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Wow! I am truly honored to be serving as President of the Board of Dentistry for the term 2000-2001.



As the incoming President, I want to remind you of a few facts of life in our great "Land of Dentistry."

Number One: Dentistry is a fantastic profession in which to be involved. Like any profession, association or activity in our lives, good communication amongst individuals is paramount to those involved. Development of relationships is vitally important to the success of our dental practices.

We can be the best "technical" dentist in the world but if we are not communicating at the grass roots level and developing a positive rapport with our patients, all is for naught.

I am beginning my fourth year of serving on the Board of Dentistry. During that time, there have been dozens of complaints filed which could have been avoided if only better communication had existed between the treatment provider and the patient.

Bottom line --- Take the few extra minutes and be certain the patient understands what you are presenting for treatment, costs, etc.! Try some "active listening" techniques or whatever works for you. Communication is critical.

Number Two: I also want to remind you that every one of us (all license holders) are vulnerable to having a complaint filed against us. Do your best to avoid this! Follow the rules, laws and regulations. Communicate—not only with your patients but also with your employees. They are an extension of your right hand (or your left hand if you are left-handed) and represent you, hopefully, in a very positive, responsible and proper manner.

Let's make this a great year, one of cooperation and communication between all of us.

If I can be of any assistance or answer any questions, please feel free to call me at my unlisted phone number 541-754-9322 in Corvallis.

Yours in Dentistry,

Kenneth R. Johnson, DMD

WELCOME NEW BOARD MEMBERS

At its May 5 meeting, the Board welcomed two new members: George McCully, DMD, from Eugene; and Ronald Short, DMD, from Klamath Falls.



George A. McCully, DMD, graduated with high honors in 1973 from the U of O Dental School and was elected to Omicron Kappa Upsilon Dental Honor Fraternity. He participated in a General Practice Residency at the Gallup Indian Medical Center in Gallup, New

Mexico after receiving a U.S. Public Health Service, Indian Health Service General Practice Residency. Following the residency, Dr. McCully returned home to Eugene to establish his practice.

Dr. McCully has taught Pathology at Lane Community College in the Dental Hygiene Program and was an assistant instructor for Alber's Cosmetic and Adhesive Study Group. He has lectured nationally and internationally on Cosmetic and Adhesive Dentistry.

Dr. McCully and his wife, Diane, have been married for 25 years and they have a daughter, Sarah and a son, Sean. Many of his personal activities revolve around his children where he served as a soccer referee, as a scoutmaster, and a Kidsports coach in soccer, football, and baseball. He also was active in the South Eugene High School Football and Baseball Booster Clubs and served on the Board of the Eugene Challengers American Legion Baseball Club. Dr. McCully has been a member of the Rotary since 1979 and served as president from 1998-1999. He served on the Eugene YMCA Board of Directors from 1989-1994. And for fun, Dr. McCully enjoys snow skiing so much that he has been on the ski patrol since 1970. He also likes to fly, sail, hike, mountain climb, camp and travel.



Ronald C. Short, DMD, graduated from the U of O Dental School in 1963. He then served five years in the US Air Force as an intern in Wilford Hall USAF Hospital; as Chief of Dental Services at Paine Field AFB in

Everett, WA. ; in a combat hospital in Vietnam and as a General Dentist at Kingsley Field AFB in Klamath Falls. Upon leaving the Air Force, Dr. Short established his private practice in Klamath Falls where he also became active in the Klamath Dental Society. He organized and founded its Peer Review and served as President. At the same time he became a member of the ODA and served on various committees, as a trustee and an executive committee member. In 1977 Dr. Short was named Oregon Dentist of the Year. He has also received fellowships from the AGD, International College of Dentists and the American College of Dentists. Dr. Short joined with other Klamath area dentists to form Basin Dental Services, LLC and Jefferson Dental Services, Inc. to service Oregon Health Plan dental patients. They joined with other regional dental organizations to form Advantage Dental Plan, a dental insurance company.

Dr. Short and his wife, Kathleen, have been married 28 years and have a daughter, Regina Danforth and a son, John. Dr. Short is a pilot and has served as president of the Oregon Pilots Association, Klamath Chapter; and as regional director. Besides flying, he also enjoys photography, woodworking, hunting and fishing.

