WINTER 2009–2010

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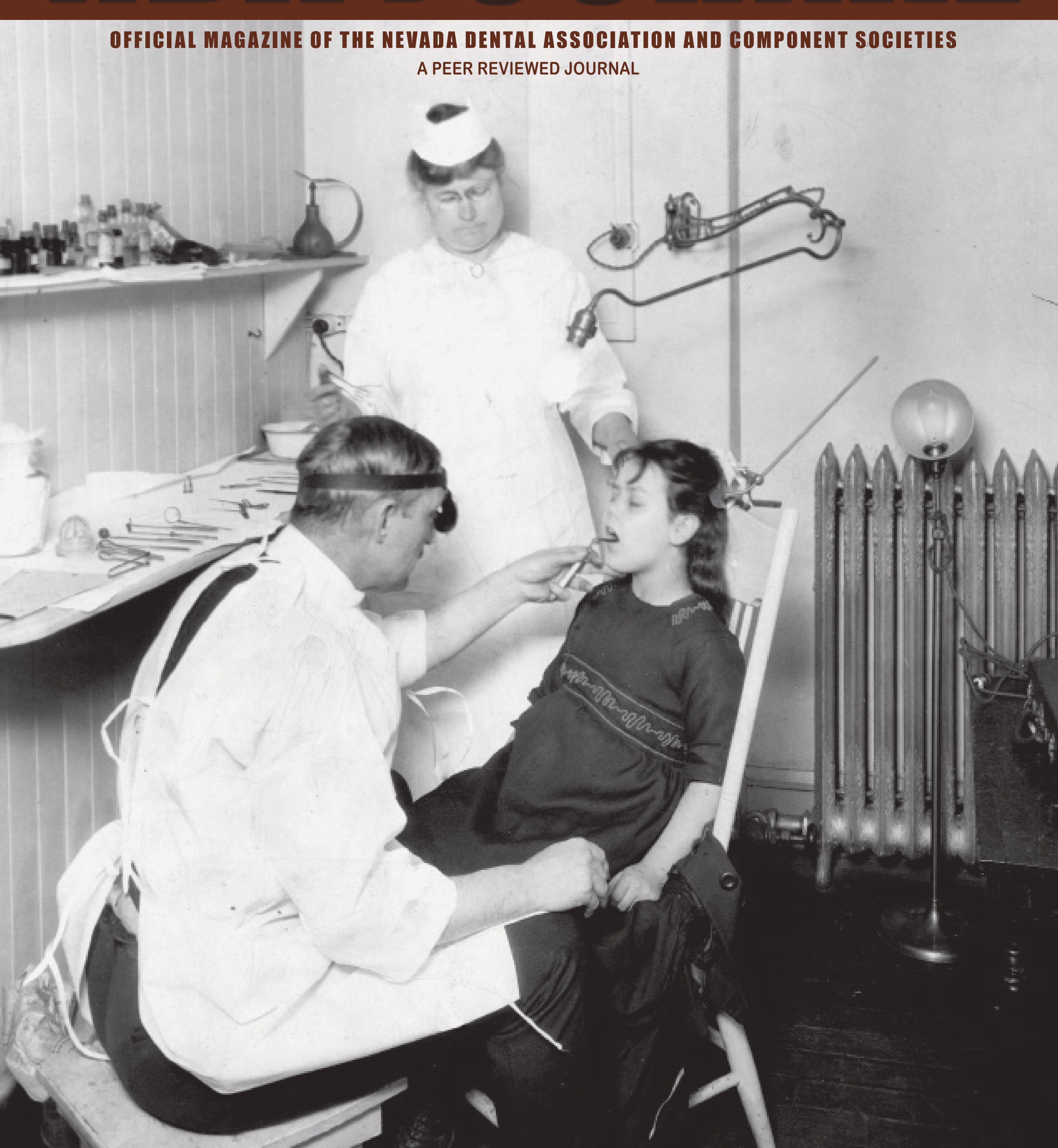
NDA JOURNAL

OFFICIAL MAGAZINE OF THE NEVADA DENTAL ASSOCIATION AND COMPONENT SOCIETIES

A PEER REVIEWED JOURNAL



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NDA JOURNAL

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On the cover

Photograph of the dental clinic in the People's Institute and Portland Free Dispensary, ca. 1920s. A female patient sits in the dental chair and is examined by a male dentist and female assistant.

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Thank you, Dr. Stratico

Most of my days are pretty routine, orderly, maybe even boring, and thank heavens for that. Many are very content with multiple routine days as opposed to a roller coaster ride between the great and somewhat less than great ones. However, those roller coaster periods, be they good or bad, and the intense events associated with them occasionally provide laser sharp memories whenever the opportunity presents to recollect.

It is unusual that such a graphically visualized memory can morph between good and bad emotions. It seems that usually these extreme experiences are either assuredly good or bad. Recall the childhood trauma of being forced to eat something terrible, like eggplant, for the ridiculous reason that "it's good for you." One of the wonderful privileges of adulthood in the United States is that one generally has control over not only what, but when and where we repast. Of course, culinary experiences are most enjoyable with intact dentition, which brings us to Dr. Stratico. My visits to Dr. Thomas F. Stratico, my childhood dentist in Whittier, California, started off as a new adventure, became a terrible experience, then life-altering in the most positive way.

The pre-dental appointment cold sweats certainly didn't start right away. My first trip to see Dr. Stratico was great. *Highlights for Children* magazine couldn't be found anywhere else in the world, the office smelled nice (the ubiquitous dental environment clove oil), and the x-rays were pretty neat. Unfortunately, Dr. Stratico found a small "cavity" in a baby tooth. At appointment number two, Dr. Stratico, giving me more credit than I deserved in forming an opinion, something most others have now learned never to do, asked if the tooth should be put "to sleep." Not understanding the ramifications of replying nay, I deferred on the sleepy tooth. Bad move! Whoever developed the theory that deciduous teeth can be restored painlessly without anesthesia was categorically promoting false dental doctrine. Anyway, after Dr. Stratico tortuously ground a few zillion Streptoccus mutans (Figure 1) off to bacteria paradise, life was good again.

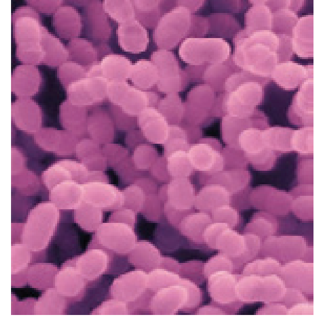

Figure 1
Streptococcus mutans

A little later, the squeaky/squishy/pushy sensation during the placement of the "silver" filling didn't hurt at all and it felt neat to have a healthy tooth again. I loved my new filling and checked it out when I brushed every few days…whether I needed to or not. Of course, I realized that someday a return visit to Dr. Stratico was mandatory, and the potential drilling was off the scale bad, maybe the very worst thing I'd ever experienced. How many adults still hold the memory of the singularly intense and terrible experience of a cavity preparation without anesthesia? Please, dish up eggplant morning, noon, and night instead.

I loved occasions when I didn't have to go to school, save, of course, when I had to go to the dentist. I remember trying all kinds of ploys to get out

Continues on page 4

Dr. Orr practices Oral & Maxillofacial Surgery in Las Vegas, is a Clinical Professor of Surgery and Anesthesiology for Dentistry at UNSOM, Professor and Chair of OMS at UNLV SDM, and is a member of the California Bar. He can be reached at editornda@nvda.org or 702-383-3711.

Emergency, from page 3

of the trip, ultimately trying to convince my mom that I was coincidentally just too "sick" to go. To my great chagrin, Mom was wise to my shenanigans.

Within a year of my first restoration, my regularly irregular brushing habits caught up to me and Dr. Stratico discovered another lesion. We scheduled the next session for a week later. As the time for the singularly terrible restorative experience approached, the hours started to rocket by. I found myself cerebrating, nay obsessing, more and more about my impending doom. Then I had a brilliant idea. I asked my mom if we could afford to "put the tooth to sleep" this time. I knew my family had a budget and didn't know that local anesthesia fees were informally "bundled" into operative dental procedures. In fact, local anesthesia fees are now formally bundled to procedures in CDT codes, with no option to charge separately for procedure based local anesthesia fees.[1] By the way, this raises interesting ethical and legal questions of what to do about bundled fees when a patient requests no anesthesia for a procedure (i.e. are patients being charged for something they do not receive?).[2]

Anyway, Mom affirmed that local was a reasonable option for me and when Dr. Stratico asked what my preference was, the previous deferral of a sleepy tooth changed to an instantaneous "yes, please." Dr. Stratico then stepped to the counter in the rear and started doing things that likely had something to do with putting teeth to sleep. I dared not turn around or fidget in any way as I figured that if I held perfectly still and didn't bother him with inconvenient questions or squirming, maybe all would go better. Dr. Stratico soon reappeared from behind the green enameled Ritter chair with the Mickey Mouse ears headrest, into which my cranium was firmly implanted. I didn't hesitate to follow instructions when he said "close your eyes" even though his right hand was mysteriously positioned behind his back. I was simply too frightened of the drilling to be concerned about anything that might possibly ameliorate that experience. As an adult, I fully understand why patients used to defer life saving surgery, preferring certain death instead, before the introduction of safe, effective, and reproducible anesthesia by Horace Wells, DDS, in December 1844. And Dr. Stratico fully understood that his patient was submitting voluntarily, submissively trusting in his good will, judgment, and kindness. Soon I noticed him wiggling my jaw around a bit, but that's all I noticed. A few seconds later he said "see you in a minute" and walked away. Then, something really strange happened, something that was literally a life-changing experience.

My whole jaw, lower lip, and tongue on one side did indeed go to sleep. Even better, when Dr. Stratico ultimately grabbed the drill, somehow attached to innumerable confusing pulleys and cables, and applied it to my tooth, all I felt was something bumping around in there, without pain! I felt like I'd gotten away with something huge, something I didn't deserve. Here I was getting my tooth drilled on, and I couldn't feel any pain. All the fear was for nothing. Life was good! Life was GREAT! The numbness did make the drooling more inconvenient in spite of the gurgley black tipped suction tube curving into the floor of my mouth. But that was a very minor issue to deal with, secondary to the benefit of a sleepy tooth. Later, the neat squeaky squishing of the silver was still a nice bonus.

Dr. Stratico was back in my good graces with room to spare. Over the next few years as I continued to visit him, he miraculously continued to painlessly put my teeth to sleep as we assiduously avoided the exquisite torment of my first restoration. I gradually became more adventurous while sitting in the chair, actually courageously lifting my head from the headrest. I had to proceed very cautiously with my explorations as I didn't want to do anything that would alter whatever it was that made my tooth sleepy. Ultimately, I even pushed a few buttons, squirting water and turning on the vacuum (all when my heroic friend Dr. Stratico wasn't in the room of course). One thing I noticed early on was a large jar on the counter behind the chair. It had some shot-looking things hanging in pink fluid. I had a sneaky suspicion that the jar had something to do with putting my teeth to sleep, but didn't want to mess with a good thing so never, ever, asked about it. I just continued to close my eyes, open my mouth, and let Dr. Stratico work his magic.

One day at school in junior high, we were asked what we wanted to be when we grew up. Remembering the powerful reality of Dr. Stratico regularly saving kids from a life of chronic oral agony by mysterious but wonderful means, I was prompted to answer: "A dentist." That answer made sense then and still makes sense now.

There were other supplemental forces in the universe influencing our decisions about career choices at that time too. In 1959 the US Post Office released the ADA's Centennial postage stamp *(Figure 2)* which featured children on the stamp.

Today, dentistry has just concluded the 150th anniversary of the ADA. *(Figure 3).*

Figure 2
1959 ADA Centennial USPS stamp

150 years 1859 2009 American Dental Association®

Figure 3
Official logo of the ADA's 150th Anniversary

"…there is no more influential force promoting Dentistry than those who practice the profession kindly and conscientiously."

The Nevada Dental Association received its Charter from the ADA in 1949, so 2009 was its 60th anniversary. *(Figure 4)*. The NDA had actually been holding unchartered state meetings since 1922 *(see the NDA Past Presidents list on page 34)*.

Figure 4
NDA logo

Coincidentally, the 1959 ADA Centennial stamp immediately followed one issued from Virginia City which commemorated Nevada's Silver Centennial. It's probably safe to say that a large percentage of the silver amalgam fillings done in the United States have historically been done with Nevada silver. *(Figure 5)*.

Figure 5
1959 Silver Centennial USPS stamp

Figure 6
1964 Nevada Centennial USPS stamp

The Los Angeles Area Council of the Boy Scouts of America also had an Eagle Scout career day in 1964 (when Nevada's Statehood Centennial stamp was issued). *(Figure 6)*.

For the career day, many area scouts chose the option of going to the USC Dental School's presentation and remember very well Admissions Director Dr. Rutherford sharing that if any of the scouts in the room worked hard enough, they very likely could become dentists. The presentation also included a 16mm movie about a dentist who discovered a cancerous soft tissue lesion in his patient's mouth that was successfully treated after referral to an oral surgeon (no "maxillofacial" in the nomenclature then). It was clear then, as it is now even more than ever, that Dentistry is a hard profession to beat.

