



## Blatchford Solutions Podcast #28 Dental Implant Camp I Dr. Nathan Doyel

Intro:	00:08	Welcome to the Blatchford Solutions podcast. A podcast dedicated to helping dentists take their practice to the next level while reducing stress and helping you build a better lifestyle. Now here's your host Dr. Blatchford.
Dr. Blatchford:	00:08	Hello I'm Dr. Christina Blatchford of Blatchford Solutions, and I am thrilled to welcome Dr. Nathan Doyel to our podcast today.
Dr. Blatchford:	00:25	Dr. Doyel has started a terrific course here in Portland Oregon called the Dental Implant Camp. That name sounds like a lot of fun with camp at the end and so he will tell us about that. And I'm thrilled to welcome you so welcome.
Dr. Doyel:	00:41	Thank you. Thanks Christina I appreciate that. We love what we do. We love being part of your group, part of Blatchford Solutions and you've really helps us move forward in doing more things and adding more services for our patients. Really appreciate that.
Dr. Blatchford:	00:58	Terrific. So you have been a Blatchford Solutions client you and your clinical partner Dr. Ben Andre who has been with Blatchford Solutions since 2011 and since that time you have increased of course your production and really worked on getting some great systems in your office and because of increased organization, and efficiency you and your team are able to take a lot more time off.
Dr. Blatchford:	01:28	What I love about what you have decided to do with them at that time is really focus on focusing on being a mentor which is fantastic.
Dr. Blatchford:	01:39	I think everyone should have a mentor in their professional life. It's wonderful that you have chosen to be a mentor for both the impact camp which we'll talk more about and then also with Sarah.

- Dr. Doyel: 01:54 Yes. Yes. Yeah it's something we've been placing implant since 1997 but when we decided to start doing more and make it more of a... broaden our scope we we went and took the Mexi course which we love. I think you took that too didn't you. Loved it. We did a great. We took that advanced course. We go down there and I helped mentor down there as well. I do sedation down there as well. And so we started our own camp to help doctors who aren't quite ready for the big you know\$30000 jump into the Macksey course but want to get your toes wet and start doing something before they go to that level. So that's what it is. Is that an introductory course. Yeah.
- Dr. Blatchford: 02:41 I think that's wonderful because. Thirty thousand is a big commitment. It's nice to be able to have something that you can put your toe in the way so to speak with implants before you jump full on in and and you may decide after joining a\$30000 program that you don't even like placing implants.
- Dr. Doyel: 03:05 And that's what we were afraid of actually. That's exactly right. Yeah and you know what equipment to buy YOU DON't YOU DON't KNOW. You know you trying to figure it all out at the same time is trying to hit the ground running and you spend the money and you're trying to get the patients in. So our goal is to get doctors started on the full It's just a two day camp. It's what it is.
- Dr. Doyel: 03:29 Level one, Level two. So level one is just hands on. It's a whole learning about treatment planning about the health history of the patient. What you need to know about the patient before you can place an implant on them, how to place the implant what risk and complications all those things you need to do how to go about drilling. We do a hands on tabletop through a guided surgery. So a lot of guys haven't had never done a guided surgery so we helped them learn guided surgery, do bone grafting on the same day. And then the next day those who are doing level two will have a patient and they actually will place an implant on a patient that next day. Wow. And so what we do is we help facilitate make sure we screen the patients the patients we've brought them into practice.
- Dr. Doyel: 04:11 We actually make the guide for it so we make a surgical guide. And so the next day they place the implant and it's fun to watch the excitement of doctors after they take the course. It's fun it's fun to watch them be excited about something new in their practice.
- Dr. Blatchford: 04:27 And it really is one of the things that is a purple cow so to speak. You're you're adding services to your repertoire of services that you already provide to your patient which is

so beneficial. Patients love to stay in your practice. They don't like to be referred out for things.

