



OREGON BOARD *of* DENTISTRY

NEWS

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PRESIDENT'S MESSAGE



by David L. Smyth, B.S., M.S.
President 2007-2008

After serving for three years as the public member of this Board, I have some observations to make. In general, it has been an interesting three years and the professionalism and efficiency of the Board and staff is impressive. I can say that I have largely enjoyed the experience of becoming acquainted with and working with the other members of the Board.

After experiencing the kinds of situations considered by the majority of the OBD committees, I have come to the conclusion that only members of the dental profession are qualified to evaluate and make recommendations on them. Certainly it is good for the professionals to hear and consider how a lay person looks at situations, but the final decisions usually require a significant degree of understanding of the art and science of the practice of dentistry.

This comes to mind because of some recent mention by State Legislators that professional Boards like the OBD should perhaps be enlarged, especially in the area of public representation. My opinion is that if the public membership were increased to two or three, this might serve the public interest, but public membership should never approach being a majority of Board membership.

Now is the time for all members of the dental profession in the state of Oregon to pay attention to any significant potential changes to the OBD's make-up and any other proposed changes that don't further the goals of true public protection. ■

DENTAL RENEWAL NOTICES

Dental license renewal applications will be mailed out the week of January 14, 2008 to those dentists whose licenses expire on March 31, 2008. If you have not received your license renewal by January 31, 2008, please contact the Board office at (971) 673-3200 or e-mail the Board's Licensing Manager at Teresa.Haynes@state.or.us so that a new renewal application can be sent.

Completed renewal applications **must be received** by March 21, 2008, to guarantee that your license is renewed by April 1, 2008. If the Board receives your completed renewal after March 21, 2008, the Board **cannot guarantee** your license will be renewed by April 1, and you **cannot practice** with an expired license. Practicing with an expired license can result in the Board taking disciplinary action. Before you begin to practice on April 1, 2008, check either the Board's Web site at www.oregon.gov/dentistry or contact the Board office to make sure your license is renewed. ■

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Our Mission: The mission of the Oregon Board of Dentistry is to protect the public by assuring that the citizens of Oregon receive the highest possible quality oral health care.

So WHERE ARE WE TODAY

Patrick D. Braatz, Executive Director



As the Oregon Board of Dentistry (OBD) completes 120 years of existence it might be a good time to reflect on just where we are today or what has happened over the last few years.

Today approximately 3,643 dentists and 3,440 dental hygienists hold

Oregon licenses. Not all are actually practicing in Oregon, but the numbers do continue to grow.

In fiscal year 2003 the OBD opened 250 cases; in fiscal year 2007 we opened 327 cases, a record number. In fiscal year 2003 the OBD took an average 221 days to complete an investigation and prepare it for the Board to review. In fiscal year 2007 that number was on average 49 days for those cases that were opened within that year. Quite a remarkable achievement and I am not sure that we can process and investigate complaints much faster than that and not have the quality of our end product suffer. During that same time in 2003 the Board issued disciplinary orders to about 14% of the cases that it completed; in 2007 it was about 12%.

Today the OBD has a voluntary Confidential Diversion Program that has 15 participants and the numbers will continue to grow. This program allows dentists and dental hygienists who have had problems with alcohol and substance abuse to be able to practice but at the same time their recovery is being highly monitored giving an assurance to the public that they are safe to practice.

Today the OBD has a volunteer license program that has nine dentists and one dental hygienist participating and we are always looking for more to join.

Our 2007 Annual Performance Progress Report shows that we have a 100% compliance rate with the continuing education requirement based on an

audit of 15% of the licensees. We are able to open and complete the investigation of complaints on average in about 2 months. We process licensing paperwork both new and renewal in about 3.5 days and based on our stakeholders surveys, 86% of those completing the survey tell us that they have an overall positive satisfaction with the OBD.

So what is in the future? Most recently the OBD, as well as all other health regulatory boards, have come under increased review and scrutiny by the Governor's Office and the Oregon Legislature; this is a result of an audit of the Oregon Board of Nursing. This audit showed some serious issues with how the Oregon Board of Nursing was being run and how it carried out its mission.

The result has been a call by some legislators that health care regulatory boards need an overhaul. Those boards should have the number of public members increased to at least 50% of the membership of the board. This change would have a serious impact on how the OBD is able to process, investigate and resolve the complaints as public members do not have the dental expertise that the professional members of the OBD have.

I think that having public members on a health care regulatory board are important; they play a very serious role in the integrity of the OBD. Increasing the number of public members on the OBD would not be a bad idea, but making the public membership equal to or reducing the number of professional members would be a serious blow as to how efficient and effective the OBD has become.

We have come a long way in the last 120 years, and more specifically in the last four years, and there is much more to do.

Please feel free to contact me with your questions, concerns or comments at (971) 673-3200 or by e-mail Patrick.Braatz@state.or.us or by stopping by the OBD office in downtown Portland. ■

PROFESSIONAL BOUNDARIES & UNPROFESSIONAL CONDUCT: ETHICAL & LEGAL ISSUES

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Introduction and Background

Health care professionals enjoy a very high degree of public trust and are held in high esteem by those who seek their services. A recent (2003-04) Gallup Poll found that nurses, pharmacists, physicians, and dentists were among those perceived as the most honest and ethical of a long list of professions. In fact, these professionals were deemed more trustworthy than clergy or judges.¹ Such a high degree of trust brings with it a substantial power differential and an increased level of vulnerability for those who place their confidence and lives in the hands of these health care providers. This creates a dynamic in which the unethical provider may take advantage of that power and high esteem for unscrupulous motives. This is more than a hypothetical risk and the Oregon Board of Dentistry receives periodic patient complaints related to dentists who have crossed an ethical and, in some cases, a legal line, and brought unprofessional issues

into the doctor-patient relationship. This article will address the types of issues and behaviors that have no place in a healing relationship and discuss the ethical and legal perils associated with those issues and behaviors.

