BULLETIN

Proudly representing the dentists in Riverside, San Bernardino and eastern Los Angeles counties

Tri-County Dental Society
Since 1908

Celebrating our first anniversary in Riverside

Jan/Feb 2013 —— Volumn 59 No 1

In This Issue...

Mission Statement

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

Featured Member City

Prado Dam, Corona, CA
This photo was taken by Fred Lamb,
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Prado dam photo will be featured here

Featured Cover Photo

TCDS celebrated one year in its Riverside location. The Open House was attended by nearly 70 people and included music, food, wine, beer and prizes.

See related photos on page ____.

Presidential Message

At a Glance : 2013 TCDS President takes over reins of an active dental society

Greetings!

Jeffrey D.Lloyd, DDS

It is with gratitude and humility that I begin my term as your newly elected president. I pledge my utmost to see that the confidence placed in me to represent TCDS will meet with your satisfaction and expectations. I'd like to thank our outgoing president, Dr. Ken Harrison, for a tremendous year. Great job, Ken! I'm going to miss reading all of those stories about jelly bellies and tunes to sing to in the car on the way home from work. I'll see if I can come up with a good jelly belly story myself one of these days for a future article.

TCDS's Executive Committee has been working closely together for years. As each new president from that committee assumes office every year, they are simply carrying on with programs and goals that are ongoing.

Our association is 105 years old. You may think it runs on automatic pilot. It doesn't. It's a finely tuned machine, which became that way because of dedicated volunteers who give up their time and energy, great membership and great staff. We lead CDA's thirty-two components in almost every aspect.

While management and staff deal with the here and the now, leadership deals with change and how to bring about this change to heed the wishes of you the members.

A wise man once said, "We have to be daring, courageous, and most of all diligent in embracing change!" and that, my friends, we have done, and will continue to do. To change, we have to act. And to act, we just have to do it, and do it now.

We've worked hard this past year in making changes not only in the day-to-day operations, but throughout the structure of the organization, and those changes already are returning great dividends in all areas: customer service, referral service, community service, social activities, membership meetings, employment assistance and information technology.

Our staff and committees have been charged with a simple premise when deliberating programs and benefits: What is in it for our members? What is the value it will add to membership?

Organizations like ours look to the future; they adapt their operating models and update their governance—not only to maximize their resources, but also to maximize the talents and time of both volunteers and staff. We are constantly reevaluating our operational systems, redesigning our services, trying to accommodate a more virtual environment and social networks while keeping that personal touch and involvement that only a membership-based organization can provide. That adds strength, longevity, durability, value, and long-lasting success and that is what is driving us.

In 2003, the House of Delegates of the California Dental Association (CDA) passed resolution 27, which approved a revised strategic plan for the CDA. In this plan, Goal 9, "Role Definition and Structural Relationship for CDA and its Components," was added.

The objective of Goal 9 included a thorough review of the roles performed by the ADA, CDA and the components for members, and to determine if there was a need for modifications to the CDA or component benefit structure that would enhance the ability to serve members of the tripartite.

Ultimately, the House directed CDA and the components to collaborate on the development of tools to assist in the review of component core services and to provide an audit and assistance process for evaluation of the corservices. One of those tools was called the "Core Services Self-Assessment Survey."

TCDS distributed this survey recently. And the results were not surprising. We scored extremely high in the six areas of core services that were surveyed. Here are the results:

Customer Service

Comments like, "Great Job, Wonderful Staff, Outstanding in all Respects", shouldn't surprise anyone. TCDS, lead by our Executive Director Penny Gage, has been providing the best customer service for 28 years. Thanks, Penny, to you and your staff.

Referral Service

We have a great referral service. TCDS gets phone

calls from the community looking for dentists with specific criteria. Staff looks through a database, which they have compiled from members who have submitted the referral survey form. Once searched, staff can pull up the first three names and provide the prospective patients with the information based on the criteria they are looking for of dentists in their area. The list is constantly changing to provide three new names of dentists each time the search is activated.

Community Service
Give Kids a Smile is our number one community service event every year. We also do other free dental clinics in the area. We will soon be offering Give Adults a Smile, which will be launching this year, March through October. There will be one free clinic for adults per month in different areas.

The community can also look us up on our Facebook page and Website –

We have three Facebook pages: TCDS, Give Kids a Smile and The New Dentists. You can find news about anything we do there.

Our website is www.tcds.org. You'll find information about TCDS, Public Resources, Finding a Dentist, Dental Professionals, Things for Members Only, Give Kids a Smile, Advertising/Exhibitors, Continuing Education, Profession News, other News, Press and Classifieds, Events Calendar, Career Center and Tutorials on how to navigate your way around the website.

Social Activities
Our Annual Christmas Installation Dinner has been replaced with the Annual Open House, which was just recently held in November and well supported.
Our Hospitality Suite at CDA Presents in the spring draws a huge number of visitors, both members and non-members of TCDS.
Our Shred-It Events are appreciated and widely use by both members and non-members.

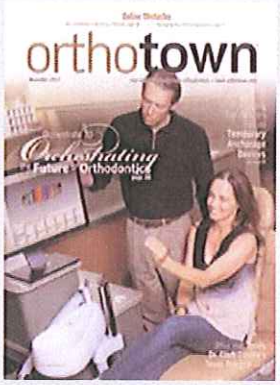
Membership Meetings
Our format for CE meetings has changed with our membership in mind. Instead of all day meetings on a Friday, we are now holding shorter evening meetings to accommodate your busy schedules. Topics are selected from surveys that you the membership filled out. Dental students are invited to participate with us. TCDS staff attends various events held at the dental schools to specifically educate students about CDA and TCDS and to invite them to our CE activities and study clubs.

Employment Assistance
Our career center allows dentists and staff to connect. You can post a job opening and review resumes. This is a member benefit. This works great for those who are looking for a job. It's one of our most visited sites on the TCDS website.

