2017-2018 MINNESOTA BOARD OF DENTISTRY SELF-ASSESSMENT

Based on core subject areas of: Patient Communication, Management of Medical Emergencies, Ethics, Record Keeping, Infection Control, and Diagnosis and Treatment Planning

Completion of this self-assessment is a required part of your professional development portfolio. You will be granted one (1) fundamental credit per biennial cycle for completion of the self-assessment. You are expected to place the completed assessment in your portfolio. In the event you are audited, the Board will review this document to ensure that it has been completed.

The questions contained in this self-assessment reflect real situations/issues as observed by the Board through the complaint process. The objective is to educate dental professionals in order to prevent adverse situations from happening, thereby protecting the public. It is appropriate to complete this self-assessment either on an individual basis or in a group setting such as at a staff meeting or study group.

If you have answered any of the questions incorrectly, it is strongly recommended that you research the sources referenced and/or attend an educational course in relation to the subject area. The information and resources provided within this assessment are not all inclusive. Please review the list of resources, web sites and phone numbers at the end of this document. **Be sure to sign and date the Self-Assessment on page 14. Neglecting to do so will result in a failed audit.**

PATIENT COMMUNICATION

1. Oral health literacy is defined as, “the degree to which individuals have the capacity to obtain, process and understand basic oral health information and services needed to make appropriate health decisions.” - Healthy People 2010

   Patients with low oral health literacy tend to: (choose all that apply)

   A. Have higher risk for disease
   B. Have higher level of education
   C. Have lower socioeconomic status
   D. Have lower costs associated with care
   E. Be elderly or of a minority class
   F. Have the capacity to make informed health decisions

2. What is a dental provider’s responsibility in providing Language Interpreter Services for patients with Limited English Proficiency?

   __________________________________________

   __________________________________________

   __________________________________________
3. Dr. Expert is a general dentist in Minnesota and would like to advertise that she is a specialist in both periodontics and prosthodontics. She is not board certified in either specialty. What options are available to her, if any?

A. If she limits her practice to either specialty then she is allowed to advertise that she is a specialist in that area, so long as she states she is a general dentist. In Minnesota, she cannot claim to be a specialist in both areas under any circumstances.

B. If she limits her practice so that most of her time is spent on periodontics and prosthodontics, then she can advertise that she is a specialist in both areas so long as she states she is a general dentist.

C. If she begins the process of becoming board certified in one or both of the specialties, then her advertising can state she specializes in both areas and note her intention to limit her practice to those two areas upon completion of the certification process.

D. If she limits her practice to only periodontics and prosthodontics, then she can advertise in both areas so long as she states she is a general dentist.

MANAGEMENT OF MEDICAL EMERGENCIES

1. Review your written protocol and flowsheet for staff members used during any medical emergency that may occur in the dental office where you work. Maintain a copy with your 2017 Self-Assessment.

Sample check list of items for consideration:

- Stop the procedure
- Handle all parts of the response process in an organized manner
- Monitor vital signs
- Consider calling 911 early
- Position the patient (P)
- Airway (A)
- Breathing (B)
- Circulation (C)
- Defibrillation (D)
- BLS protocol

ETHICS

1. A dental assistant observes that the stock room has quite a bit of light cured composite that is now over a year expired. The dental supply company was notified and would not allow any for return for credit. The dental assistant placed an order for new light cured composite but placed it too late for appropriate delivery time for the patient’s appointment, as the patient is scheduled a few days later for several composite fillings and all that they have is the composite that is over a year expired. She doesn’t want the dentist to know that she didn’t order in time and is considering using the old product. She does not believe that there is any safety risk to the patient.

What things should she consider and, subsequently, notify the dentist of? (List at least 5 considerations)

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__________________________________________________________________________________
2. The following 4 scenarios were developed to be used for open discussion and reflection on experiences of what dental professionalism requires in your life and practices. Ethical challenges in our profession may focus on relationships with patients, and others may involve relationships between dental colleagues or office staff. Take a few minutes to think about the potential consequences that can arise when boundaries are crossed in seemingly “ordinary” situations and focus on your personal decision making processes so that you can exhibit ethics, professionalism and clinical effectiveness at all times.

Scenario #1
Dr. Jones is a general dentist. His 35-year-old son Jack has a history of chronic back pain. Before going on an out-of-town trip, Jack asks his dad for a prescription for Vicodin. Dr. Jones knows that his son has taken Vicodin before, without complications. He writes a prescription for 20 Vicodin-5mg.