American Scouting celebrates its 100th anniversary in 2010 *(Figure 7)* and now has a dentistry merit badge. *(Figure 8)*.

Figure 7

Figure 8

Everyone needs to see the dentist sooner or later. In spite of the fact that society likes to nervously poke fun at the profession from time to time [3], dentistry is held in very high esteem by the public, as evidenced in a small way by the US Postal Service, the Boy Scouts of America and overall in the annual Gallup Honesty and Ethics poll.[4] As so many of us in the profession know, there is simply nothing more gratifying than treating a terrified patient and then hearing the incredulous "That's all there is to it?" when a procedure is successfully done. It's even better when the patient is a child *(Figure 9)*, as many of us were when we were first introduced to dentistry by one of its many compassionate skillful professionals such as Dr. Stratico.

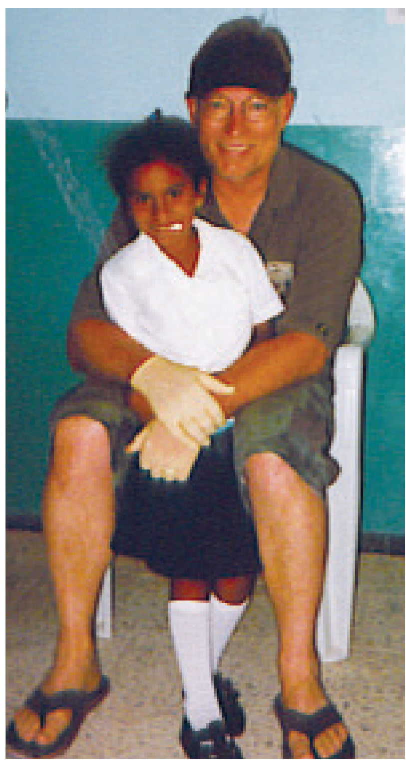

Figure 9
Patient on Isle Isabella, Galapagos, Equator

Very few professionals have the lifetime opportunity to influence so many so positively on a daily basis. But dentists do have that opportunity. Further, there is no more influential force promoting Dentistry than those who practice the profession kindly and conscientiously. We need to cherish the privilege and responsibility. Who knows, the respect and gratitude we may be privileged to engender in a few of our patients, even the children, may prompt them to consider Dentistry as their life's honored profession. ◆

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4. http://www.gallup.com/poll/124625/Honesty-Ethics-Poll-Finds-Congress-Image-Tarnished.aspx, accessed 18 DEC 2009

Robert H. Talley, DDS, CAE

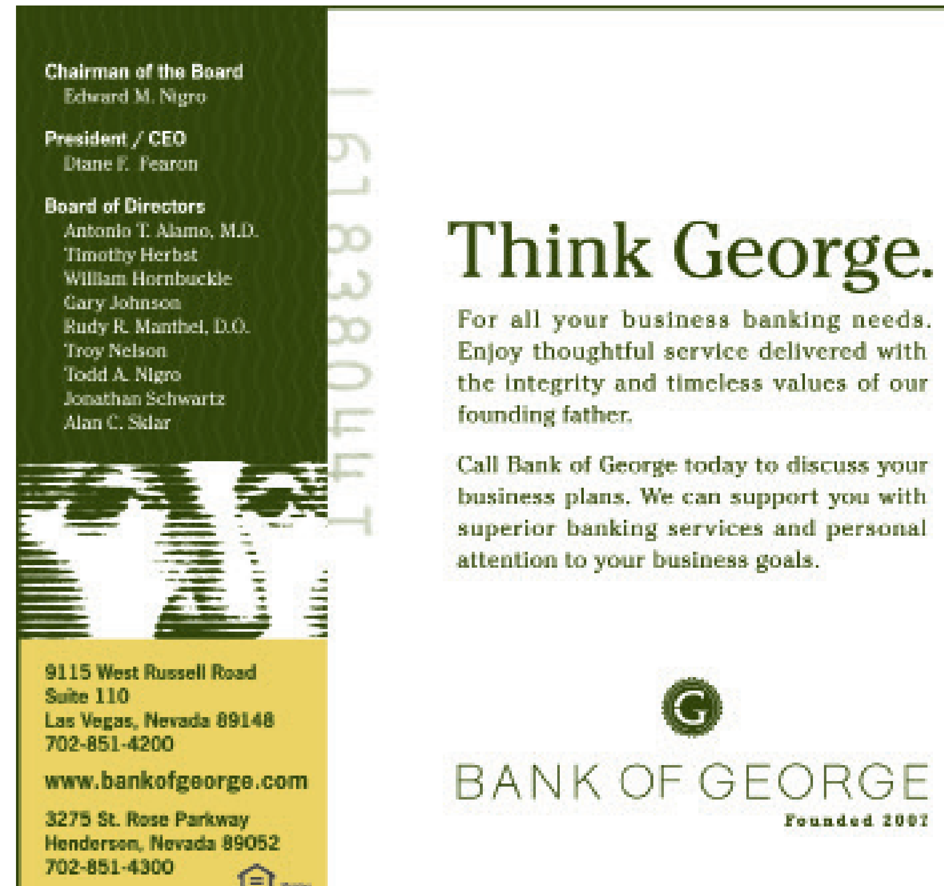
robert.talleydds@nvda.org

I was so very happy to see that the Northern Nevada Dental Society was giving their Mario Gildone Award for Lifetime Achievement to Joel F. Glover this year. Not only did Joel hold almost every office in organized dentistry at all three levels of the tripartite, but more importantly it was the way he carried himself throughout his career. Great leaders like Joel "lead by example," they create relationships that make others feel good about themselves and they help others achieve the same things that they have done. Joel would have said that he loved giving back to a profession that has been so good to him. He would also have said that he wants everyone who chooses to be able to do the same things in organized dentistry that he did. This award is about Lifetime Achievement which Joel accomplished through a Lifetime of Leadership. Thanks for everything pal; no one deserves this award more than you.

By the time you are reading this we will have video conferencing set up between the NDA office and the NNDS office in Reno. This will reduce some of the travel that we now do and allow myself and the officers to participate in meetings we have not been able to attend in the past. I am hopeful that this will also stimulate some committee meetings on a statewide level for membership, legislative and all of our other committees.

Legislatively, I want to thank our lobbyist Jeanette Belz and Dr. Steve Saxe for attending meetings and working with the Board of Dental Examiners and I on regulations pertaining to SB 295 (management company bill). The workshops started in August and were recently completed. The regulations that were developed were then sent back to the Legislative Counsel Bureau for approval. Once we hear back from them there will then be another hearing where we will get another chance to provide input on any changes they make. I have the regulations posted on our website, www.nvda.org.

Finally, we ask this often but it is really important for me to know if you have a relationship (patient, friend, relative) with a current or prospective legislator in our state. I promise you we do not abuse this knowledge, but it is helpful and we sometimes need to reach out to them on an issue. They listen to their dentists. There also may be some opportunities to help these legislators in their campaigns for office—which goes a long way when it comes to putting ourselves in front of them in Carson City. ◆



Dr. Paul Homoly, certified speaker, trainer and author, has generously offered his online module, "Making it Easy for Patients to say YES!" for free to NDA members.

Send an e-mail to Dr. Homoly at nevada@paulhomoly.com and inform him that you are a member of the NDA. He will send you a link to access his online program free of charge.

In Memoriam

NEVADA DENTAL ASSOCIATION

Joel F. Glover DDS

March 22, 1943–December 17, 2009

A Lifetime of Leadership

Leaders know how to create relationships that make others feel good about themselves, they are great story tellers, they never say "no" when asked to do something and they take great pleasure in seeing others accomplish what they have done. Joel was all of these and more. He was our "Go-To Guy" in Nevada, and he will be missed.

NDA President's Message

Peter Balle, DDS

Recently a colleague informed me that she thought she would benefit from Peer Review when a complaint was made about her to the Nevada State Board of Dental Examiners (NSBDE) by one of her patients. She shared with me the vulnerability she felt when this complaint went to the state board.

We all know if we practice long enough there is a good chance an unhappy patient will make a complaint about any of us at some point in our professional careers.

In her case, the complaint was made directly to the NSBDE. This doctor was disappointed that she was not afforded the opportunity to have the SNDA Peer Review Committee mediate the complaint. She mentioned that of the two complaints she has had while practicing in Nevada, she never had the opportunity of the Peer Review process. The doctor felt that if a committee of her peers would have had a chance to review the complaint and rendered a decision it would have avoided a black mark against her record. I agree!

We deal with the public and sometimes we may not meet the patient's expectations or we may not communicate effectively. Having a complaint registered with the Dental Board can have serious consequences. Even if the complaint is trivial, it is recorded as a complaint when it goes to the NSBDE. The consequences of a complaint can be dire. A malpractice insurance carrier may take notice which can result in higher premiums or worst case dropped coverage.

Historically, the Nevada Dental Association has had an excellent relationship with the Nevada State Board of Dental Examiners. We share the similar value of quality in dental care. Our differences are that the NSBDE examiners main charge is to protect the public and does *not* have a role in representing dentists' interests.

On the NSBDE web site there is a paragraph that is directed to the public that affords an individual whom feels a violation committed against them two options:

1. File a written narrative of the incident to the Board for violation of state law
2. File a complaint with the component dental society

The board goes as far as to list the component societies' phone numbers for the complainant to contact.

> *"… the State Board of Dental Examiners, is charged with the authority of taking action against a dentist's/dental hygienist's license when he/she is found to be in violation of state law. Our authority does not extend to mediation or resolution of fee disputes. If you feel that a violation may have occurred, you may file a written narrative of the incident with the Board. A second option is to file a complaint with the NNDS, Reno (775-337-0296) or the SNDS, Las Vegas (702-733-8700) for action by the local Peer Review Committee."*

Although we have similar values to the State Board, the NDA has a commitment is to its members:

> *"The NDA provides its members services that promote the highest standards of care for the public and inspires members in the pursuit of professional excellence and personal fulfillment through education, leadership and communication. The Association preserves the integrity of the dental profession, strengthens the doctor/patient relationship and promotes the Principles of Ethics and Code of Professional Conduct of the ADA..."*

It undoubtedly benefits all involved that the NSBDE offers the patient the option of going to the component society Peer Review. The NNDS has had an excellent Peer Review system in place for quite some time. In recent times, the SNDS Peer Review process has been streamlined for efficiency by the leadership of Dr. Joe Wineman. He has researched and implemented ADA policy and other state societies' Peer Review system to get the SNDS Peer Review to improve service to both the member dentists and the patients. The record growth of the Southern Nevada population and increased number of dentists has required protocols to handle higher volumes of complaints in an expeditious manner.

When a dentist has a problem with a patient from another dentist and the dentist can not resolve the problem, we have a responsibility to our peers

How can we make your NDA serve you better?

You pay for membership in NDA because you get ________?

What can we do to bring more value to your membership?

Please e-mail me at balledds@aol.com and let me know what your association can do for you.

and the patients to refer them *first* to the Peer Review Committee. Even if the dispute is between you and your own patient it behooves one to refer the patient to Peer Review to avoid a complaint being brought to the NSBDE.

The Peer Review Committee was designed to mediate conflicts between patients and dentists. The majority of complaints are lack of communication;
if the complaint falls into the category of egregious, Peer Review has a system in place to notify the State Board.

The volume of complaints should be filtered through the Peer Review system. This allows for quicker resolutions for both patient and dentist. At some point in each dentist's professional career they will realize the value of Peer Review.

We encourage all members to utilize this valuable system. As an association we will continue to work and promote Peer Review to the State Board to have the cases directed first to the Peer Review Committee that is manned by volunteer dentists and laypersons, for the betterment of our profession and the public.

Make 2010 a year of success by empowering your NDA to work for you. I wish all our members, officers and teams a healthy a prosperous New Year! ◆

Robert H. Talley DDS Earns Certified Association Executive Credential

The American Society of Association Executives announced that Robert H. Talley DDS has earned the Certified Association Executive (CAE ™) credential. The CAE is the highest professional credential in the association industry. Less than five percent of all association professionals have earned the CAE.

To be designated as a Certified Association Executive, an applicant must have a minimum of three years experience in nonprofit organization management, complete a minimum of 75 hours of specialized professional development, pass a stringent examination in association management, and pledge to uphold a code of ethics. To maintain the certification, individuals must undertake ongoing professional development and activities in association and nonprofit management. More than 3,600 association professionals currently hold the CAE credential. 2010 marks the 50th anniversary of the CAE program. ◆

Save the Date!

Nevada Dental Association 2010 Meetings

Mid-Winter Meeting

Silverado Resort, Napa, CA
February 12–13, 2010

Executive Committee Meeting—February 12
House of Delegates Meeting—February 13
Silverado Resort: 800-532-0500
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Group Name: Nevada Dental Association

Annual Summer Meeting 2010

Hotel Del Coronado, San Diego, CA
July 8–10, 2010

Room rate is $289 per night. To receive this rate, registration must be received by June 10, 2010.
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Membership Committee Report

By Brad Wilbur, DMD

Recently, I was talking to a physician friend about membership in our respective national organizations. When he stated that only 17% of physicians belong to the American Medical Association, I was shocked! In trying to verify that number, the most recent report I could find was from 2000, which showed AMA membership at approximately 30%. Their membership was declining yearly at that point, and the 17% number may indeed be accurate.

