Reinventing Dental College Education: The High Point University Model – Dr Kevin Cain and Dr Muhammad Ali Shazib: Ep #569

Guests: Dr Kevin Cain and Dr Muhammad Ali Shazib

Dr. Kevin Cain:
This is the most exciting time to be in healthcare. I strongly believe this is the decade where dentistry is going to become such an integral part of healthcare, contrary to some people who believe it's going to become commoditized. And this is the time where they can think about how you can incorporate those emerging innovations, making dentistry completely reimagined.

Dr. David Phelps:
Decades ago, I hustled to grow my dental practice and real estate empire. Society patted me on the back and every new deal and patient reinforced the success they said I had. Then my daughter Jenna was diagnosed with leukemia. Nine years, several intense chemo treatments and years of epileptic seizures, my daughter was given one more miracle, a life-saving liver transplant.

In that hospital, I realized I wasn't successful. I had money, I had real estate assets and a business, but the only thing that mattered was time with my daughter. In that hospital room, I decided to sell my business, leave active income and sustain my lifestyle with my real estate assets. Now, Jenna is healthy and all grown up and me, I am teaching others to do what I did. And I continue to uncover the principles, strategies and lessons we can apply in business and investing to create ultimate freedom for what matters most to each of us. Welcome to the Freedom Founders podcast. This episode will challenge everything you thought knew about dental education. I sat down with Dr.
Kevin Kane, a business strategist turned educational disruptor, and Dr. Muhammad Ali Shahzib, a Harvard trained clinician and dynamic leader who together are building the Workman School of Dental Medicine at High Point University from the ground up. What makes this dental school different? No student clinics, no DAT cutoffs, students learning in real practices from year one.
and not just the clinical side, but the business and financial component that so many new dentists struggle with from the start. This episode is a deep dive into how bold leadership, entrepreneurial thinking, and mission-driven innovation are reshaping not just dental education, but the future of the profession. Dentistry is aging faster than most people realize. Student debt is soaring, private practices under pressure, DSOs are consolidating power.

Dr. Kevin Cain:
change.

Dr. David Phelps:
and the gap between what dental schools teach and what real world dentistry demands keeps getting wider. We all feel it. We all talk about it, but until now, almost no one has rewritten the model. At High Point University, that rewrite is happening boldly, quickly, without asking for permission.
My guest today, one of my two guests, Dr. Kevin Kane, didn't come to dentistry through the traditional path. His early career started in business and strategy. where a consulting project with a $3.2 million dental practice opened his eyes to both the potential and the inefficiencies of the profession.
That experience eventually led him into leadership roles at Augusta University and UNC, he first saw firsthand how far dental education had drifted from the realities of private practice and patient care. Then in February of 2021, he sent one email, a simple question to High Point University President Nito Cabane, would you consider building a different kind of dental school. And within minutes, the conversation began. And within three months, the university committed $150 million to build it.
And just three years later, High Point enrolled its first class of students in a model that looks nothing like traditional dental education. Joining me in Dr. Kane today is the Dean of the Workman School of Dental Medicine, Dr. Mohammed Ali Shahzeeb, a clinician, a Harvard-trained oral medicine specialist, and a leader who still treats patients one day a week. His background spans private practice, academia, oncology, and national clinical leadership. Together, these two are designing a program that puts students into real practices in their first year, uses advanced simulation and calibrated faculty mentorship, and trains future dentists to

become clinicians, leaders, and entrepreneurs, not just technicians. Along the way, we'll also address one of the biggest misconceptions surrounding the school, and that's its relationship with Dr. Rick Workman.
of Heartland Dental. There's a lot of noise around that topic and today we intend to bring a lot of clarity. So this conversation is not about theory today, it's about the future of dentistry. And I'm thrilled to have these two gentlemen with us today.
These are two people who are bold enough to build that future. So Dr. Cain, Dr. Shazeeb, thank you for being here.

Dr. Kevin Cain:

Thank you, David. David, such a pleasure. Thank you.

