

# DCDS connection

Official Publication of DCDS  
A tradition of integrity and care since 1908



## Mission Statement

Serving the professional  
needs of our members

## 2017 Annual Installation Dentist of the Year

The 2017 Dentist of the Year award was presented to Dr. Larry Herwig for his dedicated service and leadership at the May 18th Installation of Officers and Awards Ceremony at the Crowne Plaza Dallas.

Dr. Herwig is a graduate of Baylor College of Dentistry and has been a leader in organized dentistry at the local, state and national levels. He has held several positions including Past President of DCDS, Director of the DCDS Foundation, and Chairman of what was previously known as the Dallas Midwinter Meeting. Also, he was the President of the Dallas Academy of General Dentistry. He served three years on the Board of Directors of the Texas Dental Association moving from Director, Senior Director to Vice President of the NE Division. Dr. Herwig has also been the Chair of the Council on Communications of the American Dental Association.

All of these positions represent the highest levels of leadership and you don't get to serve in these without having served on many councils, committees and task forces over the years.

Dr. Larry Herwig celebrating with family and friends at the May 18th Installation Dinner.



His Volunteer efforts are what really set him apart from the crowd. He served eight years on the TDA Smiles Foundation Board, and has been a Co-chair of a TMOM event in Dallas. He continues to work at other TMOM events in the area. Dr. Herwig also set-up a missionary dental clinic in India!

Over the years, he has been a huge supporter of the Dental School. He has served as an Adjunct Clinical Professor in the Department of Public Health Services. In addition to that he has served on the Board of Directors for the Alumni Association. Despite all of his great work, one of the most valued contributions he is known for is his involvement in the Great Expectations Mentor Program. Students, faculty members, as well as practicing dentists from the community, gather together five times a year in small groups. They meet at mentors' homes or offices to support students through their dental school journey. The year culminates with a barbecue at Dr. Herwig's Ranch!

He lectures both locally and abroad, but his real passion is helping his patients maintain optimal oral health. Dr. Herwig is an active voice for dentistry in Texas and a valued member of our Dental Society.

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Dr. Larry Herwig with Dr. Jacqueline Plemons and Dr. Todd Baumann after receiving his 2017 Dentist of the Year Award.

# DCDS President Address

Carmen P. Smith, DDS, President



"I know of no single formula for success. But over the years, I have observed that some attributes of leadership are universal and are often about finding ways of encouraging people

to combine their efforts, their talents, their insights, their enthusiasm and their inspiration to work together." - Queen Elizabeth II

These words couldn't ring more true for Dallas County Dental Society.

It is a privilege and honor to stand here tonight to accept the presidency of the Dallas County Dental Society. I have been empowered and equipped for this role by many different people who have poured into me at various stages of my career. I first want to acknowledge and thank my family. My mother and father (Cecil and Eretta Smith). I am so blessed to continue to have them share with me the fruits of their labor. You have given me so much, tangible and intangible and I honor you tonight. My little brother, Carlton Smith, who is my rock, my best friend. Thank you for helping me stay grounded while at the same time pushing me to reach new heights. I wish to acknowledge my team (Angela Taylor, Krystal King, Sheletta Reeves, Keisha Tucker, Dr. Ashley Smith and her husband Jeremy Smith). Thank you for your support and thank you for sharing this evening with me.

Dr. Todd Baumann—you have been an exemplary president and leader. You have given us an agenda through the strategic plan that allows us to be innovative and at the same time fiscally responsible. It has been a pleasure serving with you.

Dr. Danette McNew—thank you for my first invitation to attend a DCDS general membership meeting. Thank you for the invitation to serve with you as a volunteer and Co-chair in the Host and Information Center of the SWDC. Thank you Danette for the call to ask me to serve as the Chair of the 2016

SWDC, which has led me to standing here tonight.

Jane Evans—Now I am sure I am not the only person who was asked to take on this role and the first question they asked before accepting was "Is Jane going to be around"... Thank you Jane for saying yes with me... and thank you for your passion, dedication, hard-work, and loyalty to DCDS.

Hilton Israelson—Hilton approached me at installation five years ago and said, Hello Carmen, I have a job for you. It was an EF Hutton/ Godfather moment for me. For those of you who know Hilton, you know what I'm talking about... Hilton is not a big man, but he carries a big presence. Now, two things immediately ran through my mind: 1) For the love of God, not another job, and 2) Its Hilton Israelson, I can't say no. So I listened and when he finished, I smiled and simply said, "Yes, Godfather." Hilton, thank you for extending the opportunity to serve on the ADA's Council on Membership. It has been an invaluable learning experience representing Texas in Chicago. My mom always taught us to not be afraid to accept an opportunity because you never know where it may lead.

To my friends that I have met and shared experiences throughout my career—whether dental school, to the board of directors, to the house of delegates, council on membership, SWDC, TDA, ADA and so on and so forth,

(Continued on page 6.)



Dr. Carmen P. Smith and Dr. Danette McNew at the 2017 Installation Dinner.



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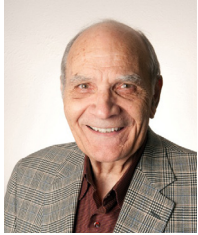
Member Publication  
**AADEJ**  
 American Association of Dental Editors & Journalists



# Impressions

Editorial by Larry W. White, DDS, MSD, Editor

## If Necessity is the Mother of Invention, Who is the Father?



Since the movie "2001: A Space Odyssey"

people have wondered whether computers will eventually take over completely. You will remember that in

"2001," the rogue computer HAL turned on his handlers and dispatched them with absolute amorality. When they made the movie, we didn't have in common jargon the now popular term artificial intelligence (AI) that defines the programming of a computer that can think and reason like a human being.

AI has taken on even more significance nowadays since programmed computers have beaten the best human Chess and Go champions without too much trouble, and AI's most enthusiastic promoters think the day is near when computers will pass the Turing Test, developed by Alan Turing, in 1950. This tests a machine's ability to exhibit intelligent behavior equivalent to, or indistinguishable from, that of a human. Proponents of AI dismiss the Turing Test as irrelevant to the development of AI, and the very idea has engendered a great deal of acrimony in academic circles. But for me, Richard Restak probably answered the question best in his book, *The Brain*.