As a result of that information, it is necessary to thank all who have chosen to maintain membership in our tripartite system. Membership in the American Dental Association results in many benefits, some easily recognized, and others less noticed, but possibly more valuable. Certainly we reap the advantages of continuing education, peer review, insurance benefits and other benefits.

The unseen assets are actually more useful. When the esteemed Senator from Minnesota, Al Franken, tried to add an amendment to a bill to expand Alaska's Dental Health Therapist model to other states, Dr. Ron Tankersley was there to testify against him. Having the ADA President battle on our behalf brings not only the respect of the office but also the power that the number of member dentists brings to the table. The ADA benefits us on issues literally from access to health care, to x-ray guidelines.

Please remember that when talking to non-members about joining, any reference to the above information is *expressly allowed by law.* I also give you permission to rip the tag off your mattress at home…just don't mention my name. ◆

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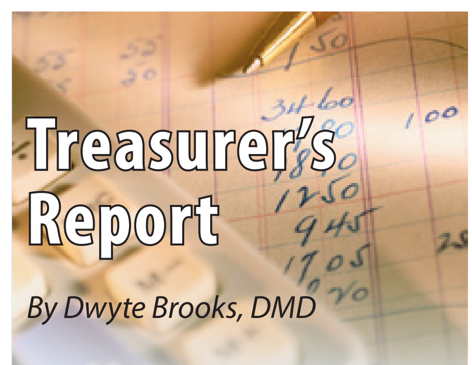

Treasurer's Report

By Dwyte Brooks, DMD

The NDA annual reporting cycle for 2009 has ended and the budget for 2010 has been prepared and will be presented to the NDA House of Delegates at the 2010 Mid-Winter Meeting in Napa, California in February. A well-prepared budget for 2009 has resulted in a net income for the Association of $55,726.69 which is 5.8% greater than that projected in the budget. As a result, the NDA reserves have increased from slightly over 1.4% to 4.3%. While this is far below what is considered a prudent reserve level by most accounting principles, it is a significant improvement in a difficult economy.

The budget for 2009 was based upon a projected decrease in membership which did not fully occur. As a result, when coupled with decreases in expenses there was a greater surplus than originally projected. The budget for 2010 also projects a further membership and income decrease and with decreases in committee funding, travel expenses and multiple other operational categories, a small surplus has once again been projected.

The final budget will be approved by the Executive Committee in January 2010 and presented and approved by the HOD in February. As always, these documents are available for review by members at the NDA office and will be included in delegate packages prior to the Mid-Winter Meeting of the HOD in February. ◆

NDA Annual Mid-Winter Meeting
February 12–13, 2010
Silverado Resort, Napa, CA

REGISTRATION

Event	Time	# Attending	Fee	Total Payment
Registration – NDA Member			$ 0	—
Registration – NDA Spouse/Child			$ 0	—
Registration – Non-member (required)			$ 100	
FRIDAY, FEBRUARY 12	**Time**			
Golf	10 AM–3 PM		$ 100	
President's Reception	5–7 PM		$ 60	
SATURDAY, FEBRUARY 13	**Time**			
Breakfast	8 AM		$ 25	
House of Delegates	9 AM–12 NOON		$ 0	—
Dinner at Whitehall Lane Winery—includes transportation from Silverado Resort	5:30 PM		$ 135	
			GRAND TOTAL	

Registrations will be accepted until February 5, 2010. Registrations after this date will be onsite only.
***NO REFUNDS* WILL BE GIVEN PAST *FEBRUARY 5, 2010*.**

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Infants, Toddlers and Parents—

Do Early Dental Experiences Affect Subsequent Behavior?

By Cody C. Hughes, DMD, MSD

It's Friday afternoon at 4:30 and while finishing up the last couple of patients the assistant informs you that a patient with an emergency has just called and is on their way to the office. Never fails, the weekend will have to wait a little longer. The patient arrives, a twenty month old toddler who fell while running and hit their mouth on the kitchen tile floor. Doing a lap-to-lap exam with the mother, you discover the child has extruded and luxated #E and #F to the point that they will have to be extracted. Time is taken to explain the situation to the mother, discussing the options and explaining what needs to be done. The child had an afternoon snack not more than a couple of hours ago, but is otherwise healthy with no history of medical issues. Since the child has not been NPO a sufficient amount of time to allow sedation, a lap-to-lap hold-n-go is discussed with the mother who reluctantly agrees because you help her to understand the necessity of the procedure and the limited options for completing it. The procedure goes quickly and smoothly, but as expected the child cried during the injection and subsequent extractions. To help comfort the mother you explain that due to the child's age this will all be forgotten with time and the child will be the better for it. But how accurate is this statement?

Infantile Amnesia is defined by Berk as the inability to retrieve events that occurred before the age of three.[1] This can be considered the basis for the argument that the child will not remember the experience. Research has shown that this is mostly accurate. The child's capacity to remember, or recall, what took place as they grow and develop the ability to communicate will be very limited, but this does not mean the traumatic event has been stored away in a part of the brain that will have no affect on how the child perceives and responds to future experiences in the dental office.

Some theorize that since the event took place at a time when the child's vocabulary was not sufficient to describe what happened, even as their language and vocabulary increase they do not gain in their ability to verbalize the event beyond what their capacity was as it occurred.[1] This holds true in the case of a young girl described in an article from *The Jerusalem Post* dated July 6, 2009. As stated in the article, around the age of one the girl witnessed the murder of her mother who was shot while holding her. At the age of nine she asked her grandmother how her mother had died and the grandmother told the girl she died in an accident. Even though the girl could not recount the event, she told the grandmother that she knew this was not true and she wanted to know how her mother had really died. The article goes on to explain, citing Professor Alicia Lieberman of the psychiatry department at the University of California at San Francisco, that "among the negative behaviors caused by traumatic events in children are temper tantrums, developmental delays, regression, unsociability and violence."

Let me be clear that I am not suggesting an early traumatic dental experience would lead to the types of behaviors just listed. But even though there has been no direct research to evaluate how early traumatic experiences affect later behavior in the dental environment, the information presented should be carefully considered when determining how to treat infants, toddlers, and even young children. There will be situations such as the one presented at the beginning of this article that limits your options for treatment, but when possible all efforts should be made to protect the psyche of the child.

Early in my pediatric dental residency, I learned a valuable lesson from very knowledgeable faculty. They taught me to *treat the child first and the teeth second*. Fortunately, with a greater understanding of the caries process, advancements in medicine, and development of behavior management skills, we have the ability in a large majority of incidences to treat the child first. Sedation and hospital dentistry are invaluable in this regard and recent research has indicated that children's behavior will improve following treatment rendered under general anesthesia.[2] Teaching children to be good patients should be a top priority and the focus in rendering care.

Sometimes one of the largest obstacles we have in treating children is their parent(s). Parenting styles have changed dramatically over recent years and in turn has forced us to alter behavior management techniques and even stop using some techniques that for years were very effective. This change in parenting styles is seen in a shift from authoritarian to permissive child rearing.

If you think back to your childhood, more than likely you will have stories about being spanked, maybe even getting the belt when you were especially out of line. I, as well as others, have stories of being paddled in school, which today would bring a media frenzy, threats of law suits, and job loss. In the past, parents relied on more authoritarian child rearing styles. The authoritarian is the type of parent that is very demanding and uses force and punishment, often engaging in psychological control over the child and manipulating them. You may hear them use the phrase "Do it because I said so!" This may result in the child becoming anxious and withdrawn or defiant and aggressive.[1]

On the other end of the spectrum is the permissive parent. A large portion of the new generation of parents has adopted this style of parenting either by choice or because of a lack of confidence in their capacity to control the child. The permissive parent is one that is warm, but overindulgent and makes few or no demands of the child. The child is allowed to make decisions before they are ready and do whatever they want, when they want, and how they want. The children become impulsive, disobedient, and rebellious with poor self-control and defiance often seen in adolescence.[1]

In the middle you have the authoritative child rearing style; which is believed to be the most effective. These parents are warm, responsive, and attentive while maintaining control through reasonable demands and permitting the child to make decisions when they are ready. Children from this environment will usually have a high self-esteem, self-control, and will be cooperative.[1]

As a practitioner it is important to recognize the type of parenting style used by the parent as children will respond differently to behavior management techniques depending on how they are raised in the home. A child from a permissive atmosphere will want to control the situation, demanding to know everything you are doing, questioning what you are doing, and making frequent requests to ensure they still have control of the situation. Nitrous may not be effective due to the feeling of losing control that comes with nitrous inhalation. They will often look to the parent to "save them" and frequently that is what the parent will feel they have to do. The parent will be next to the chair holding their hand or even lifting them out of the chair if the child becomes too uncooperative.

When you find yourself in this situation it is important for the child and the parent to understand that you are the one in control (hopefully this is true of the situation) and you are the authority figure. It may require you step out of the operatory with the parent and discuss the behavior of the child and reinforce that the parent has to allow you to manage the child. The parent should be asked to wait in the waiting room if they are unable to not interfere and allow you to work with the child, or if the child will not listen to you and continues to focus on the parent. It is imperative that you get the child to focus on you and listen to what you are saying. Force the child to make and maintain eye contact with you while you instruct the child on appropriate behavior and explain the procedure. When you give the child a command, you have to ensure that they follow through with what you have requested through the entire procedure. This will help the child understand that, unlike home, in your office they will listen to you and behave appropriately.

Some parents may not agree with your behavior management techniques and not appreciate what you are trying to do for their child. In these instances, it is appropriate to agree to disagree. Give them the name and number of a colleague that may be able to work better with their demands. As a professional courtesy, call your colleague and discuss with them the situation and the experience you had with the child and parent so they can be prepared and know what to expect.

Fortunately, the large majority of children are well behaved or manageable with a few simple behavior management techniques. The important thing is to discover what works for you and become confident in how you manage the disruptive patient. To apply the expression normally reserved for canines, children can smell fear and will respond much more agreeably to a confident practitioner.

This article obviously does not allow the necessary time and space to expound on the principles and information required for treating children. My desire is to provide some "food for thought" and hopefully some information that can be incorporated into your practice. Treating children can be challenging, but it can also be very rewarding. Treating the child first and teaching them how to be a good patient comes with a great deal of satisfaction and usually results in a new friend. ◆

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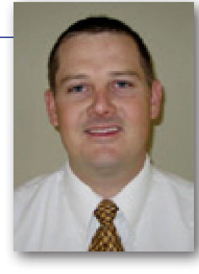
2. Fuhrer, C. T. (2009). Effect on Behavior of Dental Treatment Rendered Under Conscious Sedation and General Anesthesia in Pediatric Patients. *Pediatric Dentistry*.

Dr. Hughes is an assistant professor of Pediatric Dentistry at UNLV SDM



An Adventure to Serve:

A Summer in Vietnam

By Rian Stewart, DMD

In September 2007, I had the privilege of traveling to central Vietnam as a 4th year dental student to serve in a pediatric dental clinic with East Meets West Foundation. Joining me on this journey of adventurous service and smile transformation were two general dentists from Colorado and Pennsylvania, a dental hygienist from California, and two fellow classmates from Oregon Health & Science University School of Dentistry.

East Meets West Foundation (EMWF) is a non-profit, non-governmental organization with headquarters in Oakland, California and Ho Chi Minh City, Vietnam, with areas of focus in Vietnam including clean water and sanitation initiatives, school construction projects in rural villages, neonatal medical care, pediatric dental care, a school for disabled Vietnamese children, and many others. The heart-wrenching and moving story of EMWF's founder, Le Ly Hayslip, is portrayed in Oliver Stone's movie *Heaven and Earth*.

The EMWF Dental Program was founded in 1995 by Dr. Charles Craft, a dentist from Alaska. Dr. Craft directs a team of nine Vietnamese dental professionals who comprise the dental program staff. Since its beginning, the EMWF Dental Program has treated over 50,000 children from poor rural villages across Vietnam. Since over 75% of Vietnam lives in rural areas, one can see how welcome and transforming this dental service is to these rural communities.

We embarked on our journey with little idea of what a serving adventure it would become. Compared to many places on Earth, Vietnam is calm and tame. Yet negotiating the urban chaos and confusion of bustling cities like Ho Chi Minh City, Hanoi, and Da Nang was a different story. With the seemingly millions of motorbikes that flood the streets, each successful street crossing on foot was celebrated as a small victory!

Our quest for purpose can begin to be fulfilled as we stretch our paradigms, and use our skills to help those who are forgotten by many.

Our adventure continued daily as we traveled to our clinic site, located about an hour's drive from the heart of Da Nang city into the surrounding mountainous villages. Hoi Son Primary School was the chosen site for our clinic outreach, where we were graciously given two classrooms in which to set up our clinic.

Once it was time for action, we were a triage dental ward set up in a primary school. We treated anywhere from 80–120 kids each day, and the vast majority had at least one infected and severely decayed tooth, often in the permanent dentition. Sadly, we were left with no choice but to extract permanent first molars on kids as young as seven or eight more times than we ever hoped.

While our team was triaging patients and performing caries control and amalgam restorative procedures, the team of Vietnamese dental providers demonstrated home care and discussed the link between diet and dental disease. Daily we were grateful for our Vietnamese colleagues, as giving homecare instructions in Vietnamese is not an easy skill to develop.

