

In This Issue

President's Message
Page 1

**Message from Past
President**
Welcome Dr. Grant
Page 2

Rule Changes
Pages 3 & 4

A Case Study
Page 4

Final Words
Alert
Page 5

Board WREB Examiners
Page 6

**Tips for Avoiding
Complaints**
Page 7

Disciplinary Actions
Pages 8-11

Nick Marineau, DMD
Page 11

PRESIDENT'S MESSAGE

Linda Lee, RDH, BS



I am honored to serve as President of the Oregon Board of Dentistry for the year 2001-02. It is with joy and enthusiasm that I begin my second 4-year term with my fellow Board members in serving the citizens of our state.

We began the new term with a retreat in April that was both clarifying and renewing for us as we considered our strategic plan objectives for this next year. Our guest speaker, State Dental Director, Dr. Whitney

Payne informed and guided our discussions on public health care issues in Oregon.

Dr. Jean Martin, Vice President of the Board, and I will represent the Board at the Dental Summit meetings with representatives from the ODA and OHSU. Issues and mutual concerns of our organizations form the agenda at each of the quarterly meetings. Dr. Ken Johnson and I will continue to represent the Board as licensing examiners at the annual meetings for WREB and AADE.

As committee chairs, Ellen Young, RDH, BS; Jean Martin, DDS, MPH; Kris Hudson and I will facilitate the necessary work on issues dealing with rules, licensing, communication and discipline for the coming year. Darla Thompson, RDH, will continue to chair our Dental Hygiene Committee. This new standing committee will assist the Board with any work regarding the rules that affect dental hygiene practice. George McCully, DMD, has taken on the task of Editor for the newsletter that the Board of Dentistry will send to all licensees twice this year. I know he values your ideas and suggestions for informative articles that would benefit our readers.

As President this year I ask that you send all of us on the Board of Dentistry, our dedicated Director, Jo Ann Bones, and staff your positive energy as we strive to bring the qualities of fairness, discernment, knowledge and dedication to our work. Furthermore, I welcome your valuable input on the issues that encourage us to pursue all that is good in the practice of dentistry and dental hygiene.

Message from the Immediate Past President, Ken Johnson, DMD

“HATS OFF” TO CLAYTON STEARNS, DMD

I would like to publicly thank and acknowledge the outstanding service Dr. Stearns has given to the Oregon Board of Dentistry. He served on the Board for eight years and has been a truly dedicated, efficient and tireless “worker bee” for the Board. I, for one, will miss his input, insight and inquisitive mind as the Board deals with its programs and problems.

THANKS STAFF!!

I would also like to bring to your attention the outstanding staff we, the Board of Dentistry, have to work with. They too are very dedicated hard-working people. Many of us take these individuals for granted. They are perceived many times as being against the licensee. Conversely, the staff is here to assist us and to help answer questions, solve problems, etc. A huge THANK YOU sign is hanging around my neck with the names of Jo Ann Bones, Paul Kleinstub, Daryll Ross, Harvey Wayson, Teresa Haynes, Sharon Ingram and Jeannette Nelson.

A WORD TO THE WISE

We (the Board) have had a number of complaints filed by licensees reporting other licensees. While the Dental Practice Act requires that licensees report violations, please be sure the complaint is justified. It is very expensive for the OBD to investigate a particular complaint. It is not a fun process to go through if you are the one being investigated. Please make a concerted effort to work at solving the problem with the patient, other licensee, etc. before thinking of filing a complaint. If it is a valid complaint, then file – but keep your emotions under control.

I have enjoyed my year as President of the Board and look forward to continuing to serve in the important work that the Board does for the protection of the public and in furthering excellence in oral health care for all Oregonians.

WELCOME DR. GRANT

Replacing Dr. Clayton Stearns in the specialist position on the Board is Dr. Melissa Grant, a periodontist. Dr. Grant obtained her dental degree from Tufts University and her training in periodontics from Temple University. Dr. Grant practices in both Salem and Portland.

◆◆VISIT OUR WEBSITE◆◆

www.oregondentistry.org

BOARD MEMBERS

Linda Lee, RDH President	Lake Oswego
Jean Martin, DDS, MPH Vice President	Wilsonville
Melissa Grant, DMD	Lake Oswego
Kris Hudson, Public Member	Portland
Kenneth Johnson, DMD	Corvallis
Eugene Kelley, DMD	Portland
George McCully, DMD	Eugene
Ronald Short, DMD	Klamath Falls
Ellen Young, RDH	Astoria

RULE CHANGES ADOPTED BY BOARD

Several new rules have been adopted and existing rules amended by the Board. Information about these rules changes was mailed to all licensees in early November 2000 and a hearing was held on November 30. The new rules can be accessed through the Board's website at www.oregondentistry.org. If this is not possible for you, call the Board office and we will mail you a copy.

