Emergency Minute - Intersection of Dentistry, The ER, Humor, and Burnout Transcript

(Transcripts are generated by AI and may contain errors)

Intro and Guest Introduction

Alright everybody, welcome back to Emergency Minute. This is episode 28, and I know what you're thinking, 28 episodes? That means I've listened to this idiot ramble on for 27 episodes before this?

I digress, and I hear ya, feel ya, but how about that last episode with Dr. Glockham Fleckham? That was a lot of fun. If you haven't checked it out yet, do me a favor, stand up, slap yourself in the face, and then return to listening to the show.

because you missed a dandy. Now you can check us out on YouTube if you like the video podcast forum or if you're still old school like the audio podcast available on Spotify, Apple, or wherever else you get your podcasts.

Now today's guest is Dr. Diana Moore and you may know her more as Dr. M. Smiles on social media. She is a dentist, a mom of two, she grew up in Denver, Colorado, got her college degree, master's, dental school, residency, all of the above, at University of Colorado.

Go Buffaloes! Move to Amarillo, Texas about seven years ago for a great job opportunity. She loves spending free time with her two kiddos, traveling and pretending to be cool on TikTok.

I think she's pretty cool. So without further ado, here is Dr. Diana Moore, AKA Dr. M. Smiles. Welcome to the show. Welcome to Emergency Minute. We're very excited to have you.

Thanks so much for having me. I'm so excited to talk to you. Yeah. So, uh, I, I love following your content on, on Tik TOK and, uh, social media. And I think everyone should, uh, should follow you as well because you, you definitely make me laugh.

And, uh, I think sometimes it's hard to, uh, make healthcare, uh, you know, funny at times, especially in dentistry, but I love the intersection here of the emergency medical side that we have and now dentistry as well.

And I wanted to see. If you had any cases in mind where like that, you know, sort of intersection happened, is there anything that you've come across in your career?

All the time, I mean, you know, a lot of our patients will seek emergency care at the emergency room for a dental infection. You've seen it a number of times, I'm sure.

And, you know, we have patients that sometimes they don't realize that we're on call, certainly, and can take calls and see them over the weekend. So, you know, they're used to being able to go to the emergency room and be treated, and that's totally fine.

Dental Emergencies in the ER

I feel like, in my experience, a lot of emergency medicine physicians and staff are not as familiar with dental problems, let's say, and just intraoral anatomy and maybe not even feel so comfortable treating them.

So a lot of times, and this is perfectly fine, and I applaud the emergency medicine doctors for doing this, is treat an acute infection with the course of antibiotics and then tell them to go back to their dentist.

And I know, you know, emergency room physicians know this, but a lot of patients don't realize, you know, they go on antibiotics and think, okay, well now it's going to go away, right?

You definitely have to go back to your dentist because definitive treatment for an oral dental infection has to be treated with, you know, a root canal or an extraction most of the time.

So antibiotics will really just kind of Yeah, hush, hush it for a little bit and it'll definitely come back. So we see that a lot. And yeah, it's just that's where we intersect a lot.

And I actually I did a residency in oral surgery where, you know, I worked in the hospital and had to be on call to, you know, go in and mainly it was infections, some infections.

And so, you know, working with emergency emergency room staff is always a pleasure. And y'all are just you know, the heroes and, you know, help us so much and we, we thank you for that.

So, yeah. Well, I, I appreciate it. Um, I just had a case this week. Well, I had two cases this week. I thought it was ironic because I knew that we were having this upcoming podcast.

Uh, but one was like a young girl, like, you know, three or four or five years old that like fell and like, of course got her two front teeth kind of like jammed up.

inside of her gums. And, uh, they're pretty loose and everything. Of course, parents are freaking out and they're like, what are we going to do? What are we going to do?

Yeah. So we get that. And, um, you know, from our standpoint, it's really not, we really don't do a whole heck of a lot in that scenario. And I usually just tell family that if they fall out, like just enjoy the laugh when you look at the photos, the family photos years later.

So, well, I will, I mean, baby teeth can't be re-implanted, but adult teeth. Right. Yeah. Yeah. You need that. Yeah. It's, it's something that I get a lot from patients too.

