Dental Student Mentorship Program
By Dr. Charles Smith

A. Overview of the Mentoring Program
   1. Introduction
   2. Roundtables
      a. Using HealthPark’s training manuals as a resource - Jill Nesbitt, MBA
      b. Relationship to mentor/staff - OSU
      c. Developing your practice philosophy (vision, mission, strategic plan)

B. Leadership
   1. Introduction
   2. Roundtables
      a. Strength Deployment Inventory - Dr. Smith
      b. Teamwork - Jill Nesbitt, MBA
      c. Being a good leader

C. Staff management
   1. Introduction
   2. Roundtables
      a. Hiring, training, rewarding (bonuses, raises) - Dr. Smith
      b. Communication/conflict management (public relations) - Jill Nesbitt, MBA
      c. Staff continuing education - OSU

D. The future of dentistry – 2017
   1. Introduction
   2. Roundtables
      a. Minimally Invasive Dentistry, Evidence-based dentistry, esthetic dentistry - Dr. Sharples
      b. The future - Dr. Smith
      c. Occlusion/TMD/implants/snoring - OSU

E. Continuing education
   1. Introduction
   2. Roundtables
      a. How to stay on top of your CE - Dr. Smith (master in AGD)
      b. Resources - Chicago mid-winter, AGD, Baldrige, AAAHC, ADA
         OSU journals, visit specialists, and state OSHA - Jill Nesbitt, MBA
      c. OSU – The first 3 years CE program for new graduates, AGD – Fellow Track

F. Business of Dentistry
   1. Introduction
   2. Roundtables
      a. Developing a fee schedule, recall system - Dr. Smith
      b. Overhead - Jill Nesbitt, MBA
      c. Banks/patient credit agencies for treatment
G. People who tell you how to practice
   1. Introduction
   2. Roundtables
      a. Dissatisfied patients and peer review – Dr. Smith
      b. Insurance (industry representative) –
      c. State board/Federal/State regulatory agencies (HIPAA, OSHA) – OSDB rep.

H. Organized Dentistry
   1. Introduction
   2. Roundtables
      a. ADA and AGD – representative
      b. ODA – Chris Moore and Component Society – President, Columbus Dental Society
      c. Choosing the right practice situation for you – Dr. Smith

I. The Private Practice Experience Part I
   1. Roundtables
      a. Emergencies - OSU
      b. The new client experience – Dr. Smith
      c. Organizing, scheduling, huddles, etc. a practice day – Jill Nesbitt

J. The Private Practice Experience Part II
   1. Introduction
   2. Roundtables
      a. Choosing and responsibilities of: accountant, lawyer, primary vendors, management consultant – Dr. Smith
      b. Reading your financial report/inventory systems – Jill Nesbitt
      c. Marketing – Jill Nesbitt

K. Community involvement
   1. Introduction
   2. Roundtables
      a. County Health Commissioner/school nurse – Columbus
      b. Getting yourself known
         - Rotary Club/Chamber of Commerce, Medicaid, Nursing Homes
      c. Lifestyle, families – Jill Nesbitt, MBA, mother of two

L. Wrap up – Gary Henschen (management consultant)
   1. Topics – Gary decide
   2. Roundtables
      a. Finding a home after you graduate – Dr. Smith & Jill Nesbitt
      b. Dr. Smith people skills – listening, relationship building, questions us, answers
      c. Private practice – open discussion
#1 - Dean’s Letter Request for Mentors

I have a unique request of you that would require a significant effort on your part. I am very proud of how well the OSU College of Dentistry prepares students to provide technically competent dentistry to the people in Ohio. However, every year with increasing regulations from our state board, OSHA, EPA, HIPAA, and any number of other governmental agencies and regulatory bodies (to say nothing of insurance companies and managed care) it becomes more apparent that we have not prepared our graduating seniors to meet these business challenges. Today, if dentists can’t be successful in the business of dentistry, they won’t be able to provide the best care for their patients.

To help our students improve their understanding of how a dental practice is structured to provide care, I have established a prototype mentoring program. Since you are accomplishing on a daily basis what our students need to learn technically and we practicing dentists don’t have nearly the experience that your combined faculty has. I am turning to you to help your students be successful after graduation.

Dentists in private practice who would be successful mentors would:

1. have a strong desire to “pay back” for the help that they have received in developing themselves professionally.
2. have a good level of skill and experience.
3. have the time and interest to help a student for twelve months.
4. build confidence in a student.
5. have a good sense of humor, high trust and are open to new and various ideas.
6. enjoy helping a student become a confident, successful dentist.
7. strengthen our dental profession in Ohio.
8. help the student develop confidence in their dental skills, their ability to make decisions and the desire to act when appropriate.