- Dr. Doyel: 04:48 They trust you they trust you they trust that you are going to have their best interests at heart and they don't want to go someplace else. But some doctors have never placed an implant or they feel uncomfortable with it. And so we want to fill that gap to help the doctors get that start.
- Dr. Blatchford: 05:05 I think that's perfect. And so you you all then select the patient so that a doctor taking that course does not have to search for patients. What if a doctor is taking the course has a patient that they'd like to bring to the course, would that work as well?
- Dr. Doyel: 05:20 No we've done that before. It's always been it's been bad. I'll tell you I'll tell you why.
- Speaker 8: 05:20 So we've had some people that wanted to do that. But the hard part is that they haven't learned yet what a good patient is for for them I offer this. First they're fertile land. Yeah. And so they end up bringing the bring in a patient who is adventurous has no and they have no idea where they want the implants. And then you're supposed to decide the location of a single implant. Right. All against this value. So this is really the great plan or it may have had a CBC-TV so they don't know where where the nerve is or where the sinuses. And so they're kind of lost in this trying to bring their own patients. So we've alleviate that from the stress of the doctor. We do the screening.
- Dr. Doyel: 06:28 We buy the patients. We even planned the guy the surgical guide said when you get here you can place the implant. OK you've done an implant now. Now you feel comfortable. Now what can you do next is not. This is not the end. This is the beginning now to get people started to become the biggest because none of my implant motor you need to decide on what implant system you want to use. You need to get the surgical instruments ready to go and then you start screen patients. You have them in your past in your practice you don't even need to go out and look for these patients. They're already in your practice right now. They will want services.
- Dr. Blatchford: 07:07 Which is wonderful. Patients like you are currently referring out to your oral surgeons or to your periodontis. And when these are these are now procedures, with this course and advance training beyond that you can confidently than place those implants. And so I think that that is absolutely wonderful for the patient. And of course the doctor who got to keep that in their practice.

- Dr. Blatchford: 07:35 So that's great. And so for those who are interested in just getting started like you said to begin with that after they had taken your two day course, What what do you feel like is next for them in terms of course work or getting comfortable with implants.
- Dr. Doyel: 07:55 Of course I want them to go home and begin looking at their patients and seeing what I'm comfortable doing and getting a few patients under the belt if they want to call or or talk with me and help me help them through those courses. We're glad to do that to help them decide which patients is right the appropriate selection for them in their own practices and then help them find out how to get it how to make guides how to order a guy. There's so many options now of making a surgical guide. And so that's what we want them to start doing is looking. And then once they've gotten the little bit of their feet wet now to take a big a bigger course take that massive. I love them actually for us. I really like the idea of Mary the American head of the implant dentistry.
- Dr. Doyel: 08:43 I think they're great. I think they do a great job in educating in and getting doctors to play the next level. And so I think once again on this level and they place a few implants and they feel comfortable now go on and take the next course. I think that's what the that's the best solution I think for anything.
- Dr. Blatchford: 09:01 I think that it's great and I share that with you but I think that that Mac the core is that working one is great but I have heard great things about the Mac port and around the country that they really do a nice job of really giving back both to the clinical knowledge and after them that the book knowledge to be able to do the treatment planning and really the fact that. All right. I think that's great. One of the things that you mentioned we're glad that you are a strong proponent of using surgical guide. And I remember one time you were telling me about about doing mapping back to color and that was just it was something that smacked the Course group for the most part about like that where you can guide with not something that they were into. And then can you talk a little bit about your experience with that. Sure
- Dr. Doyel: 09:56 sure. So for years you know that sort of guides didn't have a CBC-TV you know years ago we didn't know we didn't we had to do it from a radiograph and then we did it from models. We were able to superimpose these two things together and do it all digitally. So we had to kind of do it at the can like analog. You know you had to do it that way. So sometimes your guides were on sometimes you guys Rossett it wasn't really so fully directed it was more of a kind of in this area kind of guide. And so you know and I understand that the guys that I've really been out

there for years you know we've been rubbing shoulders with look at those things or tell us whether they're really Chenin cheesy but they really haven't explored the next level because in their hands they've been is doing it freehand but you get to see the results.

