FLORIDA FOCUS

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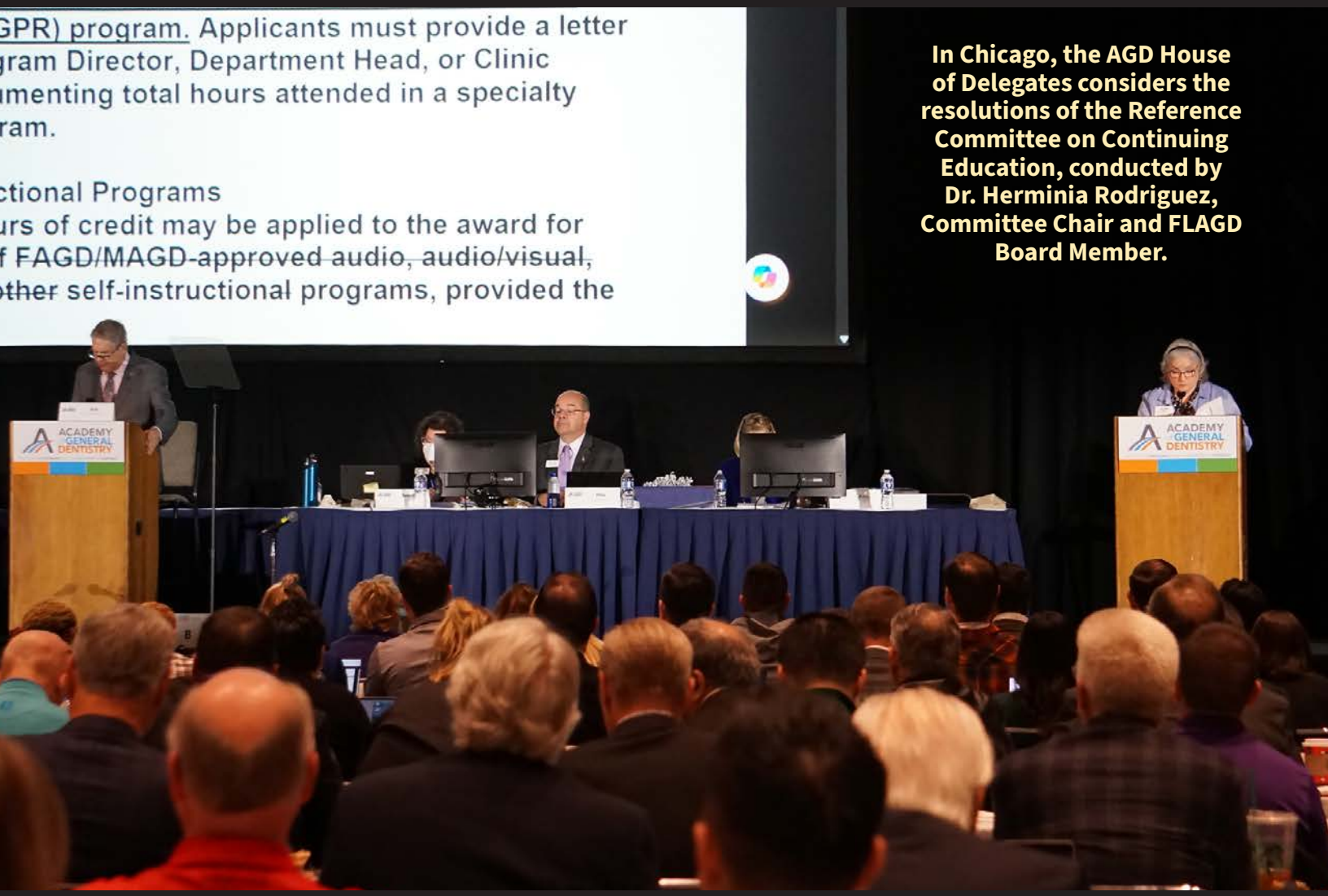
the publication exclusively for the general practitioner

FLORIDA
ACADEMY of
GENERAL DENTISTRY



In Chicago, the AGD House of Delegates considers the resolutions of the Reference Committee on Continuing Education, conducted by Dr. Herminia Rodriguez, Committee Chair and FLAGD Board Member.

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DECEMBER 2025

AGD President Dr. Marc Worob and President-Elect George Schmidt share a moment with other members at the House of Delegates Region 20 Caucus.

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The 2025 AGD House of Delegates

"Visibility drives engagement, and engagement builds membership."

