

# Board of Dentistry - Updates

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## WHAT IS THE STANDARD OF CARE?

The Board of Dentistry exists to protect the public, and does so through enforcing laws and rules related to the practice of the dental professions by dentists, dental therapists, dental hygienists, and licensed dental assistants. In reviewing the practice of licensees, the Board often must make determinations of whether the standard of care has been met in any particular situation.

The Board prefers to be a resource to the dental professions and the public, but unfortunately must devote a significant proportion of its resources to investigating and resolving complaints. Among the concerns that are frequently raised are issues involving practices that use dated methods or technologies that are no longer regarded as the standard of care, or approach patient treatment in a way that is determined to be so unconventional that it places the patient at risk of harm.

Determining the standard of care is a constantly changing proposition, in that each case is unique, and the science, treatments and technologies are constantly evolving. Board members and licensees must stay current with all aspects of the professions, which is one of the reasons why the Board is so committed to Professional Development. In a quickly changing world, knowledge is critical, and it is equally important to know what we *don't* know.

The Board relies on a combination of experience, outside information, and logic to guide its decisions about practice standards.

Imagine a dental practice that has not yet embraced the importance of gloves, masks, and other barriers and personal protective equipment. That practice puts every patient and staff member at risk, and these infection control practices have been standard for decades. Yet, the Board's Complaint Committees regularly deal with practices that are not compliant with current CDC and OSHA [guidelines](#). Consider a practice that maintains minimal patient records, and recognize that a practice like that also places patients at risk. Basic recordkeeping rules have been in place in Minnesota since 1997, but patient records are frequently found to be lacking essential data that is important to the continuing health of patients.

The [core competencies](#) outlined in the Professional Development requirements were established for a reason: they are the practice areas that are dealt with most often by Complaint Committees. They are worth taking seriously. Staying current isn't *just* for the sake of your patients; it is also your best defense.

# CLINICAL TESTING FOR DENTAL LICENSURE 2011

## ***Past President's Review***

Many of us recall the “practical” clinical exam we passed in order to apply for our licenses. It was a high stakes nerve racking experience, one that when remembered may still cause a slight breakout of sweat and increased heart rate. It is a primary responsibility of the Board to approve these exams for licensure in our state.

Currently a clinical exam is required for a dental and dental hygiene license. Dental assistants are required to take the DANB and the Minnesota Licensure State Examination. Dental therapists will be required to pass a CRDTS clinical exam developed specifically for our Board, unique to their practice scope. Advanced dental therapists will be required to pass a certification exam yet to be determined by the Board. All individuals licensed by the Board are required to pass the Jurisprudence exam.

These clinical exams are varied. There are five testing agencies in the United States offering exams approved by our Board. They are the Central Regional Testing Service (CRDTS), the Western Regional Examining Board (WREB), the North Eastern Regional Board (NERB), the Southern Regional Testing Agency (SRTA) and the Council of Interstate Testing Agencies (CITA). These agencies develop and administer exams for dentists and hygienists. Minnesota is a “member” state of the CRDTS organization, allowing us to have a vote or say in the construction of their examinations. Our Board also accepts the exam given by the National Dental Examining Board of Canada (NDEB of Canada) for licensure of dentists. Canada does not require or develop a national exam for hygienists. Minnesota is the only jurisdiction worldwide that requires a clinical exam for dental therapists.

While the testing agencies in the United States all offer a fairly similar exam, each have their unique aspects. All have a patient based portion and a manikin (typodont) portion. Some also include a written exam. The typodonts required in these exams include a posterior amalgam, posterior composite, anterior composite, cast gold restoration for patient treatment. Some exams include a periodontal root planning and scaling exercise. The manikin portions include a posterior cast gold crown prep, a porcelain fused to metal crown prep, an all porcelain anterior crown prep, an access opening for an endodontic procedure on a molar, and an access opening and endodontic finish on an anterior tooth. Written portions include the areas of periodontics, prosthodontics, and basic general dental areas of study.

In our research of these exams, the Board realized that somewhere at any given time, some candidate is subjected to an exam, and passes it- thus becoming eligible for licensure in some jurisdiction. We could not find any one agency or area of the country that seemed to be licensing lesser qualified providers based on the type of exam that was passed.

