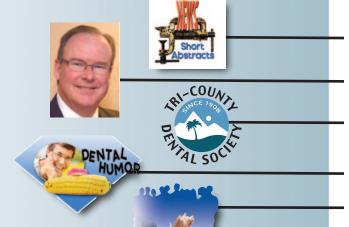




Spring 2019 · Volumn 3 No 2







Recipient of 2018 International College of Dentists Silver Scroll Award for most improved dental newsletter.

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Mission Statement

It is the Mission of TCDS to be the recognized source for serving the needs of its members and the dental community.



# What's Happening at Tri-County

Day/Date	Event Details	Day/Date	Event Details
Thur. May 2	Continuing Education Program	Mon. May 27	MEMORIAL DAY HOLIDAY – TCDS OFFICE CLOSED
	(FREE to TCDS Members/ Dental Students) TWO REGIONALIZED LOCATIONS FOR YOUR	<b>, _</b> .	
		Fri. May 24	SHREDDING EVENT - (FREE to TCDS Members)
	CONVENIENCE! Mountain Meadows Golf Course		TCDS Office Parking Lot
	1875 Fairplex Drive, Pomona, CA 91768		Two Shredding Trucks! 10 AM — 2 PM (Includes Refreshments)
	-OR-		Must be registered in advance! Call Shehara
	Victoria Country Club 2521 Arroyo Drive		at (951) 787-9700
	Riverside, CA 92506 Registration/Social Hour:		
	5:30 PM Seminar: 6:30 PM — 8:30 PM	Thur. Jun. 20	Continuing Education Program
	DENTAL MBA SERIES — Part Two		(FREE to TCDS Members & Two Staff) TCDS Office
	Topics/Speakers to be announced		Registration/Social Hour: 5:30 PM – TCDS
	Brought to you by Citibank — Bob Affleck		Conference Room
	Seating is Limited		Seminar: 6:30 PM — 8:30 PM
Wad May 0	Doord of Divertors Mostins		"Dental Insurance Boot Camp and Claims
Wed. May 8	Board of Directors Meeting TCDS Office		Resolution Workshop" Gary Dougan, DDS
	6:30 PM		2 CEU's — Seating is Limited
Thurs-Fri	TCDS Hospitality Suite at CDA Presents,		
May 16 - 17	Anaheim (FREE to TCDS Members)		
	Anaheim Hilton – Palisades		
	Room – 4th Floor		. CO//A.
	Thursday 5/16 — 10 AM — 3:00 PM Friday 5/17 — 7 AM — 3:00 PM		COUNTE 190
	Call Shehara at (951) 787-9700		Since 190%
	` ,		
Thur. May 23	Continuing Education Program		
	(FREE to TCDS Members & Two Staff) TCDS Office		M. J.
	Registration/Social Hour: 5:30 PM — TCDS		1
	Conference Room		111 500
	Seminar: 6:30 PM — 9:00 PM		47 20
	"CPR / BLS"		
	TAT CPR Solutions		
	3 CEU's — Seating is Limited		

# Presidentise

# How to Make a Difference



# Michael Mashni, DDS

ental Anesthesiology is now recognized as a specialty by the American Dental Association! On March 11, 2019 the ADA's National Commission on Recognition of Dental Specialties and Certifying Boards (NCRDSCB) officially approved the American Society of Dentist Anesthesiologists' (ASDA) application for

new pathways to overcome politics. To tell the complete saga would require more space than I have • as well as a drink, (or ten). I would like to encourage everyone to consider participating in the governance within our profession and TCDS is a great place to begin. Not all volunteers will put out this amount of time and effort, but every bit helps. The first step to effecting change is to get involved. To start, I would suggest attending a Board meeting and see how things work. Another easy step would be to join a committee. There are committees such as continuing education, membership, governance, and more. This year we have a committee working on CDA Cares which will be held at the National Orange Show September 27-28, 2019. Find a committee that interests you and give us your

# "The only thing necessary for the triumph of evil is that good men should do nothing" — Edmund Burke (also credited to others)

recognition of dental anesthesiology as a dental specialty. This is exciting news for me and is good for all of dentistry and the patients we serve.

When I finished my residency in 1994, the ASDA had submitted their first application for specialty recognition to the ADA. The ASDA submitted additional applications in 1997, 1999, and 2012. Each of these applications were unjustly denied due to political maneuverings. See my editorial in the TCDS Newsletter July-August 2014 • including forecasts which all came true.

The road to specialty took over 25 years and involved many dedicated people spending countless hours, money, and sweat to blaze

input.

Tri-County Dental Society and the California Dental Association have many opportunities for members to contribute. Volunteering doesn't require any advanced training, just a willingness to help. It allows you to participate as your time allows. When I first "volunteered" I did not know what I needed to do. I say "volunteered" because my mentors nominated me for a position in the ASDA. When I asked what I was supposed to do, the response I got was, "you'll figure it out." TCDS is looking for some good people to help make a difference. If you have an interest, contact the TCDS office at 951-787-9700 - and you will figure it out too.

# Dentistry's Newest Specialty: Anesthesiology for Dentistry

By Joel Weaver, DDS, PhD

n March 11, 2019, the American Dental Association's National Commission on Recognition of Dental Specialties and Certifying Boards (NCRDSCB) voted to recognize the new specialty of Dental Anesthesiology, joining nine other ADA-recognized dental specialties. Thirty-nine years after the founding of the American Society of Dentist Anesthesiologists, with the expressed purpose of specialty recognition, and 25 years after the first application for the specialty was submitted to the ADA by this specialty sponsoring organization, dentist anesthesiologists now officially join the ranks of the two other long-accepted recognized anesthesia specialists, physician anesthesiologists and veterinarian anesthesiologists. Also included in the process was the recognition of the American Dental Board of Anesthesiology (ADBA) as the new specialty's official certifying board which was founded in 1994. The specialty designation by the ADA follows previous specialty recognition by the American Board of Dental Specialties.

The NCRDSCB was established by the ADA to enhance the specialty recognition program in accordance with the ADA Requirements for Recognition of Dental Specialties and National Certifying Boards for Dental Specialists. It is designed to help dentists excel throughout their careers, and for the public to ascer-



tain the importance of educationally qualified and board certified dental specialists. Former ADA president, Dr. Charles H. Norman III, chaired the 19-member commission which was created in 2017 by a vote of the ADA House of Delegates to prevent perceived or actual bias of the specialty recognition process within the ADA House of Delegates. Thus, in line with the ethical standards of the ADA, dentist anesthesiologists can now inform the profession and the public of their anesthesia specialty status and board certification as Diplomates of the ADBA.

**Dentist Anesthesiologist residency training** programs have been accredited by the ADA's Commission on Dental Accreditation (CODA) for more than a decade and are currently 36 months in duration following dental school, with 24 of those months exclusively dedicated to administration of clinical anesthesiology, including 6 months of anesthesiology just for dental patients. Of those 24 months, a minimum of one full year at the resident level of responsibility must be on a rotation in hospital department of anesthesiology, which is more than twice the duration of a hospital anesthesia rotation in any other dental specialty program according to current CODA accreditation standards.

Dentist anesthesiologists must complete a minimum of 800 cases of deep sedation/general anesthesia with a minimum of 300 endotracheal intubations, including 50 nasal intubations and 25 other advanced airway techniques. Because dentist anesthesiologist specialists frequently manage small children and patients with special needs who often require extensive dental procedures, dentist

anesthesiologists are required to provide anesthesia for at least 125 children aged 7 years or younger and for at least 75 patients with special needs. Also, sharing the airway with an operating dentist who may be performing all types of restorative and surgical dental procedures requires special anesthetic skills and techniques unique to dentistry, so an optimal level of safety is enhanced during the required 100 dental anesthetics supervised by dentist anesthesiologist faculty members to teach these specific skills.

The requirements for nasal intubations, advanced airway placements, patients with special needs and cases with dentist anesthesiologist faculty supervision are all unique compared to any other medical or dental residency training program. The required 125 anesthetics for young children even exceeds those of physician anesthesiologist residency standards which require 100 anesthetics for children younger than 12 years. Additionally, dentist anesthesiologists must complete at least 4 months of rotations on hospital medical services such as cardiology, physical medicine, internal medicine and emergency medicine. Their anesthesia residency program must also have a curriculum plan including structured didactic instruction in addition to the extensive clinical experience designed to achieve the program's competency requirements. Physical diagnosis and evaluation, behavioral medicine, methods of anxiety and pain control, and management of anesthetic complications and emergencies are just a few of the areas included in the rigorous didactic curriculum.

