

2024 Volume 03

SAN DIEGO COUNTY DENTAL SOCIETY PRESENTS

Facets

MAGAZINE

THE POWER
OF *Advocacy*
IN DENTISTRY

*Workplace
Safety*



Dental Practices for Sale

Ken Rubin, pioneer Dental CPA/Advisor, national lecturer & author has successfully sold **over 500 San Diego** Dental practices!

As you know **Experience** really does matter, Doctor!

Before signing any listing agreement **feel free to call Ken himself** to find out what you'll wish you would have known.

POWAY Superb location in large retail shopping center. 21 years of goodwill. Most specialty procedures being referred out. Room for growth.

CORONADO Located in a newly remodeled professional building. 6 ops. Associate in place if you want a second practice. Office has Cerec, CT scan, and Itero. Opportunity to own the real estate with 24 years of goodwill. Excellent location. Practice is flourishing but room for growth with additional procedures. New CT Scan in place.

LA JOLLA/UTC 8 ops in this well established practice. Plenty of room to add in house specialists to see patients. Long term loyal well trained staff.

OCEANSIDE Standalone corner building on busy street. 6 ops with room to grow. Office has a very relaxed vibe to it which matches its proximity to the beach. Opportunity to own real estate!

LA JOLLA/UTC Located in a very professional/medical building close to the hospital. Practice has plenty of room for growth with insurance added. Has a small but loyal FFS patient population. A must see!

MISSION VALLEY Excellent location. Many specialty procedures being referred out. Overhead is very reasonable. Office has an associate in place so this could be a great second office for you.

MIRAMAR/MIRA MESA Excellent location just off the 15 fwy. Most all specialty procedures being referred out. Opportunity to own the real estate!

SAN DIEGO PERIO One of San Diego's top perio priced for wise purchase decision for sale. Seller willing to associate back for a smooth transition. Practice is very well appointed and in a magnificent professional building. Come take a look!

Current Listings





JUNE 2024 CONTENT

07

President's
Message

08

Executive
Director
Message

10

Chief Dental
Officer Message

11

Editorial

12

Coping
with Fear

16

CDA Happy Hour
Event Feature

17

Let's
REWIND

18

SDCDS at
Lobby Day

20

Women's Retreat
Event Feature

24

Let Me
Introduce...

29

Vendor
Directory

30

CDA Violence
Prevention Plan

31

Upcoming
Events

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Your SDCDS Staff



Crystal Washington

Director of Membership Engagement



Katherine Hobday

Administrative Project Coordinator

EDITOR

Megan Clarke, DDS

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GRAPHIC DESIGNERS

A7D Creative Group
Anna Hopkins
Gabriella Scott
Dani Mikulics

SDCDS STAFF

Crystal Washington,
Director of Membership
Engagement
Katherine Hobday,
Administrative Project
Coordinator

PUBLISHED BY

San Diego County
Dental Society
4747 Viewridge Ave,
San Diego, CA 92123
Phone: (619) 275-7188

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Facets will publish signed articles relating to all phases of dentistry, but assumes no responsibility for the opinions expressed by the contributors. The views expressed are those of the author as an individual, and do not necessarily reflect the positions or endorsement of SDCDS. Acceptance of advertising in no way constitutes professional approval or endorsement. SDCDS does not assume liability for content of advertisements.

Welcome, New Members!

Daniel Aclan, DMD

CA-Western University of Health
Sciences College of Dental
Medicine, 2021

Bradley Asay, DMD

Canada-Univ of British Columbia,
2015

Rigoberto Cervantes, DDS

Mexico-Univ Autonoma de
Guadalajara, 1999

Itzel Garcia Oscos, DDS

Mexico-Universidad De La Salle,
2022

Rima Imad Kamil Kesso, DDS

Mexico-Universidad De La Salle,
2023

Benjamin Lam, DDS

CA-UCSF School of Dentistry,
2023

Ho-Yin Leung, DDS

CA-UCLA School of Dentistry,
2014

Cherisse Loo, DDS

CA-Loma Linda University, 2001

Behnam Majd, DDS

University of Maryland Baltimore
College of Dental Surgery, 2019

Scott Welling, DDS

Ohio State University, 2019





SDCDS



COMMITTEES

SDCDS prides itself on the leadership and skills our members contribute that make us such a strong organization. Dedicating your time and skills to your local society is one of the most important benefits of membership. By getting involved, you have an influence on the overall direction of the SDCDS.

Editorial Board

Provides oversight for Facets and e-newsletters, which deliver news, features, information, and updates on dental matters to meet the needs of our local dental society.

JOIN TODAY!



Recruitment & Retention

Undertakes activities intended to maximize the accessibility, usefulness and relevance of SDCDS's services, programs and membership benefits, which in turn will enhance membership recruitment and retention efforts.

Continuing Education

Offers dentists and their staff quality, affordable CE opportunities so that they may remain current on both their licensure requirements, the latest trends in dentistry, and enhance their professional knowledge and capabilities.

Ethics Committee

Investigates alleged violations, provides interpretations and educates members and the public regarding the CDA Code of Ethics. This committee can act either upon its own initiative or at the request of a patient, a dentist, an employee or an institution.

Well-Being Committee

Serves as a resource to the dental community in identifying individuals who may be impaired through the presence of obsessive compulsive disorders, specifically alcohol and chemical dependency.

All Members are welcome to attend or apply to join, no prior experience necessary!

