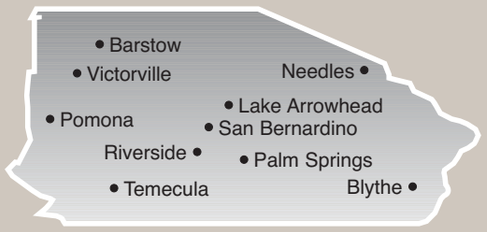

Tri-County Dental Society Since 1908

BULLETIN

Proudly supporting the dentists in Riverside, San Bernardino and eastern Los Angeles Counties

SEP/OCT 2012 Volume 59 No 5

TCDS Bulletin meets with the ADA and JADA

In This Issue...

Mission Statement...

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

Featured TCDS City

WINCHESTER

Early morning sunrise over the tranquil grazing pastures along Windchester Road. Taken by Tony Ramirez, T&J Photography.

Featured Cover Photo

Featured Cover Photo – TCDS Editor Dan Jenkins, left, met with ADA Executive Director Kathleen O'Loughlin and the Journal of the ADA Editor Michael Glick at the American Association of Dental Editors (AADE) University held in Chicago this past spring. Dr. Jenkins will become president of the AADE at their annual meeting held in conjunction with the ADA Annual meeting in San Francisco in October.

Presidential Message...

Kenneth T. Harrison, DDS

At a Glance...

The CDA House of Delegates comes to Newport Beach in November. TCDS needs volunteers for 2013 committees. Big Anniversary Celebration: Free to members---November 1, 2012. Read on...

I'm Just Talking...There is a House

Ten years ago if I had heard that Tri-County Dental Society was going to "the house," several random possibilities would have pin-balled through my mind: a) There is a house in New Orleans…They call the rising sun, b) The House of Blues, c) Washington, DC---The House of Representatives, or even D) A trip to 'the big house'---prison. At that time, I was comfortably practicing dentistry in my own little world with full blinders on regarding anything to do with organized dentistry at the national, state or local levels. Oh, how things change.

Today, as TCDS begins to prepare for this years' California Dental Association House of Delegates ("CDA House" or "HOD"), I'd like to make all TCDS members more aware of the importance of these meetings to be held November 9-11, 2012, in Newport Beach, CA.

The House of Delegates is the highest governing authority of the California Dental Association (CDA). All members of the CDA are represented at the House by their component's delegates. Each year the House consists of approximately 205-210 delegates and one delegate from each of the California dental schools. The number of delegates that each component receives is determined by their membership totals at the end of the previous year. This year, TCDS will send 16 delegates to the HOD (about 7.5% of the total votes). All delegates must balance the welfare of the CDA, the dental profession, their local components desires and the desire to improve the oral health of the public when deliberating and then voting on the various issues before the HOD.

As described in the "General Operating Principles of the House of Delegates," the duties of the HOD include: Election of: the officers of the CDA, the delegates and alternate delegates to the ADA, the non-trustee, the non-appointed members of councils and committees, and the thirteenth district trustee nominee to the ADA. The HOD also selects the Boards of Directors of all CDA subsidiary companies for election by the shareholders and the CDA Holding Company, Inc. and ratifies the Board of Directors of affiliate companies.

All of the above duties usually are completed very smoothly with little controversy or debate. However, occasionally some officer elections are contested or additional candidates choose to run from the floor. When this occurs, organizational politics often rears its ugly head on the debate floor.

Another big part of the HOD weekend is debating the resolutions that have been submitted by the CDA Board of Trustees, component dental societies, CDA councils and committees or CDA task forces. All resolutions are grouped into three sections and are assigned to the three reference committees.

Reference committees are made up of five delegate members who are appointed by the President of the CDA. The duty of each reference committee is to listen to testimony on each resolution during the reference committee hearings on Friday morning. Then, each reference committee goes into closed session to evaluate the testimony, deliberates and makes written recommendations to the House regarding actions that should be taken with regard to each resolution.

Reference committees may recommend adopting, amending, revising, postponing, rejecting or referring each resolution. All reference committee recommendations are then presented to the delegates, and each component holds a caucus on Saturday morning to discuss the merits of each resolution. When the HOD again convenes with session #3 on Saturday afternoon, open floor debate continues and eventually the HOD votes on each resolution. Each year there are usually 2-5 resolutions that blossom into spirited, sometimes heated, debate.

During the 2012 HOD, TCDS will be represented by delegates: Drs. Ken Harrison, Jeff Lloyd, Art Gage, Doug Brown, Dan Jenkins, Vijaya Cherukuri, Mike Clapper, Tom Clonch, Joan Dendinger, Liviu Eftimie, Oariona Lowe, Wayne Nakamura, Denine Rice, David Roecker, Ross Rossopoulos, and Judy Wipf.

If any of the 16 delegates cannot attend the House, they will be replaced by an alternate delegate. The alternate delegates include: Drs. Leif Bakland, Roger Hanawalt, Luke Iwata, Hemant Joshi, Bob Kiger, Ed Ko, Mike Mashni, Jerry Middleton, Al Ochoa, Leonard Raimondo, Archana Sheth, Ann Steiner, Bob Stevenson, Judy Strutz, Narendra Vyas, and Kristine Yoshida. Thank you to all of the delegates for taking the time to serve TCDS.

Continued on page 4

Presidential Message... CONTINUED

TCDS' 2012: 2/3 down…1/3 to go

Speaking of serving, the Leadership Development Committee is looking for volunteers to help fill out TCDS' committees during 2013. If you are interested in volunteering some time, or if you know of someone who you think would be interested but is too shy to step up, please contact the TCDS office or send me an e-mail @ kjharrison5@verizon.net. TCDS needs volunteers in all areas but the LDC is specifically looking for help with the New Dentist Committee (dentists with less than 10 years of practice experience), Give Kids a Smile Committee and our newly formed Women in Dentistry subcommittee of the membership committee.

Here's some exciting news: the Board of Directors acting upon the recommendation of the membership committee, has voted to reorganize our year end activities and the annual meeting. This year, instead of a holiday party with a long drawn-out installation of officers, endless presentations, and never-ending speeches, TCDS is holding our 1st Anniversary Open House on November 1, 2012 between 4pm-8pm.

