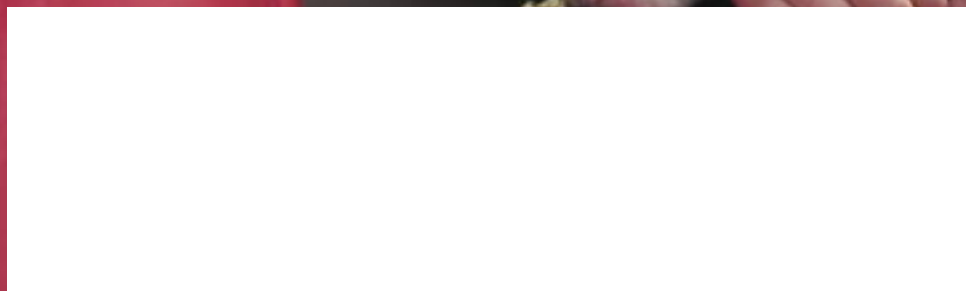


# ODA JOURNAL

VOLUME 97/ISSUE 4 DECEMBER/JANUARY 2005

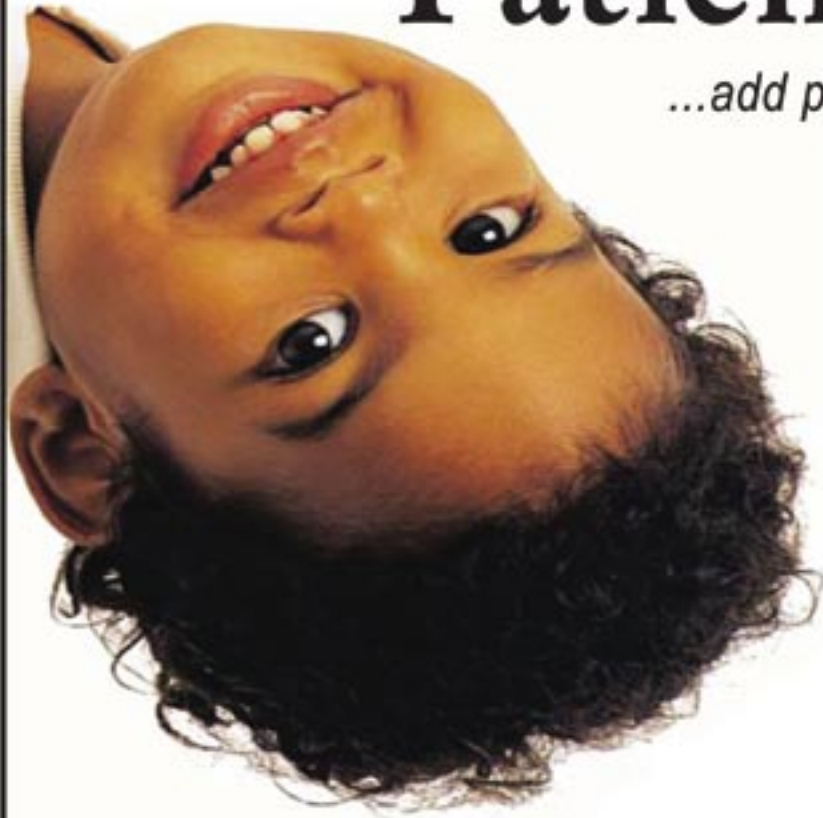


**ODA Dentists Get  
Ready to Give Kids  
a Smile! pg. 22**



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## PRESIDENT'S MESSAGE

By Sid Nicholson, DDS

"What exactly is an, erg?" the physics student asked Dr. Boatright (our physics instructor). Well, we all knew it was a unit of force, but were at loss to quantify it (kind of like relating to a Newton-centimeter). Our teacher thought for a second, then said, "well, it's about equal to the impact force of a slow-flying mosquito."

Many times and in many situations we feel kind of like that slow-flying mosquito; that what we do may be insignificant or have no noticeable impact. I'm going to tell you that doesn't have to be so! In all things the ODA knows your input can have a significant impact. If you don't buy that - ask the members of the three tasks forces that's are helping shape the future of the ODA right now, or see where they're going. It's awesome!

At this very moment, District and State officers are scrambling trying to get dentists to fill slots for District and State positions (Officers, Council Members, House of Delegates, etc.) New people and fresh ideas are always needed. Call your District President or the ODA office and tell them you want to put your "ergs" worth in; you just might move a mountain.

And speaking of moving mountains, the ODA Annual Meeting is taking shape. Everyone involved is excited about this meeting and our goal is to have every dentist in Oklahoma (and most of their staff and significant others) be in attendance. A wide-range of continuing education, and other fun and interesting activities are planned. Starting on April 27th of 2006 we'll be "Livin' on OTulsa Time." ●



### University of Oklahoma College of Dentistry (OUCOD)

Frank J. Miranda, DDS, MEd, MBA, Senior Associate Dean



OKU Certificate of Achievement recipients from Class of 2006 [l-r]: Jamie Ariana, Felipe Avery-Miranda, Seth Evetts, Brad Hall, and Amanda Sengel. (Not pictured: Jason Knapp)



OKU Certificate of Achievement recipients from Class of 2007 [l-r]: Amanda Hendrickson, Grant Pitt, Spencer Sautter, Jared Smith, Kyle Vroome, and George Zakhary.



OKU Certificate of Achievement recipients from Class of 2008 [l-r]: Kendra Hammond, Philip Kierl, Mark Lawson, Janna Pettigrew, Michael Saumur, and Zane Zeaver.



Getting ready to enjoy an OAWD welcome lunch are [l-r] freshman dental students Ann Truong, Nicole Milton, and Kristen Green.

### OMICRON KAPPA UPSILON

Omicron Pi, OUCOD's chapter of OKU (national dental honor society), held its annual awards luncheon at the College on September 28th. Chapter president **Susan Settle** (Chair, Oral Diagnosis/Radiology) presented the following students with Certificates of Achievement for their outstanding academic performance during the 2004-05 academic year: (Class of 2006) **Jamie Ariana, Felipe Avery-Miranda, Seth Evetts, Brad Hall, Jason Knapp and Amanda Sengel**; (Class of 2007) **Amanda Hendrickson, Grant Pitt, Spencer Sautter, Jared Smith, Kyle Vroome, and George Zakhary**; and (Class of 2008) **Kendra Hammond, Philip Kierl, Mark Lawson, Janna Pettigrew, Michael Saumur, and Zane Weaver**. Congratulations!

### OAWD

It may have been 90+ degrees outside but on Friday September 23rd it was Fall in Room 540! The Oklahoma Academy of Women Dentists (OAWD) hosted its annual "Freshman Welcome Lunch" attended by a capacity-sized gathering of women from all four dental classes. State OAWD officers in attendance were **Drs. Krista Jones, Farah Masood, Susan Settle, Kay Beavers** (Secretary/ Treasurer), **Teresa Davis** (Member-At-Large), and **Tamara Berg** (Member-At-Large).

**Dr. Jeanne Panza** (President) encouraged the students to become involved in the student chapter of the organization. The OAWD is looking for students with leadership potential and the desire to strengthen the bond with our graduates by helping plan continuing education, perform community service, and establish a social network that will serve as support for women in the profession. Student elections will take place between September 26th through 30th.

**Dr. Teresa Davis** provided the goodie bags given to the freshmen, but the upperclass students didn't leave empty-handed;

they were winners of several table centerpieces. To the women of the Class of 2009 we extend a heartfelt welcome and hope to see more of you during your experience at OUCOD.

The following students were elected OAWD officers for the 2005-06 year: **Ashley Coerver** (DS-2), president; **Lindsey Hammond** (DS-2), vice president; **Kesa McConnell** (DS-4), State Board student representative; and **Kristi Miner** (DS-1), **Mary Hager** (DS-2), and **Amanda Ward** (DS-3), class representatives.

### STUDENT KUDOS

**Jon Lindblom** (DS-3) represented OUCOD as one of 52 student clinicians who participated in the 2005 ADA/Dentsply Student Clinician Program. Having received the Dentsply award for the most outstanding table clinic during our spring Scientific Day, Jon was awarded a trip to the annual ADA meeting in Philadelphia joining representatives from 51 other dental schools to present their research at this 46th annual student research program. Jon's research presentation was "Nanoscale roughness of selected dental materials using atomic force microscopy". Congratulations, Jon!

During the Parents' Association Outstanding Senior Awards Ceremony held at the Stephenson Research Center in Norman on November 11, OU President **David Boren** presented awards to the outstanding senior selected from each undergraduate college on the Norman and Health Sciences Center campuses. Dental hygiene student **Nicole Anne Powell** was recognized as the Outstanding Senior from the College of Dentistry. All selected seniors were also recognized during half-time of the OU/Texas A&M game on November 12. Congratulations, Nicole!

### FACULTY NEWS

**Ed Wilson** has asked to step down as Associate Dean of Clinics, but will remain in the position until a replacement is appointed. He was named Associate Dean in 2003 and also served as Assistant Director of Clinics for four years prior to his appointment. As Dean Young noted in his announcement to the faculty, Dr. Wilson has done "an outstanding job in this demanding and critical position and is to be acknowledged for the significant improvements made in Clinic Operations under his leadership". Dr. Wilson will continue his duties as chair of the Department of Occlusion.



