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Official publication of the Oregon Dental Association in support of its core purpose to advance the dental profession and promote the highest standard of oral health and oral health care.

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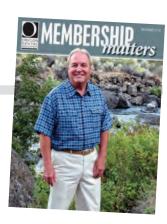
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TABLE OF CONTENTS

Volume 20, number 6 November 2014

ON THE COVER

Steven E. Timm, DMD 2014–2015 ODA President



ODA House of Delegates Recap

- Election Results
- President's Awards
- Leadership & Service Awards
- Incoming President's Address
- Resolution Results
- Mega Issue Discussion

14-26

Member Communications



Technology can be a double-edged sword

12

ALSO INSIDE...

- 2 ODA Calendar
- 2 Risk Management Courses
- 2 Component CE Calendar
- **3 From the Editor**Barry J. Taylor, DMD, CDE
- 4 In My Opinion Scott Hansen, DMD, MAGD
- 6 News Briefs
- 11 Member Benefit of the Month HealthFirst

- 29 ODA Board of Trustees Meeting Highlights Sept. 26, 2014
- 30 Oregon Dental Conference
- 33 Dental Foundation of Oregon
- 34 OHSU School of Dentistry
 White Coat Ceremony
- **36** Dental Classifieds

EVENTS & INFORMATION

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Letters to the editor are welcomed. All letters and other submissions to this publication become the property of the Oregon Dental Association. Send submissions to:

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Articles

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FEB 18, 2015

Dental Day at the Capitol

APRIL 9-11, 2015

Oregon Dental Conference

(Portland)

NOV 23-24, 2015

Oregon Mission of Mercy (Portland)

ODA CALENDAR

EVENTS & MEETINGS

For more information on these and other upcoming events, visit www.oregondental.org, and click 'Calendar' at the top of the page or call ODA at 503.218.2010.

DBIC RISK MANAGEMENT COURSES

Current reporting period: January 2014 to December 2016

2015

January 30

Lane County - Eugene Mark Portman, 541.686.1175

February 27

Southern Oregon - Medford Amanda Davenport, 541.779.0017

Oregon Dental Conference – Portland

October 16

Southern Willamette - Corvallis Dr. Mark Swensen, 541.754.4017

November 10

Washington County - Beaverton Dr. Kathy Reddicks, 503.848.5605

2015, cont.

December 4

Marion & Polk - Salem Lori Lambright, 503.581.9353

2016

April 7

Oregon Dental Conference - Portland

December 2

Multnomah - Portland Lora Mattsen, 503.513.5010

December 9

Central Oregon - Redmond Dr. William Guy, 541.923.8678

COMPONENT GE GALENDA

compiled by Mehdi Salari, DMD Send your component's CE courses to bendsalari@yahoo.com.

TUES. DEC 9 Marion & Polk CE HRS: 2

Differential Diagnosis of Periradicular

Disease: Jeff Stewart, DDS, MS LOCATION: Salem (Airport—Main Terminal)

INFO: www.mpdentalce.com or mpdentalce@qwestoffice.net

WED, DEC 17 Multnomah

CE HRS: 1.5

Treatment Planning Issues for Maxillary Anterior Immediate Implants

Steven Beadnell, DMD

LOCATION: Portland (McMenamin's Kennedy School) INFO: www.multnomahdental.org or lora@multnomahdental.org

2015

TUES, JAN 13 Marion & Polk

CE HRS: 2

CE HRS: 1.5

Sleep Apnea: Marty Johnson, MD

LOCATION: West Salem (Roth's) INFO: www.mpdentalce.com or mpdentalce@gwestoffice.net

TUES, JAN 13 Southwestern Oregon CE HRS: 1.5 OSHA/HIPAA Compliance Training: Roger Harding LOCATION: Coos Bay (Red Lion) INFO: Dr. Roger Sims, 541-267-5867

TUES, JAN 13 Washington County CE HRS: 1.5 **Fraud Protection and Retirement Planning**

Bill Douglas, CPA, and Nelson Rutherford, CPA

LOCATION: Beaverton (Stockpot Broiler)

INFO: www.wacountydental.org or wcdskathy@comcast.net

WED, JAN 21 Multnomah

Treatment Planning Issues in Maxillary Posterior Implants: Steve Beadnell, DMD

LOCATION: Portland (McMenamin's Kennedy School) INFO: www.multnomahdental.org or lora@multnomahdental.org

TUES, FEB 10 Marion & Polk CE HRS: 2

Orthodontics: Bart Carter, DMD, MS

LOCATION: West Salem (Roth's)

INFO: www.mpdentalce.com or mpdentalce@qwestoffice.net

TUES, FEB 10 Southwestern Oregon CE HRS: 1.5 Oropharyngeal Carcinoma: Steven Shimotakahara, MD

LOCATION: Coos Bay (Red Lion) INFO: Dr. Roger Sims, 541.267.5867

THURS, FEB 19 Multnomah

CE HRS: 1.5 It's Your Life: Establishing Your Personal &

Professional Game Plan John Rosenthal, DMD & Jess Gogumil, CPA

LOCATION: Portland (McMenamin's Kennedy School) INFO: www.multnomahdental.org or lora@multnomahdental.org

TUES, MAR 10 Marion & Polk CE HRS: 2 Sedation & Drug Updates: Ore. Board of Dentistry

LOCATION: West Salem (Roth's) INFO: www.mpdentalce.com or mpdentalce@qwestoffice.net

TUES, MAR 10 Southwestern Oregon CE HRS: 1.5 **Oregon Pacific Financial Advisor Presentation**

Ronald Nauman, ChFC LOCATION: Coos Bay (Red Lion) **INFO:** Dr. Roger Sims, 541.267.5867

TUES, MAR 10 Washington County **CE HRS: 1.5 Malpractice War Stories**

David Miller & Robert Wagner, Attorneys LOCATION: Beaverton (Stockpot Broiler)

INFO: www.wacountydental.org or wcdskathy@comcast.net

FRI. MAR 13 CE HRS: 6 Lane County Oral Radiology: Shawneen Gonzalez DDS, MS LOCATION: Eugene (Valley River Inn)

INFO: www.lanedentalsociety.org/programs

CE HRS: 1.5

CE HRS: 2

WED, MAR 18 Multnomah Tooth Resorption, Diagnosis, Treatment

Salwan Adjaj, DMD

INFO: www.multnomahdental.org / lora@multnomahdental.org

TUES, MAY 12 Lane County **Oral Oncology**

Wayne Ormsby, MD, and Haidy Lee, MD LOCATION: Eugene (Valley River Inn) INFO: www.lanedentalsociety.org/programs

FROM THE EDITOR

There's nothing 'easy' about a radiograph



Barry J. Taylor, DMD, CDE

The complexity of the diagnosis actually began with the radiograph.

Barry J. Taylor, DMD, CDE, is editor of *Membership Matters*. He can be reached via email at barrytaylor1016@gmail.com.