As you can see our core services are the best. We operate on terms of value, need, accountability, measurable outcomes, checks, and balances. Every decision we make is evaluated against that model.
We don't make these decisions in a vacuum, or on the shoulders of just the staff, officers, or Board members—but on the shoulders of each and every one of you, the members of TCDS. It's through your comments and suggestions and serving on committees that has made us strong. It's been a collaborative effort among all those who belong, all those who care, and all those who want to sustain our organization and nurture it for years to come.
We need more of you to give of yourself, your experience, your knowledge, your passion and yes, your resources. We can do better, and we will. I have asked our immediate past president, Dr. Ken Harrison, to continue on as the chair of the Leadership Development Committee. I encourage you to respond affirmatively when called and asked to get involved with TCDS.
Educate and guide those who are new professionals and young graduates. Help them to understand that the future of dentistry—their future—depends on the choices they make and the stance they take now. If we cannot always build our future for our youth, then we must build our youth for our future.
Stand up for what is right, make your voice heard, and constructively act to right what you perceive to be wrong. It takes loyalty, courage, commitment, conviction and devotion. That is what you should expect out of yourself, out of your colleagues, out of your Board, and your officers. And that is exactly what TCDS deserves and expects out of you, because that is the right thing to do—nothing more, nothing less.
Your staff, your Executive Committee, and your Board are tireless in serving and in planning all this and need your support. Ultimately, it is your duty; it is the duty of our members to ensure the propagation and the protection of the principles of TCDS and its existence. It all rests with you. Let's make it a great year!

Members in the Spotlight

TCDS member, Dr. **Michael Boyko**, was inducted into the Academy of Dentistry International during the ADA Annual Meeting in San Francisco.



Tri-County Dental Society member **Dr. Todd Ehrler,** (orthodontist Fontana), was featured in the November issue of Orthotown for his breakthrough invention of "Orchestrate."

Orchestrate is a system that allows the practitioner to scan, design, and fabricate their own orthodontic aligners, and retainers, in-office. Dr. Ehrler has been working on this system for over 6 years and it is presently in use across the United States and Canada.

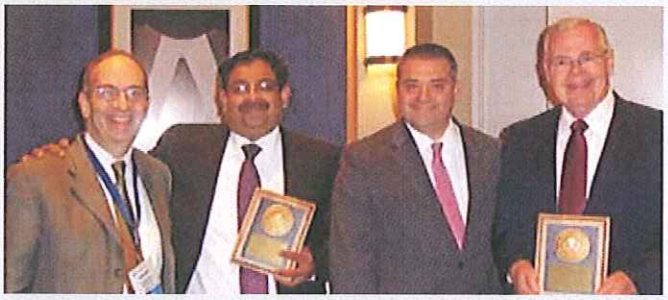
While Dr. Ehrler was completing his orthodontic program at Loma Linda University School of Dentistry he received his Masters degree through his thesis on CBCT studies. His system is now used at the UCLA and University of Connecticut orthodontic programs. Dr. Ehrler is not resting on his laurels. He is now working on a system that allows the patient to send oral photos in to the office for evaluation to decide when the patient should come in for the next orthodontic visit.

Congratulations to Dr. Todd Ehrler!

At the 2012 CDA House of Delegates meeting, eight TCDS member were elected into volunteer leadership positions. Those selected, and the positions they will hold, are:

Last month several of our prosthodontists- members attended the 42nd annual session of the American College of Prosthodontists in Baltimore. They had the chance to learn about the latest developments in their specialty and took advantage of the opportunity to get together and have a great time. **Dr. Nadim Baba's** lecture was titled, "What Evidence is Available to Support the Use of New Post Materials and Designs?," while **Dr. Charles Goodacre** presented on "The Use of CAD/CAM in Complete Dentures."

Two of our members also received prestigious awards during the Annual Awards and President's Dinner. Dr. Goodacre was awarded the "Distinguished Lecturer Award" and **Dr. Mathew Kattadiyil** the "Educator of the Year Award." Additionally, Dr. Evangelos Rossopoulos wasinducted into the International College of Dentists during the ADA Annual Meeting in San Francisco.



Pictured from left to right: Dr. Evangelos Rossopoulos, Dr. Mathew T. Kattadiyil, Dr. Nadim Baba and Dr. Charles Goodacre.

At the 2012 CDA House of Delegates meeting, eight TCDS member were elected into volunteer leadership positions. Those selected, and the positions they will hold, are:

Robert D. Kiger, confirmed as chair of the Judicial Council

Kenneth T. Harrison, Delegate to the 2013 ADA House of Delegates

Larry J. Moore, member of the Government **Affairs Council**

Oariona Lowe, member of the Council on Endorsed Programs

Alternate Delegates to the 2013 ADA House of Delegates:

Jeffrey D. Lloyd

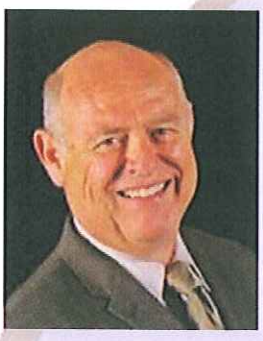
Al F. Ochoa

Robert D. Stevenson

Narendra G. Vyas

Editorial

At a Glance : There is risk involved with every decision. But, decisions are necessary.



Risk Decisions

Daniel N. Jenkins, DDS, FICD - AADE Certified Dental Editor

If you have to make a decision, you most likely have to risk something as a result of your decision. Even if you have to make a decision between two favorable options, you would still risk not getting your most favorable result – like getting both options! One of the things we learn in life is that with decisions come consequences. Many times one decision leads you to follow-up decisions down the road.

After high school, (I did graduate!), I had to make a decision—whether to allow myself to be drafted into the Army or, as some friends of mine, avoid the draft. I finally decided to avoid the draft by joining the Navy!

Once in the Navy, I had to decide whether to apply for training that would make my time in the Navy easier or spend my time swabbing decks. I took training as a Radioman. I was feeling pretty secure, even when my ship went to Vietnam.

While in Da Nang, I was ordered to hand deliver a highly classified message to the communications station up the river. I knew of the sniper attacks and found myself having to make decisions again. I was to take the Captain's launch with his coxswain, (driver). I did decide to go but when I went down to the launch there were five officers, who had received permission from the Captain to go along. They were loaded to the gills with weapons I didn't even know we had on the ship!

A lieutenant looked at me with my satchel and no gun and said, "Jenkins…aren't you going to get a weapon?"

I looked at the five of them and said, "If you gentlemen can't handle it, what am I going to do?" Obviously, we made it there and back.

