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For Dental Sales Professionals • December, 2012

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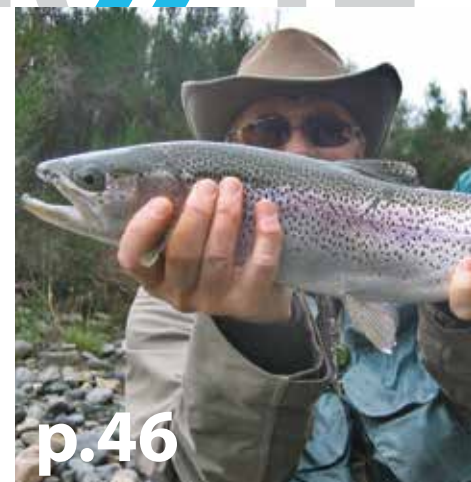
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A Christmas Wish



Brian Taylor

I think we can all rejoice that the election is over! It doesn't matter how you voted, it feels that the campaigns lasted for years.

One thing noticeably missing from the campaign (at least on the Democrat side) was significant mention of the ACA. It remains today an unpopular piece of legislation. Sure it has its "good parts," but we are about to get a taste of the vegetables beginning next month.

The medical device tax, barring a last minute reprieve from the President, begins in January. For those not familiar with its provisions, I will attempt to give a summary of its key elements and the effects it is having even before it's implemented. Medical manufacturers will begin to pay a 2.3 percent tax on sales in 2013. This tax is levied, mind you, on the selling price, not net profit, nor net price after rebates. For example, let's take a company that has \$10 million in sales and finds a way to make a profit of 10 percent, or \$1 million on that topline number. The tax they pay to the government would be \$230,000, or 23 percent of their profits. Typically companies will take some or much of their profits to reinvest in R&D and new product development. Start-ups, which typically make little or no profits at first, will find themselves underwater or out of business.

Already the tax has had negative impact on jobs. A number of leading companies have already announced layoffs directly in response to this new ding on the bottom line. It also has caused others to move those jobs and production overseas

to lower cost venues. Certainly this is not what was intended when this bill was drafted. But to quote Nancy Pelosi, we just had to pass it to find out what was in it. Be careful of what you ask for...

This column of course is where I express my opinions. I don't try to pass it off as news or the gospel. That is why most magazines and newspapers have op-ed sections and usually are clearly labeled as such. America allows us to disagree with others' opinions just as you may disagree with what I write in this column. It is what makes us a great country.

What I have a problem with is when straight news organizations slant news stories that are meant only to be reported – not editorialized. The objective media that I knew when I was younger has all but disappeared. It's a shame as I feel it has contributed to the polarization that is dividing our country. It exists on both sides and it isn't a good thing.

Hopefully we can pull together as a country and perhaps witness a reduction in the partisanship that has gridlocked DC for years now. I leave you all with my Christmas wish – a repeal of the medical device tax part of the ACA. I think it could happen.

Best wishes for Happy Holidays

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Ask the Expert

A former practicing dentist and current sales expert answers your questions

Editor's Note: Anthony Stefanou, DMD, will answer reps' questions on their dental customers. E-mail him your questions at tonydmd@gmail.com.

Q: It seems as if I am getting the “How much does it cost?” question earlier in my conversations. Are dentists getting cheaper?

A: Well, there is no question that I've heard many dental sales reps over the years describe dentists, without hesitation, as cheap! Yes, there are a number of dentists who are truly cheap, just like we all have friends and family we would describe this way. And, yes there are some dentists that, while you may not use the exact term cheap, place pricing as their main reason why they buy a product or use a company.

However, in all the surveys I do (where they can anonymously answer honestly), and my experiences working with many sales teams over the years, the majority of dentists do not buy just on price. In fact, it's usually third or fourth on their list as to the most important reasons they buy. Having said that, in trying to answer the question as to why the question you pose is coming up “earlier” than ever, the truth is that things have changed dramatically in the dental industry in the last 3 to 5 years. Consider the following:

- Dentists get more sales and marketing pitches than ever before (2x as much from just 7 years ago) as

If more and more dentists are asking about price very early on in the conversation, there is a reason for that. It's usually that you haven't yet established what's in it for them, and with their time limited and other options out there, many of them lose interest early.



there are more options within EVERY product and service category (U.S., International, online, etc.).

- Dentists do dozens of procedures and require hundreds of products to operate daily.
- Dental offices run (general practices) at about 70 percent overhead (why that's so is a whole other issue but it is what it is right now).

Now, with attention spans decreasing and distractions increasing, plus the economics of overhead, it is natural that dentists HAVE to factor pricing in, which doesn't mean they are cheap. They are forced to make some tough decisions. First impressions matter. You have a few seconds with an ad or marketing

piece to get their attention, and maybe 30 seconds in your first conversation. If more and more dentists are asking about price very early on in the conversation, there is a reason for that. It's usually that you haven't yet established what's in it for them, and with their time limited

and other options out there, many of them lose interest early. Instead of saying “no,” they just go to pricing as their objection and defense mechanism.

Therefore, I suggest you look at how you open. I always get asked by companies and reps to help “close” dentists, but I always say that it is usually the “open” and not the “close.” Is it right away about how great your company and/or product line is, or is it (be honest here) about their practice? Is it a “I’m with ___ and I have a ___ for you that is better than ___” ... or is the message something like “I help successful dentists like you (increase their

I worked with a small regional supply company for 20 years when I practiced and they certainly did not have the lowest prices.

Sky high customer service

Look at the airline industry. You know how much of a challenge it is to find good customer service and good pricing. I recently had the pleasure of flying Virgin America out to the ADA in San Francisco. I fly Virgin whenever I can, often paying more than I would flying others. It’s worth it. There’s a reason Southwest and Virgin America rate high

Dentists don’t like to change, and it’s not always easy to get them away from a competitor. But, if you are fortunate enough to get an account because you are less expensive than the other person, and you become complacent, then it becomes only about pricing. Someone can always come along and beat the pricing.

practice value, get patients to love their experience in the office, blow away last year’s numbers) and I noticed you are doing ___ in your practice...”

Dentists don’t like to change, and it’s not always easy to get them away from a competitor. But, if you are fortunate enough to get an account because you are less expensive than the other person, and you become complacent, then it becomes only about pricing. Someone can always come along and beat the pricing. However, if you truly start your relationship by customizing what you can do for their practice specifically and keep that focus, doing the little things that make the difference (getting back to them immediately to answer a question or handle a problem, inform them about an innovation that is a fit for their practice), you have nothing to worry about. You have a pricing cushion.

every year in customer satisfaction. In fact, I would rather pay for a coach seat on Virgin than fly first class upgrade on another airline I have points with to use. I know people, and I do the same, that if doing a search for airfares on multiple airlines, will eliminate some of those airlines immediately even if the price was half of the others. They simply won’t fly certain airlines. When it comes to Virgin, I would pay upwards of 10 percent more (a \$330 fare over a \$300 fare) than flying another airline.

As a dentist, that’s the way I operated and that’s also what I see other dentists doing in order to get the *intangibles* (read my previous column in the October 2012 issue). You want a dental account for life. Focus on them immediately, and do what the others don’t. As long as you aren’t twice the amount of the competitor, your interest in their practice wins. **[FI]**

Decisive Dialogue

What office managers want to talk about



Heather Colicchio Teresa Duncan

Editor's Note: *The relationship between office managers and sales teams can be a beautiful thing when it works well. The American Association of Dental Office Managers (AADOM) would love for every manager to have great relationships with their reps. We're thankful that First Impressions has allowed us to strengthen this relationship by giving us a voice in this column. Office managers will respond to questions in order to provide insight into the decisions we're faced with for our practices.*

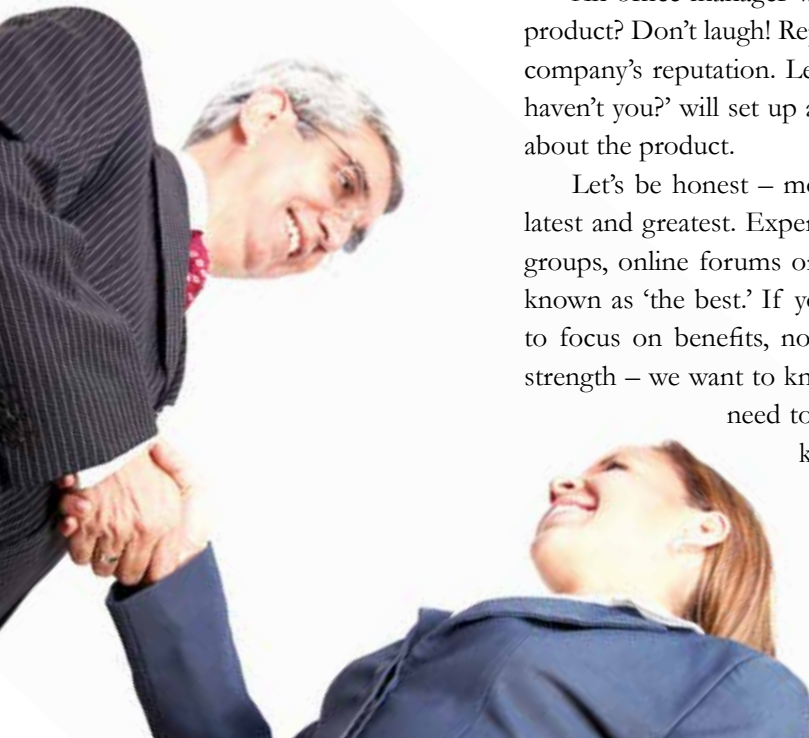
"So how do you actually talk to an office manager?" This was the question we heard from the owner of a small dental company at the Academy of Dental Management Consultants' cocktail party in San Francisco. Does he mean how do you get in the door? How do you start a conversation? How do I make a sale? When we asked for clarification he looked a little puzzled. "You know – what do they want to hear?" was his reply. Ah – now that's a different question!

An office manager wants to hear a few things. First on the list: what is the product? Don't laugh! Reps sometimes rest on the laurels of their product line or company's reputation. Leading off the conversation with 'you've heard of this, haven't you?' will set up an adversarial conversation if the manager hasn't heard about the product.

Let's be honest – most dentists and other team members aren't up on the latest and greatest. Experienced reps know that unless it's talked about in study groups, online forums or on main podiums, a product has to work hard to be known as 'the best.' If you start out with a description of the product, be sure to focus on benefits, not the MSDS sheet. Managers don't care about tensile strength – we want to know if it will shave time off appointments or if we will need to use new dental codes to receive payment. We want to know who else is using it. The doctor will ask that too. So tell us what the product does and what we will need to do to be paid properly.

Cost considerations

This brings us to the next item on our list. How much does it cost? If the manager is in charge of accounts payable, then she will want to know if this is more



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expensive than the current product. More expensive is fine if we can bill differently, or if it saves us doctor time. Covering our costs is essential. We expect to amortize larger investments such as equipment purchases, so show us this information. Many times if you can show us the true costs, and we understand the value of the product, then we can be the final push the doctor needs to make



sitting in a corner holding up a plant or just gathering dust. Chances are that no training was available for the team and therefore no support existed for the doctor when he or she wanted to recommend a different treatment modality. For new products, ask the assistant for time to demonstrate how it works. Assistants will ask the doctor if they'd like to try out some of your samples.

If it is equipment that you're selling then you should be very clear about the warranty and the type of training and support we'll receive. We know the weakest link in any installation is training of the team.

the purchase. You can be sure that if we don't understand it, we can't advocate for you. After all, knowledge is power!

Support is the last item on our agenda. Did the manager need to look at your name tag to remind herself of who you are? That's not a good sign! A new office should be visited a bit more often in the beginning so she can become used to you. Read some of our past columns for tips on how to become a friend of the practice rather than a pest. If it is equipment that you're selling then you should be very clear about the warranty and the type of training and support we'll receive. We know the weakest link in any installation is training of the team. Not the doctor ... the team! And guess who is in charge of organizing this? That's right – we are in charge of that.

If your equipment or software has training for the doctor, please consider training for the team. You all know offices that have the latest big purchase of three years ago

Those sample packs will sit there unless the assistant thinks to include them in the set up tray. Do you think it's the doctor most of the time that drives sample use? Ask a former assistant to tell you truthfully how many samples were thrown away with every supply closet reorganization. It's obscene how much product waste occurs in dental offices. Don't contribute to that! Supply samples but then call back soon to see how the doctor or assistant liked it. If the assistant hears that you are interested in how he or she liked it, then there is a better chance that they will try it. Guilt can work in your favor here!

Are you thinking that this would be good advice if you could just put your foot in the door of these practices? Our next column will deal with best practices for cold-calling on dental practices. But for now think about your current clients and how you can 'actually talk to the office manager.' It's easier than it seems. **[FI]**

Heather Colicchio is the President and Founder of the American Association of Dental Office Managers and Teresa Duncan serves as their Educational Content Adviser. For more information on AADOM please visit www.dentalmanagers.com.

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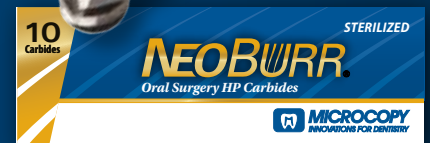
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Making a Move

One dentist discusses his transition from associate to owner

Not that it was easy being a dental associate in an upscale suburban Chicago practice. But, for Brent Agran, D.D.S., the work was rewarding. Indeed, his associate position enabled him to gain valuable experience working with patients, as well as learn the business side of running a dental practice. Still, when – after 3 ½ years – he decided to acquire his own practice in the city, little could prepare him for his new role in the industry.

“Life transitions are always different than you expect,” says Agran. “You anticipate a lot of work [making a change], but it’s hard to know what it actually will be like until you do it.” Add to that the fact that every practice is unique, and no matter how much one prepares for the switch from associate to practice owner, there’s bound to be a learning curve, he adds.

That said, Agran is confident that the experience he gained as an associate – along with the assistance of some very smart sales reps – has given him a sound start as a business owner. “Starting out as an associate absolutely prepares you for this,” he says, noting that if he had it to do over again, he would proceed exactly as he did. “[At my former practice], they were wonderful to me. They let me focus on dentistry, [as well as] learn the business side. And, it was a great opportunity to work with one of the best dentists.” Indeed, the experience at an established dental



Brent Agran, D.D.S.

practice is key, he points out. There is something to be said for being able to see cases come and go, and always having someone to turn to for another perspective, he explains. “They can tell you, ‘Sure, that might work. But, I might try this approach.’” So, while he looks forward to continuing to grow at his new practice – both as a practitioner and a business entrepreneur – he feels he can do so with confidence.

With the help of his reps

Agran knew for many years that he’d eventually run his own dental practice. “I always wanted to be my own boss, even before I went to dental school,” he says. In fact, for a year after completing his bachelor’s degree in

many different dentists and, as such, can share big-picture experience. “My sales reps can give me an idea of what other dentists are using that does and does not work,” he says. “That’s a huge help. It’s one of the best things my reps can do for me. Yes, we receive magazines with [equipment] ads. But, everything looks great in an ad, and it can be difficult to sort through them and determine what will work for your practice. I want to hear [from my sales reps] what’s been used, tested and actually works.”

