

DCDS connection

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



Mission Statement

Serving the professional needs of our members

In This Issue

The Write Stuff	2
Impressions	3
From the Hub	4
New Dentists	5
Members Message Board	6
Facility Rental.....	8
TAMCOD	13
Insights	14
DCDS Foundation.....	15
Classified Advertising	21

The Dental Industry

J. A. (Bob) Dewberry, DDS, FACD, ABE

A Reflection on Then and Now



Most businesses, large and small, offering a service as opposed to on-line consumer goods have seriously suffered from COVID-19. Most have trained staff to pay, along with leases on

spaces, along with home mortgages. With fear of transmission of the virus, though its lethality in most age groups is very low, elective dentistry may have all but halted.

As a long retired dental specialist this has only minimally impacted my life, but my empathy grows for us all across the world as so many unknowns surface that predictions on the efficacy of therapies and time frame are sadly impossible. Like the flu vaccine, the virus may morph after it appears to work in early trials. Even our President says, "It may get worse before it gets better."

The virus—along with media attacks on our President and ongoing riots and anarchy in several large cities—were variables that we had not to face in 1947 as new dental graduates. World War II was ending with a very costly victory. We were facing a politically shattered world that we had to re-build so that Europe and Japan would avoid the specter of communism and a Third World War.

Though World War II introduced many new methodologies, the advancements were mainly in the advent of penicillin, which opened the door to a host of various antibiotics. Instrument sterilization and new surgical techniques came later. Beyond those few medical advancements, most other improvements were in aviation, nuclear devices and delivery systems to potential enemy targets, making us the most powerful of world nations.

I was asked by Dean Wolinsky to give the initial speech on January 23, 2020 for the dedication of the new and world's most advanced Texas

A&M College of Dentistry. As a 93 year-old retiree and graduate of what was previously Baylor University College of Dentistry, it was incumbent on me to describe the dramatic differences taught in the pre-WWII Era and the new and current times. And there were many; not only in dentistry but in medicine, aeronautics, nuclear physics, missiles...even infantry rifles.

First, all our fellow dental students were male. Today, perhaps half of all students in dentistry, law, medicine—even veterinary schools—are female.

Sterilization techniques were marginal at best: boiling instruments (even needles) for 15 minutes. This was before the advent of air conditioning, adding significantly to the heat in the operatories. Predictable implants as a restorative plan for the edentulous patient were decades in the future. And we had a requirement for three gold foils never seen since. We accomplished all procedures without gloves—even surgery.

continued on page 9



Dr. Dewberry in January 2020, speaking at the Texas A&M College of Dentistry.

The Write Stuff

Drew Vanderbrook, DDS, President

Strange. Weird. Different.



Strange. Weird. Different. Words I have heard people use to describe what is going on currently in the world around us. All of our members and our society have been affected by the

unprecedented events of the last few months. Concurrent with the COVID-19 pandemic, this year has included other events that have divided our country and communities. From the Black Lives Matter movement to the upcoming presidential and local elections, there has been a lack of unity and cohesiveness. While we may have differing opinions, it is important how we share those opinions with those around us. Former congressman and civil rights leader John Lewis said, "We must continue to go forward as one people, as brothers and sisters." While Dallas County Dental Society represents members of diverse backgrounds and cultures, one thing that unites us all is dentistry.

DCDS formed a Diversity and Inclusion Task Force three years ago that led to the Diversity and Inclusion Committee. This committee tries to foster inclusiveness and promote awareness to the membership as a whole. From that task force came a diversity and inclusion statement that our board of directors approved. DCDS was one of the first component societies to adopt such a statement. It states:

- 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

“While Dallas County Dental Society represents members of diverse backgrounds and cultures, one thing that unites us all is dentistry.”

and socioeconomics. 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.

We continue to have an active Diversity and Inclusion Committee led by DCDS past-President Dr. Carmen Smith. Know that the statement above is only a starting point and that all change has to begin somewhere. The strength of our society depends upon the individual members coming together as a group with a common goal in mind. My hope as your president is that together we can move forward toward meaningful advancement and unity.



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Contributions: articles, letters to the Editor, announcements, advertisements, or other materials submitted for inclusion in DCDS Connection should be submitted electronically via email to the managing editor. Submissions must be received by the second Friday of the month prior to the month of publication. Acceptance of any submission is at the discretion of the Editor, and subject to editing for brevity or content. Anonymous letters or contributions will not be considered for publication. All submitted items must be accompanied by contact information, including the author's name, mailing address, telephone and/ or email address. Illustrations should be submitted as .jpeg, .pdf, .eps or .tiff files. Photographs should be high resolution (300 dpi or better) and include a copyright release or statement of permission. Display and classified advertising will be accepted from reputable firms or individuals on a space-available basis in accordance with DCDS Guidelines. For current advertising rates or more information call 972-386-5741 X 225, or email rosemary@dcds.org.

