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- Colleen Madden, Public Member, Chair
- John Carbery, D.M.D., Vice-Chair
- Paul W. Bryan, D.M.D.
- LouAnn Mercier, D.D.S.
- Robert Shaw, D.M.D.
- James Henderson, Public Member
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- Aaron Stevens, D.M.D.
- Lyle McClellan, D.D.S.
- David Carsten, D.D.S.
- Ronald Marsh, D.D.S.
- Julia Richman, D.D.S.

## Hot Topic

Provided by Paul Bryan, D.M.D.

### Remember When?

Life was so simple back in the day. All I have to do is get accepted to school. Then it will be smooth sailing. — Then...  
 Get a student loan, then...  
 Get an apartment, then...  
 Get some extracted teeth, then...  
 Get through anatomy/physiology, then...  
 Find another molar endo, then...  
 Find my last board patient, then...  
 Pass the board, then... — Then what?



Welcome to the world of credentialed licensure. Now I need a job. Many new practitioners will begin their careers as employed dentists or partner dentists working in a variety of professional relationships. Many will offer career advice to those who are so engaged — Here are a few suggestions offered by some very helpful members of the dental/legal community.

- Do your homework. Before you partner with a group, use the social media tools available to learn about it and its previous partners. What is the consensus of the public regarding the group? Did former partners or

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## Happiness and Lower Stress by Practicing Smarter

Provided by Aaron Stevens, D.M.D.

I have a lot to learn. Ask my wife. New professional roles, advancing body of knowledge in dentistry, a growing practice, family, a life outside the office, and trying to balance it all. I always feel as if I'm playing catch-up, and that stresses me out. It reminds me of new grad days. School may be over for the recently graduated, but the education part is shifting into warp drive. The practice of dentistry requires it, but it is especially

fast in the first few years. Skills are growing and stress is frequently high (I still have nightmares). A procedure that isn't clicking for you, an adverse treatment outcome, a lawsuit, a board case, an "unreasonable" patient can make life miserable. No one wants to live that way. Fortunately, It can be made easier. "Burdens will press less heavily upon those who bear them skillfully." (Attributed to Seneca.)

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## A Note to the New Graduate

Provided by Bree Kramer, EFDA

I've passed my boards, now what do I do? I remember the exhilarating feeling of finding out I passed my exams, especially the WREB! One of the most important suggestions I can give is knowing and staying current with state laws. You want to be sure you're engaged within your scope of practice. After all, you worked very hard to earn your license.

Everyone knows life gets busy, so keeping in touch with colleagues can seem impossible at times, but there can be a plethora of knowledge amongst each other. Staying connected can help keep us current on new products and

materials. It's also a great tool for exploring and finding new tricks for procedures. Make sure to attend extended learning courses. The courses not only help keep us practicing safely, but are extremely informative and provide networking opportunities. And of course, signing up for the DQAC newsletter is another great tool to stay informed with current happenings and laws.

We are so lucky to work in dentistry. There are so many opportunities to change and grow within our career. Being up to date with materials, procedures, and our current laws, will keep you on the right path to being the best clinician you can be.

Access dentistry laws here

- [RCW 18.32](#)
- [WAC 246-817](#)
- [RCW 18.260](#)
- [RCW 18.350](#)
- [RCW 18.130](#)
- [WAC 246-12](#)
- [WAC 246-16](#)
- [RCW 70.02](#)

## Delegation

Provided by Charles Hall, DDS

What can I delegate to my clinical assistants?

The Washington State Legislature grants the Dental Quality Assurance Commission (commission) authority to "adopt rules relating to the scope of dental assisting services related to patient care and laboratory duties that may be performed by dental assistants" in RCW 18.260.040. The commission is in the final stages of updating these rules (WAC 246-817-510, WAC 246-817-520, WAC 246-817-525, WAC 246-817-540, WAC 246-817-545).

The purpose of updating these rules is to bring them in line with currently acceptable practices, and to try to clarify the rules for all parties. The commission has expanded some duties that can be delegated, and has removed obsolete duties and terms. Several changes have been made in the types of impressions assistants may now take, including the use of digital scanning technology. These changes were made possible by a legislative change in 2015 to RCW 18.260.040, which grants the commission the authority to determine which types of impressions an assistant can take. Before that statutory change, assistants were prohibited from taking impressions that were used for fabricating any intra-oral restoration, appliance, or prosthesis.

The intent of these rules is to carefully list in rule all of the duties that can be

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To receive updates to rules, join our [Listserv](#) (interested parties email list). Please contact [Jennifer Santiago](#) for copies of proposed rules or to provide any comment on any rule changes.

