

RDDS NEWS

SPRING 2006 EDITION BRIAN RATHKE, DDS - EDITOR

RDDS BUSINESS MEETING AND CE ON APRIL 11th

The RDDS Education Series and Business Meeting Spring 2006 will be held on Tuesday, April 11th from 6:00-8:00 PM at the Waterfront Conference Center in Traverse City. The business meeting begins at 6:00 to discuss academic and social calendars as well as ADA/MDA events, review the budget, and to elect officers. Our speaker will be Dr. John Gobetti from the University of Michigan Dental School. He will be presenting a scientific lecture on the “Management of the Burning Tongue Syndrome in our Aging Population” following our business meeting. Appetizers and cocktails will be served and 1 hour of CE will be awarded to participants. There are no fees for this meeting – RDDS members only. Please RSVP to Dr. Wayne Olsen by April 7, 2006 at (231) 946-3512.

RDDS MEMBER SURVEY

Everyone received a RDDS Survey with their Business Meeting announcement. It asks the opinion of our members on topics such as current education programs, member events, and accessibility to e-mail and website. The survey also asks if you have any suggestions about anything you would like your dental society to do for you. Comments are confidential and the results will be discussed at the upcoming business meeting. This is your chance to be heard, so please take a moment to fill out your survey and send it back to Dr. Wayne Olsen at 12776 S. West Bay Shore Drive, Traverse City, MI 49684.

THE LOVELL REPORT

Our trustee, Dr. Rob Lovell, does an outstanding job of representing the Resort District and organized dentistry. Trustee is a position requiring a big time commitment, so please thank him for contributing his efforts to further our collective cause. Dr. Lovell submitted the following report on current issues facing the Michigan Dental Association, as well as the RDDS. Keep up the good work, Rob!!!

1856 was an interesting year. The plans for the Suez Canal were complete, the Treaty of Paris was signed to end the Crimean War and an Ice Age Skeleton was discovered in the Neander Valley near Dusseldorf. Closer to home, Hoop Skirts were all the rage, James Jessie Strang's rule as monarch of Beaver Island came to an end by an assassin's bullet, and 14 dentists nearly froze to death riding by horseback to Detroit for a poker game. Eventually they thawed out, and one of them said, “Hey, let's call this a dental meeting,

and write the whole trip off on our taxes.” Thus the Michigan Dental Association was born.

This May, MDA dentists will gather to celebrate the 150th anniversary of that first meeting. And while we won't be facing the same issues (a need for a dental school in the state) your House of Delegates will be faced with some challenging decisions. In 2004 the House directed the Board to address the challenges that the MDA faces with regards to the office building that we own. Built at the wrong time, buildings of its age suffer a similar fate of asbestos, single pane windows, and an HVAC system that can't keep the place warm enough in the winter or cool enough in the summer.

Over the past 18 months, the Building sub committee analyzed many options and developed four scenarios for closer study. From this diligent investigation, the Board believes it will require up to 7.5 million dollars in funding to adequately address the building issues in a way that presents the professional image our MDA members expect and deserve. The four options that have been developed range from an extreme makeover of our present building, to selling the building and moving to another location either downtown or out in the Lansing Suburbs. Regardless of the option that is selected, the Board continues to investigate creative ways to finance this project beyond a special dues assessment. At this year's Annual Session, the House of Delegates will vote on the funding aspect of these solutions.

We have come a long way in 150 years both in the way that we treat our patients, and in how our Michigan Dental Association serves us. At this year's meeting, the MDA will also address several Peer Review Issues and our Resort District Dental Society will offer a resolution to improve communications between the Board of Trustees and our House of Delegate Members that could save our MDA almost \$6,000 a year. If you are interested in finding out more about the upcoming issues that your MDA is addressing, drop me a line at drrlovell@chartermi.net, or join us for our Resort District Dental Society Business Meeting scheduled for April 11th. You won't have to come by horse, but if you wanted to, the weather should be quite a bit nicer than that cold January evening in 1856.