EditorShad Hattaway, DDS
 Managing EditorRosemary S. Martinez
 Executive Director Jane D. Evans

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As we continue to celebrate diversity and inclusion within Dallas County Dental Society, we will be producing videos of our diverse membership. Watch for these to be presented via our social media platforms in the next few months.



Impressions

Editorial by Shad Hattaway, DDS, Editor

The Only Thing You Can Control



As we continue through our COVID crisis, I find myself struggling to manage many aspects of my office. I created all these protocols that make sense to me, but

when we add all of the COVID protocols into the mix, sometimes there are gray areas that I just don't quite understand. Off the cuff, the first one that comes to mind is what to do when a staff member is around someone who tested positive for the virus, but they have no symptoms. (You can email me for my office protocol now that I have had time to think about it). Not having all the answers right away creates undue stress. I know I have let go and allow myself to process what is happening with no real answer. With our current environment, we all have to do this.

One of my patients came through the office, and he noticed I was a little more stressed than usual. He politely asked me if he could shed some light on my situation. I was not sure how much light he could shed on my situation. He is suffering from a chronic disease that no doctor has been able to treat successfully. I could see how he, too, was experiencing firsthand the problem of someone not having an answer, so I humbly accepted.

This patient is in his late 30s. I have seen him through the whole spectrum of health. From appearing to be healthy, to being completely incapacitated and hardly able to walk. These fluctuations in his health are the norm for him and he seems to be at peace with this being his new routine.

He started with four words: control, commitment, challenge, and confidence. He called them the 4Cs. He went on to tell me that the 4Cs have changed his life.

The first "C", being in control, is the only thing we innately want as it's in our human nature. We want to know what's going on. We want to know what our options are. We never want to

feel helpless. The patient voiced how he wanted to have control over his health. We often take our health for granted and when we lose it, we panic. The only things we can truly control are our thoughts. Once we have accepted this simple concept, we can move on to the second "C".

The second "C", commitment, is controlled by our thoughts. We've all heard the story of the little engine that could. "I think I can, I think I can." This story is a perfect example of our thoughts driving our commitment to accomplish something. The patient explained to me every morning when he wakes up; he has to get into the "I think I can" mindset based on how his body is feeling. Some mornings he would wake up and knew the day was going to be very difficult. He knew, if he could keep his mindset right, his commitment to the day would not break. His commitment is what allowed him to proceed to the next "C".

The third "C", challenges, is overcome by our commitment. Every day the challenges we face will be different. The patient explained that he did not have the luxury of preparing for what those challenges would be because of his health. He said, with this pandemic, everyone is getting a little taste of his day to day life. Because of his life experience, he felt he was a little more prepared to handle the emotional turmoil the whole world is going through. Overcoming challenges leads to our final "C".

The final "C", confidence, is improved by overcoming challenges. The patient knew that if he could stay committed to overcoming the daily challenges, he would feel accomplished. Like most of us now, he never has the luxury of deciding how big or small those challenges will be. Somedays, his challenge is just getting out of bed so he can eat. No matter how little that challenge may seem to an outside perspective looking in, he knows he is going to end the day feeling accomplished and having greater confidence. Improved confidence allows us to rethink our control, and the whole process starts over again.

“Keep your head in a good spot and know that you are here to help your patients and your community. When you keep control of your thoughts, your commitment to your staff and patients will be very apparent.”

These words of wisdom from an unexpected source have helped me immensely. I am sure I am not the only one who, at times, gets defeated by the never-ending strings of questions that come up every day involving COVID. We need to give ourselves a break when we do not immediately have an answer to a question.

Sometimes the thought process to a solution is not meant for immediate application. Sometimes we have to gather information and just allow it to percolate through our mind while more data comes to light. Keep your head in a good spot and know that you are here to help your patients and your community. When you keep control of your thoughts, your commitment to your staff and patients will be very apparent.

As we overcome the daily challenges that COVID brings us, we will begin to have small victories that will boost our confidence. We can end every day with more vigor to tackle tomorrow's new strings of questions. Will I have the right answers for tomorrow's problems? Probably not, but that's okay. I need to give myself a break. I should not be the know-it-all, but frequently I think that has to be the case. Take control of that thought process, and you will begin to start getting that control you so innately want back into your life. Stick to your core values and rest assured, you will come out on the other side, being a better health care professional. Stay safe, stay informed, and God bless.

From The Hub

by Jane D. Evans, Executive Director

Breaking News



As I am thinking about what to write for this issue of DCDS Connection only one thing comes to mind and that is a COVID 19 update, although I know everyone hears about

that on a daily basis.

As you are aware the World Health Organization (WHO) released a statement that received widespread news coverage indicating routine dental care should be postponed in certain situations due to COVID-19. ADA challenged this statement and released a statement in direct response noting "Dentistry is Essential Health Care." DCDS sent a statement to the local Dallas/Fort Worth news outlets to report that DCDS disagrees with WHO's position, in part because there have been millions of aerosol-generating procedures since the beginning of the COVID-19 pandemic in the U.S. alone without a single documented COVID-19 transmission between patients and dental health care providers.

