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FROM THE PRESIDENT
Ann Marie Gothard
3

FEATURED ARTICLE
Dentists in Film Part III
10

It's not Easy, It's not Minor, and It's not Simple

Daniel L. Orr II, DDS, MS, PhD, JD, MD

Several recent occurrences prompt me to cautiously wag my journalistic finger again.

1. The reading of a submitted work for a peer-reviewed dental journal was not gratifying secondary to the authors' repeated use of an "easy" technique in relation to a dental procedure. I recommended a significant reworking of the paper (there were other issues too) rather than "reject."
2. Peripheral to being the Director of Oral and Maxillofacial Surgery (OMS) at the University of Nevada Las Vegas (UNLV) School of Dental Medicine (SDM), I was asked to evaluate a new textbook titled in part: "Manual of Minor Oral Surgery..." for use at the SDM. The title, combined with the chapter on common complications, seemed to be a classic non sequitur. "Minor Surgery" was not circumspectly defined, and never is, because that is an impossible task. Even when a specific procedure is dubbed "minor," the requirements for inclusion in that class are again, in my experience, never iterated. The publisher was advised that the SDM would not consider using the text at least until the title was changed.
3. Not infrequently, SDM students would request permission to perform a 'simple' extraction. The student would then be asked a series of questions beginning with, "Who said it was simple?" "Why didn't that dentist just complete the 'simple' procedure?" There were a few other query options, but ultimately the final comment was: "Please provide the code for 'Simple Extraction.'" Of course, there isn't one.
4. I was asked to help defend a dentist whose patient developed a years-long unresolved paresthesia secondary to an alleged "simple" procedure, as documented in the defendant's preoperative notes. It didn't help that his advertising uses simple and similar descriptors to describe nearly everything he does. (i.e., "We make it simple for you.") I recommended settlement as soon as possible because of the injudicious minimization of the doctoral-level expertise dentistry requires in part. A trial would have been humiliating for the defendant and the profession.

These are but a few examples of how dentists often unnecessarily sell themselves short. Avoidance of such unfitting conduct is something I had to learn myself early on in my professional career, not in dental school or residency, but from my Mom.

Thank heavens for Mom, who never wagged her finger at me and who time and again earned my respect with her loving and judicious advice. She also agreed to help me get my practice started for a "few weeks," and ended up staying for decades. To be sure, a serious argument can be made for having one's Mom manage a practice. Mom understood I needed all the help I could get. However, with regard to the subject at hand, what Mom taught me is something particularly valuable, something that will literally benefit all health professionals.

Most all of our Moms observed closely what we went through to become dentists, starting with the high school and undergraduate efforts made to successfully secure a coveted place in dental school, which then had to be carefully

navigated. Ditto for any internship or residency training. Moms know that the entire process of preparing to do what we do for our patients can consume a decade or more. After all that training, going into significant debt to pay for the education, and consciously sacrificing the "good life" to study while most in our age bracket weren't sacrificing or studying anything, it was logical for us to feel pretty good about being competent at artfully resolving many difficult dental issues for our patients. In fact, patients will often validate our self-confidence, at times saying something like: "You're done?" or "That was easy," after a procedure is completed. Somehow, in some dentists' minds, what had once been very difficult when first studied morphs to "easy" after a time. It is not surprising that some doctors might even begin to advise patients that the former daunting tasks would then become "easy," "minor," "simple," or something similar.

Leta M. Orr, 1926–2010.

After injudiciously opining to another patient that some procedure was "easy," "simple," "minor," etc., my own valued and respected office manager/Mom gave me "the look," signifying we needed to chat. Well, even if one is a doctor and Mom isn't, she is still Mom. Mine demonstrated not only love, but also that her brain would often run circles around mine, especially in the wisdom category.

Mom's invaluable pearl was that health professionals should never diminish what they can safely, successfully, and predictably do after years, years, and more years of study, training, sacrifice, and practice. If what we do was that"easy," "minor," or "simple," it wouldn't require decades to begin to master. That Mom was right has been manifest throughout the years on several levels.

Further, what good does it do to correct the comments of appreciative patients who feel their doctor has done something heroic with: "Oh, it was easy?" Much better to say something like: "We're fortunate that worked out as planned."

Plus, which cases turn out to be the most clinically, psychologically, or legally problematic? Aren't they often the ones that are seemingly straightforward situations previously completed without incident hundreds or thousands of times? What plaintiff attorney wouldn't love to have a doctor describe something as "simple" right before everything falls apart? Doctors would have to look long and hard to find an "easy," "minor," or "simple" procedure that hasn't resulted in patient damage or a lawsuit somewhere along the line.