And, it doesn’t help when sales reps assume a dentist taking over a practice will continue to run it the same as the former dentist did. “I don’t want to work with a sales rep who assumes I’ll continue doing things a certain way,” says Agran. When I [took over the practice], no one

Since acquiring his current practice, Agran has benefited from having the former owner’s patients continue with him as their new dentist. “Patients understand that doctors leave and they usually are willing to give new ones a chance.”

business, he worked as a business analyst. If anything, his desk job experience taught him that he did not want to be a cog in a wheel, and motivated him to go to dental school, he recalls.

Since acquiring his current practice, Agran has benefited from having the former owner’s patients continue with him as their new dentist. “Patients understand that doctors leave and they usually are willing to give new ones a chance,” he explains. Still, as the new dentist, you have to win them over and gain their respect – something he had to do as a new associate at his former practice as well, he points out.

The real challenges of taking on his own dental practice have been managing the finances and adding new equipment, he continues. “Sometimes, it’s hard to get a straight answer [about what does and doesn’t work], even when you talk to other dentists about their individual experiences,” he says. His sales reps, on the other hand, talk to

came in and welcomed me and asked how they could help me.” So, he reached out to Henry Schein sales rep Monica Schwartzman, whom he had come to know over the years, and Henry Schein service tech Greg Kaye. “Monica and Greg respond quickly to my email and texts,” he says. “They follow up, whereas I had to follow up with the rep [who had been servicing the practice prior to my coming on board].” With so much responsibility involved in taking over a practice, the last thing he had time to do was track down his sales rep, he adds. Having reliable reps at his side was “essential.”

So, for instance, one of the first things Agran discovered at his new practice was that the former owner preferred syringes to cannula. When he addressed this with the sales rep who had been working with the practice, she wouldn’t take them back – nor did she offer any solutions, he says. By contrast, Schwartzman brought in vendor reps, who “helped me solve the problem. She has ideas and

“I feel like Monica and Greg understand my goals and my vision, and that they are working to help me get there.”

– Brent Agran, D.D.S.

wants to see me succeed. She understands that the more successful I am, the more products I’ll buy from her.”

Similarly, for the past six months, Agran has been working on adding digital X-ray to his practice. “Greg [Kaye] has been very helpful with this,” he says. “He would meet me at Best Buy after work hours – even though I [wasn’t going to] buy the computer from Henry Schein. Greg understood

will help move the practice forward,” he continues. For instance, when he took over the practice, “I had been restoring implants, but not actually placing them,” he notes. “Monica asked if I am planning on placing implants in the future – and then offered me a scholarship to Henry Schein’s school.” In the near future, he will be replacing his 40-year-old compressor, he adds. When that

time comes, he knows he’ll be in good hands.

Primed for success

The best part of owning his own dental practice has been the opportunity to make decisions that “allow me to practice the best dentistry I can, and at the same time, work toward my goals and vision,” says Agran. “I know it doesn’t happen overnight, but it’s nice to be working toward all of that.

In spite of the demands of a new practice, Agran has

managed to continue working on the south side of the city two days a week, providing affordable dental care to area neighborhoods. “Realistically, I could use these two days each week, but I enjoy working with that patient population and providing them with good care,” he says. It helps that he has an efficient office manager, whom he can rely on. The former office manager retired six months after he took over the practice, and while she did a great job of helping him ease into the new office setting, he appreciates having “a new manager, a new perspective.” It also has helped that the former dental assistant has stayed on, with her nuts-and-bolts knowledge of the practice. With three hygienists rounding out the team, Agran feels primed for a successful future. And, he couldn’t be happier. **[FI]**

that I’d be purchasing the X-ray portion from him.” And, in going the extra mile for Agran, his service tech secured that – and future – business, he points out.

“I feel like Monica and Greg understand my goals and my vision, and that they are working to help me get there,” says Agran, adding that his Invisalign® rep, Alexandra Kline, has also been a great help. “Alexandra downloaded information on my computer for me and provided important literature about [her product]. She met with my office manager and staff, and trained them on using the product and working with patients. She also set me up with her company’s [training] course.” It’s about sales reps “taking things off the dentist’s plate,” he explains.

“It’s also about sales reps listening to our conversations and dialogues, and then coming up with ideas that



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Giving Back

Once his decades-old idea took root, Joe Eilerman's charitable mission took off

Thirty-seven years ago, as he made his way across the dirt roads of Soweto, South Africa, Joe Eilerman wondered how he could help “the indigenous tribes trying to eke out an existence,” he recalls. And, though he wishes he had reached out to poor communities such as those in South Africa much earlier in his life, his work today should do him proud. In early 2011, the longtime Midmark technical publications department manager completed the necessary paper work and tax forms and by July, his charitable organization, the Mission of the Body and Blood, was formally recognized in the state of Ohio.

“My motivation for starting this mission is a direct result of my days working at Stamco, a steel mill manufacturer,” he says, referring to the early days of his career when he joined Jack Eiting (brother of former Midmark CEO Jim Eiting). “Jack sent me to the Republic of South Africa for seven months to work on the installation of some steel

mill equipment at Iscor, a government-owned steel mill in the town of Vanderbijlpark (approximately 50 kilometers north of Johannesburg). I would often drive by the township of Soweto, which housed some of the poor. On weekends I would travel the dirt roads throughout the area and watch some of the indigenous tribes trying to eke out an existence. I knew at that point that I should do

something to make a difference for these people.” It’s a shame it took so long to get started, he adds.

After an extended strike at Stamco in 1976, Eilerman moved on to a technical publications position with Crown Lift Trucks (New Bremen, Ohio), followed by a position at his brother-in-law’s company, Fabcor. “During my two



Joe Eilerman in Tanzania.

years at Fabcor, I did some technical publications contract work for Rudy Quinter and Bob Wyen at Midmark,” says Eilerman. Soon afterward, in December 1990, he joined Midmark’s technical publications department full time. Two months shy of his 21st anniversary with the company, he was forced to retire early to focus on treatment for cancer. “I worked until Oct. 4, 2011, at which time I went on permanent disability,” he says. “I truly love the company and wish I could have retired [much later]. I should add that my father, brother and I collectively worked over 100 years for Midmark.”

A long time coming

In a way, starting a mission is Eilerman’s means of paying it forward. “In early 2009, I was being treated at the Mayo Clinic and had to fly to Rochester, Minn., every couple of weeks,” he recalls. “My teammates at Midmark took up a collection to help defray the travel and hotel expenses for my wife, Peg, and me. It made a huge difference. Once I completed my treatment and returned to work, I realized I couldn’t possibly repay all of their generosity.” So, he promised to pay it forward. Hence, the Mission of the Body and Blood took shape. “In actuality, this mission belongs to everyone at Midmark,” he says.

“I toyed with the idea of helping [poor villages] in Africa back in 2010,” Eilerman continues. However, side effects from his chemotherapy and radiation treatments held him up. Once he got started, though, the Mission of the Body and Blood took off. Starting a charitable organization is not much different from what good managers do



at work, he points out. “You surround yourself with great, talented people who have a desire to make a difference in the lives of underprivileged. Every person that [came] to me had experience working with a non-profit organization. I simply shut up and listened to what they had to say.

“Our goals are summed up best by the three words soul, body and mind,” he continues. “We are a [501(c)3]

non-profit organization dedicated to providing spiritual guidance, healthcare and education to the underprivileged in underdeveloped countries throughout the world.” Currently the organization is working in Tanzania with the Precious Blood of Tanzania.

Although he had always assumed any charitable work he did would involve South Africa, as luck would have it, shortly after being diagnosed with cancer, Eilerman met Fr. Benedict Magabe, a Catholic priest from Tanzania who is currently stationed in Ohio. “Fr. Magabe shared his memories as a middle class child growing up in Tanzania and [pointed out] the spiritual, medical and educational needs of the poor and underprivileged in Tanzania. I immediately recognized that their needs were as great

That said, Eilerman’s organization is more than holding its own. Last year, the Mission sent two containers to Tanzania via the port of Dar es Salaam. “The first 40-foot container was filled with 32 55-gallon barrels of food grade soy meal donated by a former director, Ed Werling, for use as a protein supplement for children and adults suffering from malnutrition,” explains Eilerman. Ed has worked closely with a professor from Michigan State University to perfect a soy meal manufacturing process. It has proven to be a very viable protein substitute, with tests showing that 4 ounces of soy meal equal the protein content of 4 ounces of red meat.” The container also contained several Midmark M7 Sterilizers, several used Midmark examination tables, a wooden lathe to be donated to a trade school



as – or greater than – the needs of [the underprivileged in] South Africa.” Several directors at Mission of the Body and Blood have ties to Haiti and Jamaica, prompting the organization to reach out to those countries as well.

“For any new or prospective location, we always do a needs assessment before entertaining another project,” he explains. “The most important factor to remember is not to spread ourselves too thin and to always try to under promise and over deliver. Ultimately, the donors dictate any mission’s success. If we can’t convey a country’s need through our passion to our donors, we are doomed to fail.” This especially holds true in today’s tenuous economic climate, he adds.

or a local furniture maker, and various suitcases filled with new clothing, he notes.

The second 40-foot container was filled with smaller, low tech medical supplies, as well as hospital beds and hospital supplies, he continues. The entire container was donated from another non-profit organization, which specializes in medical and hospital equipment and supplies in exchange for some of Mitch Eiting’s used Midmark medical equipment. (Eiting currently serves as the Mission’s president.) A third 40-foot container, filled with high-tech equipment, was sent to outlying clinics and dispensaries, such as St. Gaspar Hospital.

The Mission also shipped two containers of school desks, chairs and other school-related items. And it has

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partnered with a group from Fort Wayne, Ind., through St. John's Lutheran Church, called Back2Africa. That group donated and shipped a container, which included a digital X-ray machine and a Caterpillar generator. Back2Africa also sent 21 people to Tanzania to install both items, while others did some ministry.

"Each container cost us approximately \$7,000 to send," he says. Looking ahead, he and his team are investigating the cost of acquiring all-terrain vehicles for transporting seriously injured or ill patients from outlying bush areas to St. Gaspar Hospital. They anticipate a price tag of \$30,000 for a small fleet of new vehicles and \$10,000 for used.



Purchasing the all-terrain vehicles is the start of a long wish list of projects that Eilerman hopes to complete over the next several years. The missionary looks forward to achieving the following goals:

Tanzania-Agriculture Project: Establish a poultry and swine operation and cultivate soybeans and maize on a 50-acre plot near the Upendo Complex in order to make the complex self-sufficient. The facility will incorporate a meat market for the processing and sale of chicken and pork. The farm will be located near the 100 acres of land recently donated to The Precious Blood. Desired completion date is mid-2013.

Tanzania-Seminarian Project: Secure sponsors for 30 new seminarians at the St. Gaspar Seminary for the duration of their training at a total cost of about \$42,000

USD. Anticipate completing 15 seminarians by end of 2012, and 15 by end of 2013.

Tanzania-Upendo Girls School Project: A school for victimized young girls who became pregnant and are expelled from secondary schools per Tanzania law. The school will be located on 100 acres of donated land in Dodoma. This will be the initial structure in the Upendo (Swahili for Love) complex and will include child care for the girls' children while they attend school. Desired completion date 2014.

Micro-financing for small business and farming.

Making it all work

It may not be easy juggling family, health issues and busy careers with Eilerman's daunting list of mission goals, but with the support of family and former colleagues, he's making it work. In the beginning his schedule was consumed with "frequent doctor visits and [cancer] treatment cycles." Still, the time he spent in 2010 recuperating was also an opportunity to brainstorm project ideas, he notes. Leaving work on temporary disability has enabled him to devote more time to his mission. And, his wife "is like-minded when it comes to helping the poor,

so having her at my side helps tremendously," he says. In addition, the mission's success rides on the shoulders of a talented team, including the following:

- Mitch Eiting, president and owner/community relations manager of Midmark.
- Ron Kramer, mission treasurer and a professor of accounting and economics at Wright State University Lake Campus.
- Joan Schnabel, mission secretary, who brings years of corporate executive experience to the organization. (She is Eilerman's sister).

The mission's board of directors is comprised of Becky Schmeising, CFO/COO and previous business owner; Dave Regnet, who has an operations and international

shipping background; Dean Eversole, freelance writer; and Dr. Robb Maher, who has done previous medical mission work.

To date, Eilerman has made only one trip to Tanzania – something he looks forward to doing more frequently once his health improves. “The last trip took a lot out of me so before I make my next trip I will need to build myself up a bit,” he explains. “It will be absolutely necessary to have feet on the ground because most of these people have never been farmers, construction workers, etc. So they will have to be taught in order for them to teach others. Whether it will be me or one of my colleagues who will make the trip(s), that will be determined.”

Indeed, educating the villagers they serve is key to their mission, Eilerman points out. “Whatever we do or supply [for the villagers] must be a means to an end,” he says. “We can give them food or grain to address their immediate food needs, but we feel we need to teach them better and more efficient ways to farm. That’s just one example.” Often, it makes good sense to obtain food locally rather than ship it from the United States, he says. “Our American diet is significantly different than that in a developing country, where rice and grains are the main staples. Meat is a luxury that many can’t afford. On our last trip we helped start a poultry operation at the St. Gaspar Seminary, which is designed to produce 300 butchering chickens every two weeks. We contracted with a local veterinarian to oversee the operation the first year and make sure that the seminarians learn how to fish. The new poultry operation, along with the existing hog operation, should supply ample meat for the seminarians and allow a surplus to be sold at their butcher shop.”

Manpower and financial aid are equally important, he notes. “Money is without a doubt the single most important part of any mission work,” Eilerman says. “We have sent several containers of used medical equipment, food, clothing and supplies. Each time we send a container from

the United States, it costs around \$7,000 for shipping. Ideally we would get our materials from the county where the project is based. When buying in a developing country, however, supplies are limited and those available are of questionable quality.” Medical equipment, drugs (particularly for malaria during the rainy season) and computers are in high demand. Cell phones are another story. “Believe it or not, almost everybody in Tanzania has a cell phone since there are no land lines for conventional telephones,” he says. “With that in mind, telemedicine via smartphones may have some potential in at least this area of Africa.”

“Whatever project we work on, we will need feet on the ground,” he continues. “If money wasn’t an issue, I

“Money is without a doubt the single most important part of any mission work. We have sent several containers of used medical equipment, food, clothing and supplies. Each time we send a container from the United States, it costs around \$7,000 for shipping.”

– Joe Eilerman

would love to have some college graduates volunteer to help in Tanzania. What better way to enhance your resume than to show where your priorities are and that you can handle whatever the job throws at you.”

Eilerman wants to be clear about one more thing: “Our mission uses less than one-half of 1 percent for administrative fees, so 99.5 cents of every dollar goes directly to the projects,” he says. “Nobody [here is] on a payroll.

“I would like to get the world to a point where the poor don’t have to spend the majority of their day searching for sustenance,” he continues. Instead, he would like to see them “concentrate on obtaining a reasonable education so that they can be in control of their destiny.” **[FI]**

For more information about the Mission of the Body and Blood, please visit www.missionofthebodyandblood.org.

Group Think

As dentists group up, so too must the sales reps who service them

Sales reps who prefer to operate as lone eagles may have to shift gears in order to successfully serve a new breed of customer. That's because, as the number of offices in dental group practices or dental service organizations proliferate, reps may have to engage in more team selling, according to those with whom *First Impressions* spoke. And they may find themselves calling on a professional purchasing agent, as opposed to the dentist or an office manager who wears multiple hats.