The opinions expressed in this editorial are solely the author's own, and do not reflect the views of the Oregon Dental Association or its affiliated organizations.

HERE IS A COMMON MISCONCEPTION about dentistry that many of the services we provide are simple, easy, and quick. A consultant once told me to never tell a patient that a procedure was "easy." From a patient's perspective, a tooth breaks and they schedule an appointment with the dentist to fix it. The patient arrives at the appointed time, gets seated by a dental assistant—who often takes a bitewing and periapical radiograph of the tooth—and soon the dentist arrives in the room. After a brief oral exam, the dentist informs the patient that the tooth needs a crown. To the patient, this was quite easy for the

doctor to do. After all, the patient already knew the tooth was broken and would need a crown.

The complexity of the diagnosis actually began with the radiograph. The patient sees the radiograph as a cumbersome necessity of the procedure. In the above scenario, the dentist

didn't even mention to the patient that the radiograph had been examined, and that a diagnosis had been made based on that radiographic examination. In a haste, the doctor didn't go into detail about how he or she had made her diagnosis. What did the doctor assess when examining just this one radiograph of a single tooth?

To begin with—unless there are no adjacent teeth or opposing teeth—the dentist was actually examining as many as eight teeth, not including distal and mesial views of other teeth. In that moment of assessment, the doctor's eye may first scan the general bone height and make an assessment—not a diagnosis—of the patient's periodontal health. The enamel of each tooth would be observed for decay on other teeth in the imaged area. The margins of existing restorations would be observed for signs of recurrent decay. Did this tooth break because the patient was

getting recurrent decay on more than just one restoration; did a change in medication cause xerostomia and thus increase the patient's susceptibility to caries? If decay is present, what is its proximity to the pulp of the tooth?

Anatomical landmarks would be mentally noted in the radiograph examination—proximity to the maxillary sinus; location of the mental nerve; location of the inferior alveolar canal—to name a few more common landmarks. If the tooth is non-restorable, will there be complications with an extraction? Is an implant going to be a feasible option if the tooth is extracted? Do the roots of the tooth extend into the maxillary sinus; is that the mental nerve or a periapical radiolucency?

As the doctor's focus narrows on the broken tooth, the observations are specific to the needs of treatment. What is the crown-to-root ratio of the broken tooth? Looking at the bitewing, the practitioner will mentally note if the margins of a crown will violate the biological width. Will the dentist need to inform the patient about follow-up appointments needed for crown lengthening? Is there viable tooth structure remaining, or has the tooth broken in such a manner that crown lengthening is indicated to increase tooth structure to retain the crown?

There is a great deal of knowledge learned from examining a dental radiograph. Not only has the dentist taken a course specifically on dental radiology, but he or she has also taken courses that deal directly with dental imaging, such as oral pathology. I can think of no clinical course taught in dental school that *does not*, in some way, include dental radiology. It is because of this knowledge base that the ADA's CDT 2015 Dental Procedure Codes explicitly states under the title of Diagnostic Imaging: "should be taken only for clinical reasons as determined by the patient's dentist" (emphasis added).

IN MY OPINION

The more things change...



Scott Hansen, DMD, MAGD

HAD THE OPPORTUNITY TO attend the ODA's House of Delegates this past weekend, watching the business of the association get done. During the meetings, there were several comments made about how "dentistry is changing," whether it be how care is delivered, who delivers it, the role of dentists in health care, where dentists work, how they are educated, etc. I still consider myself a young dentist, but I was feeling old as many of the comments brought back memories of things I have been hearing for nearly 30 years in the profession. I remember being a fourth year dental student, being involved with the ODA as a student representative, and attending meetings where they were talking about how the practice of dentistry will change radically as we will use cloned enamel to fill teeth, give patients vaccines to eliminate decay (am I stupid or don't vaccines work only on viruses?), and use "drill-less" dentistry to place all fillings. At OHSU, I was the first student guinea pig that Dr. Kenny Cantwell used to place the new all-porcelain DICOR inlays in some poor freshman dental student. It was touted as "revolutionary" and better than gold. (Four years later in my study club, mentored by Dr. Cantwell, he showed us slides of ugly, fractured DICOR onlays that he oversaw being replaced in a senior dental student with gold onlays. I never had the heart to tell him that I was the one who had placed them.) Dr. "Jumpin'" Jack Mitchell gave us some good advice: Don't be the first one on the block to try new things; let someone else test it out and see if it really is worth using. I think that advice applies to products, procedures, delivery methods, and educational trends.

I am all for any change that will help me treat my patients better. I have seen many changes in my short career that have been significant: digital x-rays, implants that integrate with bone, rotary root canal files, bone grafting, warm gutta percha, electric handpieces, lasers, cone beam CTs, PTFE sutures... I could go on for a while. These have changed the way I treat patients and have improved the quality of care they

receive. Change can be good. But not all change is necessarily good. I have patients in my practice with Class V gold foils that have been in place for more than 50 years. Have you seen a 30-year-old Class V composite or glass ionomer restoration? I have yet to see a full gold crown fracture. I remember Dr. Mike Hardin—when we taught together at the dental school—showing students his own #14 that had a PFM crown on it. The porcelain had fractured off, and he left it like that to show patients that gold was a better posterior restoration. (Yes, I know that all you gnathologists out there will say that it was the occlusion that caused the fracture. That might be true, but a gold crown never fractures.) I have seen four or five "This is the best porcelain ever" products come and go. Will zirconia be the final answer? I don't know. But Dicor and Procera sure looked promising in their day.

I have watched as the way dental care is paid for has evolved and changed through the years—from fee for service, to capitation, to direct reimbursement, to preferred providers, to coupons, to free government clinics. Have any of these really increased access to care? Are we treating a larger percentage of the population now than we were 40 years ago? I don't know.

I have seen dental schools change the way they educate students—going from procedure requirements to treating the "whole patient." Continuing education is changing from attending lectures or study clubs to taking classes online or attending webinars. I have been involved with some of the changes and as the groups I have been involved with try to deliver education in a way will attract younger dentists, I wonder if these new methods are actually better, or just more acceptable.

There was a lot of talk at the ODA House of Delegates about how dentists should be paid for their knowledge and how we should use that knowledge to educate patients about tooth decay and how to prevent it. I completely agree that caries is preventable. But I also know that people are people, and knowledge

Dr. Hansen is a general dentist in Gresham. You can contact him at hansen.scott@juno.com

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I have watched as the way dental care is paid for has evolved and changed through the years—from fee for service, to capitation, to direct reimbursement, to preferred providers, to coupons, to free government clinics.

Have any of these really increased access to care?

Are we treating a larger percentage of the population now than we were 40 years ago? I don't know.

without application is worthless. How many of us know that speeding, smoking, drinking too much alcohol, or overeating is dangerous or unhealthy? Yet, we indulge in habits or activities like these all the time. Don't we know better?