With their comprehensive accredited training

in the art and science of anesthesiology for dentistry, the public can be assured that dentist anesthesia specialists will be able to provide safe and cost-effective control of anxiety and pain for dentistry, whether they practice in a fixed facility or as a mobile facility where they transform any dental office into a fully equipped mini-operating room with their ultramodern portable anesthesia equipment that complies with national standards for safe ambulatory anesthesia. The greater demand for the delivery of increasingly more complex dental procedures by operating dentists has fueled a similar demand for a separate dentist anesthesia specialist to concentrate solely on providing the anesthetic. Recognition of the new anesthesia specialty will increase the number of residency programs and fullytrained graduates to meet that demand for board-certified dentist anesthesiologists.

This article was originally published in the American Society of Dentist Anesthesiologists newsletter on March 11, 2019 and reprinted in the TCDS Connection with permission from the ASDA.

https://gallery.mailchimp.com/1c136f556c 41068d4508e4c7a/files/d2b3fe11-ec02-448f-a688-271775a9a3c5/March\_11\_2019\_special\_ edition\_Final.02.pdf

# Editorial

# **Draft Dodgers**



Dan Jenkins DDS, CDE-AADEJ

hen I was "released" from High School the military draft was very active. The Vietnam War was getting fired up and guys were getting married as soon as they graduated to avoid being drafted. Then, the government said they would take married men so, babies started a mini-baby-boomer generation. The common topic of conversation among my male friends were ways to avoid being drafted. One classmate was finally drafted - I went down to the Greyhound Bus station in Riverside and saw him off. He ended up home that night due to being rejected, (4F), due to a football injury. He became the envy of all of us! Some of my classmates signed up as conscientious objectors, (Yeah...just like Desmond Doss in the Oscar winning movie, "Hacksaw Ridge.) One classmate applied for complete objector status as he did not want to participate in anything doing with war. After many appearances he was granted objector status. I didn't hold it against him at all. To this day, I know that he just had and still has that kind of personality. He became a "Hippie" up in San Francisco — I even visited him in uniform there when my ship was in San Francisco.

Since I've already tipped you off that I did enter the military you may wonder why I entitled this piece

as Draft Dodgers. Well, I did indeed dodge the draft — I joined. I joined the Navy because it seemed better than Army or even the Air Force. (I actually started to join the Marines but my mother was so distraught that I stopped the process before I was to be sworn in. The Marines had a special 2 year enlistment at the time whereas the Navy was only offering a 4 year deal at that time.)

I did learn many things in the Navy as a Radioman. I learned I wasn't as stupid as I thought I was when compared to fellow sailors and was even asked to teach in the evenings during my training. This gave me the weekends off so I was home in Riverside each weekend. Probably my biggest cerebral confidence booster was our ship's navigator. Being an officer I knew he had a college degree. He inspired me to go to college once I was out. As a Radioman I had a lot of interaction with him from taking him messages and the navigation area was right next to our radio shack. He always seemed like he didn't know what was going on. One time he got us lost at sea for three days when going between Vietnam and Okinawa. We finally had to find out where we were from a passing ship. (We did not have satellite capability at that time.) I finally decided that if Lt. Woof could be like he was and get through college I could do ANYTHING!

If you are a member of this TCDS dental organization "ship" you are helping us all in our course through dental history. Thank you for paying your dues and making it possible for politicians to be contacted by lobbyists in our State and in Washington D.C. Your dues make it possible for CDA Cares and other charity events such as Give Kids a Smile, to take place to help the unfortunate. These events let people see real wet-gloved dentists giving of themselves and shows them the altruistic nature of

the great majority of dentists. They see dentists are not just all about the money. By paying your dues you show you are not a "draft dodger" from organized dentistry.

There are other ways you could also be a draft dodger. Instead of waiting for the dreaded call from the TCDS Nominating Committee asking you to serve in a position you could contact the TCDS office and volunteer. Being in these positions will provide you with an opportunity to not only give your opinions but to help make a decision.

There are many positions available each year in both the TCDS organization such as a board member, committee member, or even Editor. There are even more positions open in the CDA and ADA that any member can apply for. For CDA you can contact CDA.org and find "leadership" under the top drop-down tab labeled "About CDA." You can peruse the various positions available and decide if something fits right for you. The deadline this year for application is May 31st.

I'm encouraging you to be a draft dodger and have a choice over how you will help your profession out. If you think you have an idea that will make things better — join. If you think an existing TCDS, CDA, or ADA official is like my Lt. Woof and you could do better — join. (Of course, once you join in and work with the problems you may find out why things can't be done as we all would like). But still -JOIN!

FYI: Some images in this issue are intentionally blurred for artistic purposes.





# Trust Me...l'm a Trustee

By Ken Harrison, DDS, MS

t's officially spring and time for another update from the CDA Trustees from TCDS. Our first meetings of 2019 were held February 22-23 in the 15th floor board room of the CDA building in Sacramento. All of the Board of Trustees (board) meetings are conducted using the "Values" that the board developed last year during one of our many training sessions. These values are: Respect, Trust, Integrity, Authentic Communication, Innovation, Leadership, Diversity and Accountability. Respect: A culture where everyone respects what each party brings to the table and engages in healthy debate leading to the best possible outcomes. Trust: A culture that is built upon a foundation of trust; being able to count on others to do what they say they will do; using discretion where necessary and where confidentiality and discretion are honored. Integrity: A culture which maintains the highest integrity in the way they treat customers, handle employee issues, and conduct daily business activities. Authentic Communication: Respect. A culture where communication is open and free-flowing. Hard issues are addressed directly, not ignored. Innovation: A culture that reinforces breakthrough thinking, new ideas, processes, or mindsets that promote new or different solutions. Leadership: A culture where leaders display courage, vision, the ability to inspire, and lead by example. Diversity: A culture that embraces diversity of viewpoints, perspectives, ideas, and cultural orientations. Accountability: A culture that holds people responsible for their actions and work product.

# Friday, February 22nd

The board meeting on February 22nd began with a board development session from 10am-3pm including a working lunch. All trustees and executive members where broken up into groups of 6-7 and

we went through training and brain storming; discussing the board self-assessment conducted last year. All ideas developed during these breakout sessions will be forwarded to the CDA Board Composition Task Force for further review.

From 3:30pm-6:00pm the board met in closed session and discussed some peer review issues and received a legal update from CDA's general counsel, Allison Sandman, Esq.

TDIC chair, Dr. Dan Davidson, also advised the board that TDIC successfully completed the merger with Dental Benefits Insurance Company (DBIC), Dentists Benefits Corporation (DBC) and Northwest Dentists Insurance Company (NORDIC), uniting all companies as one, and extending coverage to over 5,000 additional policyholders in five states. TDIC is currently positioning itself for national growth with activities including: Negotiations for more endorsements in Oregon, Idaho and Washington, Consolidation of all policy administration systems into Guidewire, and implementation of a data warehouse.

# Saturday, February 23rd

TDSC Update: The board received an update from TDSC in closed session. All TCDS members should re-evaluate TDSC and begin to purchase from "our" supply company. More purchases will not only result in an immediate savings for our member dentists but will create more leverage for TDSC in securing even better pricing in the future.

Peer Review Regarding Minors: Even though this discussion was held in closed session, the new policy is not confidential. In cases involving minors it will be required that a minor's compromise process be completed if a refund is issued.

Dental Licensure Portfolio Examination: The board

received a presentation on the dental licensure portfolio examination to provide background and information regarding portfolio examination. CDA anticipates potential legislation may be introduced to update California's portfolio examination during the 2019-2020 legislative session. There is a growing interest in licensure examinations that are recognized nationally, not just in a few states.

ADA Delegation: the board approved the slate of delegates and alternate delegates that the Committee on Volunteer Placement (CVP) forwarded to the board. TCDS has 5 delegates and 1 alternate delegate for the September 2019 ADA House of Delegates.

# Final Message

Finally, I will take off my trustee hat and put on my CVP (Committee for Volunteer Placement), chair hat. The application period for all CDA committee and council jobs for 2020 opened on March 1st and will close on May 31st. There is no consideration for late applications. If you open cda.org/leadership you will find a list and description of all open positions for next year. I would strongly encourage you to consider applying for a position that fits your skills and interest. Serving both our component and the state association is very rewarding and an excellent way to give back to the profession that has treated all of us very well. If you have any questions about applications or the councils and committees please do not hesitate to contact me @ kthddsms@gmail.com. Or if you have any questions regarding the CDA board, please contact either, Dr Ora Lowe (my partner trustee) or me. Either of us would be happy to answer any of your questions or steer you to the right source.