- AGD Vice-President Dr. Kimberly Wright

On November 14-16, members of AGD Region 20 (Florida and Puerto Rico) and Florida Executive Director Patricia Jenkins were honored to attend the 2025 AGD House of Delegates in Chicago. Approximately 200 delegates discussed and voted on resolutions concerning the governance of the AGD, which included adopting the 2026-28 Strategic Plan, with specific 3-year goals for advocacy, education, mentorship and career empowerment, and increased engagement with constituents and student chapters.

Additional resolutions were approved to establish an Early Career membership plan, add an Affiliate level for international members, advocate for a tax credit for Medicaid dentists, and align the dues of the AGD's 1,116 Canadian members with the U.S. rate. The delegates also voted to protect dentists' access to digital records created via AI systems, increase the HOD Speaker's stipend to match those of the Treasurer and Secretary, and adopt the proposed 2026 budget. Many other resolutions concerning advocacy, education, and administration/ membership were considered and voted on, as well.

Two resolutions to decrease the size of the HOD were withdrawn, as many delegates felt that this would reduce the opportunity for newer members to participate in the governance of the AGD and would limit an important avenue toward leadership in other dental organizations, as well. A resolution to change the Fellowship exam to a Mastership exam was also withdrawn following intense discussion.

In addition to voting on AGD governance changes, the House of Delegates included the installation of the 2026 Board of Officers and the presentation of awards for Advocacy, Humanitarianism, Distinguished Service, Continuing Education, Public Information, and other areas of service to the dental profession.

Attending the House of Delegates deepens the relationships among AGD members and enhances our understanding of the issues and procedures that govern this extraordinary professional organization. Consider challenging your leadership skills by participating in the governance of the AGD!

Representing AGD Region 20, from left: Drs. Richard Huot, AGD Past-President Gerald Botko, Roberto Galindez, AGD President-Elect George Schmidt, John Gammichia, Executive Director Patricia Jenkins, FLAGD President Ray Morse, Nibaldo Morales, Toni-Anne Gordon, AGD Past-President and Region Trustee Merlin Ohmer, Bipin Sheth, Douglas Massingill, Herminia Rodriguez, Millie Tannen, Gayle McDonald-Chang, and Region Director Aldo Miranda.

ACADEMY of GENERAL DENTISTRY

Core Values

- **E**xcelllence in oral health care
- **D**iversity
- **U**niversal acceptance of the general dentist as the gatekeeper of oral health care
- **C**ontinuous, life-long learning
- **A**dvocacy/ representation
- **T**eamwork, camaraderie, mentorship
- **E**thical, honest, and credible behavior

Fun challenge! Try to identify your fellow Florida AGD members from the photo and caption on page 3!

Relishing Dental Technology with Florida AGD President Dr. Ray Morse

Dr. Ray Morse is a 1992 graduate of the University of Florida College of Dentistry, and after a short period of practice in the public health service corps, he moved to Panama City in 1996 and worked as an associate in a few practices before opening his own office. His practice focuses on general and family dentistry, utilizing digital and laser technology for diagnosis and treatment. He is a member of a number of dental and professional organizations, and in 2016 he received his Mastership in the Academy of General Dentistry.

Dr. Morse has been married to his wife Sharman since 1998, and they are currently the house persons to their 4 cats, Tigger-Boo, Grayson, Pumpkin, and Callie. He's a computer geek, having a degree in Computer Science from Florida State University, and he enjoys reading, movie trivia, and spending time with his family.

Thank you so much for serving as President of the Florida AGD this past year, Dr. Morse! What originally motivated you to join the AGD, and why have you stayed involved?

I found out about it in dental school. I ordered one of the study guides and started using that as a study guide for Part 2 of the Nationals. I wasn't allowed to accumulate any CE hours when I was in school, and I couldn't be a member until I graduated, but I memorized everything that I could. I started finding copies of AGD journals that always had the articles and the tests in them every month. I just felt that it was an organization that I wanted to be a part of. I was going to be a part of the ADA for insurance purposes, and we have the state and the local levels on that. But the AGD seemed like it was going to be a good fit for me because I wasn't going to specialize. It seemed very well rounded, and the information encompassed everything we were going to do in dentistry, so I got involved in it before I graduated dental school.

As soon as I graduated and got my license, I applied for membership and started accumulating my hours. My first job after dental school was with a Medicaid clinic, and within the first two or three months, I took my first CE course in Minnesota - it was an orthodontics course – and started getting my first set of hours. It's been a great journey. I hate that it took me twelve years to take my Fellowship exam, because I was so afraid I was going to fail. I studied, and I would read the journals, and I would psych myself out and keep myself from doing it.