After nearly two weeks in Vietnam, we were bid farewell by our gracious hosts and servant leaders, the dental staff of EMWF Dental Program. We celebrated our joint achievements of seeing nearly every child at Hoi Son Primary School in rural central Vietnam.

From the perspective of someone just out of the daunting and often dark recesses of dental school labs and lecture halls (well, it wasn't really that bad), my humble advice to dental students out there: make an adventure out of these four years. Life doesn't start the moment you are awarded a dental degree. Lives of dental students at my school were transformed as they risked comfort and security to travel and serve in places like China, Tanzania, Guatemala, Cambodia, Mongolia, Vietnam, and others, including underserved areas within our own state of Oregon. Indeed it is a sacrifice of precious time and finances, summer vacations with families, and possibly even class hours. But you will be rewarded and repaid many times over in the form of a child's transformed smile, who somehow innocently believes this foreign stranger came from far away just to take care of his broken tooth.

And my humble suggestion to my colleagues in the dental profession: there is an adventurous spirit within all of us that occasionally needs to be stirred to action. We didn't subject ourselves to the grueling academic marathon of college and dental school to create more time to merely stay at home. Opportunities abound across the world for adventurous service, from the remote villages of northern India, to the bustling chaos and beauty of Nairobi. Our quest for purpose can begin to be fulfilled as we stretch our paradigms, and use our skills to help those who are forgotten by many.

As I flew home from Vietnam, a slight feeling of sadness invaded my thoughts: our contribution to these people had amounted to a mere 60 hours of hands-on treatment time. Barely more than a week's worth of patients in a busy American practice. We saw many children, but this was one rural school in one isolated village in one country in the entire world. Our service was just a drop in the bucket. A spark of hope later emerged, and I realized our meager team consisted of just two dentists, one dental hygienist, three ambitious non-dental volunteers, and three lowly dental students. How many thousands of times over our small team could be reproduced from communities and dental schools across the world? We ourselves were a mere drop in the bucket of the reserves of dental humanitarian adventurers. ◆

Dr. Stewart, pictured with daughter Audrey, is a DMD who practices with his father, Kenneth, in Sparks, NV. He graduated with honors in 2008 from Oregon Health & Science University.

Protective Stabilization Devices

By Jeffrey N. Brownstein, DDS

The American Academy of Pediatric Dentistry (AAPD) recognizes and endorses the use of multiple forms of pharmacologic and non-pharmacologic behavior guidance techniques to help precipitate the delivery of safe and effective care in the dental office. An extensive portion of advanced post-graduate training in pediatric dentistry is dedicated to the mastering of such techniques, as this is considered an important element of this specialty. It is well documented that use of pharmacologic techniques, whether enteral or parenteral, involves supplemental clinical and didactic education, while states require ancillary credentialing to verify that individuals are proficient at administering these techniques and managing all possible complications. Researching this topic, however, reveals few formal perspectives discussing ideal training protocols, appropriate use and potential complications associated with non-pharmacologic practices, especially the use of protective stabilization devices.

The application of protective stabilization during dental visits is an effective and widely used protocol during the management of infants, toddlers, children and individuals with special needs. Immobilization of a young or fearful patient is frequently necessary to protect the patient, dentist and auxiliary from possible injury while affording dental care. Most commonly a dental assistant or parent will physically restrain a patient for brief procedures; however more extensive care may necessitate the use of a stabilization device such as a pedi-wrap or papoose. Quite often, however, patients require the use of both a stabilization device and physical restraint when combative or able to intraoperatively free themselves from the device. A search of literature discloses many unfortunate reports linking the use of protective stabilization to sobering consequences, including loss of dignity, emotional damage, physical injury, and even death. The most severe occurrences are typically connected with the use of excessive physical force usually resulting from frustration and fatigue encountered while caring for an uncooperative patient struggling to free themself and/or an inability of the practitioner to properly visualize, diagnose and treat the onset of a respiratory emergency, secondary to limitations presented by the obstructive stabilization device.

Training on the proper use of an immobilization device is extremely rare and possibly only occurs during pediatric dental, pediatric and emergency medical post-graduate residency programs. Representatives of all the major manufacturers indicate that they do not offer routine clinically-oriented equipment training seminars and most were actually unaware of any possible complications stemming from the recommended use of their product. Most dental practitioners obtain on-the-job training during their personal clinical experiences and without instruction or safeguards in place. It can also be expected that most clinicians circumvent reviewing the manufacturer's recommendations when purchasing these devices. Thorough clinical training using a protective stabilization device requires experiencing hundreds of clinical cases and would only be expected to occur during some sort of advanced educational training program. However, most practitioners could be exposed to various non-clinical scenarios to help better familiarize themselves with the management of all possible complications.

When determining proper behavior guidance modality, trained personnel should consider an individual candidate's extent of needed oral rehabilitation, the probable effects of each option on the quality and longevity of rendered care, psychological and physical considerations, risks associated with each choice and the outcome of any previously rendered treatment while identifying the most prudent, least invasive and safest option for that particular instance. Once selected, the option should be thoroughly discussed with the parent or guardian, documented within the patient's legal chart and informed consent must be obtained prior to the initiation of treatment. An explanation of any possible adjunctive modalities which may be implemented intraoperatively and without preemptive notice should also be thoroughly reviewed. The standard of care established by the AAPD dictates that a practitioner record the following pertinent information:

1. Informed Consent
2. Indication for Stabilization
3. Utilized Type(s) of Stabilization
4. Duration of Application

5. Frequency of Stabilization
6. Required Safety Adjustments
7. Behavior Rating During Stabilization

When a stabilization device is used, the dental auxiliary should acquire the help of an accompanying parent to place the patient into the device. This helps to reassure the child and typically makes ideal positioning easier. Improper positioning can result in an injury to the patient, their ability to escape from the device or difficulties placing and maintaining monitoring devices in sedated individuals. The extent of needed mobilization should be determined by observing the patient's temperament when placing the individual, as a minimalistic approach is safest. Many children, especially when sedated, may only require wrist straps and lower body wrapping to prevent the patient from rolling off the chair and from sudden movements of the arms. More combative patients, however, may require additional wrapping to provide advanced immobilization. Proper positioning for these individuals should include, immobilization of the arms using wrist straps, and placement of full body wraps using firm but not excessive force. When immobilization devices are applied using excessive tightness, the downward forces dramatically limits an individual's physical ability to breathe, as it inhibits the functional motion of the diaphragm and complementary respiratory muscles. It is also recommended that a shoulder roll be used to elevate the chin and open the airway.

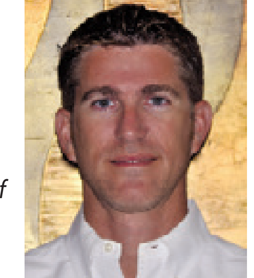
It is extremely common for a practitioner's primary behavior guidance recommendation to be questioned by a parent or insurance company whose principal motivation is limiting the overall cost of care and not necessarily in providing the safest and most effective method for the delivery of treatment. For instance, parents and insurance companies frequently demand that oral sedatives be used in conjunction with a papoose to complete large amounts of dental care despite a doctor's primary recommendation for treatment to be completed under general anesthesia. These outside pressures frequently compel caregivers to attempt cheaper, less invasive techniques, but ultimately expose the patient to supplementary risks. Very often these instances remove practitioners from their normal comfort zone and present situations which often exacerbate an emergent situation. Such patients find themselves exposed to more physical circumstances, doctors feel they need to increase routine doses of oral sedative regimens, and parents ultimately provide the professionals with consent to *push the envelope* to ensure successful, but cheaper visits.

It is extremely common for a practitioner's primary behavior guidance recommendation to be questioned by a parent or insurance company whose principal motivation is limiting the overall cost of care and not necessarily in providing the safest and most effective method for the delivery of treatment.

Pediatric dentists frequently use oral pharmacologic agents to limit potential stresses associated with immobilization. These anxiolytic sedatives provide amnesia, thus propagating more positive long-term feelings towards dentistry. However, the use of a full body restraint greatly limits a doctor's visual and tactile awareness, thus slowing their ability to identify a lack of chest rise and fall, the earliest sign of respiratory depression. The next visual sign will not become evident until the patient becomes cyanotic as evident in the purplish coloring of their lips. With an exhausted oxygen reserve, the practitioner's opportunity to correct this emergent condition is drastically abbreviated. Though modern monitoring devices, such as pulse oximetry and capnography diminish such occurrences, it can be assumed that failure of such machinery would inevitably result in dramatic increases in morbidity and mortality associated with these instances. Today's dental caregiver depends significantly on these adjunctive gadgetries and has become less likely to rely on their clinical intraoperative assessments, especially when unable to visualize the patient.

An additional concern associated with the use of immobilization devices, especially when combined with sedation, includes the disruption of spontaneous protective reactions when nauseated. The normal convulsive chest & belly response during vomiting is greatly hindered and concealed from the doctor, increasing the possibly of aspiration due to a delayed caregiver response, an inability to manipulate the patient's fixated head and body, a lack of projectility secondary to insufficient gastric muscular force behind the expelled emesis, and/or diminished protective reflexes. As a stabilization device and supplementary shoulder roll restricts a patient's ability to move from a tonic pose that maintains and supports the airway, it too increases the opportunity for aspiration or a foreign body obstruction. ◆

Jeffrey N. Brownstein, DDS is currently a resident in the Department of Dental Anesthesiology at UCLA. He served as chief resident while completing his pediatric dental specialty training at the University of Florida and is a Diplomat of the American Board of Pediatric Dentistry and a Fellow of the American Academy of Pediatric Dentistry.



Developing a Dental School-Based Pediatric Dental Clinic for Underserved Children

By Nathan Hawley, BA; Aaron Bjarnason, BA; Ashley Hoban, BS, DMD; Kevin Olson, BA, DMD

ABSTRACT

As in many areas of the country, some underserved children in Nevada do not have access to adequate oral health care. This situation prevents children from receiving preventative care as well as restorative care when disease is present. The Student Executive Council of the University of Nevada, Las Vegas School of Dental Medicine was commissioned to develop and operate a pediatric dental clinic for these underserved children. In October of 2007, the UNLV Saturday Children's Clinic began seeing patients. The clinic is entirely student planned and administrated, and provides comprehensive care to pediatric patients. Through the first year of the clinic, 69 children have received treatment (most of these children have had multiple appointments), dental students have donated a total of 1106 hours to the clinic, and over $40,000 worth of treatment based on school fees or nearly $80,000 based on national average fees have been provided. The clinic, utilizing the dental school facility and materials, has been successful in fulfilling the initial goal of establishing a way to provide treatment to underserved children in a continuous manner.

Recognizing a Need

Dental caries is one of the most common chronic diseases among children and a major contributor to school absences.[1,2] Those children who are born at poverty level are more likely to have tooth decay and are also more likely to have untreated caries.[2] In turn, children with dental caries are disadvantaged not only in their oral health status but also in their social well-being.

The overall number of dentists per capita has decreased and will continue to decrease over the next decade.[2] A paucity of dentists, especially pediatric dentists, limits the overall access to care for all children. Also, about a third of the public water systems in the United States are not fluoridated. Water fluoridation has been shown to be the best public health effort to prevent caries and saves about thirty-eight dollars in dental treatment per one dollar of community water fluoridation.[1]

Children in Nevada face some challenges to maintaining good oral health. Many Nevada residents live in rural areas where there is no water fluoridation and the number of practicing dentists is sparse. Additionally, the increased consumption of bottled water circumvents the fluoridation in metro areas. In Clark County (the state's most populous county and where Las Vegas is located), approximately twenty-two percent (about 389,000) of the population is under eighteen years of age and eleven percent of families with minor children are below the poverty level. Seventeen percent of people twenty-five and older do not have the equivalent of a high school education. Of the immigrant population, sixty-one percent are from Latin America making the total population in Clark County about one third Hispanic/Latino.[3]

The U.S. census reports the population of Clark County to be over 1.5 million[3] whose oral health is maintained by 683 practicing dentists.[4] These access to care issues are only further complicated once dental insurance and Medicaid coverage are considered. Nevada children are lacking in the number of providers able to treat them and are disadvantaged as to a means of funding dental treatment.

Beginnings of the Clinic

As a result of the acknowledged need for more pediatric dental care in Las Vegas, the Dean of the UNLV SDM issued a challenge to the school's Student Executive Council to initiate a student driven children's clinic for the

underserved. Subsequent to this meeting (July 2007), a group of four dental students began the planning phase of what would become the UNLV Saturday Children's Clinic.

Because the clinic is administered by dental students, and dental students are by nature transient, a principal goal for the establishment of the clinic was to introduce a system that would endure beyond the initial clinic sessions and continue indefinitely. Initially, four student leadership positions were established (two clinic administrators, a director of patient protocol, and a director of clinical affairs) that could be easily passed from one student to another as the students progressed through dental school and graduated.