Like, Oh, should I know that I'm supposed to put their teeth back in? It's a, well, baby teeth. We just let it, yeah. It'd be a good family picture for later on.

Exactly. I remember that one time we had a little Susie and she had no teeth because she got them knocked out or whatever. Yeah. Kids lead with their head too.

So, right. Right. For sure. They're definitely a little top heavy in that regard. So, um, But the other the other case was a patient that actually, I don't remember the exact mechanism that they had basically blown up their tooth.

And so they brought it like in like a little sandwich baggie. And it was in like five different pieces. And I'm like, Oh, okay. What do you want me to do with this?

Did you bring super glue? Yeah, I know. I get that too. I mean, I've only maybe one time been able to take a piece of a tooth that broke and then like, you know, bond it back because it was a clean cut.

Perfect. But usually we just restore it with like restorative material. So that's funny. Yeah. Yeah. So what, uh, I mean, obviously everybody, you know, well, you gotta brush your teeth and you gotta floss and stuff to any other ticks, tips or tricks that you have to like stay out of a dental emergency or like just to stay on top of your dental care.

I mean, yeah, the preventative aspect is huge. And I'll be honest, I mean, I was, you know, in my early 20s when I was in dental school for the first time, realizing how you really do appropriately need to brush your teeth and, you know, two minutes and hardly anybody does two minutes because it's, you know, something in passing you do in the mornings and in the evenings to get to bed or get to work, whatever.

But truly, it does need to be two minutes and flossing once a day if you can. You know, that's one thing I will say is really great about an electric toothbrushes that has a timer on it.

So It'll brush in for two minutes for sure, because it'll let you know when to move quadrants in the mouth and then when to be done. So yeah, I mean, prevention is huge for sure.

Another thing, I mean, this is kind of like a sidebar in a sense, but there are some things that a lot of people don't know about. you know, certain medications and even medical therapies that they have done that then affect the jawbone.

You probably know about like bisphosphate-induced osteonecrosis of the jaw and a lot of patients don't, you know, they'll get treated for osteoporosis or even you know, types of cancers that spread through the bone.

And these bisphosphonates are fantastic quality of life drug therapies, but they can cause catastrophic problems during oral surgery because of those osteoclasts being inhibited.

We can't have that bone turnover healing process happen. And so we have We end up with patients a lot of times coming to us and they have these horrific, you know, dead bone and then furthermore osteomyelitis from that, that we have to resect.

And it's just, it's a mess. So that's one thing throughout there that, you know, the older, older populations, if they are on those osteo, bisphosphonates is something to look out for.

So. Yeah, but I mean, like we kind of alluded to that really, truly prevention as far as, you know, dental decay and dental gum disease. So, yeah. Yeah.

And a lot of times when these patients come to the ER, unfortunately, that time period of prevention is long, long gone. And, you know, I'm sure you see way worse than I do, but some of the stuff we see in the ER is like, man, I'm not sure how I can help you.

I'm going to do my best. But yeah, sure. Sure. But we do, we try to build good habits. Like with our kids, we have like these timers, you like flip them.

Uh, you know, I remember the first time like I was doing this with the kids. I'm like, man, that is a long time. I'm probably not doing it as long as I should be.

Same, same. And like I said, it was until I was in school that I realized that we really shouldn't be doing that. So a two minutes is a long time when you don't really want to be doing something.

So yeah. So I guess one thing I wanted to ask you since obviously I'm an emergency medicine physician is like, what should somebody do if they have a dental emergency?

Preventive Dental Care and Oral Surgery Risks

Like I've, I've often wondered this myself because I know the limitations of the ER. Like I know my dentist's like personal cell phone, but that's because he's like my neighbors.

Like, what should the average Joe do in a situation like that? I mean, so, you know, it depends on the emergency. Obviously, you know, if it's some sort of trauma, you know, call your dentist right away.

A lot of dentists will have an after hours number and then be able to guide you into what to do. You know, certainly if they can, they can see you. If it's a true dental emergency, they'll see you a lot of times.

But if it's something where you're starting it, because a lot of times, I mean, a dental infection will start off as kind of an ache, a little something that, oh, maybe it'll go away.

And it does a lot of times because you have the process of a nerve becoming inflamed and then it becomes necrotic. So there's this, you know, these waves that'll happen a lot of times.