Crossing Lines

Patients come to dentists for oral health promotion and maintenance. They expect that these licensed professionals will have the requisite expertise, professional judgment, technical skills, and current knowledge to address their oral health issues or to refer them to those with specialized skills. They do not expect, nor should they encounter, personal expositions related to non-dental matters, invitations for personal relationships, or other behaviors that cross professional boundaries. Examples of such unethical and prohibited conduct include, but are not limited to:

- Comments of a sexual or intimate nature, including invitations to engage in a romantic relationship or intimations of such;
- Physical touching or gestures of a sexual nature;
- Political discussions or commentary related to endorsements of a particular party, candidate, measure, or other political matter;
- Religious discussions; or
- Derogatory or disrespectful comments related to race, color, religion, national origin, sexual orientation, age, disability, gender, or any other attribute that could be interpreted as invidious intolerance.

Both the ADA Principles of Ethics and Code of Professional Conduct (ADA Code) and Oregon's Dental Practice Act Administrative Rules address the perils of inappropriate interpersonal relationships

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BOARD MEMBERS	
David Smyth, BS, MS President <i>Public Member</i> Term expires 2008	Melissa Grant, DMD <i>Vancouver/Salem</i> Term expires 2009
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QUESTIONS? Call the Board office at 971-673-3200 or e-mail your questions to us at information@oregondentistry.org.

PROFESSIONAL BOUNDARIES

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with patients.^{2,3} The Code correctly points out that such interpersonal relationships risk impairing “...professional judgment or risk the possibility of exploiting the confidence placed in [the dentist] by a patient.” The Administrative Rules are more specific and direct in addressing verbal or physical behaviors with sexual connotations as unprofessional conduct for which a licensee may be disciplined.

The American Medical Association (AMA) is even more specific and detailed in addressing the types of behaviors that are considered unethical and prohibited by physicians.⁴ The AMA Code of Ethics establishes standards that apply to physicians. While these ethical standards do not apply to non-physician health care professionals, such as dentists, these other professionals are well-advised to not fall below these standards, lest they be perceived as being lesser professionals who need only adhere to a second tier code of ethics. The AMA Code contains four subsections that speak to the doctor-patient relationship and inappropriate conduct. They are:

- **Sexual Misconduct in the Practice of Medicine.** Sexual or romantic relationships between doctors and patients are prohibited. Advice on terminating the professional relationship prior to pursuing a romantic relationship with a patient is provided.
- **Disrespect and Derogatory Conduct in the Patient-Physician Relationship.** Mutual respect in the doctor-patient relationship is critical. This is compromised by derogatory comments about a group or attribute and the integrity of the relationship is damaged.
- **Physicians’ Political Communications with Patients and Families.** Doctors are encouraged to be politically involved and aware. They are not to bring conversations about political matters or events into the doctor-patient relationship.
- **Patient-Physician Relationship: Respect for Law and Human Rights.** Doctors are not permitted to engage in prohibited discrimination.

All of these examples of unprofessional and unethical behavior seem obvious. Patients come to health care professionals seeking specific types of health care. In this dynamic, the patient is automatically dependent on the provider and this depen-

dency brings with it vulnerability. The patient expects to reveal personal and private details about him or her self and understands that such information will be used appropriately in providing care and will be held in strict confidence.

Patients do not come to dentists or physicians expecting to be asked out on a date or seeking information and advice unrelated to their health condition. Moreover, the doctor who presumes that a particular patient’s political, religious, or social views are in agreement with the doctor’s is likely to be wrong. The result will be alienating the patient, damaging the doctor-patient relationship, and, perhaps, creating feelings of resentment or hostility. Even if the patient is not a member of the group about which the doctor has made a derogatory or critical comment, it is quite likely that the patient knows and cares about someone who is a member of that group. The derogatory or critical comment serves to challenge the doctor-patient relationship and drives an unnecessary wedge into the trust and respect that have been established. Similarly, the doctor who makes a romantic overture to a patient immediately introduces a non-therapeutic factor into the relationship. The patient must readjust his/her interpretation of the relationship and determine how much information to provide the doctor and what to withhold.

Legal Considerations

Sexual contact between doctors and patients exposes the doctor to several levels of legal risk.⁵ First, and most serious, the doctor may be at risk of criminal conviction. While criminal prosecutions for sexual contact with patients have not been universally applied, they have been upheld in some states and could be used to argue for similar sanctions in future cases.

A second legal risk is the possibility of a malpractice claim by the patient. This is an intriguing application of malpractice theory that is based upon the deliberate exploitation of the doctor-patient relationship. It seems a stretch to apply malpractice law to sexual misconduct; however, this has been successfully done in an Oregon case involving a physician. That case was settled out of court for \$465,000.

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Dentists should be aware that malpractice insurance is not likely to pay such a settlement, since it represents a fine for illegal conduct. Thus, the provider would be personally responsible for the settlement amount, court costs, and all legal fees.