### IN MEMORIAM: DR. RALEIGH A. HOLT, JR.

It is with the deepest sadness that we report the passing of **Raleigh Holt** (Department of Removable Prosthodontics) on October 18 after a year-long battle with cancer. One of our longest-tenured faculty, Raleigh joined the College of Dentistry immediately after completing his certificate program in Prosthodontics at Emory University in 1980. During his 25 years with OUCOD, he earned a reputation as one of the kindest and most dedicated members of the

faculty. He also enjoyed the love and respect of all his students, culminating in numerous awards for outstanding clinical instruction by graduating classes. In 1994, OUCOD created a special in-house award (Outstanding Professorial Achievement) to annually recognize "outstanding performance in the broadest sense of education, research, teaching, and teamwork for the betterment of the College". It surprised no one that Raleigh was the inaugural recipient of this honor. He also received an HSC Regents' Award for Superior Teaching in 1997 and a Presidential Professorship in 2004. He is the only OUCOD faculty member to receive both of these University honors. During last year's commencement exercises, the Class of 2005 presented him with a special award of recognition for his lifetime of service to students. We extend our heartfelt sympathy to Raleigh's family and are comforted by the knowledge that his legacy will live on through the Raleigh Holt Scholarship Fund, established through the OUCOD Foundation, to assist those to whom he dedicated his entire professional life -- his students. Rest in peace. ●

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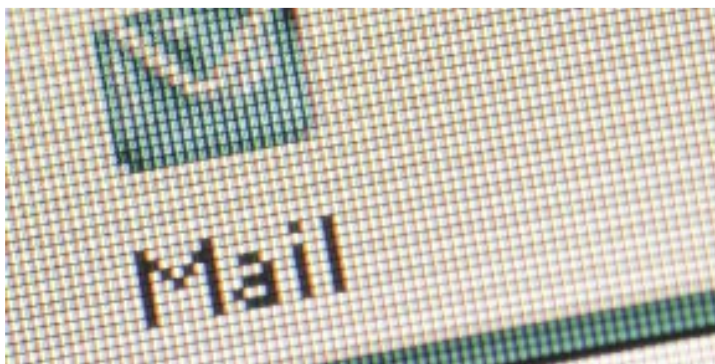
## DECEMBER

- DEC 1** – ADA Lobbyist Conference, Puerto Rico
- DEC 2** – ADA Lobbyist Conference, Puerto Rico
- DEC 8** – Tulsa County Dental Society Holiday Casino Party, Renaissance Hotel, 6:00 PM
- DEC 9** – ODASCO Board of Trustees, ODA Headquarters, 8:30 AM
- DEC 9** – ODA Board of Trustees Meeting, ODA Headquarters, 1:30 PM
- DEC 14** – Oklahoma Children's Oral Health Coalition, ODA Headquarters, 10:00 AM
- DEC 19** – Retired Dentists Lunch, ODA Headquarters, 11:30 AM
- DEC 26** – ODA Offices Closed



## FEBRUARY

- FEB 3** – Give Kids a Smile! Day
- FEB 8** – Dentist Day at the Capitol, Oklahoma State Capitol/ODA Headquarters
- FEB 10** – Oklahoma County Dental Society CE: Dr. Gary Radz
- FEB 10** – Membership and Member Services Council Meeting, ODA Headquarters, 10:00 AM
- FEB 20** – Retired Dentists Lunch, ODA Headquarters, 11:30 AM
- FEB 20** – Local Arrangements Committee Meeting, Double Tree Hotel, Tulsa, 6:00 PM
- FEB 28** – Oklahoma County Dental Society Board Meeting



ARE YOU RECEIVING THE ODA  
UPDATE NEWSLETTER VIA EMAIL?

If not, contact [bhouston@okda.org](mailto:bhouston@okda.org) to sign up!

## JANUARY

- JAN 1** – ODA Offices Closed
- JAN 13** – Tulsa County Dental Society All-Day CE: Dr. Michael Koczarski "The Bread, Butter and Caviar of Contemporary Aesthetic Dentistry", Renaissance Hotel
- JAN 16** – Retired Dentists Lunch, ODA Headquarters, 11:30 AM
- JAN 16** – Local Arrangements Committee Meeting, Double Tree Hotel, Tulsa, 6:00 PM
- JAN 20** – Oklahoma County Dental Society Installation of Officers, Gaillardia Country Club
- JAN 21** – ADA President-Elect Conference, Chicago
- JAN 22** – ADA President-Elect Conference, Chicago
- JAN 23** – ADA President-Elect Conference, Chicago
- JAN 24** – ADA President-Elect Conference, Chicago
- JAN 24** – Tulsa County Dental Society Dinner Meeting - Table Clinic and Election of Officers, Renaissance Hotel, Tulsa, 6:00 PM
- JAN 26** – Southwest Dental Conference
- JAN 27** – Southwest Dental Conference
- JAN 28** – Southwest Dental Conference

# The ODA Annual Award Nomination form is due January 15th!

Nominations will be accepted for  
the following categories:

- Dentist of the Year
- Young Dentist of the Year
- Thomas Jefferson (Citizenship)
- Robert K. Wynne (Public Info.)
- Dan E. Brannin (Professionalism)
- Richard T. Oliver (Legislative)

Don't wait until the last minute,  
fill out your form today.

Forms can be found on [okda.org](http://okda.org) or by calling  
the ODA at 405-848-8873 or 800-876-8890.



# Congressional Budget Activities that Affect Dentistry

As Congress proceeds towards adjournment for the year, it is struggling mightily with its responsibility to produce a budget for the coming fiscal year. The choices that Congress may make in completing that task (which is known as budget reconciliation) could significantly impact dentistry in a host of ways, and we will need your assistance – probably more than once – over the coming weeks to support the ADA’s lobbying efforts to protect dental programs.

In addition, the Senate Indian Affairs Committee is expected to vote on the Indian Health Care Improvement Act (S.1057) this coming Thursday, and Senator Tom Coburn (R-OK) will be offering an amendment during that mark-up to prohibit dental health aide therapists from performing irreversible dental procedures. On Monday, we will be calling upon you to contact your legislators in support of that effort, as well.

Here is a brief overview of the budget reconciliation/ appropriation issues we are following:

## Threat to Dental Residency Programs

Funding for all general practice, pediatric and public health dental residencies is at risk. The House appropriations bill eliminates funding for these programs, while the Senate bill seeks to retain funding. The ADA supports the Senate proposal and will be opposing House efforts to eliminate these residencies in the budget reconciliation process.

## Threat to Limit Children’s Dental Medicaid Benefits

While both the House and Senate reconciliation bills include Medicaid program cuts, only the House version is expected to impact benefits. Among the changes the House may propose are:

- Limiting the current federal requirement that all Medicaid-eligible children receive a base-line of health benefits (including dental benefits) to only the poorest children. Currently, all Medicaid-eligible children are required to receive dental benefits, but the House measure may limit that requirement to children at 100

percent of poverty or less, leaving coverage for the remainder to each state’s discretion.

- Establishing increased co-pays and premiums for health services – which could include dental services for low-income children.
- Allowing states to have blanket approval for changing Medicaid without applying for federal waivers, which could lead to eliminating federal protections for the delivery of dental services.

## Threat to Student Loan Programs

Both House and Senate reconciliation bills are expected to cut federal subsidies to banks that offer student loans and increase the interest rate that students pay on their loans.

## Threat to Eliminate State-Specific Dental Projects

As one part of its efforts to produce budget cuts, the House is considering eliminating the funding for health care programs and special requests (earmarks) made by individual Members of Congress. Over the past two years, states have received over \$10 million for dental projects funded through earmarks. This funding is now at risk.

## WHAT YOU CAN DO!

The ADA currently has an excellent e-mail system for handling federal legislative updates. If you go to <http://capwiz.com/dental/mlm/signup/> and complete the online form, you will be registered for the ADA action list.

Once registered, you will receive updates and alerts on federal legislation. What is really nice about this system is that when the ADA asks you to contact your Senator or Representative about a legislative issue, the system provides a link for you to click that automatically generates a form e-mail ready to go to the appropriate legislator.

We encourage all of our members to sign-up for this ADA service as it makes staying updated on federal issues easy, and it also makes communicating with your legislator on important issues basically a one-step process. ●

# M.I.A. Dentists

Help us find our missing-in-action dentists! The dentists listed below were ODA members in 2004, but did not renew their membership for 2005. If you know a dentist on this list, you are encouraged to contact them and ask them to become a member again. If you would like information about how to recruit a member, contact the ODA office at 405-848-8873 or 800-876-8890.

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Martin E. Powell  
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Jimmie R. Butler, Jr  
Bartlesville

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Pottsboro, TX

Robert E. Muller  
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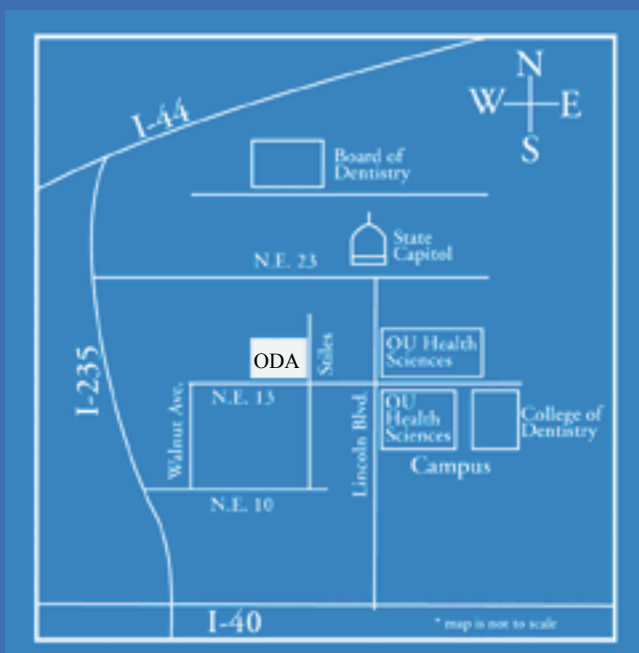
## THE NEW ODA HEADQUARTERS

Be a part of the headquarters for organized dentistry in Oklahoma by making a pledge to the ODA Centennial Membership Section.

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The financial support your pledge provides will be recognized in the new ODA Headquarters.

**Contact the ODA today to make your contribution to the new building**  
**405-848-8873 / 800-876-8890**



## 2006 Coming & Going Luncheon

**Looking for an Associate?  
Selling a practice?**

The Oklahoma Dental Association will be hosting the 2nd Annual Coming and Going Networking Lunch for Junior and Senior dental students during the 2006 ODA Annual Meeting in Tulsa. The luncheon will target dentists who are looking for an associate or interested in selling their practice.

The one-hour luncheon will include a presentation on practice transition, what to look for when taking in an associate, selling practices, and purchasing practices. Additionally, it will include information on what to expect when becoming an associate or buying a practice. ●

## WELCOME! ODA New Members

**Northwest** Dr Megan Darrow, 1013 Quail Creek Dr, Enid, OK 73703-2810

Dr Arthur L Holleman III, 3102 S Highway 6, Elk City, OK 73644-9779 (580)258-4448

**Okla. County** Dr Jamie C Talley, 1616 Park Lane Dr, Edmond, OK 73003-4607

Dr Melvin B Baker Jr, 7405 NW 23rd St, Bethany, OK 73008-5135 (405) 787-5266

Dr Tina Morehart, 2730 NW 17th St, Oklahoma City, OK 73107-3929

**Tulsa County** Dr Jason R Hall, Ste 1100, 6565 S Yale Ave, Tulsa, OK 74136-8360 (918) 481-4925

Dr Lori C Holden, 401 W Main St, Stroud, OK 74079-3613 (918) 968-1606

Dr Leslie Christopher, Ste 1112, 1638 S Carson Ave, Tulsa, OK 74119-4261 (918) 584-3176

## IN MEMORIAM

**Dr. Clyde Joseph Landreneau**

Death: October 6, 2005  
Oklahoma City, Okla.