In 2008, the American Dental Association reported that among the 127,000 or so dental offices that exist in the United States, 61 percent of dentists were in solo practice, 23 percent worked with one other dentist, and close to 16 percent worked with two or more dentists. At that time, it was reported that the percentage of solo practitioners had remained fairly steady over the prior five-year period, but proponents of dental service organizations only saw more growth ahead.

Two years later (the most recent numbers available), ADA had new statistics to report: Among dentists whose primary occupation was private practice, solo dentists (those who worked in a practice with no other dentists and owned their practice) comprised 58.9 percent of all private practitioners; 22.8 percent worked with one other dentist, and 18.3 percent with two or more dentists.

A long time coming

"To us, group practices have been around a long time," says Hal Muller, president, special markets, Henry Schein. "But dental service organizations – previously called dental practice management companies – are the new entities in the United States as well as the rest of the developed dental markets around the world." In fact, Henry Schein – having witnessed the emergence of medical service organizations in the physician market – established its Special Markets Division in 1995 to address DSOs.

"The DSO market continues to grow," says Muller. "This year, it probably broke 10 percent of the market, and the projections are now approximately 15 percent by 2018. DSOs are being established in towns where there is a shortage of dentists, so this serves a population in need and is expanding the market as well. DSOs also provide an opportunity for dentists who sell their individual practice to join a group practice."

Many factors are fueling the growth of large group practices supported by dental service organizations, and this practice type has many implications for the profession and organized dentistry, points out the American Dental Association, following a meeting in January of ADA executives and staff and the Dental Group Practice Association. A key aspect of large group practice that sets it apart from traditional dental practice is ownership. Dentists in these settings may have an ownership stake, or part of an ownership stake, but many are employees of the practice.



Selling to the DSO

Not surprisingly, sales reps will find differences between selling to dental service organizations and selling to traditional dental offices, points out Muller. "A rep [selling] to DSOs must feel comfortable being part of team selling, and [the fact] that offices could span out of their geographic area," he says.

"The major difference in supply chain needs of DSOs as compared to solo or two-doctor practices is the introduction of a professional purchasing agent," he adds. "A professional purchasing agent must balance price and consolidation, without affecting the professional choice of procedure-based products."

Just as the emergence of dental service organizations will affect distributors, so too will it affect office managers.

"[The American Association of Dental Office Managers] has seen a steady increase in group-practice-related

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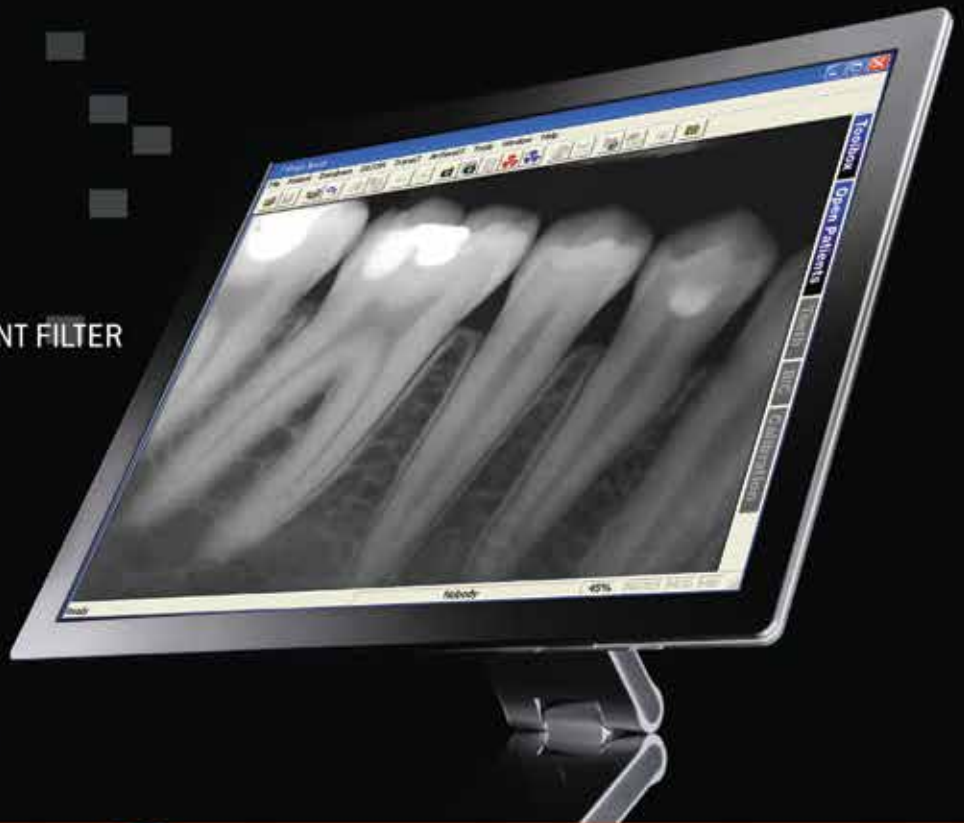
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questions, forum posts, conference attendees from multi-location practices and national trainers from large groups looking to AADOM for educational content and support,” says association Senior Vice President Lorie Streeter, FAADOM. For that reason, the association is developing AADOM-G, a group practice resource for offices with two or more locations. AADOM-G will also serve dental practices that are part of large chains.

Office managers in group settings are a unique group, says Streeter. Some operate within corporate models, while others – usually those in smaller groups – set policy and run multiple locations by themselves. “Large group practices have unique HR needs, reporting, marketing, patient education, software, and the list goes on and on.

The office manager of a corporate style group practice structure might feel like he/she is on an island.

“Through our member forums, our AADOM business college (ABC), annual conference and specific AADOM-G content, we will help fill the void for many multiple-practice locations.”

The single-doctor practice will remain an integral part of the landscape, says Streeter, who worked as an office manager in a group practice in the late 1990s. “But from AADOM’s perspective, given the amount of inquiries, attendance at our conference, things we’re seeing from group practice entities as well as exhibitors interested in looking at our office managers, we know [group practice dentistry] is a growing trend.” **[FI]**

Definition of terms

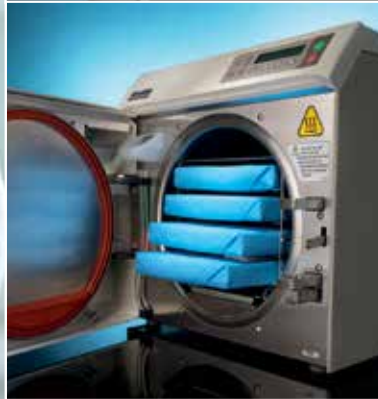
At a meeting of the American Dental Association New Dentist Committee in January 2012, the ADA Health Policy Resources Center described three models of large group practices:

- **Group practice organizations.** Typically, the group practice organization is a de novo or “starting from scratch” practice. There may be several offices or branch locations, each typically with one dentist. In this model, the dentist is an employee. Group practice organizations grow through acquisitions of solo, small and large groups, and by starting new locations.
- **Dental service organizations.** (sometimes called dental management service organizations). The DSO works with an existing practice rather than developing a new practice. In most cases the dentist retains ownership while contracting with the DSO to provide materials, human resources, marketing and information technology for a fee. DSOs grow by adding solo, small and large groups to the administrative arrangement.
- **Geographic or multispecialty model.** This is the traditional multiple location practice. Some dentists may split time among locations. In most cases, the number of practices is limited by geographic reach. These practices grow by acquisitions of solo, small and large groups, and sometimes they are acquired, too.

States regulate who can own and operate a dental practice, what entities may employ a dentist and what level of control non-dentist owners and managers may have over a dental practice, according to the ADA. Some dental management companies operate either as group practices or dental service organizations, depending on state law. Group dental practices also vary their operations in terms of branding, scope of treatment and insurance options. Some are publicly traded and others are privately held.

Source: American Dental Association, <http://www.ada.org/news/6947.aspx>

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Have a Seat

Comfort counts in the chair

When it comes to impressing dental patients, appearances count. So, too, does comfort. Indeed, your customer's patients likely are drawn to a practice that looks and *feels* professional, and a good dental chair can go far in attracting them.

Dental chairs today are much improved over earlier models. New features, such as heat and massage, are designed to relax patients and enhance current procedures – particularly longer procedures. Advanced hydraulic systems and structural components support patients weighing up to 450 pounds and offer soft start/stop movement. Construction and engineering designs, such as cantilevered forward-lift mechanisms, help improve access for both the doctor and patient, including patients with special needs.

Still, some dentists may be reluctant to replace worn chairs and upgrade to more savvy models. As with many purchases, cost is often a factor. (Chairs don't make money for the practice, some may point out.) Some dentists believe that such an investment will go unnoticed by patients. In addition, replacing a chair can be seen as a disruption to the office workflow. Then there is the matter of how to dispose of the old chair. After all, no one welcomes the prospect of storing an unused chair in his or her garage.



Distributor sales reps can help ease their dental customers' concerns, as well as educate them on the value of replacing old, worn chairs. True, dentists can't bill their patients for chair time alone. But, the chair – and how it feels – determines patient comfort and, in turn, their perception of the practice. Patient compliance, acceptance and cooperation all are influenced and enhanced by patient comfort, according to experts. When dentists use their chairs to maintain patient flow and enhance patient scheduling/planning, they can, indeed, make money for the practice.

Reps should begin by helping their customers understand the delivery and removal process. For instance, will the distributor dispose of the old chair responsibly – perhaps by donating it to charity? Can it be removed when there are no or fewer patients scheduled? Reps should be clear up front as to how long the entire process will take, particularly since it can vary from 30 minutes to four or five hours. And, they should explain exactly what will change with the addition of a new chair, and what will

remain the same – not just with regard to the chair and delivery system, but also with the assistant's instruments, lights, stools and the J-box. Finally, sales reps should specify how many staff members will need to be present during the replacement process.

Starting a dialogue

When addressing chair replacement with their dental customers, sales reps should *begin with the end in mind* by

focusing on the dentist's goals. The best solution is a chair that fits the needs of the practice both now and in the future. That said, reps should come prepared with a number of solutions, such as different ergonomic designs and contours to match varying patient needs, adjustable headrests, upholstery options, including heated upholstery, and massage units.

Quality dental chairs range in price from \$7,000 to \$12,000, with high-end chairs offering greater ranges of high/low motion; greater access (e.g., some bases are shaped to accommodate patients while some backrests are sculpted to permit the dentist greater access); stronger construction to accommodate heavier or obese patients; additional accessories and options; tight-fitting components that are easier to clean and maintain; and sleeker styling with polished covers and fewer seams to reflect the image of the practice.

It's also important to offer financing options, whether that means 90-day, multi-year or interest-free financing. Then there is the matter of leasing vs. financing the equipment. But, reps should take steps to avoid offering too many financing options, which could be confusing. Instead, reps should understand the customer's needs: Understand what the customer means by "too expensive" or "I need to *finance* the equipment."

Sales reps should also know the needs of the practice with regard to number/type of patients seen. For instance, most mid-sized practices require five or six dental chairs, including the hygiene room. Ideally, a dental practice always has one room that is free. When procedures run longer than expected, having an extra room can help restore patient flow. It also can serve as a revenue-generator to accommodate emergency cases.

The best solution is a chair that fits the needs of the practice both now and in the future.

By approaching dentists with some probing questions, such as the following, sales reps can determine their needs and the best solutions to address those needs:

- "Doctor, do your patients fidget in the chair?"
- "Do your patients ever mention that they are cold?"
- "Do your patients have to move around in the chair as you move it? Do you find they are readjusting themselves because their shirt or blouse is pulling out as they recline, or is their head not in the headrest when you lay them back?"
- "How old are your chairs?"
- "Are your patients increasing in size? Are they getting older? Are any of your patients handicapped or with special needs?"
- "Do you ever have to use posture supports or pillows to help patients feel comfortable?"
- "Do you or anyone in your office experience back pain or problems? Do you find yourself stretching during the day to get back relief?"
- "Do you anticipate doing expanded procedures or having patients who require longer procedures, such as full-arch or whole-mouth restorations?"
- "Can you stand during your extractions when using your current chairs? Do you wish you could make the chair lower for some of your procedures?"
- "Have you ever cracked your knee on a rotation brake of the chair, or hit yourself against the armrests?"
- "Which chair in the office do you most dislike, and why?"
- "Which chair in the office is your favorite, and why is it so?"

A thorough discussion with dental customers can lead to some value-added service on the part of the distributor. The better the service, the bigger the bond of trust likely will be between the rep and the customer. **[FI]**

Editor's Note: *First Impressions* Magazine would like to thank Midmark Corp. for its assistance with this piece.

QuickBytes



Editor's Note: Technology is playing an increasing role in the day-to-day business of sales reps. In this department, *First Impressions* will profile the latest developments in software and gadgets that reps can use for work and play.

New iPhone app

Rarus Technologies Inc. has released its version 1.3 of the Zngle iPhone App, now available at the Apple iTunes Store. The app includes such features as video email, chat, group chat, augmented reality, friend and family locator, private submit user interface improvements and bug fixes to Apple within the following week. Following any potential fixes incorporated into a version 1.4 release, Rarus Technologies expected to begin implementing its app monetization with augmented coupons, community and dating zones. It also planned to release a basic version of its Android app. The company's progress can be tracked at www.zngle.com.

Best in show

Infuse Medical, a provider of mobile apps and content for the medical device market, received both the Gold and Silver Awards at the 2012 MM&M Awards in New York. It was the only agency to win both awards – which recognize excellence in the medical marketing and media field – in any category at the show. More information is available at <http://www.mmm-online.com/best-mobile-app-for-hcpts/article/262517/>. In addition, Boston Scientific deployed an Infuse Medical iPad app as part of its Charger balloon catheter product launch. And, C.R. Bard implemented an Infuse Medical iPad app as a clinical training tool that enables users to conduct virtual procedures with the Sapiens TCS Product.

First smartphone search engine

UK-based start-up mazoom.mobi has launched a U.S.- and UK-based search engine built solely for smartphone users. Searchers are only returned results that link to mobile websites, reportedly saving them time and data allowance on their mobile phones. Users can also search for businesses in their location, as well as mobile apps and news. Mazoom is said to have indexed millions of mobile web pages in the hopes of becoming one of the largest indexes of mobile content available to smartphone users. In addition to mobile websites, Mazoom offers a local search function, which allows users to find businesses in thousands of locations in the United State and the UK. It also offers app store search for Android and iOS devices, and a news search that only links to articles that have been mobile optimized.

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users need not
touch their
smartphone,
which can be
safer and helpful
in states where it
is illegal to do so
while driving.**

Safe to call, text and e-mail while driving?

BulletProof Corp. has released AVX, a voice assistant for Android designed for cars and trucks. When paired with a Bluetooth headset, it reportedly can perform most functions that users require completely hands-free when driving. In addition, AVX can read and reply to incoming email and Facebook and Twitter feed – features which allow drivers' smartphones to work for them rather than becoming a distraction, according to the company. With AVX, users need not touch their smartphone, which can

be safer and helpful in states where it is illegal to do so while driving. AVX can be downloaded from Google Play at the following link: <https://play.google.com/store/apps/details?id=com.bulletproof.voicerec.avxfree>.