These are indeed challenging times for everyone and remember that ADA/TDA/DCDS

continues to stay on top of current issues that affect the dental profession on a daily basis.

DCDS Dental Assisting School (DCDSDAS)

DCDSDAS completed extensive paperwork to allow the current class to take place. There is a class of five plus the instructor and after the review of our paperwork approval was given for an in-person class to take place. The current class will end on September 25, 2020, and a new session will begin September 30. If you know of anyone interested in becoming a dental assistant refer them to DCDSDAS. Due to COVID-19 we are not able to go to high schools to promote the program so referrals are greatly appreciated.

DEA Scam Warnings

The Drug Enforcement Administration (DEA) is warning registered practitioners and members of the public about telephone calls from scammers posing as DEA employees to defraud and extort victims. The callers threaten arrest, prosecution and imprisonment for supposed violations of federal drug laws or involvement in drug-trafficking activities unless victims pay a "fine" of thousands of dollars through a wire

transfer or gift card. DEA personnel do not contact practitioners or members of the public by telephone to demand money or any other form of payment, and they will not request any personal or sensitive information over the phone. The DEA will only notify people of a legitimate investigation or legal action via official letter or in-person visit. Anyone receiving this type of call should report it by using the DEA's online form or calling 1-877-792-2873.

CE Programs

As previously reported and after much discussion, it was decided to not offer a virtual SWDC. The Scientific Committee reviewed the CE Survey completed by members and scheduled courses from your recommendations. Detailed information on two of these courses is included in this edition of DCDS Connection. In addition, Dr. Brent DeSutter, Program Chairman, put together the September and November General Membership Meetings with you and your team in mind.

GM Meetings

The September and November General Membership Meetings will be offered virtually. Please see page 10 for more information on what will be presented.



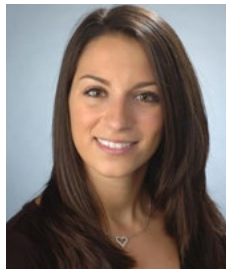
DCDS Dental Assisting School students spend a minimum 40 hours working with our member dentists in dental offices as externs. Above are pictured some of our students as they meet their externship teams. For more information on the DCDS Dental Assisting School, go to www.dcdsdas.org.

New Dentists

News and perspective from dentists under 10 years of practice

by Dominique Fufidio, DDS

The Dental “Emergency” Patient



I think we heard it time and time again during quarantine and the lock down...“Doc, I need you to see me, I have an emergency!” Our governing bodies were helpful at providing information

to aid in decision making for the provider and infographics for the patients population clarifying and defining what a true dental emergency is: life threatening and should be treated to keep the patient out of the emergency room. The nature of a dental urgency was outlined and then there is everything else. I found this particularly helpful as a provider that is overly accessible to their patients when I would explain “no, although inconvenient, we don’t need to see you for that at this time.” The truth of the matter is every desperate patient call I received in March and April was concerning,

“It isn’t the cost of dentistry that is expensive, it is the cost of delaying dentistry!”

but could have been prevented. Patients that were comfortable in their provisional crowns in January and February put us off, and now were experiencing the dreaded “sensitivity.” Patients that we identified cracks on teeth now found the tooth was fracturing. Countless patients all of a sudden discovered anatomy to their teeth and thought something was wrong. Wisdom teeth started hurting.

When I was in dental school an educator said something that stuck with me and helped me in my treatment planning philosophy. “There is no true dental emergency, it should have been identified early and prevented with preventative and proactive treatment.” He was exactly correct! I tell my team time and time again, if we met treatment resistance, we did not do our job well. We can not let disease walk out the door. We need to eliminate barriers whether financial in nature, or a poor understanding of the treatment recommended and presented. We need to treat early when treatment is predictable and less involved, less costly to the patient; when the prognosis is still good or even excellent.

When a patient says, “but it doesn’t hurt” I like to take this approach. I explain that treating it now makes for more predictable and less expensive dentistry in the future. I also throw in my saying, “It isn’t the cost of dentistry that is expensive, it is the cost of delaying dentistry!”

Additionally, don’t change your treatment recommendation or give into pressure; the

patient is not the expert here! A patient is not benefiting from that large directly placed resin when the tooth should have full coverage. The resin is compromised treatment when directly placed in a harsh environment. It is porous, likely to be trapping plaque and bacteria, likely leading to localized and early periodontitis, causing gingival discomfort when not cared for. The patient is avoiding flossing because it bleeds. It has a different co-efficient of thermal expansion than the tooth causing flexing and shrinking with hots and colds; resulting in a crack, biting pain and eventually pulpal involvement and necrosis or catastrophic fracture, implant replacement, further adjacent bone loss or changes in occlusion. The list goes on and on.

COVID-19 taught us we can not control many variables, but what we can control is our delivery of the information to guide patients towards the appropriate treatment lessening the complications in the future, and our weekend headaches!



