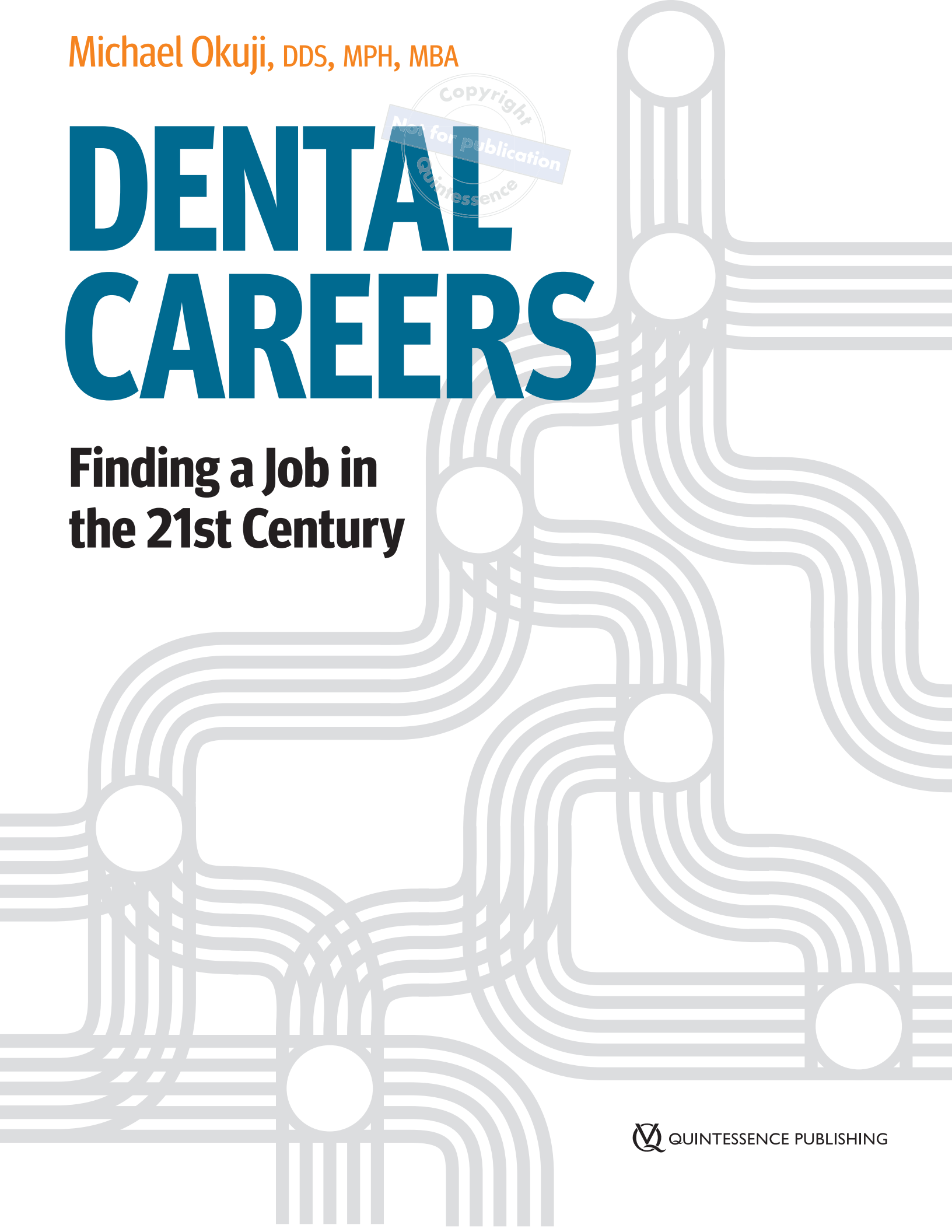


Michael Okuji, DDS, MPH, MBA

# DENTAL CAREERS

**Finding a Job in  
the 21st Century**



*Dental Careers: Finding a Job in the 21st Century*





# DENTAL CAREERS

## Finding a Job in the 21st Century

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# Preface



It seems to me that dentistry is like a sprawling house with many rooms. Disappointingly, dentists, especially recent graduates, seem to inhabit just one room and rarely explore the rest of the house. They pigeonhole their talent into “hand skills” and undervalue their critical thinking skills. But now, changes to dental care delivery, health care finance, educational debt, workforce expansion, and societal demands are driving dental professionals to explore careers outside of solo private practice that exploit their full complement of skills. This is a good thing.