Therefore we elected to accept all of these exams for licensure.

Why not just one “national” exam? In fact this has been tried without success in the recent past. The American Board of Dental Examiners (ADEX) was formed originally by all five of the above named agencies. Three of them dropped out shortly after formation. Leaving the NERB and CRDTS agencies to carry on until June 2009 when CRDTS departed, leaving

only NERB to carry on. To date, the NERB agency uses the ADEX label for their exam



name. It seems that the testing business remains proprietary and vibrant enough to prevent groups from combining their efforts into one national exam.

The NDEB of Canada offers a unique exam format in that it does not include a patient based portion. It consists of a written exam (100 questions drawn from a database of over 5000 published questions) and an OSCE exam (Objective Structured Clinical Examination) where stations and questions are set up in an examination location. It uses typodonts, radiographs, photographs, study models, patient scenarios, descriptions, probes, explorers, etc. to pose questions to candidates regarding treatment planning and recognition of disease. Candidates rotate through these stations allowing a limited amount of time spent at each one. All candidates in Canada and the United States take this exam on the same day, diminishing the ability of candidates to share the content of the exam with others immediately after taking the exam. Each subsequent exam is reconstructed with new questions and content.

All of these exams are backed by organizations who utilize the principles of standardized testing and have developed published reports to support the rationale for their exams. This high stakes testing for licensure does not come without problems. Written exams are vulnerable to test content sharing among candidates using communications on the internet. This is known as “brain dumping” and can result in the publishing and sale of study guides for exams. The National Boards Part I and II were subject to this problem in recent years requiring the threat of lawsuit to shut down the entrepreneur who published the guides.

*Joan A Sheppard DDS*

# THE COMPLAINT PROCESS



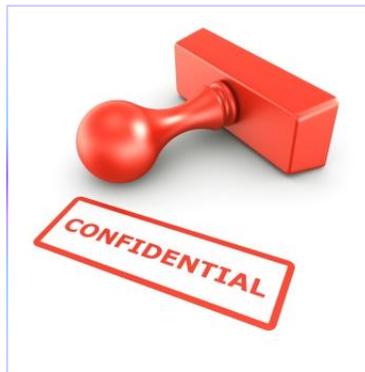
**YOU** have just received a letter marked “**CONFIDENTIAL**” from the Board of Dentistry and you know it is not time to renew your license. So, what is this about?

A patient of yours (co-worker, colleague, employee, insurance company) has filed a complaint against you with the Minnesota Board of Dentistry. Most of the complaints received at the Board come from patients. All potential complainants are asked to complete a “Complaint Registration” form (although we have been known to receive complaints written on brown paper bags) along with waivers. The “Authorization to Release Complaint” waiver allows Board staff to forward to you an exact copy of the complaint. The “Records Waiver Authorization” form permits the release of the patient dental record from you to the Board.

The Board is obligated by state law to investigate all complaints that allege a violation of statute or rule. The most common investigative follow up for the Board when a complaint is received is for us to send a “letter of inquiry” to the dental provider who is the subject of the complaint. The letter may or may not be accompanied by a copy of the complaint. The letter summarizes the alleged violations of the statute or rule and asks for your typewritten response. Pursuant to Minnesota Rule 3100.6350, as a licensed dental professional, you are obligated to respond to the inquiry.

The letter of inquiry commonly requests submission of a copy of the complete patient record. Directions are provided as to the information to be submitted in that regard. The Board’s letter of inquiry suggests that you provide a copy of your response to the complainant. You are not legally required to do so, and there may be some particular instances in which it is not appropriate. However, in most instances, providing the complainant with a copy of the response will promote the efficiency, fairness, and appearance of fairness of the complaint resolution process.

In most instances, your response to the complaint is due back in the Board office within 14 days of the date of the letter. At monthly meetings, one of the Board’s three member Complaint Committees will review the complaint, your response and the patient record. The Committee will recommend either that the complaint be closed; additional investigation; or that a meeting with you be scheduled. All information relating to Board complaints is confidential.