# SEXUAL HARASSMENT IN DENTISTRY?

By Dan Jenkins DDS, CDE-AADEJ

**SEX**ual harassment seems to be in the media news reports every day. There has not been any newsworthy accusations against dentists lately. I have found over my forty years of practice, and particularly during my investigational interviews of dentists and auxiliaries this last year, that sexual harassment in dentistry has been and still is present in society and dentistry as well. An interesting observation I have made is at the CDA Presents meetings, staff, who worked with their dentist just the day before, will greet their dentist with big hugs — and I've noticed this with my own staff as well. Hugging has become more socially acceptable — even between men! However, perhaps it is a "fine line" that many of us should be careful with. At least I have not read or heard of any accusations of sexual harassment in the news about it! However, many times incidents do not make the news because of settlements and non-disclosure agreements.

This last Fall, TCDS Executive Director, John Fields invited Lynn Hounsley, President, of Integrity HR Inc. to give a special sexual harassment course to the TCDS board members who wished to attend. In addition, the CDA provided a presentation on sexual harassment at the CDA House of Delegates for the delegates. This year, the California Dental Board has made attendance at a course on sexual harassment mandatory for all dentists to renew their license.

The TCDS has invited Ms. Hounsley to provide CE classes, at no charge to TCDS members on this topic to once again aid our members to fulfil the requirements for licensure. Check the "Happenings" announcements in the Connection or the TCDS website at, www.TCDS.org. I have listed below Ms. Hounsley's bio for your review so you will know of her qualifications on this topic.

After Ms. Hounsley's article is a piece I have written from my interviews, research, and my own personal experiences over my years in dental practice. I have also been involved in the Women In Need foundation as a contributor of research regarding physical and psychiatric abuse of women. You may note that I have also included incidents of sexual harassment by women upon men! I have applied this to my current assessment of this topic to the practice of dentistry with recommendations on how to avoid accusations and lawsuits — but especially, how to avoid the sexual harass-

ment from even happening!

Dental students and faculty will find interesting the third piece, which I separated from the Short Abstracts, about sexual harassment in dental schools. This study was done in the USA, Brazil, Bulgaria, and India.

# Lynn Hounsley – President, Integrity HR Inc.

Integrity HR Inc. was founded in 2008 by Lynn Hounsley to support the "people management" needs of growing businesses. Small businesses concentrate their efforts on the core business and the management of Human Resources can sometimes be a special challenge. Lynn's focus is on partnering with small to medium companies to ensure they remain compliant and resolve their employee issues to maintain a positive work environment and decrease their legal risk.

Lynn brings over 30 years of extensive experience in human resources, including employee relations, talent recruitment/retention, benefits, compensation and training. She was the Human Resources Manager for a medium sized aerospace corporation in Southern California, sharing her time between 2 subsidiary locations. She has also been a consultant and held a number of key human resources roles for a large Southern California Life Insurance Company.

She holds a Bachelor's degree from BIOLA University, a certificate in Human Resources Management from the University of California, Irvine.

Lynn has provided volunteer HR Management counseling through the Inland Empire Women's Business Center (IEWBC). Lynn is an active member and previous President of the La Sierra Business Council for the Greater Riverside Chamber of Commerce. She also serves as Secretary on the Executive Board of PIHRA (Professionals in Human Resources Association) since 2012 and a member of SHRM (Society for Human Resources Management). She will also be serving on the Business Resource Connection (BRC) Board of Directors as Secretary for 2019.



In 2016 at an OS office in San Diego — Video shows male DA groping female patient's breasts by placing his hand down her bra. Upon investigation, additional video's showed similar actions by this DA to more than a dozen other female patients. He was convicted of sexual battery and sentenced to 15 years in prison.

Pauline Repard Contact Report August 26, 2016 • The San Diego Union-Tribune



# SEXUAL HARASSMENT IN CALIFORNIA DENTISTRY

By Lynn Hounsley

No industry is immune to sexual harassment, including the profession of dentistry. But just how prevalent a problem is sexual harassment in dentistry and if your practice is in California...what can—and should you do to limit your liability?

Almost all the media attention of late has been on sexualharassment by male bosses against their female subordinates. But there are many other potential forms of harassment, and from many other potential sources, that dental practices must address, prevent, and remediate.



pendent contractors.) will be required to provide two hours of sexual harassment training to supervisors and one hour to non-supervisorial employees within six months of hire or promotion, and every two years after that. Employers who provide the training to employees in 2019 will not be required to retrain the same employees in 2020.

# **Legal Requirements**

California provides broad protections against harassment to a number of individuals coming into the workplace. This includes not just protections against sexual harassment, but also harassment based on any characteristic protected by law. This includes applicants, employees, unpaid interns, volunteers and contractors.

### **Dental Profession is not Immune**

\*\*\$1.7 Million Harassment Verdict Against a Dentist in Colton, CA, for Sexual Harassment and Failure to Properly Pay Overtime. Juddy Olivares v. Sam Dason and Sam Daniel Dason DDS. \*\*

\*\*Stellar Dental in New York pays \$150,000 to 3 women in sexual harassment case\*\*

This happens more often than we think. We also are not privy to other situations that are settled and never make it to court. These can be just as costly.

# **Updated 2019 Legal Requirements In California**

Several new laws focus on increasing employee protections for 2019. The Legislature expanded an employer's liability for harassment in numerous ways and added harassment education and training requirements. Additionally, a new law that requires female representation on boards of directors for certain California corporations was passed.

# Sexual Harassment Training – SB 1343

 $https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill\_i\\ d=201720180SB1343$ 

Current law requires employers with 50 or more employees to provide supervisors with two hours of sexual harassment prevention training within six months of hire or promotion. Under SB 1343, by January 1, 2020, all employers with five or more employees (Minimum count of "5" employees includes seasonal and temporary hires as well as inde-

Temporary and seasonal employees must be trained within 30 days of hire or 100 hours worked, whichever is earlier. Temporary services employers will be responsible for training employees who are placed with clients.

Sexual Harassment — Professional Relationship – SB 224 https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill\_i d=201720180SB224

Under current Civil Code Section 51.9, an individual may be liable for sexual harassment that occurs in the course of a business, service or professional relationship where the client or customer cannot easily end the relationship. Examples of professionals who might be liable to their clients for sexual harassment currently include doctors, attorneys, bankers and accountants, among others. SB 224 extends the list of examples listed in the Civil Code to elected officials, lobbyists, investors, directors and producers.

In addition, it expands liability to anyone who holds himself/herself out as being able to help someone establish a business, service or professional relationship, whether with that individual or with a third party. SB 224 also eliminates the requirement to show that the relationship could not be easily terminated, ensuring that responsibility remains with the harassing party regardless of whether the other party could have walked away.

This applies to the dental profession as well. Practice owners can be held personally liable.

# Settlement Agreements - SB 820

https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill\_i d=201720180SB820

Senate Bill 820, effective January 1, 2019, adds a new section to the

Continued from page 9

California Code of Civil Procedure that prohibits public and private employers from entering into settlement agreements that prevent the disclosure of information regarding:

- acts of sexual assault
- acts of sexual harassment as defined in section 51.9 of the Civil Code
- acts of workplace sexual harassment;
- · acts of workplace sex discrimination;
- the failure to prevent acts of workplace sexual harassment or sex discrimination; and retaliation against a person for reporting sexual harassment or sex discrimination.

However, under this provision parties are still able to enter into agreements preventing the disclosure of claimants' identities and amounts paid in settlement of claims.

### Sexual Harassment – SB 1300

https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill\_id =201720180SB1300

SB 1300 makes numerous changes to California's Fair Employment and Housing Act (FEHA) relating to workplace harassment claims. It prohibits an employer from requiring an employee, in exchange for a raise or bonus, or as a condition of employment or continued employment to:

- Agree not to sue or bring a claim against the employer under the FEHA: or
- Sign a non-disparagement agreement preventing the employee from disclosing information about unlawful acts in the workplace, including but not limited to sexual harassment.

Additionally, SB 1300 The statute also provides that an employer may be liable for nonemployees' sexual harassment or other unlawful harassment of the employer's employees, applicants, unpaid interns, volunteers, or contractors, if the employer or its agents or supervisors knew or should have known of the conduct and failed to take immediate and appropriate corrective action. Under the new law, employers are permitted, but not required, to provide bystander intervention training.

