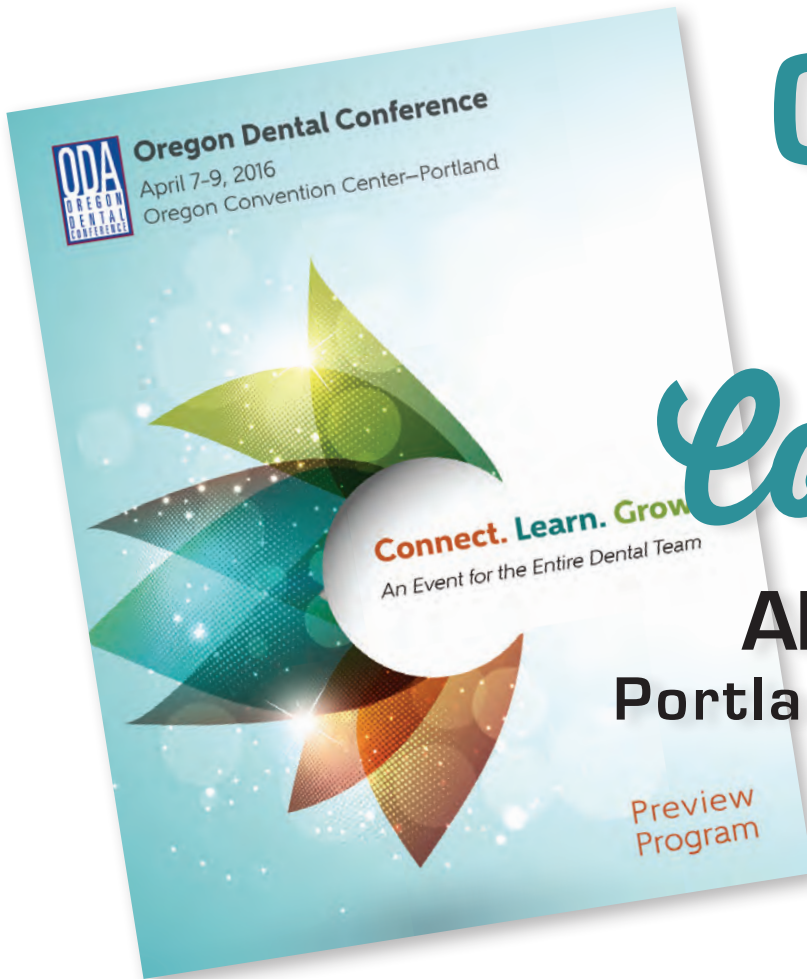




**OREGON
DENTAL ASSISTANTS
ASSOCIATION**

**NEWS
BULLETIN**

Winter Issue 2016



OREGON *Dental Conference*

APRIL 7, 8, 9, 2016
Portland Convention Center

Visit Beautiful Portland in the spring

OREGON DENTAL ASSISTANT'S ASSOCIATION

Courses Open to All Registrants

- 4/7** Lawsuits, Dental Board Investigations and Other Bad Things that can Happen to a Dental Practice
- 4/8** Basic Spanish for the Dental Office
- 4/9** Simple Tips on Going Green in the Dental Practice.
Battling and Beating the Demons of Dental Assisting

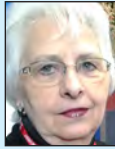


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Recertification REQUIREMENTS

Dental Assisting National Board has now updated the continuing dental education requirements for all certificants to include infection control-specific CDE credits.

AS OF JANUARY 1, 2016,

all certificants, must earn a minimum of two CDE credits in infection control topics annually.

Certificants can earn these two infection control credits in a variety of ways, including completing courses in-person or online. It is important to note that the two infection control CDE credits are in addition to the annual federally mandated OSHA Bloodborne Pathogens Standard training.