I remember hearing Dr. Gordon Christiansen once ask his audience, "How many of you smoke or drink? You know that is unhealthy and yet many of you do it. Don't get upset with your patients because they don't floss. They know it is healthier for their teeth if they do. They know. They are just like you, though. They choose what they want to do or not do." We can't make our patients change their behavior. Of course, we should educate them. Some will change. Many will not. That is human nature. Mankind has more knowledge than ever, yet, I still see poverty, wars, sickness, greed, man's inhumanity to man that applied knowledge could and should end. But it doesn't. Do we think that we are special and that our knowledge will miraculously change human behavior?

I may be way off and so old fashioned that what I say should be laughed at and ignored. Much of what I say is. But, I believe that some things shouldn't change. The quality of care I provide for my patients is highly dependent on my skills. Skills take time to develop. Dental schools and study clubs and C.E. lectures still need to focus on teaching us and helping us improve those skills. Yes, we need to learn new things. But if we spend all of our time focusing on collaboration, treating the "whole"

patient, solving access to care issues, and other "in vogue" issues, then we may not be giving our patients the quality care they deserve.

I have a hard time believing that tooth decay is on its way out, like polio. I would love to be wrong. But, until that happens, dentists will be "technicians," treating decay, broken teeth, oral lesions, and other oral diseases and problems that will require trained and qualified "doctors" to treat. I want to pay my dentist for his knowledge, but also for his skill. I don't particularly like going

to the dentist, so I want my dentist to provide me the best, longest lasting restorations possible. Call me old fashioned.

Change is inevitable. But my hope would be that the change WE DO is for the better. Before we embrace change, let's make sure it is worth it. Will it improve the way we treat our patients? Will it help us provide higher quality care? Will it provide better trained dentists? Will it stand the test of time? If not, I hope we remain old fashioned.

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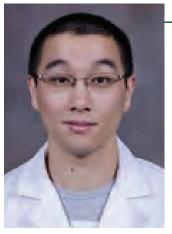


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Congratulations to **Jon Yih**, first place winner in the 55th Annual ADA/DENTSPLY student research competition!

ODA/DENTSPLY Student Table Clinic Winner Snags National Award

Third year OHSU School of Dentistry student, **Jonathan Yih,** who won the April ODA/DENTSPLY-sponsored Student Table Clinic, won first place in the 55th Annual ADA/DENTSPLY student research competition in October. It is believed to be the first time in the dental school's history that a student has advanced beyond the finalist round in the national research competition.

Yih was one of two students—out of a national pool of 58—who won the Student Clinician Research competition. He placed first in the Clinical Science/Public Health category (Basic Science was the other category) for his research project, "Thiourerhane Oligomers Improve the Properties of Light-cured Resin Cements."

For his efforts, Yih won a trophy and cash prize. After graduating from Oregon State University in 2011 with a bachelor of science in bioengineering, however, he wasn't even sure he would do research again! "It just didn't seem for me," said the third-year dental student, a Salem, Ore., native.

But then he heard Dr. Carmen Pfeifer explain her research in a dental materials class.

"I connected with her research in biomaterials/polymers because of my bioengineering undergraduate background." Yih talked with several other students in OHSU School of Dentistry's growing Dental Student Research Group, formed a research team, and has "had fun doing research since."

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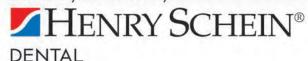
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NEWS BRIEFS

Dr. Asai elected to ADA Board

ODA past president, **Rickland G. Asai, DMD,** from Portland, was installed as the 11th District trustee to the ADA Board at the 2014 ADA House of Delegates meeting in San Antonio. Dr. Asai—who will serve a four-year term on the ADA Board of Trustees—follows Dr. Roger Kiesling, from Helena, Montana, in representing the district.

Election of the 11th District trustee rotates among the states of the 11th District as follows: 1) One of the combined states (Alaska, Idaho, Montana); 2) Oregon; 3) Washington.

Dr. Asai was first elected by the ODA Board of Trustees, last summer, to be Oregon's trustee candidate, and confirmed by the 11th District Caucus in the fall, giving him a year to prepare for the additional time and travel that comes with being on the ADA Board. When his term ends in the fall of 2018, he will be followed by a dentist from Washington.

To the right are Dr. Lindsey Robinson, new trustee for the 13th District, and her husband, Parker White.

Dr. Asai, far left, with his wife. Betsv.

Photo, courtesy ADA News. © 2014 American Dental Association

In addition to everything he has done with the Oregon Dental Association, Dr. Asai has served

nationally, at the ADA, as a member and chair of the Council on Ethics, Bylaws, and Judicial Affairs (CEBJA) and the Standing Committee on Bylaws, as well as a member of the ADA CERP Committee, and as a delegate to the ADA House of Delegates, which included spending a year on the Workforce Reference Committee. He is also on the Dental Foundation of Oregon Board of Directors and—until the fall of 2015—serves as the regent for Regency 8 of the American College of Dentists.



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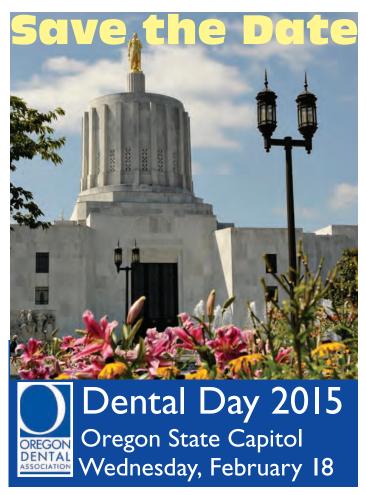
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MEMBER BENEFIT OF THE MONTH

Responsible Amalgam Disposal and Recovery

HealthFirst

For more info, please call HealthFirst at 425.967.0100 or visit them online at http://info. healthfirst.com/ada_separator.html.

This column is intended to acquaint you with the benefits that you receive as a member of the Tripartite (ODA, ADA, and your component dental society).

More information on member benefits can be found at http://bit.ly/ ODAbenefits. HealthFirst offers ADA members a cost-effective amalgam recovery solution that meets the ADA's recommended best practices for the responsible handling of amalgam waste, preventing dental mercury from entering our water supply. Over 16 states have already passed amalgam separation mandates for dental practices, several more states are evaluating statewide requirements and the EPA is set to issue a national mandate by 2014. HealthFirst's amalgam recovery solution provides unparalleled levels of effectiveness and durability, combined with a lifetime warranty, a pollution fine indemnification and substantial ADA member discounts.

Some benefits of the HealthFirst amalgam separator system:

Worry-free compliance

- Lifetime warranty
- Wastewater pollution fine indemnification
- Low cost of ownership—only one recycle needed per year
- ISO ADAANSI 1143-2008 certified
- Reminder program takes staff out of the equation

Simple to use

- No cleanup or waste handling for you or your staff
- No extra flushing
- No vacuum loss before, after, or during annual dealer service
- No plumbing permit required in most areas
- No moving parts requiring replacement or service



Member Communications

By Melody Finnemore

TECHNOLOGY CAN BE A DOUBLE-EDGED SWORD.