The first major decision was which patient care model the clinic would follow and ultimately, the decision was made to follow a comprehensive care model. A target date for the first clinic session was set for October 13, 2007, giving the clinic administrators approximately two months to prepare. It was determined the clinic would then run eight times a year on Saturday mornings from 8 AM until 12 PM. Each clinic session would utilize 12 patient chairs, with an appointment for each chair at 8 AM and at 10 AM. All treatments available during normal clinic hours would be available during the Children's Clinic, with the only exception being procedures requiring a lab.

Saturday Children's Clinic Organization

Once the target date for the clinic was set and the basic schedule was in place, the team of student administrators and directors moved to establish the clinic's organization. This organization was divided into four main categories: facilities, equipment and supplies; faculty and staffing; student doctor participation; and patient protocol.

Facilities, Equipment and Supplies

Working with the Dean of Clinical Affairs, all necessary arrangements to use school facilities were made. This included security, air conditioning (normally not on Saturday mornings), building access (normally restricted on Saturday mornings), and clinic scheduling. In order to streamline the process, the predoctoral clinic area closest to the radiology department and to the waiting area was selected for the clinic's use.

Also working through the Dean of Clinical Affairs, arrangements were made to use the school's equipment (i.e. handpieces, motors, etc.) during the clinic. This included ensuring that the clinic dispensary and sterilization would be staffed. Additionally, all supplies (i.e. restorative material, local anesthetic, etc.) used during the clinic would be covered by the school through its general clinic fund.

Faculty and Staffing

With 12 student doctors (one per available chair) working on patients, at least two faculty members must be present during the clinic. Although two faculty doctors are enough to run the clinic, the goal was set to have at least four present for each session in order to speed up the process and to provide a greater faculty to student ratio. The ongoing goal of the clinic is to provide as much treatment as possible for each patient during the sessions. SDM clinic protocol still must be followed, including faculty approval of all treatment planning, and treatment completed and documented in the school's computerized system. With four faculty doctors present at all clinic sessions, student waiting time for faculty approval is minimized, thereby allowing more treatment to take place. All faculty doctors who take part in the clinic are volunteers.

In addition to faculty doctors, the dental school provides staffing at the front desk, dispensary, sterilization and radiology. Working through the Dean of Clinical Affairs, this is taken care of by compensated time off for a later date to the staff members who participate in the clinic.

Student Doctor Participation

For each clinic session, at least 24 student volunteers are needed: 12 operators and 12 assistants. Due to high demand, clinic participation is offered only to the fourth-year class, with members of the third-year class serving as alternates.

Interested students are instructed to email the director of clinical affairs, who then compiles a list of interested students and chooses 12 operators and 12 assistants. The first clinic's operators were determined by which students volunteered first. Subsequent clinics give priority to students who have previously volunteered at the clinic and give the students who previously assisted the opportunity to work as an operator. In addition to providing treatment, the clinic provides an opportunity for students to gain experiences necessary to challenge clinical pediatric dentistry competencies during normal clinic hours.

Patient Protocol

The primary purpose of the clinic is to provide dental care to children between the ages of five and twelve who do not otherwise have access to care. Patients are qualified through the NDA 1-Day Program, which confirmed that each child was without dental insurance, including Medicaid coverage. Twenty-four patients were chosen to participate in the first clinic. Clinic policy was set that if a patient did not show or cancelled twice for their appointment, they would be dismissed as a patient of the UNLV Saturday Children's Clinic. Ideally, the first appointment for every child is a comprehensive exam, radiographs, treatment planning, a prophylaxis with fluoride and/or any needed emergency treatment. The children are appointed to come back to clinic until all of their restorative treatment is completed. Once a patient has completed treatment or been dismissed, another child is appointed to keep the clinic total at 24 patients. After the first clinic, all children were appointed, if possible, with a student that had previously either operated or assisted on them.

Continues on page 20

Pediatric Dental Clinic, from page 19

School of Dental Medicine staff members assist the students by making all the appointment confirmation calls the week before the clinic. Additionally, staff members enter the patients into the school's computerized patient tracking system (students do not have the ability to create new patient records, but can modify records assigned to them).

First Clinic Session

The first UNLV SDM Saturday Children's Clinic was held on October 13, 2007, meeting the target date. Thirty dental student volunteers, four faculty volunteers, and eight staff volunteers worked the clinic that day. Two more children than anticipated came to the clinic seeking treatment, but accommodations were made and 26 children began treatment during the session.

This first session saw many successes; most importantly, it verified that the organizational set-up was efficient and effective. All the volunteers were present by 7:45 AM, so the first patients were sitting in chairs at 8 AM. One area of potential concern was the way the clinic would utilize the school's computerized patient records program, but there were no problems as the patients were inputted correctly and the treatment plans were able to be authorized quickly by the numerous doctors present.

In addition to successes, a few areas of improvement were apparent. One of the most obvious was the need for more Spanish translators. Although a number of the student operators or assistants spoke Spanish, there was a need for a couple more to help the other students. Also, the student administrators noted that there was some inconsistency on which treatments were being provided by the student doctors (i.e. some were only providing comprehensive exams without oral prophylaxis and fluoride treatment, which was due to a lack of communication about what was expected). The vision of the clinic, including treatment from the very first appointment, was redefined. Finally, it was determined that an educational component explaining oral health and hygiene would be appropriate for both the parents and children, and that it could be accomplished either before or after each appointment.

Subsequent Sessions

After completing the first clinic session, several additions and changes were made to the clinic in an effort to solve the problems that were seen during the first clinic session. In an effort to expand the number of Spanish speaking students present at the clinic and to give the first and second-year class members an opportunity to participate in the clinic, student volunteers from those classes who spoke Spanish were sought. These volunteers (at least three at each session) now serve as rovers and assist with translating for the Spanish-speaking parents and children.

Additionally, the student directors decided to mandate certain procedures be performed on each child to

standardize treatment. Most student doctors were already including these procedures in their treatment plan, but in order to maintain uniformity and equity a handout was created which listed the following procedures: D0150 Comprehensive Oral Evaluation, D0331 Initial Radiographs (school code), D1120 Child Prophylaxis, D1203 Child Topical Fluoride Treatment, and D1330 Oral Hygiene Instruction. This handout was distributed to all the student volunteers and they were asked to ensure all those codes were included in the treatment plan. The student doctors were also instructed verbally as well as on this handout to perform more than just a comprehensive exam on the first visit. They were encouraged to (1) relieve the child of pain, which the students were already doing and then (2) to perform at least a prophylaxis with fluoride. This way treatment would begin from the first visit.

A decision was made to appoint a student to become the Education Director with the goal of developing a program to educate both the children and parents about oral hygiene. The program would be produced in both English and Spanish and given in the lobby after the 8 AM appointments and before the 10 AM appointments.

Finally, the UNLV Advanced Education Program in Orthodontics and Dentofacial Orthopedics began participating in the clinic. All patients receive an orthodontic screening and children with a need for orthodontic treatment are identified and evaluated by an orthodontic resident. The children with significant orthodontic needs are referred to the orthodontic program to receive free orthodontic treatment.

Clinic Results

As part of the clinic evaluation process, the student administrators track the procedures performed as well as the number of volunteers and volunteer hours *(Table 1).* Additionally, using the published list of UNLV SDM fees[5], the 2007 Fee Survey[6] that reports the national average fees, and the Journal of Clinical Orthodontics Fee Survey[7], the

total dollar amount of treatment provided by the clinic has been tracked *(Table 2)*.

Through the first year of the clinic (eight clinic sessions), the UNLV Saturday Children's Clinic has provided treatment to 69 children with a total of 607 dental treatment procedures performed. The total dollar amount of treatment provided is $40,038 according to UNLV SDM fees and $78,402.10 according to the national average fees (value of orthodontic treatment is included in the amount of treatment provided once the case is referred to the residency program, not when the orthodontic treatment is completed).

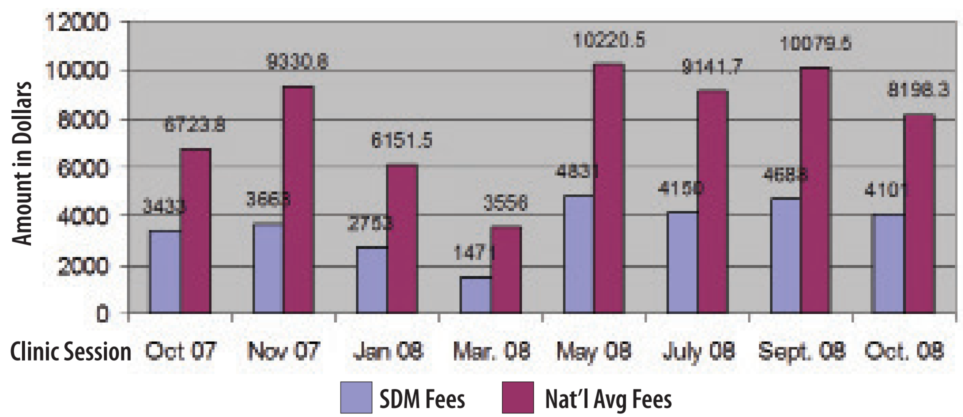
UNLV Saturday Children's Clinic Future

With the organization of the clinic in place and the completion of six successful clinic sessions, the student administrators are enthusiastic about the future of the clinic. The model has been established so it is self-perpetuating and easy to continue even as the current students graduate from school and new students take over the clinic leadership. It is anticipated that the UNLV SDM Saturday Children's Clinic will continue to provide essential oral health care to the Las Vegas community for years to come. ◆

Table 1 **Number of UNLV School of Dental Medicine Student and Doctor Volunteers and Volunteer Hours**

	10/13/07	11/17/07	1/12/08	3/8/08	5/31/08	7/18/08	9/13/08	10/11/08	Total
Student Volunteers	38	30	32	18	27	26	26	26	**215**
Student Volunteer Hours	198	138	172	116	120	118	120	124	**1106**
Doctor Volunteers	4	5	3	4	7	4	6	4	**36**
Doctor Volunteer Hours	16	20	12	16	28	16	24	16	**148**

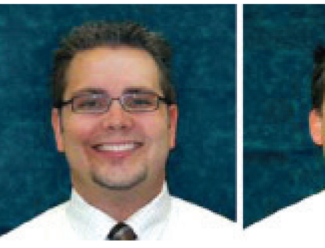
Table 2 **Total Dollar Amount of Treatment Provided Per Clinic Session (Excluding Orthodontic Treatment)**



Acknowledgements

The authors would like to acknowledge the assistance and support of Dean Karen West of the UNLV SDM in beginning and sustaining this clinic. Additionally, we would like to thank Dr. Jeanne Hibler, the current director of pediatric dentistry at UNLV, and Dr. Steven Hackmyer, the former director of pediatric dentistry at UNLV, for their invaluable insight in creating a clinic geared toward children. We'd also like to acknowledge the hours of service rendered by the many students, faculty, and staff who have worked tirelessly to make this clinic a success.

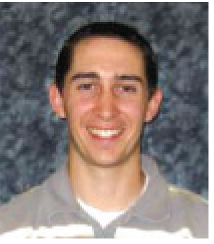
Mr. Hawley and Mr. Bjarnason are fourth-year dental students; Dr. Hoban and Dr. Olson are 2009 graduates—all at the UNLV SDM. Direct correspondence and requests for reprints to Nathan Hawley, 1001 Shadow Lane, MS 7410, Las Vegas, NV 89031; nathan.hawley@sdm.unlv.edu; 702-469-0336 (phone); 800-549-8707 (fax).



Nathan Hawley, BA

Aaron Bjarnason, BA

Ashley Hoban, BS, DMD



Kevin Olson, BA, DMD

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Pediatric Dentistry in Nevada

By Michael D. Saxe, DMD

Nevada Academy of Pediatric Dentistry is active in both the North and South. Our current president is Mike Stoker from the North. In 2009 we held a CE Course in Las Vegas at the UNLV SDM which was attended by many Pediatric Dentists from the North and South.

The Nevada Academy of Pediatric Dentistry is having its annual meeting on March 6, 2010 at The Resort at Squaw Creek, Squaw Valley, California. The featured speaker is Gerry Samson, a dual trained orthodontist/pediatric dentist who will be speaking on early mixed dentition orthodontics. Special rates for the resort and for skiing at Squaw Valley are available for meeting participants. For more information contact Mike Stoker at verdistoke@aol.com, or Dawn McClellan at mcclellan2@aol.com.

"In the News" information for your young patients

Anxiety Causes Poor Oral Health

(Cosmetic Dentistry – November 9)

www.cosmeticdentistryguide.co.uk/news/anxiety-causes-poor-oral-health-5096

Scientists are suggesting that people with bad oral health are increasingly likely to have anxious personalities. Researchers from the University of Otago, New Zealand, studied more than 1000 participants between the ages of 15 and 32 and discovered around a quarter of them had dental anxiety. The participants were divided into groups: People who had experienced dental anxiety throughout their lives (stable anxious), people who became dentally anxious as a teen (adolescent-onset anxious), and people who became dentally anxious as an adult (adult-onset anxious). The stable anxious participants had all experienced tooth decay around the age of 5, the adult-onsets had lost teeth around the ages of 26 to 32, and teen-onsets had their issues at approximately 15 years of age. It was determined that the stable anxious group had approximately 22 missing, decayed, or filled teeth by 32 years of age, when non-anxious people had approximately 13. The study also discovered that some people became dentally anxious as a teen but became less anxious as they got older. The research has implications both for dental professionals and the public as it gives dentists an idea of the causes of dental anxiety.

