



Speaking With Hope

In this edition, I am excited to share with our member dentists the changes we have implemented to make your lives easier when it comes to malpractice insurance. Automatic policy renewals have been rolled out to all of our states this year, which means most of our members no longer need to complete an annual application. We have also increased our payment options, and expanded resources on our website (www.edic.com) to make risk management programs and policyholder information more readily available. Yet with all of these exciting changes, one essential value remains the same – EDIC's longstanding commitment to personal customer service. In fact, EDIC's Board of Directors has recently updated our Mission Statement to emphasize our dedication to service throughout the organization:

EDIC is a dental malpractice insurance company, founded and owned by dentists, dedicated to providing the best insurance protection, superior service, and exceptional value for the benefit of all of its dental policyholders.

As always, we are grateful to our policyholders for their loyalty and trust in EDIC. For dentists not currently insured with us, I am confident that as you read the following pages, you will see how EDIC differentiates itself as the only "By Dentists, For Dentists"® malpractice insurance company.

Hope Maxwell
President & CEO, EDIC
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AN EDIC CASE STUDY



Equipment Malfunction: Should you Stop the Procedure or Continue the Treatment

The patient in this matter was a 4 years 11 months old female who had a treatment plan for 12 restorations including four stainless steel crowns. Her past dental history was spotty. The note for April 15, 2010 read as follows: "When rubber dam removed the child appeared to have burn on face around maxillary R. labial area. No apparent damage to rubber dam. During treatment water stopped working in hand piece after A and C were completed and halfway through #B crown prep. Water was working at beginning of treatment and it's not apparent when water stopped running. For completion of treatment sprayed water from Cavitron. Applied Neosporin to child's face and put ice pack. Called child's pediatrician so child could be seen as an emergency. Explained to mother that child needs to see pediatrician immediately and that the pediatrician is expecting her. Mother said she would go immediately. Explained to mom to keep icing the area 15 minutes on and off and that child will have pain later and it will swell. Children's Tylenol for pain. Because child had no direct contact with hand piece, possible allergic reaction." The patient was seen again on April 14, 2010 and the note states "child was doing ok. Child saw pediatrician. Will speak to pediatrician for possible allergies that could have caused lesion."

In a note from the pediatrician dated May 14, 2010 it is stated that "patient was treated with a local wound care over the last month and the scar has since contracted. This is an issue because this was not skin grafted, the contracture is now causing a distortion of the patient's corner of the mouth as would be expected."

On June 16, 2010, the child had plastic surgery to excise the burn scar, right cheek and lip, and local tissue rearrangement. The plastic surgeon report stated, "The patient suffered a full thickness burn to right cheek that was allowed to heal by secondary intention. Patient has hypertrophic scar with distortion of mouth/lip."

The patient needed three additional surgical procedures on November 8, 2010, March 21,

continue on page 2

Barry Regan

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“...the expert stated that the insured used the Cavitron in an awkward manner to provide water to cool a tooth which was dangerous, which fell below the standard of care.”

continue from page 1

2011 and August 12, 2013. Each procedure was to remove Keloid scarring and smooth the skin. The scar showed marked improvement post-surgery, however, the patient was left with a residual scar which is permanent.

Our insured insisted that the latex rubber dam was the only product to touch the child's face. The insured states that after the dam was removed there was discoloration only, no tissue breakdown or bleeding. The insured said the hand piece did not feel hot in her hand. There was no moment during treatment that the child cried out. The mom was in the treatment room the whole time. The insured says the water was running fine for the two fillings. During the prep for the crown she noticed powder rising from the tooth. She began to use an air-water syringe but that also ran out, so she then used the cavitron. She estimates that she ran the hand piece for 30 seconds after the water stopped.

Suit was filed against our insured in June, 2011. The suit named our insured, as well as the child's pediatrician. The patient had a standard of care expert who would testify that it was the Cavitron that caused this burn, which was in the exclusive control of the insured. Specifically, the expert stated that the insured used the Cavitron in an awkward manner to provide water to cool a tooth which was dangerous, which fell below the standard of care.