Legal Cases: ORTHODONTICS, SEVERE ROOT RESORPTION, AND TOOTH LOSS

By William S. Spiegel and Marc R. Leffler, DDS,
DrBicuspid.com contributing writers

November 2, 2015 -- DrBicuspid.com is pleased to present the next column from two lawyers who spend every day defending dentists in litigation and before the licensing board. The purpose of this column is to offer our readers a fresh perspective on common practice and risk management issues from attorneys who litigate these issues in the real world.

A female patient between the ages of 30 and 40 presented to an orthodontist seeking advice on how to close spacing between her upper central incisors and between the lateral incisors and premolars. All complaints were about aesthetics, not function. Tooth No. 7 was missing.

On radiographs, the teeth were in good repair with no decay and a healthy periodontium, consistent with the patient's age. The lateral cephalometric x-ray showed a mild skeletal class II, but this was determined to be essentially a dental, rather than a skeletal, case.

William S. Spiegel and Marc R. Leffler, DDS, are both partners at the law firm Spiegel Leffler in New York City.

The treatment plan was the placement of upper and lower modern orthodontic technology appliances to level and align the teeth, with the specific goal of closing interdental spaces, which was expected to take 12 to 18 months. The dentist is very experienced with the use of both modern and traditional orthodontic approaches.

Before starting care, the plaintiff signed two consent forms: one for

general orthodontics and the other for specifically for the product. These forms set out the risks, expectations, and alternatives. The orthodontist also had detailed discussions with the patient to ensure that she fully understood the issues involved and the differences between the newer orthodontic technology and a banded case.

After the orthodontic treatment was underway, our client suggested that the patient see a general dentist for the purpose of monitoring hygiene and potential decay. The patient complied.

Months into the treatment plan, the general dentist convinced the patient she should open space for two implants. So, our client changed the orthodontic approach to a full-banded case, which was projected to go on for two years from that time.

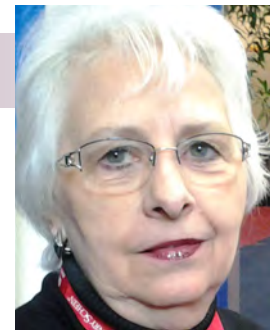
“The orthodontist also had detailed discussions with the patient to ensure that she fully understood the issues involved.”

Unknown to our client, the patient became unhappy with that general dentist, so she saw no dentist for cleanings and x-ray examinations; our client did not monitor with radiographs.

About a year into the traditional orthodontic treatment, the patient saw a new dentist, who took x-rays and performed an examination, finding severe gingivitis and 50% or more root resorption on all upper incisors. The new dentist determined that all four of those teeth would be lost and a restorative treatment plan for the upper arch was established.

LEGAL CASES, continued on page 8

President's MESSAGE



Your ODAA Executive Board remains strong and supportive. We have had 6 board meetings this past year. My thanks to the entire ODAA Executive Board for their tireless efforts in supporting and their dedication towards our association and profession. Many hours of volunteer time is given to this association because of their loyalty to our profession. You will notice throughout this Newsbulletin, articles that demonstrate time and efforts on your/our behalf.

Remember the fallen who gave up their tomorrows with family and loved ones, so that we can enjoy our freedom. The mission of Wreaths Across America is: Remember, Honor, Teach, is carried out in part by coordinating wreath laying ceremonies a specified Saturday in December at Arlington, as

well as veterans' cemeteries and other locations in all 50 states, ceremonies at sea, and 24 national cemeteries on foreign soil. If you have never participated in such an activity I hope you will consider joining us next December.

Within this issue you will find a photograph of two such volunteers. Thank you ladies.

Is your office planning something special for Dental Assistants Recognition Week? Hopefully this gives you plenty of time to do something fun and memorable. An office couldn't run smoothly without a dedicated and efficient dental assistant.

The Executive Board is looking

forward to a "planning session" in March. We will be making plans for the 2017 Oregon Dental Conference in regards to speakers and topics, a 4-5 year strategic plan, appointment of committees, and other items. Names of committee members can be found on the website following that meeting.