Finally, one year, I just made myself do it. I took the study course in Chicago and the Fellowship exam that weekend. I ended up passing and realizing, I don't know why I'd waited so long. I think it's good that the AGD advises the new members to take it as soon as they graduate, while the information is still fresh in their brains, so they don't have to go to the 2-day course and do the reviews.

It was a very comprehensive exam. It covered stuff that wasn't current at the time, new generations of bonding agents and hydrocolloid impressions that we talked about in school, but we never used. I was very impressed with the knowledge that they were asking about. A lot of times I wonder, how would I do if I went back and took it again?

I've had patients that have seen the announcements that I've made in the paper and online, and we've had some patients come to us because they've seen those credentials. For the most part, the credentials really mean more to me than they do to anybody else, but I think that the continuing of education in dentistry is going to benefit patients a lot. It means that we're staying on top of the field, that we're maintaining current information. There's just such a wealth of knowledge out there on the internet now that we can access. It's so much easier than it was 33 years ago when I was in dental school, trying to find out information by talking to specialists and finding out what their information was. Now we don't have to do that. I think it's going to keep us on top of our game as general dentists, because it's our job to know as much about everything in dentistry as we can. That's something that the AGD promotes. I just got one of their emails about the free webinars and CE that they offer for members. I've already maxed out on my hours for my licensing, but when March 1 rolls around next year, I've got a note on my calendar to start looking at those webinars and seeing what's out there as far as courses that I can take to try to stay as current as I can. It's just amazing how much information is out there for us to learn from.

What inspired you to choose dentistry as your career?

My dream was to be a neurosurgeon. I've always had a love of biology and anatomy, and my dream was always to go to medical school. When I was in college, I was given a scholarship to medical school at the University of Chicago. At the time, my mother was terminal with breast cancer. We didn't know how long she was going to live; we knew she was on her final days. My dad and I talked about it, and we both decided it would probably be best for me not to be so far away from home, to be able to come home and be with my mom when she passed away. My college advisor told me that all my prerequisites for medical school would transfer over to dental school and that my chances of getting into Florida were going to be very good. I got into Florida on the first round; and my very first semester, three days before finals, my mom passed away. I was able to be home and be there for her when she passed away over the Christmas holidays. I truly believe that it was a God thing, that He called me into the biological sciences and then when the time came, He led me to realize that dentistry was going to be the calling that I needed to do.

Dr. Ray and Sharman Morse

I graduated in the summer of '92. I was a dental assistant in 1987, before I went to dental school, so I've been doing dentistry a long time, and I still love it.

I've been asked 20 times in the last two months, when am I going to retire? I'm not ready to retire. I still love dentistry; I still have a lot of things I want to do and a lot of things I want to learn. I've been in the same location for 25 years. It's a small three-operatory office, and I have kind of a minimal staff. I was telling my executive pastor at church the other night that I love doing what I do, I love where I do it, and I love who I do it on, because I have patients that are my friends. They're not just people who come in and let me do work on them. I see them in the grocery store. I see them at church. I've got some people here in the practice that I could give my housekeys to and ask them to do something, and they would do it, and I wouldn't worry about anything. It's more a lifelong calling for me to be in the biological sciences.

I love teaching; I've taught as an educator since I was in junior college. I've been a tutor for math and English for adult education. I've taught volleyball at a college level, and I've taught computer science at FSU as a tutor. I've taught in the assisting and the hygiene programs here in Panama City. And I get to educate patients! It's something I get the opportunity to do every day, and I love it. I'm hoping that I can continue doing clinical dentistry for a long time, but if not, I'm hoping that teaching will be something that I'm able to do.

I'm an advisor to the dental community at the Gulf Coast State College; we meet a couple of times a year. I usually get asked to do one or two lectures a year, and I've helped out with the biomaterials lab several times. I teach the nitrous oxide course, which is always a fun weekend.

The most fun I've had is teaching local anesthesia to dental hygienists. Before the college started doing the certification in the program, I taught the certification program, and that's the most fun, teaching that class: the anatomy, the pharmacology, getting into the clinical side of it, and seeing the look on the hygienists' faces when they are able to do something like that and improve their skills and increase their value to the practice. I'm going to be receiving my LLSR [Lifelong Learning and Service Recognition] in a couple of years, and it's just been great.