Reporting of Deaths

A new rule was adopted that requires that licensees report any death that occurs in a dental office. The report must be in writing and must be filed within five working days of the event. This rule is an extension of the Board's long-standing rule that requires reporting deaths, complications and serious injuries that occur as a result of anesthesia. The new rule is OAR 818-012-0015.

Contested Case Hearing Procedures

The Board adopted three rules to clarify certain procedures related to contested case hearings. OAR 818-001-0011 requires that a request for hearing must be in writing and must be received by the Board within 21 days from the date that a contested case notice is served. OAR 818-001-0015 specifies that the Board will notify parties in a contested case on how exceptions can be filed. OAR 818-001-0021 requires that parties file a Petition for Reconsideration or Rehearing with the Board as a condition for obtaining judicial review of any Order issued by the Board.

Specialty Examination Fee

The fee for the Specialty Examination was increased from \$750 to \$2,000 to cover the costs of administering the exam. The maximum \$2,000 fee will be shared by the candidates taking an examination. Therefore, if two people take the same exam, then they each will pay \$1,000.

Documentation of Informed Consent (PARQ or its equivalent)

OAR 818-001-0002 was changed to require that licensees, not just dentists, are responsible for documenting that informed consent has been obtained from a patient. The requirement that informed consent (PARQ) be documented in the patient record was moved to 818-012-0070 and 818-012-0070 was also changed to clarify that not only the notation "PARQ" but any form of its equivalent may be used to document that informed

consent was appropriately obtained prior to treatment being provided.

Scope of Practice

A new rule, OAR 818-012-0005, was adopted determining that certain procedures are within the scope of practice of dentistry based on the fact that the procedures are included in the curricula of accredited dental schools and post-graduate training programs. However, the procedures listed cannot be performed unless the dentist has additional extensive post-graduate training and has completed a one-year fellowship in cosmetic surgery or holds credentials from a hospital or ambulatory surgical center to perform the specific procedures.

Advertising Rules

Advertising Specialty Services OAR 818-015-0007 was re-worded to clarify requirements regarding advertising as a specialist; or, if the dentist is a general dentist and limits the practice to a specialty area, that all advertising clearly specifies that the doctor is a general dentist.

Advertising the Cost of Services and Advertising as a Limited Access Dental Hygienist OAR 818-015-0015 was amended to add the requirement that when costs of specific services are advertised, the licensee must also state that there may be additional costs based on diagnosed dental needs. The rule was also amended to allow a dental hygienist who holds a Limited Access Permit to advertise for hygiene services.

Examination and Licensing

Clinical Examinations

The Board changed the licensure rules for both dentists and dental hygienists to add the clinical examination conducted by Central Regional Dental Testing Services (CRDTS) as satisfying the requirement of proof of clinical competency for initial licensure.

The Board also voted to adopt a temporary change to its rules regarding Licensure Without Further Examination (LWOFE) to add recognition of the clinical examination conducted by the Oregon Board prior to its joining WREB. This will benefit dentists and dental hygienists who were originally licensed in Oregon through the Oregon based exam, but who either retired or resigned their licenses and moved to another state to practice. All

other conditions of LWOFE remain applicable to these applicants. This temporary rule will expire July 7, 2001. The Board must go through the regular rulemaking process to make the rule permanent.

Time for Completion of Application Process

New rule OAR 818-021-0120 requires that applications for licensure be complete within 180 days of receipt of the application. If the applicant has not completed all requirements of the application process in that time period, the application shall be rejected as incomplete. After 180 days, the applicant will be required to reapply.

Application Following Denial of a License

Another new rule, OAR 818-021-0125, specifies that a person who has been denied a license by the Board on grounds other than failure of the licensure examination, may not reapply for five years from the date of the Board's Final Order denying the license.

Authorizing Dental Hygiene Procedures

OAR 818-035-0065 was amended to allow a dentist to authorize a dental hygienist to perform certain initial hygiene services on a new patient, prior to the dentist examining the patient.

Limited Access Permit Dental Hygienists

OAR 818-035-0065 was amended to add a clause that clarifies that it is within the scope of practice of the Limited Access Dental Hygienist to perform an examination and gather data in order to determine a patient's dental hygiene treatment needs and to formulate a patient care plan.