Join us at the new TCDS Offices: 3993 Jurupa Ave., Ste 104, Riverside, CA 92506. This event is a no-cost member benefit that includes food and wine, great raffle prizes, a chance to meet your officers and staff, catch up with friends and tour the new offices. There will be no installation of officers or long formalities to take up your time. Just come by, say hello and enjoy the hospitality of TCDS and possibly even take home a new iPad.

Please take a moment and give some serious thought to volunteering to help your dental society. With that thought in mind, here are some additional words of wisdom from Coach John Wooden:

"Happiness begins where selfishness ends."

"It is amazing how much can be accomplished if no one cares who gets the credit."

Summer is waning; fall is just around the corner…wishing you a cornucopia of business success and family joy.

TCDS Membership Status Report

Active/Recent	1,403
Life Active	82
Life Retired	148
Retired	34
Post Grad	37
Faculty	55
Disabled	11
Military/Public Health	6
Provisional	127
Hardship	5
Pending Applications	18
TOTAL	**1,927**

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

Toll-Free Numbers

ADA. . . . . (800) 621-8099
CDA. . . . . (800) 736-8702
CDA Member Resource Center . . . . . .(866) CDA-SMILE
(866) 232-7645)
Practice Support Center. . . . . .(866) 323-6362
TDIC . . . . . (800) 733-0634
TDICIS . . . . . .(800) 733-0633
TCDS. . . . . (800) 287-8237
Denti-Cal Referral. . . . . (800) 322-6384

Editorial...

Daniel N. Jenkins, DDS, FICD
AADE Dertified Dental Editor

At a Glance... *Everyone should consider the benefits from doing anything – including doing dentistry and volunteering time for anything...including organized dentistry.*

Benefits

Fifty years ago I was first asked to volunteer. I didn't know anything about what I was being asked to do or anything about the subject—busses. I was asked to sit on a committee to acquire a bus to transport kids on trips for our church and school. I had never even ridden on a school bus before let alone know anything about them…other than they were yellow. I was encouraged by my mother, however, to agree and I found myself with additional homework in learning about busses. I ended up being the student in charge of the specifications for the bus…along with an adult who was tutoring me on busses.

I traveled to downtown Los Angeles to discuss what we wanted on this bus with the agent from one of the bus companies – Carpenter Bus Company out of Indiana. He was very kind to me and realized that, although I was just a teenager, I did have some say with the committee regarding from whom we were going to purchase a bus. After we purchased that bus, I must admit it was a thrill each time I rode on that bus.

After many years had passed, I still would see that old bus, now painted cream color (but still with the distinctive rack on top for transporting luggage and skis to the mountains as I had requested!), in La Sierra and feel great pride remembering the committee meetings and trips to make that bus acquisition come to pass. Besides the benefit of riding that bus, I also acquired a sense of pride about the results that our committee accomplished. I did not find out until years later that it was my English teacher, who I still chat with on the Internet (87 years old in August!), who suggested my being on the committee.

In the Navy there was a saying to never volunteer for anything. I found, however, that when I volunteered to teach as a Night School Instructor at Radioman School, a benefit was that volunteering helped me learn more of what I taught. Another benefit was that I had every weekend off and could go home! I was home so much that many of my acquaintances did not even know I was in the Navy!

In dentistry, I continued to volunteer and have had the pleasure of going to many places that I probably would not have gone otherwise. Besides Tri-County Dental Society I have been a volunteer for several other dental organizations and dental corporations. While most did not pay me directly, there were the benefits of travel and the benefits of having my travel expenses and meeting costs covered.

I have met many people in dentistry and politics and I do get excited when I see any of them in either dental news or non-dental news publications or on the Internet. I can only imagine how exciting it has been for some of our other TCDS volunteers, such as Bruce Lensch and Russ Webb, who have told me of the many famous people they were able to meet.

Our president, Ken Harrison has written his message in this issue encouraging members to volunteer to help organized dentistry. I want everyone to realize the benefits of volunteering. Besides getting to travel and meeting people, you begin to realize your volunteer work is making a difference. This is a difference not only for the organization but a difference for our profession – which makes a difference for all the patients being treated by dentists.

Volunteering often is thought of as something done for other people and not out of selfishness. But, when you think about all the benefits that come out of volunteering – you should do it for yourself!

Contact Your Dental Society Staff

(951) 787-9700 or (800) 287-8237

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Anesthesia Belongs to All of Dentistry

Response to Dr. Orr's article in the TCDS Bulletin

At a Glance... *Opposing view of specialization of dental anesthesiologists at this time - are there enough to handle the job?*

Larry J. Moore, DDS, MS, FACD, FICD Immediate Past President, AAOMS
Diplomate,American Board of Oral and Maxillofacial Surgery and the National Dental Board of Anesthesiology

In his July/August TCDS Bulletin article, "Pain and Anxiety are not a Joke," Dr. Daniel L. Orr, II envisions a utopia where patients of all ages and medical conditions are relieved of pain and anxiety during dental procedures by the use of anesthetic agents administered by a specialist in dental anesthesiology. Dr. Orr's opinion is grounded in the belief that should the 2012 ADA House of Delegates approve a recommendation propagated by the American Society of Dentist Anesthesiologists (ASDA) to establish a new specialty in dental anesthesiology, patients will have greater access to anesthesia services in their dental offices.

But wait! Is a new dental specialty necessary? Dr. Orr's vision is alive and well right now in every dental practice in the United States! Dentistry is different than medicine. The truth is every dentist is permitted to administer anesthesia commensurate with his/her education training, experience and competence. In medicine where a specialty of anesthesia exists, only medical anesthesiologists and nurse anesthetists receive training and are allowed to administer anesthesia for most procedures. These medical specialists have supported policies that prohibit the delivery of anesthesia by the same person who performs the surgical procedure, thus requiring a separate doctor or CRNA for what amounts to every significant procedure in medicine. Dentistry is different. For more than 168 years, dentists have used their own model of anesthesia delivery to successfully manage the pain and anxiety of patients with a variety of health concerns.