A third legal risk is that a sexual advance by a dentist toward a patient is behavior that will be investigated by the Oregon Board of Dentistry and, if substantiated, discipline will be applied.

While it is not the subject of this article, dentists should be aware that sexual advances toward office staff may trigger an entirely separate set of legal prohibitions and potential fines that are described in federal law.⁶ This set of laws is specific to the employment situation, but is informative in defining sexually inappropriate or “harassing” behaviors in other contexts, such as the doctor-patient relationship. One component of this definition is that the sexual advance or behavior is unwelcome by the recipient. This is a critically important point. In many cases, the person making the comment, joke, or innuendo did not intend it to be disrespectful. Oftentimes, the commenter thinks of the comment as flattering or intends it as a sincere invitation to engage in an intimate relationship with the recipient. However, it does not matter that a dentist who comments on a patient’s physical attributes meant it as a complement. It does matter that the patient interpreted it as sexual harassment, inappropriate, and unprofessional.

In addition, it does not matter that a dentist making a comment thinks that it is “safe” to do so because he/she thinks the patient is Christian or Jewish, Democrat or Republican, gay or straight, in favor of a measure or against a candidate, or of any other attribute that is irrelevant to the doctor-patient relationship. If a dentist’s comment relates to such an attribute and is intended to signal values agreement between the dentist and patient, but the patient takes offense and the comment is unwelcome, then the dentist has engaged in unprofessional and unethical behavior and done the patient a disservice. If the dentist’s comment about such an attribute is disparaging or disrespectful, then the behavior is unprofessional and unethical regardless of how the patient perceives it and is a disservice to the profession. The preamble of the ADA Code calls upon dentists to

demonstrate “compassion, kindness, integrity, fairness, and charity.” Expressing disrespectful comments about a group or trait and opining on matters and issues that have nothing to do with oral health do not meet that expectation.

Legitimate Discussions about Sensitive Issues

Nothing in the above discussion should be interpreted to imply that dentists must not discuss sexual matters with patients. To the contrary, a comprehensive medical history review is imperative in providing care for patients and sexual issues are normally a part of that review. Use of oral contraceptives or erectile dysfunction medications, history of venereal diseases, bleeding problems associated with menses, pregnancy, and similar issues are examples of sexual issues that are routinely discussed in the dental care situation. In addition, counseling patients about the transmissibility of oral lesions associated with herpes viruses, gonorrhea, syphilis, human papilloma virus, and others is certainly within the purview of dentists.

However, the line between these expected and appropriate discussions and inappropriate dialogue about intimate issues unrelated to oral health is very bright. Similarly, the line between palpating supraclavicular lymph nodes and fondling a breast is quite clear. Even if a patient does not immediately understand the reason for questions of a sexual nature or the complete head and neck examination, a thorough and sensitive explanation for why these things are done will normally alleviate any concerns. In the rare circumstance where a patient still does not accept these procedures as part of the normal oral health evaluation and decides to complain to the Board, the dentist will be well-situated to provide a meaningful response to the allegations so long as the procedures are part of the routine for all patients and they are documented in the patient’s chart.

Summary

Dentists provide patient treatment that, of necessity, invades the comfort zone of interpersonal space for many people. In addition, most health care providers, including dentists, must review sensitive

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PROFESSIONAL BOUNDARIES

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information of a personal and sexual nature with patients. Permitting this type of treatment relationship requires a very high level of trust and vulnerability on the part of the patient. Dentists must never betray that trust by making sexual advances toward patients and must never challenge the relationship by engaging in discussions of social, political, or other non-health-related matters with patients. While the legal risks of such behaviors continue to evolve and be defined by courts, the ethical transgression has long been established. This is not an area that is vague or ill-defined. It is expected that health care providers will hold strong beliefs about social issues and have firm values related to such things. It is not permissible for those providers to bring their personal beliefs and values into the doctor-patient relationship.

Bibliography

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<http://www.ama-assn.org/ama/pub/category/2498.html>
5. Chiodo GT, Tolle SW. Sexual boundaries in dental practice: Part 1. *Gen Dent* 1999,47(5):456-459.
6. Equal Employment Opportunity Commission. Guidelines on discrimination on the basis of sex. [600 F 2d 211 (1979)] Washington, DC, 1980. ■

IMPORTANT LEGISLATIVE CHANGES

The 2007 Legislative Session brought many significant changes to the regulation of dentists in Oregon.

The first is Chapter 517 (2007 Laws) known as Senate Bill 704.

This new legislation requires that a dentist practicing in Oregon who places or removes from the oral cavity dental material containing mercury needs to have installed an amalgam separator following the effective date of this law, which is January 1, 2008.

However, the law provided that existing offices constructed on or before January 1, 2008 would have until January 1, 2011 to install amalgam separators if the dentists were to follow the guidelines for best management of dental wastes recommended by the Oregon Dental Association and who become certified by a special district that manages wastewater treatment.

If you have questions regarding the implementation of this legislation, please feel free to contact the Oregon Board of Dentistry (OBD)

at (971) 673-3200 or the Oregon Dental Association on their Web site at www.oregondental.org.

The second new law is Chapter 528 (2007 Laws) known as Senate Bill 879.

This new legislation requires that all Oregon licensed dentists must complete one pain management education program developed by the Oregon Pain Management Commission.