Dental Assistants-Prohibited Duties

OAR 818-042-0040 was amended to add placing of denture relines to the list of Prohibited Duties. This prohibited function was omitted when the new Division 42 was adopted last year.

Expanded Function Oral Surgery Assistants

A new category of Expanded Function Dental Assistant was created with the adoption of OAR 818-042-0115, 818-042-0116 and 818-042-0117. These rules establish a Certified Oral Surgery Assistant category and describe what procedures a Certified Oral Surgery Assistant can perform and the qualifications for certification.

A CASE STUDY

The Board received a complaint that alleged that for at least a year, a dentist abused controlled prescription drugs and/or engaged in improper prescription practices, when he ordered, purchased, and utilized Hydrocodone for a family member under the cover of his dental authority. The Board's investigation found that the dentist ordered Hydrocodone from Sullivan-Schein Dental Supply Company, Melville, NY, and had it delivered to the clinic where the dentist worked. During an interview, the dentist admitted ordering the drugs, paying for them with personal funds, and then providing the drugs to his wife. He said his wife suffered with arthritis and she needed more relief than the medications prescribed by her physician provided for her. The dentist admitted that he had never spoken to his wife's doctors about her medication and/or his providing her with additional supplements to her treatment plan. The dentist acknowledged that he knew his actions were in violation of Board rules because he had previously been disciplined by the Board for a similar incident. He said, however, the cost of the drugs through conventional outlets was very high, and he made purchases directly from pharmaceutical suppliers because it was more affordable.

The Board voted to discipline the dentist in this matter.

A dentist may only prescribe drugs that are related to, or provided in conjunction with, dental treatment being provided to patients of record or if the dentist is acting on behalf of a dentist of record. It is improper to prescribe or dispense drugs outside the scope of the practice of dentistry. (OAR 818-021-0080)



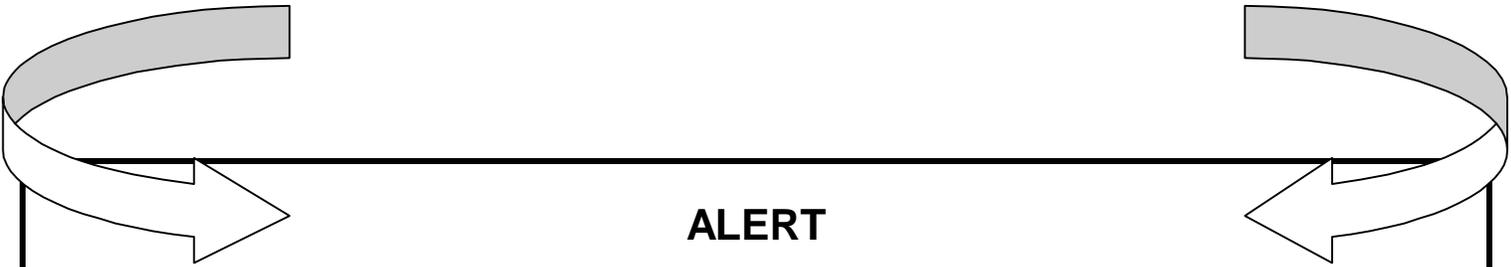
DID YOU KNOW...? Board staff prepares, edits, copies and compiles materials for Board member notebooks for each Board meeting? The notebooks average between 6 and 8 pounds, contain at least 500 pages and are mailed 10 days before the meeting.

FINAL WORDS
By H. Clayton Stearns, DMD

I can still recall the day the Governor's Office called and asked if I would consider being nominated for the Oregon Board of Dentistry. I was wise enough to ask the person if I could have a day or two to consider my answer. It didn't do me any good; I still said I would be willing to serve. I had some glorified belief that I might make a positive change and serve my profession by being on the Board. I had, and I still have, the feeling that if Board members are doing their job of protecting the public, the profession of dentistry will be better served as well.

Much of an outsider's view of the Board of Dentistry is inaccurate and inadequate. The amount of time involved far exceeds what you would expect. Compensation is nearly nonexistent. Your peers will begin to suspect that you are against them and may shun you at the dental society meetings. When you see need to discipline a peer or change the rules to protect the public, your sanity can be called into question.