Evidence Indicates Sealants Improve Children's Oral Health

(ADA News – November 3)

http://ada.org/prof/resources/pubs/adanews/adanewsarticle.asp?articleid=3816

School-based sealant programs are an effective public health approach to preventing caries, according to a November article in *The Journal of the American Dental Association* that reinforces the evidence that such programs help improve the oral health of children, especially those from vulnerable populations. The article contains updated recommendations for school based programs, which complement the American Dental Association's 2008 evidence-based clinical recommendations on the use of dental sealants. The new recommendations are designed to assist state and community oral health programs interested in implementing their own programs and also to assist private practitioners who provide care in school-based settings.

Which Candy Do Dentists Recommend?

(Examiner.com – October 30)

www.examiner.com/x-6741-SF-Family-Examiner~y2009m10d30-Which-Halloween-candy-do-dentists-recommend

Approximately 90 million pounds of candy sold the week before Halloween is chocolate. According to dentists, this is a good thing. "Research has shown that chocolate is better than other sugary foods because of anti-bacterial properties in the cocoa bean, which cancel out some of the harmful effects of sugar," reports Douglas Young, DDS, MBA and professor of dental practice at the University of the Pacific, Arthur A. Dugoni School of Dentistry. The worst candy from a dentist's point of view? Hard, sticky candies that dissolve slowly or stick to teeth and have a high exposure

time. According to Young, the only candy that is good for teeth are those candies that contain xylitol.

Cranberries Provide Health Protection

(Reuters – October 28)

www.reuters.com/article/pressRelease/idUS136846+28-Oct-2009+PRN20091028

For those who think cranberries are nothing more than a turkey side dish, new research revealed this week confirms that the crimson berry may be small, but its health benefits are large. Leading scientists from throughout the country and abroad convened in Savannah, GA, for the Fourth Cranberry Institute Health Research Conference to review the latest findings on the potential health benefits of cranberries, including studies that reveal an eight-hour protection against certain harmful bacteria and significant improvements in biomarkers for many chronic diseases. The anti-adhesion benefits studied in urinary tract health are now being identified in other areas of the body, such as the oral cavity, stomach, and small intestine. Studies at the conference identified that cranberry proanthocyanidins help prevent oral bacteria from adhering to tooth and denture surfaces, thereby helping to protect against gum disease and cavities.

Watch Out for Medicines that Can Harm Young Teeth

(Independent.ie – October 19)

www.independent.ie/health/latest-news/watch-out-for-medicines-that-can-harm-young-teeth-1917532.html

A group of specialists in Our Lady's Hospital for Sick Children in Crumlin, Dublin, believe many health care professionals are unaware of the dental decay caused by frequently taking liquid medicines containing sugar. The majority of medicines for children are in a liquid form so that they can be easily swallowed. "To make these more palatable, sugar is used in the preparation process. Sucrose is the most frequently used sugar, due to its low cost, resistance to bacterial decomposition, long shelf life and its syrupy consistency…Some liquid medicines are available in both sugar-free and sugar-containing forms and the packaging of both formulations may be similar in appearance," specialists from the hospital's Department of Pediatric Dentistry wrote in the *Irish Medical Journal*. If taken at bedtime, sugar-containing liquid medicines may remain in contact with the teeth during sleep, when there is little salivary secretion. To help prevent issues, sugar-free liquid medicines or medicines in tablet form should be prescribed whenever possible. If the medicine is only available in a sugar-containing liquid formulation, advice should be given to the child's parents and caregivers.

Health Reform Proposals Enhance Children's Dental Care

(Kaiser Health News – October 13)

www.kaiserhealthnews.org/Stories/2009/October/13/children-dental-health-reform.aspx

Pediatric dental care, which has long been a concern of children's health advocates, would get a major boost from each of the pending national health overhaul proposals, as all call for expanding coverage. Yet in a surprising twist, some insurance industry experts worry that the legislation may create unintended consequences and disruptions for adult and family dental coverage. The case of Deamonte Driver, a 12-year-old Maryland boy who lacked access to dental care and died after bacteria from an abscessed tooth spread to his brain, illustrates the medical dangers of untreated dental problems. Allen Finkelstein, chief dental officer at AmeriChoice, which provides dental and medical care, considers Driver's death a wake-up call to use a more holistic approach to health care. "You really have to imbed dentistry with medicine," he says. "We have to change the way we think." ◆

Dr. Saxe graduated Valley High School in Las Vegas, received his BS in Biology from the UNLV, and then attended Washington University School of Dental Medicine where he graduated cum laude. Dr. Saxe then attended the University of Texas Health Science Center where he received his certification as a Pediatric Dentist.

SNDS Executive Director's Message

Robert Anderson

Happy new year to all of our members! 2010 has to be a better, if not great year!

Thank you to all participating in our Operation Dental Elf. Personnel from Nellis AFB picked up several loads of toys and gifts to brighten the holidays for families of deployed airmen. Thanks to all for making a difference.

Speaking of Nellis, we will hold our annual February meeting at Nellis AFB on Tuesday, February 9. And, again, you will have to RSVP in order to get your name on the list for their security squadron. Watch for details and deadlines in the prezfax.

We are hard at work putting together plans for this year's Give Kids A Smile event, to be held February 6 at the UNLV SDM. We want to thank the faculty, staff, students and administration at the dental school for once again hosting our event. The Orthodontics Residency program at USN, and hygienists and the CSN Hygiene School are also expanding their involvement. We also have to cite Henry Schein for their unwavering support of this event, even in these tough times. Last year we examined and treated over 200 kids who had no access to oral health care, with more than $150,000 in care, all in just five hours. Though that sounds like a lot of work, volunteers have a good time, and there's a great vibe to the whole event. We can always use volunteers, either for the day of the event or to help with any follow up. It's a fun event, but it also makes a huge difference in southern Nevada. These families have no access to oral health care for their children, no insurance, no Medicaid, and no ability to pay.

On the continuing education front, our next seminar will be held Friday, January 22, 2010. Dr. Henry Gremillion will kick off our series for 2010, speaking on "TMD/Orafacial Pain Diagnosis and Management: Clarifying the Issues." Dr. Gremillion is a distinguished practitioner and an outstanding speaker. Look for details to come by fax and email. We hope you'll join us at the Gold Coast on January 22 for an excellent program.

Later in the spring, we'll be having the next installment of our mini-CE series, now renamed The CE Café. This has been a very popular program, providing 2 hour seminars after work during the week. Thanks to our great sponsors, Burkhart Dental and Nevada State Bank, there is no cost to the society, and therefore no cost to our members. This is a new program, but based on the comments of participating members, it's going to be here to stay!

The 1DAY Program is currently on hiatus and undergoing some reorganization. As we work through this process, we'll keep you informed by Prezfax and at our regular dinner meetings. The two major goals of the reorganization are to find consistent, dependable ongoing funding, and to do a better job of keeping our volunteer dentists informed and recognized for the great job they do. The program was started by dentists, with dentists, and now it's coming back to its roots. Watch for more info as it develops.

Save the dates for our dinner meetings: January 12, Gold Coast; February 9, Nellis AFB (RSVP required for this one!); March 9 at the Gold Coast, and rounding out with April 13 at the Gold Coast. ◆

Dentists/Clinical Staff: Get your H1N1 Flu Vaccine

The CDC classifies dentists and members of their clinical staff as members of the target group, "Health Care Worker in direct patient contact"— thus they are eligible to receive the H1N1 Flu Vaccine.

For information on availability of the H1N1 vaccine, go to the Nevada Health Division website at http://flu.nv.gov/H1N1_FluVaccineLocator.htm

2009–2010 CE series

March 19—Dr. Perng-Ru Liu

If you did not buy the series but would like to see these two great speakers, call the SNDS office at 702-733-8700 and sign up.

So often in these reports, we write about what's going on, the latest issues, current programs, the next meeting. We also reinforce all the positive aspects of organized dentistry, but don't much talk about our personal experiences or about what it is that your officers actually do.

Like most of you, I've been a long time member of the American Dental Association. I wasn't very active during my 25 years in the Air Force, but after retiring and accepting the director's job at the GPR, I've been very involved with the SNDS and the NDA. I served on the Executive Committee of the SNDS for six years before being elected as your Secretary/Treasurer, President-Elect and now President.

As a Delegate, I attended monthly meetings, and by listening to reports and participating in discussions, I felt I had a fair handle on things: Give Kids A Smile, the annual Nellis meeting, the NDA annual meetings. But I can tell you, it's not until you get involved as an officer that you really see all the aspects of organized dentistry at work, what a difference it can make and how important it is.

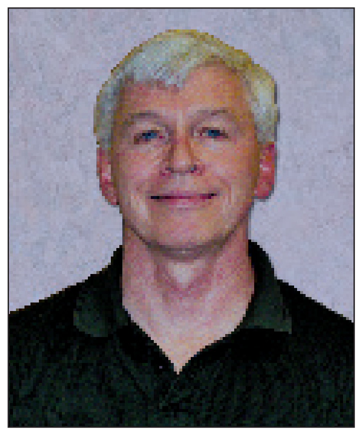
The first thing you realize is that there really is no "business as usual." With 600 member dentists and an affiliation with the largest professional dental association in the world, it's a dynamic, ever-changing process. It may be a member with a question, it may be something that was said on "Good Morning America" about dentistry, it may be new regulations being proposed by the state board but most days there is something your officers need to discuss or be aware of.

Constant, effective communication is critical. Our SNDS staff does a great job of heading off surprises and keeping information flowing. And though we've cut back on the number of Executive Committee meetings, your officers still get together monthly and frequently email or talk on the phone.

All of this takes a significant commitment of time and energy. Arranging for programs, reviewing financial reports and monitoring committees all require attention to detail. Our staff does as much as possible but they'll be the first to tell you that our officers have to be hands-on.

The reward is seeing the good that a society like ours can do. Our members volunteer their time to give our profession a face in Carson City and represent us on stateside health coalitions. Volunteers on Peer Review provide mediation for members and their patients. Through our outreach, underprivileged families, veterans, and even some active duty military receive attention. We can be proud of the difference our volunteers and our society make in southern Nevada!

Your society is providing a full schedule of meetings, seminars, and educational opportunities. The two common themes that run through these events are the detailed, behind-the-scenes planning and the tireless involvement of our great volunteers. That said, we can always use more help; with so many areas to choose from, you're sure to find something that suits you. We'd love to have you join us! ◆



George McAlpine, DDS, MS

Perfect Holiday Wish to all Fellow Professionals

By Franson KS Tom, MS, DMD, Chair

Dentists are notorious perfectionists. They can make everyone around them feel they must also be perfectionists. It is a quiet trait that patients appreciate and trust. It is a silent mantra in dental school. It is a humanly impossible illusion in practice with immediate, inevitable self-torment and shame that dishonors our self-esteem. As we become more experienced, we hopefully recognize our normal imperfect limitations, but those who do not or cannot, tend to feel inferior, unacceptable and sometimes unworthy. This can lead to highly defensive isolation and depression, denial and addiction rather than a desire to improve. Dentists are not expected to be perfect. I believe that is why we are called a "practice" and not a "perfection". Dentists are expected to simply practice their best at what they are trained to do and maybe improve a little each day for the benefit of their patients.

However, in our effort to serve our patients, sometimes we are our own worst enemy as we openly criticize normal human imperfection in ourselves and, unfortunately, in other fellow professionals. State boards, local professional societies, insurance companies, and liability attorneys report most patient complaints begin with careless, unsubstantiated criticism by a fellow professional. Therefore, most of the time, dentists create our own worst nightmare and demons.

According to James S. Gordon, MD[1], "the origin of the English word 'demon' gives us the clue we need to understand how to heal ourselves." "Demon" originated from the Greek "daimon." Plato, in *The Republic*, called daimon the guardian guide to fulfill your soul's choices in times of trouble and confusion. Over time, "daimon" was spelled "demon" and focused more on the "trouble and confusion" than the "guardian guide." Demon came to mean an evil spirit that terrifies us, but it is actually just those parts of ourselves, of our history, and of our life that we fear, hate and deny.

To heal and become whole, we need to refocus so we can confront, acknowledge and accept our demons, so we can take back the power we have yielded to them. Dr. Gordon confirms, "If we are willing to endure the pain of meeting these demons, we will discover the daimons that will show us who we really are, and we will learn how we are meant to live our lives." Dr. Gordon rightly concludes, "Self-care is the heart of all health care." Ralph Waldo Emerson continues the thought with "What lies behind us and what lies before us are tiny matters compared to what lies within us."

As a profession, we need to help, not hurt our fellow professionals. The negative demons only hurt ourselves. Together we can freely help the patients we serve and truly resolve the oral health crisis in America. We have the power to eliminate the isolation and depression in our profession. It is my perfect holiday wish. I encourage you to fellowship with your fellow professionals and look for the good possibilities in these difficult and uncertain times, and continue that spirit when the economy recovers. If we don't help cure our profession it leaves the door open for third parties like insurance companies, non-dentist management clinics, employers, unions, community groups, government and attorneys to dictate oral health care. I encourage you to join your local dental society to see how you can contribute.

