Gadsden, Ala. — It’s safe to say joining Dr. Lew Mitchell’s dental practice in Gadsden, Alabama, in 2011, was one of the best decisions Dr. Kyle Battles ever made.

Dr. Mitchell ended up becoming Dr. Battles’ mentor, a relationship that continues to this day.

“Mentoring creates lifetime connections,” said Dr. Mitchell, former vice president of the ADA. “The process of mentoring is positive therapy for mentors as well as for those being mentored.”

Mentorship meant the world to Dr. Battles right after graduating from dental school.

“My biggest challenge was overcoming the burden of student debt,” Dr. Battles said. “Dr. Mitchell helped me come up with a game plan to tackle the debt. He was also instrumental in helping me consolidate my loans and acquire a better interest rate.”

This proved successful as Dr. Battles eliminated his student debt seven years after graduation. Later in his career, when he started his own practice, Dr. Battles relied on Dr. Mitchell to navigate what Dr. Battles called his “new adventures.”

“There is a lot that goes into running a successful dental practice and Dr. Mitchell was and still is a great advisor for me,” he said.

“Dentistry, the first couple of years, will be very humbling,” he said. 

Continued on Page 4.
See why these award-winning products made the cut!

**TheraCal LC®**
*Resin-Modified Calcium Silicate Pulp Protectant/Liner*

TheraCal LC is a light-cured, resin-modified calcium silicate. Its unique apatite stimulating ability makes it ideal for dried and indirect pulp capping and as a protective base/liner.

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*Light-Cured Dental Adhesive*

All-Bond Universal allows you to standardize clinical protocols for effective delivery of adhesion with a single-bottle.

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1. BISCO has, on file, the calcium releasing data for TheraCal LC.
3. BISCO, Inc. data on file.
Welcome to the newly designed ADA New Dentist News!

On behalf of the New Dentist Committee, I’m thrilled to share with you the reimagined New Dentist News publication. Forged by new dentist leaders of the past as a way to stay connected, New Dentist News has been a quarterly supplement of ADA News for more than 22 years. Over the years, we’ve added more in-depth stories to learn about the lives of new dentists and their experiences across the practice paradigms in dentistry.

In addition to the redesign, we’ve added some new features, including a regular infographic from the ADA Health Policy Institute, a top five list, shorter stories and a new sponsor — BMO Harris. You’ll continue to see profiles of new dentist members in “Getting to Know You” as well as a main feature story and news bits.

And as always, we will post the New Dentist News stories to our popular New Dentist Now blog, NewDentistBlog.ADA.org.

New Dentist News was created for those of us who graduated from dental school less than 10 years ago, and continues to have that support from the entire ADA New Dentist Committee. Our dental student members also receive the publication (you’ll be graduating before you know it).

We still want to stay connected — just the way we do so has changed. I invite you to reach out to me personally and any of the new Dentist Committee members listed here. What do you think of the revised New Dentist News? And what would you like to see us cover in the future? After all, we’re all in this together.

To a bright future,

Ray Jarvis, D.D.S.
Chair, ADA New Dentist Committee 2018–19

Dr. Jarvis

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Dr. Battles stressed how important it is to have a network of friends and colleagues — and a mentor — to help you through that time of uncertainty. “Mentoring, to me, is, when one person gives without the expectation of receiving anything in return and someone who works with you side by side to help you achieve success.”

This has certainly been Dr. Mitchell's philosophy. “Once you have the connection, it lasts forever,” he said.

And, as Dr. Colleen Greene discovered, you don’t have to be far into your career to start to mentor others.

Dr. Nathaniel Cook graduated from Marquette University’s School of Dentistry in 2016 and finished a residency at the Children’s Hospital of Wisconsin last year. While there, he was mentored by Dr. Greene, a pediatric dentist and member of the ADA New Dentist Committee.

Dr. Greene said that mentoring is an important role, even for new dentists with a little experience under their belts. “As a new dentist, I understand the stress that comes with your first few years out of school,” said Dr. Greene, who graduated from dental school in 2013. “It can be hard to set professional goals or network in a new community. Connecting with other new dentists a few years ahead of you is a great way to learn how people are working to their strengths and interests clinically and in the profession as a whole.”

Dr. Cook, a newly practicing pediatric dentist who splits his time in a nonprofit dental clinic and as faculty in a pediatric dental residency program in Minneapolis, said, “Mentorship is a continuous process, and there are always more opportunities to connect with and learn from others with more experience. Through earnest intention, you can learn invaluable lessons and build meaningful relationships.”

Another new dentist, Dr. Marina Sereda, of Toms River, New Jersey, praised Dr. Thomas Bench, also of Toms River, saying he was “the greatest mentor I could have ever asked for.”

Dr. Sereda, who joined his practice shortly after graduating from dental school, said, “In the beginning he never tired of looking at every single crown prep impression, answering hundreds of questions, checking my preps, discussing cases and treatment planning. He would assist me in extracting teeth and basically hold my hand through the difficult process of learning the profession of dentistry. I feel so grateful that I found him and over the years we have developed an amazing professional relationship. I have learned a great deal about dentistry but being only five years out I still have a lot to learn. Although these days it’s more rare, I still ask Tom’s opinion on the bigger cases and large treatment plans. I find it fun to gain a different take on a case. In dentistry there are many ways to accomplish the same goal of restoring form and function to a patient. I find that brainstorming with a colleague is the best way to come up with the best solution.”