As we look back over this past year, let's be proud of what we have done, in and for, our association and look forward to the new year. If your Executive Board can ever be of service don't hesitate to let us know.

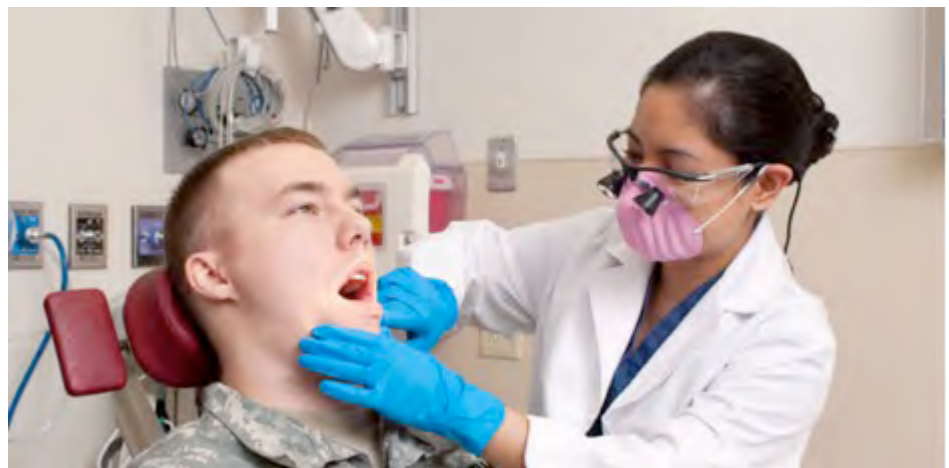
HAVE YOU CONSIDERED THE MILITARY *As a Career?*

Linn-Benton Dental Assistant graduate is employed by the Oregon Medical Command, State Surgeons Office.

SSG Kimberly Goodell, State Hearing Program Manager, Dental Sergeant, Assistant Medical Readiness NCO, State Credentialing Liaison reports that roughly 776 dental exams will be given in January. One assistant inputs the health history and flags important information. Two assistants take radiographs. Another assistant charts and goes over information with patients.

And yet, Kym takes the time to serve dental assistants as Treasurer on the Executive Board of the Oregon Dental Assistants Association.

Thank you Kym for your continued service.



FACT MYTH

FROM THE *Archives* But Still True Today

TEN MYTHS OF ASSOCIATION MEMBERSHIP

By Richard Ensman, Jr.

You've heard them all before - the myths of association membership. You might have even believed them!

So, next time you hear a colleague attempting to explain why he won't join your association...or become involved with an upcoming meeting...raise your head, open your mouth, and dispel whatever association myth your friend happens to believe.

Myth # 1

"It takes too much time." Leaders in many industries say that if you spend 5% of your work time engaged in professional development, you'll be well on the way toward long-term success. For most people, 5% means 100 to 125 hours a year. And guess what? Heavy association involvement-including a convention, a few regional or committee meetings, and some behind-the-scenes telephone work - will probably consume much less than that. But in the end, you decide how much time you want to commit, whether it's two hours a year or fifty. As an ADAA member, you can participate on the local, state and national level

or you can attend meetings as a member for continuing education, camaraderie or networking. You can be an officer or a committee member or just support the association as a member. YOU DECIDE!

Myth # 2

"Membership costs too much." Membership costs less than a day's entertainment for you and your family...or the price of a couple of good dinners...or less than a continuing education course at a local university. More important, just one good idea gleaned from you membership can be worth thousands - or tens of thousands - of dollars. (check ADAA's website for current dues and the many benefits offered.)

Myth # 3

"I already know the people in my industry." "Sure you do. But you don't know everyone. And you don't know the people who will join next week. Or next month. Or next year. And you don't have exposure to the ideas, knowledge and enthusiasm these newcomers bring to the table. And guess what? Anytime you participate in an association event, you can always get to know someone a little better - and learn something new. With the state and local meetings, you can always learn something new or confirm that you are doing

things correctly. The friendships and business connections that you make within your local or state associations are so valuable. You never know when you may need to change employment or hire a new employee.