Dr. David Phelps:

Well, let's start out with the shift in the profession that I mentioned and we all know is there. And as I told you earlier, I come from a vintage many, many years ago, but my pathway in the educational process was quite different because today the economics of healthcare, the technology advances, which are amazing, brings ■ a lot of complexity to the equation that traditional education is really hard to keep up with. mean, I'm not... an acquisition, but I certainly can understand the difficulty in making changes in a traditional model and trying to keep up with the pace.
And that's really where I think the two of you have come together very boldly with Dr. Cubane's commitment as well to bring things forward. So dental education is overall still stuck in a decades old model. Our graduates are facing hundreds of thousands of dollars of debt coming out of school today, traditionally.
The technology, the patient experiences have changed. The schools have had a hard time trying to even get close to keeping up. DSOs, Heartland being one of those, dominate one side of the equation and traditional private practices on the other. Burnout, as we know, burnout amongst our colleagues in the industry is skyrocketing today.
And most dental schools are still teaching like it's 1983. So a different model is being built in North Carolina, a model that started with a committee not with the committee, but with one bold email that Kevin you sent in February of 2021. So that's the origin story. That's where I'd like to know a little bit more about how you approached Dr.
Kovane and did you expect his response to be that quick and that forthright?

Dr. Kevin Cain:

■ I really didn't expect it to be as quick as it was. I've done a little bit of research on High Point University and looked at their Form 990. Really knew they were in a financial situation that's pretty rare and unique in ■ higher education where they have the cash available to really commit to ■ doing dentistry the right way or what I hypothesize might be a better way than currently existed. But no, I didn't think that things would progress as fast as they did.
less than three months from first contact to actually committing to starting the dental school. And I think we've really rapidly accelerated since then. When Dean Shaza joined us, he really added a lot of fuel to the fire because he's so clinically inclined and so patient-centric that we really went from what was an idea for a mediocre Mediocre attempted this dental school to an

amazing, amazing thing that we've together built.

Dr. David Phelps:
Why do you believe Dr. Cobain took such a quick interest in this model in dentistry? What piqued his interest? Does he have a broad awareness of the complexities and the friction that overall is in healthcare today, but you brought something forth in a model that he could quickly understand.
What did he see that brought him to the forefront so quickly, do you believe?

Dr. Kevin Cain:
I think he understands dentistry because he's the father-in-law of a dentist who's a second generation dentist in High Point. And so I think he saw the potential because he knows how successful individual private practices can be. And because High Point University focuses on life skills, it's premier life skills university, I think he inherently understood that the way that we were talking about teaching dentistry or... providing an authentic clinical experience or authentic clinical environments for our students really resonated with them because they've done so much in the realm of building a university that has a reputation for actually getting ■ professionals ready to enter the real world and giving them skill set to not just have the technical skills but also have the soft skills necessary to succeed in life.

Dr. David Phelps:
Dr. Shazam, where did you enter the equation? At what point and what was your connection either through Dr. Kevin Kane, through Nido Cabane or some other connection?
I'm very curious how that came about.

Muhammad Ali Shazib:
Yeah.Also, Kaviyat, I followed your podcast when I was in private practice as an owner in Maine, and then you a fellow in Rockland, Maine, who is a big, big fan of yours. So I was exposed to Freedom Founders at that time, and it was one of my mastermind therapies when I was a practice owner. And so having gone through the experience of being in private practice and also being in a clinical leadership role in a large DSO and then hospital, I actually worked with Dr. when he was vice dean at the University of North Carolina, Chapel Hill.
And so he reached out to me right after the sort of fast paced High Point University story started is, oh my God, we're here at HPU. We're building something incredible from carte blanche. You know, you've been through different diverse experiences as a clinician and entrepreneur. Would you like to join and visit and see what we're doing?
And so that was around November that I visited HPU. And in January, I joined as a chief dental officer at HPU. From that point onwards, it's been a blank slate, writing, understanding what the trends are in developing a model that's going to address the evolving landscape of healthcare, our system, our patients' needs, and also where our economy is right now.

Dr. David Phelps:

Yes, yes, indeed. Well, you both left, I would say, you know, very prestigious careers ■ to kind of go all in on something that was very, very, very bold. ■ I mean, that tells me a lot about who you are ■ and your conviction about ■ your desire to help change the industry, obviously in a positive way for all stakeholders. And I think that's that's what's exciting about it, because ■ as we have looked at the iterations of the industry over just even the last decade, as there's been certainly the economics, which to be a model that has sustainability, there has to be a profitability to have doctors who want to enter the profession and be sustainable in a model that they don't have that burnout, that they can feel like they are in something that provides, obviously, the service they want to give, the reason to go into healthcare and into dentistry, but also on the same side, something that builds a lifestyle for themselves that they can also enjoy.

