

Board of Dentistry - Updates

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MESSAGE FROM THE PRESIDENT

Candace Mensing, DDS



The past several months have been very active for the Board.

This edition of the newsletter provides details of many of the issues that the Board has been busy with. I would like to focus on three items of particular interest.

The Dental Therapist

The dental team in Minnesota has a new member: the dental therapist. The addition of this oral health professional should enhance our ability to provide care to a growing number of Minnesotans who, for many reasons, are unable to access dental health care.

As I watched the dental therapy bills move through the legislative process, all I had on my “wish list” was that the dental team would not be fragmented. I believe in the dental team with all of my heart. And now, we have a new team member who is committed to the care of the underserved, and to the team overall through a collaborative management agreement.

The Board is charged with taking this new legislation and molding it to function efficiently and appropriately within the team concept, and within the Statutes and Rules of the Minnesota Dental Practice Act. For the next two years the Board will define scope of practice, educational competency, clinical examinations, accreditation, professional development, the collaborative management agreement, and many other aspects of the practice of dental therapy.

This is a very big job. Every Board member is committed to this project because it has at its core those Minnesotans who are in pain, and who cannot find help within the present system. Minnesota is rebuilding its safety net for the underserved, and the dental therapist will have a big role in oral health reform.

This is new for all of us and it is a very big deal.

Non-Patient Based Clinical Examinations

Once again the Minnesota dental team will venture out into uncharted territory.

The University of Minnesota School of Dentistry and the Board of Dentistry will collaborate to provide graduates who plan to seek dental licenses in Minnesota the opportunity to take a clinical examination that has no live patient portion.

There is no other dental Board in the United States willing to consider a non-patient based clinical licensure examination. There is no other University School of Dentistry willing to allow a Board access to intimate workings of the educational process.

Together, we have a very special University with very special students and a very progressive Board – all willing to think outside of the box. There was the *possibility* that there may be another way to examine dental students for licensure in Minnesota, and we are making it a *reality* for 2010.

Thank You to the ‘Graduating’ Board Members

I want to thank the Board members who completed their terms recently, Dr. Mark Harris, DDS, JD, and Ms. Nadene Bunge, DH, both of whom were dedicated to the safe and thoughtful dental care provided to Minnesotans by all other dental health professionals. When I was a new Board member, I watched these ‘seasoned veterans’ at work. I was impressed by what they knew, and how much I had yet to learn. They were the best of mentors, they cared very deeply for dentistry in Minnesota, and we shall all miss their guidance.

My special mentor was Nadene Bunge. We served on several committees together. I like to think of us both as ‘worker bees’ - the taller one and the shorter one. Now she is throwing her enthusiasm into traveling with her husband, from Hawaii to Texas to Utah.

We send both of these colleagues our love and respect for all of their hard work.

I hope that you find the information here useful. Please feel free to contact our Board staff to help clarify any issues for you.

Candace Mensing DDS

SAFE PATIENT HANDLING ACT

Minnesota statutes related to occupational safety and health have been amended to include requirements pertaining to how patients are moved within various health care environments. These requirements apply to dental practices as a setting where service “requires movement of patients from point to point as part of the scope of service.”

The Safe Patient Handling Act is now established under MS §182.6554. Among the requirements are that dental practices must develop a written safe patient handling plan by July 1, 2010. The plan must indicate goals that will be met by January 1, 2012 to protect patients and staff by minimizing the manual lifting of patients by staff and by utilizing safe patient handling equipment.

The plans must address:

- (1) risk assessment with regard to patient handling that considers the patient population and environment of care;
- (2) acquisition of an adequate supply of appropriate safe patient handling equipment;

- (3) initial and ongoing training of direct patient care workers on the use of this equipment;
- (4) procedures to ensure that physical plant modifications and major construction projects are consistent with plan goals; and
- (5) periodic evaluations of the safe patient handling plan.



The Act allows a health care organization with more than one covered clinical setting that moves patients to establish a plan at each clinical setting or establish one plan to serve this function for all the clinical settings. The Act also recognizes the acceptability of already adopted plans that satisfy the requirements.

The State’s Commissioner of Labor and Industry will make training materials available at no cost to clinical settings that move patients.

LEAD APRON Q&A

Q: Do I need to have a lead apron available for my patients?