Dr. Restak doesn't believe that computers will ever approach much less surpass human mentality for the simple reason that computers can never perform at less than their best. That is a computer is either on or off. It is either right or wrong. It can't be partially right. With a computer something is either 0 or 1. There aren't any other possibilities. A computer has to perform at 100 percent or 0 percent. It can't simply idle and perform at, say 5 percent or 75 percent of its capacity.

It is precisely during those idle moments, those times when humans are performing at less than capacity, that they display their humanity. These are the periods when the mind can let its intuition experience and imagination coalesce in a shared event that results in the unique human phenomenon of

thought. These are the times when creativity pulses and insights flourish.

Eric Hoffer, the late, self-educated longshoreman from San Francisco, spoke about this phenomenon in several of his books. He was convinced that leisure time, not necessity, was the mother of invention. He backed up this iconoclastic notion with such examples as the sail, the wheel, and brick-making - all invented in the course of play or leisure time. He also cited evidence of the bow being a musical instrument before it was a weapon, and of how singing and poetry preceded prose and narration.

Hoffer felt that during an ordinary day's activities we are doing well to keep our heads above water. The mind is so cluttered with the fustian of daily routines that real discovery doesn't have a chance. Hoffer believed creativity is usually spawned in those extended quiet, and unhurried moments when one's stream of consciousness can flow unfettered. Incidentally, if you want some really enjoyable reading pleasures, acquaint or reacquaint yourself with Hoffer's succinct and prescient books.

There are plenty of examples from history to illustrate this point: Archimedes allegedly discovered specific gravity while in a bathtub; Newton discovered gravity while resting under an apple tree in the country while escaping the plague in London; Darwin formed his theory of evolution while sequestered aboard the H.M.S. Beagle; Einstein discovered relativity while he was an underutilized employee in the Swiss patent office. Edwin Land got the idea for the Polaroid camera on a weekend trip to Santa Fe, NM when his daughter asked the simple question, "Why can't I see the picture now?" Jack Kilby of Texas Instruments in Dallas, TX developed the silicon chip right after he came to work with no assignments, and the rest of the company was on a two-week summer vacation.

It is almost impossible to make any real thoughtful discoveries while in the heat of the frenzy of our dental offices as we restore

teeth, check hygienists' patients, return phone calls, dictate correspondence, consult with patients, respond to laboratory request, re- cement loose brackets and bands, etc. Most dentists are simply grateful to get through these kinds of days with their health and sanity intact. Moments of genius or insight don't have a chance in such an event-filled environment.

We don't have any guarantee that our moments of leisure will result in a new dental appliance, or a new software program, or even an improvement in the techniques we currently use. But if we are to believe the historical examples and testimonies, the time we spend outside our offices may be as important as the time we are there.



# From The Hub

by Jane D. Evans, Executive Director



## Legislative Update

TDA was able to delay mandatory querying of the state's prescription monitoring program (PMP) every time a dentist writes a

prescription for a controlled substance until September 1, 2019.

## TSBDE Sunset Bill Passes Texas Legislature

– On May 29, 2017, Governor Abbott signed into law the Texas State Board of Dental Examiners' (TSBDE) Sunset bill – SB 313. More detailed information can be found in TDA's summary of the 85th Regular Session of the Texas Legislature that will be mailed to all Texas-licensed dentists at the end of June.

## DCDS Board of Directors Update –

### Policy on Inclusion, Equity and Diversity – adopted June 6, 2017

DCDS operates on the fundamental assumption that our work is enriched and made better by having a diversity of voices, viewpoints, and skill sets around our organizational table- encompassing Board, management, staff, contractors, vendors, and investments.

- DCDS is committed to the enhancement of the public's oral health education and dental well-being, providing ongoing continuing education, and promotion of professionalism and quality in dentistry. Therefore, diversity is core to the DCDS mission. We aspire to develop, promote,

and sustain an organization culture and reputation in the communities that we serve as a high performing organization that values, nurtures, and leverages diversity and inclusiveness in all that we do.

- DCDS is committed to ensuring the diversity of its board, staff, volunteers, and programming. We accomplish this through leadership, values, policies, and practices. We define diversity in terms of race, gender, religion, culture, national origin, sexual orientation, gender identity, physical abilities, age, parental status, employment and socio-economics. We respect different experiences and cultures across this diversity and will work to create a culture in which diverse people feel supported, recognized, and rewarded in making their best contributions to the mission of our organization.

# 2017 Truckyard Family Day!





# Decisions in Dentistry

Article by Thomas G. Wilson Jr., DDS

## Starbucks And The Future Of Dental Practice



While the connection between Starbucks and dental practice might not be immediately apparent, the manner in which the Seattle-based company

is evolving to meet current demand should be a wake-up call to the oral health care profession.

An article in The Wall Street Journal details a new business strategy for Starbucks. Most are aware this company built an empire on the premise that a large number of people would pay more than a dollar for a cup of coffee.

There are now more than 25,000 Starbucks worldwide. Effective April 3, Howard Schultz stepped down as CEO, but stayed on as executive chairman to further develop two new types of stores. The first is the Starbucks Reserve Roastery and Tasting Room (SRRTR), which features exotic coffee in small batches made using special preparation techniques. The most expensive cup is around \$12. Another group of smaller outlets, Starbucks Reserve, commands prices higher than traditional Starbucks, but below SRRTR.

Why is this company — which has been wildly successful the last quarter-century — radically altering its business plan? The reason given by The Wall Street Journal was that sales targets were not being met. The company concluded this stemmed from multiple factors — one being that discretionary income available to the middle class continues to decline, thus reducing the number of people who can afford high-end products. Additional reasons include the current economic uncertainty, and that Starbucks customers are visiting malls less frequently.

Erich Joachimsthaler, CEO and founder of the consulting firm Vivaldi, is quoted in the article as saying, "I think Starbucks sees the middle is slowing down."

What is the message for those of us in private practice? As previously discussed in this space, the middle class in the United States is shrinking, and so is its discretionary income. The reasons are myriad. Globalization has led to a reduction of jobs for this group over the last few years, creating a general feeling of unrest. Concerns include the economy, world affairs and the recent election. These and other factors have created uncertainty about the future. And individuals

who are worried about the future and have less discretionary income don't usually spend significant sums on dental treatment.

Understanding how this may affect your practice is important. The trend toward more reimbursement and regulation by third parties will continue. The number of group and corporate dental practices will also grow. As a result, it will be harder for solo practices to thrive. Now is the time to actively explore which practice setting best suits your needs and temperament. How do you make these decisions? Gather information about your current economic situation and write out your short- and long-term goals. Deciding how best to reach these goals will require effort. Talk with fellow professionals, search the Internet and network at dental meetings.