**LETTERS OF CONCERN:
INADEQUATE DOCUMENTATION A
COMMON THEME**

Jean Martin, DDS, MPH, Board Member

When the Board completes a case, a licensee may receive a letter from the Board expressing concern about issues that became apparent during the course of the Board's investigation but did not, in the Board's judgment, warrant discipline. Just what is a "Letter of Concern" anyway?

A Letter of Concern is not discipline but is sent by the Board when it wants to bring to the attention of a licensee practices that fall outside the standard of care. As Letters of Concern are not discipline, they are not reportable to the National Practitioner's Data Bank. However, they are kept in the licensee's file and may be used as reference by the Board if there are subsequent complaints.

Many Letters of Concern address deficiencies in chart documentation. Here are a few tips to insure that important information is included in the patient record to be in compliance with OAR 818-021-0070 (Patient Records):

- When pathology (including caries) is noted on the radiographs, it must be documented in the patient chart.
- When diagnosing a painful tooth, the diagnostic tests and findings must be documented in the chart, along with the diagnosis reached and the treatment recommended. For example, if pulp tests are performed, but not documented, the patient record is unable to support the appropriateness of the diagnosis if it is ever called into question. This is particularly important when a tooth is extracted or an endodontic procedure is started.
- The licensee who performs the treatment must be identified in the patient record. It is not unusual for unsigned entries to permit confusion when more than one dentist or hygienist practices in an office.

- To comply with OAR 818-001-0002(8) Informed Consent, be sure to discuss with the patient or guardian and *document in the chart* "PARQ" (the risks of the proposed treatment as well as any other treatments that may be available). If a complication does occur, your chart notes are a valuable resource to remind the patient of the informed choice they made when selecting a course of treatment.

Can too much documentation be a problem?
No licensee has ever been disciplined for having too much documentation!

"PARQ" IT

Obtaining consent from a patient, or a patient's guardian, prior to performing routine dental treatment is reasonable and sensible and is also a Board requirement. When you obtain this consent you are also required by the Board to document in the patient's record that you have obtained the consent based on your informing the patient, or the patient's guardian, what **P**rocedure you are proposing to do, what any **A**lternative treatments may be, what **R**isks are involved in having the treatment done, and your answering any **Q**uestions that may be asked. The Board's rules require that you then document in the patient's records "**PARQ**" which signifies that you have obtained this "informed consent."

***** VISIT OUR WEBSITE *****

**The Board of Dentistry's Website is now
online.**

www.oregondentistry.org

FROM THE EXECUTIVE DIRECTOR

Jo Ann Bones

Continuing Education – Does That Course Meet The Board Requirement?

During the Board's first audit of Continuing Education (C.E.) in March of this year we noted several problems in recording and reporting the courses taken. There were also quite a number of courses reported taken that did not appear to meet the Board's requirements for subject matter. A review of this issue might be helpful.

As a condition of licensure, every licensed dentist is required to take 40 hours of C.E. during each 2-year licensure cycle. Every licensed dental hygienist must take 24 hours of C.E. during each 2-year licensure cycle. At least three hours must be in medical emergencies and the remaining hours must be in **three or more** of the subject areas listed in the Board's rules. This is an important point! Make sure that at least the reportable (40 or 24) hours of C.E. that you take are in subject areas approved by the Board. While a licensee may take any number of courses, only those in the subject areas listed by the Board qualify for the C.E. requirement. The rules pertaining to C.E. are found in (OAR 818-021-0060 and 818-021-0070) or you can call the Board office. There are 34 approved subject areas including acupuncture, dentistry for the handicapped, hypnosis, pharmacology, preventive dentistry, risk management, and many aspects of clinical dentistry. The approved list **does not** include attending lectures on Retirement Planning, Missionary Experiences in Africa or Yoga for Stress Management. There are many providers of professional C.E. who offer a wide range of courses. These providers work in many states but C.E. requirements vary from state to state. It is the responsibility of each licensee to make sure that the courses taken satisfy the C.E. requirements of the state in which they are licensed. Failure to adhere to the Board's requirements on C.E. may initiate disciplinary action.