Phone videos for easy conferencing

Video conferences via smartphone? Video Conferencing Supply and LifeSize now offer touchscreen interface for video conferencing. Traveling for meetings no longer need take time away from other business activities, according to the companies. The 2nd Generation LifeSize Phone is reportedly user-friendly, thereby reducing training and IT support costs. It is available bundled with the LifeSize 220 Series video conferencing systems, designed to support Full HD video and dual displays, and is said to be best suited for collaborative environments connecting up to four locations, where high definition communication is required. Although the phone only works when connected to a 220 system, it can function as an audio-only conference phone, or as the microphone and speakers for videoconferences.

New smartphone on market

Electronics USA recently celebrated the U.S. release of the high-powered LG Optimus G phone. The smartphone combines LG's LTE, display and energy technologies with Qualcomm's Snapdragon S4 Pro CPU processor, reportedly creating a faster mobile experience. Equipped with 4.7-inch high definition IPS Plus display, Optimus G users can seamlessly multi-task between personal, business and entertainment needs. The phone's processor allows users to view a video while running other apps simultaneously. LG Optimus G will be available at AT&T and Sprint retail locations, and online in the near future. For more information, visit www.lg.com.

Ultimate PC for mixing work and family

Sony recently introduced the VAIO® Tap 20 – its first mobile tabletop PC for the U.S. market – and its slider hybrid, the VAIO® Duo 11 Ultrabook™, powered by Windows 8. Built with Sony's innovative digital imaging, sound and

TV technology, the VAIO Touchworld collection features 10-point multi-touch screens with interactive applications and multi-angle viewing. When laid flat on a table, the PC's 20-inch screen also permits users to play games. Its removable battery enables it to be moved easily from room to room. VAIO Tap 20 is powered by Sony's Mobile BRAVIA® Engine 2 and comes with a choice of apps that are optimized for responsive 10-point multi-touch operation, including Fingertapps™ Organizer, a calendar app and recorded messages and videos. In addition, Sony has partnered with ArtRage to offer the digital arts software, ArtRage Studio, on all five of the new touch VAIO models. And, its partnership with Sony Pictures Home Entertainment has led to My Daily Clip, a movie trivia game that lets up to four players watch a wide range of scenes from Sony Pictures movies and answer trivia questions. The new VAIO line is available at Sony retail stores (www.store.sony.com) and other authorized dealers nationwide.

Sony recently introduced the VAIO® Tap 20 – its first mobile tabletop PC for the U.S. market – and its slider hybrid, the VAIO® Duo 11 Ultrabook™, powered by Windows 8.

Outdoor viewing

Relax at home with YESCO's LCD weather-resistant video screens. Currently, the outdoor interactive LCD systems are available in two standard sizes. The screens, 47 inches and 55 inches, and several new sizes are expected to be introduced in the coming months. The displays come equipped with a high temperature anti-reflective safety glass, a full array white LED backlight system, a lightweight ruggedized powder-coated frame, a quad core processor computer, and a high-temperature wireless-enabled router, according to YESCO. It also offers an optional remote monitoring camera system to provide 24-hour content surveillance from its network operation center in Las Vegas. **[FI]**

Instrumental Help



Sales reps can be a resource for instrument sterilization best practices, but they should draw upon the expertise of their manufacturer partners and outside organizations for help

Dental practices are getting better at ensuring the sterility of the instruments they use on their patients. But there's more work to do, and *First Impressions* readers can play a role.

Key changes noted by observers include:

- Reduction in the use of glutaraldehyde for sterilization.
- More logical layouts of instrument processing areas, to prevent cross-contamination.
- Better technology, automation of some processes, making sterilization less prone to human error.
- A movement toward instrument cassettes.

There's no doubt that some well-publicized incidents – such as that in 2010 at a St. Louis VA Medical Center, in which as many as 2,000 veterans were potentially exposed to viral infections due to inadequately sterilized equipment – have nudged, or pushed, dental offices to practice better sterilization techniques. Adverse incidents in the medical community have had an impact on dental practitioners and the public as well.

But there's more than fear at work, according to those with whom *First Impressions* spoke. There is a greater awareness and appreciation of the need for proper sterilization, for the protection of patients and the dental staff.

“As patient knowledge and understanding continues to grow, the need for sterility assurance and the need for practices to assure their patients that instruments were properly sterilized will only grow,” says Nancy Kane, IMS product manager, Hu-Friedy. “The use of more reliable and stringent monitoring systems, such as multi-parameter chemical indicators and biological indicators, will become more commonplace and possibly regulated.”

“Regulatory changes have really gotten people to make changes [in dental offices],” says infection control consultant Nancy Andrews, RDH, BS. “It starts with the CDC recommendations,” she says, referring to the 2003 “Infection Control in Dental Health-Care Settings” document, published by the Centers for Disease Control and

Prevention. “Those then become standard of practice, and eventually that filters through to...state board regulations for patient protection.” Even insurers that review and certify participating offices require that certain sterilization standards be met.

“Dental clinicians are constantly attending continuing education classes,” continues Andrews. “They're becoming more aware, and as they hear more, they come to accept higher standards of infection control.” What's more, today's dental practitioners are aware of the work of OSAP [the Organization for Safety, Asepsis and Prevention], which validates the whole discipline of infection control.

“They read articles about new options to make their professional lives easier and safer, and many point to automated instrument management systems,” says Andrews. Advertising also serves to raise awareness of the

“Regulatory changes have really gotten people to make changes [in dental offices].”

– Nancy Andrews, RDH, BS, infection control consultant

importance of infection control. “All this leads the profession away from hand instrument processing and toward automated instrument processing, with better proficiency and higher safety.”

Today's dental practices accept the need for weekly biological monitoring of their sterilizers, continues Andrews. “And educational programs tell people how to avoid overloading their sterilizers and the importance of updating technology so it has automatic safeguards, so as not to be as subject to human error. All these trends work in synch and lead the profession forward.” She points to a new sterilizer that keeps track of every cycle electronically, sends the files to the “cloud” for safe offsite storage, and communicates data to technicians for off-site analysis, troubleshooting and adjustments if needed, saving costly service calls and downtime. “Technology is getting very sophisticated,” she says.

One well-established trend is the movement away from glutaraldehyde for instrument soaking, says Andrews. “It reflects people’s awareness of the need to avoid toxic exposure, and the need for efficient and reliable instrument sterilization. We need processes that can be measured, calibrated, documented.” Estimating time and strength of glutaraldehyde baths is too inefficient and inexact for today’s dental practices.

Greater focus

Matt Beauchaine, channel marketing manager, SPSmedical Supply Corp., agrees that dental practices are more focused on proper sterilizing and reprocessing of instruments than ever before. “There’s a greater focus on how practices are testing their sterilizers to ensure they’re working properly,” he says, adding that the CDC guidelines provide specific recommendations. It’s true that some practices lag behind. “But we’ve been pound-



Equipment trends

Even the best of intentions to upgrade sterilization equipment and processes were stymied by the lackluster economy of the recent past, according to observers. But as the economy has improved, there’s no reason why dental practices can’t acquire the most efficient and effective sterilization equipment available.

“Dental customers will continue to face pressures to reduce costs and increase productivity,” says Kane. “Finding equipment and products that will allow them to work faster and more efficiently, without compromising quality is key. Education is an important component in order to communicate the proper equipment use in order to prolong its life, including avoiding overloading, proper maintenance, proper testing and what products to use and when.”

Doug Braendle, product manager for SciCan Inc., notes that with some bounceback in the economy, practices are in a buying mood,

Some practices may take comfort in the fact that the CDC guidelines are recommendations, and not, at least in all states, law.

ing the pavement, educating end users on the CDC guidelines and the importance of testing their sterilizers,” he says.

Due to some well-publicized infection-control-related “horror stories” involving the dental and medical professions, the public is much more aware of the dangers associated with even simple dental or medical procedures, says Beauchaine. “And they’re becoming more aware of [instruments] entering their body. They can’t take for granted that those instruments were properly cleaned.”

Some practices may take comfort in the fact that the CDC guidelines are recommendations, and not, at least in all states, law, Beauchaine continues. But that is small comfort should a patient develop an infection that can be traced to unsterile instruments. “There are examples of dental practices being closed and of dentists losing their licenses because of improper cleaning and sterilizing,” he points out.

after years of putting off replacing their aging sterilizers. And they’re looking for units that offer them increased efficiency in time and motion. “The largest component of overhead is staff,” he points out. “If we can help make staff more efficient with the equipment we sell, that’s good for them, the office and their clients.” SciCan believes it can address efficiency with its HYDRIM L automated washer and new Statim G4 sterilizer, says Braendle.

Automated washers just make sense for a number of reasons, particularly when used in conjunction with instrument cassettes, he says. Already in 2003, the CDC made it clear that the days of hand-scrubbing instruments were over...or should be, says Braendle. Hand-scrubbing presents too many potential hazards to the staff, in the form of pricks or pokes. What’s more, automated washers are effective in removing protein from instruments, an essential step prior to sterilization.

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Ultrasonic cleaners present their own set of issues, he adds. For example, it's not uncommon for staff members to add dirty instruments in the middle of the cycle, without starting the cycle over again. Sometimes contaminated water gets mixed with what's supposed to be clean rinse water. And offices frequently neglect to change used enzymatic ultrasonic cleaners promptly, so that by the end of the day, they're washing instruments in dirty solution, which is no longer active enzymatically.

"And then there's a protocol that makes the OSHA folks blush," says Braendle. The staff lays out clean instruments, covers them with a towel and pats them dry. "It's another opportunity for the staff to get accidentally poked by unsterilized instruments," he says.

"You erase all that with a washer. The staff member puts the instrument cassette in the washer; when enough

Large ultrasonic cleaners, washer/disinfectors, larger sterilizers, new storage cabinets and a packaging area call for changes in sterilization room design and layout.

instruments are there, they hit a button, it automatically washes and dries – no hands are involved. The staff takes dry cassettes, wraps them, puts them in the sterilizer.

"Machines don't have bad days, and you can't interrupt the cycle to add dirty instruments. There's always the right amount of washing and drying."

Braendle believes his company's newly introduced sterilizer, the Statim G4, will help efficiency and sterility assurance as well. The unit is plugged into the Internet, so that if a cycle fault occurs, the dealer is notified electronically. The machine also offers the possibility of remote diagnostics, so that the dealer service coordinator or tech can, with the practice's permission, run the machine remotely and watch the cycles on a remote screen; identify the problem; and, if necessary, bring the necessary repair part to the practice. Or, if it's a simple problem, say, a kinked exhaust hose, the tech can instruct the practice on how to make a simple adjustment and fix the problem.

Cassettes

"The increase of emerging infectious diseases and more stringent regulations has led to the need to provide improved and proper sterilization of dental instruments across the globe," says Kane. "More and more people are becoming informed on these issues, and it makes sense for dental practitioners to be proactive to protect their staff and patients. Hu-Friedy has been on the front end of this for over 20 years with our IMS Cassettes, which hold instruments in place and keep them separated to provide a better cleaning and sterilization environment for the instruments."

Many others in the industry believe the trend toward instrument cassettes will only accelerate. "There is an initial capital investment, but most people now believe cassettes save them time, and time is money," says Andrews. "And they protect instruments." Significantly, dental and dental hygiene students are being trained on them, she says.

Some practices that have implemented cassettes have improved efficiency by creating specialized cassettes, such as ones for composite, implant, hygiene and surgical, says Braendle. That speeds up the cleaning and sterilization process, and is particularly valuable when new hires are involved. "You can imagine 50 or 60 loose instruments, and a new hire has to be able to recognize which instruments go in which set."

Layout of sterilization rooms

Advances in sterilization methods can and should lead to changes in the layout of dental offices, according to experts.

For example, the instrument reprocessing room should be designed to allow the staff adequate space to stage and handle cassettes, says Andrews. Large ultrasonic cleaners, washer/disinfectors, larger sterilizers, new storage cabinets and a packaging area call for changes in sterilization room design and layout. "Slowly, [practices are] starting to redo their offices, and they're building them around the concept of automated instrument management vs. hand cleaning, sorting and re-sorting," she says. And more changes could lie ahead.

"I see larger facilities that share equipment or central sterilization departments, where automated instrument

management becomes a must,” says Andrews. Building codes may change. Today, dental offices may be located anywhere, even an old house, which may lack efficient air or moisture management systems. “As we become more like medicine, we may experience more hospital-like facilities in the future, which make it more efficient and easier to perform dentistry.”

With new equipment, layout and processes in place, dental practices can approach the public confidently. “The concept of selling asepsis and a clean environment and ensuring patient safety becomes a compelling argument for practice promotion, assuming the public is better educated about the safety of the dental facility they’re visiting,” says Andrews. “Some patients require this, and talk about it on the Internet.”

Dealer rep’s role

Dealer reps can do a lot to help their customers create a safe, attractive environment for their patients, according to those with whom *First Impressions* spoke. They may not be content experts, but they can start the discussion and call on others with technical expertise for help.

“It is important [for dealer reps] to work together with the manufacturing reps, like Hu-Friedy and other equipment companies, to properly educate both themselves and their customers on what they need and why they need it,” says Kane. “This includes education on the proper equipment selection in order to maximize process efficiency. Understanding the proper use of both their sterilization equipment, and packaging and monitor products, is essential in having a successful sterilization protocol.”

Distributor reps can play a role in encouraging their customers to migrate to automation, says Andrews. They can introduce their customers to higher-grade products, such as pouches with integrators that give early warning when the sterilizer fails to meet minimum standards. And they should tap into their manufacturers – who can provide education to end users – for help.

“Sales reps need to realize the culture in their state, and their customers’ preconceptions,” adds Andrews. For example, some practices fear sending out spore strips,

fearing adverse consequences if unfavorable results become public. “And there’s some groupthink there, which supports a fearful and uninformed view of this.”

Dealers can at least provide in-office spore testing systems, or help educate and encourage customers who may not be spore-testing sterilizers, she says. Dealer reps can also work with architects and designers to help their customers design offices with efficient layouts, and offices that will accommodate new technologies in the future.

Dental reps should walk into offices with a trained eye, says Braendle. They should notice such things as: Is the practice using biological indicators regularly? Are they making sure that their ultrasonic cleaners have lids on them? “These are simple things folks can do to help out, and the more knowledge the better.” Dealers can rely on the expertise of their manufacturers, as well as OSAP, he points out.

Says Beauchaine, “The main thing I could tell any dealer rep is, ‘Familiarize yourself with the basic standards of sterilizer testing.’” Sterilizers need to be tested weekly with a biological indicator, and more frequently with chemical indicators, he says. “If you see an account that isn’t doing this, make them aware of it. Work with [the manufacturer’s] corporate account rep to educate that customer. That’s how we’ll improve infection control practices.”

Yes, some practices may object to the additional cost of indicators, even though that cost is minimal, says Beauchaine. In those cases, reps need to help the customer see the bigger picture – that is, the safety of patients. Should an adverse event occur and the practice faces a lawsuit, any savings achieved by avoiding indicators would quickly be wiped out.

Still, Beauchaine sees only increased awareness of infection control protocol on the part of practitioners and consumers in the years ahead. “I would expect the CDC to be working with dental practices to make them aware of the importance of proper cleaning and testing of sterilizers. And I would expect more and more dental practices to become compliant with these standards.” **[FI]**

Dental reps should walk into offices with a trained eye, says Braendle. They should notice such things as: Is the practice using biological indicators regularly?