And I think that's where we've seen so much of the dissonance in, again, I'll say healthcare overall, but we're talking about dentistry today, is that many practitioners, because of models that they've grown up with, which I grew up with, have changed. And we've had the economics of scale, which I think, know, private equity backed DSOs. And again, I'm not here to plug either one. And I know you both have familiarity with them, but that happened because there's a void.

When there's a void in the marketplace, somebody, somewhere is gonna step up and say, well, can I fill it? doesn't mean it's right or wrong, it just means there's something that needs to change. So you have these different dimensions that come in and say, well, we're to try this model. And so there's disruption and nobody likes change overall.

This disruption causes problems and private practitioners say, well, I don't like the DSOs because of this or that or the other. And the insurance companies are driving my reimbursements right down. And so now I feel like I'm on this treadmill. And of course, that's the whole, I guess, the downside to the profession is, you said patient care.

be able to deliver that in a way that is efficient, effective, but also allows for the economics to allow it to be sustainable. And that's what I think is so unique about what you're doing at HPU is that model. we first, before we talk about the model itself, I want to talk a little bit about the application process. Who is your ideal perspective student at HPU and how do you find them? How do they find you? And because it's been so many years since I went through the process of application where it was essentially a GPA and it was a DAT score and some kind of interview. I didn't even have to sculpt the chalk or whatever. Some schools did that.

I mean, that was it. And they made a decision based on that. So how is it different today? What are you looking for in terms of your ideal candidate?

Dr. Muhammad Ali Shazib:

If we look at what's commonly practiced, scholastic and standardized tests and cutoff scores that make the first part of an application review that includes a grade point average, that includes different competitive courses taken in science, technology, engineering and mathematics, the STEM courses, and then the DAT score. What's very different in our model is that we don't set any cutoff per se. We are looking at cognitive and non-cognitive skills. And we're looking at values of compassion, growth mindset, innovation, integrity, resilience, and leadership in an applicant.

We are one of the only schools, if not the only school that is not on a centralized application. We don't charge an application fee because we want to learn everything about our applicant's

journey, their experiences. their attributes and what makes them resonate with a career of dental medicine. And the only part that they do pay is a third party test called the Casper test, where they are being judged for ethics, professionalism, situational awareness, and the non cognitives like emotional intelligence.
And the interview process is very different. They are immersed into a simulated classroom activity. where they're actually participating in a sample class that would be like a real class that we would provide so they understand case-based learning and the flipped classroom. Education, as we've understood, the learning science has changed a lot.
We know that the attention spans are different for different aspects of education, and we gamify learning a lot in what we instruct. So that's something we incorporate and expose them to what a real day would be in the world of a dental student. And then they actually get exposed to the haptic simulator where they are assessed on a new technology and they're asked to do various tasks on the haptic simulator, which is recording their attempts, their rate of improvement with each attempt to understand how would they respond if they had to try something new and how would they do if they had repetitions to something they would do new and also look at psychomotor skills and overall response to failure. And that's something I think in dentistry is we don't really get a chance to fail safely and forward enough.
And so we're looking to capture the understanding of failure response mechanisms in the interview cycle. And so it's a very different process because we're looking to really bring on more entrepreneurial growth mindset, resilient people, and not necessarily an A plus 4.0 GPA. I would rather have someone at 3.6 who's done all these incredible services and has all these diverse backgrounds. And we see that through the composition of our class.
And I don't know if you want to talk about some aspects of the profile of our class, but we've got some really incredible backgrounds that that model has led us to bring into our classes.

Dr. David Phelps:
Yeah, I'd love to hear about that, give us some background there.

Dr. Kevin Cain:
Yeah, so our first class has six dental hygienists in it. About a quarter of the class had dental practice experience of some sort. So they were either dental assistant, managed dental practice, or were hygienists. And a good number of the other ones in the class actually did way more shadowing hours than your typical dental students.
And we've caught a decent amount of flak for being DATA agnostic. But I think if you came in and you saw the work that our D2s and our D1s are doing right now. it would click, you'd say their admissions process makes sense now because we've had faculty come in from other schools around the country. We've joined our faculty and they say, how are your first semester D2s doing crown press at this level?
And it's because they're adaptable, they're put on the haptics early. A lot of them already have psychomotors from either being a lab tech or being a hygienist, being a dental assistant. They understand it inherently. And so they already have an advantage over your traditional student who's coming through four years, doesn't have a work background and a dental practice.