If Starbucks' business plan adjustment is any indication, the time for action is now. Only by exploring evolving practice opportunities can clinicians hope to find a clinical environment that's financially and professionally rewarding.

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(Continued from page 2.)

thank you for encouraging and supporting this journey. I told myself I wasn't going to cry during this speech, so I won't call all of you by name and after 25 years, you know who you are...

To the members of the DCDS, thank you for entrusting me with the leadership and guidance of this fine organization over the next year. When this organization was founded in 1908, I am willing to guess they never considered this moment an option. Thankfully the world has changed and so did DCDS.

We are a beautiful microcosm of the world we live in today, one that is rich with diversity in ethnicity, gender, culture, religion, perspectives, skills, working environments and ideals. It is that diversity that allows us to learn and grow, innovate and create. As the leading voice in dentistry in Dallas, we must continue to respect and embrace our differences and create a culture of

inclusiveness. Diversity without inclusion stifles our progress.

The profession of dentistry faces many challenges, some old some new. I have always carried a strong sense of pride as a member of DCDS because our leadership has always stood at the forefront of tackling the issues and providing a strong presence on the national, state, and local levels. DCDS never just talks the talk, we also walk the walk.

Over the past month, I have been asked several times "Are you ready?" As I pondered this question, I thought of all the past presidents that stood in this same position and lead this organization with integrity, authenticity, tenacity, and determination. To be afforded the opportunity to share a legacy with this group of leaders is overwhelming, yet exciting and I embrace the awesomeness of this moment. But this opportunity is not just about me. I accept this role to honor the legacy of Drs. Foster Kidd and Irby Hunter,

who were two of the first black members of our organization. I accept this role to honor, celebrate, and carry on the tradition of our past female presidents, Drs. Patricia Blanton, Betty Whitaker-Hurt, Linda Niessen, Jean Bainbridge, Jacqueline Plemons, Danette McNew, and all women who dedicate their time and talents to dentistry. So, to answer the question, "Are you ready"...Yes, I am.



Dr. Carmen P. Smith celebrating with family and friends at the May 18th Installation Dinner.

# CORE Continuum 2017

## AUSTIN, TX

### J. WILLIAM ROBBINS, DDS, MA

This 2 weekend (4 days) course will provide a framework for the treatment of the complex interdisciplinary dental patient. The first step in the process is the diagnosis, followed by the treatment plan. The next step is the coordination and sequencing of the treatment plan with the specialists. The final step is the provision of the restorative dentistry. It is the purpose of this course to provide a step-by-step system to allow the restorative dentist to complete each step in the process.

The goal of this continuum is to provide a common language for the Restorative Dentist, Orthodontist, Periodontist, and the Oral and Maxillofacial Surgeon so you may successfully treat the complex interdisciplinary patient.

**Course Dates**

**November 3<sup>rd</sup> – 4<sup>th</sup>**

**December 1<sup>st</sup> – 2<sup>nd</sup>**



**For more details and enrollment call:  
210-341-4409**

GLOBAL  
DIAGNOSIS

PORCELAIN  
VENEERS

DENTOALVEOLAR  
EXTRUSION

TREATMENT  
PLANNING

THE 6 TOOLS



# DCDS Member's Message Board

## General Practice

Monty Buck  
 Johanna Bushey  
 Lucy Dang  
 Prachi Deore  
 Jinous Ferdousian  
 Lauren Flynn  
 Prashantkumar Gajera  
 Patricia Guerra-Hirji  
 Phi Hua  
 Ron Katyal  
 Terry Ku  
 Erick Marquez  
 Holly McKinney  
 Thi Kim Nguyen  
 Bianca Ortega  
 Cory Rush  
 Olivia Santillan  
 Andrea Sauerwein  
 Deepika Sharma  
 Saosat Stafford  
 Tony Tran  
 Yu Ting Wang

## Graduate Students

Lauren Flynn  
 Craig Harrison II  
 Sammy Houari  
 Andrew Read-Fuller  
 Patrick Wong

## Upcoming Events!

September 14-16, 2017 – SWDC  
 September 26, 2017 – General Membership Meeting  
 October 13, 2017 – Jack Holl Lecture  
 October 17, 2017 – General Membership Meeting  
 November 3, 2017 – Winter CE Express  
 November 28, 2017 – General Membership Meeting  
 February 20, 2018 – General Membership Meeting  
 March 27, 2018 – General Membership Meeting  
 April 17, 2018 – General Membership Meeting

## Dentists Concerned for Dentists

*Founded by Dr. James Hill in 1989, the Dentists Concerned for Dentists program provides a free, strictly confidential peer assistance program for health care professionals, their staff, and family members who struggle with drug and alcohol abuse.*

*This award-winning program saves lives; please share with your colleagues and friends.*

**Call the 24-hour  
 confidential hotline:**

**214-206-7496**

## Meeting Space Available

As a member of DCDS, you can take advantage of low member rates for renting the Society's Executive Office for your next meeting.

### The Dr. O.V. Cartwright Reception Hall

(Perfect for registration and a pre-function gathering)

### The Dr. Paul P. Taylor Executive Board Room

(Can seat 14 around a large conference table)

### The Dr. D. Lamar Byrd Auditorium

(1,650 square feet of meeting space that can seat up to 200)

Audio/visual equipment is available.