If you should you have any questions about complaint processes, telephone numbers for Board staff are included within the letter of inquiry.

**Next newsletter:** The Board has requested a meeting with you. What is the next step?



## **NEW RULES BECAME EFFECTIVE SEPTEMBER 27, 2010... ADDITIONAL CHANGES PROPOSED FOR 2011**

A number of rule changes have finally been approved and adopted. The rules took effect and become enforceable on September 27, 2010. Minnesota regulated dental professionals are responsible for knowing and complying with the complete language of the new rules. The new rules include the originally proposed language along with the modifications indicated within the Adoption Notice. A copy of the new rules is available on the [Board of Dentistry website](#) under “Adopted Rules.” New rules proposed for 2011 may be seen on the [Board of Dentistry website](#) under “Proposed Rules.”

# PRESCRIPTION MONITORING

Cody Wiberg, PharmD, MS, RPh and Barbara A. Carter

In an effort to reduce the misuse of controlled substances and improve patient care, Minnesota became the 34th state to implement a program to monitor prescriptions for potential drug abuse in January 2010.

As of the end of December 2010, pharmacies have reported more than 6.3 million controlled-substance prescriptions to the secure Minnesota Prescription Monitoring Program (PMP) database. More than 77,000 queries to patient profiles have been requested by the 3,784 prescribers and pharmacists who have been granted access to the MN PMP database which is accessible 24 hours a day, 7 days a week. There are more than 25,000 Minnesota prescribers and pharmacists permitted by law to have direct access to the MN PMP database to view patients' controlled substance prescription profiles. Currently only 65 of the nearly 4,000 dentists licensed in Minnesota who have the authority to prescribe controlled substances have applied for and been granted direct access. DDSs and DMDs who are authorized to prescribe controlled substances may apply to access to the PMP database by completing an access request form, having it notarized, and forwarding it to the Minnesota Board of Pharmacy.

Access Request Forms may be downloaded from the PMP website at [www.pmp.pharmacy.state.mn.us](http://www.pmp.pharmacy.state.mn.us) or requested from the PMP office.

New legislation, effective July 1, 2010, created Delegate Access Accounts so that prescribers and pharmacists authorized for access to the PMP may designate other trusted personnel to look up information in the MN PMP database on their behalf. Delegate Access Forms to allow delegates to request access are also available under the Access Request Forms link on the [PMP website](#).

Prescribers, pharmacists, and delegates must respect confidentiality, and may *only* access data on those patients for whom they are directly involved with their care. Patient profile reports from the PMP database are designated as private data and can be used to supplement an evaluation of a patient, confirm a patient's drug history or document compliance with a therapeutic regimen. However, the PMP does not warrant any patient profile to be accurate or complete, as it cannot guarantee that dispensers have accurately reported all controlled substance prescriptions that they have dispensed.

If an individual is tentatively identified as someone with an issue of concern regarding controlled substances, prescription drug prescribers and pharmacists are encouraged to help that person find help to overcome the issues that he or she is facing. **RESOURCES AVAILABLE?** Information about an individual cannot be accessed unless the prescriber or pharmacist is currently treating the individual and is also considering prescribing or dispensing a controlled substance medication to him or her.



## **151.46 Prohibited Drug Purchase or Receipt**

*It is unlawful for any person to knowingly purchase or receive a prescription drug from a source other than a person or entity licensed and the laws of the state, except where otherwise provided. Licenses wholesale drug distributors other than pharmacies shall not dispense or distribute prescription drugs directly to patients. A person violating the provisions of this section is guilty of a misdemeanor.*

*Dr. Wiberg is the Executive Director of the Minnesota Pharmacy Board. Ms Carter is the Pharmacy Board's MN PMP Coordinator.*

# SEDATION UPDATE

## “Recognition and Management of Complications During Minimal and Moderate Sedation” Course



In originally establishing its sedation regulations, the Board determined that an important patient safety measure would be to require that anyone wishing to be certified to utilize moderate (conscious) sedation would be required to be current in Advanced Cardiac Life Support (ACLS). At the time, ACLS was regarded as being the best available course for the purpose, even though it went beyond the level generally regarded as necessary to prepare for the vast majority of complications that a dentist may face in administering sedation. Recently, alternative courses in airway management have been introduced.