**Dr. Raleigh Holt**

Death: October 18, 2005  
Oklahoma City, Okla.

## ODA CO-SPONSORS SKI 'N LEARN SEMINAR

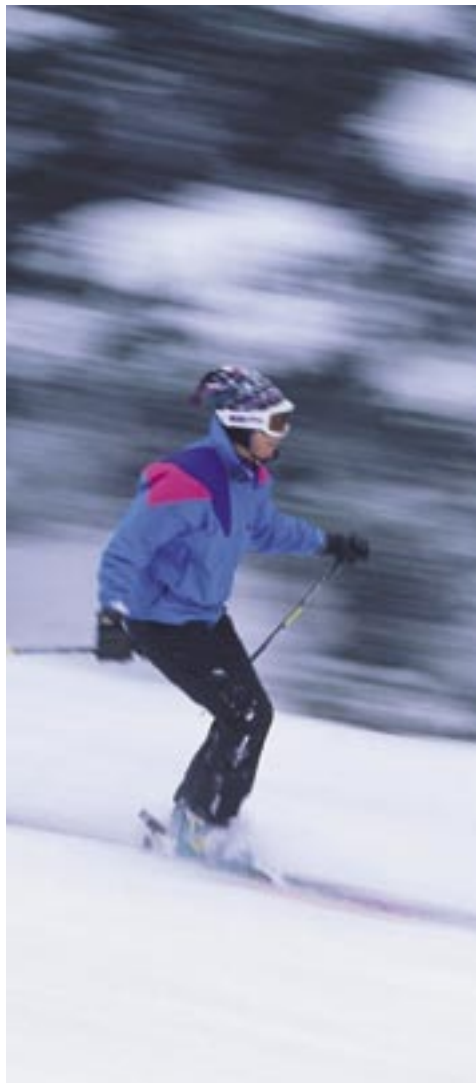
The Oklahoma Dental Association and the Alabama Dental Association (ALDA) join eight other states in hosting a Ski 'n Learn Seminar at Big Sky Resort in Big Sky, Montana, March 18-25, 2006. Other state dental associations co-sponsoring the trip include Colorado, Indiana, Kentucky, Maryland, Montana, South Dakota, Tennessee, and Virginia.

**March 18-25, 2006    Big Sky Resort    Big Sky, Montana**

## CONTINUING EDUCATION

The Ski 'n Learn Seminar offers 16 hours of continuing education held Monday, March 21 through Thursday, March 24. A morning session will be held from 7:30-9:30 a.m., with an afternoon session from 4:30-6:30 p.m. A full breakfast will be served to seminar attendees at the morning sessions and snacks and beverages are offered during the afternoon sessions.

Call 800.489.2532 for registration information.  
Visit the [www.okda.org](http://www.okda.org) for more information.



# Dentist Day at the Capitol

Dentist Day at the Capitol has been scheduled for February 8, 2006. **Be sure to mark your calendars.**

The Dentist Day at the Capitol preliminary schedule:

**9:00 am**

Alliance members meet at ODA Headquarters to receive legislative gift kits and disbursement instructions. Travel to the Capitol will be available via a shuttle bus provided by DENPAC.

**1:00 pm – 2:30 pm**

Come and go educational session and lunch at ODA Headquarters to learn about legislative issues. Lunch provided by DENPAC

**2:30 pm – 5:00 pm**

Dentists meet with legislators. Schedule an appointment with your legislator to meet during this time. Ride the shuttle bus to the Capitol.

**5:30 pm – 7:30 pm**

ODA Legislator Reception at ODA Headquarters.  
Hors d'oeuvres and drinks provided.

## ODA Legislative Update

*Scott Adkins*

Hello everyone! The holiday season is here and that can only mean one thing: the legislative session is right around the corner. The second session of the 50th Oklahoma Legislature will convene on Monday, February 6th and must adjourn by Friday, May 26th.

The Oklahoma Dental Association will be presenting an aggressive agenda at the capitol this year with our focus squarely on rural dental health. Look for two issues to take center stage. First, your ODA will introduce legislation to provide incentives for graduating dental students to establish practices in underserved areas of Oklahoma or possibly teach at the OU School of Dentistry. You may recall that we introduced this concept two years ago and it became a casualty of an unrelated scope of practice issue. Access to dental care continues to be a critical issue, both in Oklahoma and around the country. Our second initiative also helps to address access.

As we've announced, the Oklahoma Dental Foundation has acquired at auction two mobile dental units. These traveling dental offices will be a tremendous resource in our continuing efforts to bring quality dental care to more Oklahomans, but they're expensive to operate and maintain. The ODA will be asking the legislature to provide seed money to assist in getting our mobile units up and running. We don't anticipate a large appropriation and it would only be for a few years, but if successful, it provides a perfect compliment to our legislative efforts.

Please block off February 8th on your calendar. That's when we'll be holding our annual "Dentist Day at the Capitol" with a legislative reception that evening at the ODA offices in OKC. I want to encourage as many of our members to participate as possible. The first question every Legislator will ask is, "Is there anyone here from my district?" The answer needs to be YES!! A personal relationship with your Representative and Senator is the most important step toward educating the legislature about our issues.

I'm looking forward to an eventful and successful legislative session. As always, we'll be keeping you updated on the latest news from the Capitol. Remember, the ODA membership is our most valuable asset. Next year is an election year. Please stay involved and informed. Most legislators want to help. Our job is to educate them as to HOW they can do it. ●

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## DR. FRANK MIRANDA: T

Ask a dental student who their favorite University of Oklahoma College of Dentistry faculty member is and you'll get a lot of different answers. With so many excellent faculty members, picking a favorite is a tough decision. Often times, a student's favorite faculty member is the doctor who specializes on the subject the student likes best. However, there is one faculty member that all OUCOD dental students consistently regard as the most supportive, friendly, approachable, and caring. That faculty member is Dr. Frank Miranda.

Dr. Miranda is a student's teacher. He instructs in a way that not only motivates a student to get better, but his style also gives the student the confidence to think that they are capable of improving. This supportive approach does mean that Miranda is easy on students. Miranda demands exceptional knowledge and skills from every student, but his approach to teaching carries with it the belief that every student is capable of meeting the high standards of the OUCOD.

Association. For example, Miranda has served on the *ODA Journal* Editorial Board for almost one-quarter of a century. However, of the Journal. In fact, Miranda has been instrumental in the recent process of redesigning the *ODA Journal*, and he takes time each month to painstakingly edit every single page of the *ODA Journal*, a contribution of time to this publication that is unmatched.

So, this month the *ODA Journal* decided to turn the table on Dr. Miranda and turn the person who usually conducts profiles for *OU Dentistry* and the *ODA Journal* into the profilee. To this end, the *ODA Journal* sat down with Dr. Miranda to see what motivates him to write and edit dental publications, to discuss the joys and challenges of teaching dentistry, and to find out what's going on with his fascination with vinyl.

Dr. Miranda was born in Erie, PA on June 30, 1946 to Joseph and Vivian Miranda, but shortly after his family moved to California where he lived from then on. He is the oldest of his parents' eight children.

His mother had three children from her previous marriage and his father had an adopted son from his previous marriage, so Dr. Miranda is actually one of twelve (six boys, six girls)! As far as he knows, all but one of his siblings are still alive and



With grandson Sven

kicking. His older brother Glenn was killed in an auto accident at age 17; Miranda was six at the time. He says "as far as I know", because no one knows the whereabouts of his dad's adopted son, Ernest! The rest of the clan are scattered all over the country, so family reunions are rare. Three of his siblings are handicapped, so he tries to bring them to Oklahoma every other year or so for a "mini-reunion".

Early in his career, his dad led a small orchestra and was an accomplished violinist. He was considered a protégé of Fritz Kreisler, a world-renowned violinist. Sadly, his career in music couldn't support the rapidly growing family, so he moved on to more "stable" employment with the Southern Pacific Railroad in California. Dr. Miranda's mom was a homemaker (what else, with eleven kids to raise!). She was a very good pianist, so both of his parents were early influences

on his interest in music. Through them, he taught himself the rudiments of piano and guitar, neither of which he plays today. Now when he is asked if he plays any musical instrument, he answers, "Yes, my stereo!"

Dr. Miranda grew up in La Puente, a small city east of Los Angeles. After graduation from Bishop Amat High School, he was fortunate to earn a full-ride scholarship to UCLA (since there was no way his parents could afford post-high school education for any of the children). After three years of undergrad, he was accepted to the UCLA School of Dentistry, from which he graduated in 1971. After graduation, he accepted a very unique practice opportunity in Lynwood, CA. The city had a large mobile trailer equipped with two operatories, an x-ray room, and a small reception area. The trailer would park on the grounds of various elementary schools in the community and Dr. Miranda would provide services to the kids who couldn't afford to go to a "regular" dentist. Once he finished at one school, the trailer would move to the next and stay there until those kids' dental needs were met, then it would move again. He did this for two years.

During his senior year in dental school, he was asked to teach in a few electives and also assisted Dr. Tom Berg in Removable Prosthodontics who had put together a small traveling dental kit which allowed them to relines and repairs of



With Dr. Tom Murdoch (circa 1987)

# THE MUSIC OF DENTISTRY

dentures for invalid and home-bound patients. These early experiences sparked an interest in teaching that stayed with him even during his two years in practice. Dr. Miranda taught part-time in Fixed Prosthodontics and Operative Dentistry at UCLA during that time and in 1973, he was offered a chance to join the government-funded Project ACORDE (A Consortium of Restorative Dentistry Education) which was a grant to develop instructional modules for dentistry and dental hygiene. He quit his practice and did this full-time for one year before moving to Oklahoma.



*Mini-Miranda reunion [l-r]: Back row: sister Mary, daughter Erin, son Cory and his wife Berrit; Front row: sister Alicia, Frank & Joan, Brother-in-law Wayne, and brother Carlos.*

**ODA:** When and why did you join the Faculty at the University of Oklahoma College of Dentistry? As an OUCOD Faculty member, what are your specific roles and responsibilities?