**For more information please call:**

**Maxine Robinson**

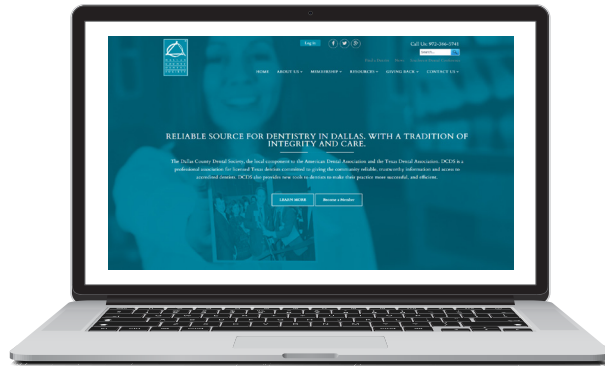
972-386-5741 or email: [maxine@dcds.org](mailto:maxine@dcds.org)

# DCDS Member's Message Board

## DCDS Membership Benefits

- Free registration for members to the Southwest Dental Conference
- Peer Review mediation service to reconcile complaints between patients and doctors
- Rent the DCDS meeting facility at special member rates
- Continuing education via seminars and General Membership Meetings
- Pre-printed school excuse forms provided free of charge to dentists treating school-age children
- Free referral program for the public
- Online pictorial membership roster, an excellent referral source
- Confidential free notary public service
- DCDS Connection, the bimonthly newsletter of Dallas County Dental Society (member advertising at reduced rates)
- Member mailing labels available for purchase
- Grassroots legislator contact program with state and national legislative representation
- License and permit renewal reminders
- DCDS members receive all membership benefits offered by the Texas and American Dental Associations (contact TDA and ADA for a list of benefits)

**Plus many more!**



**Looking for a job?  
Have a position to fill in your office?**

**List it on the DCDS.org Job Bank!**

**Members list for free**

(\$75/month for non-members)

Email your position or a brief summary of qualifications to: [andrea@dcds.org](mailto:andrea@dcds.org).

## BOARD MOTIONS

### April 2017

**MOTION 04.04.17A** A motion was made to approve the minutes of March 7, 2017. Motion passed.

**MOTION 04.04.17B** A motion was made to approve the financials for the month ending February 28, 2017. Motion passed.

**MOTION 04.04.17C** A motion was made that DCDS Judicial Committee handle all cases at the local level instead of referring to the TDA Judicial Council, unless a case cannot be resolved locally. Motion passed.

**MOTION 04.04.17D** A motion was made to amend the resolution/policy. The amended motion failed.

**MOTION 04.04.17E** A motion was made to postpone further discussion of the original resolution/policy until legal counsel has reviewed the resolution/policy. Motion passed.



# Legal and Ethical Considerations

Editorial by Robert M. Anderton, DDS, JD, LLM

## Big Changes On The Way



**M**ay 31, 2017 marked the end of the 2017 Texas Legislative Session, and the beginning of sweeping changes in the governance and practice

of dentistry in Texas. Every State Agency undergoes Sunset Review every twelve years, to determine if they should continue to exist, and 2017 was the year for the Texas State Board of Dental Examiners. All during last year, the Dental Board was monitored, audited, viewed and reviewed by the Sunset Review Committee. The Committee submitted its findings to the Legislature and the results were not all favorable for the Board. The Legislature's final decision was that the Dental Board should continue in existence until the next Sunset Review in 2029 but at the same time recommended extensive changes. The following is a brief summary of some of the changes as I understand them.

**The Dental Board** Currently the Board consists of fifteen members all appointed by the Governor - nine dentists, two hygienists, and four lay members. Under the new revisions of the Dental Practice Act the membership will be reduced to eleven members all appointed by the Governor - six dentists, three hygienists and two lay members. Terms of all current Board members will expire September 1, 2017, but will continue to serve until December 1, 2017 when the new Board members will assume their positions. This new reduced Board will have a huge responsibility to timely instigate all the changes ahead.

**Complaints** Under the new revisions, the Dental Board will not be allowed to accept Anonymous Complaints. This is a major change and one for which we have long advocated. The Board fiscal year begins September first each year. Since the beginning of this fiscal year, the Board has received in excess of 1100 complaints – over a third of which are Anonymous – many frivolous and without merit. In

addition, complaints filed by an insurance agent, an insurance company, an insurer, a pharmaceutical company or third party administrator must include the name of the person filing the complaint. Within fifteen days of receiving the complaint, the Board must notify the license holder and present the name of the person filing the complaint and a copy of the complaint. Very often under the current rules we are never given the opportunity to see the complaint itself.

**Continuing Education** The existing requirements for dentists, hygienists, and assistants will be eliminated and the new Board will establish new guidelines and requirements.

**Anesthesia** Some major changes will occur in administration of anesthesia. The Board will issue permits in five categories – nitrous oxide; Level 1: minimal sedation; Level 2: moderate sedation (enteral administration); Level 3: moderate sedation (parenteral administration); and Level 4: deep sedation or general anesthesia. Applicants for Levels 2, 3 and 4 permits will be required to complete training on pre-procedural patient evaluation, continuous monitoring of a patient's level of sedation during anesthesia, and management of emergency situations.

A permit holder will be required to pass an online jurisprudence examination covering Board Rules and State law related to administering anesthesia every five years. Level 2, 3 & 4 permit holders will also be required to obtain authorization from the Board and demonstrate advanced didactic and clinical training to the Board before administering anesthesia to a pediatric or high risk patient. "High Risk" patients are defined as those patients with a current level 3 or 4 classification according to the American Society of Anesthesiologists Physical Status Classification System. A "Pediatric Patient" is a patient under thirteen years of age.

The Board will require inspections for dentists who held a Level 2, 3 or 4 permit. Inspections could be made without notice and will begin

September 1, 2022. The Board will establish an advisory committee consisting of a general dentist, a dentist anesthesiologist, an oral and maxillofacial surgeon, a pediatric dentist, a physician anesthesiologist and a periodontist to analyze and report on data and associated trends concerning anesthesia-related deaths or incidents (incidents are not defined).

**Licensure** The Board with probable cause will be allowed to request a license applicant or license holder to submit to a mental or physical evaluation by a physician or other healthcare professional designated by the Board. The Board may no longer be allowed to require an applicant to "be of good moral character". Board information, records, and proceedings related to a licensee's or applicant's involvement in a peer assistance program or mental health evaluation will be prohibited from being disclosed under the Texas Public Information Act, except for certain information in the case of a disciplinary action.

### Informal Settlement Conferences

The Board will be required to schedule an Informal Settlement Conference within 180 days from the beginning of the complaint process. (This will be an enormous task as currently the complaints being heard at Informal Settlement Conferences are generally two years old!) The Governor will be required to appoint nine members to serve on an Informal Settlement Conference panel to make recommendations for the disposition of a complaint or allegation related to a license holder.

**Dental Assistants** Pit and Fissure Sealant Certificates and Coronal Polishing Certificates for dental assistants will be abolished. Instead dental assistants will be required to register with the Dental Board. Requirements will include:

- A high school diploma or equivalent;
- Completion of an educational program approved by the Board that included instruction on dental acts that required registration, basic life support, infection

(Continued on page 13.)