# A Call to Reduce Opioid Exposure

Provided by Gary M. Franklin, MD, MPH, Thomas Dodson, DMD, MPH, Michael Von Korff, ScD, Ginny Weir, MPH, Jaymie Mai, PharmD, David Tauben, MD

As a new dental school graduate, you are entering a field that has great potential to reduce the number of opioid prescriptions in our community. Too many opioids are being prescribed after extraction. They are proving less safe, less effective, and more addictive than had been previously thought, in some cases resulting in deaths from overdose or transition to heroin use. This is especially true when opioids are prescribed at too high a dose, for too long a time, or for the wrong conditions.

Our state and the Bree Collaborative are working to bring together dentists, oral surgeons, patients, doctors, health insurance companies, and others to reduce inappropriate opioid prescribing and together align practice with evidence. Dentists write 31 percent of opioid prescriptions for patients aged 10-19.<sup>1</sup>

<sup>1</sup> Volkow ND, McLellan T, Cotto J. Characteristics of opioid prescriptions in 2009. JAMA 2011; 305: 1299-1301.

After third molar operations, oral and maxillofacial surgeons prescribe an estimated 56 million tabs of 5 mg hydrocodone each year to patients in the U.S. with a mean age of 20.<sup>2</sup>

<sup>2</sup> Denisco RC, Kenna GA, O’Neil MG, et al. Prevention of prescription opioid abuse. The role of the dentist. JADA 2011; 142: 800-810.

While we don’t know precisely how much of these opioids are consumed postoperatively, substantial amounts of pills are leftover and subsequently used medically or abused non-medically.<sup>3</sup> High schoolers who receive only one opioid prescription are 33 percent more likely to misuse opioids between the ages of 18-23 years.<sup>4</sup> To save lives, it is critical to minimize opioid exposure for these vulnerable patients.

Opioid guidelines released in 2016 by the



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<sup>3</sup> McCabe SE, West BT, Boyd CJ. Leftover prescription opioids and nonmedical use among high school seniors: A multi-cohort national study. J Adoles Health 2013; 52: 480-485.

<sup>4</sup> Miech R, Johnston L, O’Malley PM, et al. Prescription opioids in adolescence and future opioid misuse. Pediatrics 2015; 136(5):e1169-77. doi: 10.1542/peds.2015-1364

*What do you think?*

Copy and Paste this section into an email with your answers and send to [TracieDrake@doh.wa.gov](mailto:TracieDrake@doh.wa.gov).

- On a scale of 1 (bad idea) to 10 (great idea):
- Should commission meetings be on Saturday? \_\_\_\_\_
- Should we drop Dr. DQAC from the newsletter? \_\_\_\_\_
- Should the commissioners be issued badges? \_\_\_\_\_
- Other input? \_\_\_\_\_



## Happiness and Lower Stress

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The trick is to cut the stress by learning from others before things go downhill. There are many ways. Here is what has worked for me:

Regardless of practice type, find a mentor (or two) whose work and practice you respect. Talk early and often. Ask before you think you should. I had a great in-office mentor starting out. He kept me on track and has helped shape my career. Knowing the strain that mentoring me surely caused, I let him win a tennis match once. He's been insufferable ever since. Not every mentor is local. Dental message boards and blogs have helped me a lot. Dental Town's OS thread by Tommy Murph helped turn oral surgery from something I dreaded to something I look forward to. Just seeing others post their practice and clinical struggles has helped me gain perspective on mine while reducing stress levels.

Get high-quality, skill-focused CE: Take what you need. Daily practice will bluntly tell you where to improve. Skip the ego and own it. Pick a course that will address it. Implement the good that you learn, and then take another. Staff members will notice improvement and will respect you for it. FYI, skip the courses that are really product advertisements that pay you for listening with a CE certificate. Nobody wins but the sponsors. Quick tip: For licensure purposes, make documentation easy. I have a "Notes" document on my iPhone. The state CE requirements are at the top: 21 hours per year, only seven of which can be online. While attending a CE course, I type in the hours, date, topic, category of CE and snap a good pic of the certificate. If I lose the certificate, no problem. When I got audited last year, I typed in the Department of Health auditor email address and hit "send." Done in 30 seconds.

Learning from others really is just the first step. Besides the happiness that comes from better patient care and lower stress levels, there is another benefit. Sooner than you think, you get to be the mentor. Helping others navigate the dental landscape can be immensely rewarding.

For fun, a picture from my desk:

My daughter, June, wanted to learn local anesthesia techniques while wearing her new scrubs that match mine (it's a weird family). She settled for non-needle practice on the typodont. Her preferred patient, her younger brother, Logan, was off limits.