What Board members see is a profession that is well trained, compassionate, and caring for their patients. Occasionally communications with those patients breakdown and the difficulties begin for the licensee. This same problem can and occasionally does occur at the Board level. The Oregon Board of Dentistry reacts to problems that it sees with our profession and how we treat the public. The Board tries to communicate with our profession to help prevent misunderstandings and occasionally members of our profession or their representatives will attend Board meetings and express their views. This happens too little to suit me. Recently at a Board meeting a young practitioner was present and expressed discomfort with rules the Board was considering. Only by having the courage to attend and present views will the Board know your views and be able to work toward the common goal of protecting the public and raising the standards of our profession. Too often people with a personal agenda for their own benefit will work to bring about change. My fear is the change will work to hurt the public and our profession. Please be active, be willing to give of your time, attend Board meetings and hearings and don't hesitate to speak your mind. The profession and the public will be better off for it.



A recently completed Board investigation determined that a person using the name Melissa A. Mitchell gained employment in several dental offices using a forged certificate showing she was certified as an Expanded Function Dental Assistant and also using a forged certificate of radiologic proficiency.

In one case this woman apparently created a radiological proficiency document. In a second instance, she apparently stole a framed EFDA certificate from a dental office wall, altered the certificate by substituting her name on a piece of tape, photocopied the certificate and then used it to secure employment.

The Board wishes to alert licensees to be aware that documentation of licensure and certification needs to be carefully checked. It is a dentist's responsibility to assure that everyone working in the dental practice is appropriately licensed or certified to perform the functions that are delegated by the dentist to that person. Dentists or office managers should examine original certificates to determine a person's credentials. An individual performing duties for which they do not hold the proper credentials could jeopardize a patient's health and reflect negatively on a licensee's practice.

The Board can verify license status for dentists and dental hygienists at 503-229-5520. Verification of Expanded Function and Radiologic Proficiency certification can be verified by calling the Dental Assisting National Board (DANB) at 1-800-367-3262 x 151.

Board Members as WREB Examiners

By Linda Lee, RDH, BS

WREB should by now be a familiar acronym to all those dental and dental hygiene licensees who practice in Oregon. (*WREB stands for Western Regional Examining Board*). Few of us will forget the challenges of our "Boards."

Members of state boards that are members of WREB carry out the work of WREB exam development and administration. (Currently member states are Alaska, Arizona, Idaho, Montana, New Mexico, Oklahoma, Oregon, Texas, Utah, Washington and Wyoming.) Oregon Board members travel throughout the exam season of February through October to serve as clinical examiners. Each member who serves as an examiner typically works two separate clinical exams but may do more. In 2001 WREB will conduct 16 dental clinical exams, 14 dental hygiene clinical exams, 17 dental hygiene local anesthesia exams and 3 dental hygiene restorative exams. Exams will be conducted in 15 different states. Examiners also represent the state by serving on exam committees, which actually write and review exam content and criteria.

Along with the dental and dental hygiene clinical exams that WREB administers, the agency also provides a written and clinical dental hygiene local anesthesia exam. The exam meets the requirements for the state licensing boards that require their dental hygiene applicants to have passed a local anesthesia exam. (Oregon requires only that the dental hygienist's ADA accredited program included course work in local anesthesia. Upon submitting proof of the course work to the Board, an endorsement is added to the license.)

Candidates in the local anesthesia examination must demonstrate their knowledge and skill by first passing a fifty-question written test. The clinical portion of the exam consists of a demonstration of two injections provided to their patient. Examiners observe and grade to specific criteria for an inferior alveolar nerve block injection and a posterior superior alveolar nerve block injection. Both injections must be successfully administered for the candidate to pass. Examiners can attest that despite the fact that most candidates are very well prepared and examiners do their best to alleviate test anxiety, very shaky arms and syringes are a common sight throughout the day!

As in all successful endeavors, lots of work happens behind the scenes. Before a WREB exam season begins all dental and dental hygiene exam committees must analyze and review the exam content and examiner performance. The local anesthesia exam committee reviewed all of the written and clinical exam statistics provided by WREB's own psychometrician. Modifications were made on all candidate guides, examiner manuals and policy guides. New written exam questions are developed for actual field-testing and the coming year's exam is restructured for reliability in testing of the required knowledge and skills. This year, OHSU will be the site of one of the anesthesia committee's field tests as dental hygiene students participate in the mock written exam process. At a later date, the committee will then use the statistical data acquired on the overall effectiveness of each proposed exam question for future use in exam construction.

Calibration and continuing education of examiners is one of the hallmarks of WREB. Workshops for all examiners are an ongoing effort throughout the exam season. Anesthesia examiners prepare through the use of detailed manuals, self-assessment questions and technique demonstration videos. All of these calibration materials are developed and revised by the anesthesia committee. The day our video was filmed was a stellar moment of fame for a few of our members! As accomplished as the committee felt with the final production of our training video, we found it difficult to get our friends and family to sit comfortably through our premier screening.