Though technology has made it easier than ever before to communicate, it also has led many people to feel overwhelmed by the amount of information they receive each day. Whether it's emails, text and tweets, or magazines and newsletters, it doesn't take long for electronic and traditional inboxes, alike, to fill up with communications.



The ODA and a multitude of other associations across the country have adapted the ways they communicate with members to reflect advances in technology and members' increasing mobility, while also retaining more traditional means. Associations in myriad industries face a similar challenge, says Robb Lee, chief marketing and communications officer for the American Society of Association Executives (ASAE).

"Stakeholders have so many different information options that we all strive to get their attention. As a consequence, our reaction to that environment, I believe, has to be very thoughtful," he says. "It's easier to say 'yes' than it is to say 'no,' and the challenge is what to say 'no' to so you can deliver the result that you want to achieve."

The key, Lee says, is to focus on what forms of communication are most important to members rather than trying every communications option available. Social platforms such as Twitter, Facebook and Instagram are valuable in certain situations, such as publicizing an event, for example. Other, older standbys such as email continue to be inexpensive and effective at getting a response from members.

"We are guided by outcomes-based decision making when it comes to looking at the next

new thing and whether we should use it," Lee says. "There is a lot of discipline involved in that, and it can be difficult, because it's such an attention-based economy right now."

The ODA also has implemented an outcomes-based communications strategy with the overarching goal of making life easier for busy members who must deal with a daily deluge of information. The ODA utilizes an array of means to let members know about everything from professional networking events and continuing education sessions to legislation and new rules and regulations that impact the dental profession. Other audiences the ODA takes into consideration are component leaders, external organizations, and individuals who are not members of the association.

See the sidebar for a sampling of ODA's communication tools. ODA staff and the Board of Trustees regularly monitor the effectiveness of each method of communicating with members and evaluate what improvements should be made.

Melody Finnemore is a freelance writer for ODA and a partner in Precision Communications. She can be reached at precisionpdx@comcast.net.

Some of the ODA's communication tools

THE ODA INSIDER is a monthly email sent to give members timely updates on new information.

ODA SPECIAL ALERTS are emailed as needed to let members know about important information immediately.

MEMBERSHIP MATTERS is the ODA's monthly magazine and is mailed to inform members about a range of topics impacting the profession and its practitioners.

The **ODA MEMBERSHIP APP** provides members with information in a mobile format.

The **ODA RISK MANAGEMENT LETTER** is mailed to members biannually to remind them about membership requirements.

Members have the opportunity to update their contact information through an annual mailing called the **ODA MEMBER UPDATE MEMO**.

The **OrMOM VOLUNTEER eNEWSLETTER** is emailed to members and past volunteers to let them know about upcoming Oregon Mission of Mercy events.

A **FACEBOOK PAGE DEDICATED TO OrMOM** also provides event-specific information to members and past volunteers, as well as photos from OrMOM clinics held throughout the state.

Information about the **OREGON DENTAL CONFERENCE** is sent to members via email. There is also an ODC mobile app, and the conference *Preview Program* is mailed to all dental offices in Oregon and Southwest Washington.

The work of the **DENTAL FOUNDATION OF OREGON**, including the Tooth Taxi's service to children throughout the state, and the volunteers who make it possible, is shared with ODA members via e-newsletters, printed in the DFO's Annual Report, and presented on their Facebook page. Dental Foundation updates and Tooth Taxi news are often included in *Membership Matters*.

The ODA uses **SOCIAL MEDIA CHANNELS** including YouTube, Facebook, LinkedIn, Instagram, Twitter, as well as a **BLOG** (www.thetoothofthematter.org) and the **ODA WEBSITE** (www.oregondental.org) to broadcast news and events.







▲ ABOVE: Multnomah Dental Society Delegation.

Seated: Dr. Tom Pollard; Dr. Fariba Mutschler; Dr. Deborah Struckmeier; Dr. Connie Masuoka; Dr. Noel Larsen; Dr. Rebecca Kuperstein.

Back Row: Dr. Richard Garfinkle; Dr. Jack Clinton; Dr. Mark Mutschler; Dr. Jason Bajuscak; Dr. Phillip Marucha; Dr. Athena Bettger; Dr. Denice Stewart; Dr. Jill Price; Dr. Andrea Beltzner; Dr. Cynthia Pelley; Dr. Frances Sunseri; Dr. Barry Taylor; Margaret Campbell; Dr. Scott Hansen.

▲ < TOP LEFT: New Leaders. ODA's new president (Dr. Steve Timm) and president-elect (Dr. Joni Young) took office at the conclusion of the House of Delegates.

▲ TOP RIGHT: New Trustees. Dr. Francis Sunseri, Dr. Deborah Struckmeier, Dr. Mark Mutschler, and Dr. Ken Chung were elected by the House to terms on the ODA Board of Trustees.

2014 ODA House of Delegates Recap

September 5-6, 2014

Riverhouse Hotel & Conference Center, Bend, OR



ELECTION RESULTS

The following individuals were elected.

ODA Board of Trustees

Kenneth Chung, DDS, MPH Clackamas County: 4-year term

Mark Mutschler, DDS, MS Multnomah: 4-year term

Deborah Struckmeier, DMD Multnomah: 2-year term

Frances Sunseri, DMD, MAGD Clackamas County: 4-year term

Secretary—Treasurer

Fred Bremner, DMD Clackamas County

ADA Delegate At Large

Karley Bedford, DMDMultnomah: I-year term

Leadership Development Committee

Jason Bajuscak, DMD Multnomah

Thomas Pollard, DMD Multnomah

William Warren, Jr., DDS, MS Klamath County

2014–15 ODA BOARD OF TRUSTEES

President

Steven Timm, DMD, Central Oregon

President-Elect

Joni Young, DMD, Marion & Polk

Secretary-Treasurer

Fred Bremner, DMD, Clackamas County

At-large members

Matthew Biermann, DMD, MS, Washington County
David Carneiro, DMD, Clatsop County
Kenneth Chung, DDS, MPH, Clackamas County
Scott Hansen, DMD, Multnomah
Greggery Jones, DMD, MAGD, Central Oregon
James McMahan, DMD, Eastern Oregon
Mark Mutschler, DDS, MS, Multnomah

Mark Mutschler, DDS, MS, Multnomah

Deborah Struckmeier, DMD, Multnomah

Frances Sunseri, DMD, MAGD, Clackamas County

Thomas Tucker, DMD, Klamath County

ASDA representative Ericka Smith, DS3

Non-voting members

Speaker of the House

Jeffery Stewart, DDS, MS, Multnomah

Editor Barry Taylor, DMD, Multnomah

ADA Delegates At Large

Karley Bedford, DMD, Multnomah *Position Open*

more House of Delegates coverage



LEFT Eight OHSU School of Dentistry students attended the House of Delegates meeting. Audra Gross-Allen, Thien-Y Hoang, Margaret Campbell, Travis Baskerville, Michelle Crabtree, and Melany Hancock. Not pictured: Brett and Lauren Davis.