Enjoy learning and the stress reduction it brings. Then, have fun while passing it on to the next generation. It is the circle of life.



It is the purpose of the commission established in [RCW 18.32.0351](#) to regulate the competency and quality of professional healthcare providers under its jurisdiction by establishing, monitoring, and enforcing qualifications for licensure, continuing education, consistent standards of practice, continuing competency mechanisms, and discipline.



[Access your dental chapter](#)

## Hot Topic – Advice to New Graduates

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employed dentists leave under good terms? Use the Department of Health [credential search page](#) to determine if anyone associated with this group has disciplinary issues.

- Ann Durham, noted attorney to health care professionals, suggests, “make sure you are able to access patient dental records regardless of your employment status.” Some employment agreements may try to limit your access to patient records. If the Department of Health receives a complaint from a patient you’ve treated, you will be asked to submit those records. Often a well-documented chart entry is all that is needed to dismiss a complaint.
- Ms. Durham also suggests that the best time to confer with an attorney is before there is an issue. When you’re handed a multiple-page contract and are assured that it is a standard contract, be gracious, thank them, and have the contract reviewed by someone with your interests at heart before you sign.
- Former WSDA President Dr. Rod Wentworth reminds us that you are responsible for the diagnosis and treatment plan for all procedures that you perform. If another credentialed professional has treatment planned a procedure that you are tasked with performing, you are also responsible for the diagnosis and treatment plan. You and your credential will be held accountable.
- Dr. Wentworth also encourages you to be aware of the laws and rules of supervision of auxiliaries. Understand the difference between “general” and “close” supervision and how everything a dental assistant does, including sterilization protocols, is your responsibility when you are the dentist on site.
- Recent graduate Dr. Christopher Blacker of Puyallup recommends you work closely with your malpractice insurance providers. They are usually well-versed in the laws and rules of your jurisdiction and can provide helpful guidelines. Dr. Blacker suggests getting familiar with the laws and rules is important before you begin practice. This [webpage](#) will direct you to the appropriate references.
- Dr. Blacker suggests networking with established professionals in associations such as the WSDA and study clubs can be a rich source of support for the new graduate.
- Finally Dr. Blacker encourages new graduates to keep their contact information up to date. It’s a rule and it facilitates getting important information from the Department of Health to you.
- From the Department of Health: Renew your license before your birthday. We receive a significant number of complaints by insurance carriers making the case that they don’t need to reimburse a dentist whose license has lapsed even by as little as one day. Although the DQAC may consider a one-day infraction only worthy of a Notice of Correction, it can mean a full day of insurance denials.



Ann J. Durham graduated from the University of Washington School of Law and has more

than 25 years of trial experience. The primary focus of her practice is providing legal services to health care professionals.



Dr. Rod Wentworth, former president of the WSDA, is a graduate of the University Of Washington School Of

Dental Medicine where he continues to serve as a part-time faculty member. He is a published author and contributing author to the Journal of the American Dental Association.



Dr. Christopher Blacker graduated from Case Western Reserve University School of

Dental Medicine in 2013. He is a co-owner of Comfort Dental in Puyallup. He grew up in Nampa, Idaho and loves the guitar, his wife Katie and little boy Mason, age 3.

## Using Patients in Board Exams

The debate is on regarding the use of patients in clinical board exams for dental students. Check out the ADANews [article](#) in the February 15, 2016 issue discussing the current debate in Iowa.



## Frequently Asked Questions

### Which clinical exam do I have to take?

Washington State accepts all regional clinical exams. You may find details on acceptable examinations in state law ([WAC 246-817-120](#)).

### Do I need CPR/BLS certification?

Yes. Dentists and dental staff members providing direct patient care in an in-office or outpatient setting must hold a current and valid healthcare provider basic life support (BLS) certification. Newly hired staff members providing direct patient care are required to get the certification within 45 days from the date hired ([WAC 246-817-720](#)).

### May a dentist authorize medical marijuana to patients?

No. Dentists are not allowed under [RCW 69.51A.010\(5\)](#) to authorize medical marijuana.

### Do I have to post my license in my office?

Yes. Dentists, dental hygienists, expanded function dental auxiliaries and dental assistants must place their license so it's visible to people receiving services in the premises ([WAC 246-817-301](#)).

### How long must a dentist keep a record?

Five years according to the [maintenance and retention of records law \(WAC 246-817-310\)](#).

### May a dentist charge a patient for a copy of the patient record?

Yes. [RCW 70.02 governs medical records](#) — healthcare information access and disclosure [RCW 70.02.010](#), [RCW 70.02.080](#), and [WAC 246-08-400](#) provides how much can be charged.