Dr. David Phelps:

Yeah, I think there's so much wisdom there. I remember back over 40 years ago when I was in my class and at my lab bench, were at least two of my classmates had dental lab experience and they were by far way further along in their capabilities. They weren't academically the top of the class, but they became very good dentists and they may have through an application process, maybe not received the opportunity to get in. So I think Stripping away the profiling just through test taking, which is kind of the way so much traditional academics is set up today.
It's so wise because otherwise we leave out a lot of potential and it's not all about your ability to take a test, regurgitate information as we well know. Kevin, I want to go back to you again and let's talk a little bit about, you came not from traditional dentistry, your foray was actually doing some side consulting in, as I mentioned, that particular practice that needed some help in. You come from look at strategies, it didn't matter what industry, it just happened to be dentistry and you saw the inefficiencies. And I think through that, that was where the connection to Dr.
Rick Workman came. Am I correct?

Dr. Kevin Cain:

So I actually was part of a practice transition into Heartland Dental back in 2009, 2010. I got to take a trip to Effingham, Illinois and meet some of the leaders of Heartland at that point in time. That really spurred my interest in the DSO model because you've seen it in healthcare, you've seen it in pharmacy. Dental was just at the very decency of consolidation.
And so one of the things I really cut my teeth on academically was being the first unbiased reporter on what the DSO model was. I was trying to provide an unopinionated or an unbiased view of this is what a DSO is. This is how they're structured. They're not evil.
They're not wicked. I wasn't taking the position of good or bad. I was just trying to provide as objective a presentation of what they were. ■ But watching what was happening, I thought really for almost the last decade, and I presented this in a job talk at a previous institution, that there's an opportunity for academia to play a role in practice ownership and in more broad patient care than just the traditionally either elderly or indigent types of populations that general schools typically care for.
And so I... called it the White Knight Strategy, where you could sell your practice to a private practice individual, you could sell it to a private equity backed DSO, or now you have third option to sell it to an academic institution and come on as a faculty member. It took the right place and the right leadership and the right mentality and the right colleagues and partners to do this with. I was fortunate enough to keep Dean Chazab at UNC when we were there together.
And then fortunate enough to convince them to make the lead to come here and do this project. And he's been far more valuable than I've ever been in what we're doing. We almost went with a traditional dental record. And I think the first day he was here, he said, we're going epic because we need to make sure that dentistry is rooted in healthcare, not siloed or separate from healthcare.
And so he came in, made that definitive decision. And I think we've been among the most proficient users of Epic in the country from a dental perspective. And that's really a testament to his belief that dentistry is not separate from healthcare. There is an inherent need to understand the entire...

Dr. David Phelps:
No doubt, no doubt. And with healthcare issues and needs increasing across our population for various reasons we don't have to speak about today, the holistic approach is more necessary, even mandatory, I believe, particularly for people who want to be more autonomous in ■ being part of their healthcare and not just relying on the traditional, I've got a problem, give me some medication to fix it. You spent your career building a profitable practice that actually impacts your community. Now private equity calls, DSO sends shiny offers, and suddenly everyone has an opinion about what you should do next.
If you're a dentist thinking about selling, transitioning out, or just trying to figure out what your practice is really worth, you don't need more noise. You need a circle of people who get it.