Defining "simple," both an adjective and a noun, is not a straightforward task.[1] Some of the descriptors include: "stupid," "naive," and "credulous." However, "without complication" is most appropriate here and seems to rule out everything in clinical dentistry.

And, by the way, please don't compromise a colleague's efforts by advising patients, for instance during second opinions, that something will be or should have been "simple" for your fellow doctor to complete. Such nasty innuendo is almost always part of the genesis of health professional tort litigation.[2]

Dentists who find it is just too difficult to control their self-deprecation by continuing to denigrate years and years of sacrifice, study, and practice by dubbing their efforts "minor" are themselves in part to blame for providing fodder for the current politically correct low-level[3] dental provider paradigms being foisted upon our patients. After all, if it's so simple, who needs a dentist? Call DentalZoom, and schedule with a low-level provider. [4]

Lastly, consider a quote from another non-doctor, college, and NBA Hall of Fame basketball player Bill Walton. His career-ending "minor" stress fracture did not respond to the usually predictable treatment. So, at age 37, Mr. Walton, who was subsequently confined to a wheelchair, wisely advised: "Minor surgery? That's when they do it on someone else."

Thanks again Mom.

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Celebrating Women Who Tell Our Stories

Ann Marie Gothard, AADEJ President

In 1987, the United States Congress declared March as Women's History Month, which grew out of a week-long celebration of women's contributions to culture, history, and society. The National Women's History Alliance,[1] who is credited with the establishment of National Women's History Month, designates a yearly theme. This year's theme is "Celebrating Women Who Tell Our Stories" and offers tribute to women who have been active in all forms of media and storytelling including print, radio, TV, stage, screen, blogs, podcasts, news, and social media.

It's only fitting that as President of the AADEJ, we honor women in dentistry, especially, the women editors and journalists who have brought exceptional credit to their society, dental journalism, the dental profession, and organized dentistry in general through the production of high-quality publications and superior leadership and example. As we celebrate Women's History Month, we are also reminded of the achievements of the many women who paved the way for women's rights, broke barriers as the "first," and opened the door for future leaders.

In 1866, Lucy Hobbs Taylor became the first woman to earn a degree in dentistry.[2] In the United States, Emeline Roberts Jones is recognized as the first practicing female dentist. According to the Connecticut Women's Hall of Fame, she taught herself—in secret—basic fillings and extractions and in 1855 joined her husband's dental practice. After his passing, she continued to practice on her own. She was elected to the Connecticut State Dental Society in 1883 and was made an honorary member of the National Dental Association in 1914.[3]

What's so encouraging—more women are getting their degrees in dentistry at higher rates. According to ADA Health Policy Institute, "Women made up 56% of first-year dental students in 2021—the highest rate ever."[4] More and more, women are assuming leadership roles in dental education and professional associations, including the AADEJ and the premier dental journals and magazines published by state and component dental societies.

I'm honored to follow in the footsteps of Dr. Grace Rogers Spalding, the first woman President of the AADEJ who served from 1941–1942 and the first editor of the *Journal of Periodontology* from 1933 to 1949.[5] Since then, 12 more women have held the esteemed position of President in the AADEJ's 92-year history. In addition, women account for nearly 27% of dental editors of state dental societies, according to records maintained by the ADA, and there are even more at the component level and commercial publications. Despite the progress that's been made, there is undeniably more work to be done.

This Women's History Month, and throughout the year, let's recognize the strong and inspirational women of dentistry and reaffirm our commitment to celebrating their success and the tremendous contributions they make to the growth of profession.

Please take a moment to thank the women who have inspired you and whose groundbreaking work is making a difference.

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AADEJ's "State of the State" for 2023

Denise Maihofer, AADEJ Secretary-Treasurer and Interim Executive Director

Welcome to our first publication of the year. Our board began the year with very ambitious plans as we head in new directions in 2023. We are on course and, in some cases, ahead of schedule. We are finalizing plans on our first webinar for March 28, where we will walk participants through the ADA's new digital archiving project which was passed, approved, and funded at the 2022 ADA Annual Session. This webinar will explain the logistics, publication platform, file preparations, search capabilities and much more for this exciting new archive for state and component dental journals. We're hoping this webinar is a "must attend event" for all state and component editors who want their publications archived and searchable. AADEJ is proud to be able to partner with the ADA in this new educational initiative.

Our planning is already underway for another type of educational webinar in July. If any of our members have topics they would like to see covered in a future webinar/seminar, feel free to reach out to us with your suggestions. We are always open to the needs of our members. Our program committee has also begun work on our annual AADEJ Editor's Program during the 2023 ADA Annual Session in Orlando. Our speaker line-up for the two-day program is forming, and we'll be making announcements concerning this in June. Mark your calendars for October 4–5, 2023, and plan to attend the AADEJ 2-Day Editors Program. As we build our speaker line-up, we'd appreciate any recommendations of speakers that could benefit the program. Send any suggestions or recommendations to denise.aadej@gmail.com.