CASE STUDY

Risk Management Comments

Equipment failures can turn a dentist's day upside down in a hurry. While under pressure to make every chairside minute profitable, one must still keep the patient's best interests in mind. The dentist had a tough decision to make here. Do you stop the procedure, and have the 5-year-old patient come back at a later visit when the equipment is repaired? Can you ask the patient and her parents to sit tight while you call a friend to see if he has a spare hand piece so you can complete the treatment? Each action has consequences. In the first instance, will the patient be in any pain? In the second, how long can you reasonable expect a 5-year-old to remain patient and cooperative? The dentist in this case believe the best course of action was to try and finish the crown preparation using an alternative source for water. Unfortunately, when the patient sustained an injury, this course of action was indefensible. While the dentist took care to keep the hot hand piece from touching the patient's skin, the dentist did not take into account the possibility of heat transfer through the rubber dam.

He further stated that the use of the Cavitron prevented the insured from using the dental mirror and therefore she was unable to directly view the operative field.

The expert would also state that the use of the Cavitron most likely called into question the insured's ability to monitor or focus on the restorative operative task and that she was then unaware that the Cavitron's tip was contacting the plaintiff's right cheek during the procedure. The Cavitron's vibrating tip transmitted heat to the rubber dam and to the plaintiff's skin indirectly. This heat/friction resulted in the second degree burn to the right cheek.

The plaintiff had an exemplar rubber dental dam examined by a biomedical engineer. This expert performed a forensic study involving the rubber dam and tested same with respect to how much heat was needed to cause the rubber dental dam to melt. The expert noted that the rubber dam would change from a solid to a liquid at between 300 and 350 degrees Fahrenheit. Human skin will sustain a thermal burn between 127 degrees and 155 degrees Fahrenheit. As such, the expert concluded that a heat generating dental instrument (the oscillating Cavitron tip) contacting the rubber dam for a brief period of time would transfer sufficient heat to cause a thermal burn to the plaintiff's right cheek. Since the rubber dental

dam had a higher melting point, there would be no damage to the rubber dam and as such the insured would be unaware of the heat transfer and injury.

EDIC also hired experts, but both our general dentist and our engineer agreed with the opinions of the plaintiff's experts. EDIC discussed these opinions with our insured, who agreed to allow EDIC to attempt settlement.

As the patient was a minor, any settlement would need court approval. Both sides agreed to non-binding mediation in front of the judge who would hear the motion for court approval of any settlement. The patient's opening demand was \$2 million. EDIC made no offer, explaining the demand was well out of the range of similar verdicts. The judge then met separately with both sides, explaining that he believed a good settlement for all parties would be \$1.1 million. The plaintiff then dropped their demand to \$1.4 million. After several more rounds of negotiations, the case was settled for \$850,000. The judge would later officially approve the minor's settlement.

Automatic Renewals and “Do It Yourself” Options on the EDIC Website



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Go to www.EDIC.com. In the top drop down menu, click on “**Pay Here**”, enter your state, customer number and last name. Enter your credit card or check information. Three clicks later and, voilà, all done.



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Access Resources Online

Need the EDIC events and seminar calendars or read the Student Spotlight articles and see photos and information on the EDIC dental school events? It's all on our website at www.edic.com.

NOTE FROM THE EDITOR *Insureds Asked and EDIC Listened*



Sheila A. Anzuoni, Esq. | Executive Vice President and COO, EDIC
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To paraphrase the vintage E. F. Hutton commercial, when our dentists talk, EDIC listens. Your message has come through loud and clear. As active practitioners you are busy! In evaluating our customer service in light of this, two critical findings emerged:

1. Your definition of good customer service revolves around EDIC reducing the effort, i.e. the work; that you must do to maintain your policy with EDIC and to get any problems solved. To this end, this year we implemented an automatic renewal process. (See below)
2. You are “do it yourselfers” (DIYers). Who knew! Look to the left to see where you can take advantage of the DIY features on our website.

Of course, for those of you who prefer to speak with us directly, give us a call. We always look forward to hearing from you.

New Time-Saving Program Enhancement



Automatic Renewals

EDIC has automated the renewal process making it easier than ever to renew your professional liability policy. What does this mean? Most importantly, if you are eligible* for an automatic renewal you do not have to fill out a renewal application. We will send you your policy declarations page and any endorsements. Just review your coverage with the assistance of the enclosed renewal worksheet and call EDIC with any needed changes. If no changes, all you have to do is pay (as coverage is not in force until payment is made).

Let us know what you think.

** You are not eligible for automatic renewal if you have an underwriting issue or if you have not paid your prior year's policy in full 60 days prior to your renewal date.*

Dr. Richard LoGuercio, DDS Appointed EDIC Chairman of the Board

Dr. LoGuercio officially took over as EDIC Board Chairman as of June at the EDIC Annual Meeting which took place in Manchester, Vermont.