The law becomes effective January 1, 2008 and rules recently adopted by the OBD require that a dentist complete this mandatory pain management education program by January 1, 2010 or within 24 months of the first renewal of their Oregon dental license.

The pain management education program is a computer based program. The OBD has placed a link to the Oregon Pain Management Commission's Web site on the OBD Web site which can be found at www.oregon.gov/dentistry on the home page.

If you have any questions regarding this requirement, please feel free to contact the OBD. ■

ADDITIONS FOR DISCIPLINARY ACTIONS TAKEN IN JANUARY, 2006

Unacceptable Patient Care ORS 679.140(1)(e)

Case #2005-0179 and **#2006-0025**

Based on the results of two investigations, the Board issued a Notice of Proposed License Revocation alleging that a dentist ordered controlled substances for office use using a prescription form; failed to document a dental justification before extracting teeth; failed to obtain informed consent prior to extracting teeth; failed to document with "PARQ" or its equivalent that informed consent had been obtained prior to providing treatment; failed to document the dates and the treatment that was rendered on those dates; failed to include a health history in the patient records; failed to document the date, quantity and strength of drugs that were prescribed; failed to sterilize surgical instruments; self prescribed controlled substances; failed to document treatment that was provided; and failed to provide original patient records upon request of the Board. Aware of the Licensee's right to a hearing, and wishing to resolve these matters, the Licensee voluntarily entered into a Consent Order in which the Licensee agreed to be reprimanded, to resign the Licensee's license to practice dentistry, and to not seek future licensure from the Board.

Case #2003-0197 Based on the results of an investigation, the Board issued a Notice of Proposed Disciplinary Action alleging that on numerous occasions, a dentist failed to document with "PARQ" or its equivalent that informed consent had been obtained prior to providing treatment; failed to document dental justifications prior to extracting teeth; failed to seek consultation or refer patients to specialists when it was indicated; and failed to document dental justifications prior to initiating orthodontic therapy. Aware of the Licensee's right to a hearing, and wishing to resolve this matter, the Licensee voluntarily entered into a Consent Order in which the Licensee agreed to be reprimanded and to perform orthodontic services for a two-year period only in consultation with a licensed orthodontist.

Case #2006-0055 Based on the results of an investigation, the Board issued a Notice of Proposed Disciplinary Action alleging that a dentist failed to extract all of a tooth and then failed to discover the remaining tooth fragment until three months later and also failed to complete the Board's 40 hour continuing education requirement for re-licensure. Aware of the Licensee's right to a hearing, and wishing to resolve this matter, the Licensee voluntarily entered into a Consent Order in which the Licensee agreed to be reprimanded.

Case #2006-0024 Based on the results of an investigation, the Board issued a Notice of Proposed Disciplinary Action alleging that a dentist failed to document the presence of periodontal disease; administered nitrous oxide without a current nitrous oxide permit; failed to document the use of nitrous oxide; failed to document the dosage of gases administered; failed to document the use of local anesthetic; failed to document the name, amount, and dosages of local anesthetic that was administered; failed to document a dental justification for placing restorations; failed to document a dental justification for extracting teeth; failed to document a dental justification for initiating orthodontic therapy; failed to document updates to the patient's health history; and failed to document that periodontal probing was done. Aware of the Licensee's right to a hearing, and wishing to resolve this matter, the Licensee voluntarily entered into a Consent Order in which the Licensee agreed to be reprimanded and to complete at least 21 hours of Board approved continuing education in the diagnosis and treatment of periodontal disease and six hours of Board approved continuing education in pharmacology within one year, requirements that would be stayed if the Licensee either retires the Licensee's dental license or does not renew the Licensee's dental license in the next renewal period.

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DISCIPLINARY ACTIONS (Continued from page 7)**DISCIPLINARY ACTIONS TAKEN BETWEEN
MARCH 1, 2007 AND NOVEMBER 30, 2007****Unacceptable Patient Care ORS 679.140(1)(e)**

Case #2007-0040 Based on the results of an investigation, the Board issued a Notice of Proposed Disciplinary Action alleging that a dentist failed to diagnose caries in numerous teeth that was evident on radiographs, failed to remove all caries from numerous teeth prior to placing restorations in the teeth, and then performed a formocresol pulpotomy in a necrotic tooth with a draining fistula. Aware of the Licensee's right to a hearing, and wishing to resolve these matters, the Licensee voluntarily entered into a Consent Order in which the Licensee agreed to be reprimanded, to pay \$873.00 in restitution to the patient's parent, and to complete seven hours of continuing education in the area of pediatric dental diagnosis and treatment planning.

Case #2007-0130 Based on the results of an investigation, the Board issued an Order of Immediate Emergency License Suspension based on findings that the Licensee did not perform any spore testing of the Licensee's sterilizing autoclave and used instruments that were processed in the autoclave, and concluded the Licensee posed a serious danger to the public's health and safety. Aware of the Licensee's right to a hearing, and wishing to resolve these matters, the Licensee voluntarily entered into a Consent Order in which the Licensee agreed to have the Emergency License suspension vacated; to be reprimanded; to provide 40 hours of Board approved community service; to submit to random, unannounced visits and inspections for two years; and to provide the Board with the results of all spore testing for two years.