Who Supports a New Specialty? Are the Promises Plausible?

Dr. Orr's article also requires some clarification. The American Dental Society of Anesthesiology (ADSA) and the American Society of Dentist Anesthesiologists (ASDA) are two separate organizations. The ADSA has around 5,000 members[i], all of whom practice dental anesthesia to the full extent of their education, training and experience, including approximately 200 dentist anesthesiologists. The ASDA has around 200 members, and the proposed new specialty would apparently exclude everyone who does not qualify for ASDA voting membership, just as the ASDA excludes the 4,800 other members of the ADSA from its current voting membership[ii]. It should be noted that Dr. Orr is a member of the ASDA[iii], the group requesting specialty recognition, and to my knowledge, the ADSA, for its part has not made any statement of support for specialty recognition for this small group of dentists.

I[iv] am personally fully supportive of dental anesthesiology, and I respect the excellent training these dentists receive. I believe they, like other dentists, should be free to practice to the full extent of their education, training and experience. There are, however, important reasons not to give specialty recognition for anesthesia in dentistry to any one group, just as there are compelling reasons not to create a specialty of implantology in dentistry, or to require specialty qualification of a general dentist who chooses to extract wisdom teeth.

More to the point, Dr. Orr's utopian dream may actually be imperiled by the advent of a specialty in dental anesthesiology. Here's why:

- In the US and Canada, there are approximately 200 dentist anesthesiologists (DA's), 70% of whom practice anesthesia only about 50% of the time, and there are only 10 accredited DA training programs[v]. In the interest of access to care, it would seem improbable that 200 individuals could meet the needs of the 180,000 dentists in the USA to manage developmentally disabled, phobic, medically compromised and pediatric patients. As a concrete example of this, each of the 6,000 actively practicing Oral and Maxillofacial Surgeons (OMS) performs an average of about 684 general anesthetics a year on their own patients for an annual total of 4.1 million cases[vi]. In contrast, the 200 dentist anesthesiologists are estimated to perform about the same number of cases per person for an annual total of about 136,600 general anesthetics (3.2% of the current case load). At the ASDA projected rate of growth of fully trained dentist anesthesiologists, it would take more than 50 years to produce a workforce capable of making[vii] a meaningful impact on the existing demand from OMS alone.

- An ADA recognized specialty of dental anesthesiology would apparently entitle only around 200 individuals to speak for all of dentistry nationally and on the level of state legislatures and dental boards regarding dental anesthesia. Will your privileges to give nitrous oxide, oral conscious sedation, and intravenous sedation be vigorously defended? Or will dentistry go the way of medicine?

- Medicine has approximately 48,000 MD anesthesiologists, and 40,000 nurse anesthetists who do a combined 40

Continued on page 7

Anesthesia.. continued from page 7

million cases a year in hospitals, ambulatory surgery centers, and more recently in doctor's offices (including dental offices).

- There is no evidence that a specialty in dental anesthesiology will reduce patient costs. Indeed, it is likely that the anesthesia charges will be billed separately and may not be considered covered services at a time when many patients are staying away from dental treatment for cost reasons. For example, in medicine, gastroenterologists recently lost a regulatory battle with the medical anesthesiologists, and their privileges to administer deep sedation/general anesthesia using propofol. The cost per procedure rose 50% to 100% due to the need for a separate MD or CRNA anesthesia provider [vii].

Dr. Orr is correct in stating that pain and anxiety are not a joke – not for the dental profession or for our patients. The creation of a dental anesthesiology specialty is not a decision to make in the spirit of goodwill. All of dentistry will live with the outcome for decades to come. On their website, the ASDA states, "It is time." But is it really? Don't let the control of your practice slip through your fingers. Anesthesia belongs to all of dentistry, and every dentist can administer this therapy to their patients within the scope of their training and practice – even dentist anesthesiologists.

i American Dental Society of Anesthesiology web site, www.adsahome.org, July 30, 2012.
ii Author's personal opinion based on several face to face meetings with the leadership of the ASDA.
iii ASDA website, "Find a Member", Las Vegas, Nevada, www.asdahq.org.
iv The author is a member of the ADSA
v ASDA Application for Specialty Recognition in Dental Anesthesiology.
vi Data provided by OMSNIC, professional liability carrier for 85% of all practicing OMS.
vii ASDA Application for Specialty Recognition in Dental Anesthesiology.
viii Waking up to major colonoscopy bills, NY Times, May 28, 2012, Roni Caryn Rabin.

Letter to the Editor

I am writing in regards to the editorial by Dr. Dan Orr, II, on the specialization of dental anesthesiology in the July/August 2012 Bulletin.

I remember a battle 20 years ago between the dental anesthesiologists and the oral surgeons regarding specialization. Those of us who provided conscious sedation or general anesthesia felt we were in the middle of this battle. We were told the anesthesiologists wanted to take away both conscious sedation and general anesthesia from everyone else! As a CDA House Delegate that year, I sided with the oral surgeons to prevent the possibility of my loss of providing sedation for my patients.

Today there are still very few IV sedation general dentists due to the current lack of training. I feel specialty status will create clout and political power. I do not care to have that power wielded toward me...and my fellow IV sedation general dentists.

Guy Giacopuzzi, DDS
Lake Arrowhead

Author's response to Letter to the Editor:

Many of the concerns about the specialization of Dental Anesthesiology are addressed in the American Society of Dental Anesthesiology (ASDA) website, www.asdahq.org/. According to the ASDA:

Dentist anesthesiologists are: (1) teaching pain and anxiety control in dental schools to dental students and residents in various specialty programs; (2) providing continuing education courses in minimal and moderate sedation, pharmacology, and medical emergencies; (3) managing complex chronic pain conditions of the head and neck region; and (4) conducting research related to anesthesiology in dentistry.

Dental anesthesiologists support and encourage the clinical practice of anesthesia by all properly trained dentists, and promote the acquisition and dissemination of scientific knowledge associated therewith.