# **Harassment Prevention Program: Your Best Defense**

It would be difficult for a dental practice to claim that the harassment did not actually occur as the employee alleges. However, recent events have proven that this is generally not an effective defense. Also stating the practice owner arguably had no knowledge of the harassment similarly establishes that this often is not an effective defense. The EEOC Guidelines state that employers are liable for the acts of those who work for them if they knew or should have known about the conduct and took no immediate, appropriate, corrective action. Consequently, a harassment

prevention policy/program is a dental practice's best defense against a claim of harassment.

But a dental practice cannot simply draft and distribute a written policy prohibiting harassment, put it on a shelf somewhere in the office, and then expect to bring it out as a defense when a harassment claim is made. In general, the courts have held that to be an effective defense, a policy prohibiting harassment must be backed up by a robust program of implementation and enforcement that was effective in addressing and remediating the employee's claim of harassment. Provided a practice can prove that its program was effective, then, in all probability, the lawsuit will be dismissed against the practice, even when it is found that the employee was actually harassed.

# **Set Your Practice Up for Success**

Along with a stellar policy and prevention training, the best way to prevent any of this from happening is for practice owners to take accountability and:

- Set the tone for others to follow.
- Be a positive example.
- Demonstrate appropriate behaviors
- Talk openly with employees about inappropriate behavior a and the fact that it won't be tolerated.
- Create an atmosphere of trust.
- Don't say or do anything that might be interpreted as inappropriate if you set a positive example, have solid anti-harassment policy, provide your employees with the proper training and follow through on providing an ethical and productive work environment you limit your risk for these expensive claims of harassment.

Lynn Hounsley is President of Integrity HR, Inc. a Human Resources Consulting firm helping small business owners stay compliant with federal and state laws. The information in this article is not legal advice.

(Ms. Hounsley will be offering CE lectures on this topic through the free TCDS CE courses this year — check the TCDS schedule at www.TCDS.org for days and times and more information.)





# PREVENTATIVE SEXUAL HARASSMENT

By Dan Jenkins DDS, CDE-AADEJ

October, 2017 started accusations by over eighty women against a prominent Hollywood producer. He was accused of sexual harassment, assault, and battery over many years. Over 2018 this lead to what was called the "Me Too" movement by thousands of women who shared their stories of unwanted sexual harassment experiences by various men. There has been some pretty famous men accused of these actions including, Matt Lauer, Morgan Freeman, and Bill Cosby The list included more than entertainers. The positions included a NY Attorney General, a California federal court judge, a Congressman, a Hall of Fame Quarterback, and the President of the United States. Thankfully, there were no major news alerts or connections about dentists or dentistry. (Although, Bill Cosby did loan me money for dental school — through his Cosby-Crest foundation.)

In the many lectures I have attended on practice management it has been brought up that the main element for success for a patient accepting treatment is that they trust the dentist. The dentist may be the GOAT (Greatest of All Time) dentist. (Aren't we all in our own minds?) The office may have the latest technology and designed by a dental office specialist architect. The location of the office may be at the main corner of Main Street in a town with no other dentist. The practice website could have been designed by a renowned website designer. The dental team may be up on all of the latest CE courses. But, if the team does not trust the dentist could that be picked up by the patients? That lack of total trust may not be trust in the dental procedures, it may be a lack of trust of the dentist as a person through their own experiences such as in financial matters, after-hours activities in their personal life, or — sexual harassment in the office.

Let's look at some definitions regarding this issue before discussing this about dentistry. A definition of harassment is a continued annoying action to a person or group. Sexual harassment means the harassment's annoying actions are of a sexual nature. (https://legal-dictionary.the-freedictionary.com/harassment) These actions in a work setting are addressed by the Equal Employment Opportunity Commission are considered a "hostile or offensive work environment" when it is unwelcome or "explicitly or implicitly affects an individual's employment." (https://www.hr-guide.com/data/A07203.htm) Assault is the apprehension of harmful or offensive touching. Battery is the actual offensive touching. (https://www.law.cornell.edu/wex/assault) (https://www.law.cornell.edu/wex/battery)

Two things to keep in mind with harassment, assault, and battery is the matter of consent and the fact that it is up to the recipient person to infer from the words or actions that they are offended or injured! As a dentist/employer you may not intend to offend or imply something that is sexually harassing or even harassing, but if the other person takes it that way an accusation could be made — especially if there are witnesses.

Some people, dentists included, like to joke with double entendres. In their life they may feel these are just a little "naughty" with no intentions of offending anyone. But, do you think a congregation would be offended if they were used by their religious leader during a religious presentation — or, even in private? Dentistry itself is of course not a religion. However, and in the organization of the ADA, rules of ethics were agreed to in the hopes of raising dentistry up as a noble healing profession.

Starting next year the Dental Board of California will require CE courses on sexual harassment for license renewal. This is being done not because the DBC thinks all of us dentists are a bunch of perverts or sexual predators. This is first of all to remind us that as professionals, (unlike some professional basketball players!), we are held to an ethical standard to hold the dental profession high. Secondly, it will show the public that we do not condone the actions of sexual harassment that are reported in the press.

There are indeed many instances of sexual harassment in dental offices — we all have heard of them. I even had a hygienist, related to me, who told me of a TCDS member dentist she was working for at the time of his walking around his office, full of women, loudly saying, "I need sex!" He even took this hygienist aside and said he would pay her more if she would regularly have sex with him. And, yes, he was married!

I have spent the last year collecting dental office sexual harassment stories. I have collected them from a lot of team members and dentists — male and female. By the way, if you are thinking that sexual harassment is only a male sexually harassing a female you need to think again. I did not run into any stories as in the comedy movie "Horrible Bosses" where Jennifer Aniston plays the role of a predatory dentist sexually harassing her male assistant. But, you should be aware that it does happen —and if you are a male you may not even think of it as sexual harassment — remember it is the perception of the recipient as to whether they have been sexually harassed, assaulted, or battered.

I found it interesting that when I would ask male dentists if they had ever been sexually harassed, 90+ percent said they had not. When followed by the question as to whether a female team member had ever pushed their breasts against them from time to time in various office interactions or pressed their derrieres against their groin — over 50% said yes. Most said they were not offended. One of my friends even said, "Well, yes. But, I kind of liked it" - as he blushed. Some stated they were not sure what to say or do as they did not want to make a "State Case" out of it for fear of being accused of being the initiator and end up in a suit. Or, they were afraid to say anything for fear of losing the employee. I have listed other harassment incidents, male to female, female to male, female to female, and male to male in boxes through the newsletter for you to read about. This is just something we all need to be aware of.

What is so wrong about sexual harassment if nothing physical happens? A study done from 2012-2015, long before the "Me Too" movement, was published in the January, 2019 JAMA Vol 321. A post hoc analysis of the study of midlife women suggests, "Women who reported a history of sexual harassment or sexual assault had poorer specific physical and mental health outcomes than those who didn't." The interview goes on to say in an interview with the lead researcher, Rebecca Thurston, PhD, that this also can affect sexually harassed men as well. Thus, events like sexual harassment against a sweet young 20 yoa dental assistant could affect not only her/his mental health years later but also physical health.

Some of the reported stories of sexual harassment have turned out to be false claims. This can happen after an employee is terminated and wants to retaliate. This can also happen by a current employee who wants to cash in on a quick settlement. Certainly a dentist would not want to have their reputation tarnished by such an accusation. Recently one of our members told me that her brother-in-law was accused of sexual harassment and his damaged reputation resulted in his having to move to another town.

How does a dentist prevent false accusations of harassment or assault in the office? One dentist in San Diego had video cameras recording in each of his rooms. You may think that is expensive but, when a male assistant groped a female patient while she was under sedation the dentist had the evidence to prove the assault took place and that the dentist was not involved. How much money and time did those cameras save that dentist. Just imagine if a sedated patient had thought it was the dentist who did the assaulting and accused him instead of the assistant?

Another preventive method mentioned by one of our TCDS female dentists is to never be alone in your office with a female — patient or

employee. That way you have a witness as to what was said or done. I remember an MD being accused, not convicted, of sexual assault by a patient and the board required him to always have a female with him when in a room with a female patient.