What types of treatment and technology do you particularly enjoy?

My background is in computer science. My major at FSU was computer science with minors in math and chemistry, and I got all my medical prerequisites there. I was actually a programmer for a little while before I went into dental school, and I knew that technology was going to be a part of what I was going to do in dentistry. We try to do everything as digitally as we can. I've got two lasers, a CEREC, a cone-beam CAT-scan machine, two milling chambers, and five 3D printers. We do 3D printing for diagnostic models; orthodontics, because I do removable; and implants. Anything I can do digitally, I'm going to try to do it, as long as the technology holds up. That's a good side and then there's a bad side, because technology always has a curse. Batteries die or a mouse doesn't want to work or a computer locks up, so my job is to fix all that when something goes down. We've worked over the years to try to be as digital as we can, as paper-free as we can, and it just keeps getting better and better. Sticking with CEREC and having been a Sirona owner for seven years, that has been really good for me.

Thank you for writing an article for our March 2024 issue on your dental volunteer work in Honduras! While serving as our President, have you had any time to continue these overseas missions, and do you have plans for others?

The church just went back to Honduras a couple of weeks ago. I had rotator cuff surgery in March last year, but I'm hoping to be able to go next year for the mission trip. It's very

encouraging that my church is so involved in that seminary and that medical clinic that they have down there. It's been really great.

We're partnering with Donated Dental Services, and they'll send patients our way for whatever they need. We had a gentleman a few years ago that we did some implants on and an overdenture to get him through the end of his life. He passed away a year or so after we got the work done, but that's been another organization that we've worked with to try to at least provide some work for people that are in need.

Speaking of community involvement, do you think there are any additional actions we can take to encourage Florida counties to restore water fluoridation?

It all comes down to education, and we were talking about how easy it is to access information at the push of a button. We just recently had a family leave the practice because the hygienist used a fluoride varnish on the daughter, and the mom did not want her daughter to have fluoride. She got upset, and we lost four patients out of the practice because of that mistake. That was entirely our mistake, but the issue is that the patient has a misguided idea of what fluoride is all about. It comes down to education, but the problem is that I can sit and talk to a patient and tell them what I know about fluoride, and then they're going to start Googling on their phone, and they're going to find ten different mom and pop websites that refute everything that I say, when there's no evidence at all about what this person is saying. You can't believe everything on the internet, but the problem is, if you go to a reputable, peer-reviewed site that is scientifically based, people will still say, "Well, you can't believe everything on the internet!"

Earlier in the year, there were reports coming out of Alaska from some of the communities where they had discontinued fluoride twenty years ago, and now the state government is wondering, "Why are these kids developing such bad cases of cavities?" It's one of those answers where you just have to say, "Well, duh! You took fluoride out of the water, and now it's coming back to bite you!" I'm hoping that those types of reports and studies will help other communities understand, "Yes, fluoride is beneficial in the proper dosages and done in the correct ways."

All we can do is present the evidence and try to help them to understand. If I don't have the information at the tip of my fingers, then I'm not doing my job. That's one of the benefits of the AGD. It gives us all that information that we can present to patients in short printouts that we can give to them to say, "Here's what dentistry believes about the benefit of fluoride. Here's what dentistry believes about the benefit of sealants. Here's why we don't believe amalgam fillings are the downfall of society." The AGD has allowed us to do that because its scientific peer-reviewed articles and research have a basis that is not lopsided because of lobbyists and money. It's good information because it's coming from an organization that I've been a part of for almost 35 years now, and I believe that the research is true.

The downside is that it takes so long to be able to present that evidence. If a community stops their fluoride, you can't say within six months that the incidence of cavities rose in that area just from stopping fluoride. It took twenty years for those areas in Alaska to get to a point where they finally said, "Okay, something's going on. What was the proximal cause of it all?" If you reintroduce fluoride into the communities, and dental educators go out and emphasize oral hygiene instructions and go into the schools and start working with these kids at a young level, then it might take another twenty years to start seeing the upside of it. It's not something that is going to happen overnight, unfortunately. It's long-term research that requires somebody to follow through with it all, and it just takes time to do something like that.

From left: Drs. John Gammichia, Ray Morse, and Bipin Sheth

Is there anything else that you'd like to share with the Florida AGD members, Dr. Morse?