# Spotlight

## Interview with Jim and Chuck Williams

Interview by Larry W. White, DDS, MSD, Editor

### Jim and Chuck are brothers and members of the DCDS who both decided to become dentists and are now retired.

**Where did you two grow up?**  
We grew up in Midlothian, TX.

**Jim you fellows come from a family of dentists. Can you give us an idea of what your dental heritage was?**  
Our father, H.J. Williams, graduated in 1929 from the University of Minnesota Dental School. He received his Texas Dental License in December, two months after the Stock Market crash of 1929 and practiced depression dentistry in Midlothian, Texas for eleven years. There was almost no money available for dentistry or much of anything else. He worked seven days a week during World War II to provide dental care for the defense workers because they now had jobs, money and a lot of dental needs.

Our sister, Anna, married Jim Bailey, Chuck's roommate at Baylor Dental College. His father, grandfather and uncle were dentists. Chuck married Judy, who is a dental hygienist, and her brother is also a dentist. Jim's daughter is a hygienist and, Kyle, Jim's son's mother-in law is a hygienist. That makes a total of eleven family members in dentistry. Our dad, Dr. H.J. Williams, was active in organized dentistry his whole career. He served all offices in the 6th District Dental Society and attended all TDA and Dallas Mid-Winter Dental Meetings.

From 1930 through 2014 the Williams family provided one or three dentists delivering dental services to Texas for 85 consecutive years. A total of 123

years of private practice plus the 20 years Jim Bailey served as a dental professor.

**How early did you fellows decide to become dentists and what was the driving force that made you to finally make that choice?**

Chuck was in college when Jim was in dental school. He decided to go to dental school after hearing how excited Jim was when he talked to Daddy about his experiences in dental school.

**Did either of you work for your father in his clinic before deciding you wanted to become dentists?**

Chuck did not, but Jim did on a part-time basis for two years.

**Where did you two do your pre-dental studies? How about your dental school training?**

We both went to North Texas State College and afterwards Baylor University College of Dentistry in Dallas.

**Was your father still in practice when you graduated from dental school?**

He was for Jim but not for Chuck. Daddy died in November of Chuck's sophomore year of dental school.

**What kind of counsel was he able to give you that helped?**

Chuck would go home on weekends and watch Daddy work with patients on Saturday mornings and would stay and do lab work in the afternoon.

**In what dental discipline were you most prepared when you graduated? The least prepared?**

Chuck did a one-year rotating general dentistry internship in the U.S. Army

and served two more years in the U.S. Army Dental Corp. I learned a lot in those three years that supplemented my Baylor training.

Jim started spending time in our dad's office at age 14. Daddy wanted him there to supervise patients with abscesses because he used a heating lamp to draw those abscesses to a head so they could be lanced with no anesthesia. I remember how difficult it was for me later in my own practice. Our father never let a patient leave his office in pain even though he knew he would never be paid for his services. He was very compassionate, and we learned how essential compassion was in dentistry from watching him. Looking back now, it's hard to believe what wasn't available - disposable needles, autoclaves, antibiotics and air rotors to name a few. I got my license in the mail one morning about 10:00 a.m. after working all night in the hospital. I took a short nap and went to my dad's office at 1:00 p.m. and did some amalgam restorations. I wanted to do it all and thought I could!

**Chuck, since you followed Jim in dental school, was he able to help you with suggestions about courses, techniques, faculty etc.?**

Yes, Jim was a big help to me in dental school. I did dental lab work for him in his office. After I was discharged from the U.S. Army, Jim provided me with plenty of patients to help me get started, and he even paid me a salary. It was great to find out how to handle the business side of dentistry. Jim also taught me the importance of getting involved in the dental society, and that association helped me tremendously.



Did either of you ever have any regrets about the professional life you selected? No, absolutely not.

Jim, what were the biggest improvements in dentistry that you experienced during your professional career?

Looking back dentistry was primitive when I started practice 57 years ago. No acrylic to gold, no porcelain to gold, no bonding, no implants. The only esthetic anterior restorations were silicate cement, which was quite poor, and the acid in the paste often caused dental abscesses.

Which part of dentistry did each of you enjoy the most? Which part the least? Chuck enjoyed all phases – but mostly preventive dentistry. Asking for money was the least pleasant feature. Jim enjoyed it all.

Jim, you retired a few years before Chuck. Did you ever have regrets about retiring?

Yes as a matter of fact I am working now to get my license back. I want to educate as many dentists and the public as I

can on the danger of heart attacks from periodontal disease!

Chuck since you just recently retired maybe you can give us a perspective about the difference in dentistry from the time you started to now. What are some of those differences?

I made a lot of dentures when I first started, but as time went on I made fewer and fewer – almost none at the end.

Have either of you had a chance to visit with or observe the younger generation of dentists? Do you see much difference in their goals than some you had?