The ASDA strongly believes that anesthesiology should not be regarded by any specialty or interest group as "their turf," but rather that it is a gift provided to the entire profession by our predecessors. Dentistry has the responsibility to use it wisely and to pass it on to future generations of dentists. The ASDA believes that the specialty of dental anesthesiology will forever secure anesthesia as an integral part of the entire profession of dentistry.

The ASDA supports: 1. The ADA's Policy Statement on the use of Sedation and General Anesthesia by dentists recognizing the right of qualified dentists, as defined by the ADA, to provide sedation and general anesthesia. 2. The report of the National Institutes of Health Consensus Development Conference on Anesthesia and Sedation in the Dental office. 3. The right of all ADA-approved specialty and other training programs to establish, devise, and direct their own curricula in pain and anxiety control in accordance with ADA policy. 4. The right of all ADA-approved specialties, the Academy of General Dentistry, and other dental organizations to set practice guidelines and standards in anesthesia pertaining to their own areas of interest.

By the time this reply is published, American Association of Oral and Maxillofacial Surgeons (AAOMS) will have released its talking points against the proposed specialty which will be available to all ADA House Delegates and Alternates.

Dr. Giacopuzzi's interest in this important issue is appreciated.

Daniel L. Orr II, DDS, PhD, JD, MD
Editor, Nevada Dental Association

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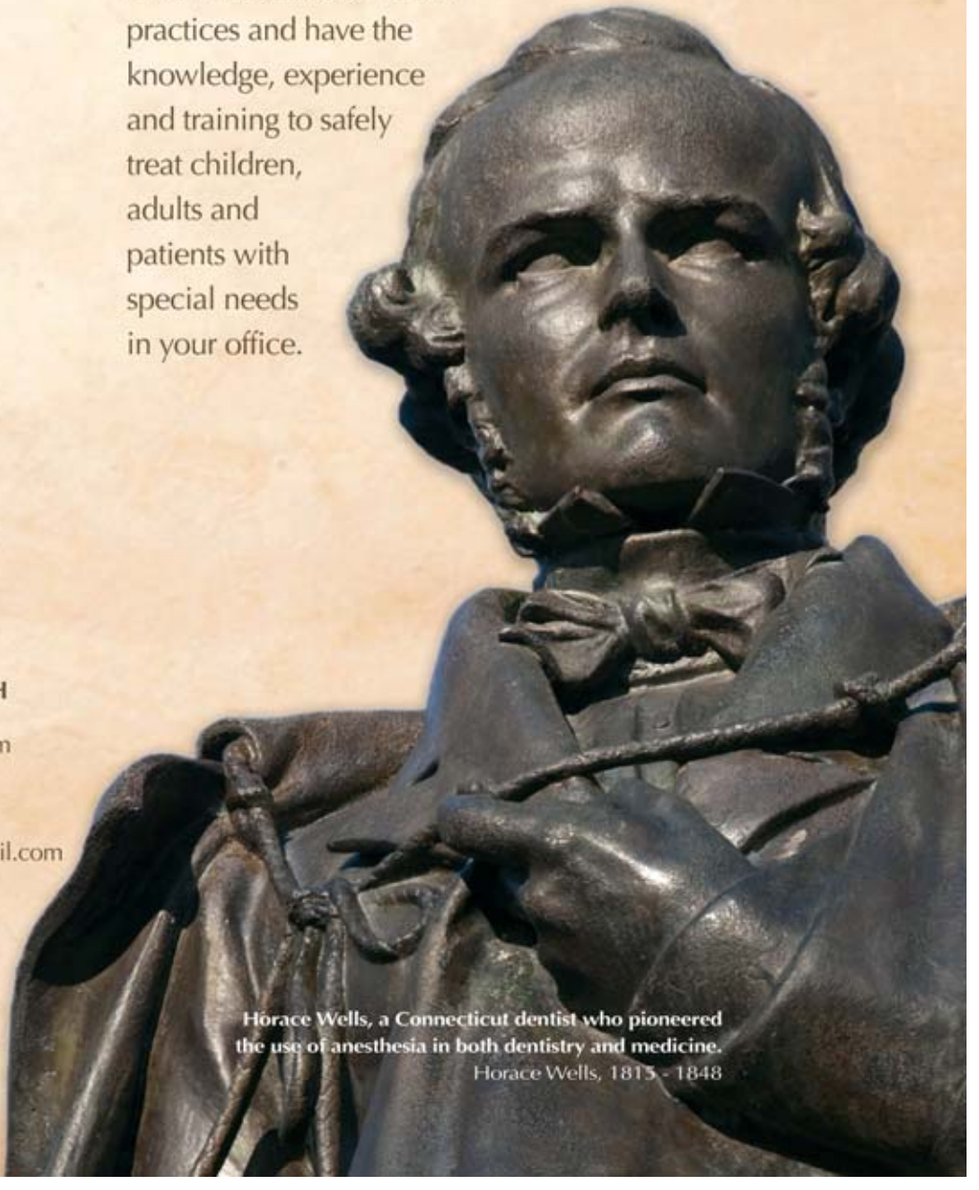
Our members are dentist anesthesiologists who truly understand the unique challenges of providing anesthesia in the dental environment. We have dedicated ourselves to our practices and have the knowledge, experience and training to safely treat children, adults and patients with special needs in your office.



Horace Wells, a Connecticut dentist who pioneered the use of anesthesia in both dentistry and medicine.
Horace Wells, 1815 - 1848

LLU-UCLA Volunteer Group to Guatemala

At a Glance...

Another volunteer experience...and they are looking for more volunteers!

This spring, students from UCLA and Loma Linda dental schools joined forces with volunteer alumni and the California Christian Medical and Dental Association to provide quality dental care to more than 300 underserved people in a temporary twelve-unit clinic in Amatitlán Church, (a Verbo church) just outside of Guatemala City.

Among the volunteers were several associated with Loma Linda Dental School. Loma Linda Dental School Adj. Professor Dr. Kim Nordberg was joined by his son, current Loma Linda Dental student Peder Norberg, and Loma Linda alumni Dr. Christina Do of Costa Mesa, and Dr. Karen Jung of Fullerton. This year the team was also joined by Loma Linda University family therapist Grace Kim.