If you are interested in getting involved please email Angela Landsberg at director@sdcds.org

Being a member of the San Diego County Dental Society isn't just about being a dentist; it's like joining a lively community of tooth enthusiasts. We get to share ideas, learn from each other, and level-up our skills. The Dental Society hooks us up with free and low-cost courses and webinars, which is pretty awesome.

But here's the real deal: ethics in dentistry aren't just a checkbox. They're the backbone of exceptional care. When we do right by our patients, they get top-notch treatment, and trust starts to build. Whether we're filling cavities or discussing treatment plans, being ethical in dentistry guides us through legal minefields, helping us avoid lawsuits and drama.

Speaking of stats, between January and March 2024, The Dental Board of California received a whopping 723 complaints! Most of them were about dentists. So, our commitment to doing what's best for patients—avoiding harm, respecting autonomy, and being transparent—is crucial.

Here are ten ways dentists can enhance their ethical practices to prevent patient conflict or violence:

- 1. Clear Communication:** Ensure transparent and thorough communication with patients about treatment options, risks, and outcomes.
- 2. Informed Consent:** Obtain informed consent for procedures, empowering patients to make informed decisions.
- 3. Empathy:** Show empathy and understanding toward patients' concerns and fears.
- 4. Timeliness:** Respect appointment times to minimize patient frustration.
- 5. Fair Billing Practices:** Provide transparent billing information to avoid surprises.
- 6. Privacy Protection:** Safeguard patient privacy and confidentiality.
- 7. Professional Boundaries:** Maintain appropriate professional boundaries.
- 8. Conflict Resolution:** Address disagreements calmly and professionally.
- 9. Cultural Sensitivity:** Be aware of cultural differences and adapt communication accordingly.
- 10. Continuing Education:** Stay updated on ethical guidelines and best practices.

By maintaining ethical standards in our interactions with patients, colleagues, and staff, we create a respectful and harmonious work environment. This fosters trust, reduces conflicts, and minimizes the risk of workplace aggression, especially in a world where violence is unfortunately prevalent. ♦

Message *from our* President

Lilia Larin, DDS





A Message from our SDCDS

Executive Director

Angela Landsberg

director@sdcds.org

The Power of ADVOCACY in Dentistry: BEYOND THE DRILL AND FILL



**SCAN TO JOIN THE
SDCDS LEGISLATIVE
COMMITTEE!**



In the serene environment of a dental office, where the hum of tools and the scent of antiseptic pervade the air, the connection between patient and practitioner is profound. However, beyond the meticulous care of teeth and gums lies a broader responsibility that dental professionals must embrace: political advocacy. This advocacy is not just about shaping policy, but it's also about ensuring that the future of oral health care is secure and accessible for all.

Political advocacy in the dental profession is crucial for several reasons. First and foremost, it directly impacts patient care. Policies and regulations affect everything, from the types of treatments that can be offered, to the funding available for public health programs. Dentists who advocate for their profession help ensure that policies reflect the realities of patient needs and the complexities of oral health care.

It is clear to see in the work our SDCDS advocates do, that advocacy also strengthens the profession itself. It ensures that the voices of dental professionals are heard in legislative chambers, leading to better working conditions, fair reimbursement rates, and ongoing professional development opportunities. This not only benefits dentists, but also enhances the quality of care they can provide.

Participating in political advocacy can seem daunting, but it can start with small steps. If you are interested in advocacy, the SDCDS has a Legislative Committee that is focused on educating our members on policy and advocating for policies that impact our profession. Every action counts and contributes to a larger movement that shapes the future of dentistry. ♦



San Diego County
DENTAL SOCIETY



CUT YOUR TEETH

SDCDS'S QUARTERLY
INDUSTRY SOCIAL GATHERING

AT CASA DE FLOR ART GALLERY IN BANKERS HILL

JUNE
27TH
6:30PM -
8:30PM

GET TICKETS!
sdcds.org/events



SAVE THE DATE!

SEPTEMBER 26TH

6:30PM TO 8:30PM

CUT YOUR
TEETH



Tackling Opioid Misuse & Enhancing Senior Dental Care

A Message from
our SD County **Chief
Dental Officer**
Fadra White, DMD, MPH



In October 2023, the County of San Diego Board of Supervisors directed the Health and Human Service Agency (HHS) to utilize a portion of the Opioid Settlement Fund for a Drug Disposal Bag (DDB) Pilot. It does not track or monitor prescribing practices. No protected health information or prescribing data is being collected.

Safe Disposal Program for Opioid Medications

Healthcare practices in East and Central regions may be eligible to participate in a pilot program to decrease the misuse of prescription opioid medications.

- Hospitals, outpatient surgery centers, dental offices, and pharmacies can receive no-cost drug disposal pouches to distribute to patients receiving opioid prescriptions.
- The pouches deactivate opioids in patch, liquid, tablet, powder, and capsule forms.
- The pouches can be safely disposed in the trash; patients do not need to mail-in or drop off the pouches.

If you are interested in participating or would like more information, please contact MCS@sdcounty.ca.gov.

FREE Opioid Drug Disposal Pouches

Offer your patients a safe and simple method to dispose of unused opioids.

THE PROJECT

The County of San Diego invites you to participate in a pilot to reduce access to and misuse of prescription opioids.