Dentists excel in many fields outside of private practice. Looking at education, dentists are more than dental school professors and deans. John DiBiaggio served as president of the University of Connecticut, Michigan State University, and Tufts University. Wyatt Rory Hume served as Provost of the University of California’s nine-campus system. In community-based clinical education, Neil Demby built the largest postdoctoral dental residency program in the world at the Lutheran Medical Center (now NYU Langone Dental Medicine). In community health care, Huong Le (Asian Health Services), Charmaine Ng (Alameda Health Services), Victoria Hardwick (Yukon Kuskokwim Health Corporation), and George Barghouth (Gardner Family Health Network) lead large community health programs. In health finance, Philip Wenk oversees hundreds of millions of dollars in dental benefits as the President and CEO of Delta Dental of Tennessee.

For the 21st century, dental systems will address core workforce issues like work-life balance and wellness that are sought by dentists. Paid vacation and holidays, personal days off, sick time, parental leave, and emergency office coverage are just a few benefits that contribute to work-life balance and wellness. Dental systems will address mental and physical illness, job stress, anxiety, substance abuse, suicide, and burnout to mitigate talented clinicians leaving the profession and assure long careers.

Chapters 3 to 8 address total compensation (income and benefits) for alternate career paths that are more than competitive when compared to early career private practice jobs. Scholarships and loan repayment programs make community health

as well as federal and military careers even more compelling—and they position recent graduates to succeed with mentored clinical experience to increase their clinical skill level and confidence and reduce their educational debt. After the first 5 years of practice, they are better positioned for success than their peers who cobbled together multiple gig jobs in private practice. In *Dental Practice: Get in the Game* (Quintessence), Francis Serio writes of his career arc where debt management translated to maximum career flexibility and freedom of choice. Because of financial freedom, Dr Serio founded his Dominican Dental Mission Project shortly after graduating from dental school.

Chapters 1 and 2 provide the nuts-and-bolts information to conceptualize and prepare for the job search—a job in itself. The devil is in the details when competing for coveted positions against professionals with similar backgrounds. If nothing else, read the “spotlight” sections to get a feel for real-life experiences in careers other than private practice, written by clinicians who are excelling in those fields.

You’ll find that 21st century dental careers provide professional satisfaction and personal security far beyond traditional career choices. Now, community health careers are destinations, not way stations to private practice.

## **Acknowledgments**

I am grateful to mentors and colleagues who were critical in shaping my view of dental careers in the 21st century.

Linda Arneson, COO of Delta Dental of Colorado, gave me my first opportunity in leadership. She saw in me the promise to deliver on a vision of community health. She was a superb mentor and role model.

Mary Stebnicki, UCSF School of Dentistry, showed me how to fully appreciate community based clinical education. Her preternatural people skills and perception prepared me, on a daily basis, to effectively interact with internal and external constituents.

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Alas, any error of fact, omission and commission, remains solely with me.



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# It's Your Future

Michael Okuji

Chapter 1 is all about strategy. It is exciting because you are embarking on a new journey into uncharted waters. It is about exploring your trajectory; your goals; your dreams. But getting started on a job search is hard to do because of the questions you have to ask yourself. What do I want to do? What do I need to do? Where do I begin? It is daunting and can be emotionally draining, leading to inertia that is hard to overcome.

But it doesn't have to be so. This chapter is your first stop. The chapter is about identifying where you want to go given your strengths, weaknesses, opportunities, and obstacles. This chapter guides you through a self-assessment to develop a solid strategy to implement a job search . . . or better yet, a career path. Carefully walk through each section and reflect on each step. At the end, you'll know where to look for opportunity and jump ahead of your competition. The self-knowledge gleaned from this chapter feeds directly into chapter 2, where you will learn about the tools and skills you need to implement a successful search—the tactics.

The first step to craft your roadmap is critical self-assessment. You have to know yourself and the environment before you can take meaningful action. This means taking inventory of your goals and objectives, internal resources, and external environment. This is your career “balance sheet”—your assets and liabilities.