Case #2007-0141 Based on the results of an investigation, the Board issued a Notice of Proposed Disciplinary Action alleging that a dentist failed to provide treatment to seal off the

exposed endodontic fill in the retained root of a tooth prior to placing a bridge over the retained root. Aware of the Licensee's right to a hearing, and wishing to resolve these matters, the Licensee voluntarily entered into a Consent Order in which the Licensee agreed to be reprimanded.

Case #2005-0075 Based on the results of an investigation, the Board issued a Notice of Proposed Disciplinary Action alleging that a dentist seated a bridge with defective and open margins. Aware of the Licensee's right to a hearing, and wishing to resolve these matters, the Licensee voluntarily entered into a Consent Order in which the Licensee agreed to be reprimanded.

Case #2007-0045 Based on the results of an investigation, the Board issued a Notice of Proposed Disciplinary Action alleging that a dentist failed to dispose of contaminated wastes and sharps in accordance with government requirements. Aware of the Licensee's right to a hearing, and wishing to resolve these matters, the Licensee voluntarily entered into a Consent Order in which the Licensee agreed to be reprimanded, to pay a \$5,000.00 civil penalty, to forward to the Board a copy of an office protocol outlining infection control guidelines including the disposal of contaminated wastes and sharps, and to forward to the Board copies of receipts or invoices from any contaminated waste disposal service for one year.

Case #2007-0109 Based on the results of an investigation the Board issued a Notice of Proposed Disciplinary Action alleging that a dentist failed to document with "PARQ" or its equivalent that informed consent had been obtained prior to providing treatment, failed to identify a tooth involved with irreversible pulpitis, failed to document the writing of a prescription for Toradol, failed to document the

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DISCIPLINARY ACTIONS (Continued from page 8)

strength of other medications that were prescribed, and prescribed 10 Duragesic 75 mg transdermal patches with out any dental justification. Aware of the Licensee's right to a hearing, and wishing to resolve these matters, the Licensee voluntarily entered into a Consent Order in which the Licensee agreed to be reprimanded, to pay a \$500.00 civil penalty, attend eight hours of continuing education in pharmacology, to appear before the Board, to no longer provide dental treatment to family members, and to immediately begin using pre-numbered triplicate prescriptions of prescribing controlled substances.

Case #2007-0228 Based on the results of an investigation the Board issued a Notice of Proposed Disciplinary Action alleging that a dentist allowed a dental assistant without an EFDA certification to fabricate and temporarily cement a temporary crown and a temporary bridge. Aware of the Licensee's right to a hearing, and wishing to resolve these matters, the Licensee voluntarily entered into a Consent Order in which the Licensee agreed to be reprimanded and to pay a \$500.00 civil penalty.

Case #2006-0082 Based on the results of an investigation the Board issued a Notice of Proposed Disciplinary Action alleging that a dentist did not adequately document treatment provided for several patients and did not complete four hours of continuing education required for nitrous oxide permit maintenance. Aware of the Licensee's right to a hearing, and wishing to resolve these matters, the Licensee voluntarily entered into a Consent Order in which the Licensee agreed to be reprimanded and to complete four hours of continuing education required for nitrous oxide permit maintenance.

Case #2007-0118 Based on the results of an investigation, the Board issued a Notice of Proposed Disciplinary Action alleging that a dentist failed to document with "PARQ" or its equivalent that informed consent had been obtained prior to providing treatment, failed to document the presence of periodontal disease,

failed to document dental justification prior to providing treatment, failed to document the vital signs and the patient's condition upon discharge when administering nitrous oxide, used a prescription blank pre-printed with a DEA registration number, and failed to ensure that a dental assistant accurately filled out a referral form which resulted in a subsequent dentist erroneously extracting a tooth. Aware of the Licensee's right to a hearing, and wishing to resolve this matter, the Licensee voluntarily entered into a Consent Order in which the Licensee agreed to be reprimanded, to pay a \$2,400.00 civil penalty, and to complete at least 3 hours of continuing education in record keeping.

Unprofessional Conduct ORS 679.140(2)(c)

Case #2007-0236 Based on the results of an investigation, the Board issued a Notice of Proposed Disciplinary Action alleging that a dentist fabricated and made alterations to treatment notes in an attempt to deceive the Board, and during an interview with Board staff referenced the fabricated alterations to the treatment notes as being the actual dental records of the patient. Aware of the Licensee's right to a hearing, and wishing to resolve these matters, the Licensee voluntarily entered into a Consent Order in which the Licensee agreed to be reprimanded, and to pay a \$5,000.00 civil penalty.

Case #2007-0069 Based on the results of an investigation, the Board issued an Order of Immediate Emergency License Suspension based on findings that due to the nature and extent of alcohol abuse, an arrest for driving under the influence of alcohol, and treating a patient while the Licensee was under the influence of alcohol, and concluded the Licensee posed a serious danger to the public health and safety. The Licensee subsequently underwent evaluation and treatment at several facilities. Aware of the Licensee's right to a hearing, and wishing to resolve these matters, the Licensee voluntarily entered into a Consent Order in which the Licensee agreed to not have the Licensee's

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DISCIPLINARY ACTIONS (Continued from page 9)

license reinstated, to undergo a neuro-psychological examination, and to have the neuro-psychologist share all information with the Board.

Case #2008-0041 Based on the results of an investigation, the Board issued an Order of Immediate Emergency License Suspension based on findings that due to the nature and extent of the Licensee's alcohol abuse, the Licensee's admittance to a mental health facility, and the Licensee's continued denial of a problem with alcohol dependence, and concluded the Licensee posed a serious danger to the public health and safety.

