On the Cusp

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EASTERN DENTISTS INSURANCE COMPANY

By Dentists, For Dentists®

LETTER FROM THE EDIC CHAIRMAN

Saying Goodbye To Our CEO And Friend, Hope Maxwell

It is with great sadness that I inform you that the President and Chief Executive Officer of our company, Hope Maxwell, passed away on February 5th after a long illness. During her courageous battle, Hope continued to make EDIC one of her priorities and demonstrated to her colleagues and staff just how committed she was to EDIC and her career. Ms. Maxwell was appointed president and chief executive officer in 2014 after her predecessor, Dr. Charles P. Hapcook, retired as founding President and CEO of EDIC.

For all of you who knew Hope, she had a keen intellect and vast knowledge about the malpractice liability insurance industry, but more importantly she will be remembered for her honesty, integrity, sense of humor, and her genuine concern for those around her. Through Hope's leadership, many innovative business practices were initiated at EDIC during her tenure. She will be solemnly missed at EDIC and all across the many communities she touched throughout the MPL industry through the many roles she played throughout her long career.

Upon Hope's passing, EDIC COO, Sheila Anzuoni, Esq., has officially been appointed by the EDIC Board as permanent President and Chief Executive Officer. Ms. Anzuoni has been an influential part of EDIC's leadership, stability, and growth for 27 years since its inception in 1992 and we welcome her to this new position.

Thank you all for your continued loyalty to EDIC. Please be assured that the company is in competent hands and that the primary mission of EDIC in maintaining a strong and stable company while expeditiously serving our policyholders, will never change. ■

Richard LoGuercio, DDS
Chairman of the Board
rloguercio@edic.com

Website Quick Links

At EDIC we know how important your time is. We know that as dentists, you check things off your TO DO list while working between patients or during your lunch break. The EDIC website has been updated to prioritize your needs first so that you can get what you need in a timely manner.

A QUICK LINKS section has been built on our homepage to help dentists and new grads get what they need without having to navigate through the entire website. These links will take you to the top four items we feel are the most important for a dentist. Furthermore, we have organized the drop down menus according to what we see the dentists using the most when they navigate through the site. The mobile version of the website will also have this Quick Links box at your fingertips for faster service. Look for new updates and ease-of-use options from EDIC as the year continues.

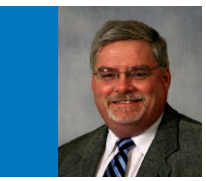
On The CUSP: New Editor

We are pleased to announce that Melissa Surprenant, EDIC's Director of Marketing, will be taking over as Editor-in-Chief of EDIC's *On The CUSP* Newsletter. Sheila Anzuoni, EDIC President and CEO as well as past Editor-in-Chief of the newsletter said, "Melissa has been involved with the design and production of this newsletter for the past 16 years and I am happy to pass the torch to her to continue making this valuable piece available for our dentist insureds."

A Dental Society Risk Retention Group

EASTERN DENTISTS INSURANCE COMPANY

Malpractice Insurance
By Dentists, For Dentists®



EDIC CASE STUDY
The Case of the Short Fill

Barry Regan | Vice President of Claims and Risk Management | bregan@edic.com

Dr. Endo first saw the patient on December 10, 2010 as a referral from her general dentist. She complained of pain with biting on teeth #18 (mandibular left second molar) and #19 (mandibular left first molar). Both teeth failed to respond to cold testing and both were positive to percussion testing, indicating the presence of necrotic pulps in both teeth. Both teeth demonstrated periapical radiolucency on radiographs. The patient had a full coverage crown on tooth #18 and a large, broken amalgam on #19, with both teeth demonstrating extensive recurrent decay. Testing of teeth #20 and #21 was within normal limits. According to Dr. Endo, the patient expressed the desire to have both teeth treated on that day at the same visit. According to Dr. Endo, the patient was advised of possible additional treatment in the future due to the presence of the periapical radiolucency. The patient acknowledged Dr. Endo's explanation and signed the informed consent. Dr. Endo performed root canals on teeth #18 and #19 in the usual manner, first gaining access to each of the root canal systems, and then cleaning and shaping those found in both. The pulps of both teeth were necrotic. Dr. Endo stated he obturated all the canals "to the bleeding point" and the treatment was completed in the usual manner. Dr. Endo prescribed both an antibiotic and a pain medication for the patient and she left the office in stable condition. Dr. Endo stated that the patient called him once, on 12/12/10, and informed Dr. Endo that she had submandibular swelling. As 12/12 was a Sunday, Dr. Endo told the patient that she should go to the ER immediately.

The patient alleged that the entire procedure took 35 minutes. The patient experienced continuous and increasing pain in her left jaw that evening and was unable to sleep. She developed swelling on the left side, encompassing her cheek, jaw, tongue and throat.

The patient alleged she phoned Dr. Endo four times asking to be seen, but he did not see her. The patient's pain and swelling worsened over the next two days, she developed a rash on her face and upper body, and she presented herself to the hospital as an emergency on 12/12/10.