I appreciate rotating through all the [FLAGD Board] positions over the years and the advice and support that I've been able to receive. Even not rotating through as an officer, just being part of the board, it's been an experience; it's been an honor. I hope that I can continue contributing to it all. I certainly plan on staying with the AGD for as long as I can. I'm planning on walking the stage in 2028, the year that the meeting is going to be in Orlando. I'm planning on doing my LLSR by then and getting all my community hours that I need. But it's been great. I'm a firm believer in the AGD. I think if I had to be a part of any dental organization, this would be the one for me, just because it encompasses so much of what I do on a day-to-day basis.

We've worked over the years to try to be as digital as we can, as paper-free as we can, and it just keeps getting better and better.

Accelerating Your Practice with Digital Dentistry

by Dr. Darlenn G. Ayan

I have been in practice now for 31 years, and can honestly say I love what I do because of digital dentistry. I moved to Naples in 2003 and started a new practice that was high tech at that time - I had sensors for digital radiographs and no paper charts. Boy how times have changed!

Nowadays, there is so much more.

Digital dentistry has completely revolutionized my practice. But why? Efficiency, Simplicity, Predictability and an Elevated Patient Experience. Let's break it down:

Efficiency - It is faster. Working in the digital realm reduces or completely removes drawn out lab turnaround times, and eliminates the need for provisionals for single units or short-span FPDs. Therefore, patients require fewer appointments, and everyday bread and butter dentistry becomes instantly more efficient. Furthermore, we can delegate scanning, finishing and polishing of restorations, and 3D printing.

Simplicity - I am not techy, so if I can learn it, anyone can.

Predictability - We consistently get great restorative outcomes. We know our preparations for indirect restorations, and by using CAD/CAM we can easily mark our margins. With training, you can dial in occlusion and contact strength for a repeatable, predictable restoration.

Elevated Patient Experience - By using a digital workflow we eliminate goopy PVS impression materials that our patients hate, and they do not need to come back for a single crown seat appointment.

For some of us that are a little older, remember having to take film radiographs and having an x-ray processing unit and dark room? In just a few years, I am sure we will all be saying, "Remember having to take impressions, pouring them up in stone, using a model trimmer and having to store boxes and boxes of lab cases?". Digital dentistry is just cleaner, faster, neater.... So going from the analog world to digital is a no brainer!

Some of the technologies available in dentistry are intra-oral scanners, cone beam computed tomography (CBCT), CAD/CAM software, milling machines, and 3D printers. The equipment has a high initial cost and every practitioner would have to evaluate the return on investment, but my experience has been that it rapidly pays for itself. However, it is imperative that we invest not just on technology, but on education as well to maximize its potential. Luckily, there is now an abundance of training available both in person and virtually.

Darlenn Grace Ayan, DMD, MAGD, FICOI, is a graduate of the University of Florida College of Dentistry and a lifelong learner. She has pursued advanced training at premier institutions such as The Pankey Institute, Dawson Center for Advanced Dental Studies, Misch Implant Institute, Spear Education, and is a visiting faculty member at CDOCS (CEREC Doctors) and is on the Dentsply Sirona Advisory Board. Dr. Ayan is a Master of the Academy of General Dentistry and a Fellow of the International Congress of Oral Implantologists. Her leadership includes serving as President of the Southeast Florida Academy of General Dentistry (AGD) and current Public Information Officer for the Florida AGD.

For someone who just wants to get started, my advice would be to get an intra-oral scanner and continue your relationship with the dental laboratory. If placing implants, a CBCT is a must for proper angulation and placement. A CBCT allows you to visualize both the width and height of the alveolar structure and identify key landmarks, including the maxillary sinus, inferior alveolar nerve and the mandibular lingual concavity. It is now considered standard of care to obtain a CBCT prior to implant surgery.

A 3D printer has many indications, including occlusal guards, retainers, models, and my favorite - surgical guides. As restorative doctors, we are the quarterbacks on the team and even if you are not placing the implant, you should be guiding the surgeon by providing the surgical guide. WE are setting the ideal position of the implant crown prior to surgery, by using CAD/CAM technology and merging the data with a 3D CBCT. But just like Dan Marino couldn't do his job without a football, we can't do ours without the proper equipment - CBCT and 3D printers are essential tools that we cannot work without in implant dentistry.

This is a very exciting time to be practicing dentistry, and new technology is being introduced at a very fast pace. Digital dentistry has given me the control to provide great treatment to my patients and in return have a successful and profitable career. I leave you with this quote by Paul Meyer, "Productivity is never an accident. It is always the result of a commitment to excellence, intelligent planning, and focused effort."