The Minnesota Board of Dentistry was first made aware of the development of these airway management courses by the American Dental Society of Anesthesiology through a presentation by Dr. Mort Rosenberg from Tufts University, at a meeting of the American Association of Dental Boards (AADB) in Orlando, Florida. Dr. Rosenberg subsequently participated in a phone discussion with the full Board in the fall of 2010. The courses were eventually completed, and were rolled out in October, 2010, by the ADA.

Dr. David Linde was asked by the Board to attend this set of two courses, an online and a hands-on course, October 28, 2010 at the ADA in Chicago. Part One, a four credit course, is offered through [www.adaceonline.org](http://www.adaceonline.org) and is a prerequisite for Part Two. Part One includes the ADA Airway Algorithm. Part Two is a 5-hour, five credit onsite workshop which consists primarily of laboratory exercises and clinical simulations designed to provide hands-on experience in managing airway emergencies. This course is targeted for dentists who administer minimal and moderate sedation.

The thorough hands-on training impressed Dr. Linde, including simple items like getting an appropriate O<sub>2</sub> flow and 1- and 2-person ventilations, to more complicated techniques like oral airways, laryngeal masks, auscultation of lung sounds, monitor alarms settings, preparing proper doses by concentration and volume of epinephrine, flumazenil, naloxone, and epi-

pen, and various routes of administration such as IV, IM and sub-lingual.

### Learning Objectives:

- Distinguish sedation clinical characteristics and influence on respiratory and cardiovascular function.
- Describe essential features of preoperative assessment for patients.
- Describe and demonstrate principles of patient monitoring.
- Describe and demonstrate proper airway maintenance.
- Describe and demonstrate the proper use of devices for oxygenation and ventilation.
- Describe the pathogenesis, recognition and appropriate management of possible complications associated with moderate sedation, including essential pharmacology of emergency drugs that may be required.

There really is no substitute though for an excellent hands-on course like Part Two, which puts the didactics into practice and tests competency. The hands-on course uses computer controlled SimMan® manikins to simulate various airway and medical emergencies and training scenarios. The course starts with a pre-assessment to determine participant base line competencies. Each group of four students and one or two instructors then move through four stations for task training in oxygen/ventilation, airway adjuncts, monitoring, and drugs. Then each group goes through two high fidelity simulations with each student leading a different emergency scenario. The course finishes with a post-assessment test to confirm competency improvement.



The Board's Sedation Committee is currently reviewing this as a possible alternate course that would be acceptable for obtaining and maintaining sedation certification. Final determination of acceptable courses will be posted on the Board website.