Some decisions carry more risk than others. As dentists, we tend to not like to take risks. Our decisions tend to be safer ones with a minimum of adverse consequences. I have heard the city of Las Vegas refuses to allow the ADA to use the main convention center and does not allow us to hold our convention over the weekends because dentists are not good for the Las Vegas economy. Dentists tend to not gamble – but then, who would want a dentist to gamble on procedures in their mouths? Dentists tend to not utilize some of the other more questionable "services" and "entertainment" in Las Vegas. Well yeah…it's not worth the adverse consequences. (Just ask our spouses!)

In dental organizational volunteer work, there are risk decisions as well. Often issues come up about which not all dentists agree. It is easy to just sit on the sidelines and "watch" the game. Many times it is easier to just let the officers or leaders voice their opinions on what should be decided on an issue.

I read an article in an online newsletter, "What does it take for someone to get involved in an issue?" As I read it, it appeared they did not seem to know the answer themselves. The decision to get involved has to be an individual decision.

What is the risk for speaking up on an issue? You may be concerned about hurting a friend's feelings or ruining a friendship over having a difference of opinion. You may find your decision will expose you to more people and they will speak of you behind your back. You may have secret plans to hold a particular office someday and if you speak up you will risk not ever being able to accomplish that. You may find yourself labeled as a "trouble maker" by your own friends in dentistry and lose your professional status or ability to contact the same people you could before.

At any given time there are many issues at stake in dentistry. I encourage all members to get involved and voice their opinions. If you don't know where to voice it…send it to me! If it is an issue that should be shared with CDA or ADA it can be sent to them. At any rate please feel free to speak up and demonstrate you are willing to take a risk and let everyone know what your decision on a topic is – you won't be shot for it!

Tri-County celebrates its first anniversary in Riverside

Dr. Nicole Karr was the winner of a $500 Amazon Gift Card

Dr. Jeff Lloyd presented Dr. Archana Sheth with the grand prize - her 2013 tripartite membership compliments of Tri-County!

Go Big or Go Home: Let's Talk Results

Lenora Milligan,
Salt Dental Practice Management

At a Glance : *2013 TCDS President takes over reins of an active dental society*

Last year, the focus of our articles was "Survival of the Fittest." Now that we have survived the end of the Mayan calendar, we survivors may want to think ahead to the end of 2013. That's right, the END of 2013. Go ahead; mentally flip through the calendar to December 31, 2013. What results do you want to see for the year? Picturing your year end results right now can help you put a plan in place to achieve them and to do that you must start with the end in mind.

Lewis Carroll said, "If you don't know where you're going, any road will get you there." Personally, I prefer to map my journeys and with all the details. But thinking ahead and being detail-oriented does not always assure you will never wander off course. Take the space shuttle for example. NASA and the astronauts certainly know exactly where they are going every mission and they are bound to be quite detail-oriented, however, the shuttle still spends only 15% of its time actually on course. The other 85% is spent course correcting. That is a lot of correction isn't it? Can you imagine what it would be like if they did not know exactly where they were going? Well, I would hate to think of the consequences. Instead, they know not only where they are headed, but how to get there and back, and they have systems in place to monitor and measure every aspect of their journey.

Get a pad of paper and start writing. What results do you want to see in 2013? What does your team look and act like? What does your practice look like? What equipment or procedures did you add? What marketing did you do? How many new patients came to see you? How much improvement did you make on your profit margin? Are your overhead numbers in line? What educational courses did you take? Write it all down, every little thing you want to be true by the end of the year. Do not second guess yourself or stop to wonder what is really possible. THINK BIG. Be brave enough to reach for the stars, and really stretch yourself. There is no point in creating a view of your future if you are going to be overly conservative in your desires or allow limiting beliefs to control you. Go Big or Go Home!

Sometimes, as consultants, we do specific meetings with our clients regarding what they think it would take to increase their production by five hundred thousand a year. We make a list of everything they think it would require on a dry erase board. Then we ask them to cross off everything on the list that would not be necessary if they only wanted to increase by one hundred thousand dollars. It is interesting to see that most of the items listed in the first exercise remain on the board for the second part; most items are still needed to achieve even a modest gain of one hundred thousand. So when you consider that piece of information, it makes more sense for you to think Big to start with.

Inevitably, someone will ask, "What if we think big and don't achieve all the results by the end of the year?" We understand that sentiment. Most people want to set goals they know they can achieve. They don't like feeling they have fallen short of their expectations. They worry they will become demotivated. Do they have to think that way? No. As human beings we have the power to choose how we interpret information—how we want to feel, act and respond. Unless, of course, we have a "knee jerk" reaction that releases adrenaline and cortisol into our systems, then we have to wait 90 seconds for those chemicals to start to wear off before we calm down enough to choose. If you are concerned about setting goals too high think about this—what is the worst thing that could happen if you set Big goals and you only got part way there? You might be disappointed? Okay. Still you would have most likely gained more by thinking Big than if you had limited yourselves to what you thought was attainable.

Now that you have your list of results for 2013 written down, it is time to focus on the details. Let's say you want to increase your practice by one hundred thousand dollars this year. That is just over eight thousand dollars per month. If you work sixteen days a month then you will need to produce and collect just over five hundred dollars more per day. Break it down

farther; you need about two hundred and sixty dollars more in the morning and about two hundred and sixty dollars more in the afternoon. If you see sixteen patients a day then it amounts to about thirty two dollars more per patient. Go ahead and do the math based on your actual practice. This puts the Big result you want into perspective in such a way that you KNOW you can do it.

So how can you get the results you want? Actually, it's quite easy and in your control right now.

In the business of dentistry, we strive to be ethical. Part of our ethical obligation is to tell patients what they need; so they can catch the decay early and treat it simply. This is why we focus on recare/recall. But what happens if you do not follow your ethical protocol? For example, a patient comes in for a hygiene visit. During examination, a tooth that is sensitive to biting pressure is discovered. The doctor is running behind schedule and knows with this particular patient, Mrs. Talks-a-lot, explaining the needed treatment will only put him/her further behind. Since the patient is good about coming in every three months for her cleaning and exam, the doctor decides to tell the patient we will "watch" the tooth until the next visit. At some point before the patient's next visit, the tooth breaks. The patient comes into the practice with pieces of tooth in her hand and is seen as an emergency. Upon examination, it is discovered the fracture is so deep a root canal, build up, post and core, and crown will be needed to restore it. The patient will now spend three to four times more than the original solution that should have been presented at the last appointment. If the treatment had been presented and the patient chose not to accept treatment, then the patient would have been completely responsible for the poor results. The patient was not given a choice so who should own the poor results? I realize this scenario is not a deliberate act of neglect by the doctor. But does the patient really care what your intentions were? Or do they only care about the results they are getting? Think about it. What if it was an oral cancer screening that was not done and the patient ended up with oral cancer?