**FM:** As part of Project ACORDE, I did a lot of traveling and ran into Dr. Earl Collard at a dental meeting in Houston. Earl had been at UCLA as one of my instructors and had joined the faculty at the new OU College of Dentistry in 1972 as founding chair of the Department of Operative Dentistry. He asked if I'd be interested in teaching at Oklahoma. My roots in California were extremely strong and although I had decided that dental education was going to be my career, I wanted to stay in California. However, UCLA had a policy of not hiring their own graduates unless they received additional training elsewhere first. So I decided to take Earl up on his offer and moved to Oklahoma in 1974. My plan was to get a master's degree in education and then return to UCLA. I got that degree (and a second one in business administration), but by then I was too hooked on being part of a brand-new school. So here I am 31 years later! Still at OUCOD, still loving it, and never regretting the move east!

I met my wife, Joan, in 1974 when she was hired as a receptionist in OUCOD's Faculty Practice. We were married in 1976 and have two children. Our son Cory is completing a one-year pediatric anesthesiology fellowship in Pittsburgh, and our daughter Erin is a claims adjuster for Farmers Insurance and part-owner of a small coffee shop here in Oklahoma City. Cory and his wife Berrit just graced us with our first grandson, Sven, this past July. Joan has been working at Rose State College in the dental hygiene and dental assisting programs since 1979 and plans to retire at the end of 2006.

I began my career at OUCOD as an Assistant Professor in Opera-

tive Dentistry and stayed with the department for 15 years. In 1989, I was appointed Assistant Dean of Clinical Affairs and held that position for ten years. After one year back in the Department of Operative Dentistry, I was appointed Senior Associate Dean in 1999. My primary responsibilities have been in academic affairs, including curriculum management, faculty development, and course evaluations. With the creation of our Office of Development in 2004, my primary duties have changed. I am now Director of Continuing Education, Director of Alumni Relations, chief administrative

liaison to the development office, and editor of our alumni magazine. I also chair the Faculty Awards Committee which promotes the recognition of our faculty's accomplishments by nominating and preparing dossiers for various College and University awards. All throughout my 16 years in administration, I have also continued to teach. I currently teach three half-days per week in Operative clinic. While I enjoy my various administrative duties, teaching remains the oasis of my work week.

**ODA:** What is your teaching philosophy?

**FM:** When dental students first start school, they immediately become members of the dental profession. Even though they are students, they are also colleagues. The only thing that separates me from them is experience – I have more of it in dentistry than they do and it's my job to give them that experience through classroom, laboratory, and clinical instruction. My greatest reward as a teacher is to see "that light come on", to see an enthusiasm to learn rather than just doling what it takes to "get by". So if a student comes to me after clinic and says "Thanks, I learned something new today", then I've succeeded. Since they are colleagues as well as students, it's also my job to treat them with respect and provide an environment that encourages open communication. I

don't think you can be an effective teacher if you are not also an advisor and mentor, so I encourage their interaction with me in any situation, whether it be academic or personal. I also interact with them as often as I can in non-school settings such as parties, sports, reunions, etc. Some may question the wisdom of fostering such familiarity while also maintaining the respect I am due as faculty. By and large, I feel I've walked this "thin line" fairly successfully.



*Dancing with daughter Erin*

*contd. pg. 17*

# COME TOGETHER: 2006 Annual Meeting Preview



**Dennis Brave,  
D.D.S.**

Dr. Brave is a diplomate of the American Board of Endodontics, and a member of the College of Diplomates. Dr. Brave received his DDS degree from the Baltimore College of Dental Surgery, University of Maryland and his certificate in Endodontics from the University of Pennsylvania. He is an Omicron Kappa Upsilon Scholastic Award Winner and a Gorgas Odontologic Honor Society Member. In endodontic practice for 27 years, he has lectured extensively throughout the world and holds multiple patents, including the VisiFrame. Dr. Brave was voted in 1995 "Baltimore's Best" Endodontist by Baltimore Magazine.

Formerly an associate clinical professor at the University of Pennsylvania, Dr. Brave currently holds a staff position at The Johns Hopkins Hospital. Along with having authored numerous articles on Endodontics, Dr. Brave is a co-founder of Real World Endo.

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*The 2006 ODA Annual Meeting is right around the corner! The 2006 meeting will be held April 27-30 at the Tulsa Convention Center.*

*One of the highlights of the ODA Annual Meeting is the renowned Scientific Sessions that take place throughout the meeting.*

*Between now and April, the ODA Journal will be running previews of the 2006 ODA scientific speakers, giving you an insight into the biographies of each speaker and what you can expect from their presentations at the 2006 meeting.*

efficient methods to accomplish this canal shape. In addition to discussing multiple concepts and techniques, we will focus on the new "Sequence System" for performing, predictable, reproducible and consistent shaping and obturation. Quality obturation is virtually assured with the new concepts and techniques you will learn.

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Hal Crossley  
Harald Heymann  
ADA Oral Cancer  
Seminar  
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## PROFILE: BRETT LEEMASTER, ASDA President

By Emily Clarkson

Brett Leemaster may already be familiar to ODA members who attended the

2005 Fall House of Delegates meeting. Having been just recently elected president of the Oklahoma Chapter of the American Student Dental Association (ASDA), Leemaster was surprised to learn that he would be expected to give a report on behalf of ASDA on the morning of the House of Delegates meeting. A little nervous, Leemaster gathered his notes and spoke with finesse, hoping no one would notice that he had not been prepared and by the end of his impromptu speech no one noticed he was nervous. Instead they noticed ASDA moving in a new direction and Leemaster leading them there.

Leemaster grew up in Moore, Oklahoma. He is the son of Dr. Larry Leemaster, a general dentist in Moore. Leemaster attended the University of Oklahoma for his undergraduate degree where he studied biomedical sciences. Although dentistry was in his blood, he was not always sure that he wanted to follow in his father's foot steps. He also seriously contemplated becoming a physician and was torn between the two professions. His devotion to family life and the flexibility that the dental profession offers were the deciding factors in his career choice. He now attends the OU College of Dentistry, and resides in Oklahoma City with his wife of one year, Alesha.

Leemaster became involved with ASDA his first year of dental school by serving as the Junior Legislative Liaison. As the Junior Legislative Liaison he was able to go to Washington DC and meet with legislators there, as well as to the capitol in Oklahoma City to meet with local legislators. During his second year of dental school he served as Senior Legislative liaison, where he now had some experience under his belt and was able to pass on knowledge to the Junior Legislative Liaison. Knowing that he would be even busier his third year, he thought he was done with ASDA elected positions, but then he was talked into running for president.

Although Leemaster was reluctant to run for the position, his ability to lead is apparent. He has impressive plans for ASDA, but he is being careful not to fall into the trap of so many past generations of ASDA members. Leemaster complains that dental students have a lot of good ideas, but because of their already strenuous schedules, they are seldom put into action. In September he and four other ASDA members attended the national conference in Houston, TX. Everyone came away from the expe-

rience enthused with ideas about Access to Care, and implementing a national licensing board exam, but Leemaster knows that his biggest challenge will be being able to maintain the momentum.

"Dental school is a very busy time for everyone. It is hard to ask someone to work more. I think going to this convention is like going to church camp. When you leave, you are all fired up about God, but pretty soon you get busy and you get back to your normal life and no one is fired up anymore," said Leemaster of the ASDA National Convention.

ASDA has many events planned for the year to try to increase student involvement. Already this year OUCOD students have attended the Student Fall Festival membership drive at the ODA, held Lunch 'N Learn sessions, gathered for Dent-fest, held a campus vendor fair, and organized their first campus wide dodge ball tournament. This year they also hope to work with the OUCOD administration, the ODA and the ODF to create a state-wide Access-to-Care program that will allow students to provide care to underserved areas in the state in conjunction with local dentists and faculty, while also gaining invaluable experience and awareness, as well as clinical credits.

In addition to being the ASDA president, Leemaster, like all third and fourth year students, must focus on life after graduation. Although he had originally considered continuing his education and becoming an oral surgeon, he now plans on practicing in Moore with his father.

Not all dental students are lucky enough to have family with whom they can practice though. Leemaster thinks that debt and mobility are the biggest issues facing dental students.

"There is a lot of pressure on young dentists," says Leemaster. "Most students graduate with an average \$150,000 dollars in loans. If you have a family, they have been waiting for you to graduate and are expecting you to buy a house. Then you have to go into more debt to buy or build a practice. That's a lot of money." As a result, some students can only choose Associateships, which limits young practitioners to already existing offices, often times only located in larger cities.

Additionally, young dentists are limited in where they can practice by state licensing exams. Licensing exams vary by location, which can be a huge obstacle for OUCOD students not wishing to practice in Oklahoma. Although Leemaster does not want to be far from his family in Oklahoma, some of his classmates are not from Oklahoma originally and wish to practice else where. ASDA is pushing for a national licensing exam that will allow dentists to practice anywhere in the United States upon passing.

There are many issues with pertinence to the dental student's future, which is why the OU chapter of ASDA has an ambitious agenda for the 2005-2006 school year. Leemaster and the other ASDA officers are motivated, now their first priority is to continue to increase student involvement in organized dentistry by offering more and fun opportunities to get involved. If they are successful, ASDA will be a commanding organization. ●

**ODA:** What do you enjoy best about being a member of OUCOD Faculty? What is the greatest challenge?

**FM:** My greatest joy about being at OUCOD is the sheer variety of what I do. During any given week, I can be involved in administration, clinical or classroom teaching, occasional patient treatment, counseling and advising, writing and editing, research, service activities, and interacting with some of the best minds in the profession. I'm in the middle of the "cutting edge" where new techniques, materials, and teaching strategies are introduced constantly. It's "continuous continuing education"! In addition, my faculty colleagues are my extended family – many of them are among my closest personal friends. They are also among the brightest and most dedicated group of teachers in the country. I can truthfully say that after 31 years here I still enjoy getting up in the morning and going to work.

All dental schools face numerous challenges, most of them based on insufficient financial resources. In my opinion, one of our greatest challenges is attracting and retaining new and talented faculty. As I said, we have some of the best in the country working here, but many of us are contemplating "hanging up our drills" in the near future. To ensure that we maintain the excellence for which we are nationally recognized, we need to bring in new faculty to replace those who will retire within a few short years. The primary factor preventing this is money – we don't have enough of it. Through such avenues as the Robertson Society (to which many of our alumni and non-alumni friends so generously contribute), we've been able to help our students and improve our equipment and facilities, but our faculty continue to be inadequately compensated. We are certainly not alone; all dental schools face this same challenge. Dean Young and others in the administration are currently considering different strategies to address this problem.



*Favorite pastime – under the headphones!*

**ODA:** You are currently the Editor of OU Dentistry and Advisory Editor of the ODA Journal. What prompted you to become a dental editor? Have you always enjoyed writing/editing?