YES

AND

NO

A: Yes. If the parent/caregiver is holding a child/compromised patient, that individual must wear a lead apron. If a dental worker is in the operatory during the exposure, he/she must also wear a lead apron. The apron must then be checked for lead integrity.

A: No: An apron is worn when the beam is within 2 inches of the reproductive organs. Many patients remember the “old” days when an apron was given to them routinely. If the facility has an apron, it may be easier to use it than explain the 2 inch rule; the apron is not necessary.

Information Courtesy of MN Dept. of Health, Radiation Control.

WELCOME NEW BOARD MEMBERS



Neal U. Benjamin spent six years in the United States Navy in the area of electronics. While he did have one tour on the USS Eldorado AGC-11, he spent the majority of his time in Vietnam and the Philippines. With an honorable discharge he began

his undergraduate studies at the University of Minnesota in 1972. To fund his schooling he used the GI Bill and also repaired hearing aids with Maico Hearing Instruments located in Edina. Upon graduation from the U of MN Dentistry School in 1979 he spent a year in Little Falls, MN before setting up practice in Circle Pines, MN as a general dentist.

Professional organizational activity in the past has included the Minneapolis District Dental Society where he worked in the area of peer review, Minnesota Dental Association, American Dental

Association, Academy of Cosmetic Dentistry, Dentists Organized for Conscious Sedation, American College of Dentists and the Academy of General Dentistry.

With a Fellowship in the American College of Dentists, and both a Fellowship and Masters in the Academy of General Dentistry he has pursued growth in the area of general dentistry. He has also participated with the American College of Dentists in the program at the University of Minnesota School of Dentistry in the area of ethics.

He believes activity in the political system is the only way we will be heard as a profession and is a major component to ensuring that the people of Minnesota continue to receive quality health care. “Unless we communicate with our legislators and support their efforts, they have no idea what the issues are and how they affect the individual patient or practice. It is our responsibility to make the effort to communicate.”

With a goal of protecting the public he looks forward to working with the Board of Dentistry and to bringing the view of the general practitioner to achieve those efforts.



Nancy Kearn, is currently a licensed clinical hygienist with Park Dental Edinbrook. She has been a certified dental assistant since 1981 and still holds a current assisting certification and registration credentials. She was a Practice Manager and

Resource Trainer with Park Dental for eighteen years before completing her hygiene education. She

loves clinical practice and patient contact. Kearn attended Century College in White Bear Lake, Minnesota 2001-2004 and obtained a Dental Hygiene AAS Degree, graduating with honors. Her assisting education is from Des Moines Area Community College, 1980 to 1981. From there she worked for a large group practice, Dental Associates, in West Des Moines, Iowa before moving to Minnesota in February of 1985. Her first dental job in 1979 was an OTJ dental assistant in a solo practitioner office in Norwalk, Iowa.

Kearn has been in dentistry over 30 years and still finds it fascinating and fun! She looks forward to serving and protecting the people of Minnesota and representing the dental profession.

DENTAL ASSISTANT LICENSURE

It is an exciting time for dental assistants in the State of Minnesota. The 2009 legislative session resulted in significant statutory changes. For the first time in the history of the Board's regulation of the profession of dental assisting, what were formerly known as "registered dental assistants" will now be regulated as "licensed dental assistants." Please begin removing the words "registered dental assistants," "RDA" and "registrant" from your vocabulary!

The Board began regulating the profession of dental assisting in 1977. Dental assistants who successfully completed their educational program, passed their Board-approved exam and applied to the Board to become a regulated professional became known as "registered dental assistants" or "RDAs." Through this route, dental assistants have been known as "registered" professionals for more than three decades. So why, after more than thirty years of regulating dental assistants through registration, is the Board changing the classification to licensure?

The change from registration to licensure has been motivated by several factors. The primary factor is that licensure is a more appropriate regulatory designation for dental assistants in the State of Minnesota, given that the scope of the dental assistants' duties have changed dramatically over time. In 1977, "registered dental assistants" were allowed to perform a total of eleven (11) functions. In 2009, those same dental professionals are allowed to perform thirty-one (31) different functions, all of which have been added to their list of expanded functions over time. And although the list of dental assistants' expanded functions have nearly tripled in the last three decades, there has not been any parallel change in the nomenclature to recognize the additional responsibilities delegated to this profession.