Focus on the details of providing the very best care a patient could hope for. Create monitoring systems for each part of your practice to ensure you do not get too busy, or forget to do all that needs to be done. Use your morning huddle to determine which of your patients today are due or past due for x-rays, recare/recall, or if they have diagnosed treatment they have not completed. Check to see if their family members are current patients and if they are up to date or need an appointment. Write down the number of recare/recall appointments, etcetera, that need to be made and then, at the end of the day, see how many you were able to schedule. This daily task will help you course correct and stay on track so you can arrive at your pre-determined destination.

You are responsible for your results and, in order to achieve them, you and your team must be aware of them every day, all day long. So now it's up to you. Go Big or Go Home.

For more information please visit us at www.saltdpm.com and follow our blog at http://saltdentalpracticemanagement.blogspot.com/.

Save the Dates!

TCDS Hospitality Suite
Thursday & Friday
April 11 & 12, 2013

Palisades Room, Anaheim Hilton
7 a.m. to 5 p.m.

Please note the date and time changes.

Thanks to TDIC for their support of our event.

Hot Shorts

The Pacific Coast Society for Prosthodontics invites you to attend their 78th Annual Meeting, June 26-29, 2013, in Anchorage, Alaska. Speakers include: Dr. Jeff Rouse, Dr. Jonathan Ferencz, Dr. Ken Kurtz, Dr. Izchik Barzilay, Dr. Charles Goodacre, Dr. John Sorenson, Dr. John Beumer, Dr. Ken Hinds and Dr. Brian Vence. As usual, a number of wonderful social events are planned including an incredible Post Conference Cruise aboard Holland America Line's incomparable ms Zaandam. Beyond the 16 hours of continuing education credits, the cruise includes an additional 10 hours of CE credits. For information and reservations call now: 1-800-326-0373 or go to http://www.specialeventcruises.com/pcsp_2013.html. If you plan to cruise, you will need your passport since you will disembark in Canada.

Medical Volunteers Needed

April 4-7, 2013
Riverside/Indio Fairgrounds

We need volunteers for a free medical clinic we are organizing for the Coachella Valley community. With your help we hope to provide free dental, vision and medical care to over 3000 patients over 4 clinic days. We need:

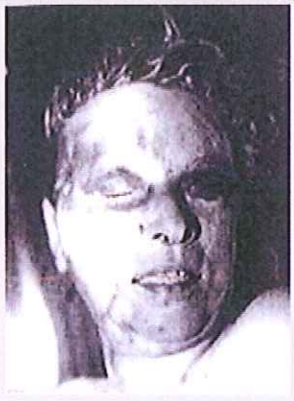
- Dentists, Hygienists, Assistants
- Dental X-Ray Techs
- Ophthalmologists, Optometrists
- Opticians, Ophthalmic Techs
- MDs, RNs, LVNs/LPNs, EMTs
- Acupuncturists, Chiropractors
- General volunteers

To register or find out more information check our website at www.ram-ca.org.

To learn more about our clinics see the 60 Minutes episode featuring RAM on our website.

CALIFORNIA AFFILIATE

Clinic organized by RAM California - www.ram-ca.org
In cooperation with
The Flying Doctors
The California Association of Oral and Maxillofacial Surgeons
RAM CA is an affiliate of Remote Area Medical® www.ramusa.org



Unidentified Homicide Victim – from 1987

The Colton Police Department has asked the help of Tri-County Dental Society dentists in identifying the body of a homicide victim.

Besides the provided picture and drawing, the dental examination of this 5' 1" 40-50 yoa female, weighing 135 lbs and having blonde hair revealed:
Amalgam fillings: #2-O; #4-MO; #5-DO; #14-MO/distal pit; #15-O pit/distal pit; #18-O; #19-MO/B pit; #30-O pit/B pit; #31-O
Gold restorations: #3-MO inlay; #13-DO onlay.

She wore an upper acrylic partial to replace # 7, #8, with wire clasps. Her 3rd molars had been removed.

If you would like more information or have information to provide, call the Colton Police at: (909) 370-5000 or Detective Jack Morenberg: (909) 370-5022.

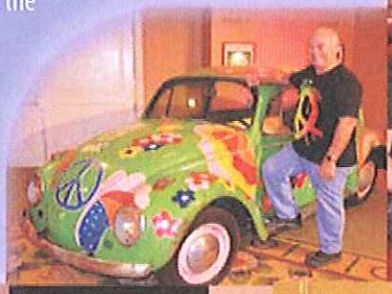
CDA's House of Delegates

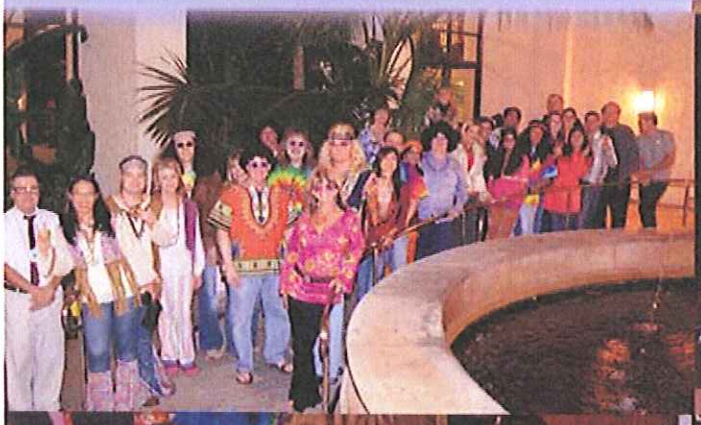
"General" Ken Harrison led the TCDS delegate troops into the arena in Newport Beach for the CDA House of Delegates (HOD) meeting from Nov 9-11, 2012. In preparation, President Harrison divided the TCDS delegates into two groups of "pods" under the command of TCDS President-Elect Jeffrey Lloyd and Vice-President Art Gage. Dr. Gage's "Yellow" pods and Dr. Lloyd's "Blue" pods were assigned various resolutions to read, study, and make their assessment of for the delegation to hear at a pre-HOD meeting.