Dr. LoGuercio is a general practitioner with offices in Randolph, MA. He graduated from the University of Detroit Mercy Dental School in 1973. During his forty year career as a dentist, he has served in many capacities in organized dentistry, including serving as President of the Massachusetts Dental Society. He was awarded fellowships in ACD, ICD, FDI, and Pierre Fauchard Academy and has been recognized by his peers for his leadership and service to the profession. Dr. LoGuercio also served as a professor at Massasoit Community College in the dental assisting program and is a former Clinical Instructor at the Harvard School of Dental Medicine. He has served on the EDIC Board of Directors for over 10 years and is looking forward to retiring from his dental practice at the end of 2016 and focusing on EDIC's “By Dentists, For Dentists”® mission that the EDIC Board has advocated for over 24 years.



WITHIN YOUR CONTROL

Responding to Online Reviews

Debra Udey | Risk Manager
dudey@edic.com

Rating sites for dentists abound these days. It is easy to post or find reviews of dentists on Yelp, Dr. Oogle, ZocDoc, rateadentist and many other sites. It used to be that if a patient had a complaint, he or she would take it to the dentist or a member of the office staff. Now, people are only too eager to share their complaints with the world. Thankfully, many share their compliments, so there is a balance.

Complaining is part of human nature. With people in each other's faces all the time on television, complaining on the internet about a perceived wrongdoing (in a dental office or elsewhere) is no longer a big deal. It should be, but it isn't. At the same time, it's not reasonable for people to tell you that it doesn't matter and you shouldn't take it personally because it's so commonplace. But it does matter, and it is personal.

The object of every office is to provide excellent treatment in a caring manner. You try very hard to do things in a way that pleases patients. When patients complain publicly about something that they have misinterpreted or misunderstood, the natural reaction is to correct it. If the complaint is particularly offensive, a first reaction may be the desire to fire back at the patient, showing why he or she is wrong. However, cyberspace is not the right place to do that.

Some people have used cyberspace to respond to patients, but not all have done so in an appropriate manner. Some responses pointed out exactly why or how the patient misinterpreted or misunderstood what happened with disastrous results. Identifying information was divulged, leading to a violation of the patient's privacy rights.

That is clearly not the right thing to do. But it still leaves the question about how to address the complaints. Should one leave them? Try to get them taken down? Respond? Some people worry that not responding makes you look guilty of what the complaint alleged. A response is a reasonable avenue, but it should be done in an appropriate manner.

Responses should be very general, and not directly address the complaint. Rather, they

should strike a positive tone that makes a general apology for the patient's dissatisfaction. They should also invite the complainant to contact you to work out any differences. One could address the unfavorable review with wording that is positive, such as the following:

"We are sorry if you did not receive the best care possible from our practice. We try to provide an excellent experience in both clinical care and service. We work hard to continually improve our practice and appreciate your feedback. We would like to have the opportunity to address your concerns and correct any areas where you feel you did not receive outstanding service."

One of the most difficult items to address with a measured response is the downright nasty review. However you choose to proceed, don't do it immediately after reading the review. It may be written purely to inflame, and see if you will respond inappropriately. You may choose not to respond and let it stand, and let other readers see your lack of response as not dignifying it. Or you may choose to give your standard positive response that invites contact to allow you to "fix" the problem.

Some review sites make it possible to filter the reviews, and it would seem like a good idea to filter out the unfavorable reviews. However, using only positive reviews may cast them as advertising, and not a fair review process. Realize that a negative review or two will make the review process seem "fair." Most probably, the favorable reviews will greatly outweigh the negative ones. Patients may actually be more likely to trust positive reviews when a couple negative ones exist. What is most important is how you respond to the negative reviews.

Some dentists have asked their patients to agree by signature not to post a negative review. This "agreement" would not hold up in court, and asking a patient to sign such a form might make him or her wonder why you are having them sign such a form – are you trying to hide something?

One such case was litigated, and the form was not upheld by the court.

Interestingly, some review sites report that most reviews of dentists aren't about the care that's delivered. Rather, it's about the non-clinical things such as waiting times, billing procedures, the dentist's chairside manner or staff interactions. When one looks at negative reviews dispassionately, it is sometimes possible to understand why the patient is upset. Negative reviews are an opportunity to review your practice and find potential problems that can be addressed. If you take them as such, you can find a positive way to make lemonade out of lemons.