Next, you need to critically analyze the state of the job market. Change is inevitable in every nook and cranny of the profession—practice, care delivery, industry,

and education. What are the trends affecting the profession now? What might be future trends? How do these trends affect required competencies for success? What are the hot topics that you need to know to be competitive? What are the new opportunities arising from new trends? In hockey you skate to where the puck is going, not where it has been, and the same idea applies here.

Be prepared for changes in the profession and be ready to pivot to meet the need. Change occurs quickly and does not take decades. In the past there has been the rise of corporate dentistry, and most recently a once-in-a-lifetime pandemic ravaged the national economy. Dentist furloughs and layoffs derailed career aspirations and flooded the market with unemployed dentists, but also shifted perceptions and opened opportunities. In the ensuing years, more unexpected events will create barriers and hurdles to overcome. So be purposeful. Be resolute. Get it done.

## Self-Assessment

Your professional objectives reflect who you are and what is important to you. This requires introspection to help you see what career options are available and choose the best job that matches your short- and long-term goals. This is the time to be brutally honest with yourself. There are no wrong answers.

- *What do you do best?* What are the principal assets you bring to the job? These are skills acquired through education, employment, volunteer work, and life experience. Are your assets quantifiable by certification?
- *What do you like to do?* Your professional objectives not only encompass things you do well now but also what you are interested in doing in the future: education, business, public health, research, writing, management, leadership? You are more likely to succeed when you enjoy the work. What will it take to get you positioned to move ahead or change direction? Another degree (eg, master of public health), specialty (eg, dental public health), or certification (eg, certified quality assurance consultant)?

- *What are your financial constraints?* Do education loan payments or a home mortgage circumscribe your choices? Does lifestyle motivate your choices?
- *What are your priorities and values in life?* There are no “bad” paths, only clarity to make the right choice:
  - Independence to make the rules as you go and chafe at constraints?
  - Ability to make individual contributions (as a clinical dentist) or manage a team (as a dental director)?
  - Control the output or work in teams?
  - Friendships and professional relationships?
  - Focused goals or a holistic lifestyle?
  - Service to the community and the welfare of others?
  - Wealth accumulation more than necessary to lead a certain lifestyle?
- *What are your accomplishments?* This is an exercise in telling a compelling story in a minimum amount of time. Strive to be concise and clear. When writing about an accomplishment or relating it in an interview, be sure to include the following:
  - Description of the issue or problem to be solved (eg, curtailed preschool dental screenings due to COVID-19 restrictions).
  - Outline of the specific hurdles (eg, health department policy and reluctance of parents to take their children to in-office care).
  - Report of the actions taken (eg, drive-through screening protocol where the child doesn't leave the car).
  - Explanation of how the outcome solved the problem (eg, safely screened 30 children per day with revenue exceeding expense).

## Goals and Objectives

A professional objective defines the kind of work you want do. It clarifies your direction, your flexibility, and your constraints and makes it easier to let people know what you're looking for and how they can be of optimal assistance. It is a reflection

of where you want to go next. For recent graduates, some factors to consider are the following:

- *Financial objectives.* How much wealth do you want to accumulate? What is the degree of financial independence you desire? At what age do you want to achieve it? Financial independence occurs when your investment assets yield payouts that support lifestyle expenses. A major obstacle to financial independence is the massive amount of education debt that's accumulated by recent graduates. Education debt handcuffs and constrains the choices in career objectives. Reading about Frank Serio's flexibility and freedom in *Dental Practice: Get in the Game* gives insight into how debt minimization translates into flexibility and freedom of choice. Dr Serio founded his Dominican Dental Mission Project straight out of dental residency because of passion, motivation . . . and financial freedom gained through debt minimization.
- *Personal balance sheet.* Quantifying financial freedom starts by creating your personal balance sheet. This allows you to list and visualize your assets, liabilities, and equity. A balance sheet is different from an income statement (profit and loss). While an income statement tells you about cash flow today, a balance sheet tells you where you financially stand in life. Chief among the assets in your personal balance sheet is the dental degree—the value of its ability to generate future income is immense. The foremost liability in your personal balance sheet is education debt, which can be upward of a quarter million dollars. To pay off this amount of education debt can take more than a decade. To make matters worse, education debt principle is not tax deductible on the federal income tax return, meaning that this debt is paid with after-tax dollars.
- *Loan repayment.* Recent graduates should seriously consider education loan repayment programs (see chapters 3, 5, and 6 for more information on programs in community health, academic careers, and uniformed services). Loan repayment programs can offer \$25,000 to \$50,000 a year to pay down education debt. Adding this loan repayment to salary and benefits raises annual compensation to match or exceed an entry-level salary in private practice. More importantly, loan repayment programs are coupled with full-time employ-

ment with mentored clinical experience. This background goes a long way to bolster a thin résumé and makes you more marketable.