Scenario #2
Melissa is a dental assistant who has worked for Dr. Gray for 2 years. During that time, she has received free dental care along with minor esthetic surgery at cost. Two months ago, Dr. Gray separated from his wife and recently started a romantic relationship with Melissa.

Scenario #3
Dr. Blake is an endodontist who has a reputation of being very exacting in her work. She has also been known to swear at staff for not measuring up to her standards. After a “chewing out” which left her assistant Jackie in tears, Dr. Blake decided that she has to let Jackie go.

Scenario #4
Dr. Cohen has a family dentistry practice. His wife Martha is his office manager and bookkeeper. For crown work, on some occasions the lab used a different material than what was originally ordered. Martha decided that it was too much hassle to resubmit a revised bill to insurance.
1. Dr. Smiley has developed a Policy and Procedures manual for his office which includes job descriptions for his staff members. One of the duties which are listed for the Licensed Dental Assistant is to check at the end of every day that he has made all of his entries in the electronic record for all patients seen that day.

Which following statement is most accurate?

A. A Licensed Dental Assistant can never make an entry into an electronic record for treatment she/he did not perform.

B. A Licensed Dental Assistant is allowed to make entries and/or corrections in an electronic record as long as the provider of the treatment is identified by their initials, name or license number.

2. When transferring dental records, which of the following does not apply:

A. All records must be transferred irrespective of the status of the patient’s account.

B. Digital radiographs shall be transferred by compact or optical disk, electronic communication, or printing on high-quality photographic paper.

C. All film or digital radiographs must reveal images of diagnostic quality using proper exposure settings and processing procedures.

D. All records must be transferred after the patient has paid for the costs of making the copies, although the patient’s account does not have to be current.

3. Your clinic wants to transition from paper records to an electronic health record (EHR) system. You are in charge of leading the transition. One of your fellow dental assistants suggested that you start scanning the old patient records into the new EHR system. The assistant also shared that she was told that the clinic only has to scan in the paper records for the past two years of treatment and the remaining paper records can be shredded.

Do you feel that this is adequate and what do you think will be the best course of action for your clinic?

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4. The Board of Dentistry’s recordkeeping rule MN Rule 3100.9600 details the elements that must be contained in every patient record. For this part of the Self-Assessment, please use the following:

- Recordkeeping Checklist (copy on page 6 and 7), you may make copies as needed.
- 2 current patient records

For each patient record, utilize the CHECKLIST to determine whether each element identified on the list is documented in that record. If you are not in clinical practice and do not have access to patient records, we recommend you review this form and become familiar with the Minnesota record keeping rule.
Examples of minimal recordkeeping (the record must include at least the following):

Personal Data
- Patient Name
- Patient Address
- Patient’s Birthdate
- Patient’s Parent or Guardian Name (if patient is a minor)
- Emergency Contact Name and Phone Number
- Insurance Carrier and Identification Number (if applicable)

Patient’s Reason for Visit
- Chief Complaint

Dental and Medical History
- Sufficient Information to Support Recommended Treatment Plan

Clinical Examination(s)
[note: when an emergency treatment is performed, the following items may pertain only to the area treated]
- Recording of Existing Oral Health Care Status
- Any radiographs/Images Used, and
- Facsimiles or Results of any Other Diagnostic Aids Used

Diagnosis: must be documented

Treatment Plan
- Agreed-Upon Written and Dated Treatment Plan (except for routine dental care such as preventive services)
- Treatment Plan Updated to Reflect Current Status of Patient’s Oral Health and Treatment

Informed Consent
Notation in Chart that:
- Dentist or Dental Therapist Discussed Treatment Options and Prognosis, Benefits, & Risks of Each with the Patient, and
- Patient has Consented to the Treatment Chosen

Progress Notes
- Chronology of Patient’s Progress Throughout the Course of All Treatment and Postoperative Visits
- All Treatment Provided
- Clearly Identify the Provider by Name/Initials
- Identify ALL Medications Used and Materials Placed

Miscellaneous
- Each Patient Must have a Separate Chart
- Chart Entries Must be Recorded in INK (no pencils!)
- Chart Entries Must be Legible
- Corrections Made by Drawing a Single Line Through Incorrect Information and Initialing

Electronic Records
- All Requirements above Apply to Electronic Records, as well
- A Duplicate Hard Copy Record Must be Kept, or the Electronic Record Must be Unalterable
**Subpart 1. DEFINITIONS.** For the purposes of this part, "patient" means a natural person who has received dental care services from a provider for treatment of a dental condition. In the case of a minor who has received dental care services pursuant to Minnesota Statutes, sections 144.341 to 144.347, patient includes a parent or guardian, or a person acting as a parent or guardian in the absence of a parent or guardian.