# CORRECTIVE ACTIONS

7/1/2010 — 5/02/2011

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

*The Agreement for Corrective Action is:*

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

<b>Profession</b>	<b>Violation(s)</b>	<b>Remedies</b>
Dentist 07/06/2010	<u>Substandard Local Anesthesia</u> <ul style="list-style-type: none"> <li>• Failed to use an appropriate dosage and technique when administering local anesthesia during endodontic procedure</li> </ul>	<u>Coursework</u> <ul style="list-style-type: none"> <li>• Local Anesthesia</li> </ul> <u>Written Reports of Coursework to the Board</u> <ul style="list-style-type: none"> <li>• Specific information addressing the knowledge gained from course and how it will incorporated into the practice</li> </ul>
Dentist 08/02/2010	<u>Substandard Diagnosis/Periodontal/Prosthodontic Care / Recordkeeping</u> <ul style="list-style-type: none"> <li>• Failed to document pertinent information and/or provide an appropriate diagnosis for periodontal and/or prosthodontic treatment</li> </ul>	<u>Coursework</u> <ul style="list-style-type: none"> <li>• Patient Management/Dental Recommendations</li> </ul> <u>Written Report to the Board</u> <ul style="list-style-type: none"> <li>• Specific information addressing the knowledge gained from course and how it will incorporated into the practice</li> </ul>
Dentist 10/05/2010	<u>Substandard Recordkeeping</u> Failed to: <ul style="list-style-type: none"> <li>• make and maintain an adequate dental record</li> <li>• document clinical examination</li> <li>• document diagnoses</li> <li>• document informed consent</li> <li>• document provider's name or initials</li> <li>• document an original or duplicated radiograph</li> </ul>	<u>Coursework</u> <ul style="list-style-type: none"> <li>• Recordkeeping</li> </ul> <u>Written Reports of Coursework to the Board</u> <ul style="list-style-type: none"> <li>• Specific information addressing the knowledge gained from course and how it will incorporated into the practice</li> </ul>
Dentist 10/20/2010	<u>Substandard Infection Control and Safety/Sanitary Conditions</u> Failed to: <ul style="list-style-type: none"> <li>• comply with the most current infection control recommendations and guidelines of the CDC</li> <li>• properly maintain a first aid kit in office</li> <li>• properly maintain inventory of dental products</li> </ul>	<u>Corrective Action</u> <ul style="list-style-type: none"> <li>• Jurisprudence Examination</li> <li>• Infection Control Manuals</li> </ul> <u>Coursework</u> <ul style="list-style-type: none"> <li>• Infection Control</li> </ul> <u>Written Reports of Coursework to the Board</u> <ul style="list-style-type: none"> <li>• Specific information addressing the knowledge gained from course and how it will incorporated into the practice</li> </ul> <u>Office Inspection</u> <ul style="list-style-type: none"> <li>• Infection Control</li> </ul>
Dentist 11/16/2010	<u>Substandard Infection Control and Safety/Sanitary Conditions</u> <ul style="list-style-type: none"> <li>• Failed to comply with the most current infection control recommendations and guidelines of the CDC</li> </ul> <u>Substandard Diagnosis and Treatment Planning</u> <ul style="list-style-type: none"> <li>• Failed to provide appropriate diagnoses and formulate appropriate treatment plans</li> </ul>	<u>Corrective Action</u> <ul style="list-style-type: none"> <li>• Hire Infection Control Consultant,</li> </ul> <u>Coursework</u> <ul style="list-style-type: none"> <li>• Treatment Planning / Recordkeeping</li> </ul> <u>Written Reports of Coursework to the Board</u> <ul style="list-style-type: none"> <li>• Specific information addressing the knowledge gained from course and how it will incorporated into the practice</li> </ul>