What the CDC says about sterilization

Following are excerpts from “Guidelines for Infection Control in Dental Health-Care Settings – 2003,” by the Centers for Disease Control and Prevention. The CDC is scheduled to publish updated guidelines in 2013, though some in the industry believe 2014 is a more realistic publication date.

For the complete guidelines, go to www.cdc.gov/mmwr/preview/mmwrhtml/rr5217a1.htm.

Patient-care items (dental instruments, devices, and equipment) are categorized as critical, semi-critical, or noncritical, depending on the potential risk for infection associated with their intended use. Critical items used to penetrate soft tissue or bone have the greatest risk of transmitting infection and should be sterilized by heat. Semicritical items touch mucous membranes or nonintact skin and have a lower risk of transmission; because the majority of semicritical items in dentistry are heat-tolerant, they also should be sterilized by using heat. If a semicritical item is heat-sensitive, it should, at a minimum, be processed with high-level disinfection. Noncritical patient-care items pose the least risk of transmission of infection, contacting only intact skin, which can serve as an effective barrier to microorganisms. In the majority of cases, cleaning – or if visibly soiled, cleaning followed by disinfection with an EPA-registered hospital disinfectant – is adequate.

Transporting and processing contaminated items

Dental healthcare personnel can be exposed to microorganisms on

Reusable instruments, supplies, and equipment should be received, sorted, cleaned, and decontaminated in one section of the processing area.

contaminated instruments and devices through percutaneous injury, contact with non-intact skin on the hands, or contact with mucous membranes of the eyes, nose, or mouth. Contaminated instruments should be handled carefully to prevent exposure to sharp instruments that can cause a percutaneous injury. Instruments should be placed in an appropriate container at the point of use to prevent percutaneous

injuries during transport to the instrument processing area.

Instrument processing area

Personnel should process all instruments in a designated central processing area to more easily control quality and ensure safety. The central processing area should be divided into sections for 1) receiving, cleaning, and decontamination; 2) preparation and packaging; 3) sterilization; and 4) storage. Ideally, walls or partitions should separate the sections to control traffic flow and contain contaminants generated during processing. When physical separation of these sections cannot be achieved, adequate spatial separation might be satisfactory if the personnel who process instruments are trained in work practices to prevent contamination of clean areas. Space should be adequate for the volume of work anticipated and the items to be stored.

Receiving, cleaning, and decontamination

Reusable instruments, supplies, and equipment should be received, sorted, cleaned, and

decontaminated in one section of the processing area. Cleaning should precede all disinfection and sterilization processes; it should involve removal of debris as well as organic and inorganic contamination. Removal of debris and contamination is achieved either by scrubbing with a surfactant, detergent, and water, or by an automated process (e.g., ultrasonic cleaner or washer-disinfector) using chemical agents. After cleaning, instruments should be rinsed with water to remove chemical or detergent residue. Splashing should be minimized during cleaning and rinsing. Before final disinfection or sterilization, instruments should be handled as though contaminated.

Use of automated cleaning equipment (e.g., ultrasonic cleaner or washer-disinfector) does not require presoaking or scrubbing of instruments and can increase productivity, improve cleaning effectiveness, and decrease worker exposure to blood and body fluids. Thus, using automated equipment can be safer and more efficient than manually cleaning contaminated instruments.

If manual cleaning is not performed immediately, placing instruments in a puncture-resistant container and soaking them with detergent, a disinfectant/detergent, or an enzymatic cleaner will prevent drying of patient material and make cleaning easier and less time-consuming. Use of a liquid chemical steril-

ant/high-level disinfectant (e.g., glutaraldehyde) as a holding solution is not recommended.

Preparation and packaging

In another section of the processing area, cleaned instruments and other dental supplies should be inspected, assembled into sets or trays, and wrapped, packaged, or placed into container systems for sterilization. Hinged instruments should be processed open and unlocked. An internal chemical indicator should be placed in every package. In addition, an

should be wrapped or placed in containers (e.g., cassettes or organizing trays) designed to maintain sterility during storage.

Packaging materials (e.g., wraps or container systems) allow penetration of the sterilization agent and maintain sterility of the processed item after sterilization. Materials for maintaining sterility of instruments during transport and storage include wrapped perforated instrument cassettes, peel pouches of plastic or paper, and sterilization wraps (i.e., woven and nonwoven). Packaging materials

Among sterilization methods, steam sterilization, which is dependable and economical, is the most widely used for wrapped and unwrapped critical and semicritical items that are not sensitive to heat and moisture.

external chemical indicator (e.g., chemical indicator tape) should be used when the internal indicator cannot be seen from outside the package. For unwrapped loads, at a minimum, an internal chemical indicator should be placed in the tray or cassette with items to be sterilized. Dental practices should refer to the manufacturer's instructions regarding use and correct placement of chemical indicators. Critical and semicritical instruments that will be stored

should be designed for the type of sterilization process being used.

Sterilization

Heat-tolerant dental instruments usually are sterilized by 1) steam under pressure (autoclaving), 2) dry heat, or 3) unsaturated chemical vapor. All sterilization should be performed by using medical sterilization equipment cleared by FDA.

Items to be sterilized should be arranged to permit free circulation of the sterilizing agent (e.g., steam,

chemical vapor, or dry heat); manufacturer's instructions for loading the sterilizer should be followed. Instrument packs should be allowed to dry inside the sterilizer chamber before removing and handling. Packs should not be touched until they are cool and dry because hot packs act as wicks, absorbing moisture, and hence, bacteria from hands. The ability of equipment to attain physical parameters required to achieve sterilization should be monitored by mechanical, chemical, and biological indicators.

The majority of tabletop sterilizers used in a dental practice are gravity displacement sterilizers, although prevacuum sterilizers are becoming more widely available. In gravity displacement sterilizers, steam is admitted through steam lines, a steam generator, or self-generation of steam within the chamber. Unsaturated air is forced out of the chamber through a vent in the chamber wall. Trapping of air is a concern when using saturated steam under gravity displacement; errors

adequate air removal, as recommended by the manufacturer.

Unwrapped sterilization should be used only under certain conditions: 1) thorough cleaning and drying of instruments precedes the unwrapped sterilization cycle; 2) mechanical monitors are checked and chemical indicators used for each cycle; 3) care is taken to avoid thermal injury to DHCP or patients; and 4) items are transported aseptically to the point of use to maintain sterility. Because all implantable devices should be quarantined after sterilization until the results of biological monitoring are known, unwrapped or flash sterilization of implantable items is not recommended.

Mechanical techniques for monitoring sterilization include assessing cycle time, temperature, and pressure by observing the gauges or displays on the sterilizer and noting these parameters for each load.

Among sterilization methods, steam sterilization, which is dependable and economical, is the most widely used for wrapped and unwrapped critical and semi-critical items that are not sensitive to heat and moisture. Steam sterilization requires exposure of each item to direct steam contact at a required temperature and pressure for a specified time needed to kill microorganisms. Two basic types of steam sterilizers are the gravity displacement and the high-speed prevacuum sterilizer.

in packaging items or overloading the sterilizer chamber can result in cool air pockets and items not being sterilized.

Prevacuum sterilizers are fitted with a pump to create a vacuum in the chamber and ensure air removal from the sterilizing chamber before the chamber is pressurized with steam. Relative to gravity displacement, this procedure allows faster and more positive steam penetration throughout the entire load. Prevacuum sterilizers should be tested periodically for

Sterilization monitoring

Monitoring of sterilization procedures should include a combination of process parameters, including mechanical, chemical, and biological. These parameters evaluate both the sterilizing conditions and the procedure's effectiveness.

Mechanical techniques for monitoring sterilization include assessing cycle time, temperature, and pressure by observing the gauges or displays on the sterilizer and noting these parameters for each load. Some tabletop sterilizers have recording devices that print out these parameters. Correct readings do not ensure sterilization, but incorrect readings can be the first indication of a problem with the sterilization cycle.

Chemical indicators, internal and external, use sensitive chemicals to assess physical conditions (e.g., time and temperature) during the sterilization process. Although chemical indicators do not prove sterilization has been achieved, they allow detection of certain equipment malfunctions, and they can help identify procedural errors. External indicators applied to the outside of a package (e.g., chemical indicator tape or special markings) change color rapidly when a specific parameter is reached, and they verify that the package has been exposed to the sterilization process. Internal chemical indicators should be used inside each package to ensure the sterilizing agent has penetrated the packaging material and actually reached the instruments inside.

Because chemical indicator test results are received when the sterilization cycle is complete, they can provide an early indication of a problem and where in the process the problem might exist. If either mechanical indicators or internal or external chemical indicators indicate inadequate processing, items in the load should not be used until reprocessed.

Biological indicators (BIs) (i.e., spore tests) are the most accepted method for monitoring the sterilization process, because they assess it directly by killing known highly resistant microorganisms (e.g., *Geobacillus* or *Bacillus* species), rather than merely testing the physical and chemical

conditions necessary for sterilization. Because spores used in BIs are more resistant and present in greater numbers than the common microbial contaminants found on patient-care equipment, an inactivated BI indicates other potential pathogens in the load have been killed.

Correct functioning of sterilization cycles should be verified for each sterilizer by the periodic use (at least weekly) of BIs. Every load containing implantable devices

If either mechanical indicators or internal or external chemical indicators indicate inadequate processing, items in the load should not be used until reprocessed.

should be monitored with such indicators, and the items quarantined until BI results are known. However, in an emergency, placing implantable items in quarantine until spore tests are known to be negative might be impossible.

Manufacturer's directions should determine the placement and location of BI in the sterilizer. A control BI, from the same lot as the test indicator and not processed through the sterilizer, should be incubated with the test

BI; the control BI should yield positive results for bacterial growth.

Results of biological monitoring should be recorded and sterilization monitoring records (i.e., mechanical, chemical, and biological) retained long enough to comply with state and local regulations. Such records are a component of an overall dental infection-control program (see Program Evaluation).

Storage of sterilized items

The storage area should contain enclosed storage for sterile items and disposable (single-use) items. Storage practices for wrapped sterilized instruments can be either date- or event-related. Packages containing sterile supplies should be inspected before use to verify barrier integrity and dryness. Although some healthcare facilities continue to date every sterilized package and use shelf-life practices, other facilities have switched to event-related practices. This approach recognizes that the product should remain sterile indefinitely, unless an event causes it to become contaminated (e.g., torn or wet packaging). Even for event-related packaging, minimally, the date of sterilization should be placed on the package, and if multiple sterilizers are used in the facility, the sterilizer used should be indicated on the outside of the packaging material to facilitate the retrieval of processed items in the event of a sterilization failure. If packaging is compromised, the instruments should be re-cleaned, packaged in new wrap, and sterilized again. **[FI]**

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Dirty Little Secrets

Editor's Note: *Are your customers asking tough hygiene questions? Here is your chance to ask someone "In the Know." Nancy Andrews, RDH, BS, will take your questions and tell your tales. Pulling from centuries of experience, endless education, lots of research, and occasional consultation with other experts, Nancy invites your e-mails at Infectioncontrol@msdi.org. The best question or tale at the end of the year gets \$100.*

Bright idea?

Q I visit an office that has started using extra rooms to offer more and more "spa-like" services. There is a dentist that does facials, and as an extra service she offers to clean the jewelry of her clients. I noticed that rings and even a bracelet were in the ultrasonic bath along with instruments. The office even has a sign saying the sterilization area is the "Sparkle Center." How is this OK? Doesn't it get contaminated in that bath? I asked, and they said it was no big deal since the jewelry does not go in anyone's mouth. Is there a risk of contaminating the jewelry and transmitting infection, or can the jewelry just be rinsed off, as they are doing?

A This is not a "bright idea!" The ultrasonic bath solution becomes contaminated from instruments, and can contaminate jewelry. The accepted protocol for placing sensitive items, such as dentures in the ultrasonic for cleaning, is to put them in separate beakers and/or in separate baggies with clean (single-use) solution enclosed with the item. Jewelry could be treated in the same way, but I recommend dedicating a separate ultrasonic unit to non-dental items with a written protocol for isolating each item and preventing cross-contamination.

As we embrace more "non-dental" services, a key question to ask is about the legality of the practice in your state. There may be a separate license required for such services,

and in some states there may be restrictions based on the scope of practice of the person performing the services. Also, some states limit or do not allow non-dental practices to be offered in dental facilities.

Waste of space

Q I visited a small office (one Doc, two hygienists, two assistants). I noticed that they were gathering a ton of boxes of supplies in one corner of the lab. I kidded the lead assistant about getting the time to put them away or ordering too many fun items, and she led me to the closet with a look of exasperation. The closet, where the supplies should go, was full of sharps containers and boxes of waste items. The doctor was waiting to get a "full load" before she had it picked up because of the expense of waste removal. Therefore, there was no room for supplies.

My question is about keeping waste so long: isn't that illegal? Is there a law I can cite to get them to "clear the decks?"

A That waste needs to go! There are EPA and State Medical Waste Management laws that state the limits and conditions for storage of medical waste, along with required containers, transport, record keeping, and disposal. Each location has their own laws, but generally, small waste generators may hold on to medical waste containers for a specific time and then it must be picked up. Red bag waste is different than sharps waste,





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and there are different rules for the time each of those containers may be kept after being filled and sealed. The main considerations are the amount of waste generated, the type of waste, and the containers the waste is stored in.

I recommend suggesting to the office that they act to remove the waste right away – to reduce liability and to comply with rules that limit waste storage. Perhaps you can suggest alternative medical waste management companies if the cost of their current vendor is too high. Medical waste management companies can often provide guidance and documentation that makes the whole process legal, easier and safer. Once you find a company in your area, I'll bet other accounts could use the information and service also!

Another consideration is to make sure that all the items they are storing are actually medical waste. Some accounts are confused about what can go in the regular trash and what is truly medical waste. You might be quite the hero if you help them realize that some or a lot of their stored waste can just be thrown away. Again, I refer you to your state medical waste management acts, or laws, EPA regulations, and OSHA laws for specific rules.

What goes into the sharps?

Q I was asked by an assistant if she should be throwing used anesthetic cartridges into sharps containers or not. This account has a pick-up service that hauls away the full containers, but she buys the empty containers from me. She had heard that carpules shouldn't be put in there unless they were broken, but she thinks they might break in the trash, so all carpules should go in. I've actually heard different people say different things and I'm now unsure. What do you say?

A I'll start with a caveat: Waste laws are regional, and differ, so the real answer is to follow local laws. However, here is some guidance:

Most infection control leaders and OSHA consultants consider cartridges as potential sharps because they can break and pose a sharps exposure threat to anyone handling the trash. Of course, the cartridges may have blood in them if blood was drawn back during aspiration when the injection was given, so cartridges are always considered contaminated medical waste. I recommend disposing of them in

the bio hazardous-waste containers if they are empty, as long as the medical waste company will accept them. Here is an example of the language describing what a "sharp" is, from California Waste Management Regulation:

"Sharps waste" means any device having acute rigid corners, edges, or protuberances capable of cutting or piercing, including, but not limited to, all of the following:

(a) Hypodermic needles, hypodermic needles with syringes, blades, needles with attached tubing, syringes contaminated with bio hazardous waste, acupuncture needles, and root canal files.

(b) Broken glass items, such as Pasteur pipettes and blood vials contaminated with bio hazardous waste.

(c) Any item capable of cutting or piercing that is contaminated with trauma scene waste.

It is also important to know how the sharps containers will be treated and disposed of. They are usually either incinerated or sterilized and then put in the land-fill.

