

Dr. Dylan Olver - My Experience with Associateship

Dr. O'Keefe: Today I want to come Dr. Dylan Olver who's based in British Columbia. He's a general dentist and he's working in a, what we would call traditional associateship, in a small dental practice in the Vancouver area. Dylan, could you give us the brief highlights of your professional career to date, please?

Dr. Olver: Absolutely. So, as you said, I am an associate. I'm fairly new. So, I graduated two years ago. Immediately I joined an associateship in Vancouver, and right in the heart, and I've been working there ever since, anywhere from four to five days a week.

Dr. O'Keefe: And what attracted you to do an associateship in this type of practice and go as detailed as you want to.

Dr. Olver: So that's, that's a very detailed question. As a new grad, I think you have lots of things open to you. You have residency programs, specialty programs, associateship, whether that's private or corporate, and I guess what attracted me most to this type of practice was how I grew up as a dental patient. I grew up in an office where the dentist knew who I was. He followed me from high school through university. He knew when my parents were on vacation, he knew when we changed jobs, when family's getting married, things like that and it was really a community. When I joined this office, what I was looking for was exactly that. A community where the dentists and the staff, we know our patients, we know them, we know what they're doing work-wise, we know what they're doing family-wise. And on top of that we perform quality dentistry and we try to take care of them to the best that we can.

Dr. O'Keefe: So, let's say I was a senior dental and student and I'm impressed by what you've just said. What are the telltale signs of a practice that offers that community? Are there's particular questions to ask or what are we on the lookout for?

Dr. Olver: I think the biggest things you can notice when you walk into an office to shadow is communication, between staff and the dentists and then staff, dentist and patient. Are they coming in and is it talking strictly about the procedures or is it starting off with how's your day? How is work? Where you coming from today? As an associate in this particular office, what I always look for is I go into a recall exam, yeah, I want to know what's happening in the mouth, but I want to know what's happening with the person.

Dr. O'Keefe: And that was... You made an interesting point there that you had the opportunity to do some shadowing before you actually made the decision to go into that practice. Would you recommend that to anybody seeking an associateship?

- Dr. Olver: Absolutely. Every, every office has different philosophy, different culture and you will, you may find yourself in a spot that just doesn't fit. Not because either individual or the office is bad, it's just you guys just don't work and that's perfectly okay. So shadowing, if an office lets you, is a must. Working in multiple offices is also something that's an option. I was lucky and I landed in one spot, but lots of my colleagues worked in multiple offices, found what they liked and then narrowed in and said, I want to work full time in this environment.
- Dr. O'Keefe: Dylan, you work four or five days a week, you probably... that sounds as if you've got some flexibility, what's a typical day for you, a typical week in the office? What are you engaged in and how do you structure your day?
- Dr. Olver: As an associate dentist, or any dentists really, you are a jack of all trades. So as a general dentist you can perform whatever you're comfortable with. In some offices you get to do everything from restorations, to surgeries, to root canals, pediatrics. Some offices, if you find that maybe I'm averse to one particular area of dentistry, you can say I like doing root canals and if you have a niche in your office where the other associates don't like root canals, that may work out really well for your group. So, my typical day example, I took a pediatric elective in school and I really enjoyed it and I told my principals right off the bat that I enjoy seeing kids and now I see most of the kids in the office. I also do lots of restoration work, crown, bridge. I'm dabbling in surgery CE. So, my principals don't happen to do implants, so once I've gained the skills to do that, that will again be another niche that I enjoy at this office as an associate. So typical day I run a hygiene chair that I do recalls for and then I run a dental chair where I'm doing restorative work. Typical dentistry things.
- Dr. O'Keefe: Do you have a much of a responsibility with regard to staffing or the materials that are used or where you refer patients to? Have you got a say or have you enough say?
- Dr. Olver: So, I think that is definitely something that you need to discuss right off the bat with an associate agreement. Most offices will give you complete reign, as they should. You are the dentists so you're prescribing, you're diagnosing. Who you refer to those should all be your say. HR, that depends. So, there may be an office manager, there may be principal dentist who does all the hiring and scheduling and things like that. And that's something that you can discuss with the, with your bosses, whether you want to take on some of that role. As an associate dentist, I can't speak for everyone, but I don't think any bosses demand that level of business management from an associate. So that could be one of the benefits. I, for example, I don't do any staffing. I get along very well with the staff and/or if there's an issue I may bring it up directly with them or with my boss, but I'm not solely responsible for that in the office.