This brings up the issue of how even a false accusation of sexual harassment or assault can affect you as a dentist. Just the accusation can ruin your reputation — unless, as the dentist in San Diego, you have video evidence! Without a clear case of a false accusation people will wonder if you got away with something. It means your trust in the community and even among your friends, will be tarnished. Team members will whisper about incidents for years to come. It will affect your own production as you will be worried about any innocent touching or words being taken wrong. Indeed, you may not have meant anything by what brought about the initial accusations. You and the team member might have joked with each other using double entendres or about sexual topics. But, such things can be turned against you. Unlike Jennifer Aniston's movie mentioned above, I have yet to come across a legal case where a female dentist was prosecuted for sexual assault or harassment. Can you imagine what effect such a case would have on a female dentist's reputation? As far as sexual equality goes, she most likely would suffer a bigger loss to her reputation than a comparable male dentist. Whether you are a male or female dentist just the accusation of sexual harassment by an employee may well result in your having to move away and possibly a divorce if you are married. This may be more true if the accusation results in a legal "settlement" in that a settlement still leaves the guestion of a "pay off" to make the accuser shut up about what actually took place.

When I was in dental school there was one teacher who tended to joke with double entendres with students and the female staff. No one complained at the time of the comments. Many years later I worked in an office that this former teacher had owned at one time. A staff member at another office told me she used to work in the same office until this teacher took over the practice. She said she left because she did not trust him and did not appreciate the way he acted toward her.

In social media today I have noticed on one closed dental group a lot of sexual words and swear words being used among the dentists, hygienists, and assistants on the closed group. In legal cases it is not unusual for attorneys to access all the information they can about a person they are against. I've thought that if some of these dentists had an accusation of sexual harassment against them, would their language used on the group help them or hurt them? If it was a dentist using sexual terms and joking about sexual activities, could that information be used by an opposing attorney to show their character



and professionalism? If one of the team accusers was found to use the same language on the site, would that speak to her character and that she held herself out there as being that kind of person and did not seem to mind joking around about sexual subjects?

My advice is to practice prevention. Maintain an ethical professional image not only in the office but in social circles as well. You may feel like you should be entitled to say and do what you want in your life — it's your own business. That is true but, just as choosing to drive 100 mph on the freeway, doing what you want can have consequences. Make sure you make it clear in your office manual that you do not tolerate sexual harassment, sexual double entendre comments, or offensive touching and violations will have consequences of termination. Think seriously of installing video cameras with large capacity storage to keep the images and audio recordings for a good amount of time. If a patient makes an off color or sexual comment to you or a team member do not join in on that — if could be construed as sexual harassment by the team member and it's not worth the consequences.

Another thing to keep in mind is if a staff member is even accused of sexual harassment it will be difficult for them to be trusted. Even after being approached about their behavior they may feel they are not doing anything wrong due to their own way of behaving in their social circles. You may also have a staff member being extra "friendly" to you as a way to develop something where they could accuse you of sexual harassment!

We need to all do our best to hold our profession of dentistry as an ethical profession of honor. This will aid all of us to help our patients receive the best care they will allow us to provide for them. Once our patients and team members perceive that we are honorable and truly professional they will trust us. Knowing that we are covering ourselves and not worrying about even being accused of sexual harassment will give us peace.

I wish you all success and peace.



While sitting behind chair in the operatory the assistant would frequently put both of her legs on each side of my one leg and squeeze my leg while smiling at me. I felt uncomfortable but nothing further ever happened.

Male dentist



An International Survey of Female Dental Students' Perception About Gender Bias and Sexual Misconduct at Four Dental Schools

Chris S. Ivanoff, Diana M. Luan, Timothy L. Hottel, Bogomil Andonov, Luiz Evaristo Ricci Volpato, Reena R. Kumar and Mark Scarbecz, Journal of Dental Education October, 2018, 82 (10) 1022-1035; DOI: https://doi.org/10.21815/JDE.018.105

As women enter the dental profession in increasing numbers in North America and around the world, the questions of how they perceive their environment and what kind of barriers they face are important subjects to be addressed.

The aim of this study was to assess and compare women dental students' perceptions of bias in their environment and experiences of sexual misconduct at one dental school in each of four countries.

In Spring 2017, 1,293 female students at four dental schools in the U.S., Bulgaria, Brazil, and India were invited to participate in a 24-item survey developed by researchers from the four countries; 990 students responded (response rate 76.6%). The overall majority of the respondents reported thinking the admissions process at their school was fair (79.7%); but a fifth of U.S. and Brazilian students perceived their school was not fully embracing of females, with most Bulgarian students agreeing (87.2%) and all Indian students disagreeing.

Most respondents overall perceived that male faculty members did not favor male students (79.5%) and did not think there was discrimination against female students by faculty (87.1%), but half of the U.S. respondents reported feeling discriminated against by male faculty and male students. When the responses "I've been verbally harassed" and "I've been somewhat verbally harassed" were combined, 10.1% of the U.S. respondents reported verbal harassment, compared to 20% of Brazilian, 15% of Bulgarian, and 2% of Indian respondents.

When the responses "I've been sexually assaulted" and "I've been somewhat sexually assaulted" were combined, 6% of U.S. respondents reported being sexually assaulted, compared to 6.2% of Brazilian, 2.5% of Bulgarian, and none of the Indian students. Almost half (46.9%) of these students overall perceived their school was not or only somewhat vigilant about issues of sexual misconduct, and only 54% said they would feel comfortable or very comfortable reporting misconduct.

These results suggest that academic dental institutions in all four countries need improvements to make their environments more equitable and free of bias and sexual misconduct. http://www.jdentaled.org/content/82/10/1022



# EMPLOYERS MUST PROVIDE SEXUAL HARASSMENT PREVENTION TRAINING TO ALL EMPLOYEES BY JAN. 1, 2020

By Michelle R. Corbo, PHR, PHRca Practice Analyst, California Dental Association

Gov. Jerry Brown last September signed a bill requiring California employers of five or more employees to provide expanded training on sexual harassment prevention to all of their employees by Jan. 1, 2020. Practically speaking, this means employers will need to complete the mandatory one- or two-hour trainings for employees in 2019 to be compliant by the January 2020 deadline.

Crafted in response to renewed attention on sexual harassment in the workplace, brought on in part by the #MeToo movement that gained national traction in fall 2017, the new law is a dramatic shift from current requirements that have been in place for more than a decade. The Legislature concluded that millions of employees in the state may not be aware of their rights and responsibilities under California anti-harassment laws or trained on how to detect and report inappropriate behaviors. The new sexual harassment prevention training requirement impacts the majority of businesses in the state and all of their employees and managers.

# Main points for employers

- Employers with at least five employees, in order to comply with the new requirements, must provide by Dec. 31, 2019: (1) at least two hours of sexual harassment prevention training to all manage rial employees and (2) at least one hour of sexual harassment prevention training.
- After the 2019 compliance requirements are met, employers must provide training every two years at minimum.
- Training must occur within six months of hire to a non-managerial
  position or promotion to a managerial position (including hiring a
  applicable. Newly created businesses with five or more employees
  or contractors must provide training within six months of the business' establishment and then every two years thereafter.
- Part-time, temporary and independent contractors must be included toward the minimum count of five employees.
- The training may be conducted as a group presentation or on an in dividual basis and may be broken into shorter time segments as long as the two-hour requirement for managerial employees and one-hour requirement for non-managerial employees are met.
- Employees hired after Jan. I, 2020, who received training by a previous employer need only be required to read and acknowledge re-

ceipt of the employer's anti-harassment policy within six months of assuming the new position. The burden of establishing that the prior training was legally compliant with this section is on the current employer.

# Training for seasonal and temporary employees

Also by the January 2020 deadline, employers must provide training to temporary and seasonal employees, as well as any employee who is hired to work for less than six months. The training must occur within 30 calendar days after the hire date or within 100 hours worked, whichever comes first. In the case of temporary employees employed by an agency (as defined by Lab. Code sec. 2810.3) to perform services for clients, the training must be provided by the agency, not the client.

# **Training formats**

Employers can satisfy this training by offering classroom training, elearning or webinars as described here.

Classroom training: In-person classroom training that features content created by a trainer. The employees receive the training from a trainer in a setting that is removed from the employees' daily duties. California law in CCR sec. 11024(a)(9) specifically defines the credentials that a qualified trainer must possess.

E-learning: Individualized, interactive Employers with five or more employees should check their calendars and determine when they can train their employees in 2019 in order to be compliant with the law by the Jan. 1, 2020, deadline. and computer-based training that was created by a trainer and an instructional designer. Employees must have the opportunity to ask a trainer questions and receive a response within two business days.