Myth # 4

"I'm just one person. I don't really make a difference." Are you kidding? All it takes is one person to set your association on an aggressive new course of legislative advocacy. All it takes is one person to organize a committee dealing with new industry standards. All it takes is one person to energize an association group with new ideas and enthusiasm. Yes, one person can be lost in the crowd. But one person can also be the impetus for exciting new initiatives. If each member would bring in one new member, we would double our membership. Each member is important in their own right and it takes one on one communication to make things happen.

Myth # 5

"I've already learned what I need to know in my profession." Even if you have full command of the knowledge in your field, in this day and age it changes constantly. There is no finer resource than your association in keeping yourself abreast of research, news and trends. And just as

TEN MYTHS OF ASSOCIATION MEMBERSHIP *Continued*

important, if you're brimming over with knowledge, it's even more important that you share what you know with your peers. The more knowledge your peers possess, the stronger your industry. This is so true with dentistry constantly changing. The ADAA Journal helps keep us up to date and provides convenient continuing education courses as well. If dental assistants want mandatory credentialing, then we must have a strong association and profession.

Myth # 6

"Association issues don't concern me." Just about everything your association does concerns you in some way. The tax dispute raging in another community today might affect you tomorrow. The new technology being developed in another part of the nation by association members might help you preserve jobs and profit five years from now. Or the sales trends in a nearby community might well be on their way toward you. Association membership alerts you to what's going on around the nation and the world. The ADAA is working for you, the dental assistant. If we do not want to be "dentistry's best kept secret," then we must be involved in changing the status quo.

Myth # 7

"Members have to attend too many meetings." Sure, associations schedule many meetings - an annual session, committee meetings, regional conferences, special events. But ultimately, you decide what you're going to attend - and how deeply you'll participate. And when you're not able to attend, you can still learn about meeting highlights through

your magazine, meeting minutes, or your colleagues. And whenever you can't attend a meeting, you can rest secure in the knowledge that great work is still being done on your behalf. Again, you decide what meetings and where you will attend. Even if it is only local meetings that you attend, you are still gaining valuable knowledge and friendships.

Myth # 8

"The association just helps my competition." Long ago, even back in the time of medieval guilds, competitors recognized that they had common interests. These included certification, product standards, industry-wide promotion, training and education, legislative advocacy, and more. Only by working together could individuals pursue those interests and aggressively insure the health and future of their industries. ADAA is working for all dental assistants, business, clinical and educators. Only by working together can we achieve our goals.

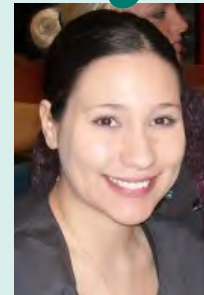
Myth # 9

"The association's not really interested in me." Most associations are first and foremost membership organizations. You select the officers and board members. On your behalf, they set the industry agenda, select the staff that serves you, and establishes the programs that help you become better at what you do. Nowhere else in the world (other than your own home or business) can you call, write or e-mail with a question or concern and be welcomed with such undivided attention. ADAA is a membership organization-run by members for members. ADAA is here for you.

Myth # 10

"It's just all too tiring." Trade and professional associations are one of the greatest energy builders of our age. Just sit in a lively association seminar or committee meeting for an hour. Or walk the trade show hall. You'll feel the air thick with energy, excitement and ideas-always enough to recharge your batteries for weeks or months to come! Yes, it takes some time and energy; however, you will always come home with new ideas, friendships and a pride in your profession! Join the ADAA today!

MY FIRST Year



My name is Kandra Luna and I am currently the Second Vice President for the Oregon Dental Assistant Association.