**FM:** Writing has always been one of my favorite pastimes (and greatest challenges). Since I won a spelling bee in grade school, I've always been fascinated with the English language. I've actually been known to read the dictionary in my spare time! I do at least one crossword puzzle every day, which helps widen my vocabulary (in addition to introducing me to words I'll never use!). My greatest challenge is to say what I want to say with as few words as possible. I can be pretty verbose at times, but I'm a lot better than I used to be! As people became aware that I was a "word nerd", they'd ask for assistance in things they were writing, so I got more and more involved with editing and "proofreading" and found that I enjoyed those activities as much as writing.

I don't remember who specifically asked me to work on the ODA Journal. I think it was Tom Murdoch, who asked me to be an advisory editor for the Journal back in 1983. He knew I was an editorial advisor to two other dental magazines at the time and also knew I enjoyed doing it. I've now been on the editorial staff of the ODA Journal continuously for 22 years. I also created a formal alumni magazine, OU Dentistry, in 1991 as an outgrowth of an alumni newsletter that had been published periodically for about six years. Of course, when you suggest starting something, you also get the job of getting it off the ground! So I served as founding editor for nine years. When I was appointed Director of Alumni Relations last year, I also took over the editorship again. I guess the longer you do something the better you get at it, especially if it's something you enjoy. It's difficult and time-consuming work (as you well know!), but it's a specific challenge I've enjoyed all my life. As far as the ODA Journal is concerned, I'll continue to work on it for as long as I'm asked!

**ODA:** I've heard that you have an extensive collection of vinyl. Tell us something about this collection (number of records, styles of music, where you keep them all, what type of turntable you play them on, etc.). How did you get started collecting records? Have you begun to digitize any of your recordings?

**FM:** My all-time favorite activity is collecting and listening to music! Both of my parents have musical backgrounds, so I was around music all the time. But I really didn't get addicted until I got my very first record, a 78rpm disc by Elvis Presley in 1956. My collection didn't really get off the ground until high school. I still didn't have any money, so I'd help a few friends with their homework assignments and they'd pay me with records! At that time, I was

collecting 45 rpm records. (For you youngsters out there who don't know what a 45rpm record is, it's a 7-inch piece of thin black vinyl with a large hole in the middle and music pressed into the grooves!) When I got into college and dental school, I was finally able to start buying my own records and moved up to the big 12-inch albums. I've been collecting ever since.

My collection numbers close to 8,000 pieces, about 85% of which is vinyl (the rest are compact discs). The vinyl part of my hobby includes 78rpm (the old thick 10-inch records which are easily breakable if not handled carefully), 45rpm (the favorite way to collect "singles" before CD's came out), and 33rpm (the long-play albums with great artwork on their cardboard covers). A large part of this vinyl collection are "picture discs". These are vinyl records with the artwork pressed right into the records themselves! I became fascinated with these when I saw one while browsing a record store in the early '80s and began collecting them. About 70% of my collection is now picture discs. They come in the same 7, 10, and 12-inch sizes as regular black vinyl records, but they also come in shapes! I have

some that are triangles, squares, hearts, diamonds, stars, and all sorts of other weird shapes. Lastly, I've collected a few oddities – records that play from the inside grooves outward, ones that glow in the dark, ones that can be assembled like puzzles, multi-colored ones, and so on. Storage? Wherever I can find room. My office at home is lined with large custom bookcases in which I store many of them, others are kept in boxes stored in closets. I'm running out of room!

I have very eclectic musical tastes. My collection includes everything from hard rock to classical, and just about all other types in between. I'm not a big fan of rap, bluegrass or improvisational jazz, but I have selections of almost every other kind of music.

Unlike the combination music systems you can buy today, all of my equipment are separate components. I have a Technics direct-drive turntable (that actually plays 78rpm records!), an old (and very heavy) Pioneer receiver, a TEAC reel-to-reel tape player (we haven't even talked about that part of my collection!), a Sony cassette player (very seldom used these days), a Technics CD player, and a Sony CD recorder. Everything except the cassette player gets used almost daily. If I'm not reading or writing something, I'm usually buried under a set of headphones.

I have two current musical passions, converting some of my vinyl onto CD and making my own custom CD's. When the compact disc became the consumer medium of choice in the late '80s and early '90's, I was forced to start collecting them instead of vinyl (although vinyl is starting to make a comeback in the collector's market). A lot of the records in my collection were never reissued on CD, so I began transferring them to my own CD's. Then I started making "theme" CD's (birthdays, special interests, etc.) for friends, which grew into making my own custom CD's. An ongoing project is my sequential collection of every song that ever hit the #1 position on the national Billboard charts since July 1955, when the first so-called "rock-n-roll" song, "Rock Around The Clock", hit the top spot. The collection currently takes up forty-five 80-minute CD's, contains 967 songs, and is currently up-to-date. I can tell you that some pretty terrible songs made #1! ●

## The American 2005 Annual Meeting

### ADA HOUSE OF DELEGATES REPORT *By Raymond Cohlma, DDS*

The ADA House of Delegates met in Philadelphia, PA October 9-11, 2005. Your ODA representatives were: Drs. Sid Nicholson, President; Pamela Low, President Elect; Krista Jones, Vice President; and Ms. Dana Davis, Executive Director. Your ADA delegates were Drs. Jim Torchia (senior delegate), Jerry Miller, Steve Hogg, and Raymond Cohlma. Our ADA alternate delegates in attendance were Drs. Allen Keenan, Scott Waugh, Keith Keeter, and Phil Abshere. As you can tell, Oklahoma was well represented and your officers and delegates were very busy this year.

The House of Delegates sessions, Reference Committees, and Caucus meetings began on Friday morning and concluded with the House of Delegates' last gathering on Tuesday. There were two nominees from the floor for ADA President-Elect, Dr. Kathy Roth from the 9th District and Dr. Bernie McDermott from the 4th district. The only nomination for 2nd Vice-President was Dr. Steven Schwartz from the 15th district. Steve is a close friend to our 12th district (Oklahoma, Kansas, Louisiana and Arkansas) since he comes from Texas in our sister district from the south. Dr. Kathy Roth was elected and will serve as President-Elect for 2005-06. Dr. Bob Brandjord from the 10th district is the incoming ADA president, following Dr. Richard Haught. All officers were installed during the last session of the House, with Dr. Haught installing his successor, Dr. Brandjord. Incidentally, our 12th district has had only two ADA presidents, Drs. James Saddoris and Richard Haught – both from Oklahoma!

The House's opening session included an inspiring speech from outgoing president Dr. Haught that listed the highlights of his outstanding year as president. His year-long program, "We can do it!" has received a multitude of positive comments and has most definitely taken the ADA to the next level. We, the members of the 12th District, are so proud of the influence and impact we have made to the ADA through the time and efforts of our own Dr. Haught. He concluded his tenure with a wonderful and entertaining banquet on Monday evening. Although no longer president, he will continue to have numerous past-president responsibilities so you will continue to see his name on a regular basis.

The House of Delegates meeting was interesting to say the least. The top considerations were two very controversial topics, international accreditation and the dental workforce issue. The following summary includes those and items of action of the 2005 HOD:

- In late August, the House received a lengthy and detailed report on an "access to care" dental workforce issue. This was in direct response to the so-called "Alaska workforce issue". The House elected to create a 19-person task force consisting of one member from each trustee district and two at-large ADA Board of Trustee members. This task force may add consultants or other interested parties so as to provide the House with a complete report and operational plan at the 2006 HOD.
- In the area of international accreditations, several resolutions came on the floor. After hours of discussion, the final resolution that was passed basically stated that the ADA supports the Commission on Dental Accreditation's initiative to offer consultation and accreditation services to international dental schools with some specific criteria that: [1] creates establishment of a standing ADA joint advisory committee to include

all communities of interest to provide guidance to the Commission in the development and implementation of an international program, [2] specifies the members of this committee, and [3] requires an annual report to the House on its activities. The main reason for this resolution is to deal with the issue of some individual states that are considering the establishment of different accreditation standards for foreign-trained dentists; the resolution would establish consistent principles for all states to follow on the acceptance of foreign-trained dentists.

- Hurricanes Katrina and Rita have certainly taken its toll on many of our colleagues, and your thoughts and your prayers are needed for all those affected. Some have lost not only their homes but also their businesses. Dr. Jim Bramsom, ADA Executive Director, and Dr. Mark Feldman, Treasurer, both spoke on how the ADA has provided hundreds of thousands of dollars for relief efforts to those in the affected states. Additional funds will be needed to continue helping with relief activities and are expected to be a part of the 2005-06 budget. This has led to a projected deficit budget for the upcoming year. However, the ADA had one of its best years in the growth of our reserve funds and the House elected to fund this deficit out of reserves. Thus, even with all the relief programs and additional dental programs authorized by the House, your ADA dues for the upcoming year will remain the same and there will not be a dues increase.
- Committees on Dental Benefits, Practice, Science, and Health passed several resolutions to address oral health literacy and the continued push to maintain nationwide fluoridation. These aggressive resolutions include direct input to the Center for Disease Control, with the CDC striving to work for solutions to fluoridation for communities that do not have centralized water supplies.

A resolution dealing with Oral Assessment for School Children also passed. It states that the ADA supports oral health assessments for school children and using the assessments to gather data, detect major pathology, and allow for triage and referral to dentists for comprehensive dental examinations. Moreover, the ADA will take aggressive steps to educate policy-makers and the public that oral health is an integral part of overall health and should be given the same priority as medical health assessments for children. Legislative task forces will be formed to help states create and sponsor legislation to achieve the goals of this resolution.

Other resolutions included continued support of the Direct Reimbursement campaign, and additional research and treatment of alcoholism and other substance abuse disorders for both the dental team and the public.

There was considerable discussion about a resolution dealing with ADA campaign reform. As you may recall, Dr. Richard Haught's campaign was the first to "cap" spending on the receptions that take place the night before the election. The format will return to individual campaign receptions instead of one large room for all. However, spending will remain the same with amounts determined by the election commission and will continue to be funded by the individual candidates seeking office.

# Dental Association Meeting - Philadelphia

The House also passed a resolution to financially support the Alliance to the American Dental Association and any constituent or component societies that need financial assistance due to the hurricane disasters. Each affected area expects that a large number of fee waivers will be granted affecting the stability of their organization on a short-term basis. For example, Louisiana (one of our 12th district sister states) expects waiver requests from over 40% of its members, which would drastically affect their future operational budget. When the resolution passed, a sigh of relief was seen on the faces of the Louisiana executive director and several delegates.

As you can see, we were very busy in Philadelphia. As your ODA representatives, we thank you for the opportunity to represent you and serve for our profession. Next year's annual session will be held in Las Vegas, Nevada.