It is commonly accepted that the regulatory conditions that make licensure the appropriate designation include completion of training to a specific curriculum and demonstration of competencies, involvement with procedures that have a direct impact on a patient's health and a requirement that the individual adhere to a Practice Act or other regulations. The standards for licensure are clearly met by Minnesota's dental assistants.

Other factors motivating the change from registration to licensure are the beliefs that the change will reduce the attrition of dental assistants out of the dental field, encourage new entrants into the field and give dental assistants a higher degree of ownership in their work. The change is also motivated by the hope that the change will improve access to dental care by encouraging the retention of professionals in the profession. All of these considerations work to support the Board's mission of ensuring that

Minnesota citizens receive quality dental health care from competent dental health care professionals.

The change from registration to licensure will come with additional requirements for the dental assistants, however. Given that the functions of dental assistants have expanded so dramatically over time, accompanying the change from registration to licensure fully effective January 1, 2010, dental assistants will be required to pass a board-approved national exam for licensure, in addition to the state Board exam. The scope of practice and levels of supervision have not changed with the licensure classification. Minnesota statutes will reflect the new title when it takes effect on August 1, 2009. The Board is currently engaged in rulemaking, and although it will take some time, will incorporate the changes into Rule. **Effective August 1, however, all regulated dental assistants in Minnesota will be considered Licensed Dental Assistants.**

Dental assistants who are currently registered will receive their large wall licenses at the time they complete their biennial renewal. Over the course of the next two years, all dental assistants will have received their large wall licenses. The cost of the actual wall license is a one-time fee of \$20, which will be added to the renewal. Any dental assistant wishing to obtain a license document prior to their renewal time may do so. Duplicate licenses may also be obtained from the Board for an additional \$20.

All dental assistants applying for initial licensure on or after August 1 will also be receiving a large wall license as do dentists and dental hygienists currently. These licenses, along with annual renewal certificates, will be required to be conspicuously displayed in plain sight of patients in every office in which the dental assistant practices.

The Board is excited that this change is finally becoming a reality. The topic of dental assistant licensure has been supported by the Board for more than ten years, and this year presented an opportunity for the Board to take the lead in effectuating this change at the legislative level. Please join us in congratulating the dental assistants of the State of Minnesota on their change from registration to licensure!



1927 Dental Assistant in Uniform

MINNESOTA LEGISLATURE CREATES MID-LEVEL DENTAL PROFESSIONAL

In the 2008 session, the Minnesota Legislature established the Oral Health Practitioner (OHP) as a new mid-level dental practitioner. The law directed that a Work Group of stakeholders review the language of the law, and report back to the legislature. That work was done. The report was submitted to the legislature, with the Work Group's recommendations as well as dissenting opinions and alternative models.

The 2009 Minnesota Legislature debated two bills, ultimately reaching a compromise in creating the Dental Therapist and the Advanced Practice Dental Therapist in place of the OHP. [\[click here for a link to the specific language that was enacted\]](#). Minnesota leads the nation in the establishment of this profession, intended to help address challenges for many Minnesotans in accessing dental services.

Dental Therapists will be trained and licensed to perform many procedures, most under direct or

indirect supervision. Advanced Practice Dental Therapists will be permitted to perform additional procedures, and will be authorized to do so in some circumstances under the general supervision of a Collaborative Management Agreement with a Minnesota-licensed dentist. The Board is working to be prepared to implement the new laws. This will require further definition of educational program accreditation, providing specificity to the scope of practice, determination of competencies, establishment of examination standards, oversight of Collaborative Management Agreements, and refining licensing procedures.

As the Board develops more information, we will share it on our web site in a special area entitled "The New Dental Therapist."

The first students are expected to be entering programs in Fall 2009, and to be graduating the summer of 2011.

WHAT TO KNOW ABOUT *DISPENSING* MEDICATIONS

Prescribers are allowed to dispense drugs, but they must follow the Pharmacy Board rules regarding practitioner dispensing (M.R. 6800.9500 — 6800.9954).

The *Reader's Digest* version of the rules states that, when a prescriber dispenses, the:

- **containers must be labeled** just as they would be in a pharmacy;
- prescriber must **write out a prescription** and **maintain a separate prescription file** [notations in a chart are *not* sufficient documentation];
- drugs must be **stored in a separate, locked storage area** - with access limited to the

prescriber or individuals working under the prescriber's direct supervision

The prescriber can allow other staff to prepare the prescription but **must personally certify the accuracy of the filling process** before the drug is dispensed to the patient.