DCDS Member's Message Board

Upcoming Events

- September 15, 2020 – General Membership Meeting
- September 29, 2020 – TBD (Endodontics)
- October 13, 2020 – Implant Maintenance Lecture
- October 27, 2020– Opioid Lecture
- November 17, 2020 – General Membership Meeting



Register at www.dcds.org/events

Welcome New Members!

General Practice

- Quang Bui
- Pooja Kapoor
- Olumide Olowokere
- Nazayat Parvez
- Sarang Saadat
- Lisa Sibley
- Clayton Wills

Endodontics

Pranali Patil

Periodontics

Hassan Asghar

Pediatric

Karen Coe

In Memoriam:

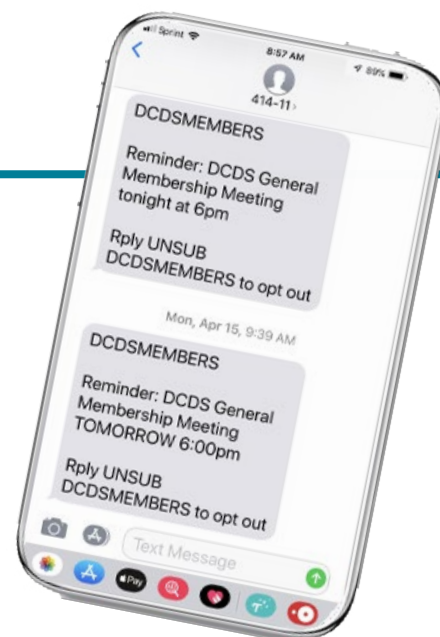
Harry Kizer

TEXT MESSAGE REMINDERS

Have you ever wished you could receive reminders for DCDS meetings and events? Do you forget to put events/meetings on your calendar?

DCDS implemented text messaging so you will not forget another meeting. Just sign up and you will be reminded of future meetings and events.

**Text
DCDSMEMBERS
to 41411**



DCDS Membership Benefits

Being a member of the associations that work to protect your profession is important to the success of a practice...pass along the benefits to your peers!

- Free registration to DCDS's annual Southwest Dental Conference
- Peer Review mediation service to reconcile complaints between patients and doctors
- Rent DCDS meeting facilities at special member rates
- Free or discounted continuing education via seminars & General Membership Meetings
- First opportunity to hire fully trained world-class assistants from DCDS Dental Assisting School
- Preprinted school excuse forms provided free of charge to dentists treating school-age children
- Confidential free notary public
- 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
- Networking/social opportunities with colleagues

Dallas County Dental Society members receive ALL membership benefits offered by Texas Dental Association, including free entry to TDA TEXAS Meeting.

Dallas County Dental Society members receive ALL membership benefits offered by American Dental Association, including photo directory and public referrals through Find-a-Dentist.

www.dcds.org/membership

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

**Want to sell office space or office
equipment**

List it on the DCDS.org Job Bank/Practice Sales!
Members list for free
(\$75/month for non-members.)

Email a brief summary (100 words or less)
of the position to:
rosemary@dcds.org.





REACH OUT TO HELP ANOTHER DENTIST

Watching a colleague suffer and feeling helpless is difficult and heartbreaking. Dentists Concerned for Dentists is a 24-hour confidential alcohol and drug abuse hotline you can call for assistance.

Your phone call could be the lifesaving step for someone who is hoping and waiting.

- Founded exclusively to help dentists, hygienists, assistants and family members.
- No fees or charges.
- All contact is held in absolute confidentiality.

The Dentists Concerned for Dentists program provides a strictly confidential peer assistance program for health care professionals who struggle with drug and alcohol abuse. Please share this confidential hotline with your colleagues.

A confidential phone call may be the greatest gift a peer dentist, staff or family member could receive.

DENTISTS CONCERNED FOR DENTISTS

24-hour Confidential Hotline
214-206-7496

HELP YOURSELF

If you're in crisis, there are options available to help you cope. You can call the above hotline at any time to speak to someone and get support. For confidential support available 24/7 for everyone in the United States, you can also call the National Suicide Prevention Lifeline at 1-800-273-8255.

Need Meeting Space?

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

The Dr. O.V. Cartwright Reception Hall is 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 is 1,650 square feet of meeting space that can seat up to 200.

Audio/visual equipment is also available.

DCDS facilities include free parking, free wifi, use of small kitchenette, and ability to bring in food and non-alcoholic beverages.

For more info, contact Ashley Hawkins at 972-386-5741 x231 or email info@dcds.org.



Applause, Applause!



Congratulations to Brad Crump, DDS, MS, who has been elected to the Board of Trustees for the American Academy of Periodontology (AAP) representing District 5 which includes the states of Texas, Louisiana, Oklahoma, Arkansas, Colorado and Nebraska. Dr. Crump will be installed as Trustee during the AAP's virtual Annual Session in the Fall. During this three year term, Dr. Crump will provide planning and oversight to ensure AAP organizational success.

continued from page 1

Neither we nor our patients had protection from x-radiation with a half dozen machines going at once. Some of our film required 10-second exposure time, and not infrequently the instructor demanded we take all 18 films of a full-mouth x-ray series over. Any and all radiation logged is cumulative. Its effects remain for a lifetime. Back then smoking was allowed anywhere—even during a lecture.