The Board's rules state that continuing education includes attendance at lectures, study clubs, college post-graduate courses, and scientific sessions at conventions. Research, graduate study, and teaching is also included except that not more than 12 hours for dentists and 6 hours for dental hygienists may be counted for teaching. The Board also allows C.E. to be in the form of correspondence courses, videotapes, or similar self-study, provided that the course includes an examination and the licensee passes the examination. When reporting these types of C.E. credits to the Board, please be sure to identify how the study club attendance, teaching, or self-study course meets the subject area requirements set out in the Board's rules. For instance, if you read an article in the Journal of the American Dental Association, and took and passed the examination, do not just list on your log sheet "JADA." List the name of the article and the date of the magazine. In the same vein, if you attended a study club session that you want counted as C.E., list the subject matter covered and the instructor/guest speaker. Don't just list "South Umqua Gold Foil and Sometimes Fishing Study Club!" Again, if in doubt – call the Board office. It will save you time and energy in responding to the Board's questions if there are concerns about your reported C.E.

One last note – if you hold an Anesthesia Permit or are a Dental Hygienist with a Limited Access Permit, there are special C.E. requirements for you to pay attention to. Read the rules for the specific permit that you hold.

Scheduled Board Meetings

August 18, 2000
October 20, 2000
December 15, 2000
February 9, 2001
April 6, 2001
June 1, 2001
July 27, 2001
September 21, 2001
November 16, 2001

BOARD ADOPTS POLICY REGARDING CONTINUING EDUCATION

At its January 21, 2000 meeting, the Board adopted the following matrix, which was developed by the Enforcement and Discipline Committee, for dealing with licensees who do not complete the two-year continuing education requirement.

<i>Dentists – 40 Hours Required</i>	
30 (75%) or more hours	60 day grace period
10 – 29 hours	Ask for letter of explanation, review extenuating circumstances, audit an additional two year cycle. Discipline only after review of circumstances by the Board Evaluators.
Less than 10 hours (25%)	Audit previous renewal cycles, institute discipline (reprimand, fine, etc.)

<i>Dental Hygienists – 24 Hours Required</i>	
18 (75%) or more hours	60 day grace period
6 – 17 hours	Ask for letter of explanation, review extenuating circumstances, audit an additional two year cycle. Discipline only after review of circumstances by the Board Evaluators.
Less than 6 hours (25%)	Audit previous renewal cycles, institute discipline (reprimand, fine, etc.)

BOARD MEMBERS

Kenneth Johnson, DMD, President	Corvallis
Linda Latshaw, RDH, Vice President	Lake Oswego
Kris Hudson, Public Member	Portland
Eugene Kelley, DMD	Portland
Jean Martin, DDS, MPH	Wilsonville
George McCully, DMD	Eugene
Ronald Short, DMD	Klamath Falls
H. Clayton Stearns, DMD	Salem
Ellen Young, RDH	Astoria

BOARD OF DENTISTRY STAFF

Jo Ann Bones	Executive Director
Teresa Haynes	Licensing & Exams
Sharon Ingram	Office Manager
Paul Kleinstub, DDS	Dental Director and Chief Investigator
Jeannette Nelson	Secretary
Daryll Ross	Investigator
Harvey Wayson	Investigator

The Board office is open weekdays from 7:30 a.m. to 4:30 p.m.
 1515 SW 5th Avenue, Suite 602
 Portland, Oregon 97201-5451
 Phone: 503-229-5520 Fax: 503-229-6606
 E-Mail: information@oregondentistry.org
 Website: www.oregondentistry.org

DISCIPLINARY ACTIONS TAKEN BY THE BOARD BETWEEN OCTOBER 30, 1999 AND JUNE 30, 2000

Unacceptable Patient Care ORS 679.140 (1) (e) and OAR 818-012-0010

Case #1999-0134 A dentist agreed to complete 40 hours of continuing education in crown and bridge based on allegations that the dentist failed to diagnose and treat caries and failed to diagnose a defective margin on a crown.