And so I would say, you know, if anything, if you do start to feel something funny, try to get to your dentist as soon as you can, because the sooner the better, really, as far as the restorability of a tooth, or even if it becomes a pretty nasty dental infection, of course it can become potentially life-threatening.

So anything that I can recommend to get somewhere sooner rather than later is always good. But again, realizing that a lot of dental offices, if you do have a regular dentist, will have an after-hours number.

Okay. I tipped a front tooth. Your dentist may not come in to see you on a Saturday at, you know, 9 30 PM. Cause you were at the bar and you were talking when you should have been listening type of mine in your own business.

So, I mean, but if it's a true dental emergency, me personally, I would come in to see a patient. So, um, keep that in mind. Yeah. And to, to your point, you know, about the dental infection becoming an emergency.

I remember I had a case once where Uh, this patient had sepsis and he was like young and healthy. And I'm like, what am I missing? I'm like, chest x-rays clear.

There's no pneumonia. You know, there's a white count. So I know there's probably an infection somewhere. The urine's clear. Like, and I just remember, and he ended up getting worse and worse.

And it turned out, and I remember this, I'll never forget this case that he had bacteremia, basically sepsis. from like a bad dental infection that he just never like volunteered to me.

And you know, he ended up having like a really bad outcome. And I'll never forget that case because it was a great learning case. It was like 20 years ago.

It was very early in my career. And so now it's definitely something that I asked like, especially if I have someone who's septic and I'm like, I can't find a source like if you had recent dental pain, you know, dental problems, because sometimes it can be a little bit silent and then it can be deadly.

So Well, even asking them if they've had dental work too, because sometimes especially oral surgery, even a root canal, something more invasive, definitely you can have these post-op infections develop.

The perfect storm, if you will, of somebody with comorbidities and certain diabetes and stuff like that, they're kind of set up a lot of times to have those infections blow up and then they can become horrific, as you know.

Yeah, for sure. Absolutely. pivot a little bit from some of the like how to and like where our worlds collide in a different area where our worlds collide, you know, is unfortunately some of the burnout.

Some of the bad things that we see like some pretty unpopular topics, suicide, you know, mortality rates, you know, just things like that between dentistry and emergency medicine.

And I guess I just wanted to hear your input as to why do you think that is in your field? Um, you know, it's something that you don't think about when you get into it, but the, um, you know, patients sort of, when they come to see us a lot of times, you know, in both cases, they're on their worst day, you know, and I don't know, can I, can I swear just a little bit on here?

I'll just notify my mom in advance. If you have a regular asshole, if they're in pain, they're going to become a colossal asshole. They're not going to be very nice to you.

To me, in the beginning of my career, I'm of course going to have taken that up personally and you grow thicker skin as you get older. Sadness, if you are a burnout, maybe become from just feeling patients aren't very grateful and, you know, kind of bring you down.

But, you know, then when it becomes later on, it's more, you know, it's a physical job, too. So I don't know about you, but yeah, you kind of really do have to stay fit.

So that's my biggest thing. Honestly, if I can say anything as far as, you know, the the physical and mental intersection really there is staying fit.

And for me, keeping my core as strong as I can, that's going to help prevent these aches and pains that then can lead to mental depression and Bad depression, certainly.

So, for me, it's just later on in the career, it's more that physical drudgery. Once you get to a Friday, you're just kind of, I'm tired. I've lost some sleep over the last few days.

And I'm sure you can have some really good input there because your schedule as an emergency room physician is probably not consistent. Or maybe later on in your career, it probably is more.

Um, I can imagine your, your sleep schedule isn't very consistent and healthy sometimes. So. Yeah, the, they just came out with a recent report that the average lifespan of an EM physician is 58 years old, which is the lowest of like, any healthcare profession.

I think some of that's probably. I know I told my wife, I'm like, I only got 12 years left. So let's, let's make the best of it. Right. So, yeah. Yeah.

But yeah. So I, I mean, self, some of it's self-inflicted because ER docs tend to be sort of action junkies. Are they going cliff diving on the weekends?

Yeah. Yeah. Yeah. You know, they're riding their, their bikes without a helmet, you know, just, you know, being crazy. But, um, You know, I think some of that, you know, obviously unfortunately is a very high rate of suicide.