<table>
<thead>
<tr>
<th>Subp. 2. DENTAL RECORDS.</th>
<th>Maintain dental record on each patient, that contains components specified in subparts 3 to 10. <em>(see below)</em></th>
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</thead>
<tbody>
<tr>
<td>Present</td>
<td>Not Present</td>
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</table>

**Subp. 3. PERSONAL DATA.**
- A. Name
- B. Address
- C. Date of birth
- D. If minor, name of parent or guardian
- E. Name/Phone of contact for an emergency
- F. Name of insurance carrier / insurance ID #

**Subp. 4. REASON FOR VISIT.**

**Subp. 5. DENTAL HISTORY.** *(Data support tx plan?)*

**Subp. 5. MEDICAL HISTORY.** *(Data support tx plan?)*

**Subp. 6. CLINICAL EXAM INFORMATION:**
- A. Record of existing oral health status
- B. Radiographs used
- C. Facsimiles or results of other diagnostic aids

**Subp. 7. DIAGNOSIS.**

**Subp. 8. TREATMENT PLAN.**
- Agreed upon
- Dated *(when non-routine/preventive visit)*
- Updated to reflect current status of patient’s oral health / treatment

**Subp. 9. INFORMED CONSENT.**
- A. Dentist discussed treatment options, prognosis, risks, and benefits
- B. The patient consented to treatment chosen

**Subp. 10. PROGRESS NOTES**
- Legible
- Chronology of treatment / visits
- A. All treatment provided
- B. All medications used and materials placed
- C. the treatment provider by license number, name, or initials
- D. when applicable, identity of collaborating dentist authorizing treatment by license number
**Subp. 11. CORRECTIONS OF RECORDS.**
- legible
- written in ink
- no erasures or "white-outs."
- corrections crossed-out/w/single line & initialed.

**Subp. 12. RETENTION OF RECORDS.**
- A dentist shall maintain a patient's dental records for at least seven years beyond the time the dentist last treated the patient.
- In the case of a minor patient, a dentist shall maintain a patient's dental records for at least seven (7) years past the age of majority. (18) = patient age of 25 years.

**Subp. 13. TRANSFER OF RECORDS.**
- Transfer in compliance with Minn. Stat. 144.291 to 144.298 irrespective of status of patient’s account.
- Digital radiographs on compact or optical disc, electronic communication, or printing on high-quality photographic paper.
- All transferred film or digital radiographs must reveal images of diagnostic quality using proper exposure settings and processing procedures.

**Subp. 14. ELECTRONIC RECORDKEEPING.**
- The requirements of subparts 1 to 13 apply to electronic record keeping as well as to record keeping by any other means.
- When electronic records are kept, a dentist must keep either a duplicate hard copy record or use an unalterable electronic record.
1. Dental hand pieces and associated attachments; including low-speed motors and reusable prophylaxis angles, should be___________________ between patients.

A. Cold sterilized  
B. Heat sterilized  
C. High level disinfected  
D. Surface disinfected

2. The Centers for Disease Control (CDC) refers to Standard Precautions as the minimum infection prevention practices that apply to all patient care, regardless of suspected or confirmed infection status of the patient, in any setting where health care is delivered. These practices are designed to both protect Dental Health Care Providers (DHCP) and to prevent DHCP from spreading infections among patients.

Examples of Standard Precautions include: (check all that apply)

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<table>
<thead>
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<tbody>
<tr>
<td>A.</td>
<td>Washing hands after de-gloving</td>
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<td>B.</td>
<td>Wearing mask only when performing procedures that involve use of a hand piece</td>
</tr>
<tr>
<td>C.</td>
<td>Proper cough etiquette</td>
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<tr>
<td>D.</td>
<td>Two handed re-capping of needles</td>
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<tr>
<td>E.</td>
<td>Using the same needle when drawing parenteral medications from multi-use vial</td>
</tr>
<tr>
<td>F.</td>
<td>Using heat sterilization for critical instruments</td>
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<tr>
<td>G.</td>
<td>Cleaning environmental surfaces with approved disinfectant</td>
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</tbody>
</table>
3. What’s wrong with this picture? *(List a minimum of 4 action items)*

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4. What’s wrong with this picture? *(List a minimum of 3 action items)*

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_______________________________________________________________________________________
5. Is your office infection control protocol and OSHA Bloodborne Pathogen exposure control plan up-to-date? Is everyone in your office “on the same page”? Are you ready if an inspector walks in your front door?