Webinar: An internet-based seminar that features content created and taught by a trainer and that is transmitted over the internet in real time. Employers who use a webinar for training must document that each employee who is not physically present in the same room as the trainer attended the training. They must also document that the employee actively participated in the training's interactive content, discussion questions, hypothetical scenarios, polls, quizzes or tests and activities. Webinars must provide employees with the opportunity to ask questions and receive an-



swers to those questions or otherwise seek guidance and assistance. The regulations also authorize other effective, interactive training — including audio, video or other computer technology — but only if used along with, and as a supplement to, classroom, webinar or e-learning training.

# **Record-keeping requirements**

To track compliance, employers must keep documentation for a minimum of two years and be able to provide copies upon request.

The training record must include all of the following minimum information:

- The name of the supervisor who received training
- The training type and date
- The attendance sign-in sheet
- A copy of all certificates of attendance or completion issued
- A copy of all written or recorded materials that comprise the training
- The training provider's name

In addition to the above, specific documentation requirements for both trainers and employers are mandated for e-learning and webinar training:

E-learning: The trainer must maintain all written questions received and all written responses or guidance provided for a period of two years after the date of the response.

Webinars: The employer must maintain a copy of the webinar, all written materials used by the trainer and all written Dentistry questions submitted during the webinar. The employer must also document all written responses or guidance the trainer provided during the webinar.

# **Government obligations**

The Department of Fair Employment and Housing must develop or obtain

two online training courses on the prevention of sexual harassment in the workplace in accordance with the provisions of the law. Both courses must contain an interactive component that requires viewers to periodically answer questions in order for the course to continue to play. The DFEH published a new online resources webpage for California employers (www.dfeh.ca.gov/resources-for-employers) and expects to have such trainings available by late 2019.

# Preparation and planning

Employers with five or more employees should check their calendars and determine when they can train their employees in 2019 in order to be compliant with the law by the Jan. 1, 2020, deadline.

Employers might begin by researching third-party companies that are qualified to conduct training under DFEH regulations for either in-person or online training. Before deciding to utilize a company, the employer should verify that its training meets the requirements outlined above.

Directing employees to online training courses hosted by DFEH is another way employers can satisfy their harassment prevention training obligations. Regardless, the unavailability of a specific training should not preclude employers from satisfying the requirement sooner rather than later.

Developing a written harassment, discrimination and retaliation prevention policy that reflects current law is a requirement under California law. A policy can be found in CDA Practice Support's "Sample Employee Manual" template.

Find resources on employment practices at cda.org/practicesupport.

Originally published in the CDA Update, Vol 31, Issue 1, Jan 2019)





While waiting with a 20 year old patient for her local anesthesia to take effect she suddenly reached up with both hands and started pulling my head toward hers with her lips puckered! I asked what she thought she was doing? She said, "I just want a little loving!" I told her that was not appropriate and completed her dental work without any further incidents. Male dentist

Blood Flow Alterations in the Anterior Maxillary Mucosa as Induced by Implant-Retained Overdenture.

Alsrouji MS, Ahmad R, Ibrahim N, Kuntjoro W, Al-Harbi FA, Baba NZ; Prosthodont. 2019 Mar 15. doi:

10.1111/jopr.13047

Blood flow disturbance from functional pressure may lead to ischaemia and accumulation of metabolites leading to residual ridge resorption (RRR) underneath complete dentures

The objectives of this study were to determine the effect of mandibular complete denture (CD) and implant-retained overdenture (IRO) on blood flow disturbance in the opposing denture bearing mucosa of maxillary CD and to compare the blood flow disturbance to RRR of the anterior maxilla.

PMID: 30875139 DOI: 10.1111/jopr.13047

Apparently this means that when considering an implant retained denture you should consider it for both arches to avoid ridge resorption of the opposing arch to the implant retained denture.

In vitro wear behavior between enamel cusp and three aesthetic restorative-materials: Zirconia, porcelain, and composite resin

Jang YS, Nguyen TT, Ko YH, Lee DW, Baik BJ, Lee MH, Bae TS; J Adv Prosthodont. 2019 Feb;11(1):7-15. doi: 10.4047/jap.2019.11.1.7. Epub 2019 Feb 26.

The aim of this study was to identify the effects of three aesthetic restorative materials on the wear between tooth and restoration by a pin-on-disk manner.

Six aesthetic restorative materials were used to prepare disk specimens for wear test, which were Lava Zirconia as zirconia group, Vintage MP and Cerabien ZR as veneering porcelain group, Gradia Direct microhybrid composite containing prepolymerized fillers, Filtek Z250 microhybrid composite containing zirconia glass and colloidal silica particles, and Filtek Z350 nanocomposite as composite resin group.

The porcelain groups (Vintage MP and Cerabien ZR) caused the largest vertical loss of teeth when compared with those of the composite resin and zirconia groups, and Filtek Z250 microhybrid composite results in the second-largest vertical loss of teeth. The surface of Filtek Z350 nanocomposite was deeply worn out, but visible wear on the surface of the zirconia and Gradia Direct microhybrid composite was not observed. When the zirconia surface was roughened by sand-blasting, vertical loss of teeth considerably increased when compared with that in the case of fine polished zirconia.

### **CONCLUSION:**

It was identified that microhybrid composite resin containing a prepolymerized filler and zirconia with reduced surface roughness by polishing were the most desirable restorative materials among the tested materials to prevent the two-body wear between aesthetic restorative material and tooth.

PMID: 30847044 PMCID: PMC6400703 DOI: 10.4047/jap.2019.11.1.7

Free PMC Article

Polymerization Shrinkage of Five Bulk-Fill Composite Resins in Comparison with a Conventional Composite Resin



Abbasi M, Moradi Z, Mirzaei M, Kharazifard MJ, Rezaei S; J Dent (Tehran). 2018 Nov; 15(6):365-374.

The polymerization shrinkage of methacrylate-based composites is among the most important causes of failure of composite restorations. The manufacturers claim that bulk-fill composites have a lower polymerization shrinkage than conventional composites. This study aimed to assess the poly-

merization shrinkage of five bulk-fill composites in comparison with a conventional composite.

In this in-vitro experimental study, composite discs (n=30) were fabricated using everX Posterior (EXP), Filtek Bulk-Fill Posterior (FBP), SonicFill 2 (SF2), Tetric N-Ceram Bulk-Fill (TNB), X-tra fil (XF), and Filtek Z250 conventional composite at the center of a metal ring bonded to a microscope slide and were covered with a coverslip. This assembly was transferred to a linear variable differential transformer (LVDT). Light-curing (1200 mW/cm2) was performed from underneath the slide for 30 seconds. The deflecting disc method and LVDT were used to assess the dimensional changes of the samples (indicative of polymerization shrinkage) at 1, 30, 60, and 1800 seconds following the onset of light irradiation. Data were analyzed using one-way analysis of variance (ANOVA) and Tukey's test.

The groups were significantly different regarding polymerization shrinkage (P<0.002). The polymerization shrinkage of the tested composites following the onset of light irradiation ranged from 0.19 to 3.03. EXP showed a significantly higher polymerization shrinkage than other composites at 30, 60, and 1800 seconds after light irradiation, while XF showed the lowest polymerization shrinkage at the aforementioned time points.

### **CONCLUSIONS:**

The tested bulk-fill composites had a polymerization shrinkage similar to that of the conventional composite.

PMID: 30842797 PMCID: PMC6399456

Free PMC Article



At a joint dental office party at one of the doctor's house, a female staff member of one office went into the bathroom. As she was preparing to close the door a specialist dentist pushed his way in and reached for her. She told him in no uncertain terms he had better get out — and he did! She did not wish to report him as she felt like it might lead to problems with her own employer and she needed her job as she was a single mother with two small children at the time.

### Female Dental staff member

Hygienist pushed her rear-end against my crotch and started shaking herself causing me to be "stimulated." It happened so quickly and I quickly left the room. I did not address the issue as I feared repercussions from other staff - and my wife!

Male dentist



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# TCDS Hospitality Suite at CDA Presents

The annual TCDS Hospitality Suite at the CDA Presents will once again be in the Palisades room in the Hilton Hotel at the end of the escalators.

This year the suite will be open from 10-3 on Thursday and 7-3 on Friday but not on Saturday due to lack of interest. If you have come before, I know you will return as you remember the good times there. If you have not been to the Hospitality Suite before you are missing out on meeting a lot of people you know, (BTW, they've asked about you!). Come share the refreshments and good company.