There was little space between units, so someone would ask to borrow an instrument. You would never see it again nor was it in a sterile pack. Our drills were belt-driven at very low speeds, making dentistry a slow and often a hot process for the dental pulp, which could become necrotic after long exposure to heat. We even had a chief of operative who didn't believe in cooling the drill with water.

Many of our instructors were simply failed dentists who couldn't make it in a private practice. A few were professional academics—enough to salvage our education. And I had a commanding officer in the Air Force tell me that his best dental officers were Baylor graduates, so dental education of the era must have been very poor indeed.

After I had graduated and set up my practice, along came the Doctors' Draft for the Korean War. It was a farce in that we were volunteers under duress; if we failed to volunteer, we would supposedly be an infantryman for a three year hitch. As a volunteer out of school for five years, I was made a captain and given a choice of any branch and a good shot at a prime posting. As I left for my two year hitch in 1952, a fellow two years ahead of me asked if he could take my practice and split the proceeds. His name appropriately was Outlaw; and I never saw a dime from him while he stole everything not nailed down, even my phone number.

My old professor of Endodontics, Seth Lee Baron, asked me to join him as he had more than he could handle. We were the second endodontic office in Dallas and the only one in a suburb. Most top dentists and physicians aside from orthodontists were in the Medical Arts Building downtown. My office was only three blocks from Southwestern Medical School so much of my practice was faculty and staff, which was enjoyable. Some were researchers from here and abroad. Soon I was fortunate enough to have the top office for endodontics in not only Texas, but surrounding states and Mexico.

It was a heady time or me for several years to have the mayor, Cowboy's coach Tom Landry

and the inventor of the integrated circuit computer chip, Dr. Jack Kilby, as patients and friends. This lasted into the 1980s when many new endodontists came to Dallas. I retired on the last day of the millennium—December 31, 1999. If memory serves, I joined the Dallas County Dental Society in 1948—some 74 years ago.

Some of our film required 10-second exposure time, and not infrequently the instructor demanded we take all 18 films of a full-mouth x-ray series over. Any and all radiation logged is cumulative. Its effects remain for a lifetime.

Fall General Membership Meetings

SEPTEMBER 15 COVID PANEL • VIRTUAL MEETING

COVID-19 Q&A Panel

AGD Code: 148
CE Hours: 2 technical and/or scientific
CE Verification provided



Likith V. Reddy DDS, MD
Andrew Read-Fuller, DDS, MD
Amirali Zandinejad, DDS, MSC, FITI
Tracy King, RDH, BSDH, MS

The COVID-19 pandemic has changed the practice of dentistry in numerous ways. In this course, a panel composed of faculty from the TAMU College of Dentistry who serve on the college’s COVID-19 taskforce will review and discuss the most significant concerns of practicing in the pandemic era. Topics to be covered include patient screening, PPE and CDC guidelines and updates, testing protocols, and best practices for maintaining a safe work environment for doctors and staff to prevent spread of COVID in the dental office, among others. Participants will have the opportunity to ask questions of the panel in a discussion format.

DUE TO COVID-19, BOTH FALL GENERAL MEMBERSHIP MEETINGS WILL BE HELD ONLINE. INFORMATION AND REGISTRATION (REQUIRED) CAN BE FOUND AT WWW.DCDS.ORG/EVENTS

Two hours CE credit now provided as a member benefit. Please note new fee structure:

DCDS Members	FREE
TAMUCOD Students	FREE
DCDS Member staff	FREE
Non-member dentists	\$95
Non-member staff	\$95



Prevention of Medical Emergencies in Your Office

Robert G McNeill, DDS, MD

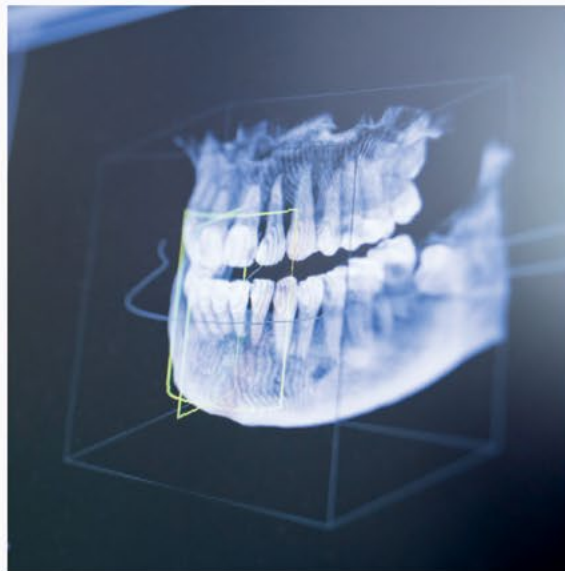
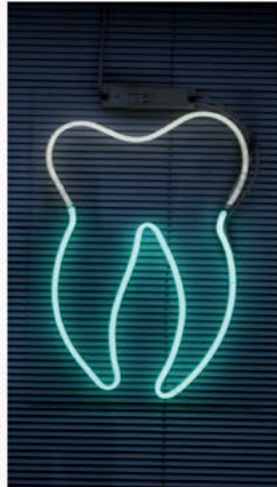
AGD Code: 142
CE Hours: 2 technical and/or scientific
CE Verification provided

Medical emergencies can happen in the dental office, so what can be done to prevent them? We will discuss specific types of health conditions, such as cardiac disease, that contribute to emergencies. Sample cases will be discussed, along with suggestions on how to avoid negative outcomes.