- Dr. Doyel: 10:44 I have a lot of we actually had our oral surgeon that works with us and we have several surgeons and they do a great job most of time. And but you see the Course cases to come in and you see they hit a tooth and they just get into the nerves of a decent tooth. And now these are hand. And now you have to explain to the patient sorry this happened to you as you canal. Now we have to fix this thing. It's kind of strange how why wouldn't we do a surgical guy.
- Dr. Doyel: 11:09 Well it was now to the point where you ask them why do a search of a guy. And they'll tell you it's expensive. And it was \$500 to do a surgical guide. Well now we're print we're having ours printed now for 72 hours. You know you've got a lot of giggling and you print it you get it printed it's believed you the next day or you can know it yourself you know with Sarah we have it ourselves. Fifty fifty five dollars because it costs us to Millot ourselves or we print it for 75. It's pretty easy. There's no really good excuse not to use one now but love having been trained in how to use it.
- Dr. Blatchford: 11:43 So right now in a healthy way technology is really there. I love that in that court that you're really embracing the available technology to get of the Knesset and the confidence that having the guy get to be able to know that where you're placing the implant exactly right you need to be pricing them out a bit at the bottom.
- Dr. Doyel: 12:08 A well-meaning guy is priceless. It's a time saver. Absolutely. I mean there's this point where I've done a surgery and I almost feel guilty because it went so quickly and so straightforward. I think one of our surgeries we did it was literally 12 minutes and we were not hurrying. We were trying to do it fast. It just took 12 minutes. And how am I going to get on. You've got to be patient numb. OK. Open the gums and you place the drill to the area and you put the implant in and you cover it up and suture. And we were done. And I thought I looked at the time with my skin issues. It was it's just broken isn't there. I didn't mean to do it fast. I
- Speaker 9: 12:50 just I was just going through this procedure.
- Dr. Doyel: 12:56 Yeah. So anyway. I know you do two minutes but it's amazing how quickly things were before it sounds like the in between it because you want every angle to be just

right. And you know it's wonderful we all have that technology though.

Dr. Blatchford: 13:10 Absolutely and that also goes back to hand-in-hand with Latchford that you have access to them so that it can take 12 minutes on an implant that is pretty easy or non complicated to place you. Correct. We do everything the same way we have every time we go by a checklist that we know we have everything in the room we don't have to break our sterile field. And so with that that level of organization that really makes makes that difference and make that work well.

Dr. Blatchford: 13:42 And so it sound like as for you and your clinical partner Dr. Ben Archdruid are on are are available to court members are for past court Candy to talk about different cases. Is that likely right.

Dr. Doyel: 14:04 Yes absolutely. Yeah. We want people to. Our goal is to help other doctors excel in and start the process was really good going and to make my right decisions. I don't want someone taking the course and walking away and just doing something haphazardly. We want them to do something very well. And even the ultimate scenario I gave you. It didn't just happen it's because we planned ahead of time we did the work ahead of time getting everything in place we needed to do getting the guide plan doing everything beforehand. That makes it work well. And so we want doctors to do the same thing we want them to be successful at this. And really you know I don't want them walking away doing a poor job. I wasn't doing a great job and they're finished with this and then moving on to the next level. Help them get to her. That's

Dr. Blatchford: 14:52 wonderful. That's it. I can it that you deserve it. It really is. Because they need a can really be intimidating to do that really that you've never done for the first time. Usually in a dental school. And I think that schools are maybe doing a little bit more of an implant than that type of thing for the general dental. Right. But it's more than just a feel really the bone will get out of both people get out of school. And Bay they've been told that implants are are something that you need a lot of training which you know and they probably had somebody in my class. We we had our instructor for implant and a fair amount of time selling a lot. You had it. Right air in completely evaporate ever even thinking about the possibility of getting implants that way though and that that is how you get to her coming out of all of that you think oh my god that I am right with you.

Dr. Doyel: 16:08 Right and you want to be you want to be careful. You want to make sure you're doing things right. You want to make sure you're planning everything. I think I think also

by by teaching to do it guided you know we have a lot of doctors who are saying you know if you see if there's a problem going on after Sandy did ask her Did you have a CBC and the doctor says no. Why