<b>Profession</b>	<b>Violation(s)</b>	<b>Remedies</b>
	<u>Substandard Periodontal Care</u> <ul style="list-style-type: none"> <li>Failed to provide appropriate periodontal treatment, assess and document status</li> </ul> <u>Substandard Radiographic Diagnosis</u> <ul style="list-style-type: none"> <li>Failed to take sufficient number of radiographs for diagnostic purposes</li> </ul> <u>Substandard Recordkeeping</u> <ul style="list-style-type: none"> <li>Failed to make and maintain adequate patient records</li> </ul>	<u>Office Inspections</u> <ul style="list-style-type: none"> <li>Infection Control - Unannounced office visit and review of safety and sanitary conditions</li> <li>Recordkeeping - Unannounced office visit and review of recordkeeping</li> </ul>
Licensed Dental Assistant 11/24/2010	<u>Failure of Professional Development Audit</u> <ul style="list-style-type: none"> <li>Provided inaccurate documentation of attendance at certain dental lectures</li> </ul>	<u>Community Service</u> <ul style="list-style-type: none"> <li>Complete 25 hours of unpaid community service at a dental access clinic</li> </ul>
Dentist 12/10/2010	<u>Recordkeeping</u> <ul style="list-style-type: none"> <li>Failed to make and maintain an adequate dental record for patient</li> </ul>	<u>Written Reports to the Board</u> <ul style="list-style-type: none"> <li>Written report regarding proper recordkeeping in patient records</li> </ul> <u>Recordkeeping Inspection</u> <ul style="list-style-type: none"> <li>Submit patient record to Board for review</li> </ul>
Licensed Dental Assistant/Dental Hygienist 01/05/2011	<u>Practice Beyond Scope</u> <ul style="list-style-type: none"> <li>Performed dental services beyond those allowed for a licensed dental assistant including using a Diagnodent® dental laser</li> </ul>	<u>Corrective Action</u> <ul style="list-style-type: none"> <li>Jurisprudence Examination</li> </ul> <u>Mentor – Dental Hygienist</u> <ul style="list-style-type: none"> <li>Obtain an dental hygienist mentor</li> <li>Meet with mentor on a one-on-one basis, total two hours monthly, period of two years</li> <li>Licensee and mentor submit separate detailed quarterly reports</li> </ul> <u>Written Report to the Board</u> <ul style="list-style-type: none"> <li>Written report on Diagnodent® Dental Laser</li> </ul>
Dentist 01/11/2011	<u>Auxiliary Misuse</u> <ul style="list-style-type: none"> <li>Licensee employed, assisted, or enabled allied dental personnel to practice dentistry when he inappropriately authorized and permitted a dental assistant whose license has expired to perform task in his office that may only be properly delegated to a licensed dental assistant</li> </ul>	<u>Corrective Action</u> <ul style="list-style-type: none"> <li>Jurisprudence Examination</li> </ul>
Dentist 01/18/2011	<u>Substandard Periodontal/Diagnostic / Recordkeeping</u> Failed to: <ul style="list-style-type: none"> <li>thoroughly assess and document status of periodontal conditions</li> <li>provide periodontal diagnosis and treatment plan</li> <li>make and maintain adequate dental records</li> </ul>	<u>Coursework</u> <ul style="list-style-type: none"> <li>Treatment Planning/Recordkeeping</li> </ul> <u>Written Reports of Coursework to the Board</u> <ul style="list-style-type: none"> <li>Specific information addressing the knowledge gained from course and how it will incorporated into the practice</li> </ul> <u>Periodontal Report</u> <ul style="list-style-type: none"> <li>Written report regarding protocol for comprehensive periodontal assessment, diagnosis, and treatment plan</li> </ul> <u>Recordkeeping Inspection</u> <ul style="list-style-type: none"> <li>Unannounced office visit and review of patient record/treatment planning/recordkeeping</li> </ul>
Dentist 01/19/2011	<u>Substandard Radiographic Diagnosis</u> <ul style="list-style-type: none"> <li>Failed to take sufficient number of radiographs for diagnostic purposes</li> </ul> <u>Substandard Recordkeeping</u> <ul style="list-style-type: none"> <li>Failed to make and maintain adequate patient records</li> </ul>	<u>Coursework</u> <ul style="list-style-type: none"> <li>Treatment Planning/Recordkeeping</li> </ul> <u>Written Reports of Coursework to the Board</u> <ul style="list-style-type: none"> <li>Specific information addressing the knowledge gained from course and how it will incorporated into the practice</li> </ul>
Dentist 01/24/2011	<u>Substandard Periodontal/Prosthodontic/ Diagnostic/Recordkeeping</u> Failed to: <ul style="list-style-type: none"> <li>Adequately document, diagnose, treatment plan, and provide appropriate dental treatment in a structured manner concerning the patient's periodontal</li> </ul>	<u>Coursework</u> <ul style="list-style-type: none"> <li>Professional Boundaries</li> <li>Treatment Planning/Recordkeeping</li> </ul> <u>Written Reports of Coursework to the Board</u> <ul style="list-style-type: none"> <li>Specific information addressing the knowledge gained from each course and how it will incorporated into the practice</li> </ul>