This year did not appear to have any resolutions that would be contentious, but . . . all delegates were reminded that you just never know how things will go.

At the HOD, all of the delegates dutifully attended the reference committees and listened to the discussions on the various resolutions. TCDS members also spoke at the microphones in participation. The dental student delegation proposed a resolution to allow students to participate in the various free clinics the CDA is putting on through CDA Cares. Joshua Carpenter, Senior, Western University College of Dental Medicine, spoke passionately at the microphone when he brought the House down . . . literally! The CDA sign at the front of the platform tore in half and fell down, (harmlessly), onto the platform! Unfortunately, the resolution did not pass.

TCDS thanks all the delegates for donating their time and cerebral energies in representing Tri-County Dental Society at the 2012 CDA House of Delegates.






DELEGATES
cda
Cielan G.
Ehrler, DDS


You've built a practice as exceptional as you are. Now choose the optimum insurance to protect it.
TDIC Optimum
Anything but ordinary, Optimum is a professional bundle of products that combines TDIC's singular focus in dentistry, thirty years of experience and generous multipolicy discounts. Creating the ultimate coverage to protect your practice, perfectly. And you wouldn't have it any other way.
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Building and Business Personal Property
Workers' Compensation
Employment Practices Liability
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800.733.0633
tdicsolutions.com
Eligible multipolicy discounts apply to Professional Liability, Building and Business Personal Property and Workers' Compensation.
tdic®

Welcome New Members

Robert Martin, DMD
Pediatric Dentist
University of Pennsylvania, 1972 (DMD)
Baylor College of Dentistry, 1976 (Pedo)
No Practice Address Available

Neeraj Saran, DMD
General Practitioner
Temple University, PA, 2012
No Practice Address Available

Senan K. Ziadeh, DDS
Orthodontist
Jordan University of Science & Technology, Jordan, 2000 (BDS)
Marmara University, Turkey, 2006 (Ortho)
Boston University, MA, 2011 (Ortho)
3564 Van Buren Blvd., Riverside, CA 92503
951.688.5437 senanziadeh@yahoo.com

In Memoriam

Dr. Karl W. (Bill) Kaiser, Jr, D.D.S.
1930-2012

Dr. Bill Kaiser passed away November 23, 2012. Born in Upland, July 7, 1930, he graduated from Chaffey H.S. and then received his dental degree from the University of Southern California in 1957.

He practiced in Upland for over 50 years and was president of the Tri-County Dental Society from 1984-1985.

Dr. Kaiser was married to Jacque Congdon Kaiser for 54 years before her passing in February, 2012. He is survived by his son, Billy Kaiser; daughter, Heidi Bringhurst; and three grandchildren. Charitable donations may be made in his memory to The Rotary Club of Ontario Foundation, PO Box 4791, Ontario, CA 91761.

Unclassifieds

Be sure to visit Classified Ads on the TCDS web page at www.tcds.org.

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

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.

Dental Office Space of 2000 sq ft available for a recent dental grad/established dentist in beautiful and well-maintained, single story building in San Bernardino. Ideally situated on prosperous Hospitality Lane w/ample parking and great visibility from street. Freeway electronic signage also available. Perfect for a dentist to grow his/her practice while saving on overhead. Space is available full time (5 days/wk) or partial week. Can be turnkey if needed. Will negotiate terms favorable for starting dentist or dentist transtitioning into retirement. Available November 1, 2012. Contact: Dr. I.M. Feldkamp, III at (909) 888-6238.

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 U(760) 565-1459 or cell: (714) 801-6880.

Office Sharing Opportunity - Palm Springs. Licensed dentist HMO practitioner or specialist; share expenses and sublease existing fully operative and staffed 1200 square foot Dental Office in Palm Springs. Please contact 619-300-1543 for more details.

continued on page 18

TRI-COUNTY DENTIST anesthesiologists

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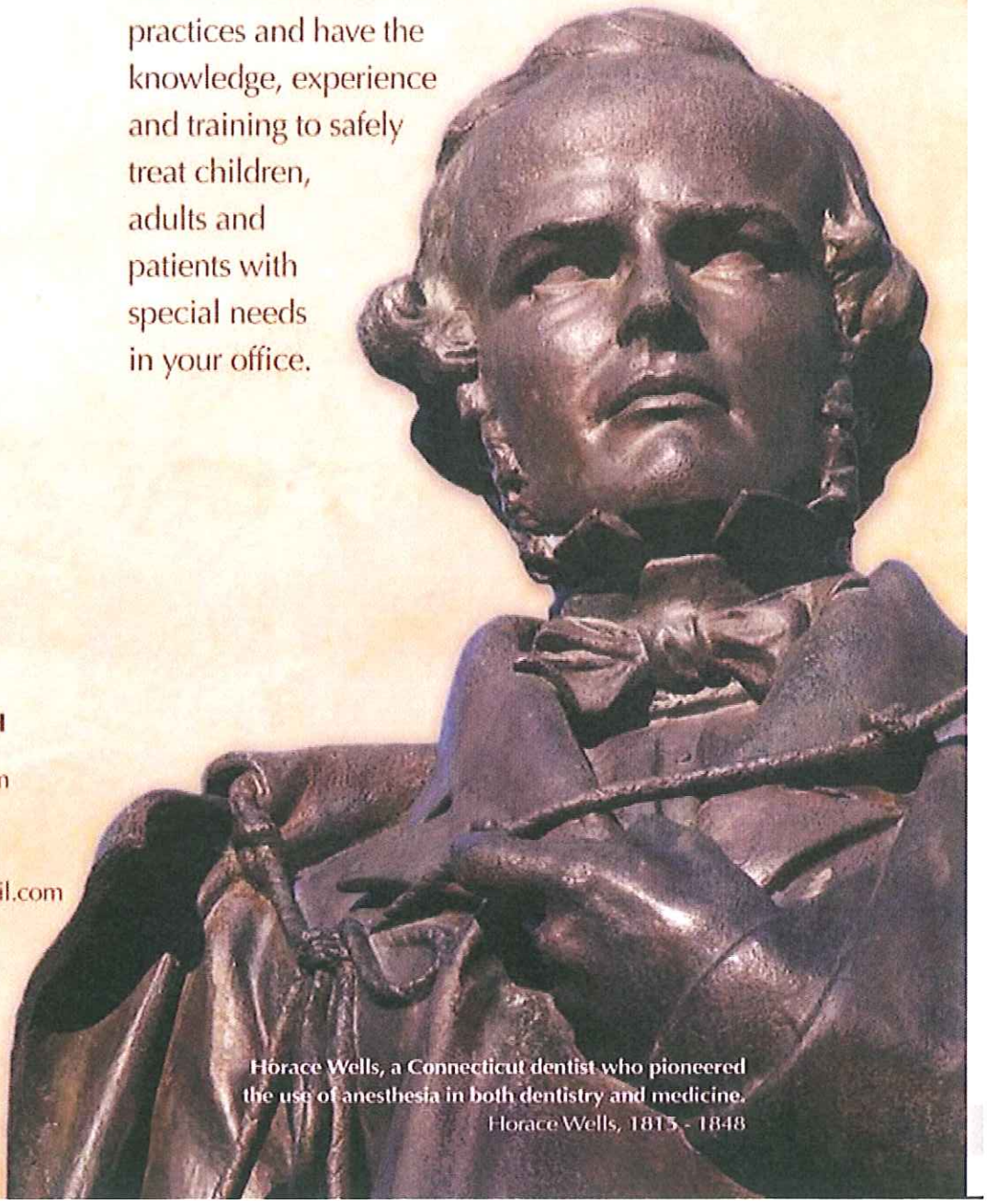
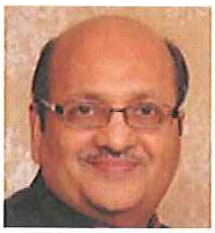
jessicatsaida@yahoo.com