At the conclusion of the session, Dr. Haught thanked the entire House for its support during his year as president. He concluded by thanking the 12th District, his Oklahoma delegation, and all his colleagues from the State of Oklahoma for their unwavering support during his presidency. His closing statement said it all: "I believe that we have made great advancements not only for the dental team but for our profession of dentistry and for the public as well." ●



"Photo by Lagniappe Studio, courtesy ADA News. © 2005 American Dental Association" Dr. & Mrs. Haught welcome attendees to the 2005 ADA Annual Meeting.

Features



"Photo by Lagniappe Studio, courtesy ADA News. © 2005 American Dental Association" Dr. & Mrs. Haught dance at the ADA Presidential Gala.



(L-R) Drs. Krista Jones, Sid Nicholson and Pam Low at the ADA Presidential Gala.



Drs. Stephen Young and Pam Low at a 12th District Caucus.



"Photo by Lagniappe Studio, courtesy ADA News. © 2005 American Dental Association" The ODA Delegation sings a rousing version of "Oklahoma!"



The 2005 President's Gala.



Dr. Keith Keeter at the 12th District Caucus.

## A Surprise in the Mail

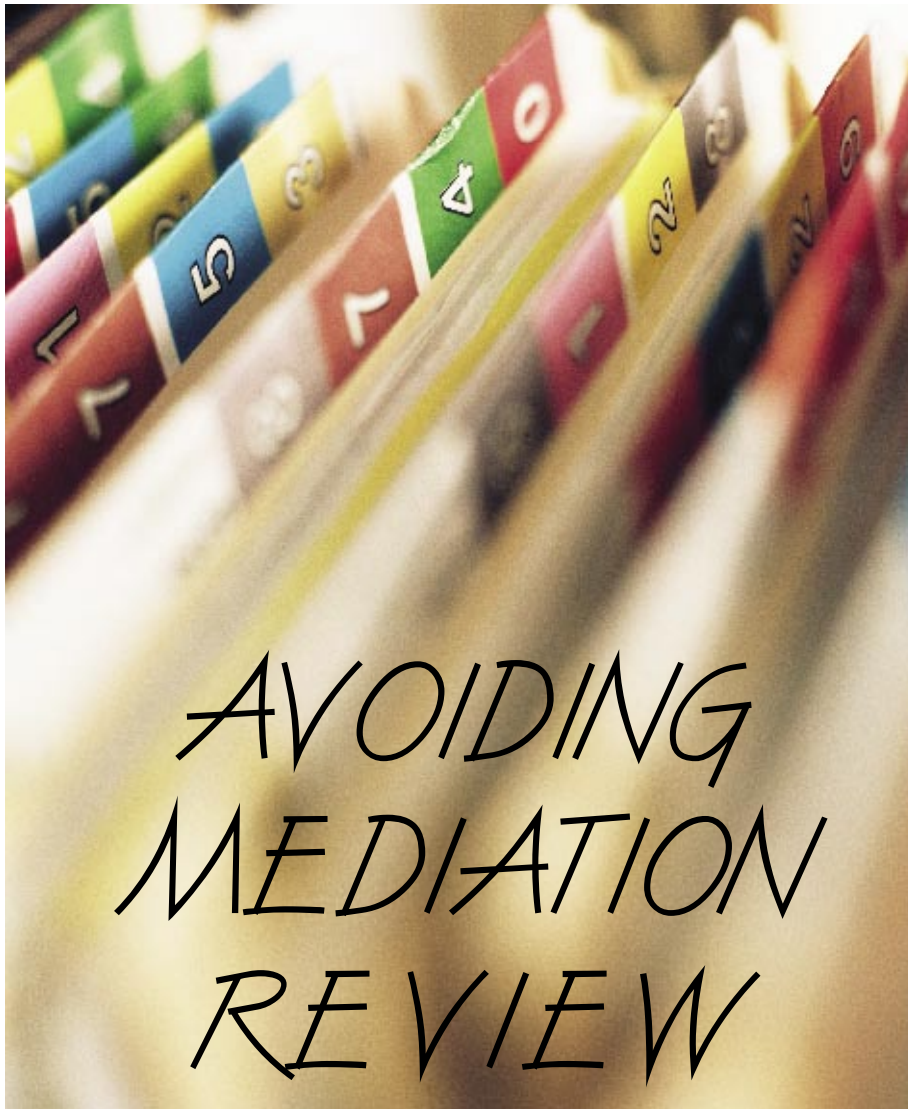
You may be sitting at your desk reviewing patient records, evaluating your schedule for the following day, or catching up on some long neglected paper work when your receptionist hands you an envelope with the ODA logo on the return address. This must be another solicitation, you speculate. The organization is probably asking you to donate your time or your money for a worthwhile cause, or perhaps the dental association is announcing a special meeting or offering a continuing education course. When you finally open the envelope, you are shocked to find that a patient has filed a complaint with the ODA and requested mediation of a dispute concerning either appropriateness of treatment or quality of care provided in your practice within the past two years. A letter in the packet tells you that you will be contacted by the chair of your district mediation review committee.

You might remember that things did not go particularly well with this patient, or you might be unaware that there was ever a problem. You certainly never expected things to go this far, and you are wondering exactly what is entailed in this mediation review process, and how you might have avoided it.

## Communication is the Key

With over 1,500 dentists practicing in Oklahoma differences will inevitably arise between patients, providers and third party carriers. Mediation Review is a process adopted by the Oklahoma Dental Association to avoid litigation and resolve these unfortunate differences in a fair and timely manner. Mediation is far superior to litigation, for everyone involved. The process is less threatening and far less costly than court proceedings, but it is stressful and by its very nature somewhat confrontational for both the dentist and the patient. Mediation can be thought of as a buffer zone between breakdown of communications and litigation. Studies conducted by the American Dental Association show that the chances of mediation are greatly reduced by policies of open communication and ample documentation.

Avoiding mediation starts with the very first office visit. How



*Emily Clarkson and John Biggs, DDS*

patients are managed from the moment they walk in the door influences their attitudes and satisfaction. Unhappy patients, no matter what the reason, are more likely to have complaints leading to mediation review. Make sure that your office staff is patient-friendly and always approaches any situation from the patient's point of view. In the history of mediation review, no patient has ever filed a formal complaint accusing the doctor's staff of being overly friendly.

Reception desk personnel represent your practice to the general public. They have the opportunity to make the initial, and perhaps the most lasting, impression on new and continuing patients. The first and the final few minutes of a patient's dental experi-

ence are controlled by the people at your front desk. They have the responsibility and the opportunity to defuse a potential crisis situation. It is easy for non-clinical personnel to forget that dental patients are frequently anxious concerning treatment, and may tend to be emotional and oversensitive. People under stress or in pain are not at their best.

## Staff Loyalty Can Cause Problems

Dentists, assistants, and office personnel work closely together, sometimes under trying circumstances. Mutual respect and loyalty naturally develop from this intimate association. This is usually a good thing, but like most good things, if carried to an extreme, it can be destructive.

There is a tendency for dental staff to protect a doctor from patient complaints. Many patients will not openly question or criticize a treatment plan, a procedure, or a fee to the doctor, but will not hesitate to speak to an auxiliary, receptionist, or office manager. It is important for your staff to be observant when the patient leaves. If they suspect that a patient has had a negative experience, you should know about it so that you can take appropriate action before things escalate.

The ODA does not accept cases for mediation review which deal exclusively with fee disputes and billing issues, complaints concerning staff behavior, or complaints of poor customer service

or practice management; however, it is complaints of this nature are often the root cause of dissatisfaction with the clinical treatment.

## Documentation

A patient's first visit is critical in establishing the best dentist-patient relationship, and this visit should be well documented showing that the patient has received a thorough clinical examination, an adequate explanation of the conditions present, appropriate treatment plans or plan options, explanation of anticipated treatment outcome, and the consequences of compromised treatment. If a patient declines recommended procedures, it should be noted that the patient understands the risk and possible consequences of non-compliance or non-acceptance of proposed treatment. Document these recommendations in the patient's record and, if possible, have the patient sign or initial the written statements.

Also, document and pay careful attention to any statements made by patients. The patient may not have a firm grasp of clinical terminology, or an understanding of pathology, physiology, and materials science, but they do have objective perceptions and preconceived notions that can be critically important in developing a viable treatment plan. Your compassionate, considerate attitude will help to develop a better doctor-patient relationship and keep the lines of communication open.

Never make the mistake of relying on your or the patient's memory or the patient's when discussing nuances of dental treatment. When complex treatment is needed, always be sure to have before and after documentation. This should generally include radiographs, study models, written summary statements, and informed consent documents where appropriate. Remember that explanations of compromised results before treatment are considered good planning whereas explanations after treatment are considered excuses. Photographs can also be useful where extensive restorative intervention or an elective esthetic procedure is completed. If the outcome is perceived by the patient as unsatisfactory, it is better defended when supportive records are available. Even if the results are less than "text book perfect," proper documentation of pre-treatment status and post-treatment results will provide a basis for this determining whether the final product is clinically acceptable under the prevailing circumstances. It is of utmost importance to document your efforts to provide the patient with realistic expectations of treatment outcomes and any potential for a compromised result.

## The Mediation Process

Most dentist-patient disputes will not proceed to the mediation process if the dentist and the patient communicate effectively. When communication breaks down, and mediation is initiated, better documentation simplifies the process and might place the

dentist in a position for a more favorable decision.

Mediation begins when a patient calls the Oklahoma Dental Association and voices a complaint. The person who receives the initial complaint, Emily Clarkson ODA Membership Coordinator, listens patiently as the patient describes the nature of the dispute. More often than not the process ends right there. Usually the patient just wants to talk to someone of perceived authority about the problem, but does not want to take any overt action.

If the patient wishes to move forward with mediation, the complaint is evaluated to determine whether it meets the ODA mediation criteria. In order to be considered for mediation review, the complaint must involve appropriateness of treatment and/or quality of care. The treatment at issue must have been completed within a two-year period.

The ODA will not attempt to mediate cases for non-member dentists, or cases that solely involve fee disputes, office management policies, or complaints concerning staff behavior.

If the complaint meets the mediation criteria, the patient is sent a mediation release form granting the mediation review committee permission to examine appropriate records and to conduct a clinical examination. The patient is also sent a form entitled "Patient Request for Mediation", on which

they are instructed to write a brief description of the problem. In many cases, the paperwork is never returned. The patient is not sufficiently motivated to pursue the process when confronted with formal documents and the prospect of interviews by committee members.