OK, so it might not have been a poker game, but they did face some significant challenges beyond the weather in 1856, and that stuff about the horses is true!

Your Trustee: Dr. Rob

Thanks again to Trustee Lovell for representing us at the annual Session in Lansing!!! Great job!!!

THE ARDIS SEMINAR FEATURING DR. JOHN KOIS

The Resort District Dental Society proudly heralds the First Annual Ardis Seminar, honoring the late Dr. Charles R. Ardis, a RDDS member and great contributor to the betterment of dentistry and our community. Our featured speaker will be Dr. John Kois presenting his lecture, “Diagnostically Driven Interdisciplinary Treatment Planning”. The Ardis Seminar will be held at the Grand Traverse Resort in Acme on Friday, September 8th, 2006 from 8:00 AM - 4:30 PM.

In his presentation, Dr. Kois will develop the fundamental rationale for a comprehensive treatment approach, which he will demonstrate to be a long-term strategy for dental health commensurate with an enhanced level of wellness for your patient. Understanding parameters of disease expression is sometimes confused with parameters of patient adaptation. Formulating the appropriate treatment plan and sequence then becomes a unique challenge. This process can be simplified if we provide a diagnostically driven approach rather than merely a menu of treatment options. This presentation will focus on the unique "10 Step Process" that will guide the dentist through the key elements required to achieve predictable longevity, case acceptance and patient satisfaction.

From this lecture participants will learn:

1. A systematic approach to treatment planning every patient in their practice.
2. To focus on the four most important diagnostic categories.
3. To develop critical risk parameters to minimize failures and maximize successful results.
4. Protocols to implement treatment planning strategies

I just returned from seeing Dr. Kois' presentation of "Occlusion for Long Term Restorative Success" and found it to be highly enlightening and very "real world". He covered his thoughts on "The Three P's of Occlusion" (Position, Place, and Pathway), myths of occlusion (Myth: Parafunction is responsible for most tooth wear), functional occlusal principles from a biologic perspective, principles and diagnosis, and a **LOT** more. A great presentation that all of us can use. He also had great thoughts on controversies and divergent opinions among occlusal theories ("If it works to *any* degree it's not *wrong*. Why *does* it work?") He quoted Gandhi with respect to this : ***"We find comfort among those who agree with us and growth from those who don't."*** A great concept for the evolving profession of dentistry. I found Dr. Kois to be open-minded and an engaging speaker – in short, an excellent choice for our first seminar held in honor of Dr. Ardis. **See you there!!!**

NMC DENTAL ASSISTING PROGRAM NEEDS OUR HELP!!!

We are fortunate for many reasons to have the Northwestern Michigan College in our region. One of the reasons is the Dental Assistant Program that provides a valuable source of education to interested students and, in turn, provides a great pool of highly trained and registered dental assistants. Many of our members have hired these graduates to become valuable members of their dental teams. I have personally had multiple students in my office for observation and office introduction experiences. I have been pleased to see that all of the students were polite, bright, and eager to learn.

Program director Sallie Donovan is asking the RDDS for help in providing observation offices and internship sites. If you are willing to help these deserving students further their educational goals, please contact Sallie at (231) 995-1240 or email her at

sdonovan@nmc.edu. A brief overview of program requirements and FAQ's is listed below.

Introduction to Dentistry

An overview class examining the field of dental assisting and dentistry. Provides the student an opportunity to see first hand the variety of job duties performed by an assistant. The student will use this observation to reaffirm their career choice.

This is a two-hour observation that includes chairside duties, sterilization, lab work, hygiene, radiography, sterilization, and business office functions. At this point, the student will not have the ability to assist.

The student is expected to make the contact with the office to set the day and time, dress and act professionally, and obtain a signature from a dental staff person to verify attendance.

Dental Office Management

This class provides an overview to dental office business functions such as appointment scheduling, recall, accounts receivable, inventory management, third party payment plans and the use of computers in a dental setting.