<b>Profession</b>	<b>Violation(s)</b>	<b>Remedies</b>
	<p>conditions and long-term prosthodontic care</p> <ul style="list-style-type: none"> <li>Failed to make or maintain an adequate patient record</li> <li>Failed to properly and consistently document within the patient record the patient's concerns, date on periodontal record, comprehensive diagnosis for dental treatment, comprehensive treatment plan, informed consent, name or initials as the dental provider</li> </ul>	<p><u>Recordkeeping Inspection</u></p> <ul style="list-style-type: none"> <li>Unannounced office visit and review of patient record/treatment planning/ recordkeeping</li> </ul>
Dentist 03/21/2011	<p><u>Substandard Recordkeeping</u></p> <ul style="list-style-type: none"> <li>Failed to make and maintain adequate patient records</li> <li>Failed to properly and consistently document name, telephone number of emergency contact, dental history, oral health status, diagnoses, dental treatment, planning, and informed consent</li> </ul>	<p><u>Coursework</u></p> <ul style="list-style-type: none"> <li>Treatment Planning / Recordkeeping</li> </ul> <p><u>Written Reports of Coursework to the Board</u></p> <ul style="list-style-type: none"> <li>Specific information addressing the knowledge gained from course and how it will incorporated into the practice</li> </ul>
Dentist 04/05/2011	<p><u>Substandard Recordkeeping</u></p> <ul style="list-style-type: none"> <li>Failed to make and maintain adequate patient records</li> <li>Failed to properly and consistently document oral health status, diagnoses, dental treatment, planning, and informed consent</li> </ul>	<p><u>Coursework</u></p> <ul style="list-style-type: none"> <li>Treatment Planning / Recordkeeping</li> </ul> <p><u>Written Reports of Coursework to the Board</u></p> <ul style="list-style-type: none"> <li>Specific information addressing the knowledge gained from course and how it will incorporated into the practice</li> </ul>
Dentist 04/15/2011	<p><u>Substandard Diagnosis/Treatment Planning / Periodontal and Prosthodontic Care</u></p> <ul style="list-style-type: none"> <li>Licensee provided dental treatment below accepted standards; inadequate diagnosis, treatment plan, periodontal and prosthodontic care</li> </ul> <p><u>Unprofessional Conduct/Nitrous Oxide Inhalation Analgesia</u></p> <ul style="list-style-type: none"> <li>Failed to ensure a dentist employed by licensee complied with requirements for nitrous oxide inhalation analgesia</li> </ul> <p><u>Substandard Recordkeeping</u></p> <ul style="list-style-type: none"> <li>Failed to make and maintain adequate patient records</li> </ul> <p><u>Substandard Infection Control</u></p> <ul style="list-style-type: none"> <li>Failed to maintain adequate safety/sanitary conditions and comply with most current infection control recommendations and guidelines</li> </ul> <p><u>Unprofessional Conduct / Improper Billing</u></p> <ul style="list-style-type: none"> <li>Engaged in improper billing of patients, third-party payers, and/or others</li> </ul>	<p><u>Coursework</u></p> <ul style="list-style-type: none"> <li>Treatment Planning/Recordkeeping</li> <li>Dental Coding, Billing , and Collection</li> </ul> <p><u>Written Reports of Coursework to the Board</u></p> <ul style="list-style-type: none"> <li>Specific information addressing the knowledge gained from each course and how it will incorporated into the practice</li> </ul> <p><u>Written Policies to Board</u></p> <ul style="list-style-type: none"> <li>Infection Control</li> <li>Nitrous oxide inhalation analgesia and adverse reactions</li> </ul> <p><u>Written Reports</u></p> <ul style="list-style-type: none"> <li>Infection Control protocols and CDC Guidelines</li> <li>Nitrous Oxide Inhalation Analgesia</li> <li>Adverse Reactions</li> </ul>
Dentist 05/02/2011	<p><u>Unprofessional Conduct/Improper Prescribing/ Practicing Beyond Scope of Dentistry</u></p> <ul style="list-style-type: none"> <li>Licensee engaged in personal conduct that brought discredit to the profession of dentistry</li> <li>Licensee removed a cyst and placed three sutures on the back of a patient</li> <li>Licensee improperly prescribed drugs beyond the scope of practicing dentistry</li> </ul>	<p><u>Corrective Action</u></p> <ul style="list-style-type: none"> <li>Jurisprudence Examination</li> </ul> <p><u>Coursework</u></p> <ul style="list-style-type: none"> <li>Professional Boundaries</li> </ul> <p><u>Written Reports of Coursework to the Board</u></p> <ul style="list-style-type: none"> <li>Specific information addressing the knowledge gained from course and how it will be incorporated into the practice</li> </ul>

