

FISH TALES

It was an interesting week to be an orthodontist. Did you ever have a week where you feel like the hits keep on coming? This past week was that one for me. Maybe it's because it's the thick of the summer, and we are at the peak of the busy season before everyone gets preoccupied with school. Maybe it's because I just got back from a trip to Alaska, and had to shift from "fishing pace" to "hair on fire" pace as I worked to get caught up. Or maybe it was because I had a week where I had a strange combination of occurrences that raised my level of concern about the future of our profession.

On Monday, a high-school student who is aspiring to be an orthodontist shadowed me in our office. During her visit, she asked, "Do you think that orthodontics will still be a career in 20 years? My friend's Dad said that I should pick something else because now you can get things in the mail to straighten your teeth and you don't even need an orthodontist?"

On Tuesday, I had a lunch and learn with a company selling a product to dentists that "guides the teeth into the correct position as they erupt, typically eliminating the need for any orthodontic treatment down the road". By the way, you can start using this "magic mouthguard" system as early as age 2. Bonus kicker... it achieves full correction of the problem in 2-12 months.

On Wednesday, I received a call from a dental school classmate and great referral source of mine asking me what I thought about Six Month Smiles, because she is thinking about getting certified for it.

On Thursday, I received a call from an orthodontist, who was dealing with problems from a former patient treated with bicuspid extractions, who was told that the previous orthodontic treatment caused her sleep apnea problems.

On Friday, my husband attended an event and found out that a dentist in a large group practice has "limited his practice to orthodontics now" because the group wants to keep all orthodontics in-house.

Whew. As I thought back over the events of the week, I thought about the common theme that connected all of these events. Now maybe it's because my head is still not completely in the lower 48, but to me, the theme that connected them all could be summed up with one word: *Fish tales*. (Ok, maybe it's technically two words, but you get the point). You see, when you're on a fishing trip, it's amazing to see how the fish that was 24 inches long quickly becomes two-and-a-half-feet, and then he was just a smidge shy of three feet, and on and on...

Fish tales have a few common characteristics: the "facts" are dependent on who is telling the tale, there is no evidence to support the "facts", and the audience is

“wowed” by the tale- usually taking the proverbial “bait” and believing the story despite the lack of evidence.

In looking at the disappointing events of the past week, a few fish tales surfaced:

Fish tale #1- *Orthodontics is a commodity, and the training, expertise, and experience of an orthodontist doesn't really matter.* The public has been led to believe that you can simply “buy” orthodontics, like you buy furniture or anything else. In other words, it's the product, not the people, that get your teeth straight.

Fish tale #2- *If you aren't busy enough in your dental practice, it's ok to replace that lost income by doing procedures that you have minimal training to do.*

Some dentists have decided that the lack of busyness in their offices provides justification to do procedures that they don't have the training or the experience to do, or in the best-case scenario, they don't have comparable training to a specialist and therefore aren't the best person to perform the procedure. These random acts of ethical infraction persistently erode at the overall reputation of dentists in the public. The tricky part about dentists overstepping their boundaries and misleading the public about their ability to do specialty procedures is that the patient often doesn't have a negative consequence that they can spot. For instance, in medicine, when people overstep their boundaries, more serious and notable consequences, (like permanent disability or even death) can occur. In dentistry, however, the negative consequence is that the patient ends up with a compromised occlusion. Often, patients don't even realize this. Of course over time, this results in more unfavorable wear of the patient's teeth...which ironically benefits...the dentist! Additionally, the dentist would typically be the watchdog for subpar treatment, but it's hard to call yourself out on work that doesn't measure up.

Fish tale #3- *Products, gadgets, and crash courses can make up for formal training in a discipline, and are acceptable because they make you more money.*

I am amazed at the onslaught of products that are sold to dentists to convince them that they can do specialty- caliber orthodontics, periodontics, endodontics, etc. I see sales reps with less and less scientific information to back up the product that they are selling, and an overwhelming amount of information about how the product can make more money for the dentist. The focus is less on how the product could benefit a patient, and more about how it will benefit the practice and the dentist.

MORE THAN EVER, IT'S IMPORTANT TO GET OUR MESSAGE OUT

It is our job as ethical, healthcare professionals to do everything we can to make sure that the public doesn't take the bait. Being a member of organized orthodontics provides you with the resources to accomplish this task, so be sure to take advantage of the many resources that the AAO marketing team has developed to help to you differentiate yourself from the orthodontist down the street. Please do yourself a favor and take an hour to peruse the many resources available on the

AAO website. You will be truly amazed at what you will find. If you are still confused about getting the answers that you need, please don't hesitate to contact the AAO staff. They are competent, knowledgeable professionals whose main mission is to insure your success as an orthodontist.

MORE THAN EVER, IT'S IMPORTANT TO STAY CONNECTED

As the landscape in dentistry gets more and more weird, (and it appears that this absolutely will continue), being a member of organized orthodontics gives you access to information about what your colleagues are experiencing, and how they are choosing to deal with the challenges that our profession faces.

Isolating yourself from the breadth and depth of resources available from the AAO is a mistake, and is not only problematic for individual orthodontists, but for our specialty as a whole. As I discussed in my last article, fragmentation doesn't help our specialty. Strength in numbers is a real truth, especially when faced with outside threats. The gazelle that strays from the pack seems to be the one that gets picked off by the lions in every Discovery Channel episode that I've seen. To put this in fishing terms, the fish that strays from the school ends up on the hook, and eventually on the dinner plate.

ONLY the AAO has the ability to provide solutions to *all* practices, regardless of size, in a manner that is unbiased. This is because the AAO is a member-driven, volunteer-run organization. **Your best interests are the AAO's best interests, because we are one and the same.**

The GLAO is your connection to the AAO. Through our AAO council representatives, concerns from members related to every aspect of our practices are brought together through the network of councils. These councils then do the work of helping to drive the creation of resources, initiating action by the AAO Board to deal with issues, and initiating action from the AAO staff to help solve the problem. Some recent examples of member concerns taken up through the councils to create action include:

- The Council on Governmental Affairs urging the AAO to weigh in on state dental board fights over specialty advertising in Ohio and other states.
- The Council on Communications tasking the AAO marketing director to revamp the public awareness campaign to utilize digital marketing platforms rather than costly print ads.
- The Council on New and Younger Members encouraging the AAO to develop a mentoring program, which began this summer.

While these are just a few of many examples, none of these initiatives would have been brought forward with the same expediency and efficiency if it weren't for the **strong structure of constituencies like the GLAO**, which provide a place where ideas and concerns can easily be transmitted up the chain of command to the council level, where council members (*including your GLAO representatives on each council*) can create the action plan and do the work of researching and ultimately resolving the issue.

When it comes to connecting with your colleagues, there's nothing like attending face-to-face meetings. I'm always amazed to learn valuable information in the lectures, but then learn *equally* valuable information from casual conversations with orthodontic colleagues at meals, between sessions, and in the evenings.

So....a great way to stay connected would be to attend our Annual Session this September in New Orleans! It will take place on September 14-16, at the Roosevelt Hotel in NOLA. It will be a joint meeting between the GLAO, MSO, and SWSO. There will be great speakers, and fun events in the Big Easy!

Please carve out time in your schedule to be there! You can easily register by going to the GLAO website and following the easy links there.

As I close out my year as President of the GLAO, I want to extend my sincere thanks to the hard-working members of our GLAO board, and our exceptional management team of Debbie Nunner and Karla Dunbar. It is truly a delight to work with all of you, and an even greater blessing to have you as friends.

Warmest regards,

Dale Anne Featheringham