If you ever feel your isolation and depression demon gaining control with denial and addiction which may affect your ability to practice, you have the Dentist Health and Wellness Committees to assist you. In northern Nevada, contact the Northern Nevada Dental Society at 775-358-5265 or nndental.org. In southern Nevada, contact the Southern Nevada Dental Society at 702-733-8700 or sndsonline.org. We hope you don't need us, and have a happy new year. ◆

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NNDS Executive Director's Message

Lori Benvin

Happy New Year to all! May the 2010 financial climate of this country improve for all of us next year, but more importantly, may good health and happiness be blessed upon you this coming year.

Mario Gildone Lifetime Achievement Award for 2010

The 8th Annual NNDS Mario Gildone Lifetime Achievement Award Nomination Selection Committee has chosen the 2010 MGLA award recipient. The Committee received numerous requests for one candidate, **Joel F. Glover, DDS,** and *unanimously* chose Dr. Glover as the sole candidate for 2010. The MGLA dinner meeting has been scheduled for **Thursday, April 8, 2010** at our NNDS general membership meeting. Please save the date!

The MGLA award is an exclusive honor; awarded to those individual dentists, who are retired or posthumous, who have made exemplary contributions to the dental profession and the community. Dr. Joel F. Glover made such a *significant* difference in our profession and for our community that he was selected as the clear choice for our 2010 award. If you would like to submit your comments to be shared with his family as to why you believe Dr. Glover is so deserving of this award, please email them to the NNDS at nnds@nndental.org.

NDA Journal Editor Request … From Dr. Daniel Orr

The *NDA Journal* Editor-In-Chief is requesting letters, case reports, articles, editorials, etc. from Northern Nevada Dental Society members. If you would like to submit something to Dr. Orr, contact him at dlorrii@pol.net or at his website www.orrs.org.

NNDS History in the Making

The NNDS has recently formed a committee to put together a compilation of stories from a group of identified dentists who will retell tales from yesteryear and recreate some memories of dental events. We know that some of our great dentists of Nevada are no longer with us, but we are hopeful that those we will be interviewing will piece together dentistry history for Nevada. The History Recreation Committee recently received the approval from the NNDS Executive Board to move forward with this very important piece; in written form initially and then to hopefully be posted on the NNDS website. We are very fortunate to have Julie Forbes, of NV Reporting, to help us create this gathering of stories and we thank her in advance for her court reporting expertise to assist us in making this happen. We are excited to put this invaluable compilation together for all of you.

NDA MidWinter Meeting

The NDA Annual Mid-Winter meeting is quickly approaching. If you are a NNDS Delegate or if you are interested to know more about serving and becoming a NNDS Delegate, Dr. Frank Caffaratti, NNDS Chief Delegate, and I would like to share with you the importance of this role. Your representation protects your rights, your lifestyle, your profession, and your patients. You will represent approximately 25 of your colleagues twice per year at the NDA state annual meetings; the Mid-Winter and the Summer meeting. Your term as a Delegate will run for three years; with only two House of Delegate meetings to attend per year. The Mid-Winter meeting is scheduled for February 12–13, 2010 at the Silverado Resort in Napa, California. This is a beautiful locale and a wonderful get-away. Call or email us if you are planning on coming to Napa! You may also register on-line with the NDA at www.nvda.org. ◆

Advertise in the *NDA Journal*

Contact Bettina Chuck at LLM Publications

bettina@llm.com or 800-647-1511 ext 2233

WELCOME NEW NNDS MEMBERS

Cary Jaques, DDS – General

Ani Kim, DDS – General

Cyrus Kwong, DDS – General

Seung Song, DDS – General

Scott D. Jarrett, DDS

Winter is upon us and as I write this report it is *cold* outside. Weather like this makes me long for a respite and I am gratefully looking forward to our upcoming NDA Annual Mid-Winter Meeting in Napa, Calif. on February 12–13, 2010. This year promises a wonderful venue so don't miss it. Register soon to take advantage of early bird discounts with room rates at only $160 per night at the Silverado. All NNDS Delegates and Alternates please contact our Chief Delegate, Dr. Frank Caffaratti, regarding your availability and attendance.

NNDS Executive Board Nominations Open

If you are interested in being a part of the NNDS Executive Board we are looking for you. At our January general membership dinner meeting we will open the floor to nominations to the 2010–2011 NNDS Executive Board. If you would like more information about the duty of holding an office on the Board contact me at drjarrett@sierraendo.com.

Thank You!

On behalf of the Northern Nevada Dental Society and the Northern Nevada Dental Health Program (NNDHP) I am overjoyed by the extreme generosity that many of you gave this year during a challenging economic climate.

- I thank *all of you*, who donated your time to NNDHP—whether you treated children, volunteered time as part of the NNDHP Advisory Board, volunteered on the Golf Tournament Committee, the Golf Alliance Committee, or participated and donated to our 7th Annual Charity Golf Tournament this past September. If you are interested in participating as an NNDHP Provider please contact Lori at the NNDS office, 775-337-0296 or nnds@nndental.org.
- Thank you to Drs. Jason and Todd Sala from Sala Family Dentistry and Dr. Scott Boyden for their volunteerism last November at their first annual free dental care day through "Dentistry from the Heart". We applaud all of the volunteers from your office who not only provided care for the children of NNDHP earlier this year, but also chose to give this community a free dental day. Many of the citizens you treated probably would not have otherwise received dental care.
- Finally, thank you to all dentists who perform pro-bono dental treatment for the citizens of our community. Your generosity is immeasurable and appreciated!

NNDS Notes

As mentioned several times in the past, the NNDS has gone paperless for our general membership events. All notices are now sent via mass email and the monthly electronic newsletter. All members and non-members are asked to contact the NNDS office to be sure their email address is current. All event information is available on our website at www.nndental.org.

Have a great winter and I hope to see you all at the meetings we have planned for this quarter. ◆

NNDS Upcoming Events

All of our events are updated on our website at www.nndental.org.

February 11: NNDS general membership dinner meeting at Gold Dust West in Carson City. Presentation from the State Board of Pharmacy.

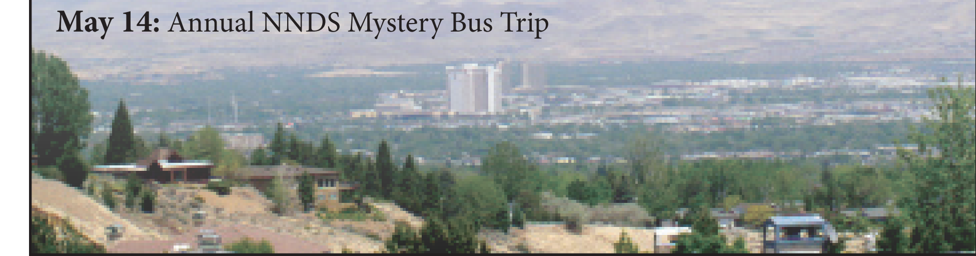
March 11: NNDS general membership dinner meeting. A panel of our local peer Periodontists will discuss several cases and lead a question & answer session on the latest perio updates. Dr. Mike Almaraz will facilitate.

March 12: Continuing Education—Dr. Jeff Brucia presents "Adhesive Materials Update 2010." A lecture and hands-on course co-sponsored with Ultradent.

April 8: 2010 Mario Gildone Lifetime Achievement Award Dinner—honoring Dr. Joel F. Glover.

May 7: Continuing Education—OSHA, Infection Control, and CDC Guidelines

May 14: Annual NNDS Mystery Bus Trip



UNLV School of Dental Medicine Report

Karen P. West, DMD
UNLV SDM Dean

Class of 2013

Last September we welcomed an impressive group of 1st year students into our academic community. We carefully selected 80 students from a very competitive group of 2655 applicants. Our applicant pool was slightly lower last year, a trend that's consistent with that of other dental schools across the country. Nevertheless, we remain proud of the fact that nearly one of every four applicants to dental schools in the U.S. applies to UNLV!

We have once again attracted a group of young women and men who are very diverse. The number of languages spoken by this class is noteworthy: Arabic, French, German, Hungarian, Italian, Japanese, Korean, Mandarin, Portuguese, Spanish, Tagalog, and Vietnamese. This is important for a profession who will be expected to treat an increasingly diverse population. They come from a variety of colleges, including UNLV (18), UNR (10), and BYU (10), and also include other prestigious institutions such as UCLA (3), and the University of California-Berkeley (2). In addition, two students have masters degrees and four are participants in the military scholarship program.

Student Organizations / Awards

Our students excel in the classroom and have been selected for leadership positions in national organizations.

ADEA Student Chapter— Our UNLV chapter of the American Dental Education Association (ADEA) received the "Best Chapter" Award in 2008 and was recognized for "Best Chapter Activities and Events" in 2009. Kris Smith (DS-3) was selected from among his national peers to serve as Vice Chair of the Council of Students. Jared Dye (DS-4) served as Center Group Leader for the Center for Educational Policy and Research. Tara Paterson (DS-2) was selected as West Coast Regional Representative. We are very proud to have our students serve in positions of leadership in their respective organizations!

Three events characterized the breadth of activities of our ADEA student chapter:

- January, 2009: the chapter held its 3rd Annual Boy Scout Merit Badge Day at the SDM. Approximately 50 young men learned about dentistry and earned a merit badge.
- March, 2009: the chapter organized a 5K Run to benefit dental school patients with financial needs. Over $10,000 was raised to pay for dentures for qualifying patients.
- Summer, 2009: the chapter conducted the 3rd Predental Simulation Course, educating 150 predental students about dentistry and dental school. Proceeds from tuition are used to support student activities.

ASDA Student Chapter— Five officers attended ASDA's Annual Session in March, 2009. We are proud to report that that the UNLV Chapter brought back the following awards:

- Ideal ASDA: Best Chapter in the Nation
- Community Dentistry Award: 1st Place
- Fundraising Award: 1st Place

Our ASDA Chapter also sponsored annual Vendor Fairs in fall and spring. They developed an active "Lunch and Learn" program with local speakers, participated in National Student Lobby Day in Washington, DC, and partnered with the SNDS for the Dental Elf Holiday Gift Drive for families of deployed soldiers at Nellis AFB.

This year, the SDM and the students are partnering to pay the 4th year ASDA student dues. This is our way of impressing upon the students the importance of joining organized dentistry.

Psi Omega Dental Fraternity— The UNLV Upsilon Nu Chapter was recently awarded two prestigious awards: 2008–09 Regional Founders Award for Chapter Excellence; 2008–09 National Founders Award for Chapter Excellence.

SNDS Mentor Program

Once again, our friends and colleagues in the SNDS will sponsor a Mentor Program with our senior dental students. Our students will have a local dentist who can provide career and professional advice that will compliment their educational experience. In addition, a member of our student ASDA Chapter will serve on the board of the Mentor Program at SNDS. We thank the members of SNDS for their continuing support of our students!

Pediatric Dentistry Residency Program

This past summer, four new residents matriculated into the program, originally funded by a grant from the Health Resources and Services Administration (HRSA) of the U.S. Dept. of Health and Human Services. They joined the four existing residents, who will complete their specialty program in the summer of 2010.

Orthodontics Residency Program

Five new residents formed the inaugural class that matriculated into the new, 3-year masters degree program. This is a nice change from our original group several years ago which had 16

residents in each class. We also have three, one year only orthodontic fellows. This one year program supplements their dental school knowledge gained about the practice of orthodontics.

SDM Graduate Program Applicants

Regarding our own student interest in postgraduate programs, 39 out of 76 students (52%) in the class of 2010 has applied for residency positions throughout the country. An additional 11 former graduates of UNLV SDM has also applied. We know that if accepted they will represent UNLV well.

Celebrating "New Faculty with Old Faces"

We are pleased to welcome two of our alumni from the Class of 2007 to the Department of Clinical Sciences.

Dr. Cody Hughes joined us as a full-time faculty. He recently completed his pediatric dentistry residency at Indiana University.

Dr. Adam Gatan, who recently completed his endodontic residency at the University of Pennsylvania, has accepted a part-time appointment.

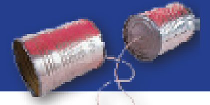
Alumni Association

Speaking of our alumni, the SDM has begun the process to establish an alumni association. Members of the inaugural Board of Directors have been identified, and their initial meeting is expected just after the start of the new year. We will keep you posted on their activities and plans for the future.

Part-Time Faculty Appreciation Dinner

In October, the SDM hosted its second annual dinner at the UNLV Foundation to honor our part-time faculty. We wanted to publicly thank these practitioners, many of whom take time away from their busy practices, to provide our students with their unique perspective on the contemporary practice of dentistry. This event was generously supported by our friends at Henry Schein and their affiliates, who continue to enthusiastically support many of our activities.

We are always pleased to hear from those of you who are interested in serving as volunteer clinical faculty. We would like to thank all of you who are currently volunteer at our school. It helps to satisfy a tremendous need in these tough economic times. If you would like to get more details on how you could participate, I would happy to talk with you. Please contact me at 702-774-2500 or by email at karen.west@unlv.edu. ◆



Data Protection

By Jeff Cato, VP Marketing, CoreVault

The priority of dental practices is caring for patients. Anything that detracts from the core function of patient care goes against the purpose of a practice.