▼ BELOW ODA speaker of the House, Dr. Jeff Stewart, presided over the 121st ODA House of Delegates meeting, at the Riverhouse in Bend, September 5–6, 2014.













ABOVE Leadership & Service Pins were given to those finishing volunteer roles in the ODA. (I to r): Dr. Frances Sunseri, Dr. Mark Mutschler, Dr. David Dowsett, Dr. Deborah Struckmeier, Dr. Sean Benson, Margaret Campbell, Dr. Rick Asai, Dr. Fred Bremner, Dr. Judd Larson, Dr. Kent Burnett, Dr. Richard Garfinkle.

Dr. Judd Larson with three of his President's Award recipients.

▲ ABOVE CENTER With ODA staff in appreciation of their keeping the Association running during the transition. (I to r): Conor McNulty, Christina Swartz Bodamer, Dr. Judd Larson, Lauren Malone, Cindy Fletcher.

▲ ABOVE With Dr. Bill Ten Pas for his contributions to organized dentistry.

LEFT With Dr. Kent Burnett for his efforts on the Annual Meeting Council.





SPECIAL AWARD

In honor of **Dr. William S. Ten Pas'** upcoming retirement, and in recognition of his countless contributions to all levels of organized dentistry, the ODA's upstairs meeting space has been named the William Ten Pas Conference Center. A donation was also made to the Dental Foundation of Oregon, on Dr. Ten Pas' behalf.

✓ LEFT Dr. Teri Barichello and Dr. Sean Benson recognized Dr. Bill Ten Pas (center) for his contributions to the ODA and to dentistry.

PRESIDENT'S AWARDS

ODA president, Judd Larson, DDS, presented the following awards for going above and beyond.

For their efforts on the Annual Meeting Council:

Kent Burnett, DDS Larry Franz, DMD

In recognition of their contributions to organized dentistry:

Thomas Pollard, DMD William Ten Pas, DMD

In appreciation of their keeping the Association running through the transition:

ODA Staff

LEADERSHIP & SERVICE AWARDS

Pins were awarded to the following ODA volunteers.

Leadership

(completing term as a Council/Committee chair, officer, or trustee)

Rickland Asai, DMD: ADA Delegate at Large / Board of Trustees

Sean Benson, DDSSecretary-Treasurer / Board of Trustees

Fred Bremner, DMD Board of Trustees

Kent Burnett, DDSAnnual Meeting Council chair

Margaret Campbell
Board of Trustees

Kae Cheng, DMD, MD Board of Trustees

David Dowsett, DMD: ADA Delegate at Large / Board of Trustees

Larry Franz, DMD
Annual Meeting Council chair

Richard Garfinkle, DDS, MSD

Board of Trustees

Judd Larson, DDS
President / Board of Trustees

Service

(completing term as a Council/Committee member)

Samuel Bobek, DMD, MD New Dentist Committee

Sheena Kansal, DDS DOPAC

Mark Mutschler, DDS, MS Leadership Development Committee

Jack Rocheld, DDS
Government Relations Council

Deborah Struckmeier, DDSDOPAC

Frances Sunseri, DMD
Government Relations Council

Renee Watts, DDS Leadership Development Committee

INCOMING PRESIDENT'S ADDRESS



Dr. Steve Timm

FIRST AND FOREMOST, I would like to express my gratitude to the Oregon Dental Association's Leadership Development Committee and the Board of Trustees for giving me the opportunity to become your 2014–2015 president. I consider it a great honor to be selected, and I will do all I can to best represent you—the members of organized dentistry—this year to all the entities that a professional organization such as ours will interact and collaborate with.

In order to highlight my first point, let me tell you a little about myself and my family. I am a second generation general dentist, having practiced for some 36 years now. My father was a Minnesota graduate, owed the Air Force two years after graduation, and then found a general dental practice for sale in a sleepy little mill town called Bend.

As my father integrated into the community, his best friends—and thus the families that us kids spent a lot of time with—were a physician, an insurance broker, an architect, and several area dentists, one of which would become his business partner when they formed their group practice. The physician began the process whereby the St. Charles hospital system would grow into the largest regional medical system east of

the Cascades. The architect designed several buildings in the Bend area, including the dental office where I still practice, and the church where our family attended. The insurance broker involved himself in politics and went on to serve in the Oregon legislature. My father's business partner served on the city council and as mayor of Bend. Another of his best friends served on the Oregon Board of Dentistry for many years. Yet another became president of the Oregon Dental Association.

Oh, and my dad? Coach to five children, Little League baseball commissioner, Junior Chamber of Commerce president, Kiwanis member and officer rotation, Oregon Centennial Committee, ski patrol director, hospital dental director, church president and building committee chairman, and...ADA life member.

My point to the preceding narration is the importance of mentoring, which I believe is a key component of maintaining and growing our association. The architect spent many hours at our house, talking about the buildings that would impact our family, as well as his profession (and ultimately convincing me not to become an architect). The insurance broker made sure I spent at least one day every session as a page in the legislature. My father's business partner made sure I joined Rotary when I came back to join their practice, and they both made sure I attended the first Central Oregon Dental Society meeting that year—and, of course, signed me up for a committee

The other local ODA members took it from there, as you might imagine. Eventually the state association came knocking, with mentors such as Drs. Bill Ten Pas, Mike Biermann, Rick Asai, Teri Barichello, Sean

Benson, and many other dedicated volunteers who have served the ODA for many years.

Which brings me to my next point member engagement. While it may be a modern buzzword, it has always been around: my generation's iteration would be involvement. You may already be connecting the dots to my punchline—mentoring most often leads to engagement/involvement.

To that end, the ODA has recently added Kristen Andrews to the staff to specifically serve as our member engagement coordinator. She will not only be available to our individual members but also to our component societies to assist them in any way. Kristen has already collaborated with Lauren Malone to formulate a member engagement program that was presented to the Trustees at our most recent meeting, with great anticipation and excitement about its potential for our members. I would ask that you—as members and leaders of our association—give Kristen your support and assistance when she asks, and watch for the outline of the plan soon in one of the ODA publications.

In addition to Kristen, the ODA just hired Lori Lambright to serve as our member compliance coordinator. She has worked in a dental office and will be a resource for our members with their regulatory and compliance questions. We look forward to Lori's expertise in serving our members' needs.

In my progression up the ladder of leadership, on behalf of the Oregon Dental Association, I have had many opportunities to interface with volunteer leaders from other states and discuss their victories as well as their defeats. We are not alone in the issues we face as a profession—all states are addressing some form of change to the way dentistry is and will be practiced.



It is my opinion, and the opinion of many of these leaders, that we now have a national organization—the American Dental Association—that has the staff, resources, and political firepower to recognize, react, and influence the decisions that affect the way we practice and interact with our patients.