Um, you know, mental health is huge and you know, we do, we do see burnout. I mean, your physicians definitely have one of the highest burnout rates and the part of it is just this sort of constant pressure of do more with less, do more with less increased documentation demands.

Um, you know, increased demands from patients that just, they do wear on you and we do care. Honestly, we do, but it's just, it's hard. It's hard to take care.

of patients well in this environment now and it's actually getting worse. And I don't know if I'm just like the grumpy old man now that feels this way or it actually is this way.

When to Seek Help for Dental Trauma or Infection

So I think that's a big part of it too. It's, I always say like you're a human and you're working with humans. And so there's always going to be, sometimes there's errors and there's things that maybe don't go the way that you would plan them to go.

And that gets to you for sure. Cause I think you're probably much like me where you're a bit of a control freak because your whole life, I'm sure you were, you know, you start out being really good at school and that's your identity is being able to control your grades.

You know, this is where I'm coming from. You know, always being at the top of the class and then you start to work with other human beings. That control is not there anymore.

And so that sometimes gets to be it too. So that can wear on you definitely. And yeah, I mean, it's just, you get burnt out, you get burnt out because we're human and we experienced that.

But yeah, it's, I think realizing and being grateful as much as you can to be able to help people. Cause honestly, if you think about it, Dr. Burundi, the majority of our patients are wonderful and grateful.

So yeah. Yeah. And that's, those are the moments I think that we live for is, you know, when I'm in the emergency

room and somebody says, Hey, do you have your own practice?

I would like to be your patient. And you're like, no, I really appreciate that. That's, that's beautiful. But like, no, I'm just, I'm just an ear doctor.

Like I'm just here for emergencies. Yeah. But you know, you like can make that connection and that's, that's nice. I feel like unfortunately those connections are not as frequent as they used to be.

And part of it's just like nationally, like we're just, you know, getting squeezed, right? I mean, there's only so much you can do, you know, see more patients have less resources, you know, let's have less nurses, let's have, you know, nursing burnout is very real nursing turnover.

So it's just like this constant pressure of doing more with less. And I know I see this nationally in my side of healthcare. Is there anything going on nationally in dentistry?

I know they just passed like a different budget bill and all this stuff that's like got people pretty freaked out. Is there anything nationally that's happening that's like putting the pressure on you guys too?

So, I mean, I think the biggest complaint most dentists have is going to be reimbursement from insurances, and I'm sure you probably know that too. As far as dental insurance goes, I don't think that the average PPO dental plan has not increased their fees that they'll pay out for at least 15 years.

I mean, imagine The change in inflation so it's it's frustrating if it is a change like a bump up it's a couple dollars here and there and I'm not I'm not trying to say you know we're only in it for the money but yeah that gets that gets pretty frustrating and and just the you know dealing with insurances I think that's that's the overall irritation if you will with with you know the dental world so.

Yeah, for sure. And I just had my last episode, I had Dr. Glockham Fleckham. I don't know if you follow him or not. Yes. And I saw your episode. Yeah, he's great.

I love that guy. Yeah, he's fantastic. And we talked a lot about insurances. And unfortunately, some of these insurances, I don't know if you're following some of these stories, a lot of these docs are coming out and putting these denial calls on social media.

And it's fascinating to watch. It's actually terrifying as well. I know. I know. And they're actually retaliating. So like these like insurance companies are now like making these like there's a surgeon, I forget her name is Dr.

Potter, I think. And she's been very vocal and they've like basically black boxed her now. So she's like, you know, she's considered out of network and all this stuff.

And she's like fighting for her like surgical life. Yeah. And it's it's crazy the power that they have. And I don't know if that, you know, how much that impacts you in the dental.

It's for me in the ER doesn't really impact me because I'm going to be there and people are going to show up in droves all the time, no matter what happens.

Yeah. But, um, but, you know, for, I mean, for all the impact on healthcare is real. Yeah, for sure. And I mean, you know, honestly, like, by and large, most of our procedures are elective, right?

So, you know, if there's a very different big difference, there is pretty stark, you know, as far as that goes. But yeah, I mean, certainly, you can get sort of, you know, a reputation, if you will, from insurances, like, you know, if they see You know, trying to do a crown that a dental crown that they, you know, don't deem is necessary.