- **We provide drug disposal pouches to you at no cost.**
- **You give a pouch to patients when prescribing or dispensing opioids.**



These pouches **deactivate the medication** in the patient's home, allowing unused opioid pills, liquid, and patches to be **safely disposed of in the trash.**

WHAT YOU CAN DO

Participate in this pilot by emailing us.

Provide your patients with a drug disposal pouch and our educational flyer when you prescribe or dispense opioids.

Encourage your patients to use the pouch and complete the 4-question survey (via a QR code) to help us evaluate this pilot.

NEXT STEPS

Email us if you are interested in learning more:
MCS@sdcounty.ca.gov

We will call your office to follow up.

In other news, the County of San Diego, Health Quality Partners, and seven of our County's Federally Qualified Health Centers are the recipients of a Delta Dental Community Care Foundation grant that provides \$5 million dollars to address senior oral health. A 2022 San Diego County Community Needs Assessment showed that inadequate dental insurance coverage and a lack of access to dentists who accept Medi-Cal Dental were top concerns for our senior population. Disparities in oral health care can be found across our aging population. Older adults living in residential facilities, including skilled nursing facilities, and in our rural areas, are more likely to have missing teeth and have untreated tooth decay compared to those living in our urban areas.

- Statewide, among residents living in skilled nursing facilities, 1 in 3 have lost all their natural teeth. Of these edentulous persons, 36 percent do not have dentures. And almost half of skilled nursing residents have untreated tooth decay, putting them at risks for pain and infection.

- In our County, about half of residents in skilled nursing facilities do not have posterior functional contact.

- When looking at those who live in retirement communities statewide, 18% are missing all their natural teeth, most often due to dental decay.

- Locally, of those living in retirement communities, 13% of these residents need urgent dental care.

- The 2022 California Health Interview Survey Data shows that for all San Diego County adults 65 years and older, 5.4% report having no natural teeth, and another 6.1% of individuals in our county rate the condition of their teeth to be poor.

Through the Delta Dental Senior Oral Health Partnership, our clinical partners will be providing a comprehensive range of services tailored specifically to the needs of our senior community. The Partnership will also be launching a robust patient education and outreach campaign. We want to equip seniors with the knowledge and resources they need to take control of their oral health and make informed decisions about their care. Over the next 5 years, I look forward to sharing Partnerships success stories.

Thank you and please feel free to reach out to me anytime! ♦

Helplessness & a Path *FORWARD*

IN THE FACE OF THE
DENTAL OFFICE VIOLENCE



Written By:
Megan Clarke, DDS

I think at this point, many of us are familiar with the Mr. Rogers quote, about looking for helpers in times of scary occurrences. But to those who haven't, it is this: "When I was a boy and I would see scary things in the news, my mother would say to me, 'Look for the helpers. You will always find people who are helping.'" I read an article in the Atlantic a few years back that had trouble with that quote, in its not meeting the moment. I for one still believe it holds true.

A colleague of ours was killed in a senseless act of violence doing the thing that most of us do on a daily basis, providing dentistry to those in our communities. When I first heard the news, I will readily admit that a chill went down my spine. How many times had I had a patient over the years who was upset or raised their voice in my practice? Whether it was through fault of an insurance company, through an inadvertent error of billing, in a clinical scenario that resulted in a less than ideal result, we all have had those cases. It is sadly a circumstance of our business, it just is. That's why my first thought of hearing about Dr. Harouni, and the series of events that led to his death sent me into a sad place that day. What can any of us do to prevent this?

At our editorial board meeting on the topic of this issue, we had a robust discussion of steps that we could take to escape, ways to more adequately secure our offices, including putting emergency lines to the police within arm's length. Based on what I have read, Dr. Harouni and staff members did everything right.

When acts of violence occur, we naturally return to ways that we could have prevented them. A shooting at an elementary school leads to calls to "harden schools" or "arm teachers". (politics aside, anyone making that argument, I can predict with near certainty, has not recently spent much time around the chaotic environment of an elementary school).

*"When I was
a boy and I
would see
scary things
in the news,
my mother
would say to
me, 'Look for
the helpers.
You will
always find
people who are
helping.'"*

— Fred Rogers

These are not good faith arguments. When violence happens anywhere there are calls for more laws, more security, more prevention.

We dentists like control and predictability. We like to know that we

have the means to control a situation. We even like to be overprepared in most situations. With a situation where we can't prepare, what are we to do?

As an editorial board, we came to the conclusion that, at the end of the day, there is almost nothing we can do. People who are relentless in their pursuit of violence will find a way. It's a helpless way to feel. There is almost nothing that we can do. Or is there?

So maybe that's why the Mr. Roger's quote is timeless. It provides a pathway to find light in the dark. We can succumb to the forces of darkness around us. Turn on the news any day and the evidence of that is overwhelming. And yet, there is goodness everywhere. The root cause of cynicism is a feeling of helplessness and a lack of autonomy. We can choose to focus on the negative or we can refuse to succumb to it. It gives us a feeling of control. That, at its essence, is what that quote is about.