If the documents are returned, the dentist who is the subject of the complaint is notified, and the case is referred to the District Mediation Review Chair. The Chair or an appointed representative will then try to mediate the case, and arrive at a resolution mutually agreeable to both dentist and patient. Most mediation cases are resolved at this level.

If an agreement cannot be reached, the Chair selects a mediation committee of three doctors who will review the records, interview the parties involved, examine the patient, and make a recommendation. The process is voluntary, and neither the dentist nor the patient is bound by a decision of the committee, but usually the recommendation is recognized as reasonable by both parties, and is accepted. If the dentist pays a settlement to the patient, the patient signs an absolute release, eliminating the possibility of future litigation.

A summary of the committee's decision is kept on file for two years. No other records (other than a release, if any) are retained, and this is the only document available for use in court proceedings. The summary would be admissible as evidence, regardless of whether it supported the dentist's defense or the patient's complaint. ●

*If you would like more information about the mediation review process, contact Emily Clarkson at [eclarkson@okda.org](mailto:eclarkson@okda.org).*

**Never make the mistake  
of relying on your memory or  
the patient's when discussing  
nuances of dental treatment.**

# GIVE KIDS A SMILE!

On Friday, February 3rd, 2006, Oklahoma Dental Association member dentists will provide free oral health care services to hundreds of low-income children across the state. "Give Kids a Smile!" day is a national children's dental access day, during National Children's Dental Health Month, the goal of which is to improve the oral health of large numbers of needy children. "Give Kids a Smile!" activities also hope to highlight for policy makers the ongoing challenges that low-income and disabled children face in accessing dental care.

The overarching concept of the initiative is to create a national umbrella for the numerous charitable education, screening, prevention and comprehensive treatment programs already in existence by having as many of them as possible occur on the same day. At the same time, the campaign provides a framework for identifying, cataloging and recognizing the many access programs that take place throughout the year.

ODA dentists will provide a range of different activities across the state during the upcoming "Give Kids a Smile!" day. Activities vary from dentists providing brushing demonstrations and oral health discussions in schools and community groups, to dentists opening up their own practices to provide free diagnosis and treatment of children's dental health. The Oklahoma Dental Association recognizes any effort by an ODA dentist to improve the condition of Oklahoma's children's dental health as being pertinent to the goal of "Give Kids a Smile!" day.

Within individual communities, Oklahoma Dental Association dentists will decide how best they can serve the children in their community during this day. "Give Kids a Smile!" day in 2006 hopes to build on the successes of the 2002 through 2004 campaigns. As is the nature with grassroots campaigns, "Give Kids a Smile!" day continues to improve every year as more dentists and children become aware of the efforts and participate in "Give Kids a Smile!" events. ●

## WAYS YOU CAN PARTICIPATE

- ☺ Visit a school, Head Start program, Boys and Girls Club, or faith-based youth group and talk with children about their oral health.
- ☺ Open a free dental clinic for children in your office. Contact local schools, community groups, or churches and let them know when you are providing free dental care for children and what children can do to receive that care.
- ☺ Coordinate efforts with other dentists in your area. This can be done in two ways:
  - If multiple offices in a community are being used to provide care, one office can be selected to handle the scheduling of patients for all participating dentists. This way, children in need of dental care call a single office and are given an appointment through a rotating system involving all participating dentists.
  - Work with other dentists in your area and create a triage system. For example, one office may be used for an initial examination and assessment of each child's oral health. Once a diagnosis is made, the child may be sent to another dental office in the community where the child will receive treatment.
- ☺ Participate in treatment through a local college or hospital. Many facilities have the ability to treat many children at once. See if a facility in your community is participating in Give Kids a Smile Day and volunteer!

If you plan on participating in GKAS or if you would like to participate but are not sure how, contact Brian Houston (405.848.8873, [bhouston@okda.org](mailto:bhouston@okda.org)) at the Oklahoma Dental Association. The ODA will have a comprehensive list of GKAS activities and events to help you find a way to participate, and the Association will have supplies available to help with your event.



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# New Law: Family Wealth Preservation Trust Enhanced!

John W. Mee, Jr., Esq. - Copyright 2005

Oklahoma passed a law in 2004 allowing its citizens to establish a Family Wealth Preservation Trust ("Preservation Trust"). That law was enhanced with amendments effective June 8, 2005. For dentists interested in asset protection planning, the enhanced Preservation Trust is worthy of a closer look.

## What is a preservation trust?

It is a trust that can be created by a dentist with up to \$1,000,000 of assets. Prior to the 2005 changes, the assets had to be 100% "Oklahoma assets" (e.g. cash and C.D.'s in banks in Oklahoma, bonds issued by the State or its agencies, stock and other interests in Oklahoma based entities, and Oklahoma real estate). Under the 2005 changes, only 50% of Preservation Trust assets now need to be Oklahoma assets.

## What is different about a preservation trust?

Oklahoma allows a Preservation Trust to be made revocable by the dentist, in whole or in part, at anytime. Upon revocation, the dentist gets the trust assets back. All other states require trusts affording asset protection to be irrevocable.

## Who can be beneficiaries?

Beneficiaries can be the dentist's spouse, children (including adopted), grandchildren, stepchildren, parents and parents of the spouse. A charity can also be named a beneficiary.

## Who can be the trustee?

Under prior law, only an Oklahoma trust company or bank

could be the Trustee. Under the 2005 amendments, an individual can be a Co-Trustee. That can significantly reduce the cost of administering Preservation Trusts, especially those funded with non-financial assets.

## Are there other requirements?

Yes. The 2005 law continues the requirement that the dentist's transfer of assets to a Preservation Trust not be fraudulent. However, the new law drops the presumption of fraud if the dentist takes voluntary bankruptcy within three years of the transfer.

## What about appreciation?

The 2005 changes clarify that income and appreciation of assets in a Preservation Trust are protected, in addition to up to \$1,000,000 of principal.

## Who are candidates for a preservation trust?

Dentists with existing or planned asset protection plans are candidates. A further reason for considering a Preservation Trust is the Bankruptcy Abuse Prevention and Consumer Protection Act of 2005. That law makes it difficult for individuals with high earnings to get discharged from debt in a bankruptcy. It also limits Oklahoma's homestead exemption in some circumstances.

The longer any asset protection technique is in place before a claim arises, the less likely it is to be viewed as fraudulent. For those interested in asset protection, establishing a Preservation Trust promptly is the wisest course of action.

## How does a dentist know it will work?

The Oklahoma legislature considers the Preservation Trust

law valid, or it would have not passed it. The ultimate validity of any new law will eventually be determined by the Courts. Each dentist must consult legal counsel regarding the viability of the new law and the applicability of a Preservation Trust to the dentist's individual circumstances.

**What are the criteria for including a preservation trust in an asset protection plan?**

Any business decision involves weighing risks and costs against potential rewards. Assume a dentist puts \$1,000,000 of otherwise non-exempt assets in a Preservation Trust in 2005. Assume in 2010 a jury awards judgment that is a million dollars over the dentist's malpractice coverage.

If the Preservation Trust is upheld in 2010, the dentist retains the \$1,000,000, plus the income and appreciation on the \$1,000,000 over the intervening five years. If the Preservation Trust is not upheld, the dentist is in the same position as if no Preservation Trust was established, except for the legal expense and the cost administering the trust.

Once the specific assets going into a Preservation Trust are decided upon, the legal and administrative fees can be readily determined. The dentist is then in a position, with the advice of legal counsel, to weigh risks vs. potential rewards of a Preservation Trust.

**CONCLUSION**

Asset protection techniques are many. The more diversified the techniques comprising the plan, the stronger the plan. A

Preservation Trust is an important new asset protection technique a dentist should consider to further diversify the dentist's asset protection plan. ●



**ABOUT THE AUTHOR**

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*This Article is for general information purposes only. It is not intended as legal advice by Mr. Mee or Mee, Mee & Hoge, PLLP. Neither Preservation Trusts nor other asset protection techniques should be undertaken without the prior advice of legal counsel.*

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<b>35% tax bracket x \$50,000</b>	<b>= \$17,500</b>	<b>Your net equipment cost</b>	<b>= \$32,500</b>

\*You should consult with your tax advisor for your actual tax benefits. The above is a possible tax scenario, and does not alter, change or modify any other depreciation allowances available to you under applicable law. Depreciation allowances under Section 179 and other provisions of the Internal Revenue Code are available to you, regardless of whether you obtain financing from us.



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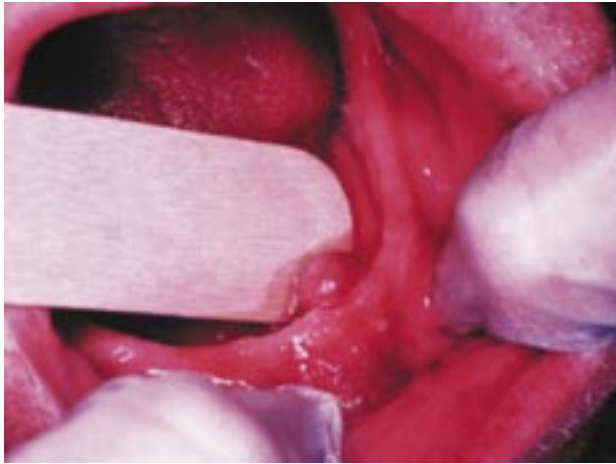


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## ORAL PATHOLOGY CASE

PROVIDED BY GLEN D. HOUSTON, DDS, MSD  
CHAIR, OUCOD DEPARTMENT OF ORAL AND MAXILLOFACIAL PATHOLOGY



**CASE HISTORY:** A 72-year-old male presents with a chief complaint of “my lower denture doesn’t fit.” Clinical examination reveals a fluctuant soft tissue mass involving the anterior mandibular alveolar mucosa. The patient notes that the “lump” has been present for several weeks and has slowly increased in size.

Question:

1. The clinical differential diagnosis should include (multiple answers):
  - a. Pyogenic granuloma
  - b. Pleomorphic adenoma
  - c. Fibroma
  - d. Peripheral giant cell granuloma
  - e. Peripheral ossifying fibroma
  - f. Squamous cell carcinoma

Answer:

1. Your differential diagnosis should include:
  - a. Pyogenic granuloma
  - c. Fibroma
  - d. Peripheral giant cell granuloma
  - e. Peripheral ossifying fibroma

All four (4) of these entities can present intraorally as an isolated, circumscribed mass involving the alveolar mucosa.