Dr. Kevin Cain:
you

Dr. David Phelps:
This is why we've built a new private Facebook community for dentists who want straight answers, real comparisons, and the confidence to negotiate from strength, not fear. No jerks, no sales vultures, just dentists sharing what works, what doesn't, and what to watch out for when the too good to be true offers show up. Inside the new group, you'll get access to tools, field evaluation resources, and conversations with docs who've already been where you are. You're not up against one buyer.
You're up against an industry that does this every day. Together, we level that playing field. If you want support without judgment, clarity without the pressure, and a community that protects its own, you belong here. Go to freedomfounders.com slash exit-ready dentist to request access to the private Facebook group, Take Back the Leverage.
Don't transition alone. That's freedomfounders.com slash exit ready dentist. You're both very obviously your entrepreneurs because you've you've taken risk. You you you see the opportunity, the challenge.
You could have stayed at your previous positions and had a have a fine life. No doubt and been very relevant and purposeful there. But you chose to do something different. And your collaboration together, knowing each other as you have for the number of years, obviously is a is a cornerstone of why this is working.
I mean, I know there's many other pieces and support that you've had with HPU and we'll talk about Dr. Workman in a moment again. But I think the collaborative aspect that you've brought to the forefront with the way I'm sure that you balance off of each other, the complimentary aspects to me, I just, I'm feeling here today, which is, which is again, pretty exciting. But I didn't want to just drop back into what does, so your connection with the DSO model, as you said, agnostic to it, but understanding it with Dr.
Workman's. vast experience in the model and what he with Heartland and others have brought to the forefront to establish a place in the industry. What have you gleaned in that relationship and how does that relationship work today with HPU? What is that relationship just so people are clear?

Because again, there's a lot of nuance out there, noise that well, it just sounds like Dr. Workman and Heartland is just creating a feeder system for Heartland or whatever. And I know that's not the case, but let's talk about and kind of that up today if we could.

Dr. Muhammad Ali Shazib:

want to preface to say that we get this question probably once a week at the bare minimum in person. And then if I know Dr. Kane loves to jump on the internet and look at forums and see what the audience says. And so I can probably assume that that's multiplied by 10 or 50 fold of the same question.

And I think probably every dental society or dental meeting that we are invited to present, we try to be as transparent with our answers so that there's really nothing to hide. And so I'm going to ask Dr. Kane to give his answer because he's got near perfect photographic memory when it comes to times, dates and chronology. So he can really walk through the journey of how it spurred the interest for, for, you know, Dr.

Workman to really sort of see HPU and what it's doing to the model that Dr. Kane had brought into HPU.

Dr. Kevin Cain:

First email was February 10th of 2021. That was my email to Dr. Kabane. asking if he would be interested in a different model of dental school.

We announced the school on May 5th of 2021. So I started officially June 1st of 2021 and Rick and Angie Workman, because we had a relationship at UNC where they donated $6 million to start a leadership program there, we invited them to visit in November of 2021. They came on campus, were blown away. They met with Dr.

Gabbain. I think the God Family Country aspect of High Point University really resonated with ■ Dr. Workman. And Christmas, Christmas Day of 2021, he sent a text message that said, I'm going to give 25 million to name the school.

He had subsequent meetings with Dr. Gabbain and he named the school and the building that we're in. But it's named after He and Angie Workman through their foundation has nothing to do with with Heartland. Arlind did not provide any money.

I guess you could say that the money that he earned from Heartland, part of it he donated to a high school university to name the school. But in the process of accreditation, you have to disclose if there's any conflict of interest from any particular donors or outside influences on curriculum. And we've been very clear from day one that we're building this curriculum in the way that we are interested in building it, has nothing to do with the DSO model, it has nothing to do with training students to go into a DSO model. Actually, the entrepreneurship part of our curriculum encourages them to either own their own practice, start their own business, become the next Rick Workman.

I hope that a lot of our students will start their own practices and become fabulously successful off of that, or start their own DSOs, or start their own equipment companies, whatever they want to do. I think in the timeline, and I'm sorry for jumping around, but in the timeline, most people assume that, or a lot of the people that we've heard from assume that Rick started the school. And while that he would probably start a very good school if he went that route, he wasn't a part of starting the school. He saw our vision.

He saw the God family country. perspective and values that High Point University has. And he said, this is what dental education should be. I would love to have my name on it.
So had nothing to do with wanting to buy the graduates of this school, had everything to do with, he saw someone doing something different or a group of people doing something different. And he said, this is, this is long overdue.

Dr. Muhammad Ali Shazib:

And if I may add to that, I think the level of disinformation, if you will, Or just lack of awareness is people will default say, you're getting heartland prices or you have heartland syllabi or your practices are owned and operated by heartland that you have across the radius from HPU and and factually categorically data wise in every aspect. That's not the case. It would have been easier to operate based on such a turnkey model, but the whole beauty behind the system that Dr. Kane envisioned was the academic institution can expand the ability to impact its population, which is the complex need of our patients, by being in the community doorsteps and having the students, learners be immersed at the doorsteps of community in a real life, authentic environment where you have the complexities of being a practice owner, a team leader.
and having to understand healthcare delivery and patient and community relationships that happen in different variety of ways. When people say that we have heartland punch lists or heartland preferences, that's just so not true. It's to the point that our epic innovation of getting epic was through Pacific Dental Services Health, which is another DSO. And that's how we got our ability to be connected to the healthcare system was through another well renowned DSO.
And so we're not, we're agnostic. We believe it's our duty to understand all healthcare delivery systems so that our students when they graduate are well informed and able to thrive in each of those healthcare systems.