A "Members Only" section on our website is being created and should launch later this year. We are working on the logistics and information that will be made available. Our LinkedIn site continues to grow followers, and we have begun a conversation about starting a Facebook page which we hope to launch this year as well. Our hope is to at least double our online presence in 2023.

Our membership committee plans to grow our numbers this year by at least 50%! They will be launching a campaign to introduce our association to many who are not aware of AADEJ and what we have to offer dental or dental-related editors and journalists throughout the U.S. Our board is very proud of what we offer members and would love to share it with as many as possible!

Speaking of our board, we currently boast a very talented board with a wide range of backgrounds and expertise. You might familiarize yourself with the AADEJ board by visiting our website and checking out the bios. It now includes a global corporate VP, two award-winning dental editors, a director of marketing and communications, a dentist-attorney, editor/sea captain and a graphic designer. And that's just their day jobs! They all share additional involvements covering a wide range of areas. It's those types of varied backgrounds that grace our "Zoom Board Table" each month and additionally enhance our membership, program, and website committees. Of course, we are always looking for additional members to join any of these committees. If you would like to become more familiar with how the AADEJ works or are interested in getting involved with this great group of individuals, let us know. Besides being fulfilling and informative, it's actually fun!

There you have it—the State of the State of AADEJ. We're looking forward to a great year ahead and hope to share it with all of you and many more by the end of the year. Until then, keep writing, keep imagining, and keep the communication going!

"From the Horse's Mouth"—Guidelines for Quotation Marks

Mali Schantz-Feld, MA, CDE

Years ago, as a budding writer seeking the wisdom of the ages, one of my favorite pastimes was leafing through Bartlett's *Familiar Quotations*. In 1855, John Bartlett debuted the first edition—258 pages of quotes in a single column format. The goal of his compendium of quotes was "to show, to some extent, the obligations our language owes to various authors for numerous phrases and familiar quotations which have become 'household words.'" And even more important, he prided himself in getting the quotes right. In his preface to the first edition, he noted, "Though perhaps imperfect in some respects, it is believed to possess the merit of accuracy, as the quotations have been taken from the original sources."[1] Even Winston Churchill praised *Bartlett's Familiar Quotations* calling it "an admirable work." He added that the quotations made the reader, "anxious to read the authors and look for more."[2] According to the publisher, Little, Brown and Company, the original book mainly featured selections from the Bible, Shakespeare, and the great English poets. The book has withstood the test of time. The 19th edition, published in 2022, includes 1,504 pages and more than 20,000 quotes from both classical and contemporary sources. The publisher notes, "Bartlett's showcases the thoughts not only of renowned figures from the arts, literature, politics, science, sports, and business, but also of otherwise unknown individuals whose thought-provoking ideas have moved, unsettled, or inspired readers and listeners throughout the ages."[3]

Editors and writers relish when interviewees provide thought-provoking, insightful quotes. From shorthand to recording, we strive to capture the speaker's voice and quote accurately. Quotation marks indicate that the words you are writing are coming directly from the speaker. Here are some basic guidelines on when and where to use them.

A speaker's exact words—These are called direct quotations, and they should be surrounded by open-quote marks and close-quote marks.

"I kept always two books in my pocket, one to read, one to write in."-Robert Louis Stevenson

(Side note: If your exact quote has a misspelled word in it, and you are not able to paraphrase, use the word *[sic]* in italics after the word to show that the misspelling was in the original document and not your fault!)

Conversation or dialogue—If there is a dialogue between two or more people, start each quote as a different paragraph, and use open and close quotes after each quote.

"If that plane leaves the ground, and you're not with him, you're going to regret it. Maybe not today, maybe not tomorrow, but soon, and for the rest of your life."

"But what about us?"

"We'll always have Paris."

(Dialogue between Humphrey Bogart and Ingrid Bergman in the movie Casablanca)

Ironic speech—In a sentence, if you are using words in an ironic sense or as a pun, surround the words with quotation marks.

Why did the Queen go to the dentist? To get a new "crown."

Unfamiliar terms—If you use a term that may be unfamiliar to your audience, if you are defining a term, or using slang, surround it with quotation marks on the first reference but not thereafter.