I was fortunate enough to be part of such a hardworking, dedicated, team that helps promote, advocate and educate other dental assistants within our community. Serving my first year on the board meant new responsibilities, but also a chance to connect with other dental assistants in my field and develop long time friendships. I have had nothing but joy, new learning experiences, friendships, and an understanding to how to better help the dental assistants within our community. This has been a year I have grown and learned so much from and I appreciate everything the Oregon Dental Assistant Association and others have taught me.

Dental Assistant Recognition Week



(ALSO KNOWN AS DARW) IS HELD THE FIRST FULL WEEK IN MARCH EVERY YEAR.

Dental assistants are a key part of the dental practice year-round, but they get a special week dedicated to them each year for all the great work they do!

Dental Assistants Recognition Week is scheduled for March 6-12, 2016. Dentists in the United States will celebrate by honoring their dental assistants for the variety of duties they perform and helping them provide patients with quality dental care.

DARW *Video Challenge* TOP PRIZE \$200.00

Dental assistants, dental suppliers, dental assisting students and dental offices!

ONE PERSON OR A GROUP.

Requirements:

- Create a FUN video celebrating dental assistants!
- Incorporate DARW and ADAA's 90th birthday.
- Deadline is March 31st
- Minimum 30 seconds - maximum 3 minutes in length
- MP4 format File size under 2.5 MB
- No swearing, rude gestures, or brand names
- Include a title, contact information, and the names of the participants in your email.

Winner gets the most "likes" on the ADAA Facebook Page! Winner to be announced after March 31st.
Second prize: \$100. - Third prize \$50.
Send video as an email attachment to:
jaykasper@sfainc.biz

IN LOVING *Memory*

Oregon has lost a colleague and friend. Jacqueline Legat Camp passed away in February 2015. Jacquie loved dentistry and dental assistants. She served her local association, state association and ultimately as ODAA President in 1975-76. She was a mentor to many and enjoyed her time spent teaching.

We will miss you Jacquie. Thank you for a job well done..



FROM OUR *Trustee*

You have already heard from me by now since I resumed the Tenth District Trustee position in September. Laurie Simpson resigned her position due to following her husband abroad while he is in the military. My duty will be a short interim ~ only until a successor can be elected at ADAA's Annual Session. My goal during this time was just to keep you updated as best I could during this transition.

As a Recap:

Central Office is now being managed by Solutions for Associations in Bloomingdale, Illinois. Their staff have been extremely helpful to us and ADAA President Bland has done a remarkable job this past year.

Due to financial ramifications, meetings have been conducted

through conference calls. This may not be the same as sitting around a table and discussions face to face but a tremendous amount of work has been accomplished and it worked quite well.

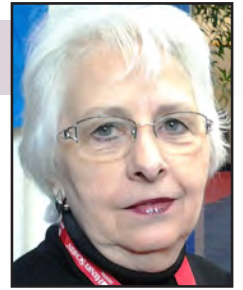
Oregon is entitled to four (4) delegates to the 2015 ADAA Annual Session. They have been elected and are ready to serve our membership once again. Our association is trying a new approach, a Virtual Annual Session. It is scheduled to be held on February 20-21 and March 5-6, 2016. The Annual Session will be held using a combination of conference calls and an on-line meeting platform (GoToWebinar). The 1st House of Delegates Meeting and Reference Committee Meetings will be held on the first weekend, and the 2nd House of Delegates Meeting will be held on the second weekend.

The election of officers will occur electronically prior to convening the 2nd House of Delegates. Caucuses will be held by conference calls scheduled in conjunction with our representative on the Board of Trustees. The choice to hold the Annual Session virtually was made for several reasons. Delegates will now be able to participate from home, cutting their travel costs and allowing more members to participate in the process. The association will also save tens of thousands of dollars by using this method.

Please feel free to contact me with questions and/or concerns. I'd be happy to help if I can.

Linda Rihs

CDA, EFDA, OMSA, MADAA



Honoring those who died while serving our country and preserving our freedom.

It is truly an honor
and a privilege to be a part of
WREATHS ACROSS AMERICA.