Case #1999-0016 and #1999-0159 A dentist agreed to be reprimanded and to complete 40 hours of Board approved continuing education in diagnosis, treatment planning, radiographic interpretation, endodontics, periodontics and risk management based on allegations that the dentist prepared teeth for crowns without current periapical radiographs, failed to diagnose caries visible on radiographs, failed to diagnose periapical pathology visible on radiographs and failed to take full mouth radiographs prior to planning comprehensive care.

Case #1999-0163 A dentist agreed to participate in 60 hours of Board approved continuing education in fixed prosthodontics and occlusion and to make a restitution payment of \$4,000 to the patient based on allegations that the dentist prepared two teeth for a bridge and placed individual temporary crowns instead of utilizing a temporary bridge, removed excess tooth structure from teeth opposing the bridge to allow the bridge to occlude with the bridge, removed the bridge from occlusion without seeking the consultation of a specialist, and permanently cemented a bridge when the opposing teeth did not occlude with the bridge.

Case #1999-0033 A dentist agreed to be reprimanded and to complete 40 hours of continuing education in diagnosis, treatment planning, and restorative dentistry, based on allegations that the dentist failed to remove caries before placing a post, build-up and crown and failed to diagnose and remove caries when recementing a crown.

Case #1999-0220 A dentist agreed to be reprimanded and to make a restitution payment of \$1,000 to a patient, based on an allegation that the dentist failed to obtain consent or

authorization prior to the removal of tooth structure from the patient's upper anterior teeth.

Case #1999-0241 A dentist agreed to be reprimanded and placed on probation subject to the conditions that the dentist attend at least 16 hours of Board approved courses in diagnosis and treatment planning and submit 20 patient records to the Board for review in which the dentist diagnosed dental pathology and then planned for and also provided treatment.

Case #2000-0116 A dentist agreed to be reprimanded and to pay an \$800 civil penalty based on allegations that the dentist allowed employees who were not certified by the Board as EFDA to polish the coronal surfaces of teeth and made incomplete an/or inaccurate statements to the Board during its investigation.

Case #2000-0009 A dentist agreed to make a restitution payment of \$545 to a patient based on an allegation that the dentist seated a crown with a short margin.

Case #2000-0007 A dentist agreed to be reprimanded based on allegations that the dentist failed to document a patient complaint, "PARQ", diagnostic testing, or a diagnosis prior to initiating endodontic therapy in two teeth and failed to document "PARQ" and a diagnosis prior to preparing a tooth for a crown.

Case #2000-0103 A dentist's license was indefinitely suspended because the licensee placed numerous restorations without first removing existing caries, placed numerous crowns with open margins, placed numerous restorations with overhangs, and failed to document treatment in a patient's records.

Case #1999-0237 A dentist's license was indefinitely suspended because the licensee extracted a tooth in a medically compromised patient without first consulting with the patient's physician, failed to treat periodontal disease in a patient, extruded dental amalgam into a furcation while treating a pulp chamber perforation and did not document the treatment complication in the patient's record, failed to diagnose recurrent caries around a crown, seated two bridges with defective margins, and seated two composite onlays with an open contact.

Unprofessional Conduct ORS 679.140 (2) and OAR 818-012-0030

Case #1999-0158 A dentist agreed to be reprimanded based on an allegation that the dentist failed to provide 11 patients with legible copies of their dental records within 14 days of receiving written requests for the records.

Case #1997-0091 A licensee agreed to the indefinite suspension of the licensee's licenses to practice dentistry and dental hygiene until the licensee could demonstrate one year of continuous sobriety and then takes and passes the WREB board for dentistry based on allegations that the licensee violated the terms of a previous Consent Order requiring licensee to not use alcohol or controlled substances.

Case #1999-0197 A dentist agreed to immediate license suspension based on allegations of misuse of alcohol.

Falsifying an Application for Licensure ORS 680.050(4)

Case #2000-0074 A hygienist's application for a license to practice dental hygiene in Oregon was denied based on findings that the hygienist made untrue statements of a material nature on an application for licensure.

Case #2000-0116 A dentist agreed to be placed on probation for two years and to comply with the stipulations agreed to in another state based on an allegation that the dentist allowed an unlicensed employee to place a restoration in a patient.

Failure to File Tax Returns or Pay Taxes ORS 305.385

Case #1999-0228 A hygienist's license to practice dental hygiene was suspended for failing to file income tax returns and pay income tax.