Dr. Sereda looks forward to mentoring a fellow dentist if the opportunity presents itself.

“I feel so grateful that I found him and over the years we have developed an amazing professional relationship.”
NEW YEAR, new codes

BY KELLY GANSKI

The beauty of the Code on Dental Procedures and Nomenclature is that it’s a living document; annually evaluated and updated to best meet dentists’ needs.

CDT 2019 contains the latest version of the ADA’s dental procedure code set, and there are several additions this year that new dentists can be on the lookout for to use in their practices.

- **D0412** blood glucose level test-in-office using a glucose meter. This code was adopted so that dentists could report checking their diabetic patients’ blood sugar before undergoing a procedure.

- **D9613** infiltration of sustained release therapeutic drug – single or multiple sites. Dentists are utilizing a sustained release pharmacologic agent infiltrated at the surgical site to reduce the use of narcotic pain medicine in their pain management protocol.

- **D9944-D9946** occlusal guard codes. This suite of codes includes separate codes, ones for a hard appliance, full arch; soft appliance, full arch; and hard appliance, partial arch.

For more information on the codes, visit ADA.org/CDT.
THE DENTIST WORKFORCE through the years

What did the dentist workforce look like in the beginning of the century? And what will it look like in 20 years or so? There are currently nearly 200,000 practicing dentists in the U.S., which represents about 61 dentists per 100,000 population in 2018. In comparison, in 2001, there were about 163,000 practicing dentists or 57 dentists per 100,000 population. The Health Policy Institute workforce projection model predicts a steady increase in the number of practicing dentists per capita through 2037 to about 64 dentists per 100,000 population. We are also seeing a shift in the demographic makeup of the dentist workforce, with a growth in the proportion of female dentists in the workforce, as well as more older dentists in 2018 than in the beginning of the century.

GETTING TO KNOW YOU

Dr. Emily A. Mattingly

What kind of dentistry/specialty do you practice?
I am a general dentist in a group family practice. I see mainly pediatric and adolescent patients in an area where we have a high volume of Medicaid patients.

Where do you practice?
I practice in rural north central Missouri in my hometown of Chillicothe, the “Home of Sliced Bread.”

Why dentistry?
I am a fourth-generation dentist; however, originally I wanted to attend medical school. I started working as a dental assistant for my father and came to the realization that I actually loved improving patient’s smiles and furthering my knowledge about oral health.

Why are you an ADA member?
I am an ADA member for many reasons, but the one I feel most strongly about is advocacy for our profession and oral health.

What was your first job?
My first job was filing paper charts and calling to confirm appointments in my father and grandfather’s dental office.

What has been the best time of your career so far?
The best part of my career has been when my husband and I bought into our practice and moved from being associate dentists to owner dentists.

When I’m not practicing, I’m:
Usually spending time with my husband and our three small children: Elliot, 5, Elyse, 3, and Adah Pearl, 2 months. I also love listening to audiobooks!

One fun fact about me:
I am a Lifetime Member of Girl Scouts and received my Silver and Gold Awards during my active years. Fewer than 6 percent of Girl Scouts achieve their Gold Award and it is the equivalent of the Boy Scout’s Eagle Scout.

Dr. Emily Mattingly, right, with her family.
On being the young dentist

“I know, it doesn’t sound like a challenge, but initially it was an uphill battle,” said Dr. Riordan. “I was met daily with patients who looked at me as ‘the daughter’ and still remembered when I had pigtails. I was often asked, ‘Are you old enough to be doing this?’ and had a few patients throughout my career, even in school, who asked, ‘Are you sure girls are strong enough to do this?’ These comments only fueled me to exceed all possible expectations. I wanted to make sure that my patients had full faith in not only my clinical abilities, but also in my knowledge, my empathy and my personality. I was determined to make my patients’ experience the best they had ever had in a dental office.”

To do that, Dr. Riordan began attending continuing education classes regularly, joined study clubs and became active in organized dentistry. She also immersed herself in whatever reading materials she could find to help better herself as a clinician, entrepreneur and as a person.

“I found that in order to overcome what I saw as the negative stigma of being a young dentist, I was going to have to change my own vision and adapt to be the innovative, knowledgeable, empathetic young dentist,” she said. “Patients have come to know me as someone who cares about them and their total body health, not just someone who checks their teeth every six months. They know that I will educate them so that they see the value in maintaining a healthy mouth and body.”

On the value of relationships

“I have found through my practice career that patients value the way that I treat them as human beings more than anything else,” said Dr. Riordan. “Sure, they expect my clinical skills to be great, but they expect that from everyone. What my patients have come to anticipate is for me to sit down and talk with them, to listen to them, to respect them, and to educate them. Before I ever even pick up a mirror or sneak in behind them, I introduce myself, I shake their hand, and I find out information about them and who they are, not just what teeth need to be treated. In a similar regard, when I was first out of school I was worried about interactions with my specialists. Who was I to tell them what to do? However, what I have found is that the specialists I refer to value my input in my patient’s care. I am in constant contact with them and we work as a team to deliver the best possible outcomes for our patients.”

Looking back, she wouldn’t change a thing.

“The challenges, the relationships, the hard work were all worth it.”
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