This writer has been an anesthesia examiner and exam committee member for four years and one of five Chief Examiners for the past three years. All of WREB's examiners, from each of the eleven member states, express a high degree of satisfaction that all of their efforts come together to provide licensure candidates with well-designed exams which in turn will provide our state licensing boards with competent practitioners.



TIPS FOR AVOIDING COMPLAINTS BEING FILED WITH THE BOARD

During 2000, the Board received 300 complaints against licensees. This is up 25% over complaints received in 1998 and 48% more than were received in 1997! By law, the Board is required to open a file and conduct an investigation of every complaint received. Board investigations take up your valuable time and could usually have been avoided with clear communications and good patient relations. There are recurring themes in the complaints the Board receives. Following are a few tips that are worth reviewing regularly and should assist you in preventing complaints being filed by frustrated patients.

- Train front-office personnel in providing information to your patients and potential patients in a friendly and courteous manner. Be sure they understand the importance of confidentiality. Also, any discussions about fees should include caveats about any additional services that may need to be performed. For instance, if a potential patient calls wanting to know the cost of an extraction, the caller should also be advised that there may be other services and fees required such as for examination and x-rays.
- Provide patients with a written copy of your office procedures including fees, payment expectations, insurance filings, management of pediatric patients, cancellation policies and patient responsibilities.
- Be specific with patients regarding the treatment plan and procedures that you will be following and the meaning of various terms.
- Document in the patient record that you have discussed the treatment plan, various options and risks with the patient and have answered the patient's questions. With some procedures, a signed consent form is appropriate prior to starting treatment. Do not perform any procedure without the patient's permission.
- Pre-authorize treatment to be done with the patient's insurance company prior to performing the procedure and share the outcome of the prior authorization with the patient before beginning treatment.
- Document all procedures performed, anesthesia administered, x-rays taken, treatment complications, etc. in the patient record. If it isn't documented – it didn't happen! Documentation is your best defense. No one has ever been disciplined by the Board for over documenting.
- If in doubt about your diagnosis or treatment plan, consult with a colleague or a specialist.
- If a patient is dissatisfied with the treatment received, or the outcome, discuss their concerns with them personally and immediately. Do not be defensive, listen to the patient's concerns and work with them for a mutually acceptable outcome.
- Delegate to dental hygienists and dental assistants only those functions that they are legally permitted to perform.
- Make sure that everyone in your practice who is required to have a license or permit has the appropriate *current* license or permit and that it is posted where patients can see it. If a license has expired, not only can the holder of the license be disciplined, the doctor can also be disciplined for allowing an unlicensed person to practice.
- Graduation from dental school is only the starting point in your dental education. Continuing education is important to your professional competency. The Board requires that every dentist take 40 hours of continuing education during each two-year licensure period and that a dental hygienist take 24 hours of continuing education every two-year licensure period. There are specific requirements regarding the subject areas that qualify as meeting the Board's continuing education requirement. Be familiar with these, as well as all other, Board requirements.

We are here to help you. If you have any questions, please feel free to call.
(503) 229-5520

DISCIPLINARY ACTIONS TAKEN BY THE BOARD BETWEEN JULY 1, 2000 AND DECEMBER 31, 2000

Unacceptable Patient Care ORS 679.140 (1) (e)

Case #2000-0103 The Board issued a Notice of Proposed Disciplinary Action against a dentist alleging that the dentist placed numerous restorations without first removing all of the existing dental caries, placed restorations with overhangs, seated gold crowns with defective margins, seated a bridge with a defective open distal margin on one abutment crown, seated an Empress crown with a defective open distal margin, and placed an Inceram crown without documenting that treatment in the patient records. As a resolution of this matter, the dentist entered into a Consent Order with the Board in which the dentist agreed to be placed on indefinite suspension, to cooperate with the Board for a follow up practice review, to complete 60 hours of Board approved hands on continuing education in crown and bridge and restorative dentistry, and to make a restitution payment of \$8000 to a subsequent dentist.

Case #1999-0190 The Board issued a Notice of Proposed Disciplinary Action against a dentist alleging that the dentist failed to consult with the initial treating dentist when trying to determine the appropriate treatment for a rapidly developing cellulitis and failed to ensure that an emergency referral was made to a specialist to treat the cellulitis. As a resolution of this matter, the dentist entered into a Consent Order with the Board in which the dentist agreed to be reprimanded and to complete 15 hours of Board approved continuing education in the management of facial infections and dental emergencies.