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

Case #2000-0104 A hygienist agreed to be reprimanded and to be placed on probation for three months subject to the condition that 24 hours of Board approved continuing education is completed, based on an allegation that the hygienist did not complete the 24 hours of continuing education required for license renewal.

Case #2000-0066 A dentist agreed to be placed on probation during which time the dentist would be required to complete the 40 hours of continuing education required for licensure, based on an allegation that the dentist did not complete the 40 hours of continuing education required for license renewal.

Each dentist and dental hygienist is responsible for being aware of and complying with the relevant laws and regulations that pertain to her or his profession.

While the Board's primary mission is to protect the public, it also strives to assist licensees in conducting a legal and trouble-free practice. If you have any questions about Board regulations, you are encouraged to contact the Board.

RULE CHANGES EFFECTIVE JULY 1, 2000

All licensees were notified by mail in late February 2000 of rule changes proposed by the Board. A public hearing was conducted on March 30, 2000. At its meeting on May 5, 2000 the full Board considered all comments received and voted to make changes to rules as described below. These rule changes have been filed with the Oregon Secretary of State and are effective July 1, 2000.

- **Confidentiality and Inadmissibility of Mediation Communications**

New Rule Adopted: 818-001-0025

This rule is required by ORS 36.224(4). The rule provides for confidentiality of mediation proceedings that are conducted in conjunction with contested cases, civil litigation, tort claims or matters involving collective bargaining agreements.

- **Dental Assisting Rules – Regarding ADA Accredited Programs**

Rules Amended: 818-042-0080 and 818-042-0110

This rule makes permanent a temporary rule that was effective January 1, 2000 to correct a typographical error in the original filing.

The rule amendments clarify that graduates of dental assisting programs accredited by the American Dental Association are not required to provide documentation signed by a licensed dentist that certain procedures have been successfully completed in order to apply for certification as either an Expanded Function Dental Assistant or an Expanded Function Orthodontic Assistant.

- **Fee Schedule**

Rule Amended: 818-001-0087

The rule was amended to add a category for Dental Faculty License (1999 Law, Chapter 578, Section 8) and remove reinstatement fees previously set in statute. The Board also removed the fee for "inactive" license. New delinquent fees and reinstatement fees are adopted in rules 818-021-0085 and 818-021-0086 (see "Expiration and Reinstatement of Licenses").

- **Administration of Local Anesthesia by a Dentist for People who are to Receive Permanent Lip Color**

New Rule Adopted: 818-012-0075

This rule implements 1999 Law, Chapter 578, Section 10, (ORS 679.500) which requires that the Board adopt rules to allow dentists to administer local anesthesia for persons who are to receive permanent lip color from a licensed permanent color technician/tattoo artist.

- **Expiration and Reinstatement of Licenses**

New Rules Adopted: 818-021-0085, 818-021-0086 and 818-021-0095

Rules Amended: 818-021-0080 and 818-021-0090

1999 Legislative action, Chapter 578, repealed ORS 679.130 and 680.080 which required that the Board formally revoke licenses for non-payment of renewal fees. These statutes also contained provision for reinstatement of revoked licenses under certain conditions. The new and revised rules establish new procedures for reinstating licenses that have expired. **(Note: Licenses expire on their expiration date and are no longer valid until a renewal application has been completed and fees are paid!)** The amendments also include changes necessary to bring the rules in compliance with statute or as determined necessary by the Board for effective operations.

818-021-0090 was amended to delete the provision that a licensee could practice for a charitable organization after the licensee had retired his or her license. This amendment is based on advice from the Board's counsel that there is no statutory authority for this practice.

818-021-0080 was amended to add language clarifying that a license must be renewed prior to the expiration date and that it is illegal to practice dentistry or dental hygiene without a current license.

New Rule 818-021-0085 establishes procedures for reinstatement of a license (dental or dental hygiene) that has expired including payment of delinquent (penalty) and reinstatement fees.