- Dr. Doyel: 16:27 didn't you have it. Well it will take time money. Well those aren't good excuses being out there really you know nowadays it's kind of become the standard of care to have a CD. And then they asked did you do it. You just a guide. No. Well why not. I don't need it. I'm that good. Well obviously you're not. And that's what's happening. If there's if there's problems going on because you know it is helpful it's very very helpful to have a guy to have a CBC-TV to know where you're going when you do the surgery. And so that's what we're trying to make sure we promote is well done well well orchestrated so surgeries was for for patients that they have a great outcome with this because these patients that we we have when you done with the course those are our patients those are patients we're going to see afterwards and we follow up on. So
- Dr. Blatchford: 17:16 yeah wouldn't that be. Definitely. That your your best interest there is to make sure that there are six that are so very glad. I think that's wonderful right so. So where can one find out more about your heart.
- Dr. Doyel: 17:35 So dental implant camp dot com is the Web site you can go to. And we actually have our next our next course our next camp is tomorrow. And we're it's already out already. It's going tomorrow. Yes and I'll be set up for it. We have it here tomorrow. The next one for level two is in April. OK. And I would recommend that anybody who wants to. The biggest problem we have right now with Oregon is a state where you can have doctors. Other states do surgeries but you have to have a non resident permit and it takes time to get that in place. So I don't want doctors waiting till the last minute to try to get it won't work. You know you can't be at it turned over with the board and the board has to receive everything as do background checks or check on you. So the earlier solely signs up the better because we can then have that go to the board and make sure we have here.
- Dr. Blatchford: 18:31 And you have left and I what. What would you say is the typical time involved in their life that they're talking three months now. It
- Dr. Doyel: 18:42 was it was like Man we they they said it was a few it was a few weeks. You know last year two years ago now it really makes it hard. So we have about a three month period because of something if there's some pause in the background check or something going on. They what they have to have time for it to clear to the board and importantly meet some one year or so. So we actually

have it on our Web site and at least the dental implant kept level 2 does a little blue box says download nonresident permit. They click on that and they condemn that send it to us so we can get it going.

- Dr. Blatchford: 19:17 Well that's one. Not every state doesn't allow that.
- Dr. Doyel: 19:21 Correct. Exactly. That's also why the Oregon Oregon mess of course is so good too because they can do that as well. You can come in to do the surgeries here in Oregon. Same
- Dr. Blatchford: 19:29 reason I can buy. Yeah. I think that that the Hands on is really just how invaluable are that we really are all that competent because there are plenty of courses where you can go and you you are working on a desktop or maybe you're working on a paint job or rice paddy. Right right.
- Dr. Doyel: 19:52 Not the same not the same. Right.
- Dr. Blatchford: 19:54 Right. So we're working on an actual live piece. And I mean anyone can relate to that having gone from like second year working on Typepad on and then going down the clinical floor and online apps. Well this is a completely different.
- Dr. Doyel: 20:09 It is a good place to start. It's a good place to start. Do it do it on the table top first do it there and then do it on a patient. So start there. Start blessing first. Right.
- Dr. Blatchford: 20:20 Yeah. Very good we got it that way. Yeah. Very sad.
- Dr. Doyel: 20:25 Now you offer this or in any other locations that we offer a level one would you offer a little one in other states like Sacramento or we're going to Sacramento in March Phoenix Salt Lake and we have a request to go out to other states as well but that's level 1 that's where we do the full day it's one day course it's a tabletop again. Get just get yourself started learning how to use the mortars the drills you know and do bone grafting all that's level 1 1 day course but learn to where you place and plan on a patient. We review everything you learn in level 1 and then we have the next day we place the implant for patients there. That's only here. Yeah.
- Dr. Blatchford: 21:08 Love to see OK but that's not perfect. That makes a lot of fun because you get your patients from your practice.
- Dr. Doyel: 21:15 Right exactly. We can follow up on them. Yes so next one. So tomorrow we have one tomorrow but for April 20th is the next to June 8th the 9th and in September 7th and 8th of next year. Those are our ok horses for next year.
- Dr. Blatchford: 21:31 Very good. I think this is a tremendous event and one that both you and Dr. Underwood for doing it. It's just it's a

wonderful thing for doctors who are interested in potentially adding implants into their repertoire. Our clinical skills. So it is terrific. Thank you so much for. Absolutely. Lights are on here. Dental implants can't read. It sounds fabulous.

Dr. Doyel: 21:57

Thank you. Appreciate that. Thanks for having me.

Outro: 22:01

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