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

Stages...a New Method to Case Presentation



Dan Jenkins DDS,
Parimal Kansagra, BDS,
Harsh Shah, BDS

ou sit down with Mrs. Jones to discuss the results of your examination of her mouth. "Mrs. Jones, I found a cavity in your lower left molar."

She replies, "Really? How big is it?"

You say, "Oh...it is not just a little one...it is a bigger than that!"

She says, "Well, how big is that? It doesn't hurt! Do I need to have it fixed?"

You tell her it will require an inlay or maybe even a crown. She says, "Well...I'll have to think about that...it doesn't hurt so it must not be very big." And...she's gone!

Even when we show patients their cavities on a radiograph it is difficult for them to comprehend the extent of the damage, what is needed, and why it should be restored.

During what we call our "Subway Symposium" at the neighboring sandwich shop, we came up with what has turned out to work very well in our offices. We decided to share it with our fellow TCDS members.

We noticed that when someone has a biopsy and the test comes back "Stage 1" or "Grade 1" pathology, the patient seems to know, of the 4 stages, where they stand. And...one thing for sure, they don't want it to become a Stage 2 or Grade 2!

We developed a sheet that combines a diagnosis of various conditions or stages of cancer, decay, periodontal, and occlusion in the mouth. Once decay has been diagnosed, the dentist advises the assistant at what stage it is and that is noted on the sheet.

Once the examination is completed, this information is discussed with the patient. After the listing of the existing condition, i.e., Stage 2 decay #3, the next column lists the procedure needed for a tooth in this stage – perhaps an inlay or onlay with a rough cost projection. The next column lists what will happen if this is not restored at this time. That may mean it will continue to Stage 3 and require a crown and possibly a root canal. The column after that lists a rough estimate of how much THAT will cost so they know it will be less cost if they have it restored now instead of later. We emphasize it is best to prevent any stage from progressing to the next stage. Of course, each dentist can make up their own sheet with their own classification and estimates.

The response in our offices has been very effective and when patients take this sheet home, they find it easier to explain to their "health care decision maker" that for SURE...they don't want their cavity to become a Stage 5!

Dental Dote

Typo?

In my position as president of the American Association of Dental Editors, I was involved in a mass of emails regarding the cutting back on services by the ADA library...including the reduction of the number of librarians on the staff.

As I hurriedly responded to one of the emails, I thought I had written, "Experienced librarians will be let go." Instead my computer typed, "Experienced libertarians will be let go." I realized my error when the writer's response came back to me, "Librarians may be Libertarians politically, but they don't talk about their affiliations. :)"

TDIC: Follow a post-exposure plan after needlestick injury

By Risk Management Staff

The Dentists Insurance Company (TDIC) reports needlestick injuries as its No. 1 Workers' Compensation claim, and with this claim comes the concern of exposure to hepatitis B (HBV), hepatitis C (HCV) or human immunodeficiency virus (HIV), also known as bloodborne pathogens.

Because of the potentially serious nature of a needlestick accident, TDIC recommends that dental practices have a post-exposure plan in place. Post-exposure plan necessities include:

- Immediate reporting of a needlestick injury to the dentist.
- Forms documenting the exposure and, when necessary, employee or source patient refusal of medical evaluation or testing.
- A sharps injury log.
- A preselected physician from the medical provider network (a referral list provided by the workers' compensation carrier) who can evaluate the exposed dental professional within 24 hours.

TDIC advises dentists to report needlestick incidents to their workers' compensation and professional liability insurance carriers for coverage of employee testing and source patient testing. Employers are required to pay for the employee's evaluation. However, all workers' compensation policies, including TDIC's, cover testing for employees in the event of a needlestick injury, said Deborah Boyd, Workers' Compensation Claims Manager for TDIC.

In the event of a needlestick exposure, a wound that has been in contact with blood or bodily fluids should be washed with soap and water; mucous membranes should be flushed with water. If an employee declines a post-exposure medical evaluation, complete an "employee informed refusal of post exposure medical evaluation" form. This form is located on thedentists.com under the Risk Management/Recordkeeping link.

The best practice is to also send the source patient for testing.

"Depending on the result, this can eliminate the need for the exposed employee to take precautionary antiviral medications," Boyd said.

TDIC covers insureds for source testing under TDIC's Professional and Business Liability Policy.

TDIC Risk Management analysts are available to assist dentists with the appropriate language to use when asking a patient to have a blood test following a needlestick exposure to an employee. However, the source patient is within his or her rights to refuse testing.

TDIC reminds dental professionals that avoiding occupational exposures to blood is the best way to prevent transmission of HBV, HCV and HIV. Methods used to reduce such exposures in dental settings include hepatitis B vaccinations, engineering and work practice controls and the use of personal protective equipment.