NOVEMBER 17 MEDICAL EMERGENCIES • VIRTUAL MEETING

When taking
care of smiles,
**make each
moment
matter.**

—
PNC can help.



We're making business banking easier.

At PNC, our team of dedicated Healthcare Business Bankers understands your business challenges and the important role that cash flow plays in your success. That's why we offer a range of solutions to help optimize management of your practice's revenue cycle and payables, so your business can run with less complexity and payments can be received promptly.

Visit pnc.com/hcprofessionals or call 877-566-1355 to learn more.



Implant Maintenance: How Do We Take Care of These Things?

JOHN C TUNNELL, DDS, MS



Dr. John C. Tunnell is board certified in Periodontology and Dental Implant Surgery by the American Board of Periodontology and limits his practice to periodontics, minimally invasive surgical procedures, dental implants, and oral medicine. He earned his DDS from The University of Texas Health Science Center at San Antonio. He attended a 3-year residency program in periodontics, dental implants, and oral medicine at the Texas A&M University College of Dentistry, where he received his Certificate in Periodontics and a Master of Science in Oral Biology. In addition to working in private practice, Dr. Tunnell serves as a clinical adjunct professor in the graduate periodontics department at Texas A&M University College of Dentistry. He has performed extensive research in minimally invasive surgery in periodontics and continues to be involved in periodontal and dental implant research. He has co-authored and published several articles in peer-reviewed journals and has lectured both locally and regionally.

Diagnosing and managing implant complications can be a frustrating prospect. While we can't eliminate all complications, a focus on prevention can save us from having to deal with many of them in the first place. This presentation will offer guidance in preventing implant-related complications through implant maintenance. The agenda includes a brief introduction to implants followed by a discussion of implant health, peri-implant mucositis and peri-implantitis. We'll then see how good implant maintenance and patient education can prevent complications in many cases and finally, the specifics of how a well-designed implant maintenance program can help keep implants and their owners healthy will be presented.

Audience: Dentists, Hygienists, Assistants
AGD Code: 690/693
CE Hours: 2 technical and/or scientific
CE Verification provided

Learning Objectives:

- Understand implant design, components of implant restorations, and how they replace missing teeth
- Learn about the various types of implant complications that may arise
- Recognize how implant maintenance plays a role in preventing these problems
- Review oral hygiene instruction for at-home implant care
- Learn specific recommendations for an implant maintenance program

**ONLINE REGISTRATION REQUIRED FOR THIS
VIRTUAL EVENT BY OCTOBER 10.**

Register online at www.dcds.org/events. A link to the virtual event will be sent to your email address.

DCDS Members	\$55	Non-member dentists	\$155
DCDS Member staff	\$55	Non-member staff	\$155
Dental Students	\$5		

Cancellation Policy: The cancellation/refund deadline is October 2, 2020. A 20% administrative fee will be assessed for all cancellation requests on or prior to this date. Since this is a limited attendance course, "no shows" will forfeit the full course fee. No refunds will be granted after October 2, 2020.



OCTOBER 13

REGISTER TODAY AT WWW.DCDS.ORG/EVENTS

DALLAS COUNTY DENTAL SOCIETY • DALLAS, TEXAS 75244 • 972-386-5741 • INFO@DCDS.ORG

Dallas County Dental Society
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Texas A&M University College of Dentistry

By Kathleen Green Pothier

New stomatology director continues mission to bridge dentistry/medicine gap

Periodontics professor Jacqueline “Jacque” Plemons ’86, ’88 was recently named director of stomatology in the Clinical Center for Stomatology, Department of Periodontics at Texas A&M College of Dentistry.

“Besides all of her many accolades, her main character attribute that immediately qualifies her for a leadership position is that she deeply cares—about her patients, about her colleagues, and about the department,” says Dr. Thomas Diekwisch, periodontics department head.

Dr. Plemons says she was first drawn to oral medicine while working with a group of oral cancer survivors when she was a resident here in the late ’80s. Because those patients’ conditions fell somewhere between oral and medical health, they often struggled to find the specialized care they needed. Their plight became Plemons’ passion as she helped move the dental school’s efforts forward in managing this group’s much-needed care.

“Being able to provide care that addresses both aspects of patients’ needs made our clinic unique and our efforts very gratifying,” says Plemons, who is also president of the Texas Dental Association.