While it might not be swift, and it might not be exact, we are making inroads, and we can thank the staff and volunteers at the national level for their contributions to that process. You can access the many programs, services, and information that the ADA provides you and I—the member—on www.ada.org. It will be well worth your time, I promise you.

Last, but far from least, I would like to commend our incredible ODA staff for their dedication and hard work on behalf of our association. They truly have the best interests of the dental profession in mind. We have gone through a significant transition the last two years, from the replacement of our retiring executive director, to the retirement of several of our long-term key staff, to the re-structuring of our governance process. The ODA staff have been lockstep with us all the way—unwavering, fully supportive, and totally committed to the success of the association. For that, we owe them a huge thank you!

And a large thank you to the many member volunteers who donate hours and hours to the various activities, committees and councils of the association; we all owe them a debt of gratitude as well.

This is your association. Together we can make it stronger: more relevant and more responsive. But we need all of you, and we need your fellow practitioners who have not yet seen the benefits of membership. I ask all of you to *mentor*, *engage*, *involve*, and *serve*. **Let's all do our share!**

Dr. Timm is a general dentist in Bend, Oregon. He was sworn in as ODA president at the 2014 House of Delegates meeting in Bend. He can be reached at drsteventimm@yahoo.com.



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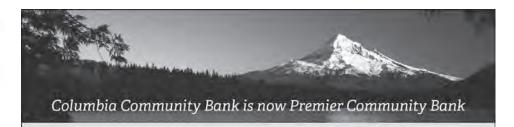
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▲ ABOVE Dr. Richard Fixot and Dr. Greg Jones

ABOVE The 2014 Reference Committee heard testimony from the House and filed a report to help with the voting process. (I to r): Dr. Pat Hagerty, Dr. Jesse Hollander, Dr. Cynthia Pelley, Dr. Olesya Salathe (chair), Dr. Barry Taylor, and Dr. Jeff Reddicks



▲ **ABOVE** Dr. Roger Kiesling (podium at right), 11th District trustee, giving the Oath of Office to those elected during the House of Delegates.



ODA HOUSE OF DELEGATES 2014

The following resolutions were discussed. If something is in red, below, then it is a change to the ODA Bylaws; if it is erossed out, then that item has been struck and, in some cases, replaced with the other text in red.

RESOLUTION RESULTS

BOT-I-I4: Cost of Living Dues Increase

PASSED

Resolved, that ...the ODA Bylaws be amended as follows:

2.04C Amount.

2.04C-1 Active Members.

(a) Generally. Dues for active members shall be \$761 \$777 per year (which includes \$20 to the Dental Foundation of Oregon and \$130 to DOPAC), plus any dues required for transmittal to the American Dental Association and component societies. The member may reassign the \$130 DOPAC contribution to the ODA General Budget Issues Fund or the ODA General Budget. The member may reassign the \$20 Dental Foundation of Oregon contribution to the ODA General Budget Issues Fund, the ODA General Budget, or DOPAC

BOT-2-14: Change in Trustee Duties

PASSED

Resolved, that ...the ODA Bylaws be amended as follows (see 4.01A-1(g)):

CHAPTER IV - BOARD OF TRUSTEES SECTION 4.01 DUTIES AND COMPOSITION

4.01A Powers, Duties and Number.

The business property and affairs of the Association shall be managed by a Board of Trustees of 18 members, each of whom shall be an active, life or retired member of the Association. The Board of Trustees shall perform the duties of a Board of Directors as defined in the Oregon Nonprofit Corporation Law.

4.01A-1 Generally.

- (a) Approval of applications for membership or other status from graduate students.
- (b) Approval of the appointment of council members.
- (c) Employment and/or termination of employment of the executive director.
- (d) Approval of life members.
- (e) Function as the Finance Committee, chaired by the Secretary-Treasurer, in providing supervision of the financial activities of the Association, including preparation of budgets, arranging for audits, presenting financial reports, authorization of non-budgeted expenditures, and

making decisions with respect to the retention of fiscal records.

- (f) To monitor the formulation and implementation of the long-range Plan of the Association.
- (g) Approval of Oregon Dental Conference speakers-Association endorsements.
- (h) Amending the articles of incorporation in the limited circumstances permitted by ORS 65.434, authorizing or recommending to the Delegates voluntary dissolution, a plan of merger or consolidation, or the sale, lease, pledge, exchange, transfer or mortgage of all or substantially all of the assets of the Association, revoking a pending dissolution, or adopting a plan for distribution of assets.
- (i) Determining the existence of total disability of a member for purpose of remission of dues.
- (j) Recommending candidates for appointment to the Oregon Board of Dentistry, per section 7.03 in these bylaws.
- (k) Election and removal of directors and approval of the amendment of the Health Services Group, Inc., per section 7.02 in these bylaws.
- (I) Election or removal of directors of for-profit corporations, the stock of which is owned by the Association, and approval of the amendment of the Articles of Incorporation of such corporation, per section 7.05 in these bylaws.
- (m) Authorizing distributions from the Oregon Dental Association Board Designated Fund.
- (n) Election, appointment, removal or filling of vacancies for any board committee.
- (o) Election and removal of the dental directors, and the amendment of the bylaws of the Dental Foundation of Oregon.

GRC-I-I4: Patient Licensure Exams

PASSED

Resolved, that ...

ODA shall create a task force of stakeholders to be appointed by the Board of Trustees to explore non-live patient licensure examination options and report back to the HOD in 2015, supplying both a written and in person report of its findings and recommendations. A copy of the complete, updated ODA Bylaws and Articles of Incorporation can be found on the ODA website (www.oregondental.org) by following this path: Member Resources > Governance > Bylaws.

LDC-I-I4: Graduate Student Members

PASSED

Resolved, that ...the ODA Bylaws be amended as follows:

2.01F Graduate Students (Post-Doctoral Students)

2.01F-1 Qualification.

Any graduate of an approved dental school who was a predoctoral student associate in this Association in the immediately preceding academic year or is a member of or is eligible for membership in another constituent society may become a post-doctoral student associate of this Association in the manner specified in the Membership Application Review Guidelines, if he/she is engaged full time in:

- a) An advanced training course of not less than one academic year in a CODA accredited school,
- b) An internship or residency program approved by the American Dental Association Council on Dental Education and Licensure, or
- c) Activities furthering the objectives of this Association, upon recommendation of the Dean of the School or the appropriate administrator of the internship, residency program or other activity, and approval of the Board of Trustees, including any extension program.

2.01F-2 Privileges:

Graduate students shall be entitled to the privileges listed in 2.01A-2 for active members

2.02E Graduate Students

2.02E-I Qualification.