The tricky part is if there is anesthetic left in the cartridges. Then it's a mixed bio hazardous / sharps / pharmaceutical waste! Every element of medical waste must be considered: the sharpness, biohazard content, and pharmaceutical material. Again, each state is different, but cartridges with any anesthetic should be disposed of in pharmaceutical sharps containers and incinerated before disposal in California. Many dental offices fail to address this "sticky" question. I think most just throw full or empty cartridges in the sharps container or the trash, without knowing what their local laws are. Here is a place where a rep can come in and lead the way! If you get the State regulations and confirm with the licensed waste haulers your company works with, you can guide offices in this very important process. **[FI]**

(1) California Department of Public Health, Medical Waste Management Program

California Health and Safety Code, Sections 117600 – 118360. Medical Waste Management Act. 1616 Capitol Avenue, MS-7405, P. O. Box 997377, Sacramento, CA 95899-7377



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On the Fly

For one rep, the trout-filled lakes of Montana will always be home

Fly fishing has been a part of Gary Evans' life for as long as he can remember. Growing up in Southwest Mont., it would have been a crime not to take advantage of the sport, the Burkhardt Dental Supply rep points out. "Southwest Montana has some of the finest trout fishing anywhere," he says. "My dad loved to fish, and he would take me from the time I was 5 or 6 years old." And, while college and his first job steered him out east, it wasn't long before his home state – and his love of fly fishing – lured him back.



Gary Evans, Burkhardt Dental Supply, standing behind a client in Patagonia Chile.

Moving back

Moving to Ohio in the 1980s to attend graduate school certainly wasn't a bad idea. After all, who can go wrong with an MBA? "I earned a business degree, with an emphasis on athletic administration," Evans recalls. And for a couple of years following his graduation, he and his wife, Jill, stayed put in Ohio, where he took a position coaching baseball and she worked as a legal secretary. Soon afterward, they had their first child. Life was good and, really, there was no reason to make a change.

Until Evans caught wind of a fly fishing lodge for sale in his home state. Once his wheels began to spin, there was no slowing down. True, he "had to talk my wife into buying a lodge," he admits. But the timing was good, as Jill had recently left her job at the law firm to stay home with their baby. And, as a native of Utah, the idea of returning to the west appealed to her as well. Besides, Evans' father – a university professor in Montana – also owned a fly fishing lodge and it appeared to work well for him. So, in 1989 the young couple moved forward with their purchase and moved to a small Montanan town of 1,000.

For anyone who assumes that running a fly fishing lodge is all about trout, think again. It was during this time that the value of Evans' MBA truly became apparent. Much goes in to running a fly fishing lodge, he points out. In addition to running the lodge and outfitting guests for fishing trips,

Evans would lead local fly fishing excursions. In fact, he was unique in that he was one of the first outfitters to extend the fishing season – which traditionally runs from June through September – to March through October. No matter that it often snows in early spring in Montana. "We would snowshoe out and fish in four or five feet of snow," he recalls. When the river rose too high in late spring, he would break temporarily from leading excursions. Then, as the water subsided, he would take guests on "drift boat" fly fishing trips.



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Indeed, for Evans, there is rarely a bad time of year to fly fish. “In the spring and fall, it involves more wading in the rivers,” he explains. “It’s probably easier catching fish during these times of year, since there are fewer people fishing then.” For the most part, fall is the time to catch brown trout, while spring is better for rainbow trout. But, these days fly fishing isn’t always about trout, he notes. “As the sport has become more and more popular, people now fish for salmon, bass and more,” he says. But,

I could present to their [members or customers],” he says, at which time he would educate people on the fly fishing excursions and services he offered in Montana. Even as his young family grew (today he and Jill have six children who range in age from 12 to 23), his business did not slow down, and eventually he acquired his father’s lodge as well. Still, there was one more stone for Evans to un-turn, and this stone was far away, on another continent.



Happy client in Southern Chile.

enthusiasts’ attraction to fly fishing is much the same as it’s always been: “You are continually doing something when you fly fish,” he says. Whether it’s casting the line, changing the fly or moving from one spot to the next, for Evans and others like him, it’s much about “intrigue” and the beautiful riverside setting.

Evans continued to run his fly fishing lodge until 2001. During that time, he would spend winters traveling across the country, attending consumer shows and visiting fly fishing shops, clubs and conservation groups. “I would ask at the fly fishing shops and clubs if

“You are continually doing something when you fly fish,” he says. Whether it’s casting the line, changing the fly or moving from one spot to the next, for Evans and others like him, it’s much about “intrigue” and the beautiful riverside setting.

Rugged and uninhabited

Throughout the years, there was one dream that never changed for Evans. “I had learned Spanish [while completing my mission with] the Mormon Church from 1981 to 1983, and I had always wanted to try fly fishing in Argentina,” he says, noting that the country is known for its superb fly fishing. Not surprisingly, helping raise his family and run his lodges made it difficult for him to carry out his dream for a few years. Once he did make it there in 2001, as much as he enjoyed the experience, his friends convinced him that – the next time he traveled – he should visit Chile.

Indeed, in 2001, when Evans traveled to the Patagonia region in southern Chile, he realized he could never find a more beautiful part of the world in which to fly fish. “The Patagonia is beautiful, rugged and uninhabited – much like you would think of the western states in the 1850s,” he says. “I spent a week there with five of my fly fishing friends, came home and organized another trip for 2002.” The next year, he stayed for a month, he says. Soon, he was running an outfitting business in the Patagonia with a Chilean partner.



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It wasn't long before Evans realized it could be tricky running several businesses simultaneously, in different parts of the world. He sold his lodges in Montana in 2002 and transitioned his business to Chile, sending groups there, where his partner and staff could take over. And, although he no longer owned lodges here in the states, he continued guiding fly fishing tours until 2008.



gratifying. From 2004 until January of 2012, he managed the practice while continuing to run his outfitting business in Montana from afar and send interested groups to Chile on fly fishing tours. “I really enjoyed working at the dental practice, and the dentist there remains one of my best customers today,” he points out.

Indeed, when the Burkhart Dental rep who serviced the dental practice

Thanks in part to his background in business and his time spent completing his Mormon mission, “I feel very comfortable with people and enjoy teaching – and presenting to – them,” he says. “I like getting to know people and creating relationships.”

From flies to burs

In the early 2000's, it became clear to Evans and Jill that raising six children in such a small town was less than ideal, and they moved to Rexburg, Idaho, where Jill later went to work for Brigham Young University. Meanwhile, Evans continued to make the long commute to Montana, where he still conducted fly fishing trips.

Evans admits the back-and-forth drive from Idaho to Montana quickly took its toll. Still, when his neighbor in Rexburg invited him to manage his dental practice, it took Evans a while before he agreed to do so. In the end, as difficult as it may have been for him to step back from his fly fishing tours, Evans found his new career very

left, and the regional manager approached Evans about taking over the territory, “it was a tough choice, but in the end, I was ready,” he says. And, his new role at Burkhart couldn't suit him better. Thanks in part to his background in business and his time spent completing his Mormon mission, “I feel very comfortable with people and enjoy teaching – and presenting to – them,” he says. “I like getting to know people and creating relationships.”

And, really, that's what being a sales rep is all about, he continues. “It's about going to a dental office and creating a sense of trust and making a friend – not just about making a sale,” he says. “It's about relationships.” **[FI]**

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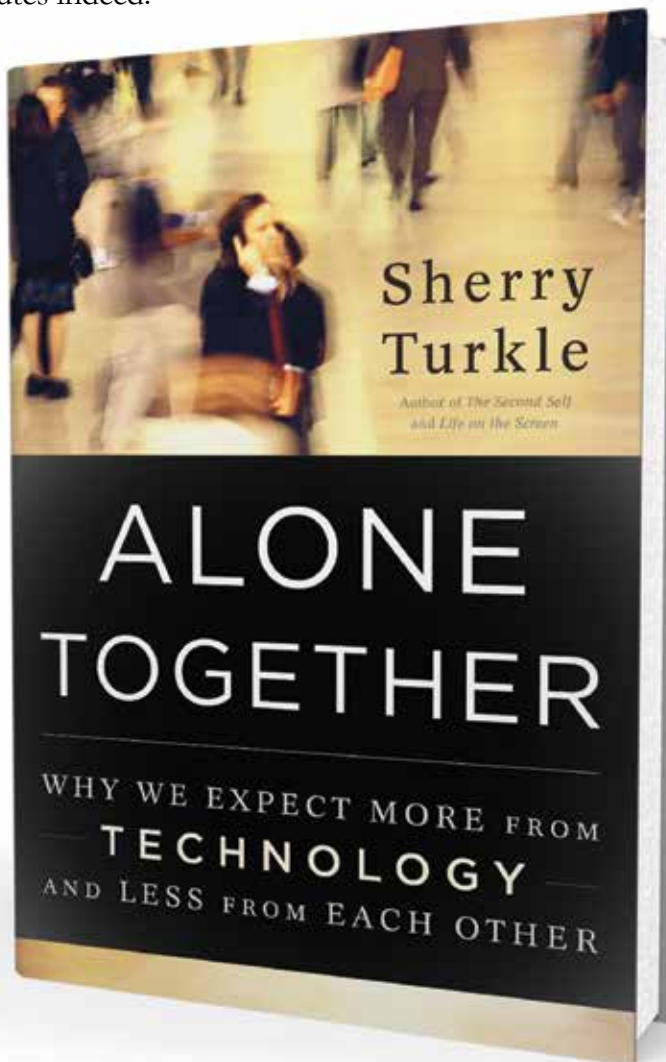
How the best perform



Get Real

Are today's young people losing touch with authenticity and real, human relationships? If so, how will tomorrow's sales reps connect with customers?

How's this for a paradox: Today's young people are continuously connected with one another, in a digital sense, anyway, through texting, instant-messaging, social networking. They hate to be alone, again, in a digital sense. Minutes spent without texting or checking for texts are anxious minutes indeed.



But at the same time, they may be losing touch with one another. They've all but given up on phone conversations. Make that, conversations in general. One-on-one interaction, especially face to face, is becoming an anachronism. Too demanding, too revealing. And God forbid that live conversations should last more than a minute or two when they absolutely cannot be avoided.

Is this an accurate assessment, or is it more of the sky-is-falling genre? Your answer may depend on your own experience, and even more so, on the young people you know. Your kids, perhaps. Either way, it most definitely is the belief of Sherry Turkle, professor of social studies at MIT and a licensed clinical psychologist, as presented in her book *Alone Together: Why We Expect More from Technology and Less from Each Other* (© 2011, Basic Books, New York).

The question for *First Impressions* readers is this: "Are these the kids we're going to be hiring to go out in the field? And if so, can they do the relationship-building that's been the hallmark of successful salespeople forever?" Younger readers, meanwhile, may be asking themselves, "What's the big deal?"

As the title of Turkle's book says, she believes we expect more from

technology and less from each other. “These days, insecure in our relationships and anxious about intimacy, we look to technology for ways to be in relationships and protect ourselves from them at the same time.”

“Our networked life allows us to hide from each other, even as we are tethered to each other. We’d rather text than talk.”

That can’t be good for sales, can it?

Digital natives

Turkle gathers much of her research straight from the mouths of the “digital natives,” that is, young people, primarily teens – at least those who will talk to her. “They grew up with cell phones and toys that ask for love,” she says, referring to the Furby and Tamagotchi.

“Our new experience of place is apparent as we travel,” she writes. “Leaving home has always been a way to see one’s own culture anew. But what if, tethered, we bring our homes with us?”

She talks about more sophisticated toys too, such as AIBO, the robotic dog. (She refers to AIBO as possessing a “postbiological life.”)

Her extended discussion about robots, and the hopes and expectations some people place on them, won’t interest those of us who don’t have a robot in the house. (Though her discussion about gaming will strike a chord.) Still, her definition of artificial emotion is compelling: “Getting machines to express things that would be considered feelings if expressed by people.” The difficulty comes when people find it hard to differentiate between the two.

But it’s the second half of the book, focusing on texting, instant-messaging and social networking, that may give *First Impressions* readers most pause.

Turkle believes that many of us, particularly – but not exclusively – younger people, have become slaves to the Net. “Always on and (now) always with us, we tend the Net, and the Net teaches us to need it.”

The Net is seductive, she says. It invites us into alternate worlds, where we create an idealized version of ourselves, often with an assumed name, and reach out to others who, we know (but choose to forget) have created idealized versions of themselves, too. These online relationships continue until we get tired of the other person, at which point we move on to someone new. And if we get tired of our own persona, well, we can change that as well.

Some people believe these online relationships constitute training, or substitutes, for the real thing. But Turkle is skeptical. They don’t teach us how to interact with real people, she says. Certainly not how to have an extemporaneous conversation. Definitely not how to reveal anything of ourselves. And there’s a price to pay.

“Networked, we are together, but so lessened are our expectations of each other that we can feel utterly alone,” she says. “And there is the risk that we come to see others as objects to be accessed – and only for the parts we find useful, comforting or amusing.”

First Impressions readers who have recently attended any kind of conference will identify with her statement: “In this new regime, a train station (like an airport, a café or a park) is no longer a communal space but a place of social collection: people come together but do not speak to each other.” Instead, they look at their smartphones.

Again, a paradox: By always being connected digitally, we’re never alone. Yet, in a way, we are. It’s just that we don’t actually talk much to each other any more. Instead, we text.

“Our new experience of place is apparent as we travel,” she writes. “Leaving home has always been a way to see one’s own culture anew. But what if, tethered, we bring our homes with us?”

Indeed, the notions of space and relationship have been seriously altered in our electronic age. Enter the smartphone, and the pace of change is accelerated.

“Until recently, one had to sit in front of a computer screen to enter virtual space. This meant that the passage through the looking glass was deliberate and bounded by the time you could spend in front of a computer. Now, with a mobile device as portal, one moves into the virtual with fluidity and on the go.”

The price? Diminished relationships. “Even a simple cell phone brings us into the world of continual partial attention,” she writes. “Mobile technology has made each of us ‘pauseable.’ Our face-to-face conversations are routinely

Young people live in a state of waiting for connection, that is, expecting and anticipating a phone call or text or Facebook post.

interrupted by incoming calls and text messages.” Anyone who has kids knows this is true. And these are tomorrow’s sales reps? (Then again, the customer of tomorrow – the doctor, the materials manager, the director of nursing – will be doing the same thing. So maybe it’s a wash.)

No time

And just as electronics is morphing the sense of space, so too is it messing with traditional notions of time.

Turkle talks about the fallacy of multitasking, that is, the belief that we can simultaneously instant-message or text, do our paperwork, and listen to our spouse talk about his or her day. Research suggests multitasking is a myth. Turkle agrees.

“Our networked devices encourage a new notion of time because they promise that one can layer more activities onto it....And we have found ways of spending more time with friends and family in which we hardly give them any attention at all.”

Not only do we pay little attention to others, but we change the way we communicate. In fact, we change what we communicate. “Trey, a 46-year-old lawyer with a large Boston firm, raises this issue explicitly,” writes Turkle. “On e-mail, he says, ‘I answer questions I can answer right away. And people want me to answer them right away. But it’s not only the speed...The questions have changed to ones that I can answer right away.’ Trey describes legal matters that call for time and nuance and says that ‘people don’t have patience for these now. They send an e-mail and they expect something back fast.’”