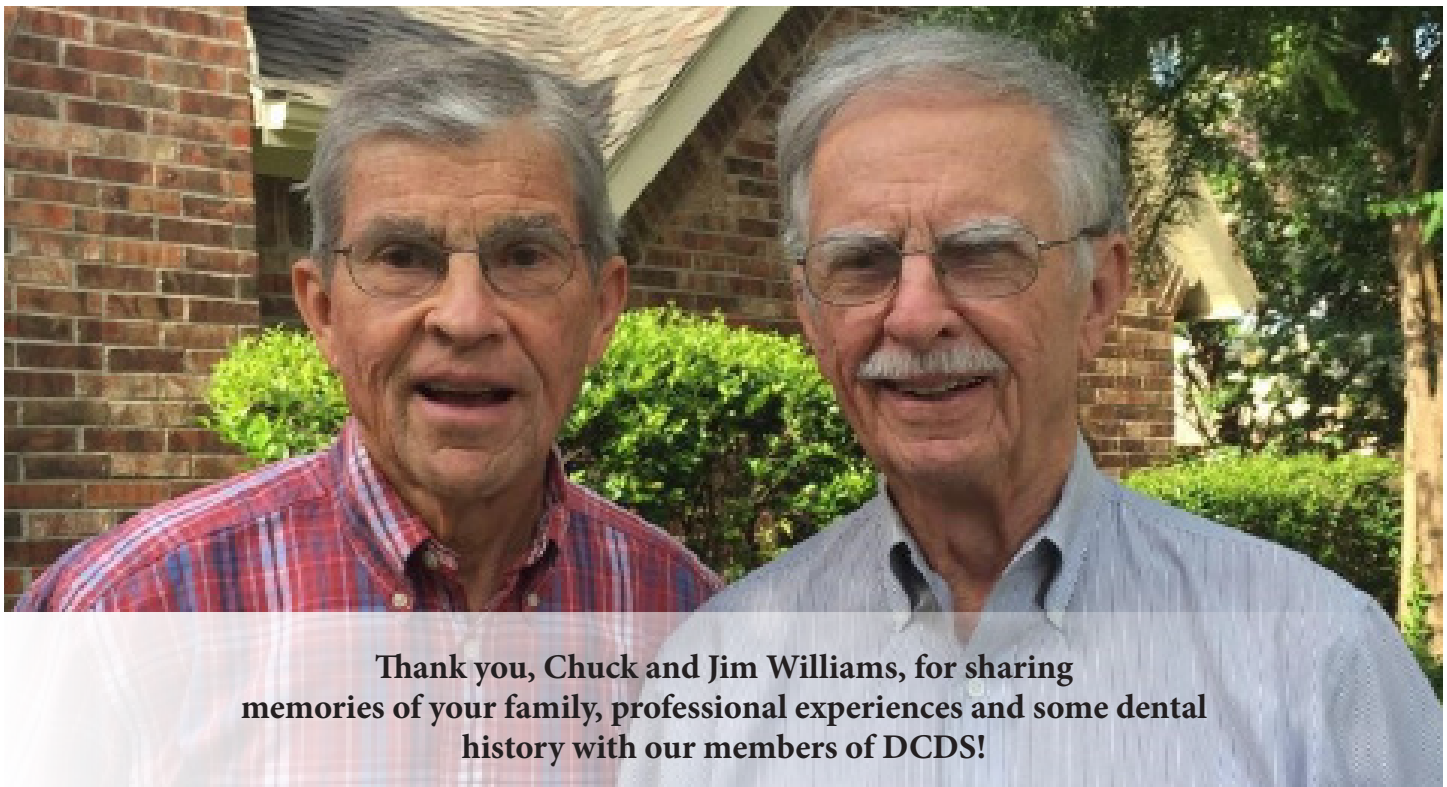
Neither Jim nor Chuck have had much contact with younger dentists.

Have either of you stayed up with dental classmates. How many of them are now retired?

Most of Chuck's classmates are retired, and many have passed away; but a few are still practicing – many part-time.

Even though you are both retired, I still see you at dental meetings from time to time. What still interests you in the profession?

Chuck has always enjoyed continuing education. I enjoyed my dental internship, which was a very good continuing education experience. I have been to many ADA meetings all over the country and was fortunate to have married a dental hygienist. She attended most of the meetings with me. We had a lot of fun, traveling and going to meetings and getting our continuing education requirements. Chuck was fortunate enough to have helped organize a small dental study club that has met once a month for 47 years. There were originally eight of us and we met in each other's offices for the first year and then later we met at a central location one afternoon a month. There are only four of the original eight left, but we still get together once a month for dinner and fellowship. We have added a few others along the way, and it has been a great learning experience that I highly recommend.



**Thank you, Chuck and Jim Williams, for sharing memories of your family, professional experiences and some dental history with our members of DCDS!**

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(Continued from page 9.)

control and jurisprudence;

- Pass an examination approved or administered by the Board; and
- Meet any additional qualifications established by the Board.

A Dentist will be allowed to delegate to a qualified and trained dental assistant acting under the dentist's supervision if the assistant had registered as a dental assistant and the registration covered the act being delegated. The dentist must remain responsible for the dental acts being delegated. Dental assistants may take x-rays only if they are registered. The exception is that an unregistered assistant may take x-rays for one year after being hired if the assistant had been hired in that position for the first time and had not previously been issued a registration.

Beginning September 1, 2018, the Board is required to issue a dental x-ray or a nitrous oxide monitoring registration to a dental assistant who held a current certificate issued by the Board before that date and who met relevant continuing education requirements. Nitrous oxide monitoring and x-ray certificates issued under previous law will expire on September 1, 2019.

These are a few of the more significant changes we can expect. The above dates may be altered from time to time as the Rules are developed. It is incumbent on each of us as dentists, dental hygienists and dental assistants to be aware of the changes and provide our input to the new Board as they take on this enormous task.

Stay tuned – lots of excitement ahead!!



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# Insights

Book Review by Larry W. White, DDS, MSD, Editor

## TMDs: An Evidence-Based Approach to Diagnosis and Treatment



This book continues as a fourth iteration of the publication of Dr. Bernard G. Sarnat in 1951, *The Temporomandibular Joint*. The challenge

these well-known and scholarly editors, and any others that attempt to publish a book with multiple contributors, had was fabricating a coherent text of 36 chapters with 42 authors. They wisely did not try to achieve unanimity among the contributors but did insist that where supporting data did not exist that readers be made aware of areas of agreement or disagreement on the subject.

The book divides into two parts, the first addresses the biologic basis of TMDs and the second covers the clinical management of disorders. The two sections of the first part separate normal TMJs from pathologies and dysfunctions of the joint while the second part concerns current diagnostic modalities along with several therapeutic procedures with the emphasis on evidence-based treatments.

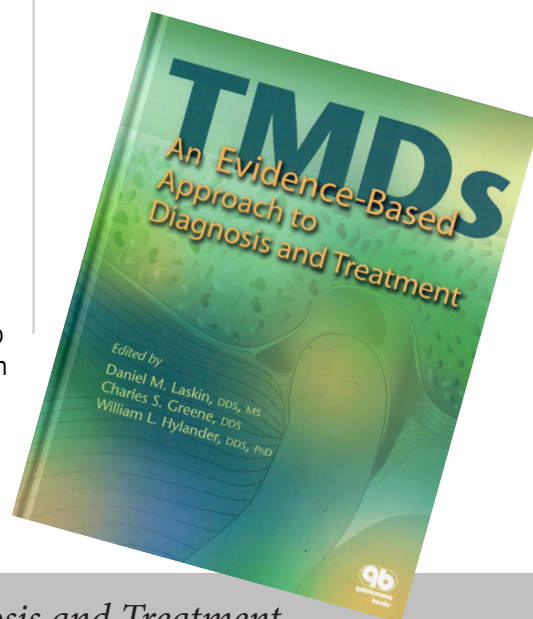
The authors concede that a subject with so much misinformation and confusion challenges contributors to lay aside their personal biases and opinions and base their comments only on the most current and authenticated science. They seemed to have achieved that task in a remarkable manner.