When placing implants, "sticky bone" is made by collecting the patient's whole blood in a glass test tube and spinning it for 3 to 4 minutes to allow the components to

If your exact quote has a misspelled word in it, and you are not able to paraphrase, use the word [sic] in italics after the word to show that the misspelling was in the original document and not your fault

separate but not fully clot. (Thanks to Drs. Arun Garg and Gustavo Mugnolo)

Longer quotations—If the quote takes up a full paragraph and then continues on to the next paragraph, put open-quote marks at the beginning of the first paragraph and at the beginning of the second paragraph, but do not put close quotes at the end of the first paragraph. Continue this for as many paragraphs as necessary, and use the end-quote marks at the end of the whole quoted section.

When not to use quotation marks:

Unimportant or unnecessary fragments of a quote—Paraphrase if the words don't carry any extra meaning because of the exact quote.

Words that were not actually part of the quote—If a partial quote is used, then put quotation marks around the words that were actually spoken but not around the paraphrased words.

In a question-and-answer format—If the reader is made aware that the article is in a question-and-answer (Q&A) format, you do not need to enclose each section in quotation marks.

Quotation marks within a quote?

If your quote contains an unfamiliar term, ironic speech, or quote within a quote, start the first quote with double open-quote marks, and then surround the inner quote with a single open-quote mark. While it may seem awkward to have three marks at the end of the sentence, if all the quotes end at the same time, it is fine to use the two-close quote marks and the single close-quote mark together.

In his speech, the editor said, "I live by the philosophy of Ralph Waldo Emerson, who said, 'Whoso would be a man, must be a non-conformist.'"

Where do quote marks go in relation to other punctuation?

Whether the clause appears before or after the quote, use a comma to identify the speaker.

She said, *"Remember that March 28 is the date for the AADEJ webinar!"*

"It is scheduled at 7 p.m. Eastern time," he added.

If the quote is a question, don't put a comma after the question mark for the phrase that identifies the speaker. If your quote ends with a question mark, don't put a period after the close-quote marks.

"Is there any cost for the AADEJ webinar in March?" he asked. She responded, *"It is free for all state and component journal editors."*

The period or the comma always is placed before the end-quote marks (within the quotation marks).

If you use an exclamation point, dash, semi-colon, colon, or question mark, they go within the quote if they pertain to the quoted words. They go outside when they apply to the whole sentence. (Some stylebooks indicate that semi-colons and colons always go outside of quotation marks, so check with your stylebook to confirm the accepted form.)

When adding a **figure number**, close the quote and then place the period after the figure number since it is not a part of the quotation.

The article said, "*Data from a CBCT scan allows the clinician to properly assess, diagnose, and determine the best course of treatment" (Figure 1).*

Superscript reference or citation numbers in the text are placed **after** quotation marks, commas, or periods. However, they are placed **before** semi-colons and colons.

The AADEJ website notes, "On April 8, 2021, the Board of Regents of the American College of Dentists voted to integrate the American Association of Dental Editors and Journalists as a non-geographic section of the College."[1]

If you edit articles from United Kingdom-based writers, you may notice that as a general rule, people from "across the pond" use single quotes for the main quote and

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double quotes within the quote. However, using double quote is becoming more common.[4]

Plug in that microphone or push that record button, and use your quotes wisely and widely. Hopefully, one day, your own quote will be used in a dental publication, recorded in the annals of history, or included in a future edition of *Bartlett's*.

As British Statesman Benjamin Disraeli so aptly noted, "The wisdom of the wise, and the experience of ages, may be preserved by quotation."

(Guidelines mainly from Associated Press Stylebook and American Medical Association (AMA) Manual of Style.)