Dr. David Phelps:

Well, I think this is so key to what the model you built and I'm gonna get into the model here in a moment, but what I hear just through the grapevine, the other forums and with practicing doctors who might be willing to bring on an associate, that young doctors in general, this is not laying the ground for every school, every institution, but many are not producing or graduating students that sounds like are. are ready to go. And there seems to be a large gap now that that could be because because our industry has advanced so far as you know better than anybody in terms of the technology and the diagnostic capabilities we have today that we didn't have, you know, 20, 30, 40 years ago. So that gap is there.
But I want to talk about the model because that's where I that's where I see, as you said, you're giving early experience not just to how to cut a tooth, which was which was everything that I learned is like you step by step and and if you advance too far against the marginal ridge failure, know, it's just, it's like, why can't we just, you know, in the models, can we just go and fail a few times first so we can feel what it feels like to actually, because I think you've spoken and we'll talk about your model is in school and traditional schools, there is no time constraint. If it takes you, you know, two appointments or three appointments to come back and get that perfect impression on Mrs. Jones, then that's just what it takes. So sorry, gang, because we're

going for perfection here.
We don't care about real world. And so you have young doctors that are graduating, which in many cases don't get the reps because it's all about this perfection and having to check all these boxes off. And then they get to the real world and no wonder there's this dissonance between, these young graduates, they can't do anything. And we have to send them to GPRs, which is nothing wrong with that.
Or as a mentorship, we have to invest so much time in them, which... is can be kind of a misconception or a drag on the senior doctor. And so, yeah, you're feeling that gap. So let's go into the model because I think this is what's, I wish I could go back and be a student again. Let me put it that way. I wish I could be there doing what you're doing. Talk about the distributed practice model. You mentioned, you know, the hub being the main campus, but the acquisition of other practices where the selling senior doctor says, I'd love to be part of this. I don't have to travel two hours to get to the main office. And I love to teach and mentor and have this be kind of my transition. How's that model advanced? And again, what's been the takeaway from students being in the real world environment and actually seeing patients and doing some procedures relatively early on?

Dr. Muhammad Ali Shazib:
This is a question I think we could speak in eternity about. So we do our best to make it as digestible and as like first person perspective as possible. Firstly, we're the only school that has a campus building that has zero student clinics, zero student clinics. So all of our practices are out in the community that are owned and operated entirely by us, which is called.
HPU Health and that's a nonprofit academic health system. No different than how Duke Health would operate or UNC Health or any other health system would operate. In each student or learner's curriculum, they have a six week period of a module. They don't have an oral path 101 course, then an oral radiology course and all these courses that end up being duplicative and from a resource and learning standpoint, they are inefficient.
We have integrated and weaved each and every learning activity in a flipped model where we throw the mic literally throw the mic at the learner and it's through questions and case based learning and facilitation. And so if we're teaching someone, for example, type one hypersensitivity reaction, we will present to them a patient scenario, the medical history, the case, the radiograph, the procedure. And right after the procedure starts, they all of a sudden develop. We, we, prompt them with an angioedema or anaphylactic shock.
And so then we teach through the lens of a patient environment or patient case vignette of what happens. And then we dissect the biomedical aspect of it. Okay, what's type one, immune mediated hypersensitive reaction? What's IgE?
We talk about the behavioral science. How are you gonna provide comfort to the patient, reassurance to the patient? How are you gonna make sure that this isn't converted into panic attack for the patient or anxiety for your team? How do you manage these multiple pieces? What's the behavioral aspect of the sudden onset of this traumatic observation, right? And then what we weave into it is also the clinical sciences, like managing the clinical emergency or medical emergency, and then the dental modification. And then we talk about a practice management scenario. What if the patient wants to sue you because you didn't really review the medical record and understand that they've got an allergy to something?