- Is the product that you are using for cleaning and disinfecting a registered hospital disinfectant grade per the Environmental Protection Agency (EPA)?  **Yes**  **No**

- Has your exposure control plan been reviewed and updated at least annually?  **Yes**  **No**
  An OSHA inspector will use your plan during an inspection of your office.

- Per the Centers for Disease control (CDC) guidelines for infection control in dental healthcare settings, are you performing weekly spore tests on each sterilizer in your practice? Can you provide the inspector with records of the results of the testing performed on all sterilizers on a weekly basis?  **Yes**  **No**

- Have you confirmed that the Healthcare Provider list on your OSHA, Bloodborne Pathogens Post-Exposure Plan is current and that they will continue to provide occupational exposure services for your office?  **Yes**  **No**

*If you answered ‘no’ to any of the above questions, what is your plan to correct and comply with the requirements?* 

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**DIAGNOSIS AND TREATMENT PLANNING**

1. A 17-year-old patient presents to the clinic without their parent for a consultation for wisdom teeth removal. The patient mentions that the parent will be picking them up from the appointment. The patient has a current panoramic x-ray from the referring dentist. A dental assistant mentions that the x-ray is not labeled and the referral slip does not indicate which wisdom teeth to remove or information on infection or disease status of the wisdom teeth. The patient reports that there is pain on the right side. The dentist performs a clinical examination, dental and medical history. The dentist finds severe carious disease on #16 and #17. The dentist determines that the teeth should be removed with moderate anesthesia. The dentist shares this with the patient. It is noted that the patient is a social cigarette smoker and also has recreationally used illicit drugs in the past. The patient is asking a multitude of questions regarding how much pain medication will be given after the surgery. It is now 5:00 pm and the parent has not showed up to pick up the patient. The patient says that with a busy school and sports schedule they want to reserve an appointment before the office closes.

What considerations should you take into account when treating this patient?  (**List at least 5**) 

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2. Research has shown that there is a **two-way relationship** between blood glucose (glycemic) levels and periodontal disease. Patients with diabetes can experience oral manifestations and symptoms that can signal the level of control of their diabetes. Proper management of diabetes will involve many disciplines of medicine, including dentistry. When assessing and/or treating patients with diabetes what are some of the considerations that dental professionals should take? **(List 3 or more)**

____________________________________________________________________________________
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3. A new patient presents to the dental clinic with a toothache that has been intermittent for three months. He mentions that he has visited the Emergency Room several times for the same tooth problem and this is his first time to a dental professional to address the tooth pain. The patient medical history reveals that he is taking Xanax (Benzodiazepine) and Flexeril (muscle relaxant) for anxiety and shoulder pain. The patient reports that he has a history of Methamphetamine abuse but has been sober for one year. He reports that he has a high tolerance for pain medication and if the tooth needs to be removed he will likely need Percocet. Dentist performs examination and recommends tooth extraction.

What considerations should you take into account when treating this patient? **(List 4 or more)**

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
1. I may administer nitrous oxide inhalation analgesia (N2O) as long as I am a licensed dental professional with the Minnesota Board of Dentistry, have and maintain continuous basic life support CPR, and have applied and been granted certification to administer nitrous oxide from the Board of Dentistry.

Place the items from the list of signs and symptoms under the appropriate column for nitrous oxide inhalation analgesia (N2O):

Signs and symptoms:
A. Patient is comfortable and relaxed
B. Patient acknowledges a floating and/or flying feeling
C. Out of body experience
D. Humming or vibrating sounds that progressively worsen
E. Patient acknowledges reduced fear and anxiety
F. Patient is aware of surroundings
G. Patients eyes become fixed
H. Patient experiences uncomfortable body warmth
I. Patient responds to directions and conversations
J. Eyes become less active with a glazed appearance

<table>
<thead>
<tr>
<th>Appropriate N20 analgesia</th>
<th>Over sedated with N20</th>
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2. Pulse oximetry or another method to monitor how much oxygen is in a patient’s blood is mandatory equipment for dentist’s providing which level(s) of anesthesia or sedation?