Future updates on the topic of prescribing medications will address the mechanics of the prescription itself, and special regulations concerning prescribing Schedule II controlled substances.

HEALTH PROFESSIONAL BEHAVIORS IMPACT PATIENT SAFETY

The State of Minnesota Health Licensing Boards, including the Board of Dentistry, exist for the protection of the people of Minnesota. The Boards look to the standards for patient safety put forth by organizations such as the Joint Commission. The Joint Commission is an independent, not-for-profit organization that evaluates and accredits more than 16,000 health care organizations and programs in the United States. It is the nation's predominant standards-setting and accrediting body in health care. For more information about the Joint Commission, please refer to the following link:

http://www.jointcommission.org/AboutUs/FactSheets/joint_commission_facts.htm

The September 2008 ADA *News Today* featured an article about the ADA's support for the Joint Commission's July 2008 alert entitled "*Behaviors That Undermine a Culture of Safety.*" See the following link:

http://www.jointcommission.org/SentinelEvents/SentinelEventAlert/sea_40.htm

Troublesome behaviors exhibited by dental care providers come to the attention of the dental board via the complaint review process. The fact that evidence now exists to correlate unsettling

behaviors by providers and potential safety risks for patients provides greater support for the Board's investigation into alleged unprofessional conduct matters.

The Minnesota Health Licensing Boards support remedial and rehabilitative efforts for dental care professionals. Before an issue comes before a Minnesota Board of Dentistry Complaint Committee, it is hoped that providers will internally address interpersonal issues that may exist for themselves and/or dental team members. Depending on the type of information that is presented

to a Board Complaint Committee, the Board may require an individual to undergo medical, psychiatric and psychological evaluations. Recommendations for remedial measures would depend on the results of such an evaluation.

The Board recognizes that there are multiple challenges that face health care providers in their day to day work with the public. Challenges must be faced, however, while maintaining a professional demeanor. Providers now must be extra aware that their conduct and not just their clinical skills, are critical to the safety and welfare of the patients they serve.

The alert indicates that studies have shown that *intimidating and disruptive behaviors by health care professionals, between each other and between providers and patients, can adversely impact patient safety.*

Open Board Appointment

Public Member position completing a term 2012.
For more information [click here](#).

NEW FEE INCREASES EFFECTIVE 8/1/2009

Sedation Certification:

There will be an increase in fees related to initial application, renewal and re-certification for any dentist who is qualified to hold current certification for the administration of sedation.

Initial application for Deep/General Anesthesia, Moderate/Conscious Sedation or CSS (Contracting with a provider for sedation services), will require the applicant to complete the form, pay a fee of \$250 and include proof of current acceptable BLS and ACLS or PALS equivalent.

Renewal of the above-mentioned forms of certification will require completing the online renewal form, paying a biennial renewal fee of \$250, and providing proof of current Board approved BLS and ACLS or PALS equivalent.

Recertification is a process that is available for dentists who qualify and can provide proof that their education meets the current requirements in rule. The recertification form is available on the Board's website and will require a fee of \$500 and proof of current acceptable BLS and ACLS or PALS equivalent.

Credential Review of Dentists from Non-Accredited Dental Schools:

The Minnesota Board of Dentistry has had in place a Statutory mandate to evaluate for educational equivalency any dentist who is a graduate of a non-accredited dental school and wishes to pursue licensure. This is a process that consumes many hours of Board members and Board staff's time and resources. This process will now require the dentist who is requesting this review process to pay a non-refundable fee of \$200.

Limited General License:

Since August 1, 2008 any dentist who is a graduate from a non-accredited dental school who has been granted permission from our Board to participate in and passes an approved clinical exam, will be subject to a Limited General License. This type of application will require the applicant to submit to the Board a completed application, initial fee of \$295 (\$140 for application and \$155 for first annual renewal fee), required licensure documents and a written agreement with their Minnesota-licensed supervising dentist. This application and agreement are subject to approval by the Board before allowing licensure.