Is this a good thing, bad thing, or neither?

Huck Finn, tethered

What impact is digital networking having on young people? Lots, says Turkle. Take Diane, for instance, whom the author interviews.

“[S]he tries to keep up by communicating during what used to be ‘downtime’ – the time when she might have daydreamed during a cab ride or while waiting in line or walking to work. This may be time that we need (physiologically and emotionally) to maintain our ability to

focus. But Diane does not permit it to herself.”

There’s more, says Turkle.

“The network’s effects on today’s young people are paradoxical,” she writes. “The network facilitates separation (a cell phone allows children greater freedoms) but also inhibits it (a parent is always on tap).”

Young people live in a state of waiting for connection, that is, expecting and anticipating a phone call or text or Facebook post. “I ask a group a question: ‘When was the last time you felt that you didn’t want to be interrupted?’ I expect to hear many voices. There are none. Silence. ‘I’m waiting to be interrupted right now,’ one says.”

Here’s the price: “Today’s adolescents have no less need than those of previous generations to learn empathic skills, to think about their values and identity, and to manage and express feelings. They need time to discover themselves, time to think. But technology, put in the service of always-on communication and telegraphic speed and

brevity, has changed the rules of engagement with all of this. When is downtime, when is stillness? The text-driven world of rapid response does not make self-reflection impossible, but does little to cultivate it.”

Huck Finn’s trip on the Mississippi River symbolizes “an ongoing process through which children separate from their parents,” she says. But that experience is being transformed – certainly minimized – by smartphones. “The tethered child does not have the experience of being alone with only him- or herself to count on.”

If that’s true, *First Impressions* readers have to ask themselves, “Can tomorrow’s reps handle tough situations in the field, situations that call for a heads-up response?”

Again, if this is true, what does this mean for tomorrow’s sales rep? Can that person truly think – or even feel – for himself or herself? Will he or she take time to figure things out? Maybe. Maybe not.

Turkle fears the digital network is preparing us to lose feeling or empathy for others. “Even as some are able to better function because they feel in control, online communication also offers an opportunity to ignore other people’s feelings. You can avoid eye contact. You can elect not to hear how ‘hurt or angry they sound in their voice.” One person tells the author, “Online, people miss your body language, tone of voice. You are not really you.”

“I ask a group a question: ‘When was the last time you felt that you didn’t want to be interrupted?’ I expect to hear many voices. There are none. Silence. ‘I’m waiting to be interrupted right now,’ one says.”

Other-directedness

As if these thoughts aren’t gloomy enough, Turkle offers plenty more, having to do the lack of self-awareness and, again, the lack of intimacy that the network engenders.

“What is not being cultivated here is the ability to be alone and reflect on one’s emotions in private,” she says. In fact, the author goes so far as to say that an increasing number of people don’t allow themselves to fully experience or acknowledge emotions without first bouncing them off other people. Often, lots of other people.

Speaking of two teens, Turkle says, “They need to be connected in order to feel like themselves. Put in a more positive way, both Claudia and Julia share feelings as part of discovering them. They cultivate a collaborative self.”

“Today, cell phone in hand, other-directedness is raised to a higher power. At the moment of beginning to have a thought or feeling, we can have it validated, almost pre-validated.”

Hiding places

Much has been written about the value of Facebook. But, predictably, Turkle presents another side. Why is it, she asks, that people obsess over how to present themselves on their page? The answer, as one young person tells her: “It is a place to hide.” You get to present an idealized, or certainly, a premeditated, version of yourself.

That can’t be good for honest, heart to heart communication, can it?

“At the screen, you have a chance to write yourself into the person you want to be and to imagine others as you wish them to be, constructing them for your purposes,” she writes. “It is a seductive but dangerous habit of mind. When you cultivate this sensibility, a telephone call can seem fearsome because it reveals too much.”

As one youngster tells her, “You’re creating your own little ideal person and sending it out.” The beauty of it, the young person tells the author, is “You don’t have to think

of things on the spot, really, which a lot of people can't really do."

Sales managers, brace yourselves.

One youngster is quoted as saying, "You wouldn't want to call because then you would have to get into a conversation." Of live conversations, several girls tell the author, "It is almost always too prying, it takes too long, and it is impossible to say 'good-bye.'" A 16-year-old boy tells her, "When you text, you have more time to think about what you're writing. When you talk on the phone, you don't really think about what you're saying as much as in a text."

Again, what about heads-up thinking and problem-solving, which differentiate the truly successful sales reps?

a landline with no interruptions used to be an everyday thing. Now it is exotic, the jewel in the crown."

Talking on a landline teaches us other valuable skills, like how to be real with other people, says the author. She tells the story of one young lady who dealt with a friend's death via instant messaging. "I went through the whole thing not seeing anyone and just talking to people online about it, and I was fine," she tells the author. "I think it would've been much worse if they'd told me in person."

Turkle goes on to say the young lady explains that when the bad news arrived in an instant message, she was able to compose herself. "It would have been 'terrible,' she says, to have received a call. 'I didn't have to be upset in front of someone else.'"

Talking on a landline teaches us other valuable skills, like how to be real with other people, says the author. She tells the story of one young lady who dealt with a friend's death via instant messaging.

According to Turkle, kids aren't training themselves for that world by hanging out on Facebook.

One high-schooler tells her that some day, he'll have to learn how to have conversations and find common ground with others, "so I can have something to talk about, rather than spending my life in awkward silence." Let's hope he does.

Cheated

Ironically, even young people themselves know that texting is cheap, compared to real conversations, even those on the phone. Turkle speaks to one "digital native" who says "he feels most rejected when, while speaking on the phone with a friend, he becomes aware that his friend is also texting or on Facebook, something that happens frequently." One boy tells her he tries to get friends to call him on a landline, because only then does he feel he has their complete attention. Says Turkle, "Talking on

At one point, the author looks in the mirror and realizes that in some ways, she's not that different from the young people about whom she writes. "When I first read how it is through our faces that we call each other up as human beings, I remember thinking I have always felt that way about the human voice. But like many of those I study, I have been complicit with technology in removing many voices from my life."


That's a loss, says Turkle, quoting a friend – a professor of poetry and a voracious reader – who tells her, "We cannot all write like Lincoln or Shakespeare, but even the least gifted among us has this incredible instrument, our voice, to communicate the range of human emotion. Why would we deprive ourselves of that?"

The answer, apparently, is that it's easier, faster and less anxiety-provoking to e-mail or text someone than call him, let alone visit him.

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Turned on by connectivity

So, it seems, we're raising a generation of addicts – connectivity addicts.

“Connectivity becomes a craving,” writes Turkle. “When we receive a text or an e-mail, our nervous system responds by giving us a shot of dopamine. We are stimulated by connectivity itself. We learn to require it, even as it depletes us. A new generation already suspects this is the case. I think of a sixteen-year-old girl who tells me, “Technology is bad because people are not as strong as its pull.””

And, by spending time instant-messaging or gaming, rather than interacting in person or on the phone with others, we're losing part of ourselves. So-called “confessional sites,” which allow Internet users to vent or confess their feelings,

So how seriously are we supposed to take this? Should we change our personal behaviors vis-à-vis the digital network? How are we to view young job candidates? Are they really more comfortable instant-messaging than talking? And if so, how do we teach them to become effective field sales representatives?

Turkle offers few scraps for readers looking for the bright side of all this. But at the end of the book, she does throw out a bone.

“The networked culture is very young,” she says. “Attendants at its birth, we threw ourselves into its adventure. This is human. But these days, our problems with the Net are becoming too distracting to ignore. At the extreme, we are so enmeshed in our connections that we neglect

“Feeling a bit stranded used to be considered a part of adolescence, and one that developed inner resources. Now it is something that the network makes it possible to bypass.”

are a case in point. “Each takes as its premise the notion that you can deal with feelings without dealing directly with a person. In each, something that is less than conversation begins to seem like conversation. Venting feelings comes to feel like sharing them. There is a danger that we will come to see this reduction in our expectations as a new norm... We ask less of people and more of technology.” In other words, these online sites are little more than phony communities.

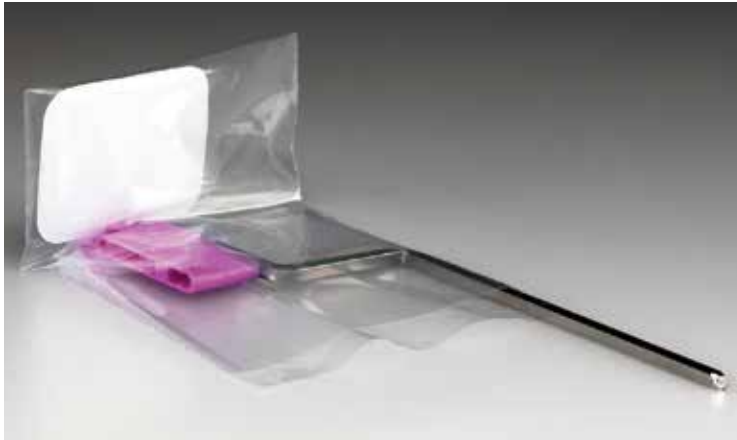
There are many more thought-provoking ideas in Turkle's book. For example, here's what she says about continual texting: “Having a feeling without being able to share it is considered so difficult that it constitutes an ‘emergency.’” And one that will resonate with all readers: “Feeling a bit stranded used to be considered a part of adolescence, and one that developed inner resources. Now it is something that the network makes it possible to bypass.”

each other. We don't need to reject or disparage technology. We need to put it in its place. The generation that has grown up with the Net is in a good position to do this, but these young people need help. So as they begin to fight for their right to privacy, we must be their partners. We know how easily information can be politically abused; we have the perspective of history. We have, perhaps, not shared enough about that history with our children. And as we, ourselves enchanted, turned away from them to lose ourselves in our e-mail, we did not sufficiently teach the importance of empathy and attention to what is real.

“As we try to reclaim our concentration, we are literally at war with ourselves,” she says. “Yet, no matter how difficult, it is time to look again toward the virtues of solitude, deliberateness, and living fully in the moment.”

Can we do it? Let's hope so. **[FI]**

Flow Dental introduces Bite Block Baggies™



Flow Dental recently introduced Bite Block Baggies™. These latex-free baggies are designed to cover and protect the bite block, positioning arm and x-ray media from contamination. To use, simply assemble the X-ray, bite block and positioner, then place all inside a Bite Block Baggie. After use, simply rebag for the next patient. Although originally intended for protecting and extending the life of digital sensors and sensor wires, Bite Block Baggies™ also work well with phosphor plate and X-ray film holders. Use with Flow's RAPiD, SMART and Sensibles bite blocks, or any other system you prefer. Bite Block Baggies™ are economically

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Coltene introduces the Coltene S.P.E.C. 3.

Coltene introduced the Coltene S.P.E.C. 3. This powerful new LED curing light defines performance without compromise. Chair time can be effectively re-



duced due to rapid and deep polymerization on various light cured materials. The sealed aluminum body ensures quick and easy disinfection between patients. The powerful Lithium Polymer Battery offers enough storage capacity to perform over 300 ten-second cures between charges. The Coltene S.P.E.C. 3 features multiple curing modes (Standard Mode, 3K Mode, Ortho Mode) for maximum functionality in all dental practices. For more information, contact your Coltene representative or visit www.SPEC3-LED.com.

Ivoclar Vivadent introduces new and improved Tetric EvoFlow®

Ivoclar Vivadent announced it has made a great flowable composite even better, improving the material by introducing additional shades and new translucencies, adding an extra fine application tip and improving the delivery to a more ergonomic design. Tetric EvoFlow is indicated for all flowable indications. The viscosity is “flowable when desired and stable as required,” meaning it can be used effectively as a liner, but is also non-slumping in Class III and Class V restorations. Ivoclar Vivadent



has expanded the shade range now offering three levels of translucency. The dentin shades (A2 Dentin, A3.5 Dentin, and B2 Dentin) are ideal when there is a need to mask slight discoloration in posterior preparations. The Cannula tips have been redesigned, decreasing the diameter to an extra-fine .9mm providing more precise placement. The New & Improved Tetric EvoFlow completes a well-balanced composite system: Tetric EvoCeram (2mm layering for anterior or posterior restorations in 22 shades), Tetric EvoCeram Bulk Fill (4mm “bulk” layers in 3 shades) for direct posterior restorations and Tetric EvoFlow for all flowable indications (in 14 shades). Visit ivoclarvivadent.com.

NDC Dental announces Kreiser's as new member

NDC Dental (Nashville, Tenn.) announced Kreiser's Inc (Rapid City, S.D.) as its newest distributor member. Kreiser's has been active in the medical supply business since 1905, and will now extend its reach to the dental market. Kreiser's dedicated sales reps will call on customers in South Dakota and parts of Montana to supply dental customers with merchandise products for their practices.

Crosstex acquires SPSmedical

Crosstex International, a subsidiary of Cantel Medical Corp. announced the acquisition of SPSmedical. The addition of SPSmedical to the Crosstex family strengthens the Crosstex position in the acute-care and alternate-care markets while broadening the Crosstex sterility assurance product offering, the company said. Based in Rochester, N.Y., SPS is a manufacturer and provider of biological and chemical indicators for sterility assurance monitoring services and products. SPS offers a wide-array of products and services that enable hospitals, surgi-centers, office-based practitioners and dental offices to safely and accurately monitor and verify their sterilization practices and protocols. According to Gary Steinberg, President & CEO of Crosstex, "SPSmedical is the perfect complement to our ConFirm brand biologic monitoring business and will provide us with the platform to broaden our reach into the acute-care and alternate-care markets. SPS' strong leadership in defining and establishing sterility assurance standards in healthcare settings is a strong platform upon which Crosstex can expand its global presence as a leader in the healthcare infection prevention and control market." "The addition of SPS to the Crosstex family expands our presence in the acute-care and alternate-care markets, broadens our product portfolio and strengthens our position in the dental market," said Andrew Whitehead, Senior Vice President of Business Development. "Utilizing the strengths, reputations and talent of the combined Crosstex and SPS teams, we will increase our market penetration into all healthcare channels, both domestically and internationally."

Henry Schein Cares assists Crescent Center

The Henry Schein Cares Foundation (Melville, N.Y.) awarded Crescent Community Health Center (Dubuque, Iowa) a \$25,000 grant for dental equipment and supplies during the

next two years. "This is a generous donation that will help us to keep costs down and serve many patients who have not had access to low-cost, high-quality dental services," said Sharon Grisanti, Crescent's dental clinic manager.

Sempermed Global acquires Latexx Partners

Semperit AG Holding, a joint venture partner of Sempermed USA Inc (Clearwater, Fla.), announced a takeover offer for Malaysian Latexx Partners Berhad (Latexx Partners) via its wholly-owned subsidiary, Semperit Investments Asia. Latexx Partners is currently the world's sixth largest producer of medical gloves. It operates six state-of-the-art production facilities with an annual production capacity of 9 billion gloves thereof 6 billion being produced with the latest technology. Semperit's objective is to acquire a majority of the company. Semperit and Sempermed's entry into the world's most important manufacturing market for disposable gloves will enable Sempermed to further diversify its global production activities. With Semperit's joint venture partner in Thailand, Siam Sempermed Corporation, the annual production capacity will be increased by approximately 70 percent to about 20 billion examination and single use gloves, making the group one of the largest exam glove producers in the world. The transaction is expected to close in Q4 2012 after approval of antitrust authorities in Austria and Germany as well as the fulfillment of other conditions.