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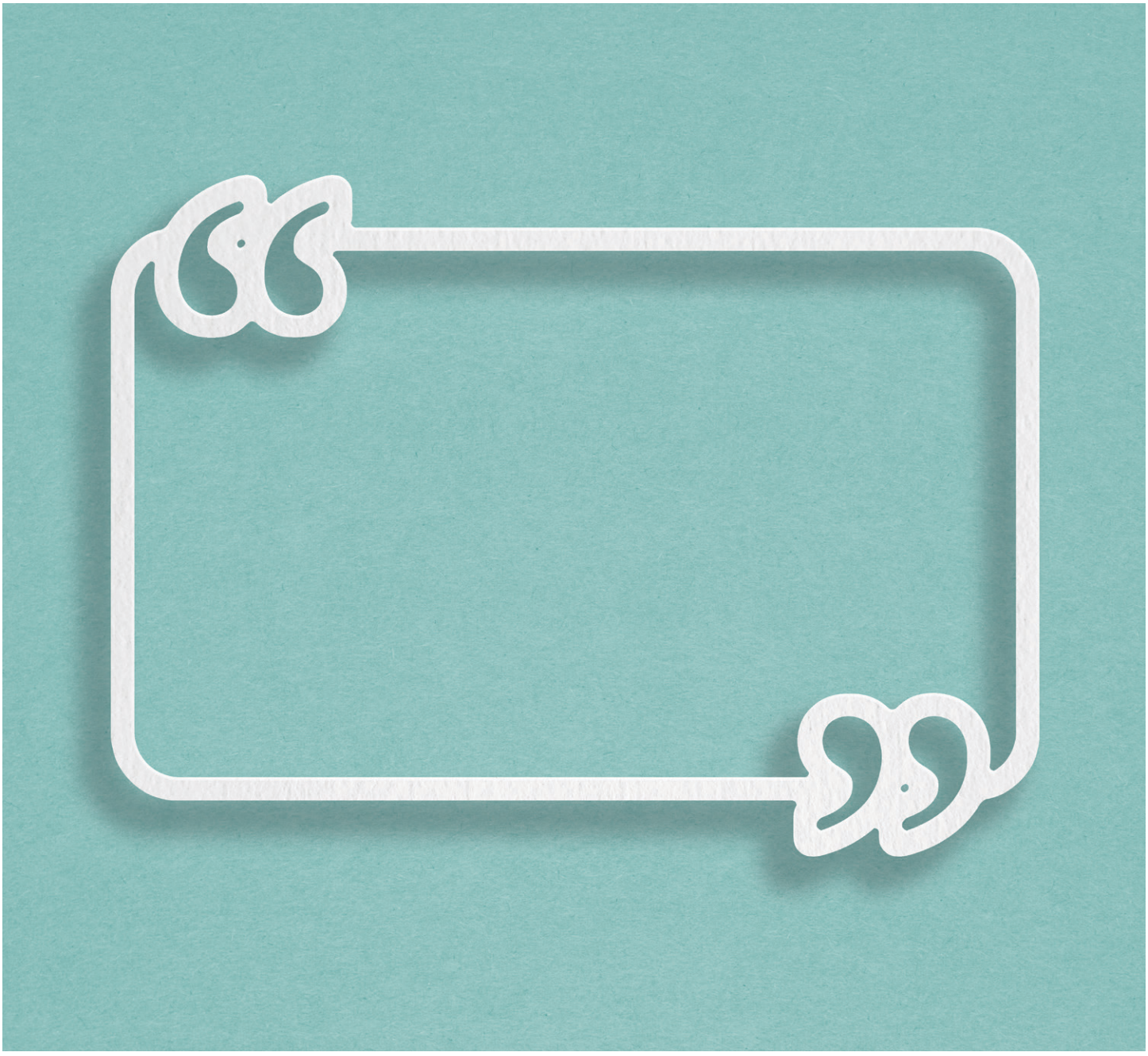

Greater New York Dental Meeting and AADEJ Boast Year #2

Denise Maihofer, AADEJ Secretary-Treasurer and Interim Executive Director

Left to right: Speaker Jaci Clement, AADEJ Secretary/Treasurer Denise Maihofer, AADEJ Immediate Past-President Dr. Stuart Segelnick, Speaker Adam Marcus, and Speaker Dr. Jaffer Shariff.

It was an unseasonably warm morning in New York as participants made their way to the Greater New York Dental Meeting (GNYDM) on November 28, 2022. AADEJ was invited to sponsor it's second seminar series during the GNYDM! This unique collaboration was initiated in 2021 by AADEJ's then vice-president, Dr. Stuart Segelnick, an active volunteer at the GNYDM, as well as editor of the Second District Dental Society of New York, which is one of the sponsoring societies of the GNYDM. This year's AADEJ seminar series, "Misinformation and Disinformation inCommunication" was a very timely topic, and was well received!

Three distinguished speakers presented an up-to-date and realistic view of what is going on in the media world including the misinformation and disinformation that has to be sifted through on a daily basis. The lecture series began with Jaffer A. Shariff, DDS, MPH, MS, Professor and Chair, NYU College of Dentistry, and Co-Director, WHO Collaborating Center for Quality-Improvement Evidence-Based Dentistry (QED), Epidemiology and Health Promotion.

He spoke from the perspective of evidence-based dentistry and how this dilemma is affecting dental research, what they look for in articles, and what they are finding along the way. He shed new light on this area and how it is evolving in our rapidly changing age of digital media.

Jaci Clement, Chief Executive Officer and Executive Director of the Fair Media Council, spoke on the trials of keeping public media honest including, fact-checking, educating the consumer and all the accompanying challenges.