So, I close with this: If you find yourself in a place of cynicism, of fear, suspicion of those around you, understand that succumbing to those feelings allows those who wish to harm us to triumph. I'm not a particularly religious person, but despite the various differences in the many religions of our world, what unites them is the belief in the goodness of others. It gives us a sense of agency, of power. A defiant belief in the goodness of others, in spite of what evil we see in the world, is the only path forward. ♦

COPING WITH FEAR

IN THE FACE OF DENTAL OFFICE VIOLENCE



Written By:
Eric Shapira, DDS



Considering the perspective of different types of psychological therapies, such as (CBT) Cognitive Behavioral Therapy and (REBT) Rational Emotive Behavior Therapy, general fear is described as both a cognitive and emotional response to a perceived threat or danger. Both disciplines, and their approach to perceived threats and danger, emphasize the role of thoughts, beliefs, and interpretations in shaping our emotional experiences, including and especially fear.

Considering the recent death of a fellow San Diego dental practitioner, Dr. Harouni, who was shot by an intruder in his office a short time ago, I felt the need to discuss how to try and cope with one's fear and anxiety about this type of danger, and more, within the confines of the dental office and one's practice, as well as the emotional toll this type of trauma places on each of us.

Many years ago, when in my own practice in Half Moon Bay, California, a small Coastside community about 50 miles south of San Francisco, I was confronted with several stressful and fearful situations by two notable patients that I vividly remember and the chaos it created for me and my staff. One such situation was the following scenario: I had a patient in my reception room, an older woman of about 50 years young, and her grandson of about 8, who were both there for a routine examination and cleaning, or so I thought. They were actually there to "hide-out" from the woman's son, who was sitting in his car across the street from my office. The woman, whom I will call Jane, was apparently aware that her son, who was estranged from the family and who had left his wife, was following her from the daughter-in-law's house, where she had picked up the child. Jane got in her car and drove directly to my office from San Francisco, some 50 miles away, and brought the boy with her into my office and my reception room. I assumed she was there for an appointment, but it was not right of me to assume, as I found out. As I greeted her, she stood up and said, "you have to save me and my grandson!" At that moment, there was a crash against the front door of my office, and I could see that Jane's son had tripped and fallen on the doorstep. Jane quickly yelled for me to lock the door as she also blurted out "he's going to kill me and his son!!" My heart was pounding. I immediately locked the door and saw him get up outside of it brandishing a handgun! I yelled at my receptionist, who was now on the floor behind her desk and countertop, to call 911.

My heart at this juncture was in my throat. My blood pressure was probably off the charts, and like my unexpected guests, I was in "fight or flight mode." I ran to the back of the office asking people to stay behind the walls in my conference room, which was in the middle of my office, and I locked all the back doors (2) of the office. Once I had the local police on the line and told them what had transpired, they said "try to stay calm, we will be there shortly." Fifteen minutes felt like an hour with Jane's son, who I will call "Bad News," running around all sides of the office, banging on the doors, windows, walls and screaming that he was going to kill us all if we did not relinquish his son! I kept no weapons in my office, except a large 3" inch dowel I called the "Bopper" in my coat closet. I used this for self-defense in close personal encounters, if I needed to use it, by pushing it against a person who might be attempting to assault me or one of my staff members.

The fear that we all feel when confronted with danger of some kind can create distorted perceptions of our thoughts, as a direct interpretation of the fear itself. Fear can be rational or irrational, but either way, it creates many different physiological changes to our body chemistry, our organs, and the way we respond, considering being consumed by both our perceived fear and the "gush" of chemicals altering the way we think, feel, and act.

In the first scenario, I can say that the police got there quickly, but in my mind filled with fear, it was not quick enough. In that short time between "Bad News" ranting, yelling, banging on the building and waving his gun around threatening to kill us all, everyone inside the office was in "high" gear and hunkered down, except me. I was playing the watch dog, moving clandestinely, out of sight, through the office with a phone in my hand telling the operator at the police department where this guy was, assuming I could see or hear him. I stuffed my fear, only to be plagued by it sometime later when I least expected it! The police came, tackled the perpetrator and everyone yelled with joy.... a release of tension.

Another stressful and stress-provoking situation that happened in my office was when I had a young lady associate, fresh out of school, working for me. She was beautiful, intelligent, respectful, and soft-spoken. She occupied her own operatory and periodically would call me over to observe her. She asked me questions about whether what she was doing was the correct way to do it, whatever it was she endeavored to be doing at the time. After one of those times, I went back to my own cubical to work, until I heard a lot of yelling and a scream.



I ran to my coat closet, pulled out my “Bopper” and ran into the mayhem. My associate was backed up against the wall, and her female patient, who was large, had bloodshot eyes and a scarf covering her head, but not her face, was choking my Associate dentist! Again, with the fight or flight syndrome in gear, and a surge of adrenaline in my system, I grabbed the patient’s arm, twisting her off my fellow dentist. I held the “Bopper” up to her face and told her if she did not let go of my Associates’ other arm and calm down, I would use my dowel to constrain her. I used the dowel to shove her against the wall, holding the dowel between us and asked her to stop yelling and calm down. She threatened me and goaded me with taunts to hit her with my dowel, which I had not, nor would I, unless it was necessary. We called the police to come. In the meantime, my Associate told me that this patient came from the local hospital, where she was being treated for drug abuse in a special unit there just for addicted women. But apparently, the treatment was not working, and the patient came into my office seeking drugs for a toothache that was non-existent. My staff knew to call the police, and I kept her company while waiting for them. Several times, I had to back the women off with my “Bopper” when she got a little testy with me and stood-up rushing toward me in a huff demanding I give her narcotics for the pain. The big “Bopper” stopped her from harming me, even when she pushed it and me backward toward a wall. I must admit that I was scared and concerned about the outcome of all of this, but when my Associate dentist came into the room where we were, there were two of us against one of her. This made things easier and more tolerable until

the police came and took her away.