A. General Anesthesia
B. Deep Sedation
C. Minimal Sedation
D. Moderate Sedation
3. Match the following definitions with the correct level of sedation:

<table>
<thead>
<tr>
<th>Minimal Sedation</th>
<th>Moderate Sedation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deep Sedation</td>
<td>General Anesthesia</td>
</tr>
</tbody>
</table>

A. A depressed level of consciousness produced by a pharmacological or nonpharmacological method or a combination thereof during which patients respond purposefully to verbal commands, either alone or accompanied by light tactical stimulation. The cardiovascular functions are unaffected, no need for intervention to maintain a patent airway for the patient, and adequate spontaneous ventilation.

Level of sedation: ____________________

- Sedation certification from the Board needed? Yes No
- Advanced cardiac life support (ACLS) or PALS certification required? Yes No

B. An induced state of unconsciousness produced by a pharmacological or nonpharmacological method or a combination thereof during which patients are not arousable, even by painful stimulation. This level is characterized by the frequent impairment of the patient’s ability to independently maintain ventilatory function, the patient’s need for assistance in maintaining a patent airway, the need for positive pressure ventilation due to depressed spontaneous ventilation or drug-induced depression of neuromuscular function, and potential impairment of cardiovascular function.

Level of sedation: ____________________

- Sedation certification from the Board needed? Yes No
- Advanced cardiac life support (ACLS) or PALS certification required? Yes No

C. A depressed level of consciousness produced by a pharmacological or nonpharmacological method that retains the patient’s ability to independently and continuously maintain an airway and respond normally to tactile stimulation and verbal command. This level is characterized by moderate impairment to the patient’s cognitive function and coordination, but leaves unaffected the patient’s ventilatory and cardiovascular functions.

Level of sedation: ____________________

- Sedation certification from the Board needed? Yes No
- Advanced cardiac life support (ACLS) or PALS certification required? Yes No

D. A depressed level of consciousness produced by a pharmacological or nonpharmacological method or a combination thereof during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. This level is characterized by impairment of the patient’s ability to independently maintain ventilatory function, spontaneous ventilation potentially being inadequate to meet a patient’s needs, and the need for assistance in maintaining a patent airway. A patient’s cardiovascular function does not typically require assistance during this level.

Level of sedation: ____________________

- Sedation certification from the Board needed? Yes No
- Advanced cardiac life support (ACLS) or PALS certification required? Yes No
1. In Minnesota which statement is true about Dental Service Organizations (DSO’S)?

A. A DSO must be a nonprofit entity owned by a Minnesota licensed dentist.
B. A DSO is licensed by the Department of Health and may hire dentists and other support personnel for its mission.
C. A DSO is usually a for-profit business entity that is not licensed, and may contract to perform support services for a dentist or for a professional corporation owned by one or more dentists.
D. A DSO is licensed by the Minnesota Board of Dentistry and may employ support personnel to assist a dentist or a professional corporation owned by a dentist to perform the dentist’s mission.

2. Dr. Lang recently graduated dental school and is excited to start practicing at the dental clinic she purchased. Does Dr. Lang need to notify the Board of Dentistry that she is the owner of a dental clinic?

A. Yes  
B. No

I, ______________________________ attest to the Minnesota Board of Dentistry that I have completed (PRINT name here)
this self-assessment on ___________________.

(Date- required)

____________________________________
(Signature-required)
1. **Answer:** A, C, E

Oral health literacy is important because low health literacy contributes to disease which results in increased costs. Those with low oral health literacy are usually at highest risk for oral diseases and problems. These individuals include the poor, those with low levels of education, minorities, and the elderly.

Ways you can better communicate to improve oral health literacy:
- Communicate with patients on the importance of oral health in language and terminology that they can understand.
- Ask open ended questions instead of questions that will produce a short “yes, no, twice daily” response.
- Body language- Maintain eye contact and attentiveness.
- Use visual and audio based tools to help educate patients.
- Use “teach-back” method by asking patients questions after discussion and confirming their understanding.


*Reference:* Oral health literacy: a pathway to reducing oral health disparities in Maryland

2. **Answer:** Gauge the patients understanding and health literacy based on using English as the primary spoken or written language for communication. Determine if the patient needs a language interpreter. If they do, the provider should contact an appropriate interpreter for the required language. Without an interpreter the patient may not be able to give the appropriate informed consent for treatment. The dental provider must always have a means to obtaining informed consent.