Case #2000-0046 A dentist agreed to be reprimanded, to participate in 60 hours of Board approved hands on continuing education including a course in the use of nitrous oxide sedation, and to pay a \$3500 civil penalty based on allegations that the dentist placed composite inlays in teeth and billed insurance companies for porcelain crowns, failed to document treatment in patient records, placed restorations and crowns without dental justification, and falsely certified that all continuing education requirements for licensure were met.

Case #2000-0095 The Board issued a Notice of Proposed Disciplinary Action against a dentist alleging that the dentist extracted a tooth without a dental justification and extracted a tooth without first obtaining a legible pre-treatment radiograph. As a resolution of this matter, the dentist entered

into a Consent Order with the Board in which the dentist agreed to be reprimanded.

Case #1999-0242 The Board issued a Notice of Proposed Disciplinary Action against a dentist alleging that the dentist failed to do periodontal probings, failed to diagnose and treat root resorption, failed to diagnose periodontal disease, and placed multiple restorations with gingival overhangs. As a resolution of this matter, the dentist entered into a Consent Order with the Board in which the dentist agreed to be reprimanded, to attend 21 hours of Board approved hands on continuing education in restorative dentistry and 21 hours of Board approved continuing education in record keeping, diagnosis, and treatment planning, and to make a restitution payment of \$11,530 to a patient.

Case #2000-0085 The Board issued a Notice of Proposed Disciplinary Action against a dentist alleging that the dentist practiced general dentistry while holding a license limited to the practice of a specialty. As a resolution of this matter, the dentist entered into a Consent Order with the Board in which the dentist agreed to be reprimanded.

Case #2000-0085 The Board issued a Notice of Proposed Disciplinary Action against a dentist alleging that the dentist permitted another dentist to practice general dentistry when the dentist held a license limited to the practice of a specialty. As a resolution of this matter, the dentist entered into a Consent Order with the Board in which the dentist agreed to be reprimanded

Case #2000-0079 The Board issued a Notice of Proposed Disciplinary Action against a dentist alleging that the dentist failed to diagnose and document in the records the presence of periodontal disease although radiographs showed moderate to severe bone loss, failed to document a diagnosis to justify the extraction of teeth prior to extracting those teeth, failed to document a diagnosis to justify prescribing antibiotics and controlled substances, failed to document that the dentist took impressions for the fabrication of temporary removable partial dentures, and failed to document which teeth the dentist prepared for a Maryland bridge. As a resolution of this matter, the dentist entered into a Consent Order with the Board in which the dentist agreed to be reprimanded, to make a \$1000 restitution payment to the patient, and to attend 20 hours of Board approved

continuing education in the diagnosis and treatment of periodontal disease.

Case #1999-0029, 1999-0154, and 1999-0172 The Board issued a Notice of Proposed Disciplinary Action against a dentist alleging that the dentist placed crowns on eight teeth and placed upper and lower removable partial dentures without first providing any periodontal therapy, did not document in the patient records that the dentist left a residual root tip while extracting a tooth and did not disclose to the patient that the dentist left a residual root tip, placed restorations in eight teeth which were all subsequently found to be defective, placed a crown on a tooth without first removing subgingival calculus visible on a radiograph the dentist previously took, performed endodontic therapy on a tooth and then placed a crown on the tooth when the tooth was non restorable due to severe bone loss and placed crowns with deficient margins on three teeth. Further, that the dentist took periapical radiographs, examined the patient, and treatment planned for the placement of upper and lower removable partial dentures, and although the radiographs the dentist took showed severe bone loss the dentist did not do a periodontal probing and did not diagnose periodontal disease prior to initiating prosthetic treatment for the patient. Also, that the dentist took a periapical radiograph of a tooth and then initiated endodontic therapy without documenting in the patient records that the dentist did pulp testing or documenting that the dentist made a diagnosis to justify the initiation of endodontic therapy. The dentist took a periapical radiograph of a tooth that showed the enlargement of the periapical lesion at the apex of the tooth, a lesion that the dentist first noted earlier, did not document in the patient records that the dentist diagnosed the enlargement of the lesion and did not initiate endodontic therapy for this tooth or make an appointment for the initiation of endodontic therapy for this tooth. As a resolution of this matter, the dentist entered into a Consent Order with the Board in which the dentist agreed to be reprimanded, to have a license suspension stayed, to be placed on two years probation, to submit to the Board 20 patient records for review, and to make restitution payments of \$800 to each of two patients.