So then how would you be positioned to get the proper counseling or advisors or what are the best practices or what are not the best practices? It's also important to know what you're not supposed to do and show the failures and successes of these. So each six week block, our students go through a very well-weaved integrated curriculum that includes practice management, behavioral science, biomedical science, clinical sciences. And during that time, a year one student spends a day a week in the practice.
where they learn all the support care roles from understanding how to pick up a call, do scheduling coordination, how to do a morning huddle, how to do a profit and loss statement comparison, break even analysis, all the way down to grooming patients, manual vitals, assisting and so forth. And in their first year, they spend a day a week. In the second year, they spend about two days a week advancing their clinical skills now that they've got more preclinical experience in the sim lab. And then year three and four, there'll be four days where we can practice at the level of a very entry level associate.
And so that's kind of the overall very, very, I'm completely diluting their four year journey, but through this journey, they're assessed through video recorded observations and how they talk to a patient, how they deliver empathy, how they present a treatment plan, how they have to talk to someone with nonverbal skills or interpreter services or special needs population. And so that's happening in the school. And I think Dr. is going to tell you what's happening in the network.
Perfect.

Dr. Kevin Cain:

When we first approach or when someone approaches us about ■ selling their practice or us buying a practice, the number one thing that they have to show an interest in is teaching. So first thing we look for is do they want to teach? Second thing is do they have a good rapport with their patient population? So we'll do enough due diligence to figure out if they've ever had board action against them, that immediately disqualifies you.
Do patients enjoy being a part ■ of your practice or do they leave you? We do chart audits to make sure that they're not overtreating. ■ And if everything is copacetic there, they have an opportunity that's pretty unique where we'll buy their practice at fair market value. We're not underpaying for the practice.
we're paying fair market value. ■ They become a landlord of the university. So they have an institution that is financially sound. renting from them now, and they get a salary plus clinical incentive to come on as a faculty member.
I think this is pretty appealing to a certain segment of the population that either enjoys teaching because they've taught before or enjoys teaching because they're on the CE circuits providing CE or they've been a trainer for a certain technology or company in the dental industry.

Dr. Muhammad Ali Shazib:

We realized and sort of retrospect that, we're not only bringing excellent faculty, we're helping our community so much because now this faculty is able to really enjoy what they love to do and not have to worry about the aspect of community PR and perception for whatever reasons, because they can continue to do what they like to do in the vicinity of where they

were and have an academic institute behind it and students in the environment as well.

Dr. David Phelps:

Well, it's an exciting model and gosh, we could, as you said, we could talk long and hard about this. I'd love to, come back and do more. In fact, I'm looking forward to taking a trip out to North Carolina after the first year. love to be there in person.

Well, let's conclude here today, gentlemen, just being respective of our mutual time. If you're speaking, either one of you are together or speaking to our industry. And that could be young students that are looking ahead and saying, the industry might be a profession I'd be interested in for whatever reason, or to those that are young in their career, in the profession right now, and maybe feeling the angst of the net load that they're carrying right now, or even those that are mid-career and are feeling that burnout. What would you say to these people, the large sector of the industry, about the future of dentistry?

What could we tell them to excite them about what you're doing and what... what your vision is, because I know your vision is very strong and I applaud it. But what would you tell them?

Dr. Muhammad Ali Shazib:

tell them that this is the most exciting time to be in healthcare because the conversations that are being held are so important to dentistry and oral health. I think generally in the last three decades, we have waited for this moment to happen where innovation has advanced at such a rate where we talk about precision health, saliva as a diagnostic aid, AI, digital dentistry, 3D printing. electronic health integration, understanding the mouth-body connection, and so forth. This is where I strongly believe this is the decade where dentistry is going to become such an integral part of healthcare that is going to elevate and make us more visible and more impactful to our community as it's been, in my opinion, very much deserving of over the last decade.

Contrary to some people who believe it's going to become commoditized and follow a pharmacy and optometry where you may have a Costco with a dentist in it, I generally believe in the form where we're going to be recognized for impacting healthcare. And this is the time where they can redefine, reimagine, and think about how you can incorporate those emerging technologies, emerging innovations, and making dentistry completely reimagined. Third, personally, I think

Dr. Kevin Cain:

This is a time where dentistry can become less isolationist or siloed because historically been one doctor in a single practice hanging their shingle, their hands are what generates the revenue within the practice in addition to the hygienist hands. But ■ they don't have sounding boards other than study clubs or the meetings they go to to really have networks of individuals they can ask questions about or learn from. test their skills against. We're really seeing that when they join HPU, when they become a part of HPU Health, it kind of opens up this new world where now you have colleagues that you can ask questions any day of the week and you're rowing in the same direction.