The program was wrapped up by Adam Marcus, Co-founder of Retraction Watch and the Center for Scientific Integrity, and Editorial Director of Medscape. He spoke candidly about the world of retracted articles, how difficult it is to keep track of and find everything that needs to be addressed, and then how it is made accessible to the public or researchers. It was an eye-opening look at the efforts being made to find, and hold accountable, those who spread misinformation or disinformation among the scientific community.

AADEJ would like to thank all of the speakers who donated their time and shared their knowledge and helpful information on these issues! Thanks to the Greater New York Dental Meeting for allowing us to offer a seminar again in 2022. As of this writing, AADEJ has been welcomed back to the GNYDM in 2023, so look for further details this summer on our next sponsored event in New York City! The AADEJ board continues to offer relevant topics for the dental editing community in their webinars, 2-Day Editor's Seminar (this year in Orlando) as well as our publications, and email newsletters.

AADEJ
American Association of Dental Editors & Journalists

NOTICE TO ALL EDITORS

Award Season is Approaching!

Don't miss the deadline for Award Submissions!

AADEJ Awards Deadline: June 9, 2023 *(visit* **aadej.org/awards** *for details)*

ICD Awards Deadline: April 15, 2023 *(visit* **ICD.org** *for details)*

ICD International College of Dentists

ADA American Dental Association®

ADEAGIES FOUNDATION

The AADEJ is honored to partner with the ADA Council on Communications, the USA Section of the International College of Dentists, and the William J. Gies Foundation for the Advancement of Dentistry of the American Dental Education Association, to present awards to dental editors who have exemplified the highest standard of editorial direction, leadership, and service to their society or association, dental journalism, and the dental profession. The Association's Awards program reinforces the vital role dental editors play in providing accurate and reliable insights that help advance the dental profession and health of the public.

Distinguished Dental Editor Award

This award recognizes editors who have brought exceptional credit to their society, dental journalism, the dental profession, the ADA and organized dentistry in general through the production of high-quality publications and superior leadership and example.

Dental Editor Service Award

This award recognizes continuous service as an editor of a tripartite constituent and/or component publication, including fulfillment of all appropriate responsibilities and duties in five-year increments (beginning with the 10th year) as of the date of hire. Editors marking their 10-, 15-, or 20- (or more) year anniversary this year would qualify.

William J. Gies Editorial Award

Since 1958 the William J. Gies Editorial Award has been presented yearly to the author of the most valuable editorial published in a dental journal or periodical. Recognizing the ADEAGies Editorial Award winner has been the joint privilege of the American Association of Dental Editors and Journalists (AADEJ) and the William J. Gies Foundation for the Advancement of Dentistry (ADEAGies Foundation).

International College of Dentists Awards

For a complete list and specifications for the ICD Journalism awards please visit **icd.org > USA Section > Website> Awards** to get information, forms, and specifics for those awards.

Dentists in Film, Part III

Laura Clark Stedman, AADEJ Former Executive Director

Two years ago, *New York* magazine featured a piece in its "The Cut" section, in which the author tried to determine whether her hypothesis that dentists hate their patients has any basis in reality.[1] Following interviews with various dentists, psychologists, and academics, she came to a somewhat tepid conclusion that perceived hostility is merely a projected defense mechanism on the part of patients who feel guilty for not having done all that they should to maintain optimal oral health. Further, she posited that dentists, by nature, are problem solvers, so when they are explaining a procedure in a matter-of-fact way, without smiling, they are not dispensing judgement. It just feels that way.

Perhaps that is why some modern filmmakers have cinematically weaponized their own anxieties by giving viewers dentists whose flaws are played, at best, for laughs, and at worst, as parables on some of the deadly sins. Drugs play an intrinsic part of the plots of Steve Martin's *Novocaine* and Martin Short's *Inherent Vice*, although in the former, illegal prescribing becomes a conduit to an idyllic life in a French villa. Lust is on evident display in the libidinous behavior of gold-chained, hairy-chested Joe Mantegna in *Compromising Positions* (and look what happened to his character?) and, more recently, in the outrageously abusive antics of doctor-employer Jennifer Aniston as one of the title *Horrible Bosses*. Vanity is an underlining theme in the little-seen *Thumbsucker*, whose protagonist is a teen with an oral fixation deemed inappropriate by his parents.