RECORDKEEPING RULE: ADEQUATE INFORMED CONSENT

MR 3100.9600, Subp. 13: *Dental records shall include a notation that:*

- A. *the dentist discussed with the patient the treatment options and the prognosis, benefits, and the risks of each; and*
- B. *the patient has consented to the treatment chosen.*

The complaint department at the Board often hears these words:

- I didn't know what my dentist was doing...
- I was never given a choice...
- No one talked about options to me...
- If I had known the dentist was using white/silver fillings, I would have said "no"....
- I am an advocate for my child's care, why didn't someone tell me what they were going to do...

- Don't I have a right to refuse treatment...
- I don't speak English ...

The Board would like to remind you that your records must comply with MN Recordkeeping Rule 3100.9600. If a complaint is opened on a licensee, we will request a copy of the patient's dental record. Keeping clear and accurate records are beneficial to you. Not only are they legal documentation of patient encounters, but they are good reminders to you of critical information and an essential component of patient care.

Remember to include the patient as part of the decision-making process. **Please make sure the patient understands your treatment plan.** Clear communication and documentation not only enhance your practice, but lead to fewer complaints sent to the Board of Dentistry.

CLINICAL EXAM SUMMIT HELD

The Board of Dentistry has as one of its functions the task of researching and approving examinations for licensure. These exams are usually conducted by independent, third party organizations separate from educational institutions, the professional associations, and the Board.

Recently the ADA Council on Ethics, Bylaws and Judicial Affairs issued its “statement on licensure.” (March 2009). Although the Board is not bound by publications of the ADA or any other association, these reports provide a resource that the Board may consider. The Council’s position on licensure states:

“Dental Licensure is intended to ensure that only qualified individuals are licensed to provide dental treatment to the public. There are three general requirements:

- A. Graduation from a dental education program accredited by the Commission on Dental Accreditation (CODA).
- B. Written (theoretical) examination to determine whether the applicant has achieved the theoretical bases at a level of competence that protects the health, welfare and safety of the public.
- C. Clinical examination in which a candidate demonstrates the clinical knowledge, skills, and abilities necessary to safely practice dentistry.”

The Board is currently evaluating its examination process. In an effort to obtain a full range of information the Board extended invitations to testing agencies in the U.S. and Canada to present to the Board on June 26, 2009. Several agencies responded and were represented at the public

meeting that day. In order to facilitate discussion, a list of questions was sent in advance to these agencies. The representatives from CRDTS, WREB, NERB, and SRTA responded to questions that included:

- What is the method and rationale for test construction?
- What is the format for the examination?
- How are exams measured for reliability and validity?
- What are the scoring mechanisms?
- How are examiners calibrated?
- How is security established and maintained?
- Where is the exam currently being offered?

Another question of interest has been whether the agency has considered or begun development of non-patient based formats. There is growing concern and discussion regarding the use of human subjects/patients in the examination process. Many interested parties seek to move away from the use of live patients in dental testing.

We know the examination process is evolving. Each agency is evaluating their products and making improvements on a regular basis. Our goal in hosting these organizations is to hear firsthand how each has worked to produce a product that will serve our Board and the citizens of this state in ensuring that qualified individuals are licensed to provide care.

In the time following the presentations, work and discussion are taking place in committees, and recommendations will be made to the full Board regarding examinations to be accepted for application for initial licensure in Minnesota.

CANADIAN DENTAL LICENSING EXAM ADOPTED

The Minnesota Board of Dentistry formed a Clinical Licensure Exam (CLE) Task Force following their March 27, 2009 Board meeting, to evaluate all the exams that the Board is accepting for initial licensure and to look at the possibility of a non-patient based exam being accepted for licensure.

This Task Force was represented by several Board members and representatives from the University of Minnesota's School of Dentistry. The Dean of the Dental School, Dr. Patrick Lloyd, proposed that Board members have access to the school's processes used to accept, evaluate and promote students, as well as a chance to directly observe the clinical competency exams. These unique opportunities provided the Board with insight and confidence in the approaches the school takes to educate and evaluate its students.

The goals set by the CLE Task Force in regard to the Clinical Licensure Exam included supporting ethical student practices, the interests of patients, personal ethics and self policing. The CLE Task Force plans for achieving its goals were to review applicable literature, review other state board of dentistry's policies for non-patient CLE, and evaluate the National Dental Examining Board of Canada's written exam and Objective Structured Clinical Exam (OSCE). Task

Force members were invited and committed to attend the following U of M School of Dentistry committee meetings:

- Admissions
- Scholastic Standing
- Educational Policy
- Competency Review Board

On June 8, 2009 an event was held at the University of Minnesota, in which the Board had a unique opportunity to directly participate in a mock presentation of the National Dental Examining Board of Canada's written and OSCE examinations.