"People accomplish great thngs s a team!"
Dr. Christina Do

Along with 21 dental students from UCLA and Loma Linda University, Team Leader Dr. Mike Roberts of La Palma, Dentis dental implant representative Shanon Browne, they traveled to a suburb of Guatemala City named Villa Nueva. A temporary dental clinic was set up in Verbo Church and consisted of twelve dental chairs equipped with compressors, two Cavitron cleaning units, a portable Nomad digital x-ray unit, an endodontic apex locator, and a diode soft tissue laser.

Every morning, clinicians greeted a waiting area full of eager patients where Dr. Do and Dr. Victor Chu assigned patient numbers, triaged and designed an appropriate treatment plan for each. Then, under the guidance of experienced clinicians, students began dental treatment. Dozens of church volunteers sterilized equipment, provided food, support, interpretation, and helped with patient management.

As Dr. Chu explains, "I get so excited about these trips every year, not only because I get to see so many underserved people get help, but also see God do great things for the students and doctors who are touched by this opportunity to serve others."

"We used to extract beautiful anterior teeth because that was our only solution for treating a necrotic tooth or large pulpal exposure because the people just didn't have the money to get root canals done. It was so sad to see young men and women (and even older ones) cry because extracting the tooth was the only way to stop an infection from spreading."

Peder Nordberg, 3rd year dental student at LLU/SD poses with the Guatamalan children outside the clinic.

Dr. Kim Nordberg performs surgery on a Guatemalan.

Volunteer dentist mentors took a break to pose before the volcano Pacayo, near Guatemal City and Antigua City. Pictured from left are: Drs. Victor Chu, Christina Do, Karen Jung, Justin Pfaffinger, Kim Nordberg, Steve Miyamoto and riley Edwards.

Dr. Jung remarked that "with the endo handpiece, apex locator, and nomad portable x-ray unit, we were able to save many of these teeth."

The team was able to provide over $60,000 in treatment during the course of the week. Procedures performed included composite and glass ionomer fillings, cleanings, surgical extractions, soft tissue laser procedure gingivectomy, surgical drainage of submandibular space infections, and root canal therapy.

Continued on page10

Guatemala.. *continued from page 9*

Over the years, Dr. Roberts has led many missionary teams to Central America; still he is always impressed by the strong response students have to their experience. "We did more extractions in one week than in my whole senior year," one UCLA student said. But students did more than extract teeth. Because of the high quality equipment, including a new portable x-ray machine, students were able to provide excellent restorative procedures as well.

Grateful patients often respond with hugs and tearful expressions of heartfelt thanks. "It's so great to make such a difference in people's lives," said LLU student Peder Nordberg. "We don't see that much in the United States."

Though this one trip might not have changed the world, to those who were served, it was a great accomplishment indeed. Working together, donors, supporters, supervising clinicians, students, and church members were able to change the lives of some of the area's most needy people.

Dentists interested in participating in future trips can contact Dr. Mike Roberts, CMDA Southern California Area Director, at drmiker@sbcglobal.net.

Dental Dote:

A friend of mine, Peter, is very involved in dental research and is often asked to participate in development discussions for various dental companies. He tells me that at one meeting he and his physicist wife attended, they were discussing many varied product subjects in dentistry as well as medicine.

After some amount of time in the discussion, Peter kind of lost track of what was being discussed, but perked up when he heard one of his interests mentioned – implants.

Peter quickly jumped into the discussion and gave his view that he thought all dentists should be involved with placing implants. They asked him if he thought dentists were really qualified to place them. Peter thought they were of the opinion that implants should be placed by a specialist and told them that once the dentists are properly trained there should be no problem – and, in fact, he had done many of them in his own office! They were surprised to hear he did not do the implants in a hospital and then went on in their discussion.

At that point, Peter's wife, Caroline, leaned over and whispered in his ear that they were talking about breast implants!

My "Monumental Experience"

At a Glance… *Dental student representative expanded his education by attending the New Dentist Conference in Washington D.C. He gained a greater appreciation for our government and for the ADA ADPAC organization.*

Josh Carpenter, D4, WesternU, College of Dental Medicine

When the alarm clock sounded at 4:45 a.m., my first immediate thought was, "What am I doing?" With midterms on Monday, what I am I doing catching a 6:00 a.m. flight to the nation's capital just 4 days before my exams? My name is Joshua Carpenter. I am currently in my fourth year of dental school at Western University of Health Sciences, California's newest dental school located in Pomona just on the border of Tri-County Dental Society's boundary. So what was I doing getting on a plane to Washington, D.C., just 4 days before my midterms? I was going to attend the 26th annual ADA New Dentist Conference.

Josh Carpenter, second from right, poses with the other California attendees at the New Dentist Conference in Washington, D.C.

The theme for the conference was a "Monumental Experience" and it definitely lived up to its name. I arrived in DC a day early so I had the whole day to walk around and visit the monuments. I started with the White House; from there, I walked to Washington Monument, past the World War II and Vietnam veterans' memorials, and up to the Lincoln memorial. All of these wonderful monuments gave me a profound sense of pride and patriotism in the accomplishments of this great country. From there, I walked across the Arlington Memorial Bridge to Arlington National Cemetery. I had time for a short tour of the cemetery and then watched the final changing of the guards before the cemetery closed. What a great way to start a fantastic conference. The cemetery especially brought me great sense of reverence and appreciation for the sacrifices that have been made on my behalf so that I could enjoy the freedoms that I have.

On day one of the conference, the keynote speaker, Bill Graham, urged us to challenge ourselves and be better leaders. He encouraged us to inspire and motivate and in turn get results from our staff as well as our patients. He gave his entire presentation in the dark as the sweltering heat outside had caused a power outage that lasted throughout his entire presentation. Yet, he still managed to inspire us all.

We also heard from the ADA and ADPAC as they gave us an update on the state of dentistry in legislature. We are very lucky to have such a powerful voice that has our best interests in mind and we seem be very well heard and respected in the legislature. The rest of the day was filled with leadership lectures that will be invaluable in my career and gave me many ideas that I can bring back my school and to Tri-County Dental Society.