And maybe they'll kind of look at your stuff a little closer. Certainly. But, you know, as far as, like, patients realizing that that they're not getting covered because of a certain dentist, I don't think I've ever experienced that myself.

I mean, I'd like to say I just try to be as ethical as I possibly can, certainly. But if I see something needs to be done, I'm not going to try to squeeze around certain things just because insurance isn't going to pay for it.

Because they can't dictate our treatment, right? So it's just always this ongoing battle. Yeah, for sure. And seemingly unending. And I honestly don't know the way out, to be honest, because it seems that nobody in Washington is very interested in like, trying to fix this problem.

We can't fix it on our own. And so we just all just keep playing within the rules of the game and the game sucks for patients like stuck in these situations.

They lose, right? Exactly. Yeah. Yeah. So I wanted to switch gears a little bit. I never liked to, uh, you know, finish the show with something that's super negative.

Like I was talking about insurances, which is really super negative, but, um, I love, I love the content that you're putting out there. Like, how did you get into, how did you get into like creating content?

Well, I appreciate you saying that honestly.

Burnout, Stress, and Healthcare Pressures

And I think your, your stuff is great. One thing I will say, you know, as far as my content, there's no specific me. I, I would say I am the niche. There we go.

I just, I personally, I love it. Yeah. You know what? I just, I just put out stuff like, like, that just makes me laugh. And I feel like I try to be relatable.

So it's not all dentistry for me. It was for a bit. But I mean, I got into it. I don't know if you know, Dr. Slaughter. He's an ER doctor. He's out of Dallas.

Yeah. Do you have talked a few times? I'm invited him on the show. Actually, I had a good idea I wanted to do with him on the show. Yeah, he's I love that guy.

I mean, so I kind of like, I knew him from he was on the kidcratic morning show. And like, he was really friends with that radio show. So I kind of knew of him from the past.

And then he ended up doing some sort of, like, CE lecture, where I was, you know, he mentioned TikTok. And I was like, Oh, I thought that was only for like, you know, kids dancing, doing silly stuff.

But then I just I joined and it became addicting. And you start posting stuff and figuring things out and having fun. So for me, it's almost like a way of expressing myself and having fun truly.

But then also if I do try to throw out some stuff that's dental related, it's truly for me, not just educational like yours truly is, which is awesome.

But for me, it's more, I want people to see that we're fun and we like to have fun as dentists, we're humans, and we like to have a good time and just kind of joke around.

And truly, I think, you know, going back to just something that's really rewarding for me as a dentist is most of the time I have patients that come in and at the end of the procedure, or even after a couple of years, they're like, you know, I was so scared to come see you, but you really made this easy and comfortable and fun.

And I'm like, did you just say fun? Yeah, that's, you know, that's good to hear. so that yeah that's yeah that's that's kind of why i jumped on it so i think it's awesome i um i think it's hilarious that you said that i actually once in a while this happened to me this week i was in the er and i was working and i happened to like had like five minutes where i was waiting for labs to come back so i was just i had a little bit of a break in the action and i opened up uh

Instagram for whatever reason.

And I saw that my last two follows here within the last few minutes were both patients in the ER. Oh shoot. You're like, Oh, I'm like, okay. Yeah. I'm like, all right, well, there we go.

Here it is. So that's awesome. And I'm sure that they're like, honestly, cause cause it's not just kids anymore that are on tick tock. And I'm sure if you had patients like this guy's freaking cool and like your personality comes out and it just makes people feel like, okay, yeah, I can feel like I can approach you now because you're normal and you're cool and fun and yeah that's awesome.

Well I think sometimes we get a little robotic in health care and you know especially I like to see so many patients every shift like I'm like in I'm out I'm like you know.

Yeah, monkey business, like, let's do this. And I do try to, you know, sit down and try to humanize myself. But I do think the social media helps to humanize us in a certain way.

So I think for sure, I was just telling my assistant this morning, that, you know, certain patients will show up and it'll be this almost like cookie cutter thing to say to them, I'm like, well, just push play, right?