<i>License Expired:</i>	<i>Delinquent Fee</i>	<i>Reinstatement Fee</i>	<i>Other</i>
11 to 30 days	\$ 50.00	\$ 0	
31 days – 60 days	\$100.00	\$ 0	
61 days – one year	\$150.00	\$500.00	Back renewal fees Proof of C.E.
More than one year but less than four years	\$250.00	\$500.00	Back renewal fees Proof of C.E. Pass Jurisprudence Exam Competency exam at Board discretion
More than four years	N/A	N/A	Reapply for Licensure

New rule 818-021-0086 provides a "grandfather clause" for licenses revoked for non-payment after March 31, 1996.

818-021-0090 was amended to clarify the conditions under which a licensee may retire his or her license and later reinstate the license. Subsection 4, regarding resignation of a license was deleted from 818-021-0090 and was placed in new rule 818-021-0095.

The full text of the rule changes is available from the Board office. It is our intent to prepare and send to all licensees of the Board copies of the Dental Practice Act (including 1999 Legislative Session changes) and all rules in effect as of July 1, 2000 in the next two months.

Temporary Rule Regarding Surgery Assistants

When the Board adopted its new anesthesia rules in 1998, a provision allowing a properly trained surgery assistant to introduce additional anesthetic to an infusion line under the direct observation of the dentist was inadvertently left out. At the request of the Oregon Society of Oral and Maxillofacial Surgeons, the Board adopted a temporary rule, effective May 22, 2000, to allow this practice. This rule applies to holders of *Class 3* or *Class 4* Anesthesia Permits.

OAR 818-026-0060 (10) and OAR 818-026-0070 (11)

"After adequate training, an assistant, when directed by a dentist, may introduce additional anesthetic agents to an infusion line under the direct visual supervision of a dentist."

CHECK THOSE LICENSES AND PERMITS!

Have you checked all the licenses and certificates of your employees lately? Do you ask for a copy of required licenses, permits and certificates when you hire a new employee? Have you ever called the Board to verify an applicant's license? This might not sound like a very "friendly" way to start a new employer/employee relationship but every employer of dental professionals needs to be careful that the staff who are treating and caring for patients are appropriately authorized to do so as required by State law.

Dentists have been disciplined by the Board for allowing someone to practice dental hygiene or perform EFDA functions when they believed their employee had the appropriate credentials and in fact, did not. Just because a person says they graduated from a program, or that they have the training, or are appropriately credentialed doesn't necessarily mean it's so. The only way to be sure is to personally check!

When interviewing new employees (dentist, dental hygienist, dental assistant) do you visually check the applicant's license or, in the case of a dental assistant, certificate, to make sure that that person is authorized to perform all of the functions that you want him or her to be able to do in your office?

All licenses printed by the Board have an expiration date printed on them. Check to make sure that the license is current. If in doubt, check with the Board.

A dental assistant performing expanded functions (placing sealants, taking x-rays, removing temporary crowns, polishing coronal surfaces, polishing amalgams, etc.) must have a certificate issued by the Board. *Verify* the certification before you authorize that person to perform expanded duties.

Protect yourself and your patients – make sure all licenses, permits and certificates that are required are current and that **you have actually seen them**.



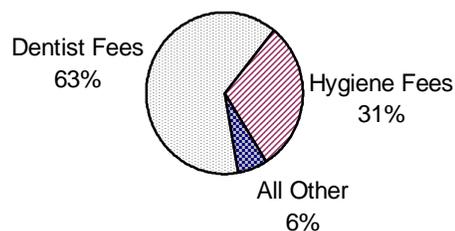
PRESCRIPTION FORMS

It may be a time saver, but it is a violation of OAR 818-012-0030(10) to have any of the following information preprinted on a prescription form:

- a dentist's DEA number,
- the name of a controlled substance, or
- a facsimile of a signature.