To be sure, there are a few exceptions to the cinematic rule of stereotyping dentists. Ricky Gervais' character in *Ghost Town* is the only person in town who can communicate with the dead, which sounds kind of weird, but is oddly engaging. In *Eversmile, New Jersey*, Daniel Day Lewis plays an itinerant Irish dentist giving out free care to the people of Patagonia, under the guise of altruism, only to find that nothing in life is free. I'd be remiss if I omitted Walter Matthau's dentist in 1968's *Cactus Flower*. Sure, he's carrying on with a woman young enough to be his daughter, and he's plying her with lies about a nonexistent wife and family, but he's a man at the cusp of impending old age and all that it implies, and so he's relatable. Similarly, I would argue that John Schuck's Painless Pole in *M*A*S*H* is highly sympathetic; he's questioning his sexuality while living in a war zone. (Note: I recently discovered the English comedy-drama *Two Men Who Went to War*, the premise of which is two members of the dental corps during WWII decide to do a two-man invasion of occupied France, but I have yet to view this. Get this: it's based on a true story.)

It's strange that in 2022, with dentistry at its most cutting edge, a leader in infection control and innovation, stereotypes such as those played out by Charlie Chaplin and Don Knotts don't just exist, they persist. Some of this can undoubtedly be traced to our grandparents' (or, depending on your age, parents') experiences with dental care, back when seeing a practitioner regularly wasn't a "given." Then, too, because of the fear found within the collective psyche of many, the media loves lurid true-life tales of dentists run amok, trolling unsuspecting victims at Medicaid mills. As we know, such tales are by far the rare exception to the rule, as dentistry is highly regulated and bound by a strict code of ethics. Will we ever see a cinematic depiction of an intrepid dentist named Sherlock Holmes, James Bond, or Lara Croft? The script doctor will see you now.

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Walter Matthau, Ingrid Bergman, *Cactus Flower*, 1968

Daniel Day Lewis, *Eversmile, New Jersey*, 1990

Steve Martin, *Novocaine*, 2000

Jennifer Aniston, *Horrible Bosses*, 2011

Front Office's Guide to Having a Dental Practice Video Filmed For Your Practice

Jeremy Tuber. Vice President. AADEJ

So, your dentist(s) has decided they'd like to have a promotional video filmed for the practice. Great, right? Well, oftentimes the communication and coordination responsibilities on putting the video shoot together fall directly onto the front office staff. Maybe that's the position you find yourself in and you're not certain how to manage it all.

If you've not worked with a video production professional or company before, it can be a little nebulous and perhaps even a little intimidating. However, with a little insider information, you can make the process easy for your team, your dentist(s), and any patients you might have come in and participate.

Covering all aspects of working with a video crew is beyond the scope of this condensed article. However, one of the first questions from the front office staff has been, "Who should we include in the video?" The answer isn't as obvious as you might expect. The answer is, "Whomever you select, choose wisely."

TEAM MEMBERS

If you have team members who are beyond just being a little camera shy—they're either terrified or ticked off about being on camera, don't force them. Adept videographers can do a lot to make people look and sound their best. However, there's very little they can do to hide if someone is self-conscious or annoyed about being on camera. Choose team members who genuinely want to represent the practice in the video. If you have a larger office, it might not be necessary to include everyone in the video. In fact, trying to ensure that everyone gets into the video might be counterproductive and time-consuming.

Special note about team members in the video: An additional question the front office routinely asks is, "What happens if we had a video filmed but one or more dental team members are no longer with the practice?"

It depends on their role in the video. For dental team members who are just featured in some of the non-speaking/action footage part of the video, (also called "bRoll" by video professionals), it's not a big deal. However, if you had the team members being interviewed on camera, you might need or want to remove them if they leave the practice. Therefore, be wary about asking the dental team to speak on camera. Most dental practices typically just have the dentist(s) speaking on camera—on a rare occasion a long-time office manager.

PATIENTS OR "PATIENT STAND-INS"

If you're interested in having actual patients come in and help out with the video (either providing a video testimonial or just being in some of the bRoll), choose wisely.

Choose patients who are comfortable on camera, who love your practice, and who have the time to come in for an hour or so and participate. If you're asking patients to provide a video testimonial, it may feel like an unnecessary step, but consider initially asking them, "What do you enjoy about the practice? What might you share about this practice on camera?" Your goal in asking them this question is to learn ahead of time what they'll say on camera and to get them to start thinking about what they'll say.

All too often, well-intentioned patients blurt things out on camera like, "I love this practice because they are so cheap," or "Dr. Smith is great because I can call them on their mobile phone over the weekend and they respond!" Yikes, both statements might be true, but they should be kept on the DL and not included

in the final edit of the video. Of course, statements like this can be easily edited out, but you want to ensure you don't invest time in having a patient provide a testimonial that is bland, flat, or even one you can't use.

Gently suggest to patients offering a testimonial that they do a little thinking about what they'll say before the cameras start rolling—maybe even practice what they'll say in front of a mirror or a friend/family member just a little bit. Patients, dentists, and just about everyone who hasn't been on camera before assuming that they can just "wing it." And in truth, some can. However, for most of us, doing a little preparation and visualizing what we're going to say ahead of time will help tremendously.