While she works closely with Dr. Celeste Abraham, clinical associate professor in periodontics, the oral and maxillofacial pathology faculty are quick to lend a hand when needed.

“Plemons has improved clinic productivity, patient care, and continuously updated the Stomatology curriculum to meet our residents’ needs and to continue our instructional portfolio during the COVID-19 pandemic,” Diekwisch says.

She earned her master’s in oral biology and a periodontics certificate in 1988 from Baylor College of Dentistry (now Texas A&M College of Dentistry), where she completed her dental degree in 1986. Plemons also completed a Fellowship in Oral Medicine and has advanced training in dental implants and dental anesthesiology. She attended Texas A&M University for her undergraduate studies. In 2014, she was named Dentist of the Year by the Dallas County Dental Society.

The Stomatology Clinic can be found in the Graduate Periodontics Clinic on the sixth floor in the new clinical building. Graduate students see patients from 10 a.m. to noon on Tuesdays and Thursdays. Faculty see patients throughout the year, although clinical care and hours have been impacted by the COVID-19 pandemic. Plemons spends Tuesday/Thursday afternoons in the Predoctoral Periodontics Clinic. She will still work in her private practice on Monday mornings, Wednesdays and Fridays.

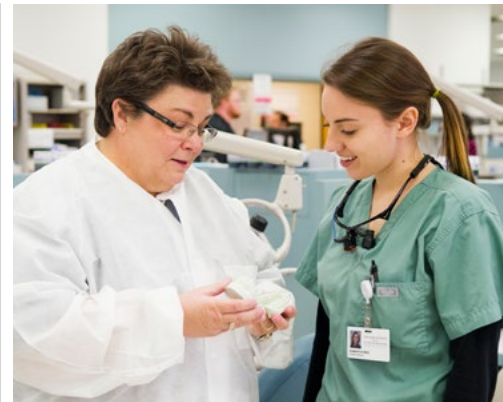
What personal experiences inspired your interest in stomatology and your commitment to patients who suffer from these rare and often debilitating conditions?

I think we all want to feel that we make a difference in our efforts regarding our professional careers, and probably in life in general. In stomatology, I routinely saw patients in my residency who were suffering and felt they had nowhere to turn to get the help they desperately needed. Many of the conditions we saw in these patients were medical conditions that manifested in the oral cavity. As a result, patients and the care they needed fell in a gap between medicine and dentistry.

More specifically, I was drawn to oral medicine when I had the opportunity to participate in the care of a group of oral cancer survivors. One patient had surgery that included the removal of most of her tongue. She struggled to speak and I struggled to understand her. She could no longer take food by mouth and she suffered from severe xerostomia. As we both worked hard to improve her quality of life, she showed me the strength of the human spirit. She has been gone a long time now, but I still remember our visits as some of the most moving experiences in my life. To know that I helped her even a little is a privilege that I hold close to my heart.

From your vantage point, what new diagnostics or clinical modalities do you see on the horizon that offer the potential to enhance quality of life for stomatology patients?

Research in oral medicine currently centers on clinical, translational bench-top and bioinformatics projects exploring both the impact of systemic disease on the oral cavity



and systemic implications for oral disease. As far as diagnostics go, much attention is being given to the potential diagnosis of systemic and oral diseases/conditions such as Sjogren’s syndrome, viral infections and oral cancer based on salivary biomarkers. Clinical research on new treatment modalities will continue to include product testing and interventional studies involving new medications, such as biologics and other systemic medications, and new methods of drug application, such as topical sustained-released products and laser therapy.

What have your patients taught you?

Over the years, caring for oral medicine patients has reinforced my commitment to lifelong learning. Patients have shown me the power of the human spirit in facing the diagnosis and treatment of life-threatening and certainly life-altering diseases or conditions. They have also reminded me of the importance of listening and the incredible value of patience. It’s through the care of these patients that I feel I’ve done the most “good” in my life.



Texas A&M College of Dentistry (formerly Baylor College of Dentistry) in Dallas is a part of 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. Learn more at dentistryinsider.tamhsc.edu or follow @TAMUdental.

Insights

Dentists at War: 12 Who Went Beyond the Call of Duty



Dr. Norman Wahl, the exemplary dental historian has now published a book that pays tribute to dentists who have served their country in times of war, and in particular to 12

extraordinary dentists who went beyond the ordinary expectations of what dentists were trained to do.