The Occupational Safety and Health Administration's Bloodborne Pathogen Standard is available online at osha.gov. OSHA's standard applies to all employers with employees who have occupational exposure to blood or other potentially infectious materials, regardless of how many workers are employed.

Needlestick injuries are TDIC's most frequent Workers' Compensation claim. Practice owners should have a plan in place to address these incidents including a post-exposure plan for both the employee and source patient to follow.

Question about needlestick injuries? Call TDIC's Risk Management Advice Line at 800.733.0634.

"Unclassifieds continued from page 15

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 For Rent. Dental office on 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.

ADA's New E-Book Guides Dentists on Using Social Media

The ADA Practical Guide to Social Media Planning, First Edition, available now

To assist dentists in using social media to better connect with their patients, the American Dental Association (ADA) has created The ADA Practical Guide to Social Media Planning, First Edition. This new offering is designed to help dental professionals understand how to successfully integrate social media into their communications and marketing plans.

The ADA Practical Guide to Social Media Planning is a useful resource for both social media novices and experts. The book includes:

- How social media impacts business and why it's important to participate
- Business-focused social media planning tips
- Best practices that can be applied to any social media platform
- Tips on how to manage a professional reputation on social media sites
- ADA resources to use on social platforms
- Helpful links for beginners
- A goal-planning worksheet and content-calendar template

The ADA Practical Guide to Social Media Planning is priced at $9.95 for ADA members and $14.95 for non-members. The book is available for download on www.ADA.org.

Board Actions

The Board of Directors met on November 13, 2012. The following is a summary of their actions:

The Annual Reports, a summary of the activities of the committees submitted by the chairs, were accepted. The Annual Reports can be viewed on the Members' Page at www.tcds.org.

A balanced budget for budget for 2013 was approved by the board. Revenues and expenses of $503,615 are projected.

Other items discussed included how to improve the Open House for next year, activities of the 2012 House of Delegates, and the challenges to provide continuing education courses that will attract attendees.

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

Contact Your Dental Society Staff

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

Penny Gage, Executive Director
Administration
Governance - Ethics
Extension 23 – Penny@tcds.org

Monica Chavez, CE Coordinator
Continuing Education
Give Kids A Smile/Community Health
Advertising/Exhibitors
Employment Assistance
Extension 21 – Monica@tcds.org

Shehara Gunasekera, Membership Coordinator
Recruitment/Retention
New Dentist Services
Dental Student Services
Website Assistance
Extension 22 – Shehara@tcds.org

Register for any TCDS event online at www.tcds.org.

Day/Date	Event Details
Tues. Jan. 8	**Board of Directors Meeting** TCDS Office 6:45 p.m.
Mon. Jan. 15	**New Dentist Study Club** TCDS Office 6:00 p.m.
Thurs. Jan. 17	**Continuing Education Meeting** TCDS Office Social Hour: 5:30 p.m. Seminar: 6:30 – 8:30 p.m. "Hiring to Firing: If It Were Only That Simple" Katie Fornelli, CDA Practice Support Center 2 CEUs
Mon. Jan. 21	**Martin Luther King, Jr., Day** TCDS Office Closed
Mon. Feb. 18	**Presidents' Day** TCDS Office Closed
Thurs. Feb. 21	**US Army Medical/Dental Advisory Board** TCDS Office 6:30 p.m.

CDA Compass Tip

For an overview of the new CDT code revisions for 2013, read Patti Cheesebrough's blog at cdacompass.com.

Hydrolytic degradation of the resin-dentine interface induced by the simulated pulpal pressure, direct and indirect water aging. Feitosa VP, Leme AA, Sauro S, Correr-Sobrinho L, Watson TF, Sinhoreti MA, Correr AB. J Dent. 2012 Sep 19. pii: S0300-5712(12)00270-9. doi: 10.1016/j.jdent.2012.09.011. [Epub ahead of print] Copyright © 2012. Published by Elsevier Ltd.

The aim of this study was to compare the hydrolytic effects induced by simulated pulpal pressure, direct or indirect water exposure within the resin-dentine interfaces created with three "simplified" resin bonding systems (RBSs).

A two-step/self-etching; one-step/self-etching; and etch-and-rinse/self-priming adhesives were applied onto dentine and submitted to three different prolonged (6 or 12 months) aging strategies: i) Simulated Pulpal Pressure (SPP); ii) Indirect Water Exposure (IWE: intact bonded-teeth); iii) Direct Water Exposure (DWE: resin-dentine sticks). Control and aged specimens were submitted to microtensile bond strength (TBS) and nanoleakage evaluation. Water sorption (WS) survey was also performed on resin disks. Results were analyzed. The TBS of CS3 and SB dropped significantly ($p<0.05$) after 6 months of SPP and DWE. CSE showed a significant TBS reduction only after 12 months of DWE ($p=0.038$). IWE promoted no statistical change in TBS ($p>0.05$) and no evident change in nanoleakage. Conversely, SPP induced a clear formation of "water-trees" in CS3 and SB. WS outcomes were CS3>SB=CSE.

Conclusion: The hydrolytic degradation of resin-dentine interfaces depend upon the type of the in vitro aging strategy employed in the experimental design. Direct water exposure remains the quickest method to age the resin-dentine bonds. However, the use of SPP may better simulate the in vivo scenario. However, the application of a separate hydrophobic solvent-free adhesive layer may reduce the hydrolytic degradation and increase the longevity of resin-dentine interfaces created with simplified adhesives.

group.

Effect of waiting interval on chemical activ-ation mode of dual-cure one-step self-etching adhesives on bonding to root canal dentin. Thitthaweerat S, Nakajima M, Foxton RM, Tagami J. J Dent. 2012 Sep 18. pii: S0300-5712(12)00264-3. doi: 10.1016/j.jdent.2012.09.005. [Epub ahead of print] Copyright © 2012. Published by Elsevier Ltd.

The purpose of this study was to evaluate the effect of waiting interval on the chemical activation of dual-cure one-step self-etching adhesives before placing resin core materials on the regional bond strength to root canal dentin.

Forty-eight post spaces prepared in human lower premolars were applied with dual-cure one-step self-etching adhesives per the manufacturers' instructions. Resin core materials were then placed into the post space and light-cured. After 24h water storage, each specimen was serially sliced for the TBS test.