Placing wreaths are Mary Harrison and Ginny Jorgensen.

Legal Cases: ORTHODONTICS, SEVERE ROOT RESORPTION, AND TOOTH LOSS... *continued*

The patient never returned to our client, but instead focused her care with the new general dentist who extracted the four teeth (Nos. 8, 9, 10, and 11).

LEGAL STANCE

The plaintiff filed suit, convinced by her new general dentist that the orthodontist was negligent in causing or allowing root resorption to progress, thus leading to the loss of four upper anterior teeth.

ISSUES RAISED

- **Informed consent:** The patient claimed that, when the orthodontic treatment changed from the recent technology to traditional, she was not provided with the risks associated with it. However, before the start of this treatment, she signed consent forms for both techniques. The patient claimed that years had passed since she signed those forms, so she was not aware of the risks of traditional orthodontics by the time that phase of the treatment began.
- **Patient monitoring:** It is undisputed that it was our client who initially advised the patient to see a general dentist while orthodontics was ongoing, for the purpose of monitoring the clinical and radiographic conditions of the teeth and supporting structures.

But it is equally undisputed that, our client, once he became aware that the patient began to treat with a general dentist for this purpose, did nothing further in that regard, presuming that someone else was taking care of this. But when the patient left that general dentist's care and did not tell the orthodontist, no monitoring occurred.

The plaintiff's attorney argued that, despite an orthodontic patient being simultaneously under a general dentist's care, the orthodontist has an independent duty to monitor the

teeth and supporting structures, both as a backup and to ensure monitoring under circumstances as happened in this case.

- **Orthodontic technique:** Based on the clinical notes, photographs, and radiographs, there seems to be nothing improper about the actual application and adjustment of the modern appliances or, later on, the braces. Our client and orthodontic expert told us that it is well within the standards of good care to make a change between these two modalities of treatment.

The plaintiff's attorney claimed that forces were excessive and inappropriately directed, thereby leading to the problems of the upper incisor teeth. But this issue was not quantifiable, and the materials used were typical for this type of treatment, so a jury can do nothing else but listen to opposing experts with opposing views and make a determination based on relative credibilities.

PRACTICE TIPS

- **Informed consent:** Despite having a solid informed-consent process at the start, any significant change in treatment plan warrants revisiting the process. It also should be documented that it was done, preferably by the patient signing a relevant document, but at least a note by the dentist about the discussion.

Our client testified at deposition that there was a complete discussion at the time of the change, but nothing in the chart documents such a discussion. This set of facts also raises the question of how long a signed consent is valid. This is up to the jury, but, from our perspective, the more recent the better.

- **Patient monitoring** It is not unusual for patients to

simultaneously treat with several dentists of different practice areas. Consider what obligation each has to do basic monitoring or at least to effectively communicate with the patient and the co-treating dentist to ensure that the patient's stability is under a watchful eye, with a chart entry to document.

This case raises the question of how often radiographs are called for on an orthodontic patient. Opinions vary widely.

- **Orthodontic technique:** Proper chart entries should include enough in the way of detail so that another professional with expertise in the same area will easily be able to determine exactly what was going on at any particular time. Among what is helpful are instruments, technique, and armamentarium used; reasons for changes in treatment plans; refusals and noncompliance by patients; and any untoward events or patient responses. Do not simply ignore when things go wrong.
- **Root resorption:** It would take a standalone article to do justice to this topic. The precise causes of root resorption, according to the literature over the past decade, remain a mystery. Two patients can have identical treatment, yet one may develop significant resorption, while the other has none. Why? Some studies suggest genetic factors are at play. Others suggest that greater forces do not necessarily equal greater resorption.

Conflicting opinions exist about the prognosis of teeth with, for example, 50% resorption. Some studies indicate that these teeth may last a lifetime, but attorneys for patients assume such teeth are hopeless. Is root resorption alone evidence that the dentist was negligent?