Most all traumas like the ones that I have written about, lead to some types of underlying stressors. It is not enough to RUN, HIDE, and FIGHT if you must; but even then, the trauma leaves marks on one’s psyche. Both the therapies I mentioned at the onset of this article aim to assist individuals in identifying and challenging their irrational or distorted thoughts that contribute to fear. The initial event I wrote about left marks on me for the fear of impending injury and possibly death to myself and those in my office. Not knowing when the police would come, and if we could keep the son of the woman in my office from shooting us through the walls or windows, was a giant stressor.

REBT, developed by Albert Ellis, encompasses the theory that fear arises from irrational beliefs or distorted thinking patterns. Specifically, REBT suggests that fear is often the result of “catastrophizing,” a cognitive distortion, which involves exaggerating the probability or severity of a negative event. CBT, which builds upon the principles of REBT, also focuses on the cognitive component of fear. In CBT, fear is understood because of maladaptive thoughts and cognitive distortions, such as “overgeneralizing,” “fortune-telling,” or “magnifying” the threat. Both CBT and REBT aim to help individuals identify and challenge their irrational or distorted thoughts that contribute to fear. The goal is to replace these thoughts with more rational, balanced, and adaptive perspectives.

It is important when confronted with such momentous fear of one kind or another, no matter what the cause, to gradually face one’s fears; and by doing so, cause their fears to diminish over time. This should be done with professional



assistance, such as with a therapist, who can assist in a controlled environment, teaching the person in question more adaptive coping skills. Post-traumatic stress disorder (PTSD), a result of unattenuated stress from a negative experience may hold irrational beliefs such as:

Awfulizing: Perceiving the traumatic event as entirely catastrophic or unbearable, rather than unfortunate or difficult.

Low frustration tolerance: Believing that one cannot cope with the distress caused by the traumatic event.

Depreciation: Globally evaluating oneself as worthless or inadequate due to the traumatic experience.

Demands and rigid rules: Holding absolutist beliefs about things “should” or “must” be, leading to extreme disappointment when reality deviates from these demands.

These irrational beliefs can contribute to the development and maintenance of PTSD symptoms, such as intrusive thoughts, nightmares, hypervigilance, and avoidance behaviors. Guided imagery with assistance, tends to help restructure the trauma and lessen its’ effects on the beholder. Hypnosis is used sometimes with this treatment therapy. The goal of all these therapies is to restructure one’s thinking process by normalizing their thoughts and assisting them in regaining a sense of control over their lives.

It took me some time to overcome the traumas I experienced way back then, as well as other experiences I had had as a child that was the bottom of my “cake” and not the icing that these later experiences put on top of them. Without talking to someone who knew how to get me

out of the web of fear I had wrapped myself up in, I don’t think I would have been able to overcome my fears in a rational manner and take control of my life.

I write this article with the hope that those of you who have been affected by extreme stressors or trauma of one kind or another in your lives, will follow suit and seek out a professional therapist. Seeking therapy with someone who has a background in treating trauma will assist you in unwinding those thoughts that have “wormed” their way into your mind and created another kind of trauma in itself, which could and can be detrimental to your ultimate health and productivity.

I am both a dental practitioner and an Aging Specialist/Clinical Gerontologist. When I give my lectures, I always ask my audiences, “How many of you feel old?” Most of the time many hands go up in front of me. My response is, “place a “B” in front of “old” and be Bold and challenge life. Be a “FROG.” Frogs can only go forward. When they want to go backward, they must turn themselves around and then they are going forward again!!! When it comes to experiencing the traumas in life, one must continue to be forward directed. We cannot change the past; we can only change today and possibly have a positive affect on our future by addressing those things that have caused us emotional and physical pain in the past. Carpe Diem.... Seize the Day. ♦

Many thanks to Dr. Michael Mantell, Psychotherapist, for his friendship and guidance and associated information in the writing of this article.

cda PRESENTS



SDCDS HAPPY HOUR



For the 2nd year in a row, SDCDS hosted the CDA Presents Happy Hour. This event brought over 70 members together for an evening of great music, food and fun. We even ended the night with an impromptu karaoke performance by our own Dr. Karen Becerra. With all of the hard work our members do each day, we love providing these opportunities to relax and gather with friends and colleagues for a good time!



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Let's ◀REWIND



Building Bridges in Dentistry

REWIND by Thomas Olinger, DDS

Taking the helm as president of the San Diego County Dental Society in 1993, I found myself leading an organization that, at the time, resembled a familiar yet outdated archetype: a good old boys' club. Recognizing the need for a more inclusive society, I embarked on a mission to broaden its horizons.

The dental landscape of San Diego County was far from a reflection of the vibrant diversity of its communities.

I saw an opportunity to bridge the

gap and foster a more representative organization. Thus began my journey as an envoy, reaching out to ethnic and women's dental groups across the county.

My outreach efforts began with contacting the National Dental Association and the Filipino Dental Association. I didn't just stop at communication; I actively participated in their events, attending the Filipino Dental Association's annual ball. There, I addressed the audience, extending a warm invitation to join

the San Diego County Dental Society. I emphasized the collective strength that would come from a unified voice advocating for dentistry.