The pyogenic granuloma (a) is a common “tumor-like” growth of the oral cavity that is believed to be non-neoplastic in nature. It is also felt to represent an exuberant tissue response to local irritation or trauma. The pyogenic granuloma typically presents as a smooth surfaced mass that may be ulcerated and the gingiva is, by far, the most common location. However, it may also be observed involving the lips, tongue, and buccal mucosa.

The fibroma (c) is the most common “tumor” of the oral cavity. Although it can appear anywhere in the mouth, the buccal mucosa is the most common anatomic location. The labial mucosa, tongue, and gingiva are also common sites. It typically presents as a smooth surfaced, firm nodule with a broad, sessile base. The fibroma is usually asymptomatic and not ulcerated.

The peripheral giant cell granuloma (d) is also a “tumor-like” growth of the oral cavity that occurs exclusively on the gingiva or the edentulous alveolar ridge and presents as a nodular mass. This lesion may be red to reddish-blue in color, exhibit a sessile or pedunculated base, and may or may not be ulcerated.

The peripheral ossifying fibroma (e) is another non-neoplastic lesion that also occurs exclusively on the gingiva or alveolar mucosa. It typically presents as a nodular mass with a pedunculated or broad sessile base. It may be red to pink in color and usually exhibits surface ulceration. This lesion usually involves the anterior segments of the jaws.

Although the pleomorphic adenoma (b) may occur in the oral cavity and typically presents as a nodular mass, it would not be included in the differential diagnosis here because the attached mucosa is typically devoid of salivary gland tissue. Likewise, squamous cell carcinoma (f) may also occur intraorally, but this malignant neoplastic process typically presents as an area of erythroplakia, leukoplakia, or an ulcerated, fungating mass. Only about four to six percent of these cases occur on the gingiva or the alveolar mucosa.

Question:

2. Which procedures are indicated for this patient (multiple answers)?
  - a. Intraoral radiographic survey
  - b. Biopsy the lesion
  - c. Advise the patient to remove the denture for 10-14 days, then evaluate the area again for any change
  - d. Adjust the denture

Answer:

2. The following procedures are indicated in this case:
  - a. Intraoral radiographic survey
  - b. Biopsy the lesion

The intraoral radiographic survey (a) will supplement your clinical observations and will also complete a comprehensive intraoral examination. Additionally an isolated, asymptomatic mass involving the alveolar ridge/mucosa is best managed by a biopsy, usually an excision (b).

There is little to be gained by advising the patient to remove the denture for 10-14 days (c). To adjust the denture (d) is definitely not indicated in the treatment of this lesion. As indicated earlier, biopsy of the lesion is indicated.

Question:

3. Microscopic examination of the lesion reveals the following information: a proliferation of loose fibrous connective tissue with foci of hemorrhage and numerous multinucleated giant cells. The overlying surface epithelium is unremarkable. Based upon these microscopic features, the correct diagnosis for the lesion is:
  - a. Pyogenic granuloma
  - b. Peripheral giant cell granuloma
  - c. Epulis fissuratum
  - d. Neurofibroma

Answer:

3. The lesion is correctly diagnosed as (b) peripheral giant cell granuloma—see “Discussion” section.

The other possibilities are not considered here because (a) the pyogenic granuloma is composed of a highly vascular proliferation of granulation tissue which exhibits numerous endothelial-lined vascular channels that are engorged with erythrocytes. Epulis fissuratum (c) is also known as inflammatory fibrous hyperplasia and is composed of hyperplastic dense fibrous connective tissue with a chronic inflammatory cell infiltrate. The neurofibroma (d) reveals a neoplastic process composed of interlacing bundles of spindle-shaped cells which exhibit “wavy”, “comma-shaped” nuclei in association with delicate collagen fiber bundles.

#### DISCUSSION:

The peripheral giant cell granuloma is a soft tissue lesion that has been reported for many years under a great variety of terms such as peripheral giant cell tumor, osteoclastoma, giant cell epulis, and peripheral giant cell reparative granuloma. The variety of terms for this lesion is indicative of the confusion over the true nature of this lesion. Even today there is no universal agreement concerning the pathogenesis of this entity.

From a clinical standpoint, the peripheral giant cell granuloma usually presents as a solitary, sessile, or pedunculated mass that occurs exclusively on the gingiva or alveolar mucosa. The lesion may be quite variable in size and is often red or hemorrhagic in appearance with surface ulceration present. The peripheral giant cell granuloma usually occurs anterior to the molar teeth with a slight predilection for the mandible over the maxilla. In addition, it has been reported that females are affected twice as frequently as males. The lesion may be observed in children as well as adults.

Radiographically, there may or may not be evidence of involvement of the underlying osseous tissue. It has been observed that in the edentulous patient, however, superficial erosion of the underlying bone is quite

characteristic and presents a pathognomonic feature known as peripheral “cupping” of the bone.

The microscopic appearance of the peripheral giant cell granuloma is quite unique. This lesion is composed of a nonencapsulated mass of loose fibrous connective tissue containing numerous multinucleated giant cells. Capillaries are usually quite numerous as are areas of hemosiderin deposition, foci of hemorrhage, and spicules of osteoid or bone. The overlying surface epithelium may be ulcerated.

The treatment of the peripheral giant cell granuloma is surgical excision. If only superficial excision is carried out, recurrence may be observed (usually less than 10% of the cases). In the past, it was common practice to remove the adjacent teeth at the time of the excision to prevent recurrence but this practice has now been abandoned. ●

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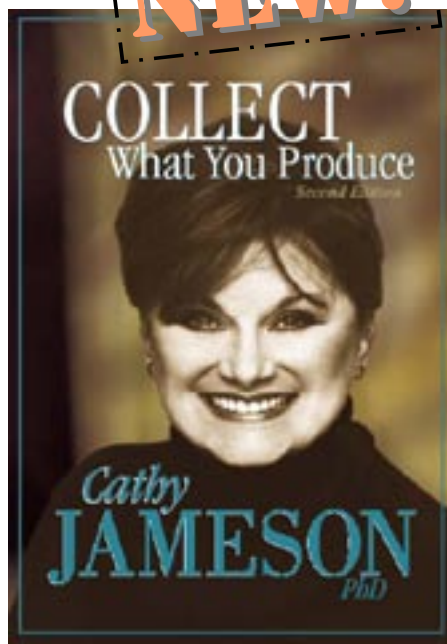


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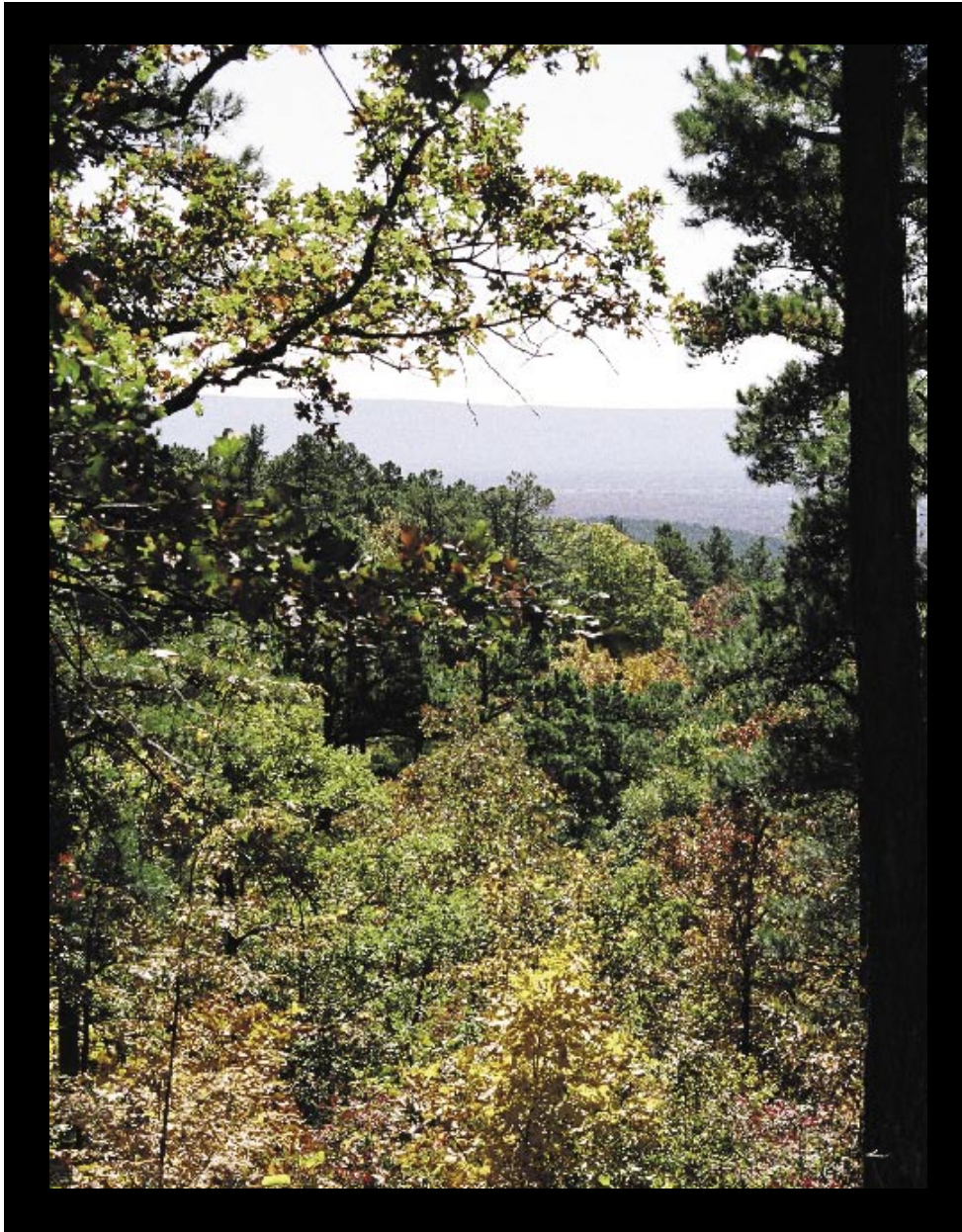
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(see answer below)

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Answer: The Tallmena Scenic Drive in Southeastern Okla. The scenic drive winds 54 miles along the crest of the highest points between the Appalachians and the Rockies, Rich Mountain and Winding Stair Mountain in the Ouachita National Forest (pronounced Wash-i-tah). Spanning the highest east-west mountain range in America, one breathtaking panorama follows another as this national forest scenic byway winds along forested mountain tops between Tallhina, Oklahoma and Mena, Arkansas.  
Photo by Stephanie Trougakos.

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