Some favorite techniques of dentists such as tracking jaw movements with instruments and recapturing displaced discs with appliances, both fixed and removable, are given little credibility. Nor do they assign a primary etiology of TMDs to malocclusions or premature contacts.

The book furnishes most of what diagnosticians and therapists need for proper understanding of this complex joint, but it presents a book that needs serious study, while sitting at a desk. Readers will not curl up in bed with this tome since it weighs more than 5lbs and will prove difficult to handle under those circumstances.

Quintessence has a well-deserved reputation for producing first-rate publications, and this

book follows that tradition with durable, thick pages, clear photographs and illustrations, inviting layout with balance between narrative and white space. This offers dentists valuable information that should clarify much about a confusing subject.



### *TMDs: An Evidence-Based Approach to Diagnosis and Treatment*

edited by: Daniel M. Laskin, DDS, MS; Charles S. Greene, DDS;

& William L. Hylander, DDS, PhD

560 pp, 435 illustrations, \$158.00, 2006

Quintessence Publishing Co., Chicago, IL

## Next Book Review: *iPad for Dentistry*



Marin Imburgia, DDS, PhD

**iPad for Dentistry**

Digital Communication for the Patient and the Dental Team



Keep an eye out for Dr. White's next book review in our September/October 2017 Edition of DCDS Connection!

# Texas A&M University College of Dentistry

by Carolyn Cox

## A Day of Firsts

### The graduation of the oral and maxillofacial radiology program's first resident marks a new milestone for the college.



It was Dr. Regina Casian's first postdoctoral degree in prosthodontics that inspired her to pursue a second specialty.

Now Casian, who became the first graduate of Texas A&M College of Dentistry's oral and maxillofacial radiology residency program on May 23, 2017 holds a certificate in the newest American Dental Association-recognized specialty.

"This is a useful dental specialty because it helps all of the others," Casian says. "With implant planning, for example, cone beam computed tomography is important, but CBCT is also useful in other areas. It's important to know all these maxillofacial structures and know pathology because it's not only teeth related. Oral and maxillofacial radiology is a growing field."

Only nine such graduate programs in the country are far enough along to graduate residents this year. In fact, the College of Dentistry is one of only two dental schools in the nation to offer advanced training in all nine dental specialties. When Casian joined the restorative sciences clinical faculty in 2014, this residency program was still in the planning phase; she enrolled in 2015.

Dr. Diane Flint, associate professor in diagnostic sciences and residency program director, explains dentists' increasing use of cone beam computed tomography as one indicator of the specialty's importance.

"More providers are utilizing CBCT scans, but they may not feel comfortable looking at the entire scan because they're viewing things they weren't trained to interpret in dental school," Flint says. "It's simple for the dentist to upload the files digitally to a secure server, which a specialist can then access to interpret and write a radiographic report."

Flint credits Casian's enthusiasm with helping overcome the challenges of establishing a

new graduate program from the ground up, particularly the details of the program's medical radiology rotation at Baylor University Medical Center.

"Our residents need exposure to nuclear medicine, magnetic resonance imaging, ultrasound, and that was the question: How are we going to make this work with us not on faculty in radiology at the hospital?" Flint says. "We had good communication with Dr. Michael J. Opatowsky, a neuroradiologist at BUMC, and the medical radiology department was very willing to accommodate. Dr. Casian's enthusiasm really opened doors for us. She was an ideal first resident."

After taking the radiology board exam, Casian intends to return to Mexico for

private practice with her husband next year after he completes his periodontics residency in Dallas. Academia is likely also part of her future. "My experience teaching made me want to continue to work with students," Casian says.

She is one of 41 postgraduate students recognized at the college's 2017 commencement ceremonies for completing dental specialty certificates and master's and doctoral degrees.

.....

Texas A&M University College of Dentistry (formerly Baylor College of Dentistry) in Dallas is a part of the Texas A&M University and Texas A&M Health Science Center. Founded in 1905, the College of Dentistry is a nationally recognized center for oral health sciences education, research, specialized patient care and continuing dental education.



Dr. Regina Casian, center, the first graduate of the college's oral and maxillofacial radiology residency, with Dr. Diane Flint, Associate Professor and Residency Program Director, and Dr. Byron Benson, Regents Professor in Diagnostic Sciences and Imaging Center Director.

# Attitudes & Attire®

by Ebonie Montgomery, Hopeful Smiles Program Director

## Elizabeth's Story

I was referred to Attitudes & Attire® by a woman from church who volunteered there. She happened to be in the same room with me when I cracked my front tooth and saw how distressed I was. I knew it would be harder to find a job and there was no way I could afford to go to a dentist. She told me about the Hopeful Smiles™ program, and I attended Attitudes & Attire® in November 2014.

I completed all three workshops which served as a great reminder for things I had forgotten. The workshops helped me get back on track at a time when I felt as though I had lost control of my life and my future. I could, once again, see light at the end of the tunnel. After the workshops, I signed up for Hopeful Smiles™ and began volunteering in the boutique as part of the requirements. I enjoyed working in the boutique so much that I expressed my desire to continue volunteering beyond my obligation. If Attitudes & Attire® was willing to pay lab fees, and the dentists were willing to donate their services, I could give more too. One day I was asked if I would be interested in working part-time at Attitudes & Attire®. It was definitely a great opportunity considering I needed the extra income, and I accepted.

The day finally came for me to meet my dentist, Dr. Steve Levy. He was kind,

thoughtful and informative, and so were both of his assistants. Before I knew it, my new smile was complete. It was one of the happiest days of my life, because I could finally hold my head up without feeling embarrassed. I smile so much more than I used to and can eat with ease. I am more confident because I can smile freely without covering my mouth and just be myself.

I am proud to say I am now a full-time employee at Attitudes & Attire® and work directly with the Hopeful Smiles™ program. I get to help other women through the process, and I get to work with Dr. Levy in a professional capacity! I never expected I would be on the other side. Attitudes & Attire® believed in me and encouraged me throughout the whole growth process. It has been a long time since someone took a chance on me, and for that I am grateful.

This is the story of Elizabeth Acstacio, one of the newest staff members of Attitudes & Attire® and the Hopeful Smiles™ program. She is truly an amazing asset to the program. Her enthusiasm and hard work show daily as she helps other women attain a confident smile.

