

MINNESOTA BOARD OF DENTISTRY

FALL 2019 NEWSLETTER

A Message from Bridgett Anderson, MBA, LDA Executive Director



Fall is upon us again. It feels like Summer was gone in the blink of an eye! We had a busy legislative season that ended in May with the passage of our emeritus licensure legislation, among other positive provisions. The emeritus law went into effect on July 1 and I am proud to say that we have already issued 14 emeritus inactive and 10 emeritus active licenses. This is an alternative to voluntary terminating the license when retiring from practice. Additionally, we extended our waiver of exam laws to out-of-state GPRs. This may attract new dentists from outside of Minnesota by making the licensure process simpler for them.

We are very busy mapping out the business process for our new database, which will launch in 2020. We have chosen to collaborate with Salesforce on this project. We are very excited with the increased functionality and ease of use the new system will allow for licensees and applicants. We will also have an improved method for complaint management and reporting.

Two new administrative staff members, Ms. Panhia Lor and Ms. Mary Luecke, have joined the Board. We are very happy to welcome them to our team! With our various public and closed meetings, licensee and applicant walk-ins, over 400 phone calls a week, among other administrative support needs, the Board could not function without our amazing administrative support staff. Thamyr Obas, our other administrative assistant just had her one-year anniversary with the Board.

CONTENT

CE RequirementsPg 2New Board MembersPg 3Professional BoundariesPg 4Infection ControlPg 5National RecoveryPg 6Opioid EducationPg 7

I would like to welcome our two new Board members, Dr. Ranier Adarve and Dr. Terry Klampe, who were appointed by Governor Walz in July.

I am still working with out of state stakeholders on pursuing a licensure compact for dentistry. It would be the first dental compact in the US. There could be great benefit to starting with a regional compact and then expanding, as we have several areas in the state where licensees' practice near and across the state borders. For example, locations such as Duluth-Superior, Stillwater-Hudson, and Moorhead-Fargo. License compacts do not impact the oversight and jurisdiction that we have over any licensee practicing in our state and the same applicable laws and rules that would apply to a compact license. Nursing, Physical Therapy, and Medicine have license compacts throughout the United States. It can be a great tool to reduce barriers in access to care. We will continue exploring this topic throughout the next year in our licensing and policy committee meetings, which are open to the public by phone or in person.



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Lastly, and perhaps most importantly to many licensees and stakeholders around the state, we have been focusing on the quality and relevance of questions on the Dental Assisting State Licensure Examination. We provide preperation sessions for the test takers and work closely with educators to increase first time pass rates for students taking the exam. We have also granted students permission to take the exam while as they reach the end of their program, so they have the support of faculty and peers when preparing for the examination. We are seeing some preliminary increases in pass rates but need to wait until Spring to have more candidates in the testing pool to show how the trend is progressing.

Thank you for reading our newsletter! As always, please feel free to engage with the Board by emailing me with questions/comments at bridgett.anderson@state.mn.us

Bridgett Anderson, LDA, MBA Executive Director



Professional Development (CE) Updates

Courses related to the practice of dentistry, including basic science courses have always been allowable for CE credit. However, we recently changed the way credits are calculated:

• You will receive 5 Fundamental credit hours for each college course completed within your cycle, with a maximum of 15 credit hours per biennium.

Jurisprudence exam:

• You will be granted 5 Fundamental credit hours for completing the Minnesota Jurisprudence exam, allowed once per biennium.

Sedation inspectors:

• Board approved sedation inspectors are granted 5 Elective credit hours per biennium.

Sedation certification holders:

• Any sedation certification holder that participates in their required sedation inspection will receive 2 Fundamental credit hours.

Required training for prescribers of controlled substances:

Effective January 2020, all prescribers are required to complete two (2) hours of education on 'best practices in prescribing opioids and con-trolled substances, including nonpharmacological and implantable device alternatives for treatment of pain and ongoing pain management'. See more information further in this newsletter on how the Board is collaborating to achieve 100% compliance.

As a reminder, the 2019 self-assessment is available on the Boards website. It is required that you complete this assessment online.





Welcome, New Board Members

Newly Appointed by Governor Walz in 2019

Ranier Adarve, DMD

Dr. Adarve is an Associate Professor in the Department of Restorative Sciences at the University of Minnesota School of Dentistry. He is also the Director of the University of Minnesota's Program for Advanced Standing Students (UMN PASS), a program for international dentists. He is a graduate of the University of Minnesota where he completed his residency in Prosthodontics and earned a Master's Degree in Science of Dentistry. He also earned other academic degrees at Harvard Macy and the University of the Philippines. Dr. Adarve has been awarded Excellence in Teaching by the American Dental Educators Association. Currently, Dr. Adarve is practicing prosthodontics at Adarve Prosthodontics in Apply Valley, MN. Dr. Adarve is appointed as a dentist member to a four-year term that expires January 2023. Dr. Adarve replaces Dr. David Gesko on the Board.