- *Scholarships.* If you are preternaturally prescient and reading this chapter as a predoctoral student, bravo. Consider a scholarship program right now. All of these programs pay full tuition while in school. Some pay fees and a monthly stipend, too (see chapters 3 and 6 for information on scholarships in community health and uniformed services). Don't wait. Don't dither. Don't procrastinate. You could graduate completely debt free with a guaranteed clinical job the day after commencement ceremonies. Within a few short years, you will gain extensive clinical experience, an impressive résumé, and financial freedom, all while your classmates are still scrambling to cobble together a string of part-time clinical jobs and trying to manage massive education and personal debt with unpredictable income. Surprisingly, few predoctoral dental students pursue the predoctoral scholarship route . . . a lost opportunity. Don't let the fear of early commitment hobble your future growth.
- *Geographic objectives.* Geographic factors are surprisingly influential in planning the scope of a job strategy. Regional preference is strong among dentists. What are your geographic preferences: weather, cost of living, tax considerations? Do you want to live and work in urban, rural, or frontier areas? Family ties are strong influences on the search strategy. Does your spouse have a good local job, are your children comfortable in their schools, is proximity to extended family important? Or would a global practice enhance your family's experience and outlook (see chapter 4 on global health)? Would international travel, exposure to different cultures, excellent compensation, and tax considerations be a driver? Read about David Okuji's pediatric dentistry career in "Destination Saudi Arabia" in *Dental Practice: Get in the Game*.
- Fortunately, dental licensure by credentials has lowered the barrier to practice in most US states and the District of Columbia, increasing the ease of geographic mobility. Only Hawaii (surf), Florida (sun), Nevada (gaming), and Delaware do not allow licensure by credentials. Also, licensure by credentials is allowed in the US territories of Puerto Rico, the Virgin Islands, and Guam. My first job in Micronesia in the western Pacific Ocean exposed me to delivering care with expanded duties auxiliaries, pediatric dentistry, and public health

dentistry while learning to sail and scuba dive (see “Tropical Breeze” in *Dental Practice: Get in the Game*).

## Internal resources

To complete your personal balance sheet, let's take an inventory of your internal resources.

- *Clinical competence.* While practicing dentists always self-assess as supremely competent, the cover letter and résumé must convey competence through external evidence. Decades of private practice doesn't necessarily translate into clinical competence. If clinical competence is critical to the job, it can be conveyed through documented CE course attendance (eg, implants), teaching continuing education courses, faculty appointments to a relevant discipline as a lecturer or clinical faculty, and volunteer community care. Letters of recommendation from these sources can convey clinical competence.

Assessing clinical competence for recent graduates is more problematic because all your peers have roughly the same experience. Students attending schools with a robust community-based clinical education (CBCE) program have a decided advantage. Strong programs offer up to 24 weeks of intensive clinical experience in federally qualified health centers (FQHCs). Students typically deliver significantly more procedures at community sites than in the school clinics (typically, six patients versus two patients per day). Repetition is key to competence and confidence. Be sure to engage the faculty and staff at the externship site. Predoctoral students should treat the externship experience as a working interview. A strong letter of recommendation from a CBCE or FQHC director goes a long way to differentiate you from other recent graduates in a crowded field.