Day two was filled with a remarkable lecture entitled, "Unleashing Excellence through the Patient Experience," where I learned many valuable tips that I can use to improve my patients' experiences both in dental school and when I get out into practice.

That evening, we had a great event at The Park on 14th restaurant and bar. Good times were had by all who attended.

Day three, we learned to "Set our Practice on Fire" and I found this lecture to be the most exciting and inspiring of all the lectures I attended. I will definitely be implementing some of the lessons I learned from this lecture in my future practice. With the conference winding down and everyone having gone home, I finally had a chance to study for my midterms.

This conference was truly a monumental experience for me! I made many good friends, met many great mentors and learned invaluable skills and lessons that will benefit me in my career. I would like thank the ADA for a great conference and I especially would like to give a sincere thanks to the Tri-County Dental Society for giving me the opportunity to attend.

The airport shuttle picked me up at 12:00 midnight and my flight left at 3:00 a.m. I made it back just in time for my midterm at 2:00 p.m. P.S. I passed—no problem.

Survival of the Fittest: Great Teams Thrive on Feedback

At a Glance... *Feedback, positive or negative from staff can be beneficial for a dentist. Here are ten tips to keep in mind.*

Debra Quarles, Salt Dental Practice Management

Feedback is necessary for growth. We all agree with this in theory, yet each of us probably remembers an incident when we either gave or received feedback and it went poorly. While intellectually, we understand feedback is about helping; emotionally we may find ourselves preparing to be hurt. Most of us were trained to be courteous and polite as children, but it seems society does not train us to handle either giving or receiving feedback appropriately. But keep in mind, if handled well, feedback can be an extremely valuable tool that will take your employees and consequently your practice to the next level.

Most of our clients would agree they dislike giving employees feedback or evaluations. They are unsure how to do it successfully. They may want a different result from the employee, but either their own personal experience with feedback, or their previous experience with giving employees things to work on has been received badly. While we understand feedback is essential for growth in any position, many would say the process of critiquing another comes out awkward or mean, even when that is not the intent.

I have yet to find a group of people who inform me they are over appreciated. In fact, I still remember sitting in a room with a group. The doctor went around the room spending a significant amount of time giving everyone a specific and heartfelt compliment and then proceeded to discuss what improvements needed to be made. The team came away only hearing the negative. It seems we are wired to hear the negative more than the positive statements that come our way.

Knowing how others may respond to your feedback negatively can actually assist you in making changes in how you handle the situation to create a more positive result.

Ten Tips for Giving Feedback:

1. Never give feedback when you are angry. Instead wait until calm has been restored. This also means, do not avoid giving feedback, allowing your emotions to build. The first time the employee acts in a manner not in keeping with your expectations, you should provide feedback.

2. Make sure the person giving the feedback is in a position of authority. As the dentist you are in this position, but in many of the practices I work with, others may also have authority. (In fact, in some practices, every member of the team is in authority and has learned how to give and receive feedback positively. Think of how strong this would make a team.) Make it clear to all employees who has permission to give feedback.

3. Ask questions to create joint ownership of the challenge: "How do you think you're doing?" "How do you feel things are going with . . .?"

4. Most of any message is contained in our body language. When giving feedback your body language and tone of voice should be one of disappointment. When body language or tone of voice shows anger or irritation, it is less effective.

5. Feedback is generally better received when the employee grants permission to give it. "May I make a suggestion?"

6. Make sure your requests and statements are clear. Some coaches recommend what is called the "sandwich technique," where you make a positive statement, followed by your feedback and then another positive statement. This fools no one. They know what the real message is. More facts will lead to less interpretations of what you really mean. Too often we may try to soften the critique, which may in turn leave the other person confused as to what actually needs to be changed.

7. Use "I" statements to soften your comments. "I have found that when I . . ."

8. Know your employee: Are they very sensitive to critique? If so you may want to adapt your feedback, as it might be taken more personally.

9. Know yourself: Are you someone who appreciates feedback, do you tend to be harsher? If so, change to a milder tone.

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Survival of the Fittest.. *continued from page 13*

10. Know that defensiveness may be your employee's reaction to your words. This is because studies show when we are confronted with criticism we may feel our sense of belonging to a group is threatened. Knowing this can help you to give feedback while at the same time focusing on the employee's inclusion with your current team. "You are a valuable member of our team, so I wanted let you know . . ." Or if it is now time for them to leave, how they might be a better fit utilizing their strengths in another practice.

Ten Tips for Receiving Feedback:

Some of us are more sensitive to feedback. It seems to attack our self-esteem, our sense of self. As dentists, you are constantly exposed to feedback. (The patient who is unhappy with your care or your office. The employee who feels you are not handling situations appropriately.) According to Peter Bregman, in a Harvard Review Blog post, feedback "exposes you to yourself, which is why it is both tremendously unsettling and exceptionally valuable."

1. Do not become defensive. Just like when you are giving feedback to your employees or teammates, when you are the one receiving feedback defensiveness will probably be your initial reaction. You will want to reject the information.

2. Take a deep breath. Accept you are not perfect. No one is.

3. If you are being asked for permission to receive feedback remember how difficult it is to give feedback. Be grateful someone thinks you are worthy of his or her time and attention. Know that you can choose to receive the feedback now or later.

4. Remember, this is not about whether you are liked or not. This is the time to learn how you can improve.

5. Listen. Somewhere in the feedback will be some important information. (Again, remember tip number 1, you are not perfect.) There will be some kernel of truth. If you are busy attaching any other meaning to the encounter, you will not be present to hear those words. Instead become quiet. Focus on the words spoken to you and attempt to grasp the message.

6. Ask questions to clarify the meaning of the feedback.

7. Find the truth. Too often we focus on what is wrong with the comments being made. ("I don't always . . .") Instead make a verbal statement accepting what portion of the feedback is correct. ("You are right, I do sometimes . . .)

8. Consider all the information that has been given. Evaluate. They may be seeing something you do not. Reflect. Have others made some of these same comments before?

9. Focus on how to solve the problem. What is being recommended?

10. Ask for assistance, if appropriate, or change a system. Show you are willing to make the necessary change and ask for help to do it if needed.