Furthermore, I extended my hand to smaller groups, such as the Indian Dental Association. By fostering connections across these various organizations, I aspired to create a society that reflected the rich tapestry of San Diego County's dental professionals that we enjoy today.

SDCDS BACK IN
1993



THOMAS OLINGER, DDS
1993

IT'S YOUR DENTAL SOCIETY

Do you have a story to share?

Our dental society has been around for **over 100 years**.

There have been many changes in the dental society over the last few years, and in our quest to feature as many of our members as possible, this will be a recurring section highlighting some of our longest serving members.

We value all of our members' voices, and we ask that those of you who would like to share your memories of times past, please do so! Please email facets@sdcds.org, Facets Editor.

Share your REWIND!

SDCDS JOINS AT THE ADA's Dentist & Dental Student Lobby Day

Written by: **Harriet Seldin, DMD**

Dentists and Dental Students from around the Country convened on Capitol Hill in DC on April 8th & 9th to advocate for the profession and for our patients. The Dental Society was represented by Drs. Hanlon, Mattson, Larin, Seldin and our Executive Director, Angela Landsberg. Several dental students, who were either from San Diego or studying at California dental schools, also joined our team. We educated lawmakers about dental student loan issues, workforce, and dental services reimbursement concerns in the Federally regulated market.

The legislation we discussed included the Dental and Optometric Care (DOC) Act S. 1424/H.R. 1385, Dental Workforce S. 2891 Action for Dental Health, and Student Loans and Postgraduate Educational Debt H.R. 1202/S. 704 and H.R.7814/S. 2172.

The DOC Act closes a loophole between how State regulation operates with the lack of similar pro-consumer regulation at the Federal level. With plans governed by the California Dept of Insurance or the CA Dept of Managed Health Care, insurance companies can't dictate fees for services they don't cover, which may be such dental services as implants and TMD treatment. With self-insured plans, Federally-regulated via ERISA, it is common that patients and dentists have little recourse.

S. 2891, Action for Dental Health, is the Senate companion to legislation that has already been passed in the House of Representatives. We thanked our Congress Members for passing that legislation and requested our Senators to pass it. This would help address Workforce issues affecting many dental practices.

Student debt issues were ably presented by dental students. H.R. 1202/S. 704, the Resident Education Deferred Interest Act (REDI Act). This relates to deferring payments and suspending accrual of interest during dental and medical residencies.

We met with staff for Senator Padilla and Senator Butler on April 8th. We met with the Congressmembers' offices from our region on April 9th. We met Congressman Sara Jacobs personally, and for the others we met with staff. Those included meetings with offices of Congressmembers Mike Levin, Darrell Issa, Juan Vargas, and Scott Peters. All the meetings went very well, with our legislators expressing interest in our issues. We'll need to wait and see how the legislative process evolves. We thank the dental students for joining us in our visits and ADA and CDA for their support. ♦



San Diego County Dental Society represented by Drs. Hanlon, Mattson, Larin, Seldin, Executive Director Angela Landsberg, and several Dental students from California and/or San Diego.

CDA Major issues and priorities

SB 1369- Predatory Dental Insurance Fees (CDA-sponsored)

CDA is sponsoring legislation to curtail the usage of virtual credit cards (VCCs) as a method of payment used by dental insurance companies. VCC payments in many cases become the default payment method.

Ultimately, this trend takes health care dollars away from patient care. SB 1369 by Sen. Monique Limon (D-Santa Barbara) will address this issue by:

Requiring that the default payment method must be one that does not include a fee. If a provider would like to use VCCs as their primary payment method, they may do so, but only by written authorization – and they may opt out of VCCs again at any time.

Requiring plans to provide notice of any fees associated with a particular payment method and advise dentists of alternative methods of payment along with clear instructions as to how to select an alternative method of payment.

Requiring dental plans to provide notification of any profit-sharing or fee arrangement with the VCC company.

The bill passed through both the Senate Health Committee and the Senate Floor with no opposition and will next move to the Assembly Health Committee.

State Budget: Specialty Dental Clinic Grant Program

CDA is opposed to the funding cut proposed in the 2024-25 May Revise budget that would eliminate the Specialty Dental Clinic Grant Program. In 2022, CDA and a broad coalition of disability, consumer and provider groups advocated for \$50 million in one-time funding to establish the program, which would fund the construction of at least 10 new dental clinics for patients with special needs and disabilities.

CDA recognizes the significant budget shortfall and the need to make difficult decisions. However, the elimination of these funds will undermine the potential progress in expanding dental access for individuals with special health care needs. CDA and our coalition partners were successful in having the legislature maintain this crucial funding. The budget still needs to go back to the governor's office for final approval.

ADA DENTIST AND STUDENT LOBBY DAY

Dental Workforce – S. 2891, Action for Dental Health Act

Dental practices in America are facing a workforce problem that is limiting access to care. A recent American Dental Association (ADA) survey of dentists demonstrated the acuteness of oral health workforce issues, as one-third of dentists are actively recruiting dental hygienists and dental assistants, and 87% of dentists told the ADA that recruiting for these positions is extremely challenging. These challenges came despite new incentives offered to prospective dental team members. Dental practice staffing difficulties limit the number of patients dentists can see, thus posing an obstacle to access to dental care.



