentistry in San Diego is as rich and diverse as the city itself. Its diversity, culture and spaciousness by the sea with all its accoutrements stand

strong. The first recognized dentist to establish a practice in the city was Dr. Daniel Cave. He maintained a general practice, however, in those days, modern techniques were minimal and not being taught.

With the arrival of the Spanish Missionaries in the 18th century, the field of dentistry in San Diego started to develop with the use of European practices. They introduced new techniques and procedures, including extractions and the use of dental prosthetics. During this time, the Spanish also introduced "sugar" to the Native diet, thus creating a nidus for decay and increased dental disease amongst the Native population, which already had its share of dental issues due to habits that caused tooth breakage and wear, accompanied by the lack of proper care and hygiene in general. I am sure that this "sweetener" became a mainstay for all residents, once it caught on, thus expanding the need for dental care in San Diego and beyond. This was a major stimulus for improved and increased dental care among all residents of the County.

There were no dental schools in San Diego at the time, only a "new" University of California College of Dentistry in Northern California, San Francisco. This led to more advanced treatment regimens and standards for the profession in the late 19th and early 20th centuries. The University of California took an active role in San Diego, educating students about dental practices through institutions like the U.C. Dental Department. In 1901, California instituted a new law that mandated specific dental practice requirements. This law became part of a nationwide effort to raise the standards of dental care and reinforce the importance of proper dental hygiene and regular oral care.

The San Diego Dental Society, going back to 1887 with its inception, was a voluntary organization and became the largest professional organization representing dentists in San Diego and Imperial Counties. It served as the local arm for both the California Dental Association (CDA) and the American Dental Association (ADA). San Diego County Dental Society provides resources for its member dentists, advocates for the profession,

and offers continuing education opportunities to its members and those in the dental profession who are not members as well.



Opening of Children's Dental Health Center

Today the key roles of the Society include: Advocacy on all levels, Continuing Education with both lectures and hands-on dental and medical education, a Wellness Committee, a Mentorship Program for new dentists, and recently, the first state-wide dental component to sponsor an accredited Dental Assisting School program, taking the lead among dental components in California in this form of education. We also maintain strong partnerships with the CDA and ADA at all levels. The Society's Ethics Committee assists both patients and dentists in addressing ethical issues, complaints, and concerns. In addition, members have opportunities to connect and build community through networking mixers and social events held throughout the year.

From a small "need and idea" in 1887, to the present time in 2025, encompassing many individuals whose contributions and dedication over the years, in giving their time, money, and energy and more, to the San Diego County Dental Society and the community at large. Our Society serves as a steady resource and point of connection for dental professionals in San Diego County and beyond, offering up-to-date information and continuing education opportunities.

UPCOMING EVENTS!

9
OCT

Annual Oktoberfest
6:30 - 9:00pm
Unlimited Beer!
1840 Quivira Way



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Provide

GRC GENERAL REFINING CORPORATION



11-12
SEPT

**San Diego Dental
CE Conference**
*Manchester
Grand Hyatt*



15
NOV

**Pickleball
Tournament**
1:00 - 3:30pm
*All skill levels
welcome!*
*Omni La Costa
Resort & Spa*



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Society events!**

Scan the QR code to register
today or visit sdcds.org/events.



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| [sandiegocountydentalsociety](https://www.facebook.com/sandiegocountydentalsociety)



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DENTAL SOCIETY**



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RETIRED

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Between the Graduation Gown & the White Coat: Unspoken Realities of a New Dentist's Transition



Written by:
Xiangxiang Joyce Jiang, DMD

When I first heard someone say, “Thank you, Doctor,” it felt surreal. After four grueling years of dental school, long clinic hours, national boards, and navigating patient care, I finally earned the title I had worked so hard to obtain. As meaningful as that moment was, nothing could have fully prepared me for what came next: the confusing, humbling, and eye-opening transition from dental student to practicing clinician.

For many new grads, the reality sets in quickly. Despite having a DMD or DDS behind one’s name, finding a job in a private office can be surprisingly difficult. Some practice owners may hesitate to hire new graduates, unsure whether they can match the pace or productivity expected in a busy office setting. When we do land a position, our expectations may be stifled a bit, finding that patient flow is often light. Building a full schedule can take months—sometimes longer—leaving us with limited clinical reps, inconsistent income, and a creeping sense of self-doubt.

Personal financial pressure only adds to the weight of shattered expectations. Today’s new graduates often carry an average debt of around \$500,000 in student loans, especially

when borrowing the full cost of a dental degree education. And while we expected a good income, the reality is more complicated with early-career compensation being more modest than we hoped for, especially under production-based models with low patient volume. Entities of financial responsibility, in most instances, may include: malpractice insurance, disability coverage, CE courses, licensure, life insurance and more.

In the midst of this frustration, we may not all be lucky enough to have more than a 10-minute commute to the office where we work. Commuting 30–60 minutes to offices has become the norm for new graduates due to the cost of living. A fact: Practicing Dentistry is personally expensive, before we even get to our first paycheck.

And then comes the part no one fully warned us about—being the doctor, not just in title, but in full responsibility. In many cases, we are the sole dentist in the office. There may be no one to double-check our treatment plans, no instructor to ask for a second opinion, and no safety net if we freeze up mid-procedure. Patients rely on us to diagnose, educate, and make decisions confidently. We’re expected to explain complex treatment in clear language, sometimes in just a few minutes, while the assistant is setting up, and the front office is watching the clock. We’re often asked to create a treatment plan and begin care in the same appointment. It’s efficient—but worlds apart from dental school, where we had faculty reviews, long treatment planning sessions, and layers of oversight.

Being an associate adds another layer of complexity. Some teams are incredibly supportive, dental assistants who are patient and encouraging, and office managers who help guide us through workflows

and insurance nuances. But other times, we inherit teams that are used to one dentist (usually the owner) and who may resist change or are unsure how to support someone still gaining confidence. We learn quickly that managing office dynamics is a skill unto itself.

Perhaps one of the most difficult things to accept is how little training we received in the business of dentistry. We leave school prepared to prepare a crown or do a deep cleaning—but not to read a profit-and-loss statement, understand PPO write-offs, present treatment effectively, or lead a team. Good mentorship can help fill in these gaps, but it isn’t always easy to find. Many seasoned dentists are pressed for time, and structured mentorship isn’t always built into associate agreements.

All of this can make the early years of practice feel like being tossed into the deep end of a pool and not knowing how to get out!. Some days, we carry ourselves with confidence; other days, we feel like we’re just surviving—learning as we go, trying not to make mistakes, and hoping we’re doing enough.

And yet, there are moments that remind us that what we worked so hard for is all worth it in the end. The first time a nervous patient smiles and says, “You made that easier than I expected.” The first successful same-day case. The assistant who quietly reassures you after a tough procedure. These moments keep us going.

What we need most isn’t just more clinical speed—it’s support. Grace. Mentorship. Time to grow into our roles. We need team members who are willing to teach, mentors who are willing to guide, and practice owners who remember what it was like to be in our shoes.

To those who have helped a new grad find their footing: thank you. Your patience and kindness are more impactful than you know. And to my fellow recent graduates: keep going. Each day brings a new challenge—but also a new opportunity to grow into the kind of dentist you dreamed of becoming.

We may not have all the answers yet, but we’re showing up with integrity, humility, and heart. That’s where greatness begins.





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