This will be a 12 month program. Each month will focus on a specific topic. Your student (one would be assigned based on matching interests) would come to the mentor’s office for one day each month. Over lunch, the mentor would answer the student’s questions, whatever they are, but primarily based on the reading material you would both be given on the topic.

The college should plan a celebration thank-you event with all the participating students and mentors after completion of the program. Their feedback will help us improve the content the following year.

In the first few years of this program, I’m sure we’ll make mistakes, but with good feedback from the mentors and the students, I believe we can develop a unique “Ohio approach” to helping the students.

For Mentors

If you would like to help us with our “Buckeye Approach,” please fill out this questionnaire to provide the students with a profile of your practice by (date). This will insure that you will be paired with a student that wants to learn the style of dentistry that you have developed. Also include your C.V. Thanks for your support.
Applicant Information

Name: __________________________________________ Licensure: __________________

Last   First   MI   State(s)

Academic Background: Undergrad completed _______________ /OSU, Grad Year _____ Major _________________

University

Professional Organization Membership: ☐ OSU Dental Alumni Society ☐ ADA/ODA/Local Association________
☐ AGD  ☐ AAAHC  ☐ AACD  ☐ AADPA  ☐ OADPA  ☐ other: _________________

Practice Information

Practice Name: ______________________________   Phone/FAX: ______________________________

Address: ____________________________________ Email: ______________________________

Travel time to OSU: _________(minutes)

Area: ☐ Metropolitan  ☐Sm. City/Suburb  ☐Rural

Practice Procedures (each dentist = 100%, so 3 dentist group would divide 300% into these categories):
☐Automated endo (___% of procedures)  ☐Lasers (___% of procedures)
☐Implants (___% of procedures)  ☐Orthodontics (___% of procedures)
☐Oral Surgery (___% of procedures)  ☐Pedodontics (___% of procedures)
☐Periodontics (___% of procedures)  ☐TMD (___% of procedures)
☐Prosthodontics (___% of procedures)  ☐Public Health (___% of procedures)
☐Esthetic Dentistry (___% of procedures)  ☐IV/Oral Sedation (___% of procedures)

Use of computers: ☐In operatories  ☐Intraoral camera  ☐CADCAM  ☐Other

# Operatories: __________

Staff: Dentists: ___  Hygienists: ___  Dental Asst.: ___  Expanded Function Dental Asst.: ___
Office Manager: ___  Secretaries ___

If Group practice, please provide names of other dentists: ______________________________________

____________________________________________________________________________________

Percentage of patient population:  Fee for service: ___%  Managed Care: ___%  Welfare: ___%

Mentoring

Circle days you prefer to perform Practice Management Mentoring in your office: M T W R F S
Reasons for applying (check all that apply):
☐Give Back  ☐Share success/knowledge  ☐Reconnect w/University  ☐Make a Difference  ☐Find a partner

Please write a paragraph that describes how you envision your practice, family and community involvement blending together to create your personal preferred lifestyle.

Fax or mail application to: 305 W 12th Avenue, PO Box 182357 Columbus, OH 43218  / Fax 614-247-7228
October 1, 2010

Dear OSU Senior,

Congratulations on choosing one of the finest dental schools in the U.S. I have had the opportunity to work and learn with dentists from all over the U.S. and many other countries. You are being given a solid exposure to most of the basic techniques you will need to practice dentistry in the early years of the 21st century.

That’s not enough.
You know it’s not.

Pharmacists now go 6-7 years and get a Pharm D. Accountants go 5-6 years. I don’t mean to demean these professions, but I believe dentistry is a much more rigorous discipline. You have 4 years and now the clock is running on your last year. Scary? You bet!

You need all the clinic time you can get to polish your technical skills, pass your boards and be comfortable taking your place with us next year as a licensed dentist. However, you know precious little about how to conduct yourself in the practical business side of your profession. For example:

1. How do you decide when and what new technology to purchase for your practice?
2. What is “quality” dentistry and how do you achieve it?
3. How do you build trusting relationships with your vendors?
4. How do you hire, train, and pay staff?

That’s why I’m writing you this letter. As your dean, I have been involved in an extracurricular activity that I believe may help you build your confidence in how to conduct yourself professionally after graduation. As with any first year program, there will be mistakes. If you choose to participate in this initial year program, please give us your feedback on how we can improve next year.

You will fill out a profile and so will all the potential mentoring dentist volunteers. You will have access to all the dentist profiles (pick 5 in order of importance you would like to work with).

This will be a 12 month program. Each month will focus on a specific topic. You will be given a workbook that includes presentations on the entire year’s topics. You will read the month’s topic in
preparation for your visit to your mentor. After this full day visit, you will spend an evening here to discuss the month’s topic and your questions on the topic and your visit with your mentor. You will have access to Dr. Charles Smith’s staff training manuals to serve as a reference on private practice.