Case #2008-0013 The Licensee entered into an Interim Consent Order in which the Licensee agreed to not practice dentistry and to not order, store, dispense or prescribe any controlled drugs.

Case #2006-0226 Based on the results of an investigation, the Board issued a Notice of Proposed Disciplinary Action alleging that a dentist viewed a patient and employee undress in preparation of using a tanning bed in the Licensee's office, viewed another patient undress in preparation of using a tanning bed in the Licensee's office, and entered into a Settlement Agreement and Release of All Claims in a civil matter that obstructed the Board's ability to investigate the matter. Aware of the Licensee's right to a hearing, and wishing to resolve these matters, the Licensee voluntarily entered into a Consent Order in which the Licensee agreed to be reprimanded, to pay a \$15,000.00 civil penalty, to have the Licensee's dental license suspended for 30 days, to be placed on indefinite probation, to undergo an assessment by a Board approved evaluator, to participate in and complete any care programs and recovery treatment plans, to appear before the Board twice a year, to not treat any female patient unless a second adult is in close proximity to the patient being treated, and to present to the Board the Licensee's office protocols for contact and communication between

Licensee, patients and staff members and to have each employee review the protocols annually.

Practicing Dentistry Without a License ORS 679.020

Case #2007-0260 Based on the results of an investigation, the Board issued a Notice of Proposed Disciplinary Action alleging that between April 2, 2007 and April 12, 2007, a dentist practiced dentistry without a license. Aware of the Licensee's right to a hearing, and in order to resolve this matter, the Licensee voluntarily entered into a Consent Order with the Board in which the Licensee agreed to be reprimanded and to pay a \$5,000.00 civil penalty.

Case #2007-0272 Based on the results of an investigation, the Board issued a Notice of Proposed Disciplinary Action alleging that between April 2, 2007 and April 16, 2007, a dentist practiced dentistry without a license. Aware of the Licensee's right to a hearing, and in order to resolve this matter, the Licensee voluntarily entered into a Consent Order with the Board in which the dentist agreed to be reprimanded and to pay a \$5,000.00 civil penalty.

Violation of an Order Issue by the Board ORS 679.140(1)(d)

Case #2006-0111 Based on the results of an investigation, the Board issued a Notice of License Suspension alleging that a dental hygienist failed to pay a \$500.00 civil penalty, failed to complete 24 hours of continuing education for each of two licensing periods, and failed to complete 10 hours of community service required in a previous Consent Order. Although the Licensee was served with the Notice of License Suspension and Notice of Rights, the Licensee failed to request a hearing in a timely manner so the Board issued a Default Order in which the Licensee's license to practice Dental Hygiene was indefinitely suspended.

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DISCIPLINARY ACTIONS (Continued from page 10)

Case #2001-0039 and #2002-0055

Based on the results of an investigation, the Board issued an Amended Notice of Proposed Disciplinary Action alleging that a dentist failed to respond to three written requests for information from the Board required in these Consent Orders. Aware of the Licensee’s right to a hearing, and wishing to resolve this matter, the Licensee voluntarily entered into an Amended Consent Order in the above matters in which the Licensee agreed to be reprimanded and to pay a \$2,500.00 civil penalty.

Failure to Complete Continuing Education Required for License Renewal OAR 818-021-0060(1)

Case #2007-0264 Based on the results of an investigation, the Board issued a Notice of Proposed Disciplinary Action alleging that a dentist failed to complete the 40 hours of continuing education for the 2005-2007 license renewal period. Aware of the Licensee’s right to a hearing, and in order to resolve this matter, the Licensee entered into a Consent Order with the Board in which the Licensee agreed to be reprimanded and to complete the 40 hours of continuing education.

Applicant Issues ORS 679.060(4)

Case #2007-0196 Based on the results of an investigation into the information provided in an application for a license to practice dentistry in which the Applicant provided information that the Applicant’s dental license was suspended in another state, the Board determined that legal cause existed to deny the Applicant’s application for licensure and issued a Notice of Proposed Denial of Application for License. The Applicant failed to request a hearing in a timely manner so the Board issued a Default Order in which the license application of the Applicant was denied. ■

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The Board office is open from 7:30 a.m. to 4:30 p.m. Monday through Friday except State and Federal holidays.
 Phone: 971-673-3200 Fax: 971-673-3202

SCHEDULED BOARD MEETINGS

2008

- February 29, 2008
- April 25, 2008
- June 20, 2008
- August 15, 2008
- October 10, 2008
- December 5, 2008

RENEWAL FAQs

There is always some confusion when it comes to renewal time so we thought we'd answer some questions that come up frequently after the renewals go out in the mail.

Do I need my CPR card to renew my license?

No, you do not need your CPR card to renew your basic dental or dental hygiene license. An appropriate level of CPR card is required for your anesthesia permit only. If you have a CPR class scheduled soon, but not in time to get your renewal mailed and processed, send your renewal in now. After you've taken your CPR class, you can mail or fax us a copy of your most current card and we'll add your anesthesia permit back to your license.

What level of CPR card do I need for my license?

Class 1 or 2 Permit: Health Care Provider
BLS/CPR Card

Class 3 or 4 Permit: ACLS/PALS Card

I have been audited again! This cannot be random!