Minnesota Health Care Programs (Medicaid, Minnesota Care, Managed Care) covers spoken language interpreter services only when the interpreters are actively enrolled in the Minnesota Department of Health Spoken Language Interpreter Roster. Providers, including those enrolled with Managed Care Organizations, are responsible to verify that spoken language interpreters are enrolled in the Roster.

*Reference:* Title VI of the 1964 Civil Rights Act
*Minnesota Rule 3100.9600- Recordkeeping

*Additional Resources:* Minnesota Department of Health Spoken Language Interpretation
Department of Human Services Limited English Proficiency Resources
Limited English Proficiency

3. **Answer:** D.

*Reference:* MN Rules 3100.7000 Advertising Dental Specialty Practice
ETHICS

1. Answer:
   * Physical properties of light-cured composites can be effected if the product is expired.
   * Can have long term effect on the integrity and longevity of the fillings.
   * Manufacturers do not guarantee product that is expired as they do not determine the product effectiveness after the date of expiration that has been assigned to product.
   * Tell dentist of the ordering error and expired product.
   * Reschedule patient if product does not arrive in time.
   * Could be medicolegal consequences if products are used for patient care beyond their expiration date.
   * Patient care could be compromised with use of expired product.

   Reference: United States Air Force Dental Evaluation and Consultation Service - Expiration Dates on Dental Products

2. Answer: The answer may be followed up with another question, what is missing when a professional falls short? Of importance, is to practice professional ethics deliberately every day. By constructively self-assessing and self-correcting, repeating admired actions and developing mutual collegial support relationships with one’s peers. Boundaries serve to define, protect and help guide and facilitate relationships.

   References: John H. Hung, Ph.D., L.P., Professional Boundaries in Dentistry AGD Impact-February 2016

RECORD KEEPING

1. Answer: B. All entries made to a patient record should include the date the entry was made along with the name, initials or license number of the person making the note.

   Reference: MN Rule 3100.9600 Record Keeping

2. Answer: D. A release of dental records should include duplicates of diagnostic quality radiographs or images and notes on treatment provided. A Fee may be applied per MN Statutes 144.291 – 144.298 but the transfer of the dental record may not be delayed due to costs for making copies or an outstanding account balance.

   Reference: MN Rule 3100.9600 Record Keeping Subp 13 MN Statutes 144.291 Minnesota Health Records Act MN Statutes 144.298 Penalties
3. **Answer**: All records must be retained for 7 years (regardless of format). The clinic can either retain the paper records for 7 years or scan in the records, confirm backup of the EHR system and shred the past paper records.

   *Reference: Minnesota Rules 3100.9600*

Subp. 12. **Retention of records.** A dentist shall maintain a patient's dental records for at least seven years beyond the time the dentist last treated the patient. In the case of a minor patient, a dentist shall maintain a patient's dental records for at least seven years past the age of majority.

Subp. 14. **Electronic record keeping.**
A. The requirements of subparts 1 to 13 apply to electronic record keeping as well as to record keeping by any other means.
B. When electronic records are kept; a dentist must keep either a duplicate hard copy record or use an unalterable electronic record.

4. The board’s Record keeping checklist is available on the board’s website at [http://mn.gov/boards/dentistry/](http://mn.gov/boards/dentistry/) under public, then external resources.

   *Reference: Minnesota Rules 3100.9600 Subp 12*

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**INFECTION CONTROL**

1. **Answer**: B. Dental hand pieces and associated attachments, including low-speed motors and reusable prophylaxis angles, should always be heat sterilized between patients and not high-level or surface disinfected. Although these devices are considered semi-critical, studies have shown that their internal surfaces can become contaminated with patient materials during use. If these devices are not properly cleaned and heat sterilized, the next patient may be exposed to potentially infectious materials.

   *Reference: Summary of Infection Prevention Practices in Dental Settings Page 14*

2. **ANSWER**: A, C, F, G

   Standard Precautions include; Hand hygiene. Use of personal protective equipment (e.g., gloves, masks, eyewear). Respiratory hygiene/cough etiquette. Sharps safety (engineering and work practice controls). Safe injection practices (i.e., aseptic technique for parenteral medications). Sterile instruments and devices. Clean and disinfected environmental surfaces.