At the June 16, 2009 Clinical Licensure Exam Task Force's meeting, the Committee unanimously agreed, to recommend to the Board that Minnesota accept the Canadian NDEB exam from graduates of the University of Minnesota's School of Dentistry for initial licensure in the State of Minnesota. This motion was heard and passed unanimously at the Board meeting held on Friday, June 26, 2009. Minnesota again has demonstrated national leadership in reaching this decision to seize the opportunity to accept a non-patient based examination format.

SEDATION INSPECTIONS/CREDENTIALING UPDATE

Credential Review forms have been completed and approved by the Sedation Committee for most of the State's approximately 250 sedation dentists. Those that did not respond will likely have their sedation certificates cancelled until they are in compliance.

Approximately 40 sedation dentists who are due for their in-office inspection have been notified and given a time frame to complete their portion of inspection forms, choose an inspector, schedule an inspection, and send the form to the inspector.

Contracted inspectors include Dr. Jim Hinrichs, Dr. Robert Jensen, and Dr. Deborah Johnson. [\[Click here for contact information.\]](#)



Board members who have been calibrated to conduct sedation inspections include Dr. Neal Benjamin, Dr. David Linde, and Dr. Freeman Rosenblum. Board staff are also calibrated and available to conduct inspections.

CORRECTIVE ACTIONS

12/1/2008 - 6/30/2009

Complaint matters are reviewed on a case-by-case basis. The Board is not always able to prove each allegation from complaints received. Agreements for Corrective Action (ACAs) are sometimes used to resolve complaints which allege violation(s) of the Dental Practice Act when the specific, individual circumstances of the case are determined not to warrant disciplinary action.

The Agreement for Corrective Action is:

- a. expected to lead to closure within a reasonable period of time.
- b. not intended for long-term monitoring or conditions;
- c. a public agreement, but it is not considered disciplinary action, and therefore, is not reported to the National Practitioner Data Bank.

Profession	Violation(s)	Remedies
Dentist 12/18/2008	<p><u>Substandard Diagnostic/Restorative/Oral Surgery/Radiographic Diagnosis/Recordkeeping</u> Failure to:</p> <ul style="list-style-type: none"> • document, diagnose, or provide timely and appropriate dental treatment concerning perio, apical abscess and decay • assess and document periodontal conditions • take a sufficient number of radiographs and/or take radiographs of diagnostic quality <p><u>Infection Control & Safety/Sanitary Condition</u></p> <ul style="list-style-type: none"> • Failed to comply with the most current infection control recommendations and guidelines of CDC, (gloves, eyewear, laundering guidelines, bag and sterilize dental instruments, properly perform weekly spore testing) 	<p><u>Consultative Monitoring Service</u></p> <ul style="list-style-type: none"> • Licensee must contract with a one on one consultative and monitoring service for an accumulated period of one year in which every 90 days licensee must present at least ten different active pt records including radiographs to the evaluator for review and evaluation <p><u>Coursework</u></p> <ul style="list-style-type: none"> • Infection Control • Treatment Planning/Recordkeeping • Submit written reports for coursework and report on Professional Boundaries & Dental Treatment Planning <p><u>Infection Control Consultant</u></p> <ul style="list-style-type: none"> • Licensee shall hire an infection control consultant for an evaluation involving consultative and inspection services. Licensee shall comply with consultant's recommendations and submit a written report that indicates the changes relative to infection control made in the dental office • Subsequent evaluation with infection control consultant one year after initial evaluation
Dentist 2/2/2009	<p><u>Practice Without Certification</u></p> <ul style="list-style-type: none"> • Failed to obtain proper certification from the Board to administer conscious sedation to patients 	<p><u>Conscious Sedation Certificate Terminated</u></p> <ul style="list-style-type: none"> • Effective immediately prohibited from administering conscious sedation to patients • Licensee must successfully complete all applicable requirements for conscious sedation <p><u>Coursework</u></p> <ul style="list-style-type: none"> • Jurisprudence Examination