The vision of the Hopeful Smiles™ Program is to assist women in the restoration of their "smiles" in order to gain and sustain long-term

employment opportunities and assist in their self-sufficiency. To say the least, this is the true mission of the Hopeful Smiles™ program, and Elizabeth is the best example of what this program offers women we serve.



The Hopeful Smiles program has taken off in a tremendous way and they are in need of new providers to accommodate the clients that we currently have on a waiting list. At this time, we are recruiting new dentists to join our team of dental professionals. If you know any professional dental associations who would be interested in becoming involved, please contact Ebonie at: 214.746.4220 or [ebonie@attitudesandattire.org](mailto:ebonie@attitudesandattire.org)

## DCDS Foundation community programs seek volunteers

“Enhance oral health in our community.”

DCDS Foundation, in coordination with the Dallas Dental Hygienists' Society, is offering two programs to provide education and information about oral health in our community. Tooth Talk, an elementary school-based program, and Senior's Smiles, a program aimed at nursing homes, need your expertise and time.

Please contact Lori Dees at [lori@dcds.org](mailto:lori@dcds.org) or call 972-386-5741 x228 to sign-up.



Presented by Dallas County Dental Society Foundation and Dallas Dental Hygienists' Society



Presented by Dallas County Dental Society Foundation and Dallas Dental Hygienists' Society



# 2017 Installation of Officers and Award Ceremony



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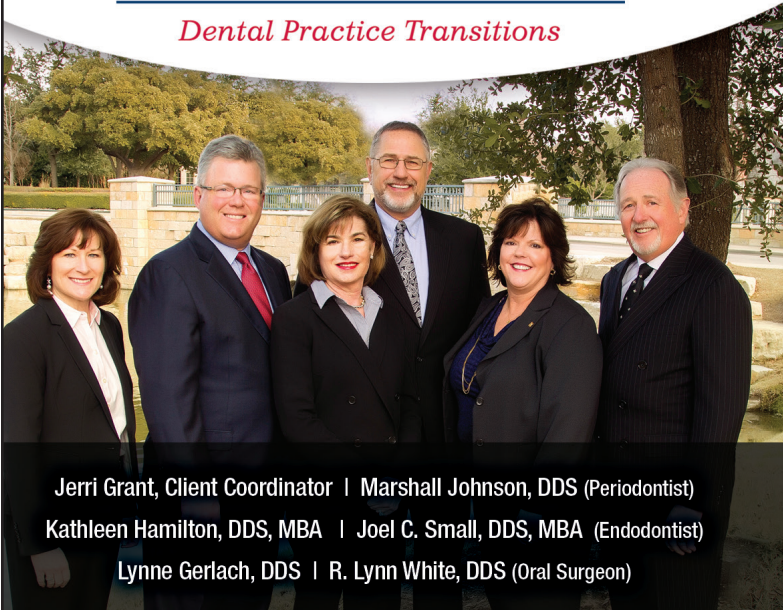
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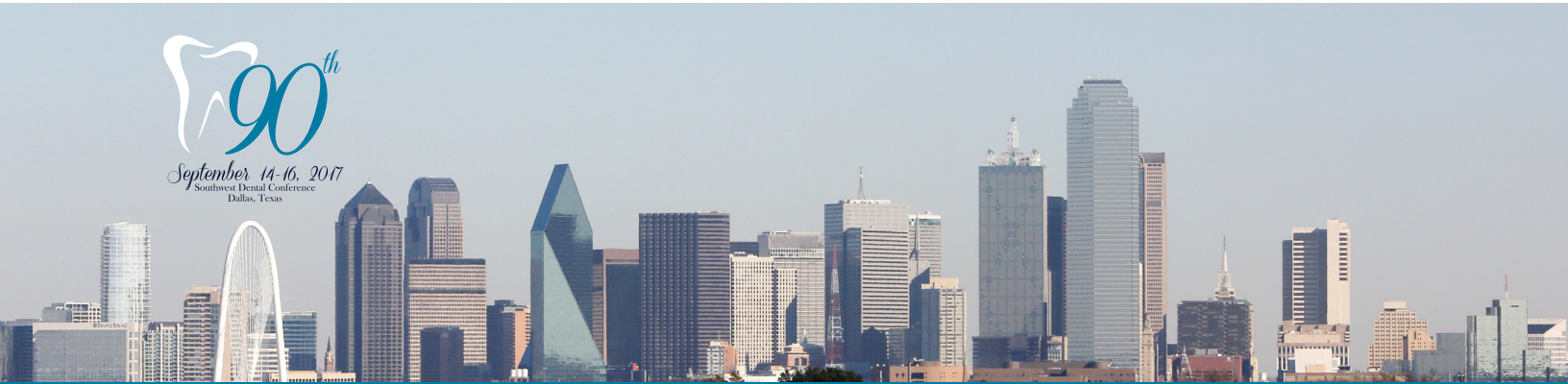


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**S**ummer is upon us... and several key milestones have happened at Dallas County Dental Society.

TDA was in early May, and Dallas County had a very successful legislative year. We have another upcoming President from our district: Dr. Bill Gerlach.

Sunset has been completed and has passed both houses and is headed to the Governor. Many of the specifics will be provided in a summary that TDA will forward.

Baylor, Texas A & M graduated 104 new dentists on May 23. Finally, Installation of new officers for the DCDS was held on May 18th. Congratulations to Dr. Carmen Smith on her

Presidency, and a big Thank You to Dr. Todd Baumann for an outstanding year.

As for Southwest Dental Conference, I am sure that everyone relates to how fast time flies. For me, the three years I have spent preparing for the 2017 Conference have sped by like a speeding train. I am so proud of this program and cannot wait to show it off. We have really tried some out-of-the-box ideas. We want our participants to know that their ideas and comments have been heard. We value the opinions that are given and we, as a committee, try everything within our power to make them happen. We have an incredible line-up of vendors this year with some of them celebrating 50+ years of exhibiting with us.

Our new September date is proving to be a very positive change. Our numbers are already higher than this time last year. For those who have not logged in to look at the

program or register, please do so. To those of you who have registered, We Thank You!

*Powering Growth,*

Jodi Danna, DDS  
 2017 SWDC Chairman



[www.swdentalconf.org](http://www.swdentalconf.org)