Here we go. Just say the same things. I'm just looking straight at the patient, like, play. Okay, I just got to go through my simulation here and let the program run.

You know, so, but yeah, for sure. Yeah, we get into that with some of the seasonality of what we do. Like when we get flu season, like I make the same speech like 27 times a shift and it's, it's very, it can be exhausting, but you know, it is part of the job.

Yeah, for sure. I know. I know. Yeah. So I, do you ever face like criticism, uh, from either patients or like other people that are just like on your social media?

Cause I, I face quite a bit and you know, you're gaslighting and you guys don't care and you should have your license taken away and you're like, holy cow, like I'm just having some fun with some videos online.

Is this something that you've ever bumped into? Yeah, I mean, I mean, especially if I go live, people are always like, are patients waiting for you? Like, no, no, they're not waiting for me.

But yeah, there's certain topics that I try not to get into as well. You know, certain things like fluoride or a root canal. So there's been stuff, you know, controversial stuff that.

I just try not to and even if I get sometimes I'll get tagged in certain videos and criticized and I just ignore it honestly and if it's something that somebody does want to discuss I'm like hey I'm happy to discuss with somebody just not like in front of the entire platform you know so yeah but I have for sure yeah and I mean there's always gonna be those people out there so Yeah.

Yeah, for sure. I just had a video that kind of went bananas, um, last week where I just, I really, honestly, I spent about one minute on the video. Like I didn't, it wasn't produced or anything.

It was just like me talking into a camera and I was talking about like how patients can get their access to the results of their tests before, like I even have a chance to review it.

And I think that's problematic in the ER. Um, because what happens is, A lot of patients will be like on their call bell, like, Hey, the doctor needs to come in here and explain to me what this abnormality is on my CBC.

And I'm like, well, the other nine labs aren't back yet. Like I can't physically run into every single room every time something comes back or this week actually has somebody that had cancer diagnosis on a CT.

And like that CT, if it was released to him before I even had a chance to go in, like that would be devastating. Like when I have a devastating diagnosis, I sit down with the patient.

I sit down with the nurse. And I make sure that I deliver it in the most respectful. you know, informational way possible. And obviously, so I, by no means was I saying the patient should not have access to their records.

Like these comments on Tik TOK went bananas and they're like, you're, you know, you're jerk. Like you want no way. This is my body. These are my labs.

I need to know them right away because you guys miss this and you guys miss that and you guys miss all this stuff. I'm like, so I'm like trying to respond to all these.

And then eventually it was like, there were literally like 1300 comments. I'm like, yeah, okay. Yeah. I mean, I guess. And I feel like, you know, once the once the unfortunately the algorithm realizes, oh, this is a this is a hot little video that the angry people will want to talk about.

So you're getting all of the angry people that want to talk about exactly that to comment on it. So it probably feels a lot worse than it really should have been.

But yeah, that's I mean, I totally agree with you, obviously. But there's people that are Not really. I mean, if you're not in medicine, in specifically emergency medicine, how do you know how it runs and how what these subtleties are that that are important?

Like you're just mentioning. So, you know, how do you juggle 23 patients? And then, you know, at any given moment, there's a lab that's coming back on this one.

There's a lab that's coming back on that one. There's an X-ray that just came back on that guy. And oh, by the way, I'm doing CPR on a six year old over here.

like I mean, you know, like people don't understand like our jobs. That's okay. So they don't care about is why they're there. Um, but it's just funny how you get some of this negative, you know, light shed on you.

And then all of a sudden these comments sections go out of control.

Insurance Frustrations in Dentistry and Medicine

And what's funny about this one is that I think a lot of, I obviously a lot of healthcare people follow me and I think they were interjecting and saying, no, like, you don't understand what he's saying.

He's not saying don't do this all together. Like, you know, so it's just this big fight. And it's just like, grab the popcorn, right? Like that popcorn eating meme, like, yeah, with the eyes.

Yeah. Yeah. Um, I just, yeah, that's, that's how it is. It's like, um, I will say, you know, it goes with who you, if you have a heart condition, are you going to go see, um, you know, the dermatologist for it, even as simple as that.

It's, You got it. You got to, you got to listen to the people that are the professionals in a certain field. Obviously there was one point in time where I'll be honest.