   *Reference: Summary of Infection Prevention Practices in Dental Settings Page 8*
3. **Answer:** This image depicts action before patient treatment, the clinician’s and the assistant’s facemask and protective eyewear should be put on before donning gloves. The dentist’s exam gloves have become contaminated by the handshake with the patient. The dental assistant’s gloves risk cross-contamination by grasping the dental chair. The assistant has exposed forearms and neck and the patient needs protective eyewear. If this image depicts action after patient treatment, the used facemask pulled under the chin exposes the clinician and the assistant to microbes on their contaminated facemasks. The dentist’s handshake while wearing contaminated exam gloves exposes the patient to microbes on the contaminated gloves.

*This resource was reprinted with the permission of OSAP. OSAP is a nonprofit organization providing information and education on dental infection control and safety. For more information go to [www.osap.org](http://www.osap.org).*

4. **Answer:** In this scenario it is assumed the clinician (or dental assistant) is preparing to perform an intraoral procedure. Personal protective equipment (PPE) of over gown with long sleeves and protective eyewear with appropriate side shields is missing. Face mask adjustment should be made before donning gloves. In general, the sequence for putting on PPE (over gown first, followed by mask, protective eyewear and lastly gloves) was not followed.

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5. **Reference:** [http://www.cdc.gov/oralhealth/infectioncontrol/guidelines/index.htm](http://www.cdc.gov/oralhealth/infectioncontrol/guidelines/index.htm)
   *Summary of Infection Prevention Practices in Dental Settings*
1. **Answer:**
   * Lack of discussion on procedure and informed consent from the parent or guardian.
   * Inaccurate x-ray and referral information provided by the referring dentist.
   * Patient reported generalized pain in right side – Dentist finds pathology on left side.
   * Patient is a social smoker- could have greater incidence of dry socket.
   * Patient has recreationally used illicit drugs in the past.
   * Patient is asking many questions regarding pain medication after surgery- should consult with a parent on any medications prescribed to the minor patient. When prescribing controlled substances, discuss risks with patient and parent.
   * Patient trying to schedule appointment for procedure without having details of the procedure discussed with parent/guardian; anesthesia, pre and post op instructions, costs, driver, post-operative pain management- including the use of NSAID’s (non-steroidal anti-inflammatory drugs) non-narcotic alternatives.

   **References:** [AAOMS Third Molar Management White Paper](https://www.aaoms.org/education/education-publications/white-papers-third-molar-management)  
   * [Informed Consent and the Minor Patient](https://www.aaoms.org/education/education-publications/white-papers-third-molar-management)  
   * [National Safety Council: NSAIDs are stronger pain medications than opioids](https://www.nsc.org/newsroom/2017/04/nsaid-are-stronger-pain-medications-than-opioids)  
   * [Institute for Clinical Systems Improvement (ICSI) Acute Pain Assessment & Opioid Prescribing Protocol](https://www.icss.org/pain-management)

2. **Answer:**
   * Healthy gums help keep blood glucose (sugar) on target.
   * Proper blood glucose (sugar) levels may help keep teeth and gums healthy.
   * Treatment of gum disease in people with type 2 diabetes can lower blood sugar over time.
   * Gum disease treatment can lower your chance of having other problems from diabetes, such as heart and kidney disease.
   * Gum disease may increase the risk of type 2 diabetes.
   * Patients with diabetes may have delayed healing capabilities.
   * Patients with diabetes may also have other systemic diseases, such as heart or kidney disease.

   Consider if patient is taking diabetes medications and/or insulin.

   **Follow Up Activity:** Resource for Professionals [CDC Podcast- Periodontal Disease & Diabetes](https://www.cdc.gov/periodontal/)  

3. **Answer:** Patient could be a potential doctor shopper - reports visiting ER several times.
   * Patient is on a Benzodiazepine and Muscle Relaxant - Opioids may not be a safe choice.
   * Patient has a history of substance abuse.
   * Ask Questions and/or Perform Screening Tool on Current Condition and Substance Abuse History.
   * Query the Minnesota Prescription Monitoring Program (PMP) if considering prescribing an opioid.
   * Consider alternatives to help patient manage post-operative pain.
   * Self reports of high tolerance for pain medications.

   **References:**
   - CDC Prescription Opioids: What You Need to Know
   - Minnesota Prescription Monitoring Program
   - National Safety Council: NSAIDs are stronger pain medications than opioids
   - SBIRT (Screening, Brief Intervention, Referral, Treatment)

### SEDATION/ ANESTHESIA

1. **Answer:** Appropriate N20 analgesia: A, E, F, I, J

   Over sedated with N20 analgesia: B, C, D, G, H

   By definition “Nitrous oxide inhalation analgesia” means the administration by inhalation of a combination of nitrous oxide and oxygen, producing an altered level of consciousness that retains the patient’s ability to independently and continuously maintain an airway and respond appropriately to physical stimulation or verbal command.