### Does my prescription pad need two signature lines?

Yes. [RCW 69.41.120](#) requires that all written prescriptions have two signature lines at opposite ends of the bottom of the form. Under the line at the right side shall be clearly printed the words "DISPENSE AS

WRITTEN." Under the line at the left side shall be clearly printed the words "SUBSTITUTION PERMITTED."

### Am I required to have a sedation permit?

Minimal sedation by inhalation (nitrous oxide) – No. Although a permit isn't required, [practice requirements are listed in WAC 246-817-740](#).

Minimal sedation – No. Although a permit isn't required, [practice requirements are listed in WAC 246-817-745](#).

Moderate sedation – Yes. [Practice requirements are listed in WAC 246-817-755](#).

Moderate sedation with parenteral agents – Yes. [Practice requirements are listed in WAC 246-817-760](#).

General anesthesia – Yes. [Practice requirements are listed in WAC 246-817-770](#).

### How many hours of continuing education do I need to renew my dental license?

Twenty-one hours annually. State law details continuing education requirements for dentists ([WAC 246-817-440](#)).

### How many continuing education hours may I get online or through correspondence?

Law indicates a maximum of seven hours in this category ([WAC 246-817-440](#) (c)).

### May I count continuing education hours from one year in the next year?

No. You may not carry over continuing education in excess of the required hours earned in a reporting period to the next reporting cycle ([WAC 246-12-230](#)).



Additional FAQs can be located on our [website](#).

## Dental Hygiene License Full—Initial Limited—Renewed Limited What is the Difference? Scope of Practice!

A dentist needs to know which license a hygienist has to determine which tasks are acceptable to delegate and what level of supervision is required for a task. Dental hygienists' scope of practice depends on the type of license they hold. Verify the dental hygienists' license to ensure they are licensed to perform the tasks being delegated to them.

A dental hygienist with a full license (dental hygiene license) may perform tasks in [WAC 246-817-550](#) and [246-817-560](#). Under appropriate supervision, the placing of restorations and administration of anesthesia and nitrous oxide are included in the full dental hygiene license.

A dental hygienist with an initial limited license (dental hygiene initial limited license) may provide

tasks in [RCW 18.29.190](#) under appropriate supervision.

A dental hygienist with an initial limited license may not perform the following tasks unless appropriate endorsement is granted under [RCW 18.29.190](#):

- Give injections of local anesthetic;
- Place restorations into the cavity prepared by a licensed dentist and afterwards carve, contour, and adjust contacts and occlusion of the restoration;
- Soft tissue curettage; or
- Administer nitrous oxide/oxygen analgesia.

A dental hygienist with a renewed limited license (dental hygiene renewable limited license) may

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[Close supervision](#) requires the dentist to be in the office.

[General supervision](#) does not require the dentist to be in the office.

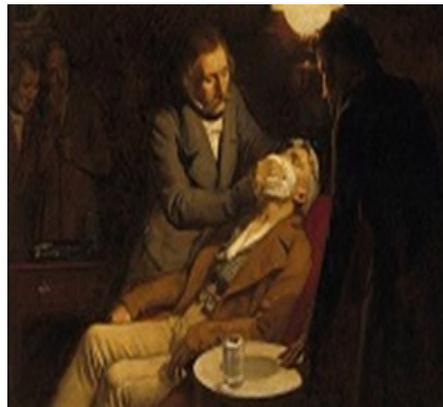
Detailed dental hygiene scope of practice frequently asked questions are available on the dental hygiene [web page](#).

### Be Informed

Join the commission's [interested parties Listserv](#) to receive updated information about dental law and rule changes.

## Infamous or Famous

William Thomas Green Morton was born in 1819. Morton was an American dentist who is said to have been the first anesthesiologist. He first demonstrated the use of ether as a general anesthetic in 1846. After Morton conducted his first 'painless' tooth extraction using ether, another demonstration was arranged in a theater at Massachusetts General Hospital, which is now known as the famed 'Ether Dome.'



## Delegation continued from page 2

delegated so it is clear to all parties. If it isn't listed as a delegable duty in WAC 246-817-520 or WAC 246-817-525, then the commission has not approved it as an allowable task for dental assistants or expanded function auxiliaries. The commission recognizes not every specific step or minute detail can be listed in rule. For example, an assistant may prepare teeth for bonding of orthodontic appliances. The rule doesn't list placing cheek retractors and cotton rolls for isolation as an allowable task. But if that is accepted as the proper way to prepare the teeth for bonding, then it is allowed. The rules generally do not specify the tools or methods that must be used, only which tasks can be delegated. Each delegating dentist is responsible to ensure that each assistant has "demonstrated skills necessary to perform competently all assigned duties and responsibilities" before delegating the task to that assistant. It is up to the delegating dentist to determine the proper tools and methods for the task, and then to make sure the assistant is properly trained in that method.