Any graduate of an approved dental school who was a predoctoral student associate in this Association in the immediately preceding academic year or is a member of or is eligible for membership in another constituent society may become a post-doctoral student associate of this Association in the manner specific in the Membership Application Review Guidelines, if he/she is engaged full time in:

- a) An advanced training course of not less than one academic year in an accredited school,
- b) An internship or residency program approved by the American Dental Association Council on Dental Education, or
- c) In activities furthering objects of this Association, upon recommendation of the Dean of the School or the appropriate administrator of the internship, residency program or other activity, and approval of the Board of Trustees, including any extension program.

2.02E-2 Privileges:

Graduate students shall not be entitled to vote or hold office, but otherswise shall be entitled to the privileges listed in 2.01A-2 for active members

5.01A Selection

5.01A-1 Designation and Qualification

The elected officers shall be a president, president-elect, and secretary-treasurer, each of whom shall be an active, life, graduate student, or retired member in good standing.

LDC-2-14: Selection of ODA President Elect

PASSED

Resolved, that ...the ODA bylaws be amended as follows

Chapter V - ELECTED OFFICIALS

Section 5.01A-2 Election.

The president and president-elect shall be elected annually by the voting members of the Board of Trustees, from the at large and ex-officio trustee positions at the summer a meeting prior to the House of Delegates meeting. The president each year shall be the president-elect from the preceding year if he/she remains qualified and willing to serve. The student trustee and the secretary-treasurer are is not eligible for election as president-elect. The president-elect shall take office the day after the annual meeting of the House of Delegates. Should an ex-officio member be elected as president-elect, their previously held position shall be filled at the House of Delegates and the remaining 12 at-large positions shall be filled as need. The secretary-treasurer shall be elected by the House of Delegates.

LDC-3-14: Student Involvement

PASSED

Resolved, that ...the ODA bylaws will be amended as follows:

2.02D Undergraduate Students (Pre-Doctoral Students)

2.02D-2 Privileges.

Except for the undergraduate student trustee and the undergraduate student delegate to the House of Delegates provided for in Chapter III, undergraduate students shall not be entitled to vote or hold office. They shall receive the publications of the Association and shall be entitled to participate in the Association's insurance programs, in accordance with their terms, and shall receive notice of and be entitled to participate in other Association activities open to non-voting categories. Each ODA Council may have up to two student advisors appointed by the president.

MEGA ISSUE DISCUSSION

Coordinated Care Organizations

By Thomas Tucker, DMD

THIS YEAR'S HOUSE OF DELEGATES

mega issue discussion was an informational presentation, followed by a panel question and answer session, regarding Oregon's implementation of the Affordable Care Act (ACA).

Dr. Tom Tucker, from Klamath Falls, facilitated the mega-issue discussion at the ODA House of Delegates meeting.



Background about CCOs

Born from several legislative bills originating in both the House and Senate, under the direction of the Oregon Health Authority, the health system transformation in Oregon will be delivered via Coordinated Care Organizations (CCOs). The simply stated goal of this change is three-fold: deliver better care, resulting in better health, at a better (lesser) cost.

It is estimated that the government pays for nearly 60% of all health care costs in this country. This encompasses eligible employees of city, county, state, federal, Medicaid, Medicare, military, Veterans Administration, and native tribes. In an attempt to control the escalating cost of medical care, and to provide access to care for more of our citizens, the Affordable Care Act (ACA) became law.

In Oregon, this care will be delivered by 16 CCOs that have contracted individually with the Oregon Health Authority. They will operate with a "global budget" that will provide coverage for physical, mental, and oral health. Dentistry's share of this budget is approximately six percent. Over the first three years—with a total budget of \$1.9 billion, dentistry will receive \$120–\$130 million to provide care for these patients.

With a current enrollment of over 980,000 people—and expectations that this number will increase—approximately 27 percent of Oregon's residents are eligible for coverage by a CCO. This means that more than 1 in 4 Oregonians will receive their care via a CCO.

Initially the CCOs have subcontracted with nine Dental Care Organizations (DCOs). This will be the model for the first three years. Because these individual DCOs have varying contracts with their CCO, payment for dental services is at the discretion

of the DCO. It may compensate its dentists with a feefor-service model or with a capitated rate per insured individual.

Panel Q&A

Following this brief introduction, the delegates were addressed by three extremely knowledgeable and qualified individuals who represent three of the largest DCOs. **Dr. William Ten Pas**, senior vice president at MODA Health, **Dr. Mike Shirtcliff**, president and CEO of Advantage Dental Plans, and Deborah Loy, OHP services director at Capital Dental, comprised the panel.

Each gave opening remarks about their participation with the various CCOs. It was the general consensus that this delivery model, which expects providers to be responsible for the desired outcomes, including cost savings, will be critically evaluated by the profession. It is also likely to be of interest to more traditional indemnity insurance plans if it is deemed a success.

It was suggested that this could be developed as an alternative low cost option and that large insurers such as the Oregon Educational Benefit Board and the Public Employees Benefit Board could be interested. This is, however, only an early assumption of what may lay ahead if this delivery model is regarded as successful.

Panel members responded to many varied comments and questions. At the end of the discussion, there were still individuals at the microphones wishing to continue the session. We regret that not all questions could be answered, but believe that the subject was of considerable interest, and will likely be a future topic of discussion and conversation.

We thank our panel participants for their willingness to contribute to this mega issue discussion. It was encouraging to see our dental leaders, from varied backgrounds, united in their representation of organized dentistry, and its continued commitment to dental care that always puts the doctor—patient relationship and quality dental care as the most important outcome.

We also thank our delegates for their interest and willingness to discuss this topic. The ODA Board of Trustees is committed to our members and welcomes any comments or suggestions about this issue or ideas for additional topics in the future.

Thomas Tucker, DMD, is a general dentist in Klamath Falls. He can be reached at ttucker041@gmail.com.









Mega-Issue panelists included (I to r): Deborah Loy, from Capitol Dental, **Dr. Mike Shirtcliff**, from Advantage Dental, and **Dr. Bill Ten Pas**, from ODS. **Dr. Tom Tucker**, far right, facilitated the discussion.