- *Managerial skill.* Do you want to be an individual contributor like a staff dentist? Or do you aspire to manage teams like a dental director? Supervising teams requires leadership skills far beyond those acquired as an individual contributor. Key managerial skills include:



- Objectivity. Have you worked in a multicultural environment with team members of different backgrounds and skill levels? Have you developed cultural competence?
- Ability to work under stress. Did you develop a COVID-19 safety program when offices were shutting down and patients were reluctant to see the dentist?
- Leadership of direct and indirect reports. What is your management style? How do you influence staff that don't directly report to you? How did you manage staff furloughs or layoffs?
- Regulatory environment. Do you understand the Family and Medical Leave Act (FMLA), American Disabilities Act (ADA), and Health Insurance Portability and Accountability Act (HIPAA)? How do you manage diversity, equity, and inclusion?
- Measurement. Are you interested in developing data systems or quality measurement and assessment?
- Communication. Do your verbal and nonverbal communication skills lead to clear and persuasive directions?

For solo private practitioners, managerial skills can be documented by serving on dental society committees like a peer review committee or school, church, community, and athletic committees or boards. Recent graduates should document managerial experience with school committee leadership, tutoring and mentoring assignments, course leadership, and service-learning experience.

## **External Environment**

The external environment defines the relevant market in which you launch your job search strategy. There's no easy way around the fact that a lot of time and energy is expended to understand the external environment. Start evaluating the relevant market by addressing some questions:

- *What is the competition for jobs?* Are you entering the market when there is a shortage of dentists? Or, are you entering the market during a health pandemic, office shutdowns, furloughs, and layoffs? Who are your competitors? Are they new graduates, residents coming out of training, dentists changing jobs horizontally or vertically, experienced practitioners in the specific field?
- *What dental practices are hiring?* FQHCs? Dental service organizations? Large group practices? City, state, and federal health agencies? Emerging markets? (See chapters 3, 7, and 8.)
- *Where are nonclinical opportunities?* Teaching in a dental school? Working in the dental industry with a business like Henry Schein, or the insurance industry with a company like Delta Dental? (See chapters 5 and 8.)
- *What is market-level compensation?* What are the salary bands and benefits for each industry and job? Are there loan repayment opportunities?

## Flexibility

It is a plus if you have flexibility in choosing the location. Not everyone can, or wants, to move from their home to accept a significant position. However, the “perfect” first job often isn’t found locally. How hungry are you for the new experience? In my case, I commuted from San Francisco to Los Angeles to be a part-time dental school group practice director—an administrative not clinical position. Later, I moved from San Francisco to Denver for an executive position. Then, it was from California to Oregon for a statewide job. In the case of Tom Redd (see chapter 7), it was a move from Colorado to Arkansas. Tom left an orthodontic practice to accept an executive position at a dental benefits company that significantly expanded his career horizon. David Okuji moved his family from California to Riyadh, Saudi Arabia, for an exceptional global practice.

# Down Time

Being between jobs is sometimes a gift that should be put to good use. This is the time to take steps to sharpen skills, broaden expertise, pursue a degree or certification, complement the résumé, and dream your dreams of the future.

- *Volunteer at a community health center as clinical dentist.* Keep your clinical skills sharp, broaden your network, and make it a working interview. In a health pandemic, volunteer to be a vaccinator or health screener.
- *Volunteer as an adjunct clinical faculty member at a dental hygiene or assistant school.* Between jobs, I have been adjunct faculty at four dental schools and three community college dental hygiene and dental assistant programs.
- *Volunteer for committees and research units.* The University of California, San Francisco (UCSF), has volunteer opportunities in the CBCE program, dental career symposium, diversity essay competition, and manuscript research assistanship.
- *Earn an additional degree or certification.* Degrees in business administration, public health, public administration, public policy, health services administration, and education can be earned part-time and/or online (Table 1-1). The number of professional degrees that can be earned through executive programs has exploded in the past decade. The courses meet during the day, evenings, or weekends. The length of degree programs run from 1 to 3 years. The content, value, and prestige of the degree is not diminished because courses are taken part-time and off campus. Certification as a quality and dental consultant expands your skills and marketability. Make no mistake, graduate degrees and certification give a competitive edge.

**TABLE 1-1 Degree and certification programs**

<b>Program</b>	<b>Degree</b>	<b>Focus</b>
Master of Public Health	MPH	Population health
Master of Health Services	MHS	Health systems management
Master of Science	MS_HCM	Health care management
Master of Public Policy	MPP	Public policy
Master of Business Administration	MBA	Business management
Master of Management	MM	Business management
Dental Public Health Residency	Certificate	Population and epidemiology
Quality assurance consultant	Certificate	CA Association of Dental Plans
Dental consultant	Certificate	American Association of Dental Consultants

Private practice allows unlimited flexibility in time management. Many salaried jobs offer elective time off to pursue skill enhancement. It is a gift of time that is not often available in other professions. In my case, private practice allowed time to earn two master's degrees and take a part-time nonclinical job at a dental school. Take advantage of the gift.