Terry Klampe, DDS

Dr. Klampe attended the University of Minnesota School of Dentistry where he first received his DDS in 1974 and a Master's degree in Oral Biology in 1980. He has worked in private practice in Minnesota and Montana. He served as a state senator in the Montana legislature and worked closely with the Montana State Board of Dentistry and the Montana Dental Association on issues pertaining to denturity, hygiene and Medicaid. He served as a professor for Creighton University Dental School in the Dominican Republic and as a missionary dentist in Guatamaula, Nicaragua and Bolivia. In the past three years, Dr. Klampe has worked as a dentist for Park Dental and as an instructor at Rochester Community Technical College School of Hygiene. Dr. Klampe replaces Dr. Wolff on the Board.





To learn more about the Board, visit the link below: <u>https://mn.gov/boards/dentistry/board-information/</u> <u>board-members/</u>



September is...

Dental Infection Control Awareness Month

The Minnesota Board of Dentistry requires compliance with the current CDC Guidelines for Infection Control in Dental Healthcare Settings. This year, the Board has received 6 complaints alleging inadequate infection control. This represents around 3% of the overall complaints we received in the same time frame. Although we do not see many reports of this allegation, we want to continue promoting patient health and safety through education and resources. The goal is 100% compliance.

For more information on the requirements please visit:

Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care

This document summarizes current infection prevention recommendations published since the 2003 guideline. The summary elaborates on infection prevention strategies for safe care in various dental settings.

The Organization for Safety, Asepsis, and Prevention has several toolkits available for different important infection control considerations within dentistry.

Resources

Additional Patient Scripts:

Dental Unit Waterlines

Hand Hygiene

Surface Disinfection

Personal Protective Equipment Checklist

Flu Vaccine

Instrument Sterilization

Infection Control

#MeTOO Let's talk about SEX... and Having Sexual Boundaries

While licensees seem to have a better understanding of grounds for discipline when it comes to having sexual relationships with patients, we do not always comprehend similar boundaries between colleagues and staff. The world has certainly changed in the last few years. With the introduction of the #metoo movement, many licensees are just now reflecting on past situations with other licensees that fell into the realm of inappropriate sexual misconduct or harassment. More recently, the Board has received several calls and communications with licensees on this issue. We thought it may be good to revisit a common-sense approach to physical and sexual boundaries.

Do not touch. This may seem elementary and really it is. This is also a great reminder to keep our hands to ourselves. Unwelcome sexual advances cause loss of trust, lack of comfort, distraction, self-esteem issues, anger, resentment, depression, and self-doubt, among other things. Unwanted physical contact can also create shame, embarrassment, and feelings of powerlessness.

When other colleagues observe this is in practice, it can cause a ripple effect. They may feel hurt by witnessing this behavior and feel helpless about not being able to intervene. Many licensees have shared fears about retaliation if they report misconduct directed toward issues themselves or their coworkers.

We cannot go back in time. However, please reflect and ask yourself these questions:

- Have I touched a colleague sexually or physically in an unwelcome manner?
- Have I made a colleague uncomfortable by discussing touching them sexually or physically?
- Have I attempted to touch a colleague sexually or physically?

Ultimately, unwelcome sexual advances and harassment can impact public health and safety; providers pre-occupied with unwanted sexual advances or inappropriate touching are more likely to make clinical errors and suffer from alapse in judgment.

There are various types of boundaries in the workplace that licensees need to be mindful of:

- Role What role do you play in the team dynamic?
- Communication How do you communicate with colleagues?
- Physical and Eye Contact
- Privacy Who needs to know what? Keep private matters private.
- Personal self disclosure Too much sharing.
- Time and space
- Favors and personal requests
- Money and gifts
- Extracurricular Activities

Although not a required training in MN, sexual harassment training is highly recommended for all employers and employees. The State of New York, which requires the training, has created some helpful no-cost resources that could be used by employers and employees:

Sexual Harassment Prevention Model Policy

Sexual Harassment Model Complaint Form

Model Sexual Harassment Prevention Training Video: Part I-The Law

Model Sexual Harassment Prevention Training Video: Part II-Case Studies

There are many other trainings and resource available on this topic and we encourage you to seek additional resources. Your malpractice and insurance carriers may also have helpful resources available.

September is National Recovery Month

In 2019, the Substance Abuse and Mental Health Services Administration (SAMHSA) celebrates the 30th anniversary of **National Recovery Month** (**Recovery Month**), This marks three decades of spreading the message that treatment is effective, and people can and do recover every day. Through the years, **Recovery Month** has promoted and supported new evidence-based treatment and recovery practices, the strong and proud recovery community, and the dedication of service providers and community members across the nation who make recovery in all its forms possible.

The 2019 **Recovery Month** theme, "*Join the Voices for Recovery: Together We Are Stronger*," emphasizes the need to share resources and build networks across the country to support the many paths to recovery. It reminds us that mental and substance use disorders affect all of us and that we are all part of the solution. Find more resources here: <u>SAMHSA- Recovery Month</u>.