Profession	Violation(s)	Remedies
Registered Dental Assistant 2/9/2009	<u>Failure of Professional Development Audit</u> <ul style="list-style-type: none"> • Failure to demonstrate current Healthcare Provider CPR certification • Failure to renew registration 	<u>Corrective Action</u> <ul style="list-style-type: none"> • Registration Renewal Application • Renewal fee and late fee • Proof of completion of an appropriate CPR course • Jurisprudence Examination
Dentist 3/26/2009	<u>Medications</u> <ul style="list-style-type: none"> • Improper prescribing of narcotics <u>Substandard Care</u> <ul style="list-style-type: none"> • Failed to adequately document pertinent information and/or provide appropriate endodontic treatment (lack of rubber dam use, inadequate file instrumentation of root canals, and lack of referral to endodontist) 	<u>Coursework</u> <ul style="list-style-type: none"> • Professional Boundaries • Endodontics <u>Written Reports for Coursework to the Board</u> <ul style="list-style-type: none"> • Proof of attendance • Copies of all materials used and/or distributed in the course • Specific information addressing the knowledge gained from courses and how it will be incorporated into the practice
Dentist X 3 4/8/2009 4/8/2009 4/13/2009	<u>Auxiliary Misuse</u> <ul style="list-style-type: none"> • Permitted Allied Personnel to administer IV medications 	<u>Prohibited Procedures – Allied Personnel</u> <ul style="list-style-type: none"> • Licensee will immediately stop allowing Allied Personnel to perform the procedure of augmenting/administering IV medications to patients <u>Coursework</u> <ul style="list-style-type: none"> • Jurisprudence Examination <u>Community Service</u> <ul style="list-style-type: none"> • Complete 20 hours each of unpaid community service within six months
Dentist 6/9/2009	<u>Unprofessional Conduct</u> <ul style="list-style-type: none"> • Charges of discrimination related to gender/sex and sexual harassment • Convicted of federal charge of making material false statements <u>Substandard Recordkeeping</u> Failure to: <ul style="list-style-type: none"> • make or maintain an adequate patient record for the patient in regard to medical history <ul style="list-style-type: none"> ○ oral health ○ dental caries ○ periodontal conditions ○ diagnoses for all dental treatment ○ informed consent ○ medications used 	<u>Corrective Action</u> <ul style="list-style-type: none"> • Jurisprudence Examination <u>Coursework</u> <ul style="list-style-type: none"> • Treatment Planning / Recordkeeping • Ethics <u>Written Reports for Coursework to the Board</u> <ul style="list-style-type: none"> • Proof of attendance at courses • Copies of all material used and/or distributed in the courses • Specific information addressing the knowledge gained from courses and how it will be incorporated into the practice
Dentist 6/16/2009	<u>Substandard Recordkeeping:</u> Failed to: <ul style="list-style-type: none"> • make and/or maintain adequate dental records for a patient regarding patient's oral examination. Not documented: <ul style="list-style-type: none"> ○ written treatment plan ○ medical history, and ○ periodontal conditions including a tissue assessment 	<u>Corrective Action</u> <ul style="list-style-type: none"> • Jurisprudence Examination <u>Coursework</u> <ul style="list-style-type: none"> • Treatment Planning / Recordkeeping <u>Written Reports for Coursework to the Board</u> <ul style="list-style-type: none"> • Recordkeeping sample, submit all information regarding coursework

Terminations for 2009

For a complete list of this quarter's **TERMINATIONS**, please visit the MN Board of Dentistry website under [Licensing](#).

*To check the status of a license/registration listed as terminated, feel free to process a *License Verification* via the ONLINE SERVICES option, located on the MN Board of Dentistry website. The status of said license/registration may have been changed since the posting of this information.

DISCIPLINARY ACTIONS

January 1 – June 30, 2009

Complaint matters are reviewed on a case-by-case basis. The Board is not always able to prove each allegation from complaints received. Disciplinary Orders are sometimes used to resolve complaints where the Board has determined that an individual's license should be placed under conditions to protect the public from mistreatment or misconduct by the individual and to hold the individual accountable for past actions.

The Stipulation and Order is:

- a. an agreement between the licensee and the Board in which the licensee agrees that certain restrictions should be imposed on their license as a result of the Committee having identified areas in which the individual violated the Dental Practice Act;
- b. a public agreement that is published by the Board and must be reported to the National Practitioner Data Bank.