10 Tips To Help Prevent A Data Breach



Small businesses are increasingly at risk for data theft, also known as data breach. According to the Verizon 2013 Data Breach Investigations Report (DBIR), organizations with fewer than 100 employees comprised 31% of data breach incidents investigated in 2012.¹ You can minimize your business's risk of data breach by taking these essential steps.

1. Secure sensitive customer, employee or patient data

Store paper files and removable storage devices (such as thumb drives and CDs) containing sensitive information in a locked drawer, cabinet, safe or other secure container when not in use. Restrict access to sensitive data to those who have a need to know. Give employees access to only the information they need to do their jobs – whether it's online or in paper form.

2. Properly dispose of sensitive data

Shred documents containing sensitive data proper to recycling. Remove all data from computers and electronic storage devices before disposing of them.

3. Use password protection

Password protect your business computers – including laptops and smartphones – and access to your network and accounts. Require employees to have a unique user name and a strong password that's changed at least quarterly.

4. Control physical access to your business computers

Create user accounts for each employee to prevent unauthorized use of your business computers. Laptops can be easy targets; make sure they're locked in place when unattended. Also limit network access on computer stations located in public spaces, such as the reception area.

5. Encrypt data

Encryption helps protect the security and privacy of files as they're transmitted or while on the computer. Install encryption on all laptops, mobile devices, flash drives and backup tapes, and encrypt emails that contain sensitive information.

6. Secure access to your network

A firewall prevents outsiders from accessing data on your network. Enable your operating system's firewall or purchase reputable firewall software. Be careful with free firewall software as it may actually contain "scareware" that can infect your network.

Allow remote access to your network only through a secure manner such as a properly configured Virtual Private Network (VPN).

If you have a Wi-Fi network for your workplace, make sure it's secure, encrypted and hidden so that its network name or "Service Set Identifier" (SSID) can't be picked up by the public. Also be sure a password is required for access.

7. Protect against viruses and malicious code ("malware")

Install and use antivirus and antispyware software on all of your business computers. Don't open email attachments or other downloads unless you're sure they're from a trusted source.

8. Keep your software and operating systems up to date.

Install updates to security, web browser, operating system and antivirus software as soon as they become available. They contain "patches" that address security vulnerabilities within the software and are your first line of defense against online threats.

9. Verify the security controls of third parties that have access to your data

Before working with third parties that have access to your data or computer systems or manage your security functions, be sure their data protection practices meet your minimum requirements and that you have the right to audit them. Not only do you want to ensure, but if a breach occurs on their watch, you could still be held liable and may be required to take all the necessary steps toward recovery – including notifying customers, or monitoring credit, etc.

10. Train you employees on your company's security principles

Last but not least, make sure your employees understand your data protection practices and their importance. Document your policies and practices and distribute them to your team. Review your practices regularly and update them as required. Be sure to retrain your staff as updates are made.

DATA BREACH DEFINED

Loss, theft, accidental release or accidental publication of Personally Identifiable Information (PII) including:

- Social Security number
- Bank account number
- Credit or debit card numbers
- Driver's license number
- Patient history and medications

WHAT'S A STRONG PASSWORD?

- At least 8 characters long
- Does not contain your username, real name, or company name
- Does not contain a complete word
- Is significantly different from previous passwords
- Contains a combination of upper- and lowercase letters, numbers and symbols

¹ Percentage is an approximation based on the Verizon 2013 Data Breach Investigations Report. The information provided in these materials is intended to be general and advisory in nature. It shall not be considered legal advice. The Hartford does not warrant that the implementation of any view or recommendation contained herein will: (i) result in the elimination of any unsafe conditions at your business locations or with respect to your business operations; or (ii) will be an appropriate legal or business practice. The Hartford assumes no responsibility for the control or correction of hazards or legal compliance with respect to your business practices, and the view and recommendations contained herein shall not constitute our undertaking, on your behalf or for the benefit of others, to determine or warrant that your business premises, locations or operations are safe or healthful, or are in compliance with any law, rule or regulation. Readers seeking to resolve specific safety, legal or business issues or concerns related to the information provided in these material should consult their safety consultant, attorney or business advisors. 16-0643 ©July 2016 The Hartford. All rights reserved.

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Dr. Anubha Sacheti, DMD Joins the EDIC Board of Directors

EDIC is pleased to announce the appointment of Dr. Anubha Sacheti to its Board of Directors.