Most important, remember feedback is a gift from someone who wants you to do well, thank the person who gives it.

Great teams take effort. Take time to work on your practice regularly to build teamwork and strengthen your results. For more information please visit us at www.saltdpm.com.

Debra Quarles is a positive focused, motivated professional with over 25 years of experience in the dental field. She has a unique ability to assess dental practice productivity and a keen talent for communicating. Experience has accustomed her to handling all types of issues that arise daily in dental offices and with dental teams of any size.

Short Abstracts

Effect of laser preparation on bond strength of a self-adhesive flowable resin. Yazici AR, Agarwal I, Campillo-Funollet M, et al., Lasers Med Sci. 2012 Jul 21.

The aim of this in vitro study was to evaluate the effect of laser treatment on shear bond strength of a self-adhesive flowable resin composite to human dentin. Eighty extracted sound human molar teeth were used for the study. The bond strength of a self-adhesive flowable resin composite differs according to the type of dentin surface preparation. Laser treatment increased the dentin bonding values of the self-adhesive flowable resin.

Combining perio-restorative protocols to maximize function. Tucker LM, Melker DJ, Chasolen HM., Gen Dent. 2012 Jul;60(4):280-7.

This article describes a team approach for periodontal and restorative treatment intended to produce a predictable, biologically sound outcome that preserves more supporting bone and restores carious and broken down teeth.

The goal of periodontal treatment, when performed in conjunction with restorative dentistry, is to provide restorative dentists with a high percentage of tooth structure that allows for a supragingival margin. An equally important goal is to ensure that an adequate thickness of connective tissue exists to create an environment more resistant to trauma and inflammation.

The team approach consists of a restorative phase and a surgical phase. The restorative phase involves preparation with complete caries removal, adhesive core buildups, and provisionalization. The surgical phase involves biologic shaping of the roots and judicious osseous resection. Case studies are used to demonstrate the team approach.

Welcome New Members

Brian Evans, DMD
General Practitioner
University of Louisville, KY, 2010
Naval Hospital-Pendleton, 2011 (GPR)
No Practice Address Available

Jinsoo Kim, DDS
General Practitioner/ Anesthesiology
University of Washington, SD, WA, 2005
University of Texas, San Antonio, TX, 2006 (GPR)
LLUSD, 2001(Anesthesiology)
246 W. College St., Ste. 200
Covina, CA 91723
626-966-2222

Julius D. Jackson, DMD
General Practitioner
UNLV, LV, 2012
1620 2nd St.
Beaumont, CA 92223
951-769-9131

Dan Nguyen, DDS
Orthodontist
USC, 1999
USC, 2004 (Ortho)
No Practice Address Available

Neil Patel, DDS
General Practitioner
USC, 2006
No Practice Address
Available

Anniversary Open House

PLEASE JOIN US NOVEMBER 1, 2012 4 PM - 8 PM

FOR OUR ANNIVERSARY OPEN HOUSE AND MEMBER APPRECIATION!!!

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- GET A TOUR OF THE OFFICE

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www.hm-unlimited.com/

Integrated Wealth Management
www.iwmgmt.com

McNeely Financial Strategies
www.mcneelyfs.com

Precision Ceramics Dental Laboratory
www.pcdl-usa.com

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http://fa.smithbarney.com/pikespeakgroup

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www.rdhtemps.net

Solitaire Smile Dental Lab

Surgikor
http://surgikor.com

Star Refining
www.starrefining.com

TDIC Insurance Solutions
www.thedentists.com

Televox
www.televox.com

VIVA-Concepts
www.viva-concepts.com

West Coast Precious Metals
www.westcoastpreciousmetals.com

Considering renting space in an established office? Define terms to avoid complications - *Risk Management Staff*

The Risk Management department recently discussed leasing operatory space from an owner's or lessor's point of view. This month we look at the flip side of that situation. What if you are a dentist considering renting space in an established practice?

Leasing space in another dentist's office may sound like an ideal arrangement for new dentists looking to get started, other dentists seeking to work part-time or specialists who want to work within a general practice. While this type of office-sharing situation can be a short-term solution for some, legal experts caution these are complex arrangements requiring a well-defined and specific contract.

"I would look at someone you are considering sharing office space with much like a partnership, even though technically it is not a partnership," said Steven Barrabee, a San Francisco area attorney specializing in professional liability and business law including lease issues. "The most important thing is to have a contract that explicitly defines the shared-office relationship. Unless you do this, you are a partnership in everyone else's eyes and it is difficult to disentangle."

"The first and most basic questions begin with the background of the other dentist. Make sure there are no Dental Board, licensing or insurance audits that could spill over to your reputation," Barrabee said. "Spend some serious time with the person you are considering sharing space with." He pointed out that if dentists don't discover these issues upfront they can end up having to report the other dentist or be liable for failing to report illegal or unethical practices.

In renting space in another office, the most likely arrangement is office-sharing, according to Barrabee. "If services are provided such as reception, telephone, shared office staff, shared supplies and shared equipment, then additional items are being leased and a shared-office agreement is an appropriate description of the agreement," he said. A sublease situation, in which a dentist agrees to lease space in an existing office without sharing any equipment or staff, is unlikely.

Essential considerations include: An office-sharing agreement in writing that has been reviewed by an attorney, definition of term, description and measurements of space leased, specification of shared equipment and services, signage, insurance, indemnity, joint use of employees, need for signage and forms to avoid "ostensible agency," ownership of patients records and handling of emergencies. Additional details include notice provisions and events for termination or "exit strategy."

Identify the practices as separate on signs, business cards, billings, letterhead and phone greetings. Have patients sign an acknowledgement that the two doctors' practices are separate practices and each dentist is independently responsible for his or her own treatment.

Sharing employees is one aspect to give careful attention to in a shared-office agreement. Both dentists can be liable if an issue arises. Barrabee said it is critical to have essential practices in place, such as an employee manual and established policies for meals and breaks. Be clear on selection as well as the hiring and firing of joint employees and who will pay the employees, including overtime, vacation and providing pay stubs. Employment Practices Liability Insurance is advised for both doctors in a shared-practice arrangement.