You don't need to give patients the third degree about what they'll say on camera—let it come from their heart but guiding them a little and helping to clarify what they'll say might make a mediocre video testimonial a great one. Just asking them ahead of time, "What do you think you'll share/say?" is enough to get them to do a little thinking before they get on camera, and that often results in a better testimonial.

If you do ask patients to appear on camera, ask them to sign a media release form. Yes, every patient who appears on camera should sign one of these forms. Your video professionals should provide you with one to hand out. If they don't, ask for one. More important, provide these to patients BEFORE the day of the shoot so they have time to review, sign, and then return them via email. Having patients sign one of these forms right before they jump in front of a camera just adds a layer of stress, so it's best to have them sign the form before the day of the shoot.

It's important to note that if you don't acquire signed media releases, anyone who is not an employee of the practice could potentially change their mind about being in the video long after it's been uploaded and on your website. They can request that you remove them from the video, which means you'll need to contact the video professionals and pay to have the video edited without the person who no longer wants to be in the video. Having non-employees sign a release form can help guard against this, so it's worth the bother.

As a last note about who is and isn't in your video, many practices don't recruit actual patients to come in. Instead, they opt for friends

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and family members to pose as patients while bRoll footage is filmed (no, they don't ask friends and family members to provide fake patient testimonials). Friends and family members usually are more willing to help, and they don't often require any compensation! Nevertheless, it might be nice to provide anyone outside of the dental team with a gift card, free whitening, or some small token of appreciation for taking time out of their day to help you.

BONUS TIP: Consider bringing in a veggie/fruit plate or some doughnuts for people to nosh on while they are not on camera.

BEING PREPARED ON THE DAY OF FILMING

It usually takes a film crew about an hour or so to set up, so if you're filming first thing in the morning, perhaps plan on having at least one person arrive an hour early to let the crew in to move their gear in and set up. Note: expect the video crew to need 20–40 minutes to pack up their gear after the shoot has wrapped up.

Building off the first bullet, video crews typically have a lot of gear, so they must find a safe out-of-the-way place in the practice to store it. Before the video crew arrives, consider a lower-traffic area of the office where they could store their gear. Make certain there isn't any printed/digital sensitive information (or valuables) lying about.

It might be tempting to squeeze a few patients in, perhaps schedule a prophy or two, during the shoot, but it's not recommended. You won't be able to give your full attention to your patients or to your video crew, so outside of an emergency patient, avoid scheduling production during the video shoot.

Ensuring everyone shows up on time is like oral care: "An ounce of prevention is worth a pound of cure."

If you are conducting interviews (often called "aRoll") or patient testimonials, make sure you can mute the phone, background music, or anything else that might interfere with the audio recording. You might even consider making sure local landscapers aren't working during the time of your video shoot (yes, this has happened to other practices).

To make the best use of everyone's time, ask the video crew to provide you with a schedule for the day. Ask them when you, the team, the doctor(s), and perhaps the patients need to be available. Review the schedule for the day and make sure there aren't large time windows when people are standing around doing nothing. Gently remind the video crew that you want to be respectful of everyone's time, which means getting them in and out as efficiently as possible.

Make certain that everyone who is going to be on camera is aware of (and has agreed to) their start time and finish time. Nothing derails a video shoot more than someone showing up late, announcing they suddenly must leave early, or someone just not showing up at all. Ensuring everyone shows up on time is like oral care: "An ounce of prevention is worth a pound of cure," so consider sending out gentle reminders a few days before as well as the day before the shoot so that everyone is aware of their responsibilities.

In working with a video crew, it's important to recognize that they don't know your profession—most don't "get" dental. To be fair, you might be unfamiliar with the video profession as well, so it's important that you respect one another's expertise, you communicate (even over communicate) so that everyone's on the same page, and that you politely ask questions or raise concerns if they arise.

At the very least, consider at least one "pre-production" phone, Zoom, or in-person meeting so you can discuss your vision, logistics, etc. If it's possible, ask if the video crew would be open to visiting the office before the day of filming to "scout" the location. The truth is, something always goes sideways during a video shoot, and that's okay. An accomplished video crew will easily be able to manage any hiccups in the process. However, having discussed a plan of attack for the day before you begin filming will go a long way in reducing the likelihood that something will go sideways on you. Most offices have a morning huddle before the day begins—consider applying the same approach to having a video filmed for your practice.

In the end, the video crew and the dental team should have the same goal: to film a compelling promotional and/or educational video for the practice. Communicate, be honest (be open when you're confused or need advice), and work together.

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