Dr. Sacheti and the GRUSH team winning the \$1M Grand Prize. Photo courtesy of <https://www.americasgreatestmakers.com/>

Dr. Sacheti is a practicing pediatric dentist in Massachusetts. She graduated from Harvard School of Dental Medicine and Boston University's Pediatric Dentistry Residency Program. In addition to working part-time in private practice in Fitchburg, MA and teaching at Harvard School of Dental Medicine, she has been the Massachusetts State Leader for the Office of Head Start Dental Home Initiative. She is the current secretary of the Massachusetts Academy of Pediatric Dentistry and the national AAPD Council on Government Affairs. Dr. Sacheti was named as a recipient of the Massachusetts Dental Society's "Top Ten Under Ten" award for dentists who have been in the profession for 10 years or less. She also co-authored "Happy, Healthy, Teeth", a guide to children's dental health endorsed by AAPD. Most recently Dr. Sacheti became the Chief Dental Officer developing a gaming toothbrush system for children, called *GRUSH, Inc.* In May, Anubha, along with her two business partners at *GRUSH, Inc.*, won the grand prize on *America's Greatest Makers* for their toothbrush invention. Dr. Sacheti is also an active member of the EDIC Young Dentist Advisory Committee as well as being a past EDIC webinar presenter on the topic, *Tiny Teeth: Baby's First Dental Visit*.



EDIC Guest Bloggers: Chronicles of A First Year Dentist



**The EDIC BLOG:
ROOT OF THE MATTER**

Recent Graduates and
EDIC Guest Bloggers:

Dr. Dave Lane, DMD
Dr. Michael Mayr, DMD

**Chronicles of A
First Year Dentist**

We are very excited to announce our guest bloggers, Dr. Dave Lane, DMD and Dr. Michael Mayr, DMD, both recent Boston University

Goldman School of Dental Medicine graduates. Drs. Lane and Mayr will be blogging for EDIC on our blog platform called **Root of The Matter** through igniteDDS and will be chronicling their first year in practice as well as giving advice on how to conquer it all and survive. Dr. Lane is currently working as a general dentist at Oak Hill Dentistry in Moreland, GA. Dr. Lane is a past EDIC Young Dentist Advisory member as well as a participant on our EDIC DSO Symposium panel in 2015 representing dental students. Dr. Mayr is a general dentist at Harmony, a holistic dental practice in Boston. Dr. Mayr is a new EDIC insured and continues to be an active EDIC Young Dentist Advisory member as a new young dentist.

We encourage dental students and new practicing dentists to participate in these blogs and share your thoughts and experiences that could help young dentists today. If you are a dental student or resident in one of the 16 dental schools EDIC is affiliated with and enjoy writing, join our team of student blog writers. Contact Jessica Chaffee at jchaffee@edic.com to learn more. To register to receive our monthly blog postings through igniteDDS, go to www.ignitedds.com, **Root of The Matter**.

Rhode Island Dental Association (RIDA) New Dentist Committee Outing at Newport Polo, Portsmouth, RI. Event sponsored by EDIC.



Boston Oral Cancer Walk 2016 Team EDIC Supporting and Spreading Awareness on Oral Cancer



EDIC employees along with dental students from TUFTS and BU walked at the annual Oral Cancer Walk in Chestnut Hill, MA - October 2, 2016. EDIC's (R) CFO and VP of Finance, Lauren Leahy, received a medal for placing in the runner's group. Congratulations Lauren!



Laura Silverstein

Class of 2018 | DDS
UNC School of Dentistry



UNC School of Dentistry Miles for Smiles/Cleft Palate Gallop Group receiving donation for over \$10K for the UNC Craniofacial Center.

Growing up in Atlanta, GA, one of Laura's close family friends was born with Cleft Lip and Palate. Laura knew the financial burden placed on this family to cover healthcare over the years. After watching her friend and his family endure the many surgeries and recoveries, she was determined to help others afford the necessary care like him.

When Laura began her journey at the UNC School of Dentistry, she knew that working with Miles for Smiles/Cleft Palate Gallop would not only be a rewarding experience, but also an opportunity centered around service, education, awareness for craniofacial anomalies, student involvement, and philanthropy. Miles for Smiles puts on the Cleft Palate Gallop 5k and fun run each year to raise funds and awareness for the UNC Craniofacial Center. The Craniofacial Center provides comprehensive treatment for children born with cleft lip, cleft palate, and other craniofacial anomalies. All proceeds from this race go to the UNC Craniofacial Center, and the money they raise helps children and their families afford the treatment they need, including surgery, speech therapy, and counseling.