This is a two-hour observation in which the student will observe the use of computer hardware and software in the office. Their goal will be to interview and observe the functions performed by dental software including the name of the software used, tasks performed, reports generated, locations of computers in the dental office, which staff use the hardware/software, ease or difficulty of use and other relevant information.

The student is expected to make the contact with the office to set the day and time, dress and behave professionally, and obtain a signature from a dental business office staff person to verify attendance.

Are You Interested In Taking An Internship Student?

Answers to questions you may have

What is an internship?

An internship is designed to provide NMC dental assistant students a hands-on experience in chairside assisting, laboratory procedures, patient management, radiology, and duties delegated to the RDA in Michigan.

How many hours per week will the intern be in the internship office?

The hours per week can range from 12 – 32 hours and may be spread over 8 – 15 weeks. This is arranged with both the office and students schedules in mind.

What is the most beneficial internship?

An internship is typically going to begin with the student shadowing an assistant, keeping notes on their duties and office protocol plus helping with “behind-the-scenes” type

procedures, i.e., operatory preparation, infection control procedures, confirming appointments and processing/mounting radiographs.

After a few days, the student should be getting supervised experience at the chair with patients. In some offices this will be scheduled a couple times/day depending on difficulty level of procedure and the patient receptivity.

Ultimately, the student should be performing dental assistant duties (and RDA duties as applicable) a majority of their time in the office. Note: while observation is important, it has its limitations in learning the skills desired in a dental assistant.

Are interns paid?

If the intern has been hired for an open position, they are typically paid, but at a lower rate than that expected by the experienced assistant.

Unpaid internships are those where the student is gaining experience while fulfilling their internship hours without a potential job at the end.

If the internship isn't working out, is there a way to terminate the internship?

This certainly happens and terminating the internship is best for both the office and the student. Initially, an agreement is signed by the office, student and internship instructor. The instructor should be contacted if termination is being considered.

DENTAL PAC OF MICHIGAN YOUR VOICE. YOUR FUTURE.

*"Just because you do not take an interest in politics doesn't mean politics won't take an interest in you"
- Pericles (430 B.C.)*

The decisions made by our legislators affect our lives and our ability to practice dentistry. Many of the bills voted on by our legislators affect dentists, our patients, oral health care and dental insurance, access to care, scope of practice, and small business management. The Michigan Dental Association Political Action Committee, or Dental PAC makes sure that the voice of organized dentistry is heard by our lawmakers. The purpose of the Dental PAC is to offer financial support for candidates who support dentistry's position on the issues that matter most to us as professionals and small business owners. Dr. Kerry Kasserian has represented us at functions such as Jason Allen's "Breakfast Club", an informative presentation on current political issues. I even heard Jason Allen speak favorably about Dr. Kasserian in a local radio interview. This involvement is necessary for the future of dentistry. Think of it as "preventive care" for your profession. Thanks to Dr. Kerry Kasserian for representing us in Michigan politics. Contact the MDA to join the Dental PAC or make a contribution by calling (800) 589-2632, Ext. 423.

A GROWING CONCERN FOR DENTISTRY?

Bisphosphonates and Osteonecrosis

There have been some recent articles in both the JADA and the MDA Journal on the administration of bisphosphonate drugs and the connection to osteonecrosis. Bisphosphonate drug administration has been recently linked to osteonecrosis of the jaws in patients who had recent dental extractions. While we may not all see patients taking IV or oral bisphosphonate drugs for the management of cancer, we certainly see a lot of patients who are currently taking oral Fosamax for osteoporosis. Are these patients potentially at risk of osteonecrosis from dental extractions and other exposure of osseous tissues? We have some great oral surgeons and periodontists that stay on the cutting edge of current topics and evidence-based medicine. What are the relative risks to our patients? How often do our specialists see these patients and how often do they see adverse oral sequelae (if at all)? Should we be using the existing protocols that we use to prevent osteoradionecrosis (hyperbaric oxygen, etc.)? Anyone willing to further educate us at the business meeting or at another time? This seems to be a growing concern that affects us all.