I was, I was going off on the way Peyton Manning was throwing the football at the end of his career. Me. You think I can comment on that? I can't even hold a football.

You can probably make it real funny too. So that's, that's sort of like, go back to wait. Remember when you used to talk about Peyton Manning's capabilities at the end of his career, Diana.

Yeah, let's, let's hold the phone a little here. Think about that. That's funny. That is funny. Right? So if you, yeah, so

I, I would not be doing my job if I didn't ask you about Shador Sanders because you're, you know, obviously University of Colorado, Buffalo.

I'm a Cleveland Browns fan. Unfortunately, it's like my life's curse. So what do you think? Is he, is he going to be a good fit for the Browns? What do you think?

I think so. I mean, obviously he, It's hard to say because certainly he, um, he's probably had a lot handed to him. I'm sure the talent's there, right?

And it's genetically there, but he, I think he's going to be very disciplined, you know? And, and unfortunately, I mean, I'm not going to criticize the Browns cause look who I am.

But yeah, they need good coaching, man. They need really good coaching. And I think for that discipline to be able to be successful, it's, I think it's all in coaching in the NFL.

I'll be honest. So we'll see. We'll see. But it's, it's been fun watching him for sure. Yeah. I got a chance to watch him play and he definitely has the talent.

You know, the question becomes it's such, it's, you know, the toughest position on all of sports. My son plays, plays quarterback and he's going into high school this year and you gotta have, you gotta have it between the ears.

It's not just about having the physical ability. So be interesting. That's funny. I don't want to be, I want to make sure I got your take after I saw that you went to the university of Colorado.

I know. Yeah. Big time. Gotta have an opinion on that. Yeah. Yeah, I did. I was sad to see him go so far in the draft, though. It was hard to see that.

It's always tough. I don't think anyone saw that coming. I didn't think he was going to go in the first few picks, but I didn't think he was going to go in the fifth round.

Fifth round, I know. I was like, what? I mean, like we said, like we were talking about, we're not in the business, so we don't know what the sitch is.

But I think it was a personality thing, but I'm not sure 100%. Yeah, for sure. Yeah. So I don't know, maybe it'll be end up being a good thing for him.

Maybe it'd be like that humbling moment where, you know, he can use that as his chip on his shoulder and rise above. So, you know, we'll see Brady Brady like Yeah, exactly.

He's that guy's awesome. Uh, so I wanted to do to sort of finish things up. I wanted to do some rapid fire questions just to sort of like, we talk about humanizing and we both use a lot of humor in our content.

So I wanted to see, uh, if you could play a game with us and see what's your, uh, what's your favorite food? pizza. Pizza. Yeah. With basil and pepperoni.

I mean, you can't. Love it. All right. Do you have a favorite drink or cocktail? I don't really drink very much, but if I do, it's margarita. Margarita.

Frozen margarita. I had one in San Antonio. It was a peach frozen margarita. It was the best. I've ever had in my life. So I'm, I'm a little girly in that regard, but yeah, if I drink, it's a mark.

I love it. Love it. I actually would love to see you put out content on tequila. I think that would be even, it would have to be all deleted. It would probably get all community standards, violation, everything.

Fair enough. What's, what's your favorite vacation spot? Hawaii I'll say Hawaii's got any I've seen you've been to I

am I love Hawaii the most beautiful place to be I will say as I get older the the time it takes to get over there is a little tough and the red eye going back to the States I Don't know if I can swing it anymore.

Creating Social Media Content and Handling Criticism

So I've kind of converted to a Florida girl Okay. All right. Yeah like that. Yeah, I like both those places I agree with you with Hawaii when uh, you know my wife and I we try to go every five years and I always say that I think going to Hawaii puts years on my life.

It does. Cause I'm just like, so at peace and I'm happy. Um, just such a peaceful, happy place, but the flight then takes at least a year or two off my life.

I know exactly. And I hate to say it that way, but it's true. It's true. I can't, I can't deal, but yeah, that's definitely, uh, definitely something.

My, my kids, I took them for the first time this year. And, um, you know, usually after like day five or six, the kids are like, you know, we're ready to go.

yeah and i'm like we're on day 11 and i'm like do you guys want to stay one more day and they were like yes oh cool but it ended up ended up not working out but i was just like yeah you know you've done a good job as a parent when they're like on day 11 and they're like oh do we really have to leave tomorrow that's awesome that's awesome what island did you go to So we did half a Maui and half a Wahoo.