As the past sponsorship chair, Laura is very proud to say that the organization raised over \$10,000 for the UNC Craniofacial Center. They are especially grateful for businesses and companies like EDIC who help make their event possible. Laura is looking forward to being President of the 2017 Cleft Palate Gallop, which will take place in the spring.

To read the full submission of each spotlight student, go to:
<http://edic.com/for-dental-students/spotlight-program/>
or click on the links on the EDIC facebook page to read their stories.
www.facebook.com/edicinsurance

Osnat Kuyunov

Class of 2017 | DMD
Stony Brook School of Dental Medicine



Stony Brook School of Dental Medicine Madagascar Mission (L to R) Nidzara, Osnat Kuyunov

Three long days of travel, two flights, and a ten hour car ride, they were finally there: MADAGASCAR. This had been a dream of Osnat's for so many years. She had heard so much about the country and they were finally there - a group of eight dental students, three faculty members and one dental assistant in the middle of the rain forest. Arriving at the local school, they took two classrooms and, in less than three hours, turned them into a clinic. Beach chairs served as dental chairs where the patients would sit and the sunlight and a headlamp were their only sources of light. With the help of their translators, they learned a few words in Malagasy. What Osnat acquired from this experience was the appreciation of life, and great humility. She became close with a special eleven-year-old girl named Nidzara. Osnat extracted a few teeth on Nidzara. She was so thankful to Osnat for alleviating her dental pain. After that day, Nidzara came to visit Osnat often as they painted their nails together and played soccer regularly. The language barrier did not hinder their friendship. During lunch breaks, Osnat and Nidzara explored the beautiful village and lake and went shopping together. After a full month filled with hundreds of extractions, restorative procedures, oral hygiene instruction and tons of life long relationships, Osnat became a new version of herself: one that is more motivated to provide for those in need and with greater compassion and with a new outlook on life.

MALPRACTICE
INSURANCE
FOR



- October 2 Boston Oral Cancer Walk
- October 25 UPENN Vendor Fair
- November 2-4 Buffalo Niagara Dental Meeting
- November 4-6 ASDA National Leadership Conference
- November 7 TUFTS Vendor Fair
- November 12-15 ADEA Deans Meeting
- November 18 Columbia Vendor Fair
- November 27-30 Greater NY Dental Meeting
- January 14-16 District 4 Meeting
- February 22-25 ASDA Annual Session

ASDA District 3 Annual Meeting on September 10th at Camp Hebron in Halifax, PA



(R to L) Roopali Kulkarni, Arjun Kumar, Alex Mitchell, Yasmin Parsaei, Steve Feldman, Justin Le



Inquires for Lunch and Learns, School Events, the EDIC Student Program, and Educational Seminars should be directed to Jessica Chaffee, EDIC Dental School Coordinator jchaffee@edic.com

If you are a current dental student or resident and would like to be featured in the EDIC Student Spotlight Program, submit your story 500 words or less, to Melissa Surprenant, Director of Marketing at EDIC. msurprenant@edic.com.



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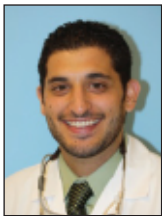
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2016 EDIC Fall Webinar Series

ADA CERP® | Continuing Education
Recognition Program



Care for the Lesbian, Gay, Bisexual and Transgender (LGBT) Patient

**Jeffrey Greenberg,
DMD**

**Tuesday, November 15, 2016
7:00 PM, EST**

Not all LGBT patients are getting standard care in the dental setting. And YOU could be the cause. Attendees will learn to:

1. Be able to assess the needs of the LGBT community
2. Learn why this affects you
3. Learn how to apply this knowledge clinically
4. Become an awesome provider!



Contemporary Concepts of Adhesion

Ed Swift, DMD

**Wednesday, November 30, 2016
7:00 PM, EST**

This presentation will review the state of the art in resin-based adhesion to tooth structure. It will describe the three fundamental steps required for bonding resins to dentin, and the four current strategies for employing these fundamental steps. The advantages, disadvantages, clinical performance, and potential problems of each approach will be discussed. Information will be provided on the latest option for bonding to tooth structure, the universal adhesives.



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EDIC is an ADA-CERP recognized provider, and dentists may earn two CEU credits per session and be eligible for risk management insurance discounts.