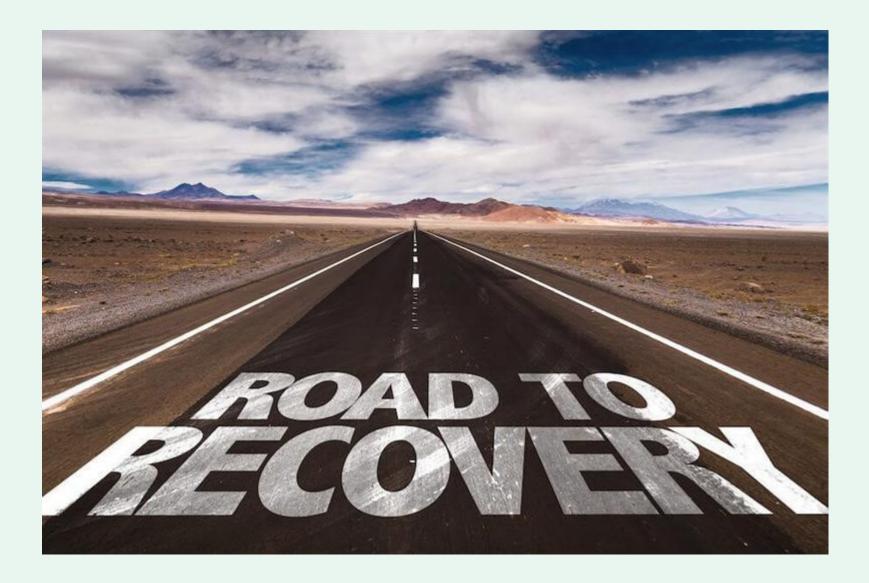
Are you a licensee in recovery? Check out <u>Post Your Recovery</u> video. Please continue to work to end the stigma surrounding substance use disorders.

Are you new to recovery or struggling? The Board works with the Health Professional Service Program to connect impaired licensees to the support and resources that they need to maintain accountability to themselves, Board requirements, and the patients that they serve. Friends, family members, and colleagues are often the source of referral for licensees. In Minnesota, we do have mandatory reporting laws to report oneself or another licensee if impairment is suspected. Reporting through the <u>Health Professional Services Program</u> satisfies the mandatory reporting requirement and is confidential.

Are you a colleague that wants to continue to support someone in recovery? Check out Building Recovery video.

Need to connect to a treatment provider or program? Visit <u>Minnesota Recovery</u> <u>Connection</u>. Mayo Clinic also has a program for dentists and physicians that helps determine overall health needs, including support for substance abuse and co-occurring disorders. See: <u>https://www.mayoclinic.org/departments-centers/preventive-occupational-aero-</u>

space-medicine/physician-health-center/services





Beginning January 2020, the Board of Dentistry shall require that licensees with the authority to prescribe controlled substances obtain at least two hours of continuing education credits on best practices in prescribing opioids and controlled substances. This includes nonpharmacological and implantable device alternatives for treatment of pain and ongoing pain management. Licensees shall not be required to complete more than two credit hours of continuing education on best practices in prescribing opioids and controlled substances before this subdivision expires. Continuing education credit on best practices in prescribing opioids and controlled substances must meet board requirements. his does not apply to any licensee who is participating in the opioid prescribing improvement program, unless the licensee has been terminated as a medical assistance provider.

The Board is developing a free online webinar resource to assist licensees in completing this requirement and licensees will be able to provide proof of completion to the Board. Look out for this resource in January!

Disciplinary Actions

May - August 2019

Licensee	Date of Order	License #	Type of Order
Hicks, Adante LDA	05/06/19	A15694	Stayed Suspension/Conditional
Kovarik, Julie A. LDA	05/06/19	A4321	Unconditional
Henderson, Jenna LDA	05/14/19	A11677	Suspension
Lee, Hyeok Je DDS	06/25/19	D13877	Reinstatement
Bakke, Brooke DH	07/12/19	H10146	Conditional
Bashaw, Thomas DDS	07/12/19	D9824	Conditional
Lee, Ho Young DDS	07/12/19	D12317	Reinstatement
Mintalar, Eric DDS	07/12/19	D10553	Conditional
Willenbring, Danielle LDA	07/12/19	A13051	Conditional
Bessler, Rachel LDA	08/07/19	A14253	Unconditional
Hicks, Adante LDA	08/20/19	A15694	Suspension
Bakke, Brooke DH	08/21/19	H10146	Unconditional

Corrective Actions

May - August 2019

Profession	Violation(s)	Remedies
Dentist - 05/08/19	Practice without current license	Jurisprudence
		Community Service
Dentist - 07/24/19	Substandard recordkeeping,	Monitoring of sedation services
	diagnosis	Moderate sedation course
	Improper prescribing	
Dentist - 08/08/19	Auxiliary misuse	Jurisprudence
Dentist - 08/08/19	Auxiliary misuse	Jurisprudence
Dentist 08/08/19	Auxiliary misuse	Jurisprudence
Dental Assistant - 08/23/19	Practice beyond scope of license	Jurisprudence
		Licensed Dental Assisting report