Dr. Smith’s manuals aren’t the way for you to practice. They are his way. As you read them you’ll see they aren’t focused on production, the key is quality care and creating value for your patients as the patient defines value.

You are the computer generation. You are used to learning what you want when you want—even from multiple sources simultaneously. Dr. Smith’s manuals are for you. Scroll through literally 1000’s of ideas. Pick and choose.

These manuals are a reference that will answer many questions as you become involved in the mentoring program and prepare to make the big choices about your professional future.

You can access his manuals at ___________________

All the best to you.

At the end of the 12 month session, we will have a celebration dinner to thank out mentors and for everyone to meet each other. Hopefully, your relationship with your mentor and others you meet will become resources for you for the first few years in your practice.

Please let ________ know by _________ if you would like to participate.

Sincerely,

(Dean)
Alumni Mentoring Program Application

Student Information

Name: ___________________________________ Hometown: _______________________

Last First MI City/ State

Academic Background: Undergrad completed @ __________________ Expected Grad Year ______

University

Learning Preference (please rank in order of interest with 1 being most preferred, 9 the least):

_ IV anesthesia _ Automated endodontics _ General Dentistry _ Esthetic Dentistry _ TMD
_ Orthodontics _ Lasers _ Pediatric Dentistry _ Prosthodontics/implants _ Other____

After graduation, my plans are (check all that you are considering):

☐ Group Practice ☐ Individual Practice ☐ Military Service ☐ PostGrad Training ☐ Public Health
☐ Research ☐ Academia ☐ Undecided ☐ Other: ________________________________

Practice Information (check all that you would consider):

I prefer a Mentor who is in GROUP / INDIVIDUAL / ACADEMIA / RESEARCH

Type of area desired: ☐ Metropolitan ☐ Sm. City/Suburb ☐ Rural

(Check all interests)

Staff I would like to observe: Hygienists ___ Dental Asst. ___ EFDA___ Office Manager___ Labtech___

size of staff: 1-3 3-5 5-8 8+

Please indicate your preference on seeing these procedures from #1-most interested to #13-least interested.

_ Automated endo _ Lasers _ Implants _ Orthodontics
_ Oral Surgery _ Pedodontics _ Periodontics _ TMD
_ Prosthodontics _ Public Health _ Esthetic Dentistry _ IV/oral Sedation

Interest in computers: _ in operatories _ digital x-rays _ CADCAM

Interest in practice with maximum % of these types of compensation: _ % welfare _ % managed care _ % fee for service

Maximum driving distance from OSU that you would consider: ___ doesn’t matter ___ minutes

Please write a paragraph describing why you chose dentistry and what you hope your life (professionally, personally, community involvement, etc.) will look like ideally as you practice in the future.
Observation for Mentors and Students

WHEREAS Mentor is responsible to provide dental services to patients and believes he/she can complement and enrich the professional experiences of visiting students.

Now, therefore, I, as someone with an interest in dentistry, understand, accept, and agree to adhere to the following:

1. Mentor:
   a. Will be responsible for providing dental health information to said student.
   b. Is an equal opportunity provider and does not and will not discriminate against anyone because of race, color, creed, sex, age or national origin.
   c. Will assign a liaison representative to the student.

2. Student Responsibilities
   a. Mentor requires student to sign an agreement to include the following:
      i. Wear professional attire if available.
      ii. Be responsible for compliance with all mentor’s office policies.
      iii. To keep confidential and not disclose any patient medical/dental information
      iv. Subject to the provisions of all applicable laws regarding privacy and confidentiality, including but not limited to HIPPA and state confidentiality laws.
      v. To keep confidential and not disclose any information that may be obtained by student or to which the student may be exposed while at mentor’s office. Confidential information includes but is not limited to patient lists and patient information, financial information and practice policies and procedures of the business.
      vi. Avoid being alone with a patient.

3. Mutual Responsibilities - The rules and regulations of Mentor’s office shall be applicable to the visitor.

4. Termination: This agreement may be terminated at any time by either party with notice in writing to the other party and the OSU College of Dentistry.

5. General Provisions:
   a. It is understood and agreed that the parties hereto may revise or modify this agreement by written amendments whenever mutually agreed upon, including agreement by the OSU College of Dentistry.
   b. The term of the agreement shall be one week for the student’s senior year.

Name: ___________________________________________ Title: ___________________________________________

Student Name (print): __________________________________________ Address: __________________________________________

Signature: ___________________________________________ Date: __________________________________________

Mentor: ___________________________________________

Contact (if other than mentor): __________________________________________

Signature: ___________________________________________ Other contact: __________________________________________

Date: ___________________________________________