# Terminations for 2010

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

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

## DISCIPLINARY ACTIONS

July 2010 – June, 2011

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

*The Stipulation and Order is:*

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

<u>Licensee's Name</u>	<u>License #</u>	<u>City</u>	<u>Action Type</u>	<u>Date of Order</u> (link to the legal document)
Thomas R. Swenson-Bellson, DDS	D10339	Andover	Stipulation and Order for Conditional License	<a href="#">9/24/2010</a>
James I. Midtling, DDS	D10555	St. Paul	Amended Stipulation and Order for Stayed Suspension	<a href="#">9/24/2010</a>
Michael W. England, DDS	D8441	Shakopee	Stipulation and Order for Stayed Suspension and Limited and Conditional License	<a href="#">9/24/2010</a>
Gregory W. Dunn, DDS	D8446	Buffalo	Unconditional License	<a href="#">9/24/2010</a>
Mohamed El Deeb, BDS	D9508	St. Cloud	Unconditional License	<a href="#">9/24/2010</a>
Michael Mattingly, DDS	D9998	Minneapolis	Stipulation and Order for Stayed Suspension and Conditional License	<a href="#">9/24/2010</a>
Marin R. Kopper, DH	H6788	Rochester	Conditional	<a href="#">9/24/2010</a>
Otto F. Ringle Jr., DDS	D6360	Walker	Order	<a href="#">10/27/2010</a>
Dawn M. Lohse, LDA	A9400	Andover	Stipulation and Consent Order	<a href="#">12/3/2010</a>
Mark W. Harris, MSD	D9219	Tonka Bay	Order for Temporary Suspension of License	<a href="#">2/25/2011</a>
Billy J. Bigler, LDA	A13101	Brainerd	Stipulation and Order for Stayed Suspension and Conditional License	<a href="#">6/17/2011</a>
Paul D. Rue, DDS	D7243	St. Paul	Stipulation and Order for Conditional License	<a href="#">6/17/2011</a>
Michael J. Bussa, DDS	D9268	Duluth	Stipulation and Consent Order	<a href="#">6/17/2011</a>
Lindy A. Vander Eyk, DH	H7519	St. Cloud	Stipulation and Consent Order	<a href="#">6/17/2011</a>

## UPCOMING BOARD AND COMMITTEE MEETINGS

Complaint Committee B (closed)	July 21, 2011
Policy Committee Meeting (open)	July 13, 2011
Complaint Committee A (closed)	July 15, 2011
Allied Dental Education Committee Meeting (open)	July 20, 2011
Licensure and Credentials Committee Meeting (closed)	July 22, 2011
Policy Committee Meeting (open)	August 17, 2011
Licensure and Credentials Committee Meeting (closed/open)	September 2, 2011
<b>BOARD OFFICE CLOSED (Labor Day Holiday)</b>	<b>September 5, 2011</b>
Executive Committee Meeting (open)	September 6, 2011
Complaint Committee B (closed)	September 8, 2011
Case Conference Meeting	September 9, 2011
Policy Committee Meeting (open)	September 14, 2011
Complaint Committee A (closed)	September 16, 2011
Allied Dental Education Committee Meeting (open)	September 21, 2011
<b>PUBLIC BOARD MEETING (open)</b>	<b>September 23, 2011</b>
Executive Board Meeting (closed)	September 23, 2011

***Note: Meetings will not be held if Shut Down is in effect.***

### Board Members

David A Linde, DDS, President (2012)..... Savage  
 Neal U Benjamin, DDS, Vice President (2013) ..... Lino Lakes  
 Candace Mensing, DDS, Secretary (2014) ..... Rochester  
 Joan Sheppard, DDS, Past President (2015) ..... Bloomington  
 Nancy A Kearn, DH (2013)..... Wyoming  
 Allen Rasmussen, Public Member (2013) ..... International Falls  
 Teri Youngdahl, LDA (2014)..... Elk River  
 John M “Jake” Manahan, Public Member (2015) .... Minneapolis  
 Paul O Walker, DDS (2015) ..... Shoreview

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

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



2829 University Ave SE, Ste 450  
 Minneapolis, MN 55414  
 612-617-2250  
[www.dentalboard.state.mn.us](http://www.dentalboard.state.mn.us)