# **Governance Committee**

The TCDS Governance Committee has been meeting and going over the current TCDS Bylaws and the Policy Manual. The members of the committee are; members of the committee are: Chair: Hal Deisem, Katherine Cook-Lara, Leonard Raimondo, Gisela Angarita, Hement Joshi, and Dan Jenkins.

Much of the work involves going over line by line and attempting to make the statements read clearly with what is intended. Once done the committee's report will be reviewed by the TCDS board of directors. TCDS members are authorized to have a copy of the Bylaws and Policy Manual if you are curious as to its contents.

# Communications Task Force

The TCDS Board of Directors has formed a Communications Task Force. Its purpose is to develop a new TCDS.org website. The members of the Task Force are; Dr. Dan Jenkins, Chair, Dr. Gisella Angarita, TCDS Executive Director, John Fields and the TCDS office staff of Shehara Gunasekera and Yesenia Alvarez.

This will be a long project with a completely new system. We would like to receive any suggestions for the new website as we work with web designers and have the new website built. Please send any of your ideas to the TCDS office. E-mail: Shehara@tcds.org Phone: 951.787.9700 ext 22.



Jeff Lloyd, DDS, MAGD

# TCDS 2013 President, Jeff Lloyd, passed away while fighting leukemia on April 9, 2019 at the age of 67.

He had been a member of the Tri-County Dental Society for 40 years.

He received his DDS degree from USC in 1978 after attending Brigham Young University.

Dr. Lloyd achieved AGD Mastership status in 1999 and conducted training courses for those studying for their MAGD. He served nationally as a Trustee for CAGD. He was a Fellow in the American & the International College of Dentists and the Pierre Fauchard Academy. Dr.

Lloyd was on the leadership track with the Academy of Osseointegration and was a Past President of the Academy for Sports Dentistry. In recognition of his achievements, he received the California Academy of General Dentistry's "Dr. Virgil Brown Memorial Dentist of the Year Award" for 2008.

In 2010 Dr. Lloyd joined the faculty of Western University School of Dental Medicine becoming Associate Professor and was loved greatly and honored by his students as their favorite.

Doctor Lloyd served on the Judicial Council and Government Affairs Council of the California Dental Association as well as being a TCDS Delegate to the CDA House of Delegates. He was also a delegate to the ADA House of Delegates.

Jeff was a life-long member of the Church of Jesus Christ of Latter-day Saints and served in many leadership positions while he spent time ministering to others. He served a mission for his church in Japan from 1970-1972. He was a humble and modest man who his family, friends, and patients loved. (He would be embarrassed to read here of his many accomplishments.) One of his quiet secrets was that he had achieved Eagle Scout status with the Boy Scouts of America. He loved his family. He spent his free time SCUBA diving with Jackie and was an instructor with the Professional Association of Diving Instructors. He loved playing golf with his sons and had a reputation as an excellent cook. He might be best known for his home-made ice cream made in his grandfather's hand-crank freezer.

TCDS will miss his experience, knowledge, and willingness to share his expertise. His fellow members who have met him will miss his ready smile and humor. Dentistry as a profession will miss the contributions he would have yet provided. But, the ones who will miss him most will be his loving wife, Jackie, as well as his 6 children, 17 grandchildren, and 2 great-grandchildren. TCDS offers our condolences and a big thank you to Jeff's family for loaning him to us for many volunteer hours. RIP Jeff.

When Jeff and Jackie went to Israel, he wrote this in a booklet he made up about the trip: "I think one of the great messages that we can get here is that being a disciple is preparing for the Savior's Second Coming. Living a life of genuine right-eousness is preparing for the second coming. Serving others is preparing for the second coming. And it doesn't matter one iota when that comes, I just want to be prepared so that I can be accepted of the Lord.













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## **Executive Committee**

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# **Tri-County Dental Society**

3993 Jurupa Ave., Suite 104 Riverside, CA 92306 (951) 787-9700 OFFICE HOURS 8:30 AM - 5:00PM Monday - Friday



# **TCDS Membership Status Report**

As of 2/28/2019

Active/Recent 15	554
Life Active	129
Retired	25
Life Retired	190
Post Grad (not counted by CDA)	20
Faculty	46
Disabled	10
Military/Public Health	1
Provisional (not counted by CDA)	0
Hardship	4
Dental Student Member (Not counted by CDA)	734
Pending App	8
TOTAL 2	721

# **Toll-Free Numbers**

ADA	(800) 621-8099
CDA	(800) 736-8702
CDA Member Contact Center	(800) CDA-SMILE
	(800) 232-7645
Practice Support Center	(866) 232-6362
TDIC	(800) 733-0634
TDICIS	(800) 733-0633
TCDS	(800) 287-8237
Denti-Cal Referral	(800) 322-6384

## John C. Fields, Executive Director

Administration • Operations Governance/Ethics • Advertising Accounting • Publications Extension 23 — John@tcds.org

Shehara Gunasekera,
Membership Coordinator
Recruitment/Retention
New Dentist Services
Dental Student Services
Website Assistance

Extension 22 – Shehara@tcds.org

# Yesenia Alvarez Programs Coordinator/Receptionist

Continuing Education
Community Health
Peer Review
Exhibitors /Advertisers
Extension 21 —Yesenia@tcds.org

HMO Consumer Complaint Hotline (800) 400-0815 State Dept. of Corporations Consumer Services division



TCDS President, Michael
Mashni, Dental Anesthesiologist
specialist, has been selected to
be awarded the Leonard M.
Monheim Distinguished Service
Award by the American Society
of Dentist Anesthesiologists at
the Chicago ASDA annual
meeting in April.

This award is given to dentists who have made outstanding contributions to the discipline of anesthesiology, benefiting the dental profession. TCDS can certainly be proud to have Mike as one of our members and our current president.



# Dental story by a male dentist

While doing my time in dental school we were trained in maintaining a correct position while utilizing a dental assistant. One of the interesting points in positioning was that the operator's knees should "lightly touch" the knees of the assistant. (I'm sure this is not taught like this any longer!)

Most of the dental assistants wore slacks but one older assistant, Maude, still wore a skirt — and her not-so-lovely knees would be exposed when she sat on her assistant stool. Frankly, it bothered me to have my knees touching her bare knees so I just did not do it. Maude, for some reason, was assigned to me several times and we seemed to work together well. But, one day while I was in our lab I opened an envelope containing an evaluation about my util-lization of a dental assistant. Maude had written me up! My classmates were curious about this evaluation as well since they had not received one themselves.

Maude had written, "Knees did not touch!" As I read it to my classmates they laughed. They laughed even harder when I held the letter high, pointed to my knees, and announced, "I'm proud to say that these knees have NEVER touched Maude's knees!"

While on the phone in the lab my hygienist came in to say she was leaving. I motioned for her to stay as I wanted to talk to her about something. She moved close to me and started to twist her shoulders back and forth repeatedly beating her breasts against my chest! Then she laughed and left. We never discussed the incident after that.

### Male dentist

Female dental assistant frequently would bump her breasts into my back or arm and then say, "Excuse me!" I wasn't sure what her intent was but I thought she should know where her body is in relation to other people. I never said anything about it and nothing ever happened.

### Male dentist



A male assistant frequently bumped up against me with his crotch and would make double entendre quips. He would also invite me to go to a bar with some of his friends after work. I was very relieved when he quit as I was afraid to fire him and possibly face a lawsuit.

## Male dentist

A female employee came up behind a seated female employee and placed both of her hands inside the seated female's bra and groped her breasts. The employer settled the suit for \$100,000. The offending female employee was terminated. Female Dental Office Manager

When working as an associate the male dentist would frequently call me "Honey" and put his arm around me and hug me – even after I tried to move away. I needed the money but started looking for another office right away. I still see him at dental meetings but I just avoid him and say "Hi!" from a distance.