The ADA supports S. 2891, to reauthorize the Action for Dental Health (ADH) which would:

- Extend funding for ADH through fiscal year 2026.
- Support workforce training and oral health programs with the goal of delivering care to people suffering from dental disease where better access to care is most needed.
- Strengthen and expand the public/private safety net and bring dental health education and disease prevention into underserved communities.

Dental and Optometric Care (DOC) Access Act S. 1424/H.R. 1385

Currently, patients are being adversely impacted by provisions in dental and vision plans that dictate how much a doctor may charge a plan enrollee, even though the services provided to the enrollee are not “covered” (i.e., paid for) by the plan. The American Dental Association (ADA) along with the American Optometric Association (AOA) supports S. 1424/H.R. 1385, the Dental and Optometric Care Access Act (DOC Access Act). The legislation would prohibit dental, and vision plans from setting the fees network doctors may charge for services not covered by the insurers.

Student Loans and Postgraduate Educational Debt H.R. 1202/S. 704 | S. 2172

The American Dental Association (ADA) supports H.R. 1202 and S. 704, together known as the Resident Education Deferred Interest Act (or REDI Act), and S. 2172, the Dental Loan Repayment Assistance Act of 2023. These bills will provide fair and reasonable ways to help offset the unprecedented levels of educational debt for dental and medical residents and dental school faculty.



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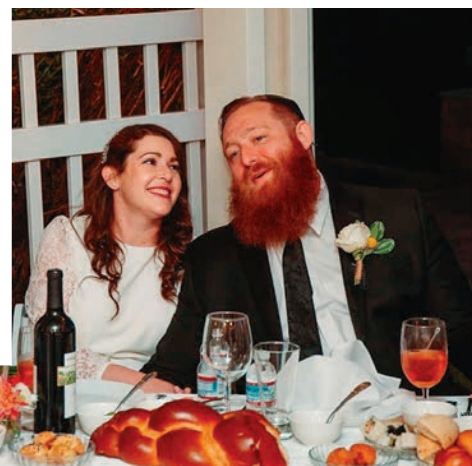
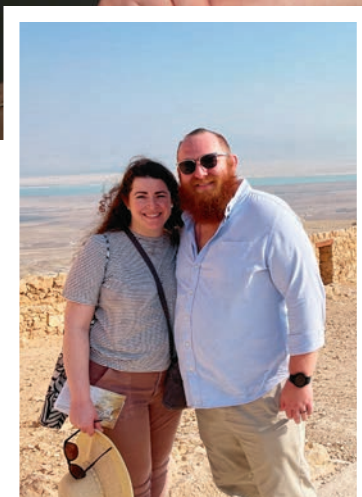
Let Me Introduce...

Please meet Gayla Raz, DMD, MS, DABP

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.

Written by: **Zeynep Barakat, DMD**

Dr. Galya Raz and I met around the time we both bought our practices, which are located a mere five minutes apart. Physical buildings aside, we became close and I gradually discovered what a highly skilled periodontist she is and how caring she is to patients and staff. Over the years that we have worked closely together, I have come to know not only her talents and her tremendous attention to detail, but her ability to make me laugh on any given day. We could talk for hours on dentistry and life and barely realize how much time had passed. It gives me such great pleasure to introduce to our members someone who is not only an amazing colleague, but truly a wonderful friend and person.



Where are you from originally? Where did you grow up?

I was born and raised in Poway, CA but my family is originally from Israel.

Are you from a big, medium-sized or small family?

I would say I come from a medium-sized family. I have three siblings, two brothers and one sister and we all live in San Diego!

What was one of your favorite childhood memories or activities?

Growing up in San Diego, my parents would send me to the summer art camp at the San Diego Zoo. I loved walking around the zoo and sketching the tortoises or painting the giraffes. In high school, I was fortunate to attend Interlochen Arts Camp in Michigan, where I refined my painting techniques and studied voice. That was my first extended period away from home, and there was something magical about being with all these creative people who loved art and music as much as I did.

Where did you complete your undergraduate studies? What did you major in?

I graduated from UC Davis where I studied Biological Sciences with an emphasis in Medical Microbiology.

What was your “aha” coming to dentistry moment? How did you choose this fine profession?

I realized I wanted to go into dentistry when I was volunteering at hospitals in my undergrad and saw how little time many medical doctors had with their patients. I wanted to get to know my patients and see them on a regular basis, and dentistry was the obvious choice, especially since I enjoyed working with my hands.

How I chose periodontics, specifically, is an interesting story. When I started dental school, I did not even know periodontics was a specialty. Shocking, I know! I had only been exposed to orthodontics and restorative dentistry growing up, and when I shadowed dentists, it was general dentistry

that I was observing. From my very first periodontics class in my first year, I knew that I wanted to be a periodontist. The more I learned about periodontics in dental school, the more I loved it.

Where did you attend dental school? What year did you graduate? Residency?

I attended the University of Nevada, Las Vegas School of Dental Medicine and graduated in 2013. I completed my residency in Periodontics and Implant Surgery and received my M.S. in Oral Biology from UCLA in 2016.

What do you love most about dentistry?

I love the collaboration and planning that is involved in dentistry. I enjoy discussing cases with colleagues and working through challenging treatment plans. There is always something new, and you never do a procedure the same way twice.

More specific to periodontics, I love that the primary job of a periodontist is to save teeth and that we can often regenerate tissues that have been lost. In so much of dentistry we remove things (enamel, old restorations, teeth, pulp, bone). In periodontics, we can add things by regeneration and re-create a natural appearance with a patient's own tissues. What I love the most is watching my patients heal. It is so rewarding when a patient comes back for a re-evaluation and says, “Wow, I feel healthier and my gums feel better!”