## **Implicit Biases: Gender, Race, and Age**

While I have not witnessed explicit gender, race, or age bias in the hiring and promotion of dentists, the effect of implicit bias in the hiring process shouldn't be completely discounted. Implicit bias results from the tendency of hiring managers to classify applicants into categories (eg, members of certain groups are quantitative or tech savvy or personable or reliable or leaders). There can be implicit bias for taller candidates or slimmer candidates. There can be implicit bias toward candidates that look like the hiring manager in dress and mannerism.

In a legal challenge to Ivy League school admissions, a plaintiff group revealed that while admissions officers rated Asian American applicants higher in test scores and grades, they rated the group lower in likability, courage, kindness, and being widely respected. As a group, they were consistently rated weaker in personality

traits. Conversely, African American applicants, as a group, consistently scored highest on personality traits.

For better or worse, implicit bias can affect the assessment of the most even-handed hiring manager based on preconceived group identity. One issue is that while the gender and racial composition of dental students and Gen Y dentists have fundamentally changed, the dental leadership in industry, education, large group practices, and organized dentistry remains, for the most part, made up of white men. Another issue is the tendency to assume older candidates have out-of-date skills or are not tech savvy. So, one challenge in the job search is to manage possible implicit bias. For entry-level candidates, the bias is toward group identity: you are an individual contributor but not a leader. For candidates in mid-career transition, age bias is more prevalent: you are not computer savvy or are looking for a “retirement” job.

## **Implicit bias: Gender**

In 2019, almost 50% of dental students and over 50% of Gen Y pediatric dentists were female. The gender composition of the dental profession has fundamentally changed in the past 25 years. Recruiting and retaining a diversified workforce is an important function of the hiring manager.

The hiring process is laborious and costly. Do hiring managers consider that an applicant is in the childbearing age? Do they consider single parents with young children? Do they consider the need for alternate work shifts or time off to accommodate family needs? Despite the gender makeup of the dental profession and federal law, is there still an implicit gender bias by hiring managers? How can candidates address implicit gender bias head-on to assuage the hiring manager’s concerns?

## **Implicit bias: Race**

As with gender, the racial composition of the dental workforce has fundamentally changed in the past 35 years, where the percentage of white dental students has shifted from 80% in 1985 to less than 50% in 2019. Do hiring managers have

implicit race bias? Are some groups seen as better with their hands? Better communicators? Natural leaders?

When looking at academic careers, professional leadership, and business management, does implicit gender and race bias have an outsized effect in the makeup of executive leadership? Diverse gender representation in senior academic leadership is growing but still lags behind the profession's gender makeup. Are there so few qualified female and/or non-white senior leaders? One observation is that while Asian American dental students comprise 25% of dental school enrollment (and closer to 50% in some schools), Asian Americans are underrepresented in the dean, academic affairs, and clinical affairs levels (effectively 0%). However, Asian Americans hold more senior leadership positions in research than any other minority group. Is this a case of implicit race bias? There is a challenge for some racial groups that aspire to senior leadership roles. While this is outside the scope of this book, implicit bias should be considered when entering academic institutions as a career (Tables 1-2 and 1-3).

**TABLE 1-2 Education leadership: By gender**

Rank	Dean	Associate Dean	Associate Dean	Associate Dean	
Discipline	School	Academic Affairs	Clinical Affairs	Research	
Schools	62	51	47	40	
Female	7	23	10	6	46

**TABLE 1-3 Education leadership: By race**

Rank	Dean	Associate Dean	Associate Dean	Associate Dean	
Discipline	School	Academic Affairs	Clinical Affairs	Research	
Schools	62	51	47	40	
African American	2	1	0	0	3
Latinx	3	5	1	1	10
Asian American	1	1	1	9	11
Indian American	3	3	4	5	15
Other	2	3	0	2	7
Total	10	13	6	17	46



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