The rules also contain certain tasks that may not under any circumstance be delegated to assistants. Some of these prohibited tasks come straight out of the statute and may not be modified without legislative change. Other prohibited tasks are placed to provide further clarity to the rules. It is not the intent of the commission to imply the prohibited task rules (WAC 246-817-540 and WAC 246-817-545) contain a complete list of the things that may not be delegated. These rules are merely a supplement to WAC 246-817-520 and WAC 246-817-525 for clarity purposes. It should not be implied that just because a task is not listed as prohibited that it is therefore allowed. The only tasks the commission has approved for delegation to auxiliaries are listed in rule.

Even though the legislature gives the commission the ability to establish rules for delegating to assistants, that doesn't give the commission unrestricted authority. RCW 18.260.040 prohibits assistants from performing "any scaling procedure." Assistants may not scale teeth because the legislature prohibits it. The statute also requires assistants performing duties directly relating to patient care (i.e. those tasks allowed in WAC 246-817-520 & 525) to do so under "close supervision." Close supervision requires that the delegating dentist is present in the facility at the time the assistant is performing the task. The legislature has not granted the commission authority to establish rules that would allow assistants to provide any patient care when the dentist is not present in the office. If your assistant is providing any of the services listed in WAC 246-817-520 and WAC 246-817-525, then the law requires the delegating dentist to be present in the facility. Changes to allow assistants to scale teeth or to provide patient care under general supervision are outside the authority of the commission and would require legislative change to the statute.

Dentists should familiarize themselves with the proposed rule changes. You can receive these by joining [Listserv](#) or contacting [Jennifer Santiago](#). All current rules are on our [website](#). Comments received before final approval by the commission will be evaluated by the commission for possible modification to the rules. Now is the time to voice any concerns you might have.

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## Reader Input

The commission is looking for reader input. If you want to read about something specific, [please let us know](#).



## A Call to Reduce Opioid Exposure

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U.S. Centers for Disease Control and Prevention recommend limiting opioids for acute pain to three days or less in most cases ([www.cdc.gov/drugoverdose/prescribing/guideline.html](http://www.cdc.gov/drugoverdose/prescribing/guideline.html)). There is strong evidence that a combination of NSAIDs and acetaminophen is as effective as opioids, and at least two state dental bodies (in Pennsylvania and New Hampshire) recommend using these drugs as first line therapy.<sup>5</sup> Our workgroup recommendation, consistent with the evi-

dence, is to avoid opioids in people 20 or younger undergoing dental extractions. If opioids are indicated, prescription should be limited to three days or 10 tabs of 5 mg hydrocodone.

<sup>5</sup>Moore PA, Hersh EV. Combining ibuprofen and acetaminophen for acute pain management after third-molar extractions. Translating clinical research to dental practice. JADA 2013; 144: 898-908.

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## Dental Hygiene License

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administer local anesthesia and nitrous oxide. To renew an initial limited dental hygiene license, the dental hygienist must complete education in local anesthesia and nitrous oxide and pass the Western Regional Examining Board Local Anesthetic examination. Dental hygienists with a renewed limited license may not place restorations. [RCW 18.29.190](#).

Dental hygienists with a full license and at least two years of experience may provide limited services with no dentist supervision in healthcare facilities and senior centers. Allowable tasks are in [RCW 18.29.056](#).

Dental hygienists with a full license and at least two years of experience may provide tasks listed in [WAC 246-817-550](#) to homebound patients under general supervision of a dentist.

### Commission Meeting Dates

Jul. 15, 2016  
Sept. 9, 2016  
Oct. 28, 2016  
Dec. 9, 2016  
Jan. 27, 2017  
Mar. 17, 2017  
April 21, 2017  
June 2, 2017  
Jul. 21, 2017  
Sept. 8, 2017  
Oct. 27, 2017  
Dec. 15, 2017

## Dental Quality Assurance Commission

[The commission](#) is made up of 12 dentists, two expanded function dental auxiliaries, and two public members. Members attend regular meetings, scheduled for one day on a Friday every six to eight weeks. Members are appointed by the governor for four-year terms.

- Want to be a full member? Get the [Governor's application](#) here.
- Want to be a pro tem (limited participation) member? Get the [department's application](#) here.

[Jennifer Santiago](#) is available to answer all your questions about being a member.

**Public Health - Always  
Working for a Safer and  
Healthier Washington.**