- Dr. O'Keefe: So, it sounds like you have certainly inputs into what you want to do or what you desire and you have a good relationship with your principals, along those lines that we've discussed. What do you like best about being an associate?
- Dr. Olver: I think the best thing about being associated, as a new grad in particular, was mentorship. Now, this is a little bit, not direct per se, but as an associate there's typically other associate dentists in the office or principals. And as a new grad, you don't know everything, very, very, very far from it. So as an associate you can reach out when you don't know what to do. You can reach out when you get stuck. You also have a lot of free time compared to a business owner. So, this is after hours as well as just on weekends and your days off. So that can be used for more CE if you want. So, advancing your skills in the career or even just living life. Some dentists will stay associates because it gives them the freedom to spend time with family, friends and hobbies.
- Dr. O'Keefe: You've mentioned CE a few times, have you set out an agenda for yourself or how do you pick CE that you attend?
- Dr. Olver: I definitely have. The first, right out of school, it is incredibly hard to pick CE, to succeed. There's thousands of courses all across North America that are available to you, so where do you start? I think the best thing to do is work for a little while, three to six months, and then really think about what do you enjoy doing as well as where do you feel like you could be doing better? Examples for myself, our office hadn't been doing a lot of complicated root canals, root canals not my 100% favorite thing, but I enjoy it enough that I wanted to take more CE and get really good at it. And once I did that, because there was a little bit of a niche in the office, I took that on, and my skill has just continued to improve. So, CE, now I have a schedule.
- Dr. Olver: Being two years out I said, here's another niche in the office that I wanted to fulfill on it was interesting enough for me that I want to pursue. And then there's also some areas that I felt like I wasn't able to, not necessarily diagnose, I could diagnose an issue, but I couldn't fulfill the treatment to the best of my abilities. So, I would refer it out, but it's something I want to learn more. For example, occlusion and TMJ. Very complicated. As much as dental school tries to teach you, it's a hard subject. So, for me being two years out now, I see patients with TMJ and occlusion, I know something's not right so I'll refer it to someone else, but I want to up those skills for the rest of my career.
- Dr. O'Keefe: Thank you for those insights. I think they're very valuable because it really, it is, it is a confusing range of options that faces the new graduates with regard to CE. Talking about the new graduate, have you some pearls of advice to pass on to somebody who's just graduated, graduating, and about to apply for their first associateship?

Dr. Olver: Well, I think we've touched on a few of the things to look out for when you're applying for an associateship. One is to learn the philosophy and culture of the office. So, take the time to shadow and as much as the office is going to talk, they're going to ask you questions in the interview, but what you're going to bring to them, you need to ask what are they going to bring for you and what are you looking for in a long term? That can be hard as a new grad because you're just eager to go and get into the dental world and treat patients, so take your time. Work at multiple offices at the beginning. It's perfectly okay to see different philosophies, getting mentorship in different ways. Big tip as a new grad is give yourself ample time for procedures, at the beginning.

Dr. Olver: Really focus on quality. The speed will come later. The other thing is at the beginning your schedule will likely not be full and especially if you're in a city environment, so take on some of the cleanings or if you have downtime in the office, shadow the principal, shadow the other associates. Keep learning. Doing hygiene at the beginning of your career builds rapport, lets you build that community. So, there's, there's lots of things you can be doing. Don't just have downtime. And those are probably the best things of advice I could give at this time.

Dr. O'Keefe: One final question. You know, when you're brand new grad and you don't know this and that, is it easy to forget that you're, that actually it's your name is on the chart and that you're a responsible professional? Is there, maybe if you're intimidated, especially earlier on, is it easy to get swayed to do things?

Dr. Olver: I wouldn't say so. I think whatever you're comfortable with is where you should draw the line. If someone, whether it's a boss or a staff member is pushing you to do something faster or something that you're not ready to do yet, don't do it, you're going to lose sleep. And what is the point of that? You are here to treat patients to the best of your ability wholeheartedly and that that's what matters. If you don't know enough yet, it's perfectly okay to tell the patient, I'm not prepared to do that level of procedure, I can refer you out. Maybe in a couple of years I'll take some CE and then it can help you, but not right now.

Dr. O'Keefe: Dr. Dylan Olver, thank you very much for taking time today to share your insights with us. I know they'll be very appreciated.

Dr. Olver: Thank you, John.