Unfortunately, many things related to a dental practice have nothing to do with patient care. From filing dental claims to dealing with employees, several functions of a practice are necessary to make the operation click and protect a dentist's investment. Among those are backing up computer files such as financial records, patient images, email, medical records and others. Unfortunately, many practices don't take this exercise seriously. Some may never back up their data. Others may back up every day but store the files in a closet thinking they're secure. At the end of the day, an employee might remember to copy files to a tape or external hard drive, turn off the lights and go home. Mission accomplished.

Not so fast. Potential dangers involved in such activity include losing every single file, patient record, and dental image that's located on the server or office computers. In other words, potentially damaging one's practice.

Some dentists utilize other options when it comes to backing up critical business files to avoid failing to protect data. As old and clichéd as it may be, the "computer revolution" transformed the way businesses do business. There is no reason to risk losing critical data.

There is more to protecting critical business data than using a manual process with tape or external hard drives. Here are some items to consider when implementing a successful data backup strategy:

Security—Backup files can be encrypted to help ensure privacy. It is also vital that a chosen back-up vendor has two geographically separated and fully redundant facilities located over 100 miles apart. Look for other important certifications like SAS70 Type II. These qualifications ensure that a vendor has met high standards from a credible independent third party.

Automation & Validation—Update your manual process to a consistent schedule with daily backups. Offices may receive an email or communication advising whether backups are successful. What one doesn't know can really hurt.

Off-site—Data should be electronically stored off-site in case of disasters; such as floods or fires. Backups can be automatic when employing certain technology which drastically improves one's disaster recovery and business continuity plans.

Scalability—Another essential item since data is growing faster than ever before with digital images, email and many other uses of technology.

HIPAA compliance—Compliance can be accomplished by choosing a trustworthy online backup company. HIPAA compliance will constantly be a struggle as regulations will continue to increase. Make sure your data protection strategy meets HIPAA compliance standards.

Service—Don't settle for a Frequently Asked Question (FAQ) web page or an email to investigate a level of service. Know that experienced and highly trained technicians or engineers are available to ensure any questions or problems are handled with the utmost expertise

Implementation of important data backup and recovery tips like those above will allow a dentist and staff to do what they do best....care for the patient. So, is your practice "practicing" these important items in your every day business?

For more information, visit us at www.corevault.com/nda, or call us toll-free at 866-981-5949. ◆

Editor's note: CoreVault is an NDA recommended product.

One day. Half a million smiles.

On February 5, 2010, thousands of dentists across the country will take time from their practices to help underserved children get the oral health care they need.

Give Kids A Smile® Day is an annual volunteer event that provides free educational, preventive and restorative services to children from low-income families.

Last year, we worked together to provide care to more than 470,000 kids. Let's make it half a million this year.

ADA American Dental Association®

Volunteer registration begins October 1, 2009 at **givekidsasmile.ada.org**.
Deadline to request product is November 13, 2009.

Whirlpool Corporation Added as Newest Member of ADA Business Resources and NDA

ADA Business Resources and the NDA have announced that Whirlpool Corporation, the leading provider of energy-efficient appliances such as dishwashers, washers, dryers and refrigerators, has been endorsed for members. Starting now, members will have the opportunity to receive substantial savings on products for their kitchen, laundry room, garage and home. The VIPLINK program by Whirlpool Corporation provides members with access to hundreds of popular consumer products from recognized brands such as Whirlpool, KitchenAid, Maytag, Amana and more.

Deborah Doherty, Director of ADA Business Resources, believes the partnership with Whirlpool Corporation will be well received by dentists, their staff and families. "For their practices or homes, Whirlpool Corporation provides the top brands that dentists are looking for. We understand that our members need quality appliances to keep both their homes and practices running smoothly—and this program will help."

Members can purchase up to twelve products each year for themselves or their family members, with professional delivery and installation options also available, saving members both time and money.

To get started, dentists need to verify their status as an active ADA member to view the exclusive appliance discounts and begin shopping. Visit www.adabusinessresources.com/appliances or call 1-800-ADA-2308 and have your ADA membership number ready to get the ADA Group Code. Once you have your Group Code, simply order online at www.partners.whirlpool.com or call 1-866-808-9274 (have the ADA group code ready) where trained call consultants will walk you through the purchase process. ◆

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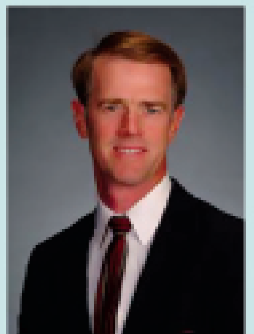
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By NDA Journal FBS/D-1 Championship Committee

BCS

It's well accepted that dentists are highly educated individuals who understand the concepts of logical cerebration. This attribute is sadly absent in one program of higher education today—the faction that selects its Football Bowl Subdivision (Division I) champion.

For these reasons, and without apology to the other 119 FBS/D-1 teams (including those in the subjectively special BCS leagues) and in keeping with our iterated core values:

The Nevada Dental Association Journal FBS Championship Committee is pleased to announce its selection for college football's 2009 National Champion: Boise State.

The Broncos finished a 14–0 season with a 17–10 win over previously unbeaten and regular season *NDA Journal* #1 Texas Christen (TCU) in the Fiesta Bowl. Boise State went undefeated through the regular season for the third time in Coach Chris Petersen's four years. The Broncos are 49–4 under Petersen, including a 31–1 record in the Western Athletic Conference. ◆

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1922	George H. Marvin	1951	Leonard G. Jacob	1980	Duane E. Christian
1923	John V. Ducey	1952	Clifford A. Paice	1981	Dwight Meierhenry
1924	Thomas H. Suffol	1953	Walter R. Bell	1982	Clair F. Earl
1925	George A. Carr	1954	Raymond J. LaFond	1983	R. D. Hargrave
1926	Samuel T. Spann	1955	Jack E. Ahlstrom	1984	James L. Davis
1927	Bruce Saulter	1956	J.D. Smith	1985	N. Richard Frei
1928	Frederick H. Phillips	1957	Kern S. Karrash	1986	Lloyd Diedrichsen
1929	Frederick J. Rulison	1958	Vincent J. Sanner	1987	Gerald Hanson
1930	William H. Cavell	1959	Wallaxe S. Calder	1988	Gerald C. Jackson
1931	Harold E. Cafferata	1960	John B. Hirsh	1989	James C. Evans
1932	Louis M. Nelson	1961	David W. Melarkey	1990	Whit B. Hackstaff
1933	Carlton E. Rhodes	1962	David W. Melarkey	1991	William E. Ursick
1934	Pliney H. Phillips	1963	Fae T. Ahlstrom	1992	Dennis J. Arch
1935	Harold R. McNeil	1964	Morris F. Gallagher	1993	A. Ted Twesme
1936	Lawrence D. Sullivan	1965	Wayne L. Zeiger	1994	Bruce Pendelton
1937	Alexander A. Cozzalio	1966	Mario E. Gildone	1995	J. Gordon Kinard
1938	Charles A. Cozzalio	1967	William D. Berry	1996	Joel F. Glover
1939	George A. Carr	1968	James F. Archer	1997	Rick Thiriot
1940	George A. Steinmiller	1969	Philip J. Youngblood	1998	Jade Miller
1941	George A. Steinmiller	1970	Carl M. Hererra	1999	Patricia Craddock
1942	Omar M. Seifert	1971	George P. Rasqui	2000	William C. McCalla
1943	Stephen W. Comish	1972	William H. Schaefer	2001	Robert H. Talley
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1948	E. Ross Whitehead	1977	Leeland M. Lovaas	2006	Arnie Pitts
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1950	Roy P. Rheuben	1979	Louis J. Hendrickson	2008	Joel T. Glover

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For more information or to register, visit www.oregondental.org

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Calendar of Events

FEBRUARY–MAY 2010

FEBRUARY 2010

Date	Event	Time	Location
FEB 6	Give Kids A Smile	7:30 AM–1 PM	UNLV School of Dental Medicine, Las Vegas
FEB 9	NNDS Executive Committee Meeting	5:30 PM	161 Country Estates Cir, #1B, Reno
FEB 9	SNDS Nellis AFB Dinner Meeting, RSVP required	5:30 PM	Nellis AFB
FEB 10	SNDS Dentist Health and Well-Being Committee	6 PM	Call SNDS for details, 702-733-8700
FEB 11	NNDS General Membership Dinner Meeting—State Board of Pharmacy	6 PM	Gold Dust West Casino, Carson City
FEB 12–13	**NDA Mid-Winter Meeting & House of Delegates**	**All Day**	**Silverado Resort, Napa, CA**
FEB 17	SNDS Peer Review Committee	6 PM	Call SNDS for details, 702-733-8700
FEB 18	AGD General Membership Dinner Meeting	6 PM	TBA
FEB 24	NNDS Peer Review Committee (if clinical)	5:30 PM	3575 Grant Drive, Reno

MARCH 2010

Date	Event	Time	Location
MAR 4–6	Western Regional Dental Convention	All Day	Phoenix Convention Center
MAR 9	NNDS Executive Committee Meeting	5:30 PM	161 Country Estates Cir, #1B, Reno
MAR 9	SNDS Member Dinner Meeting	5:30 PM	Gold Coast Casino & Hotel, Las Vegas
MAR 10	SNDS Dentist Health and Well-Being Committee	6 PM	Call SNDS for details, 702-733-8700
MAR 11	NNDS General Membership Dinner Meeting—Perio Symposium	6 PM	Atlantis Hotel Casino, Reno
MAR 12	All Day CE Course—*presented by NNDS* “Achieving Clinical Excellence in Esthetic Restorations” with Dr. Brucia. Sponsored by UltraDent	7:30 AM–3 PM	Atlantis Hotel Casino, Reno
MAR 17	SNDS Peer Review Committee	6 PM	Call SNDS for details, 702-733-8700
MAR 17–21	ASDA’s 40th Annual Session	All Day	The Hilton, Pittsburgh, PA
MAR 18	AGD General Membership Dinner Meeting	6 PM	Location: TBA
MAR 19	All Day CE Course—*presented by SNDS* “An Evidence-Based Approach in Implant and Restorative Dentistry” with Dr. Perng-Ru Liu	9 AM–4 PM	Gold Coast Casino & Hotel, Las Vegas
MAR 19	NDA Executive Committee Meeting	9 AM–12:30 PM	3575 Grant Drive, Reno
MAR 23	SNDS Executive Committee Meeting	6 PM	
MAR 31	NNDS Peer Review Committee (if clinical)	5:30 PM	3575 Grant Drive, Reno

APRIL 2010

Date	Event	Time	Location
APR 6	NNDS Executive Committee Meeting	5:30 PM	161 Country Estates Cir, #1B, Reno
APR 8	NNDS Mario Gildone Lifetime Achievement Awards Dinner Meeting	6 PM	The Grove Events Center at SouthCreek, Reno
APR 13	SNDS Member Dinner Meeting	5:30 PM	Gold Coast Hotel
APR 14	SNDS Dentist Health and Well-Being Committee	6 PM	Call SNDS for details, 702-733-8700
APR 19	NDA Exec. Committee Meeting/Strategic Planning	9 AM–3 PM	8863 W Flamingo Rd, Ste 102, Las Vegas
APR 21	SNDS Peer Review Committee	6 PM	Call SNDS for details, 702-733-8700

MAY 2010

Date	Event	Time	Location
MAY 7	All Day CE Course—*presented by NNDS* OSHA, Infection Control, CDC Guidelines	9 AM–4 PM	Peppermill Hotel Casino, Reno
MAY 11	NNDS Executive Committee Meeting	5:30 PM	161 Country Estates Cir, #1B, Reno
MAY 14	NNDS Annual Mystery Bus Trip	5 PM	It’s a secret!

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ADA Continuing Education Helps Dentists Develop Leadership Skills

ADA Continuing Education Online offers a self-guided course, "Understanding Associations", to help dentists identify their leadership style, conduct effective meetings, and gain a better understanding of the professional association's role in the political process.

The free course is offered exclusively to ADA members and composes nine self-paced modules. The modules included in the series include: Associations 101, Effective Leadership, Strategic Planning, Association Committees, Formation and Procedure, Recruitment and Retention, Finances and Budgeting, Communications, Diversity and Political Action. You can earn up to 3 CE credits.

For more information, contact ADA at 800-621-8099 x2779, or visit www.ada.org/goto/newdent

AFFILIATED PRODUCTS

The following companies are NDA affiliated products. These products have been evaluated and are recommended for use in running your practice. Please let us know if you have any feedback or would like to recommend a product or service for affiliation.

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CareCredit	*Patient Financing*	**800-300-3046 x4519**
citibank	*Student Loans*	**866-863-6758**
citifinancial auto	*Auto Financing*	**888-248-4325**
citimortgage	*Real Estate Assistance*	**888-466-3232**
Collegiate Funding Services	*Student Financing*	**866-312-7227**
CoreVault	*Offsite Data Backup*	**405-391-8123**
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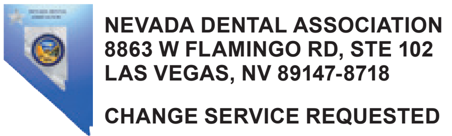

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