Do you own your own practice?

Yes, I purchased my practice in Poway in Dec. 2020 from Dr. Bruce Johnson and called it Tooth Rock Periodontics. I named it after a boulder called Tooth Rock which is found in Poway, a tribute to my hometown. Dr. Johnson and I had the same mentor in residency, Dr. Tom Sims, just 35 years apart! Dr. Johnson still works with me part-time and has been an amazing friend and mentor. He is the reason I came back to California and more specifically, to Poway. Two years

ago, Dr. Travis Steinberg joined my practice, who was also mentored by Dr. Sims. Owning a practice has been both challenging and rewarding, and every day is an adventure!

Are you married? Have kids?

I am married to my wonderful husband, Ely Otis. He is my business manager and the biggest supporter of my dreams. I am so lucky to have him as a partner in life. We are working on having kids. Fertility issues for women in medicine are not often openly discussed, but I am open about my plans, and I hope to fulfill my dream of being a mom soon.

What do you enjoy doing outside of dentistry? – Family, Hobbies, Talents, volunteers, etc.

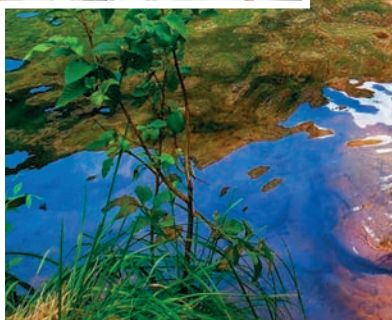
I have a large extended family and our house has become the meeting point for all the holidays we celebrate. We are often cooking and hosting, when we are not working. I have also continued with my painting and sketching, and practice yoga as often as I can.

What is one thing on your life bucket list that you have fulfilled and one thing yet to be fulfilled?

I would love to visit every continent at least once. I have been to three continents so far, so I have four more to go.

Do you volunteer in dentistry? Are you involved in the dental society or other forms of organized dentistry or dental missions?

I teach part-time in the Periodontics Residency at UCLA. I drive up at least once a month to teach the residents sedation and surgery in a clinical setting. Before I bought my practice, I taught full-time at UNLV for three years. I also provide guest lectures to several classes in the hygiene schools and lead a hygiene study club. I love to teach and talk about all things perio, so I feel very fortunate I can continue to do so while owning a practice. Even if it means waking up at 3:30 am to make it to the 9am clinic start times at UCLA.



I also started an independent study club called Tooth Rock Study Club. We meet 8 times/year to discuss a variety of topics. The goal of this club is to expand outside of the normal lecture topics and bring interesting and engaging material to enhance the way we practice and care for patients. We have 1-2 guest speakers each year.

Do people ever tell you that you look like someone famous?

I am not sure this was a compliment, but when I was younger, I was told I looked like Anne Hathaway from The Princess Diaries. Before her makeover. I have very curly hair, and let's just say that I did not know how to manage it when I was younger.

Do you have a favorite or life quote?

My favorite life quote is one that many recognize, but do not know all of it from the British author Violate Fane:

Good things come to those who wait (If they also...)

Work hard

Use what they are learning to help others

Keep working hard

Improve but still keep learning

Keep using what they learn in service to others

Don't give up, even when progress is slow and success is uncertain

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CDA'S SAMPLE

Workplace Violence Prevention Plan

INCLUDES ALL REQUIRED ELEMENTS

To help member-dentists comply with the law, CDA's regulatory compliance experts have developed a sample Workplace Violence Prevention Plan that includes all the required elements in the plan, including procedures for how the practice will:

- Develop and implement the workplace violence prevention plan using employee input and with the goal of identifying potentially violent situations in the practice, preferred and effective communication methods and more.
- Ensure employees' rights to report a threat or violent incident without fear of retaliation.
- Conduct a comprehensive physical hazard risk assessment in consideration of previous threats or acts of violence, awareness of escape routes, use of security cameras and more.
- Identify workplace situations that may have the potential for violence, such as with a disgruntled patient, domestic violence related to a patient or employee or a patient's or visitor's inappropriate behavior.
- Implement procedures to correct hazards and prevent violent situations, which may include posting signs to indicate the presence of security cameras, for example.
- Document procedures for responding to a violent incident in the workplace, including theft or burglary during working hours, a visibly angry patient or guardian or an individual carrying and threatening with a firearm or other weapon.
- Report every violent incident in a workplace violence incident log and maintain that log, which should include information from employees who experienced violence and from witnesses, as well as findings from investigations.
- Communicate the plan to employees — whether through staff meetings and annual trainings or in writing.
- Provide violence prevention and training safety to employees.

CDA's comprehensive sample Workplace Violence Prevention Plan contains customizable sections. Individual practices must document situations with a potential for violence and the steps they have taken to prevent violence at the practice, for example.

The sample plan also includes links to workplace violence training videos and a fillable form employees can complete to certify that they completed the required Workplace Violence Prevention Plan training. ♦

For More Information, visit cda.org/resource-library/resources/practice-management/workplace-violence-prevention/



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EVENTS SUMMER SCHEDULE 2024

OSHA COMPLIANCE IN THE DENTAL OFFICE

Webinar | 6:30 PM - 8:30 PM

**JUNE
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