It is also a violation of Board rules to use a rubber stamp or similar device to reproduce a signature on a prescription form or to sign a blank prescription form. (OAR 818-012-0030(11))

Board Revenue by Source
Projected Biennial Total: \$1,517,047



AN ACTUAL CASE (NAMES AND DATES CHANGED TO PROTECT CONFIDENTIALITY)

Complainant reported that she went to Dr. Smith's office on April 21, 1996 for a routine root canal. She reported that the doctor was unable find one of the canals and suggested she contact an endodontist. She said the licensee told the dental hygienist to take a radiograph of the tooth with the files in it. Complainant said the hygienist was rough causing her to gasp. She said she felt something go down her throat and was later told by the dentist there was a missing file. The Complainant alleged that the licensee failed to use a rubber dam or tie off the file. She said that the doctor told her to look through her clothing and hair for the file and if she didn't find it there then she would need to "*dig through [her] feces for two days*" and if she failed to find the file, then she should call him. The Complainant said the dentist made rude and degrading remarks and he and his staff were laughing about the situation. Complainant went to the [hospital] emergency room where the file was located by x-ray. At her fourth consecutive daily visit to the hospital, the file was passed with the assistance of an enema. Complainant said that following her request that the licensee pay her medical bills in this matter, she received dead flowers and card with a hand-written message that read "Good luck in your search- Hope this helps to brighten your day." The card was signed "John Smith & Staff."

Investigative Findings

Records provided to the Board by Dr. Smith showed: On **March 27, 1996**, a note was entered: "18 1 PA sensitive hot & cold, ache, limited exam." On **April 21, 1996**, a note was entered: "18 lingual version could not negotiate a 6 file. Attempted to get film with 8, patient swallowed file, requested pt to check fecal matter next 2 days, if not found, refer to radiologist for x-ray, if found follow, if not moving refer to gastrologist, refer tooth to Jones. Palliative care #18. I spoke w/ Dr. John Jones (endodontist) who informed me that I should follow the above protocol & that - 90% of them pass /c out a problem."

In a written response to the Board, Dr. Smith reported substantially as follows: On April 21, 1996 I attempted to perform a root canal on tooth #18. I was having difficulty negotiating the entire length of the MB canal with a 6 k-file. According to my apex locator, I was about 3mm short. I ordered a PA in an effort to validate the reading I had. I was in my private office waiting for the film to be exposed and processed when my assistant came in and informed me that she could not find the file. She said that she thought Ms. White may have swallowed the file. I immediately went in to the operatory and inquired of Ms. White to the whereabouts of the file. She told me that she 'flicked something with her tongue and then swallowed something.' I looked on the patient napkin, floor and in her hair in off chance that it might be found. It told her that if she swallowed the file it would likely pass and asked her to excuse me for a few moments. I then went to my office, called Dr. John Jones (an endodontist), and explained the situation to him. He told me that about 90% of these files simply pass with no complications. He then informed me that the appropriate protocol would be as follows: Give the file 2-4 days to pass naturally. If it had not passed in 2 days, get a chest x-ray to locate it and then follow it for the next 2 days. If it does not move on radiographic exam, refer her to a gastroenterologist. With this information, I went back into the operatory to discuss the information with Lucy. I showed her a #6 file and shared with her what Dr. Jones had said. I gave her a box of gloves and explained that she needed to sort through her stool and try to find the file. I told her that I could appreciate how disgusting the job was but hoped she realized how important it was. On April 23 the patient's physician called and said he was very concerned. He said he was going to try to go through the esophagus, however, they decided the risk of aspirating the file was too great, and that they would let it try to pass. He said that in today's film, the file was in the transverse colon, and it looked like it is incased in fecal matter. I asked when he was going to take the second film and he said it was the second film and that the first film was taken on April 22nd. On April 24, the physician's office called to tell us that the file had passed with no complications.

Outcome

On May 31, 1998, the licensee entered into a Consent Order with the Board in which the licensee agreed to pay a \$500 civil penalty, to make a restitution payment to the patient and her insurance carrier in the total amount of \$978, and agreed to use a rubber dam, throat pack or ligature when performing any type of endodontic therapy in the future.

OREGON BOARD OF DENTISTRY
1515 SW 5TH AVENUE, SUITE 602
PORTLAND, OR 97201-5451

Licenses are required to report any change of address within 30 days.

CHANGE OF ADDRESS FORM

Licensee Name _____
Print name Phone

License Number _____

NEW MAILING ADDRESS

Mail or Fax to: Oregon Board of Dentistry
1515 SW 5th; Suite 602
Portland, OR 97201-5451
Phone: 503-229-5520
Fax: 503-229-6606