Case #1999-0106 The Board issued a Notice of Proposed Disciplinary Action against a dentist alleging that the dentist failed to ever utilize full mouth radiographs prior to doing comprehensive examinations, detailing treatment plans and providing comprehensive dental treatment for a

period of approximately 24 years. Further, that the dentist failed to diagnose caries on the mesial surface of tooth #18 that was visible on dental bitewing radiographs taken in 1995 and while subsequently treating the patient four more times in the next 27 months failed to take periodic bitewing radiographs when the 1995 bitewing radiographs showed the patient to have a high incidence of caries and tending to be caries prone. As a resolution of this matter, the dentist entered into a Consent Order with the Board in which the dentist agreed to be reprimanded and to make an \$8776 restitution payment to the patient.

Case #2000-0037 A dentist agreed to be reprimanded and to make a \$500 restitution payment to a patient based on allegations that the dentist provided unacceptable patient care and failed to document diagnoses, care and treatment for a patient.

Case #2000-0156 A dentist agreed to be reprimanded, to make a \$926 restitution payment to a patient, and to make a \$926 payment to an insurance company based on allegations that the dentist fabricated full upper and lower dentures that did not meet minimum acceptable standards of construction.

Case #2000-0030 The Board issued a Notice of Proposed Disciplinary Action against a dentist alleging that the dentist failed to document treatment complications in a patient's records, failed to document all the treatment that was provided to the patient in the patient's records, used an improper surgical methodological approach when the dentist performed bilateral sagittal split osteotomies of the mandible, and inappropriately performed bilateral subcondylar osteotomies in an attempt to allow for advancement of the mandible following unsuccessful bilateral sagittal split osteotomies of the mandible. As a resolution of this matter, the dentist entered into a Consent Order with the Board in which the dentist agreed to be reprimanded, to immediately cease performing any elective orthognathic surgical procedures, and to make a \$25,000 restitution payment to the patient.

Case #2000-0139 The Board issued a Notice of Proposed Disciplinary Action against a dentist alleging that the dentist placed crowns on two teeth without attempting to have the crowns fit an existing lower removable partial denture and failed to document in the records that the dentist scaled and root planed the patient's teeth. As a resolution of

this matter, the dentist entered into a Consent Order with the Board in which the dentist agreed to be reprimanded and to make a \$500 restitution payment to the patient.

Case #1998-0052 A dentist agreed to be reprimanded, to attend 14 hours of Board approved continuing education in crown and bridge, attend a hands on course in endodontics, and to make a \$1112 restitution payment to a patient based on allegations that the dentist failed to document diagnostic testing prior to initiating endodontic therapy, failed to document a diagnosis to justify replacing existing restorations, failed to document a periapical radiolucency visible on radiographs, failed to document short endodontic fills, and failed to document defective crown margins.

Violation of Board Order ORS 679.140(1)(d)

Case #1994-0021 A dentist agreed to be reprimanded, to pay a \$10,000 civil penalty, to a one year license suspension with 10 months stayed (except that during the two month suspension the dentist may provide *pro bono* treatment in a community clinic), to perform 30 days of Board pre-approved community service, and to be placed on indefinite suspension during which time the dentist will continue in a monitored treatment program based on an allegation that the dentist directed staff members to call in prescriptions using the DEA registration number of an associate dentist in violation of the terms of a Board Order.

Case #1999-0058 A dentist agreed to be reprimanded, to pay a \$3500 civil penalty, to be placed on indefinite probation, to continue in a monitored treatment program, and to appear before the Board four times per year based on allegations that the dentist consumed alcohol in violation of the terms of a Board Order and failed to respond to the Board's written request for information.

Case #1999-0064 A dentist agreed to be reprimanded, to pay a \$1000 civil penalty, to be placed on indefinite probation, to continue in a monitored treatment program, and to appear before the Board four times per year based on allegations that the dentist consumed alcohol in violation of the terms of a Board Order.

Unprofessional Conduct ORS 679.140 (2)

Case #2000-0140 As resolution of a case in which a dentist allegedly prescribed an anorexiant as treatment for teeth clenching and a TMJ disorder, a

dentist volunteered to resign the dental license and to not seek future licensure from the Board.

Case #2001-0006 A dentist agreed to be reprimanded, to be placed on two years probation, to not use controlled substances unless prescribed by a licensed practitioner, to submit to random urinalysis testing, and to appear before the Board four times per year based on allegations that the dentist abused illegal drugs and refused to comply with a Board Order for Drug Testing and provide a urine sample for urinalysis.