Make sure contracts contain indemnity language establishing each dentist's responsibility for his or her own actions.

Ensure each dentist maintains his or her own insurance for professional liability and property liability and require proof of such insurance as part of the contract.

Consider incorporation to limit liability for the actions of the other dentist.

Call TDIC's Risk Management Advice Line at 800.733.0634 with any questions about renting operatory space in your office.

What's Happening?

Did you know you can register for any TCDS event online at www.tcds.org. Give it a try!

Day/Date	Event Details
Mon. Sept. 3	**Labor Day CDS Office Closed**
Thurs. Sept. 6	**Membership Committee** Meeting TCDS Office 6:30 p.m.
Tues. Sept. 11	**Board of Directors' Meeting** TCDS Office 6:45 p.m.
Thurs. Sept. 20	**New Dentist Mixer** Dave & Buster's, Ontario 6:00 – 9:00 p.m.
Fri. Sept. 21	**Continuing Education Meeting** UCR Alumni & Visitors Center 3701 Canyon Crest Dr. Riverside 92507 Registration: 7:30 a.m. Seminar: 8:00 a.m. – 4:30 p.m. "Infection Control, CA Dental Practice Act, & OSHA" Nancy Andrews
Mon. Sept. 24	**New Dentist Study Club** TCDS Office 6:30 – 9:00 p.m
Sept. 28-29	**OCDS Harness the Power of Technology Hilton of Anaheim** For more information: (714) 634-8944
Fri. Oct. 5	**Non-Member Shred-It Event** TCDS Office 10 a.m. – 2 p.m.
Sun. Oct. 14	**Continuing Education Program Presented by the Peruvian American Dental Association .** Sponsored by TCDS and the ADA Ontario

Day/Date	Event Details
Sun. Oct. 14 (Cont.)	Double Tree Hotel 222 North Vineyard Avenue Ontario, Ca Seminar: 8:00 a.m. – 5:00 p.m. "Implants & Cosmetic Restoration" Dr. Jaime Lozada and Dr. Marcos Vargas 7 CEUs
Oct. 18-21	**ADA Annual Meeting San Francisco**
Thurs. Nov. 1	**TCDS Open House & Annual Meeting** TCDS Office 4:00 – 8:00 p.m.
Mon. Nov. 5	New Dentist Study Club TCDS Office 6:00 p.m.
Tues. Nov. 6	TCDS Pre-House Caucus TCDS Office 6:45 p.m.
Nov. 9-11	CDA House of Delegates Newport Marriott
Tues. Nov. 13	Board of Directors Meeting TCDS Office 6:45 p.m.
Thurs. Nov. 15	Continuing Education Meeting TCDS Office Social Hour: 5:30 p.m. Seminar: 6:30 – 8:30 p.m. "Diagnostic Challenges in Endodontics" Dr. Rajiv Bhagat 2 CEUs
Nov. 22-23	Thanksgiving Holiday TCDS Office Closed

CDA Compass Tip

Assignment of Benefits Authorization Form

Non-participating providers do not receive checks directly from the plan unless there has been an assignment of benefits signed by the patient. Have your patient fill out and sign the sample form, found at cdacompass.org, and forward to the dental benefit plan in order to receive payment and EOB's directly.

Dr. Jenkins to come

Unclassifieds *Be sure to visit Classified Ads on your personal web page at www.tcds.org.*

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Dentists Wanted. Indio Surgery Center located at 46-900 Monroe St., Suite B-201, in Indio, CA, is available to dentists who are interested in treating their own patients under general anesthesia. Call Larry Church,DDS, or Diana Jesson, RN, at 760-396-5733 or e-mail d.jesson@indiosurgerycenter.com.

Equipment For Sale. Perio and Implant surgical equipment including W & H implant drill. For complete list, contact William L. Mihram DDS, MSD in Palm Desert at 760-565-1459 or at mihram@sbcglobal.net.

Office space available in Redlands on beautiful Brookside Avenue. 300(4 rooms)-2000((11 rooms) Sq/feet @ $2/ft includes utilities. Perfect for specialty dentist (orthodontist, oral surgeon) or dental lab looking to expand into the Inland Empire. Separate reception area, restrooms. Close to downtown, shopping, restaurants, bus, movie theaters. Contact Dr. James Patrick Caley at 909-798-5117 or nsczolgist@aol.com.

Office For Rent. Dental office in Arlington Avenue in Riverside has office space for rent. Good opportunity for Orthodontist or Specialist to start or relocate practice in Riverside. Call for more information (951) 785-1209.

Anesthesia and Sedation Services: Barry Krall, DDS board certified dentist anesthesiologist providing anesthesia services from sedation to intubated general anesthetics for pediatric and adult patients. TEL (909) 835-7940 • FAX (909) 653-1469 • Email bkrall96@gmail.com

Going on Vacation and Need a Dentist Temporarily? Need a dentist to monitor your office while you are away? I am a 67 year-old retired Periodontist who practiced in Orange County. I can take care of emergencies and monitor the office, including the hygienists so they can function as usual. If interested, please contact me at (760) 565-1459 or cell: (714) 801-6880.

Tri-County Dental Society
BULLETIN
Representing the Dentists of the Inland Empire

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Say What? Members attending the Tri-County Dental Society Community Outreach Taskforce meeting were asked, "In addition to Give Kids A Smile, in what other community outreach programs would you like to see Tri-County become involved?"

Reginald Moore,
Riverside, "Screening programs children attending Head Start and access to WIC Programs to reach new moms."

Stephanie Phan,
Loma Linda, "It would be great to have more school and community dental screenings and help increase patient dental education."

Vijay Patel,
Claremont, "Seniors in Need (we already have such a program). However, local cities could be good for that type of program. Dental care for the poor."

Rick Nichols,
Redlands, "Give Adults A Smile."

What Is a QR Code?

A QR code is a type of bar code designed for use with smart phones and other devices that contain cameras. QR are useful for directing users to websites and other online information. Any modern smart phone can interpret and use QR codes.

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