As you all know, the OBD does a random audit of our Licensee's continuing education. Every year, 15% of renewing licensees are audited. It is a completely random audit with the Licensee selection being chosen via a computer program. Theoretically, it would be possible to have one Licensee that will get audited every single time and another who goes their entire career without ever being audited, although that's highly improbable.

Do I have to send in my Continuing Education (CE) Log with my renewal form?

No, you don't have to. It is nice for OBD staff to receive everything together, but if you're taking a class that's close to the cutoff for your renewal

cycle, please send in the renewal form and payment with a note attached saying that your CE Log will follow.

I don't have all of my CE completed. Do I have to wait to mail in my renewal?

No, you don't have to wait until all of your CE is completed. The form will ask if you completed or will complete your CE by September 30 for dental hygienists or March 31 for dentists. Marking "No" will not prevent the renewal of your license.

Do I need to sign the form or can I have staff do that? Is a stamp okay?

It's very important that you sign your renewal form yourself, instead of leaving it to office staff or family. Original signatures are required in order for us to renew your license. If we receive a renewal form signed by anyone other than the Licensee or a stamp, then we have no choice but to return the form for signature, which could delay processing your renewal.

Why does the letter with my renewal form say to mail the completed renewal 10 business days before my renewal expires?

We want to have everything mailed by our Licensees 10 days prior to the license expiration date to allow enough processing time to renew everyone as quickly and efficiently as possible. Currently the OBD has a two step process that takes all renewals to our cashiers office, located in a separate location, for fee processing and then to us for renewal processing. It can take as long as a week for renewals to arrive from our cashier's office to us.

Why was my renewal returned?

Renewals are returned for a number of reasons. The most common reason is that a question was not answered or that the form was not signed or dated. When the renewal is returned to a Licensee, the problem area is highlighted for completion.

Can my check be sent separately?

No, unfortunately at this time we require all payments to accompany the renewal forms. If there is no payment included, the form will be returned to you. If there is no form, the payment will be returned to you.

Can I pay by credit card?

No, currently we are unable to accept credit card payments for renewals.

The return envelope is addressed to a PO Box. Is that correct?

This is the address for our cashier's office. The OBD currently has a two step process for processing renewals. The first step of that process is our cashier's office.

Why can't I send my renewal to your office address?

Technically you can, *but* it slows down the processing time for your renewal since we have to send it to our cashier's office for fee processing before we can renew your license.

Congratulations to Carrie Keswick, R.D.H., of Portland. Carrie was the first dental hygienist to renew their dental hygiene license during the last renewal cycle. License renewal applications were mailed July 16, 2007 and Carrie's application and fees were received on July 20, 2007. ■

My check has been cashed but my license hasn't been renewed. What's going on?

That typically means that it's somewhere between our cashier's office and our Licensing Manager and will be renewed shortly. If you feel the time has been too long, please call us and we can check into the situation for you.

I accidentally renewed a day or two late and now I'm getting a letter from the Board. What did I do wrong?

Maybe nothing...it depends. Renewing your license in a timely manner assures that there will be no gaps in your legal ability to practice. In the state of Oregon, you *MUST* have a *CURRENT* license to practice dentistry or dental hygiene. At midnight on September 30 for dental hygienists, and March 30 for dentists, licenses issued for that two-year period expire. They are no longer valid and a new license must be issued in place of the old one. If it has not been renewed, you are in violation of the law *IF* you practice. If you know you're late and you don't practice during that time, you're fine and have done the appropriate thing in this situation. ■

IMPAIRED LICENSEES

The Oregon Board of Dentistry has a confidential Voluntary Diversion Program to address the needs of Licensees who struggle with substance abuse matters. This program permits a Licensee to be in recovery and continue to practice without discipline by the Board.

If you have questions about the program, or concerns about a Licensee, call –

Investigator Harvey Wayson
(971) 673-3200
7:00 a.m. — 3:00 p.m.

TIME FOR ME TO SADDLE UP AND RIDE ON

by Ronald Short, D.M.D.

Board Member 2000-2008

Thirty one March, 2008 will be my last day as a member of the Oregon Board of Dentistry. I never in my wildest dreams ever thought that this old dirt-farmer/cowboy from Klamath Falls would ever attempt, let alone make such a ride without getting bucked off a time or two. Now it is time for me to saddle up and ride on to new adventures.

My eight years as a member of the OBD has been a long and interesting ride. Sort of like drovering a herd of cattle. 90% of the herd goes along nicely doing what they should do. About 8 % step out of line occasionally and have to be brought back to order and about 2% are just plain ornery and take up the majority of the drover's time getting them out of mud holes, brush patches and canyons. You usually get kicked and horned a few times for your efforts.

I have a beat up saddle, a tattered Stetson, a dingy bedroll, a worn-out lariat, saddle sores, multiple bruises from where I least expected and a poke that is much lighter than when I signed on for the drive. The owners of the herd were a little shy about informing me of their expectations and the trail route and the pay. I should have been suspicious when they asked for all sorts of details about me but were short on telling me about them. I wish they would have given me their trail map and the book of rules before I made my marks on that contract thing. Never in my life have I ever seen so much gobbledygook where the words could mean so many different things, depending on who read them. Sure did get us into some interesting pickles. Sort of like trying to rope a big-horned steer while sitting on your horse backwards or putting the feed bag on the wrong end of your horse.

The owners trail map wasn't much either. It didn't match up with the country we were traveling over and then too often they would send us a message to go in some other direction that made no sense whatsoever. We had to spend a lot of time keeping the herd calmed down during all the confusion of back-tracking, going in circles and taking terrible trails when other better trails were handier.