Case #2000-0064 A hygienist agreed to be reprimanded, to be placed on five years probation, to submit to random urinalysis testing, to perform 30 hours of community service, to appear before the Board periodically, and to participate in Narcotics Anonymous meetings based on allegations of using and selling methamphetamine and being convicted of the delivery of a controlled substance.

Case #2000-0099 The Board entered a Default Order revoking a dentist's license when the dentist failed to surrender custody of original patient records to the Board and did not respond to the Board's written requests for information.

Case #2000-0241 A dentist agreed to be reprimanded, to a one year license suspension (stayed), to pay a \$5000 civil penalty, to be placed on indefinite probation, to not use controlled substances unless prescribed by a licensed practitioner, to attend a monitored treatment program, to submit to random urinalysis testing, to use triplicate prescription forms, to surrender a Class 3 Anesthesia Permit in favor of a Class 2 Anesthesia Permit, and to appear before the Board four times per year based on allegations that the dentist abused controlled substances, prescribed and dispensed drugs unrelated to the dental needs of a patient, prescribed and dispensed controlled substances for persons who were not patients, administered nitrous oxide to a patient and left the patient unattended, did not maintain accurate patient records, did not maintain a current and constant inventory of controlled substances, and failed to cooperate with the Board.

Practicing Dental Hygiene Without a License ORS 680.020

Case #2000-0145 A hygienist agreed to be reprimanded, to pay a \$500 civil penalty, to be placed on three years probation, to perform 30

hours of community service, and to submit to the Board proof of continuing education requirements based on an allegation that the hygienist practiced dental hygiene with an expired license for two and one half months.

Practicing Dentistry Without a License ORS 679.020

Case #2000-0122 The Board issued a Notice of Proposed Disciplinary Action against a dentist alleging that the dentist practiced dentistry with an expired license for three and one half months. As a resolution of this matter, the dentist entered into a Consent Order with the Board in which the dentist agreed to be reprimanded and to pay a \$1500 civil penalty.

Failure to Complete Continuing Education Required for License Renewal OAR 818-021-0070(1)

Case #1998-0121 A dentist agreed to be reprimanded and to be placed on probation for three months subject to the condition that 40 hours of Board approved continuing education be completed, based on an allegation that the dentist did not complete the 40 hours of continuing education required for license renewal.

Case #2000-0111 A dentist agreed to be reprimanded and to pay a \$1000 civil penalty based on allegations that the dentist falsely certified that all continuing education requirements for licensure were met when submitting a license renewal application and provided nitrous oxide analgesia to patients without obtaining a nitrous oxide anesthesia permit.

Case #2000-0119 A dentist agreed to be reprimanded and to be placed on probation for three months subject to the condition that 40 hours of Board approved continuing education be completed during that period based on an allegation that the dentist falsely certified that all continuing education requirements for licensure were met when submitting a license renewal application.

Case #2000-0096 A dentist agreed to be reprimanded and to be placed on probation for three months subject to the condition that 40 hours of Board approved continuing education be completed during that period based on an allegation that the dentist falsely certified that that all continuing education requirements for licensure were met when submitting a license renewal application.

Nick Marineau, DMD

By Jerry McNerney, DMD

The Oregon Board of Dentistry Study Club, mentored by Dr. Niclaus Marineau ended last fall with his untimely passing. It may well have signaled the end of an era of continuing education as we have known and experienced in the past. The purpose of this hands-on study group was to assist the doctor in advancing his or her dental skills and Dr. Marineau was a master in the art of teaching general dentistry. He cared about each participant and worked very hard with each one in an effort to improve his or her skills. It was a team effort that involved Dr. Marineau, the doctor and his or her staff. Dr. Marineau was not only a good mentor but also a good role model, as he led by example. He possessed the scientific and technical skills necessary, a life long desire to learn, and a willingness to share his experiences and knowledge with others.

Communication with his students, patients, peers, and friends was never a problem for him as he was able to articulate a problem or situation that left those around him with a clear understanding. His approach, although "hard nosed" at times, was always positive. Instructors (mentors) such as Dr. Marineau are not easy to replace. A dentist who excelled at his chosen profession, with the leadership abilities to share his knowledge with others, Dr. Marineau was one of those that Dr. Ken Johnson wrote about in the last issue of the OBD News; one of those best technical dentists in the world who was communicating at the grass roots level and developing a positive rapport with those around him. During our association, Nick was always available to take or return a phone call, make positive suggestions and offer his support in any way that was needed. It was a pleasure to share dentistry with Dr. Niclaus Marineau.