   It is not always possible to predict how an individual patient will respond to nitrous oxide. Being thoroughly educated and trained to recognize if your patient has gone beyond the desired level of sedation; into the next or deeper level of sedation, it is important for the safety of your patient to be able to treat and reverse the reaction.

   **References:**
   - MN Rule 3100.3600 Administration of Anesthesia and Sedation subp 4
   - MN Rule 3100.0100 Definitions Subp 15a
   - Nitrous Oxide Application Form

   **Online License Verification** - use this link to confirm you have the proper certification.
   - Mosby 2015
     - Handbook of Nitrous Oxide and Oxygen Sedation

2. **Answer:** A, B and D. The equipment is used in detecting potential early problems such a hypoxemia.

   **Reference:** MN Rule 3100.3600 Administration of Anesthesia and Sedation
3. **Answer:**
   
   A = Moderate Sedation: Requires a conscious sedation certification from the Board, continuous and current BLS CPR and ACLS or PALS certification.
   
   B = General Anesthesia: Requires a general anesthesia certification from the Board, continuous and current BLS CPR and ACLS or PALS certification.
   
   C = Minimal Sedation: Certification from the Board is required if administering nitrous oxide.
   
   D = Deep Sedation: Requires a general anesthesia certification from the Board, continuous and current BLS CPR and ACLS or PALS certification.

   All sedation certifications; except for nitrous oxide; require the dentist to undergo on-site inspections and renew the certification/s biennially. A licensed dentist may apply for a contracted sedation provider certification through the Board which allows the dentist to provide dental services to patients under general anesthesia, deep or moderate sedation when they employ or contract another licensed health care professional with the qualified training and legal authority to administer general anesthesia, deep or moderate sedation.

   **Reference:** MN Rule 3100.3600 Administration of Anesthesia and Sedation  
   MN Rule 3100.0100 Definitions

   **Online License Verification** - use this link to confirm you have the proper certification  
   **Sedation Application Forms** - use this link to verify training requirements or apply for certifications

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**OTHER**

1. **Answer:** C. The Minnesota Board of Dentistry does not license dental service organizations (DSOs), nor do they fall under the jurisdiction of Board of Dentistry. The Board does license and regulate any licensed dental professional who is employed by or has contracted with a DSO in the state of Minnesota. All such employees or contractors are reminded that they are subject to all statutes and rules governing licensed dental professionals in the state of Minnesota, even if their contractual obligations with a DSO may not specifically require or refer to such compliance.

   **Reference:** MN Statutes 150A.05 Licensed Dental Practice

2. **Answer:** A Yes. Once the dental firm has incorporated with the Secretary of State, it is required that the dentist register the firm with the Board of Dentistry and pay the initial filing fee of $100.

   Minnesota Statute 319B specifically states that “no professional firm may furnish professional services within Minnesota until the firm files with each board having jurisdiction over the pertinent professional services.” Each January 1, a firm owner is required to renew their firm registration with the Board of Dentistry. The annual renewal requires a $25 renewal fee and update of any name change, address change, ownership change or amendment of articles. Failure to pay the annual renewal fee by January 1 will result in a late fee of $15.

   **Reference:** MN Statutes 319B Professional Firms  
   MN Statutes 319B.11 Subd 3, Subd 4  
   MN Statutes 150A.091 Fees Subd 18
Disclaimer

Be advised that because this is an educational document of the Minnesota Board of Dentistry, the information contained in this document is not to be considered official policy or law and, therefore, is not legally binding for either the Minnesota Board of Dentistry or the licensee. The references in this document that link to Minnesota Laws and Rules are legally binding. Each complaint the Board of Dentistry receives is evaluated under the Board’s Practice Act and Rules, other applicable laws and the record in the proceeding.

Standard of Care

(definition from Law Encyclopedia)

n. the watchfulness, attention, caution and prudence that a reasonable person in the circumstances would exercise. If a person's actions do not meet this standard of care, then his/her acts fail to meet the duty of care which all people (supposedly) have toward others. Failure to meet the standard is negligence, and any damages resulting therefrom may be claimed in a lawsuit by the injured party. The problem is that the "standard" is often a subjective issue upon which reasonable people can differ.