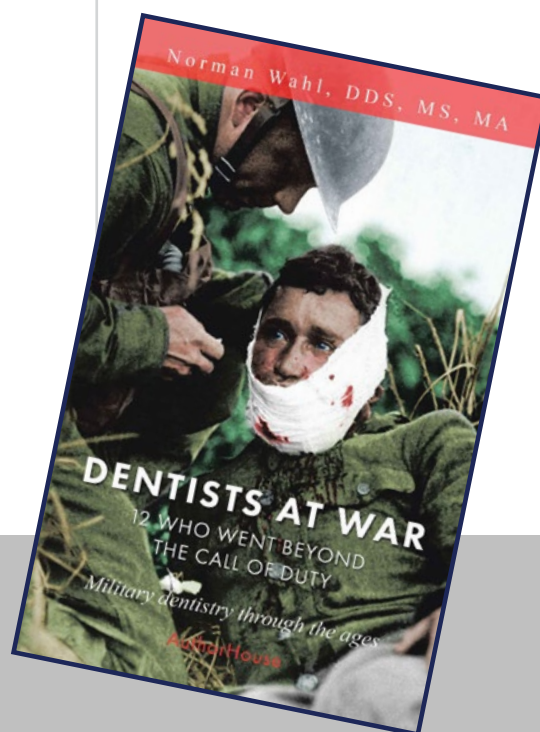
Before getting to those 12 remarkable men, Dr. Wahl gives us a brief history of military dentistry, US Army Dentistry to WW II, US Army Dentistry WW II to Post-Vietnam and dentistry in other services.

He follows these with three chapters on Prisoners of War (POWs). After reading these chapters one could easily come to the conclusion that death in combat might offer a kinder alternative, certainly one with less long time suffering and residual health problems. But adding insult to their inhumane incarceration, their governments denied recompense for time lost while in captivity.

The 12 selectees had three common attributes; they had a DDS or DMD, they were members of the armed forces and their feats were performed during time of war (WWI & WWII). Three carried out their achievements in WWI, one served in both WWI & WWII, eight served in WWII whereas six were POWs. Of the six POWs, three were Americans, two were Scottish and one was Dutch-American.

Weedon E. Osborne
Alexander G. Lyle
Varaztad H. Kazanjian
Bernard C. Freyberg
Jack H. Taylor
Coenraad F.A. Moorrees
Albert N. Brown
Roy L. Bodine Jr.
Julius Morris Green
David Arkush
Benjamin Lewis Salomon
Robert E. Moyers

Rather than paraphrasing Dr. Wahl's beautiful narratives concerning the exploits of each of these amazing dentists, I will summarize by saying every dentist needs to have this book to learn for themselves the brief biographies of people with the same training and degrees as they, but in addition had the "right stuff at the right time." To ease the purchase of this book, it is available on Amazon.com.



Dentists at War: 12 Who Went Beyond the Call of Duty

by Norman Wahl, DDS, MS, MA
195 pp, \$13.99, 2020

Author House Publishing, 1663 Liberty Dr., Bloomington IN 47403
www.authorhouse.com, 800 839 8640

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Your DCDS Foundation at Work!

We are excited to spotlight one of our Charity Summit 2020 organizations, Mission East Dallas. Dallas County Dental Society Foundation works with Mission East Dallas and many other organizations that improve the lives of Dallas County citizens every day.

Mission East Dallas (MED) started providing Dental Services in May of 2002 in East Dallas. Dr. Byron McKnight was the first Dental Director. Services were comprehensive in nature: fillings, extractions, endodontics, periodontics, oral surgery on site and in the community, partials and full dentures, hygienists for cleanings and patient education.

In 2016, Dental Services moved to 4550 Gus Thomasson Road in Mesquite, TX (Dallas County) in order to meet the high demand for quality dental care.

In 2020, Mission East Dallas is eager to continue serving the community and working with partners for improved access to dental care services and better dental outcomes.



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Above: Mission East Dallas. Below left: Dr.S. Fahad Ashraf and Ameena Tekbali along with MED Team. Below right: Providing needed dental care at M.E.D.



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Opioids in Dentistry – Understanding the Epidemic and Safe Prescribing Procedures for Dental Patients

DR. JACQUELINE PLEMONS, DDS, MS



Dr. Jacqueline Plemons is a board certified periodontist in Dallas who currently serves as President for the Texas Dental Association. Dr. Plemons attended Texas A&M University for her undergraduate training before graduating from Baylor College of Dentistry in 1986. She completed her periodontal residency in 1988 earning a Master of Science in Oral Biology and a Certificate in Periodontics. She also completed a Fellowship in Oral Medicine and has advanced training in dental implants and dental anesthesiology. In addition to her private periodontal practice, Dr. Plemons is a Professor in the Department of Periodontics at Texas A&M University College of Dentistry. There she serves as the Director of the Stomatology Center, a nationally recognized center for patients suffering from unique medical conditions affecting the oral cavity. Dr. Plemons lectures across the United States and has published numerous article in periodontics, oral medicine and dental implants.

Abuse of prescription narcotics has reached epidemic proportions across the nation. Accidental/intentional overdose from prescription drugs is increasing and affects us all including the rich and famous. Both national and state-wide efforts to combat the problem are beginning to take shape and will affect the practice of dentistry. Learn the magnitude of prescription narcotic abuse in the U.S. as well as effective prescribing strategies and recent regulatory changes.

Audience: Dentists, Hygienists, Assistants
 AGD Code: 016/134
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- Understand government and regulatory issues associated with prescribing opioids including prescription monitoring programs.

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