Founder and chairman of Healthco Int'l, Marvin Meyer Cyker, passes away

Marvin Meyer Cyker, founder and retired chairman of Healthco International (York, Pa.), died Oct. 12, 2012 in Palm Beach, Fla., where he resided. He immigrated to the U.S. in 1947, where he entered the dental supply industry and, together with his brother Michael, built Healthco to over 150 locations throughout the United States, Canada, Great Britain, France, Italy, Switzerland and Israel. He was awarded a lifetime achievement award by the American Dental Trade Association (Alexandria, Va.), which made him an honorary life member. Cyker devoted large portions of his time and resources to charitable causes, with a particular focus on education and science. Donations may be made to Weizmann Institute of Science, Marvin Meyer and Jenny Cyker Professorial Chair for Diabetes Research, c/o Professor Michael Walker, P.O. Box 26, Rehovoth 76100 Israel.

Benco Dental New Appointees



Don Simpson
Territory Representative

One of the newest member of Benco Dental's Dallas region, Simpson brings with him more than 14 years of experience in the dental industry.



Gary Foley
Territory Representative

Foley has worked in the dental industry for more than 25 years. He will call on customers in the Sunshine region.



Doug Yarroll
Territory Representative

Yarroll is one of the newest members of Benco Dental's North Star region. Yarroll has more than five years of sales experience.



Craig Starnes
Territory Representative

Benco Dental warmly welcomes Starnes to its Husker region.



Terrence Powers
Territory Representative

Powers has more than six years of experience in the dental industry. He will call on customers in Benco Dental's SoCal region.



Sher Cox
Territory Representative

Benco Dental welcomes Cox to its SoCal region. She will aid customers in San Diego.



Brent Owens
Territory Representative

Owens has more than five years of experience in the dental industry. He will call on Benco Dental customers in the Gateway region.



Dwayne Smith
Territory Representative

Smith is a new member of Benco Dental's Piedmont region. He will call on customers in Nashville.



Craig Schoenfeld
Territory Representative

Benco Dental welcomes Schoenfeld to the company's Sunshine region. He will serve customers in the Clearwater, St. Petersburg and Largo areas.

Henry Schein New Appointees



Jennifer Denison - Field Sales Consultant:

Denison will represent Henry Schein Dental at its center in Orange, CA. She has over 18 years of experience in the industry and was previously employed as an account manager.



Rachel E. Cobb- Field Sales Consultant:

Cobb will represent Henry Schein Dental at its center in Lexington, KY. She earned her B.S. from Marshall University.



Jorja Fredrick- Field Sales Consultant:

Fredrick will represent Henry Schein Dental at its center in West Palm Beach, Florida. She has one year of experience in the dental industry and was previously employed as a sales representative. Fredrick earned her B.S. from Florida State University.



Ryan Hartke- Field Sales Consultant:

Hartke will represent Henry Schein Dental at its center in Indianapolis, IN. He received his B.S. from Ball State University.



Shantal Verduzco- Field Sales Consultant:

Verduzco will represent Henry Schein Dental at its center in Orange, CA. She has one year of experience in the dental industry. Verduzco earned her B.S. from California Polytechnic State University.



Morgan Miller- Field Sales Consultant:

Miller will represent Henry Schein Dental at its center in Indianapolis, IN. She earned her B.A. at the University of Dayton.



Corey Thompson- Field Sales Consultant: Thompson will represent Henry Schein Dental at its center in Elkridge, MD. He has 14 years of experience in the dental industry and was previously employed as a regional operations manager.



Jennifer Hilliker- Field Sales Consultant: Hilliker will represent Henry Schein Dental at its center in Sacramento, CA. She has 15 years of experience in the dental industry and was previously employed as a registered dental assistant.



Nicole Levy- Field Sales Consultant: Levy will represent Henry Schein Dental at its center in New York City. She received her B.A. from the University of Florida.



Mattison Murphy- Field Sales Consultant: Murphy will represent Henry Schein Dental at its center in Rocky Mountains, Colorado. He received his B.A. from University of Dayton.



Garrett Hufford- Field Sales Consultant: Hufford will represent Henry Schein Dental at its center in Des Moines, IA. He has four years of experience in the dental industry and was previously employed as an account representative. Hufford received his B.A. from Wartburg College.



John Biddix- Field Sales Consultant: Biddix will represent Henry Schein Dental at its center in Dallas, TX. He has over seven years of experience in the dental industry and was previously employed as a sales representative. Biddix received his B.A. from Texas Tech University.



Thomas Krekel- Field Sales Consultant: Krekel will represent Henry Schein Dental at its center in Honolulu, HI. He received his A.S. from Heald College.



Carlos Calderon- Field Sales Consultant: Calderon will represent Henry Schein Dental at its center in Fresno, CA. He received his degree from the University of Phoenix.



Brad Pelletier- Field Sales Consultant: Pelletier will represent Henry Schein Dental at its center in Montreal, QC. He has four years of experience in the dental industry.



Dan Frommeyer- Field Sales Consultant: Frommeyer will represent Henry Schein Dental at its center in San Diego, CA. He received his degree from the University of Dayton.



Chris Malzone- Field Sales Consultant: Malzone will represent Henry Schein Dental at its center in Houston, TX. He received his B.S. from Quinnipiac University.



Paul Pejman- Field Sales Consultant: Pejman will represent Henry Schein Dental at its center in Orange, CA. He has three years of experience in the dental industry and was previously employed as an account executive. Pejman received his B.S. from the University of California, Los Angeles.



Alex Cheney- Field Sales Consultant: Cheney will represent Henry Schein Dental at its center in Sacramento, CA. He received his B.S. at Michigan State University.



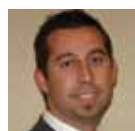
Andrea Oehlschlager- Field Sales Consultant: Oehlschlager will represent Henry Schein Dental at its center in Dallas, TX. She received her B.A.A.S. from the University of North Texas.



Marissa J. Hanneman- Field Sales Consultant: Hanneman will represent Henry Schein Dental at its center in San Francisco, CA. She has over 10 years of experience in the dental industry and was previously employed as a registered dental hygienist. Hanneman received her B.S. and B.A. from the University of Missouri.



Ewan Heinemeir- Field Sales Consultant: Heinemeir will represent Henry Schein Dental at its center in Houston, Texas. He received his B.A. from Harding University.



Ryan M. Werner- Field Sales Consultant: Werner will represent Henry Schein Dental at its center in Sacramento, CA. He received his B.A. from the University of Phoenix.



Chris Altman- Field Sales Consultant: Altman will represent Henry Schein Dental at its center in Orange, California. He has over a year of experience in the dental industry and was previously employed as a district manager. Altman received his B.S. from Elon University.



Pat Durgin- Field Sales Consultant: Durgin will represent Henry Schein Dental at its center in Newburgh, NY. He received his B.S. from Bentley University.



Jacqueline Gilbert-Field Sales Consultant: Gilbert will represent Henry Schein Dental at its center in West Palm Beach, Florida. She received her B.A. from Florida Atlantic University.



Adam Napieralski- Field Sales Consultant: Napieralski will represent Henry Schein Dental at its center in Milwaukee, WI. He received his B.S. from University of Wisconsin Oshkosh.



Matt Dowd- Field Sales Consultant: Dowd will represent Henry Schein Dental at its center in Columbus, OH. He received his B.S. from the University of Dayton.



Derek Hein- Field Sales Consultant: Hein will represent Henry Schein Dental at its center in Indianapolis, IN. He received his B.S. from Marquette University.



Mike Goolsby- Field Sales Consultant: Goolsby will represent Henry Schein Dental at its center in Wichita, KS. He received his B.A. from the University of Notre Dame.

Patterson Dental Sales Graduates

The following Patterson dental reps met the sales training requirements at the Patterson Companies corporate office in St. Paul, Minn.



Anthony Andrade



Len Auberger



Denise Bever



Jim Blackburn



Laura Clark



Serena Comartin



Nancy Dotta



Carl George



Scott Giles



Connor Jorgenson



Ed Kaddoura



Dave Long



Jamie Marvin



Brian McAndrew



Stephanie Ruggiero



Kristin Sammarco



Robert Taylor



Brian Wolosek



Moving Meetings from Good to Great

Like many of you, the Dental Trade Alliance is getting ready for a busy 2013 and figuring out what trade shows we'll attend. In general, trade shows have value. You have the opportunity to make new contacts, strengthen relationships and discover opportunities. The flip side is that attending trade shows carries a high cost in terms of time and money.

Exhibitors are stretched to the breaking point supporting more than 150 dental meetings and justifying the costs to exhibit. Meeting organizers, dental societies and the trade need to work together to find a suitable business model that satisfies attendees and industry.

There are several trade show changes we'd like to see happen and so would you, according to a 2012 DTA trade show survey that included 800 dentists, covering all geographic locations, various dental practices and the highest and lowest income strata. DTA is working with several meeting organizers to see how we can make these happen.

Increase consolidation. One of the cornerstones of improving dental meetings and companies return-on-investment is consolidation of the smaller dental meetings. DTA is working with some of the states in the Northeast to eliminate smaller state meetings and increase attendance and value at meetings like the Yankee Dental Congress.

Improve metrics. One of the biggest complaints about current dental meetings revolves around a lack of quality metrics for exhibit hall attendance, lead follow-up, exhibit hall traffic flow and registrations versus actual exhibit hall attendees. DTA is discussing the implementation of accurate dental meeting metrics through RFID smart badges

and the new tap-and-go technology to capture attendee information at the largest dental meetings in the U.S.

"According to MIT, the technology works like this: At an event, attendees receive badges that combine a wireless radio to collect data regarding proximity to other badges and transmit it to a database, an infrared sensor to gather data about face-to-face interactions among attendees, an accelerometer to track motion of the participant and a microphone to monitor speech patterns. At the event, the data from the infrared sensors and special software produces real-time visualization of the event's social patterns," *RFID News* reported.

Attract young dentists. Studies have shown most dentists at dental meetings are, on average, 50 years old or older. Younger dentists are not drawn to dental meetings like their older counterparts. DTA is studying this phenomenon and preparing to make recommendations to attract these younger more tech savvy practitioners. Employment of dentists is expected to grow by 21 percent from 2010 to 2020, faster than the average for all occupations, according to the U.S. Bureau of Labor Statistics.

Control costs. DTA is working with many of the largest dental meeting organizers to see what can be done to control dental meeting costs including drayage, shipping, overall booth expenses, booth staffing and more.

Utilize surveys. DTA is using information from our 2012 survey to revise the important white paper, *Seven Traits of a Successful Dental Meeting*. The revised white paper will be available in the next few months.

A great trade show can be of great value to you as a sales rep and your company. Our hope is that by working with meeting organizers, more of the dental trade shows you attend will be great trade shows. **[FI]**

To reserve exhibit space or for questions about the IDS opportunity, please contact DTA at 703-379-7755. Be sure to friend us on Facebook (<http://www.facebook.com/pages/Dental-Trade-Alliance/160917053994300>) and follow us on Twitter at @DTANews for all the latest IDS-related information.

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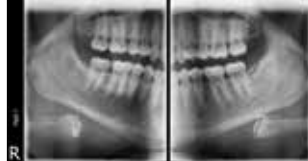
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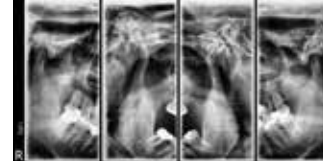
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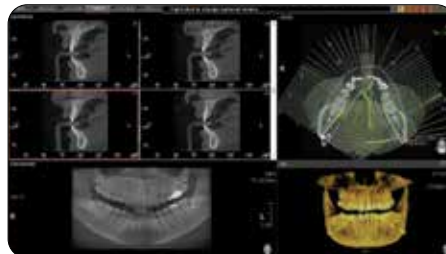
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Riding Out the Storm

I wrote this column by candlelight. I was supposed to be sipping wine in Napa Valley at the DTA Annual Meeting, but Hurricane Sandy had other things planned. She charged straight up the East Coast, turned left at Atlantic City, and headed straight for my town. We watched in horror as several 50-foot oak trees crashed in our backyard, just hoping they wouldn't hit the house we were standing in. Our roof was hammered by powerful winds, and rain dripped into our home through our ceiling. The kids' trampoline and play set were destroyed. To top it off no power for four days, which also meant no toilets – our sewage grinder runs on power. Stores were stripped bare of generators, batteries and water. Streets were impassable.

Here in Southeastern Pennsylvania, hurricanes of this magnitude just don't happen. They say it was a once in a lifetime storm. Let's hope so.

I've been through hurricanes before, but nothing as strong and personal. The winds that howled for almost 12 hours were frightening. While listening to an old radio in the dark, uncertain what disaster would befall us next, I learned that Manhattan, Staten Island, as well as the majority of New Jersey were impacted severely by Sandy. Far worse than what we experienced.

I mention this for several reasons.

Thankfulness. This is the season to be thankful. I am thankful that we are safe. Thankful everything can be fixed or replaced. Thankful for community support. Thankful to be in the dental industry. What? Why?

The dental community. When I say community, I am not talking about my local community, although we all are trying to help each other. I am touched by the sheer number of emails, texts and phone calls I received from people in the dental industry during and after Sandy. These are not just people that I do business with or co-workers. These dental industry people are my friends. I continue to come back to this theme in the dental community. Whether it's dealer reps working with manufacturer reps, or marketing and sales teams collaborating together (and yes sometimes they do), I see strong friendships that go well beyond the 9-5 of working in the dental industry. Even competitors in this industry are friendly.

Dentists, dental companies, and many others will need our help and support after this hurricane. I remember the tornadoes that tore through the Midwest not too long ago and the wonderful stories of

selflessness in our industry. We will hear more about these types of heroics and community service in the Northeast as people start to recover from Hurricane Sandy.

I am very thankful and happy to be involved in an industry that gives back. The dental industry is just one large family that takes care of its own, and many others. During the upcoming holiday season, take a look at the many wonderful charities that the dental industry is involved in and see how you can become part of one of these wonderful causes.

Say, does anyone need any firewood? I have lots!

Happy Holidays,
Bill Neumann, DSP



Please send me your suggestions, comments or stories to wneumann@msdi.org.



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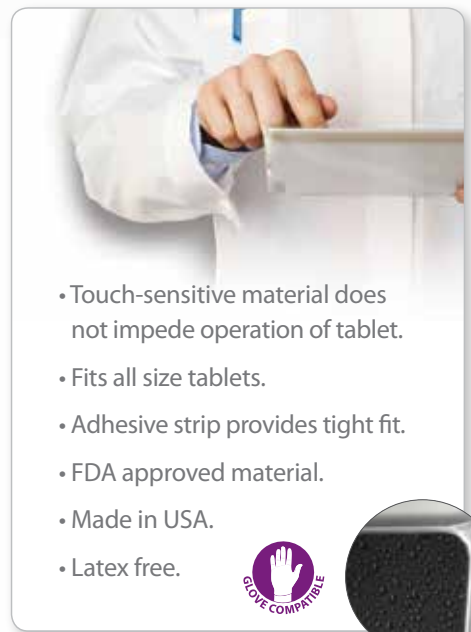
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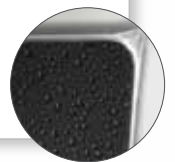
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