Female dentist



# **WELCOME NEW MEMBERS**



Mahmoud Ahmad, DDS General Practitioner International, 1997 2721 W Florida Ave Hemet, CA 92545-4616

Antonio Alfonso, DMD General Practitioner Western U, CDM, 2014 20258 Us Highway 18 Ste 400 Apple Valley, CA 92307-6197 760.646.8839

Andis Almasi, DDS General Practitioner USC, 2016 NYU, 2018 (GPR) 39950 Huan Rd #3302 Menifee, CA 92584

Negin Azari, DDS General Practitioner Oregon College of Dentistry, 2018 33321 Temecula Pkwy Temecula, CA 92592-4848 951.302.7508

Rhodelia Gumangan, DDS General Practitioner LLU/SD, 2013 11092 Anderson St. Prince Hall 1147 Loma Linda, CA 92350-1706 951-201-8020

Farzaneh Hanitabatabaei, DDS General Practitioner International, 1988 39620 Washington St, Ste. C Palm Desert, CA 92211-4137 760.343.7737

Erick Hernandez, DDS General Practitioner LLU/SD, 2007 25095 Jefferson Ave Ste 201 Murrieta, CA 92562-9107 951.698.0155 Gary Kerstetter, DDS
Faculty

LLU/SD, 1982 11092 Anderson St Loma Linda, CA 92350-1706 909.558.7279

Joanne Kim, DDS General Practitioner USC, 2015 No Practice Address Listed

**Diana Kim, DDS**General Practitioner
Emory University SD, 1988
No Practice Address Listed

**Hyung Kim, DDS**General Practitioner
MX-Universidad De La Salle, 2018
No Practice Address Listed

Jennifer Lee, DMD General Practitioner Tufts College Dental School, 2013 900 University Ave Riverside, CA 92521-9800

**Bianca Magallanes, DDS**General Practitioner
MX-Universidad De La Salle, 2018
No Practice Address Listed

**Su Mei Mai, DDS**General Practitioner
UCSF, 2017
Dentac-Ft Campbell, KY, 2018 (GPR)
No Practice Address Listed

Yaczaira Perez, DDS General Practitioner LLU/SD, 2002 3731 Tibbetts St Ste 1,Riverside, CA 92506 909.381.5515

Shini Reddy, DDS General Practitioner International, 2012 40140 Winchester Rd Ste A Temecula CA 92591-6517 951.695.1870

Candice Schwartz, BDS General Practitioner Univ of the Witwatersrand, S.A., 2006 42900 Bob Hope Dr Rancho Mirage, CA 92270-4442

# What can a CPA do for You?

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# Frank W. Stearns

Certified Public Accountant, Inc. 2453 Falling Oak Riverside, CA 92506

951-780-5100



# TCDS Past-Presidents Reunion

On April 3rd some of the former TCDS president's along with current president and president-elect got together at Miguel's in Corona for a good time and reminisce over their years as leaders of TCDS. Most are still active in TCDS. Pictured above are L-R front: Judy Wipf, Michael Mashni, Kathy Cooke, and Bob Stevensen. Back: Ken Harrison, Butch Ehrler, Jerry Middleton, Wayne Nakamura, Art Gage, and Leonard Raimondo. Not pictured is Oariona Lowe (late from traffic) and Dan Jenkins (taking pic). It is hoped to do this once a year.



# TCDS Nominating Committee Selects the 2019 Delegates & Alternates And the 2020 Board of Directors

The Nominating Committee met in February and nominated the following members to serve as delegates and alternates to the CDA House of Delegates, November 15th to 17th at the Sacramento Hyatt Regency.

## **Delegates (alphabetically):**

# Alternate Delegates (alphabetically):

Gisella M. L. Angarita	Hemant N. Joshi	Suhail A. Beguwala	Debra A. Meadows
Wade M. Banner	Michael Mashni	Marc A. Bernardo	Asma Patel
Jay I. Bhatt	Gerald M. Middleton	Alejandra C. Galindo-Magallanes	Leonard J. Raimondo
Michael J. Clapper	Wayne S. Nakamura	Steven A. Gold	Denine T. Rice
Harley A. Deisem	Leonard J. Raimondo	Ebenezer Johnson	Dave A. Roecker
Katherine J. Cooke	Paul C. Simeteys	Rachel R. Johnson	Evangelos T. Rossopoulos
Joan E. Dendinger	Robert D. Stevenson	Gary A. Kerstetter	Archana A. Sheth
Arthur D. Gage	Judy Wipf	Setareh Lavasani	Brian Watanabe
Daniel N. Jenkins	• •		

Additional nominations for delegates and alternate delegates to the California Dental Association, may be made by an active, dual or life member of the Society, provided such nomination is supported by the endorsing signatures of 15 active, dual or life members and received in the TCDS office by June 10.

Candidates nominated for an office, delegates and alternate delegates, if unopposed, shall be declared elected at the close of the 30-day nominating period. In contested elections, voting will be held by mail ballot.

The Nominating Committee is also presenting its recommendations for the officers and directors to serve on the board of directors for 2020. The committee presents the following slate:

Katherine J. Cooke President: President-Elect: Hemant N. Joshi Vice President: Paul C. Simeteys Secretary-Treasurer: Michael J. Clapper Director: Joan E. Dendinger Director: Gisella M. L. Angarita Director at Large: Lynda Watanabe Oariona Lowe CDA Trustee:

### Other board members who will remain on the board in 2020 include:

Michael Mashni, Immediate Past President Kenneth T. Harrison, CDA Trustee Wade M. Banner, Director Daniel N. Jenkins, Editor Jay I. Bhatt, Director

Additional nominations for officers and directors may be made by an active, dual or life member of the Society, provided such nomination is supported by the endorsing signatures of 15 active, dual or life members and received in the TCDS office by August 10.

Candidates nominated for an office or to serve as a director, if unopposed, shall be declared elected at the close of the 30-day nominating period and will take office on January 1, 2020. In contested elections, voting will be held by mail ballot.



# **ELEVENTH ANNUAL CDA DENTAL MOTORCYCLE/BICYCLE EVENT**

Ken Sanford, DDS Memorial Event Presents:



# Hot Topics in Human Resource Management

CPR/AED, First Aid and Trauma Assessment
June 27-30, 2019
Lone Pine, CA



# NON-RIDERS ENCOURAGED TO ATTEND! ALL NET PROCEEDS ARE CONTRIBUTED TO THE CDA FOUNDATION

Join us to participate in outstanding continuing education. This year's presentations will help keep you stay safe both in and out of the office. Along with this enjoy a great weekend in one of the most beautiful areas of California. You will be within range of Death Valley, The Ancient Bristlecone Pine Forest, Mono Lake, The Alabama Hills and Whitney Portal. There will be great rides and many activities in the area for non-riders and riders alike!

# Speakers:

Denise Wilson is a Co-owner of an HR & Legal Consulting firm (Core HR) in the Central Valley. Denise has over 25 years of HR experience; clients rely on Denise to provide practical solutions to their HR needs. She is certified as a Senior Professional in Human Resources (SPHR) from the Human Resource Certification Institute (HRCI) and a Senior Certified Professional (SCP) with the Society for Human Resource Management (SHRM). Denise has performed all duties involved in the employment lifecycle from hiring to termination. She is a part-time Trainer for State Center Community College District and has considerable experience advising dental practice in the Central Valley and the Central Coast.

# Matt Sammons has an extensive background in managing emergencies including:

Infantry Marine/ Operational Emergency Medic (8 years served with 2 combat tours to Iraq with extensive trauma experience)

- Emergency Medical Technician /ACLS/PALS/AMLS (5 years experience between emergency room, ambulance, stand-by event medic)

- Wilderness Emergency Medical Responder Instructor - CPR/AED Instructor

https://www.facebook.com/Ken-Sanford-DDS-Memorial-Ride-436394083216291/posts/?ref=page\_internal REGISTRATION: https://ebusiness.cda.org/ebusiness/fundraising/foundationevent?PID=10105

### Location:

**Dow Villa Motel** (downtown Lone Pine - very accessible to everything.)

Rates: Queen or King — \$113 + tax

2 Queens - \$122 + tax

Reservations: 760/876-5521 or 800/824-9317
Ask for the CDA Motorcycle Group for group rate
There are other motels close but I did not research them.
Please stay where you like, the town is small.

### Schedule of events

Scheanie of ev	ents:		
Thursday	6/27	5:30pm	No host reception
Friday	6/28	8-10:00am	CE session
		10:30am	Rides/Activities
		Varies	Dinner on own
Saturday	6/29	8-10:00am	CE session
		10:30am	Rides/Activities
		7:00pm	Reception/Group dinne
		(Those who wish will meet for no-host dri dinner but you are free to have dinner who choose.)	
Sunday	6/30	8-10:00am Varies	CE session Travel home

For more information please contact: Ron Mead **DentistRides@gmail.com**Karen — CDA Foundation **Karen.Palmiter@cda.org** 

Course fee: \$325



# Give health, hope and happiness.

CDA Cares San Bernardino September 27–28, 2019 National Orange Show Events Center

By contributing your time and talent, you relieve pain, restore dignity and create smiles for thousands of people who face barriers to care. Volunteer at CDA Cares San Bernardino to help provide essential dental care to those in need.