- 1) Dr. Fred Scott; Dr. Matthew Biermann; Dr. Richard Garfinkle
- 2) Margaret Campbell
- 3) Dr. Gary Templeman
- 4) Dr. Kurt Ferré
- 5) Dr. Roger Kiesling, 11th District trustee, from Montana
- 6) Dr. Jim Walker
- 7) Dr. Patrick Hagerty
- 8) Dr. Josephine Stokes; Dr. Amy McDaniel
- 9) Dr. Michale DesJardin
- 10) Dr. Dana Yip; Dr. Jeremy Kato; Dr. Randall Glenn





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ODA BOARD OF TRUSTEES

Meeting highlights

September 26, 2014

- ▶ Trustees underwent an orientation session at this, their first, board meeting of the new board year, from both ODA counsel and the ODA executive director.
- ▶ **Dr. Eric Burgin** reported on the Large Group Practice Conference that he attended with **Dr. Nicole Olivares**, on behalf of the ODA, in California on September 6.
- ▶ Dr. Doug Hadnot, from Montana, the 11th District representative to the ADPAC Board, talked about the American Dental Political Action Committee. Dr. Roger Kiesling, 11th District Trusteee, also from Montana, reported on the goings on at the ADA.
- ► The Board voted to endorse the OHSU CATs program and fund it with \$2,000 for student awards.
- ► The Board voted to approve the OrOHC Strategic Plan with qualifications.
- ➤ Trustee liaison assignments, shown top right, were distributed and discussed. •

Liaison Trustee	Component	Council	Activity
Chung	Yamhill County	Peer Review	OBOD Liaison
Biermann	Southwestern Oregon; Washington County	Leadership Develoment Committee	ODA social media
Sunseri	Clackamas County	Access to Care Committee	Licensure Task Force
Carneiro	Clatsop County	Publications Advisory Committee	Leadership Seminar Task Force
Mutschler	Columbia County	Member Services	Member Engagement Task Force
Bedford	Southern Oregon	New Dentist Committee	ODA website review
Struckmeier	Southern Willamette	Dentist Health & Wellness	OrMOM
Hansen	Mid-Columbia	DOPAC	OBOD Liaison
Jones	Central Oregon; Lane County	Annual Meeting Council	Tooth of the Matter blog entry
McMahan	Eastern Oregon	TBD	Member Engagement Task Force
Stewart	Multnomah	PPE / GRC / LDC	Leadership Seminar Task Force
Tucker	Klamath County; Rogue Valley	Membership Council	Leadership Seminar Task Force
Young	Marion & Polk; Umpqua	Recruitment & Retention Committee	Policy Review Task Force





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The historical photo (above) is from the Archives & Special Collections, Columbia University Health Sciences Library.









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DAVE MITCHELL WILL BE PRESENTING an entertaining and enlightening keynote address at the 2015 Oregon Dental Conference. Don't miss his General Session presentation, "The Power of Understanding People—Hollywood Style! Understanding your own and others' communication styles," on Friday, April 10 from 7:30–8:30 AM.

One of Dave's most requested programs, "The Power of Understanding People" provides the tools to understand each attendee's own unique communication style. This information-filled, energizing keynote provides an ideal combination of strong content, laugh out loud humor, and audience interaction. Using applied cognitive psychology principles with humorous stories and an audience assessment tool, Dave will delight the audience with insight into how they think and their style of communicating. The attendees will gain an immediate appreciation for diverse interactive styles and begin applying the concepts in their personal and professional life.

New this year, General Session attendees will have the opportunity to further their understanding of the topic, by attending Dave's breakout session from 2–5 PM on Friday.

During the breakout session, attendees will be treated to Dave's trademark "laugh and learn" style of teaching. Building on the concepts introduced in Dave's keynote address, attendees will learn which Hollywood movie character they most behave like. Attendees will take away valuable strategies for enhancing their leadership skills, achieving greater performance levels from their staff and even improving personal relationships and conflict resolution.

Don't miss these two programs! •



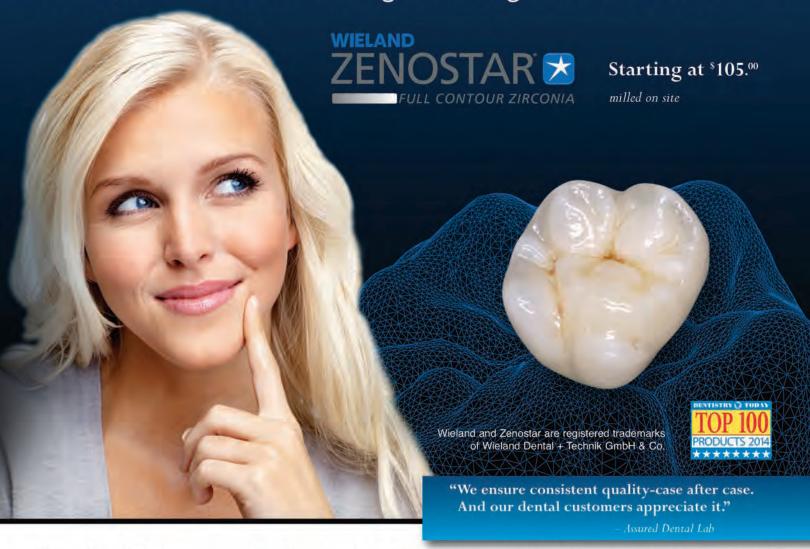
DAVE MITCHELL

Over 250,000 people have attended Dave's "enter-TRAIN-ment" seminars all over the world on topics that include leadership, customer service, selling skills, and personal performance enhancement.

Named Best Speaker of the Year by Meeting Professionals International at the 2013 World Education Congress in Las Vegas, Dave is the author of two books: Live and Learn or Die Stupid!, and The Power of Understanding People. When The Power of Understanding People was released in December 2013, it was immediately named Best Business Book of the Month by Amazon.

Dave Mitchell has also been designated as a Certified Advanced Wine Sommelier by the International Wine Guild.

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Space is limited, so register now to hold your space. If you have questions, call Charlie LaTourette at 503-594-0881 for more information.



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By Sydney Clevenger

>> Second-year dental student **Travis Davis** (center) receives his white coat from **Steven Gold, DDS**, assistant professor of restorative dentistry, and Hawthorne Bridge group leader, at the Class of 2017 white coat ceremony, held September 12. **Peter Morita, DMD**, associate dean for patient services, is in the background at right.

(Photo by Aaron Bielek)

The OHSU School of Dentistry can be found online at www.ohsu.edu/sod.

The School is also on Facebook: www. facebook.com/ohsuschoolofdentistry.

Sydney Clevenger is Communications Coordinator for the OHSU School of Dentistry. She can be reached at clevenge@ohsu.edu.

OHSU SCHOOL OF DENTISTRY

Class of 2017 Receives White Coats



HE CLASS OF 2017 WAS RECOGNIZED and celebrated in mid-September for their symbolic transition from didactic education to the clinical care of patients. Seventy-five second-year dental students received their personalized white lab coats in a formal ceremony in the OHSU Auditorium.

The white coats were generously provided, in part, by the Oregon section of the American College of Dentistry (ACD).

"The white coat is a big step toward ethics and professionalism," said OHSU School of Dentistry Alumni Association President Mark Alder, DMD. "Ethics and professionalism are not just a theory anymore because you will be seeing patients for the rest of your dental careers. Dentists are held in high regard because we have high standards," said Dr. Alder. "Now is the time to develop good habits that will last the rest of your life."

Dean Phillip Marucha, DMD, PhD, read the nine tenets of professionalism from the wallet cards also provided by ACD: respect, beneficence, compassion, competence, integrity, justice, professionalism, tolerance, and veracity. "Dentistry is a great profession," said Dr. Marucha. "You are now at the doorway to the clinical training program. You need to learn as much as you can from faculty, staff, students, and patients to become the best dentists possible."



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- GENERAL DENTISTRY -

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