You're not competing with them, with the other dentists that hung their shingle down the street. Now you're all part of the same group and that group's intent is to educate the next

generation of dentists through exceptional patient care, not at the expense of the patient. And so they are attending dentists, showing our students how you're supposed to treat dental patients, not saying, well, yeah, you can do seven impressions on that patient because they can't afford to go anywhere else. You can do that denture on the same day because that patient doesn't want to have the inconvenience of coming back to this practice when you have the 3D printer in the middle capable of doing that in your for us.

Dr. David Phelps:
Well, I think a way to sum it up might be Dentistry, you're no longer alone. And I think that's exactly where HPU and what's your dream is going forward. So, Ali, Kevin, thank you so much for your time today. It's been a pleasure to have this conversation with you and the word and the mission that you created together with Dr.
Pined.

Dr. Kevin Cain:
Thank you, David, and we would love to have you visit and be getting to drop by and say hi. Thanks so much.

Dr. David Phelps:
My pleasure. Take care, gentlemen. There's no question that there's an entrepreneurial spirit baked into High Point University's model. I believe that if it was practical, this same model should be baked into every school, every dental education curriculum.
I believe that this is going to be the forefront of where education really has been lagging for many years. And let's face it, education overall, it becomes very bureaucratic. It's slow to change, model's hard to change. We get...

Dr. Kevin Cain:
you

Dr. David Phelps:
very staid and very professorial, I guess, in so many ways in how we think education works. Look, the world's changing, cultures are changing, technology is changing, information is changing, and the needs of young people today, not just in dentistry but across the board, needs more practical application. We've been so didactically oriented for so many years in terms of make the scores, get the test grades, and the other softer skills, which are, think, as important, if not more important than the technical skills, the software skills, the communication, leadership, business acumen, financial acumen, so many pieces there are missing from the get-go that young dentists are coming out of school, really anybody graduating from any professional school today, with high amounts of debt and the inability to really drive their own future because of that debt. Workman School of Dental Medicine and the leaders that are driving this format, I think are to be congratulated.
Will they make mistakes? Will they have to retract and redo? Of course, but that's the world we live in today. I would rather be on the forefront of someone who's taking chances, making

some moves, only learn how to do things better than someone who's staying risk free or risk averse and doing it the old way.
Because the old way, in my feeling, what I see today coming out of schools and dental schools particularly, is not gonna shape the world that we live in today. It's got to be from the forefront of those who are willing to take. more risk and more beyond the more on the frontier of what's new and applicable to today's student. As veteran private practice owners who are nearing transition stages in their own life and own careers, I believe you can aid this entrepreneurial vision and this more practical transition from student to young dentist to potentially associates, partners or those who want to have their own practice.
I think this boots on the ground model of mentorship that workmen and the people at HPU are putting together has a lot of relevance for those of us in private practice who want to find a transition strategy, an exit strategy that embodies the private practice model, maybe more so than the consolidation that we've seen in the past. There's no right or wrong here, but I think if we're going to maintain a little more autonomy in dentistry than we've seen in other health practice modalities, then it's going to require Those of us who have benefited from years in a model that's worked for us, help make the adaptation for those who are coming along now in a new world, a new environment, and not make it so difficult for them to also maintain the standards that we believe are important, but also give them the ability to be profitable in doing so. And I think that's where learning from a place like Workman and bringing that back to the private capital markets that we live in today would be a great way to move this model forward and make sense out of. the benefits that we've had and give that to the next generation coming up.
If you're feeling the pressure of burnout or sensing that your practice isn't serving you life anymore, listen, you're not alone and you're not stuck. Whether you're preparing to exit, re-imagining what's next or just craving more margin and meaning, Freedom Founders helps dentists and doctors take control of their future with a proven path to freedom. This is your invitation to a real conversation.

Dr. Kevin Cain:
you

Dr. David Phelps:
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Dr. Kevin Cain:
you