My Dad told me years ago that he had learned from his Dad that you never, ever, ask a man to do something that you would not do yourself and that you never tell a man how to do a job when you don't know how it should be done and you never treat a learned man like he is a fool to cover up your own ignorance. He also always reminded me that slavery was illegal.

I did have some good times though. The camp and chuck wagon crew were a fine bunch. Best I have seen. I will miss them a lot! The crew had a book of rules and regulations that didn't make much sense to me. Not very practical. They did cook very good chuck considering what the owners allowed for supplies. The crew always kept a warm fire burning at night even when they had to look hard for fire fixings. The other drovers were a super bunch also. Tough and trail wise. One of the best was the new guy who had never been around this sort of thing before. He learned to sit a horse real fast! I will really miss him. Should only have one like that though. More than one will just slow things down and cost more.

I hope the owners keep the same line up of drovers and crew. They are the best. But they need the authority to be able to make their own trail quickly as the herd and terrain change and they need less burdensome books of rules. Less nit-picking by the owners would be good also.

The drovers should be able to solely determine the makeup of the herd. After all, the drovers are the ones responsible to keep the herd in good condition and to get it smoothly along the trail to its destination. You can't have a successful trip if you have a bad herd to start with. A little better pay would be good also. One can only contribute so much to the "cause."

This drive makes me wonder about what qualifications the owners have to be owners?

See you somewhere along the trail. Keep your cinch tight and your canteen full! ■

Ron

IMPORTANT RULE CHANGES

The OBD held two Rulemaking Hearings in 2007 and the following are some of the most significant changes to the OBD Rules. The new language is underscored. All current rules can be found on the OBD Web site at www.oregon.gov/dentistry or you can contact the OBD office and request a current copy of the Dental Practice Act, which can also be downloaded and printed from the OBD Web site.

818-012-0030 Unprofessional Conduct

The Board finds that in addition to the conduct set forth in ORS 679.140(2), a licensee engages in unprofessional conduct if the licensee does or permits any person to:

(14) Becomes addicted to, or dependent upon, or abuses alcohol, illegal or controlled substances, or mind altering substances. 3/1/07

(15) Practice dentistry or dental hygiene in a dental office or clinic not owned by an Oregon licensed dentist(s), except for an entity described in ORS 679.020(3) and dental hygienists practicing pursuant to ORS 680.205(1)(2). 5/1/07

(16) Make an agreement with a patient or person, or any person or entity representing patients or persons, or provide any form of consideration that would prohibit, restrict, discourage or otherwise limit a person's ability to file a complaint with the Oregon Board of Dentistry; to truthfully and fully answer any questions posed by an agent or representative of the Board; or to participate as a witness in a Board proceeding. 11/30/07

818-021-0060 Continuing Education - Dentists

(3) Continuing education includes:

(d) Continuing education credit can be given for volunteer pro bono dental services; community oral health instruction at a public health facility located in the state of Oregon; authorship of a publication, book, chapter of a book, article or paper published in a professional journal; participation on a state dental board, peer review, or quality of care review procedures; successful completion of Part II of the National Board Dental Examinations taken after initial licensure; a board recognized specialty examination taken after initial licensure; or test

development for clinical dental, dental hygiene or specialty examinations. No more than 6 hours of credit may be in these areas. 11/30/07

818-021-0070 Continuing Education – Dental Hygienists

(3) Continuing education includes:

(d) Continuing education credit can be given for volunteer pro bono dental services; community oral health instruction at a public health facility located in the state of Oregon; authorship of a publication, book, chapter of a book, article or paper published in a professional journal; participation on a state dental board, peer review, or quality of care review procedures; successful completion of the National Board Dental Hygiene Examination taken after initial licensure; or test development for clinical dental hygiene examinations. No more than 6 hours of credit may be in these areas. 11/30/07

818-035-0072 Restorative Functions of Dental Hygienists

Dental Hygienists who have completed specific board approved training and examination can apply to receive a Restorative Function Endorsement to their license and would be allowed to do the following:

(2) A dental hygienist may perform the placement and finishing of direct alloy and direct anterior composite restorations, under the indirect supervision of a licensed dentist, after the supervising dentist has prepared the tooth (teeth) for restoration(s). 5/1/07

818-042-0095 Restorative Functions Dental Assistants

Dental Assistants who have completed specific board approved training and examination can apply to receive a Restorative Function Endorsement and would be allowed to do the following:

(2) A dental assistant may perform the placement and finishing of direct alloy or direct anterior composite restorations, under the indirect supervision of a licensed dentist, after the supervising dentist has prepared the tooth (teeth) for restoration(s). 11/30/07 ■

OREGON BOARD OF DENTISTRY
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Portland, OR 97201-5519

IT'S THE LAW!

*You must notify the OBD
within 30 days of any
change of address.*

*An on-line Change of
Address Form is on the
OBD's Web site at
<http://www.oregon.gov/Dentistry/docs/AddressChangeFrm.pdf>.*

*All address changes must
be made in writing by fax,
mail or e-mail.*



Licensees 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: _____

Above is: Home Office Other

Mail or Fax to: **OREGON BOARD OF DENTISTRY**
1600 SW 4th Avenue, Suite 770
Portland, OR 97201-5519
Phone: (971) 673-3200
Fax: (971) 673-3202