So it was a bit of both. And I, my last rotation in residency, I did a full month. I was actually there for about six weeks on a Wahoo. So nice. Oh, I didn't realize that it was an elective and yeah, it was incredible.

Yeah. Perfect. Good for you. Yeah. Uh, last show that you binge watched Dexter. I love Dexter. I've seen it like four, four times. Do you know? I've never seen it.

It's so good. Okay. Do you know the premise? I'll just say it real fast. Okay. Yeah. It's, and then there's like spinoffs. There's like, um, spinoffs to it that are all good too.

So you just, he's, he's so unique and it's such a unique, um, plot and everything. It's just, I love it. I love it. You get hooked. I also like breaking, breaking bad old school shows.

So I'm just, you know, going back through and trying to get some of the ones that we like miss that we never you know like got into or whatever for whatever reason most of it was like subscription based because like everything's like a different subscription now it drives me crazy yeah so there's so many different streaming services i'm like can i just exactly just one it'd be nice to get all these shows but i really want to watch game of thrones i've never watched game of thrones i've never seen a single second of that Oh, everybody raves about it, though.

So I'm like, I guess and I always will watch a show when I'm on the treadmill in the morning, I'm kind of obsessed with running. So part of the keeping, you know, fit and everything.

Right. So in the mornings, if I'm on a treadmill, I literally will, you know, go out of my mind crazy if I'm not watching a show. So that's where I watch my Dexter.

So we just started binge watching White Lotus, which is fantastic. Okay, that might be the next one. Yeah, we just watched season one, but now I'm on the season two and it's like completely different cast of characters.

So it's kind of interesting. But yeah, season one was incredible. It was very unique show. Okay. The cool thing was, is that it was filmed at Four Seasons Maui, which is we spent our honeymoon.

Oh, so lots of memories. Is it on Netflix or Hulu? Paramount? I don't know what the heck. No, Cinemax, the HBO thing. Oh, okay. Got it. Got it. Yeah. So many different subscriptions.

That'll be my next one for sure. White Lotus. There you go. And I'll check out Dexter because I got it.

Rapid Fire Questions and Closing

We got to find another show to binge watch with my telling you. I think you will like it. It's fantastic. Yeah. I love it about it. All right, let's we'll finish up with what's one thing that people don't know about you that you find either humorous or interesting.

Oh, wow. Um, Gosh, that they think that they don't know that they think that I would think they would think is interesting. Gosh, that's a really good question.

I can't even think right now. This is way too deep for Thursday night at six o'clock. Yeah, right. I'm pretty hilarious. Like, I'm pretty funny. I think I'm pretty funny.

I mean, that's probably funny. I do. I'm pretty witty and it's usually the humor is usually very inappropriate, but I guarantee that's kind of my goal.

Whenever I hang out with people is I want to make them laugh really hard, you know, and, and I, generally make people do that. I wanted to be a stand-up comedian.

That's where it is. That's the fact. That's the home run right there. Wow. There's the fact. There's the answer to your question. Never made it, but that was always a dream of mine.

I think you're doing pretty well. Yeah, I hope so. Your stand up comedy, you know, kind of comes out in your personality on social media. Yeah, I appreciate you saying that.

Yeah, for sure. Well, good. Well, I do appreciate you being on the show. Love chatting with you and love following you. We'll continue to follow all the listeners out there.

Make sure you follow at Dr. M. Smiles on social media and you can follow me on Dr. J. Parente as you guys know. Um, but, uh, yeah, it was great having you and, um, it was fun to talk about some of these dental things and where, uh, our worlds collide.

So loved it. I appreciate you, man. You have a good evening and, um, good. You're working tomorrow. I understand. So you take one more day. And yeah, then I have the staycation with my kids.

I got seven days off with my kids. It's my favorite week of the year. And we just like spend time. We go on hikes. We do some, some cool stuff. So perfect.

You enjoy every minute of that. All right, as I finish every show to all my listeners out there, peace, love, and happiness to everybody out there. Cheers, guys.