For the chemical activation with 10 and 30 s waiting intervals, ECQ and CDB exhibited significantly improved TBS, whereas for UNB and BTB, the TBS were not significantly different but increased with waiting interval. On the other hand, light-activation of all the adhesives produced significantly higher TBS to root canal dentin than chemical activation ($p<0.05$), except for the UNB group.

Conclusion: For the chemical activation of dual-cure one-step self-etching adhesives, a waiting interval prior to placing resin core material improved TBS to root canal dentin. Polymerizing the adhesives before polymerization reaction of resin core material would be effective for bonding to root canal dentin.

Clinical relevance: For chemical activation mode as well as light activation mode, pre-curing of adhesive layer before proceeding polymerization of resin filling material would produce higher bonding performance to dentin in the cavity.

The two main theories on dental bruxism Behr M, Hahnel S, Et Al, Ann Anat. 2012 Mar 20;194(2):216-9. Epub 2011 Oct 5.

Bruxism is characterized by non-functional contact of mandibular and maxillary teeth resulting in clenching or grating of teeth. The dental profession has predominantly malocclusion as the cause of clenching and gnashing. The second theory assumes that central disturbances in the area of the basal ganglia are the main cause of bruxism. Some authors assume that bruxism constitutes sleep-related parafunctional activity (parasomnia).

A recent model, which may explain the potential imbalance of the basal ganglia, is neuroplasticity. Neural plasticity is based on the ability of synapses to change the way they work. Activation of neural plasticity can change the relationship between inhibitory and excitatory neurons. Many forms (and causes) of bruxism may exist simultaneously, as, for example, peripheral or central forms. Copyright Â© 2011 Elsevier GmbH. All rights reserved.

Clinical and MRI investigation of temporo-mandibular joint in major depressed patients Lopes SL, Costa AL, Cruz AD, Li LM, de Almeida SM., Dentomaxillofac Radiol. 2012 May;41(4):316-22

The aim of the present study was to describe the clinical and MRI findings of the temporo-mandibular joint (TMJ) in patients with major depressive disorders (MDDs) of the non-psychotic type.

Forty patients diagnosed with MDD were in study. TMJ's were examined by MRI and evaluated using the research diagnostic criteria and TMD. 52% had migraine headaches.
40 patients (80 TMJs) who were diagnosed as having MDDs were selected for this study. The clinical examination of the TMJs was conducted according to the research diagnostic criteria and temporo-mandibular disorders (TMDs).

Based on the preliminary results observed by clinical and MRI examination of the TMJ, no direct relationship could be determined between MDDs and TMDs.
PMID:22517997

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TDIC updates 'Informed Refusal' form and recommendations

Revised form serves as a guide for required patient discussion

By Risk Management Staff

Informed consent and documentation of recommended treatment are important parts of patient care, but what about informed refusal?
The Dentists Insurance Company advises that informed refusal of recommended treatment deserves equal consideration especially since it is required by law in all states when a patient's informed refusal holds potentially serious complications.

TDIC recently revised its informed refusal form and recommendations to assist dentists in keeping records of such situations. The new form is available on TDIC's website at thedentists.com, and TDIC analysts are prepared to answer any questions about informed refusal. TDIC's Advice Line can be reached at 800.733.0634.
TDIC Risk Management analysts say informed refusal is essential because it proves the dentist had a discussion with the patient about the specifics of the recommended treatment and outlined the risks, benefits and alternatives of the proposed treatment.

"Patients must know the potential consequences of refusing a proposed treatment or procedure," said Carla Christensen, senior Risk Management analyst for TDIC. "For instance, a patient who refuses a recommendation to place a restoration on an endodontically treated tooth should understand the potential for fracture and what that could mean for the patient's oral health."

Rather than continuing to provide dental care to patients who refuse treatment that could pose a risk to their health or the possibility of a successful treatment outcome, dismissing the patient may be the only reasonable option.

The message is clear, Christensen said. "A patient's refusal of treatment does not allow a dentist to practice below the standard of care. Patients have the right to decline treatment recommendations, but cannot consent to substandard care such as continued or repeated refusal to have diagnostic radiographs
While patients may refuse to consent to treatment recommendations, they must be informed of the consequences. Following is a checklist for leading a discussion about informed refusal:

- **Use TDIC's informed refusal form as a guide for the discussion.** Answer all questions and clearly explain all possible risks associated with forgoing treatment recommendations. Detail the benefits of the treatment and any alternatives that may be available. Have the patient sign the informed refusal form and keep it in the patient's file.
- **Document the date and details of the discussion in the patient's chart.** Record who was present, write down what questions were asked, summarize answers provided, and note that the patient understood and signed the refusal of treatment form.
- **Conduct the discussion in person.** Law requires dentists to lead the informed consent discussion and not delegate it to staff. However, staff can add to and enhance the discussion between the dentist and patient. If the patient requests a representative such as a relative, spouse, partner or caregiver be present, invite them to join the informed consent discussion and answer any questions they may have.
- **Remain relaxed and ask questions.** Risk management experts say open discussion helps the process. Ask why the patient does not want to proceed with the treatment recommendation. Is the refusal due to finances? Is the refusal related to fear? Once you have an idea about why, continue the discussion by offering details about the procedure and what alternatives are available.
- **Continue the documentation process.** Informed refusal does not end after the first refusal. Make a chart entry concerning refusal of care at every following visit when you discuss the issue, no matter how much time has elapsed between visits.
- **Give careful consideration to the case.** Attention must be given to cases in which dismissing the patient may be the only reasonable option.

Call TDIC's Risk Management Advice Line at 800.733.0634 with any questions about informed refusal.

BULLETIN
952 Jurupa Ave., Suite 104
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Say What?

Tri-County Dental Society staff was asked, "What events or activities are you hoping to involve more members in 2013?"

Monica Chavez,
"I look forward to helping our community through our Community Outreach Programs—Give Kids A Smile and Give Adults A Smile."

Shehara Gunasekera,
"I'm looking forward to having more members attend our end of the year Open House, which is an appreciation event for them."

Penny Gage,
"I'm hoping to have more members visit our Hospitality Suite during CDA Presents. We will be in the Palisades Room of the Anaheim Hilton on Thursday and Friday!"

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.

To Download QR Scanner, visit your App Store on your phone and search for QR Scanner. Once downloaded, open app and scan the barcode.

Now you'll be able to access more information with just a quick scan.

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