Licensee's or Registrant's Name	License Number	City	Type of Order	Date of Order (link to the legal document)
Jennifer Bale, D.H.	H7746	Rochester	Reprimand / Conditional	06/26/09
Maria R. Buenano, R.D.A.	A7239	Minneapolis	Findings of Fact, Conclusions and Final Order (for Indefinite Suspension)	04/03/09
Heidi Engebretson, D.H.	H7005	Rochester	Voluntary Surrender	03/27/09
Gerald Gray, D.D.S.	D11595	Rochester	Reprimand / Conditional	06/26/09
Quynh T. Hoang, R.D.A.	A11039	Blaine	1) Amended Conditional Registration	1) 01/30/09
			2) Notice of Temporary Revocation of Stay of Suspension and Imposition of Suspension and Hearing	2) 06/02/09
			3) Findings of Fact, Conclusions and Final Order (for Indefinite Suspension)	3) 06/30/09
Laurie Marie Jones, RDA	A6445	Blaine	Unconditional (criteria met)	03/27/09
Lori Ann Matheny, R.D.A.	A2629	Wrenshall	Voluntary Surrender	03/27/09
Regina McGrath, D.D.S.	D10453	Eden Prairie	Conditional	06/26/09
John A. Petty, D.D.S.	D11708	Minnetonka	Findings of Fact, Conclusions and Final Order (for Indefinite Suspension)	04/03/09
R.Riemenschneider, D.D.S.	D7348	Lino Lakes	Voluntary Surrender	03/27/09
Steven A. Selchow, D.D.S.	D9967	Eagan	Unconditional (criteria met)	03/27/09

Licensee's or Registrant's Name	License Number	City	Type of Order	Date of Order (link to the legal document)
Charles W. Sims, D.D.S.	D9005	Minneapolis	1) Notice of Temporary Revocation of Stay of Suspension and Imposition of Suspension and Hearing 2) Stipulation & Order for <u>Indefinite Suspension</u>	1) 01/07/09 2) 02/06/09
Peter Vidal, D.D.S.	D9060	Garner, Iowa	Conditional	06/26/09
James Wittnebel, D.D.S.	D6916	Osseo	Limited (from Clinical Practice) and Conditional	06/26/09
Blair D. Woolsey, D.D.S.	D6492	White Bear Lake	Voluntary Surrender	03/27/09

UPCOMING BOARD AND COMMITTEE MEETINGS

Board Office Closed - Holiday	Sept 7, 2009
Policy Committee (OPEN)	Sept 9, 2009
Complaint Committee B (CLOSED)	Sept 10, 2009
Licensure and Credentialing (CLOSED)	Sept 11, 2009
Allied Task Force (OPEN)	Sept 11, 2009
Executive Committee Meeting (OPEN)	Sept 15, 2009
Complaint Committee A (CLOSED)	Sept 18, 2009
Executive Board (CLOSED)	Sept 25, 2009
Public Board Meeting (OPEN)	Sept 25, 2009

Licensure and Credentialing (CLOSED)	Oct 9, 2009
Policy Committee Meeting (OPEN)	Oct 14, 2009
Complaint Committee A (CLOSED)	Oct 16, 2009
Complaint Committee B (CLOSED)	Oct 22, 2009

Board Members

Candace Mensing, DDS, President (2010) Rochester
Joan Sheppard, DDS, Vice President (2011)..... Bloomington
Kristin Heebner, JD, Public Member,
Secretary (2011)..... Minneapolis
Linda Boyum, RDA, Past President (2010) Plymouth
Neal U. Benjamin, DDS (2013) Lino Lakes
Nancy A. Kearn, DH(2013)..... Wyoming
David A. Linde, DDS (2012) Savage
Freeman Rosenblum, DDS (2011)..... Burnsville

Board Staff 612-617-2250 or 888-240-4762

Marshall Shragg..... Executive Director
Mary Dee Liesch.....Complaint Unit Supervisor
Deborah Endly Compliance Officer
Judith BonnellComplaint Analyst
Kathy Johnson Legal Analyst
Joyce Nelson Licensure & Prof. Dvlpmt. Administrator
Amy Johnson Licensing & Prof. Dvlpmt. Analyst
Sheryl Herrick Office Manager
Linda Johnson..... Administrative Assistant
Cynthia Thompson..... Administrative Assistant



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