The patient was admitted, placed on IV antibiotics (unasyn and clindamycin), and the oral surgeon performed an incision and drainage of the infection. Other antibiotics (gentamycin and vancomycin) were added. The patient was treated over the course of five days at the hospital with IV antibiotics to control the spreading infection (cellulitis and abscess) from the infected root canaled teeth (#18 and #19) down through the fascia planes into the neck. On 12/16/10, she was discharged from the hospital.

After her discharge, the patient continued to have percussion sensitivity and also pressure that built at night. She consulted another endodontist on 3/31/11, fearing a relapse of her acute infection. The subsequent endodontist diagnosed both teeth with symptomatic apical periodontitis. On 4/22/11, the subsequent endodontist retreated tooth #18 and found that one of the three canals had never been treated, while the other two had porous material that did not properly seal the canals. On 5/20/11, the patient returned to retreat #19 and again three canals were found to be poorly cleaned and unsealed, and one canal was untreated. The subsequent endodontist found the root canal system on #19 to be severely infected with "yellow pus" exuding. Pain on #19 persisted following treatment and, finally, on 5/25/12, #19 was extracted by the oral surgeon.

"By treating both teeth simultaneously, Dr. Endo co-mingled the bacteria from both teeth causing cross-contamination, and thus worsened the prognosis because it is more difficult to treat complex polymicrobial infections."

The patient filed suit, alleging that Dr. Endo should not have treated both teeth at the same visit, and did not completely fill the canals in both teeth. The patient alleges she was forced to treat for allergies and asthma that she did not have prior to the treatment. The patient stated she experienced a rash that lasted for 6-7 weeks and covered her entire body, which was extremely itchy and resulted in several trips to the doctors for ointments, prescriptions and injections on two occasions. The patient further alleged she could not sleep during this period and nothing took away the unthinkable itchy feeling of her flesh being eaten from within. She also suffered from a drooping of her left eye and drooling from the left of her mouth. The patient alleged she experienced heart trouble since the root canal treatment. She developed tachycardia during the trauma and needed to see a cardiologist and wear an EKG Holter Monitor for one month. She had no previous heart trouble. The patient alleged that during the nights following the root canals she would wake up with her heart racing. After several tests, no explanation could be found, and she was told this can happen after having such a terrible infection. This issue calmed down significantly after tooth #19 was extracted. She was hospitalized for five days with a life-threatening infection. Over the weeks after her hospital stay when she began to eat solid food again, she developed TMJ from chewing and eating on the right side of her face due to the pain with chewing on the left side. She was fitted for a mouth guard and she alleged she must wear it to bed every night, as the TMJ persisted for over three years. The patient alleged medical expenses incurred in attempting to recover from the treatment exceeded $23,000.00.

The plaintiff had an expert endodontist that would testify that the care rendered by Dr. Endo fell below the standard of care expected on several points. He opined that by treating both teeth at the same time, the pain and inflammation was compounded and, if there was a post-operative flare-up, it is hard to distinguish which tooth is the culprit. By treating both teeth simultaneously, Dr. Endo co-mingled the bacteria from both teeth causing cross-contamination, and thus worsened the prognosis because it is more difficult to treat complex polymicrobial infections. In short, Dr. Endo should have treated just the tooth with the acute infection and reserved the other tooth, which was chronically infected, for another day. He also opined, that if as the patient stated, that the entire treatment of both teeth took about 35 minutes, it would be disturbing, because the average treatment time for one molar is about one and a half hours. The subsequent endodontist found all the root canals were poorly accessed, instrumented, debrided and filled. He concluded that Dr. Endo did incomplete root canals because he did not spend enough time on them.

EDIC had an expert endodontist review the case. It was this expert's opinion that Dr. Endo did comply with the standard of care. The expert opined that endodontic therapy can't be guaranteed, that scientific studies show that therapy is successful 85 to 95% of the time. The reasons for 5 to 15% failure rate are thought to be related to bacteria remaining within the root canal system after treatment and/or fracture of one or more roots of the tooth being treated. He further opined that it is now also believed that the presence of bacterial biofilms extending beyond the apex of the root may be a significant cause of failure. He disagreed with the patient's expert that the canals on tooth #18 were poorly filled, opining that the obturation was within 1 mm of the radiographic apex. He further opined that the loss of tooth #19 was because of a vertical root

CASE STUDY
RISK MANAGEMENT COMMENTS

fracture, and not the result of any negligence on behalf of Dr. Endo.

The subsequent treating endodontist testified that during re-treatment #18 she discovered that the mesial buccal canal had not been instrumented or obturated and that the mesial buccal and mesial lingual canals had an obturation which allowed her to easily instrument to the apex. She further testified that when she opened tooth #19, she found yellow gutta percha, which she had never seen before in her years of practice, in the mesial buccal and mesial lingual canals and she was able to instrument clear to the apex on the distal buccal canal. She testified that it appeared to not have obturation material in the canal.

EDIC believed that if tried, the opinions of the experts would cancel each other out. Also, the subsequent treating endodontist's testimony would be very credible in the eyes of the jury, as the patient's attorney would argue she was the only one to treat the patient and was also the only unbiased witness in the case.

Therefore, EDIC asked for and received Dr. Endo's permission to attempt to settle the case before trial. The patient's original demand to settle the case was $250,000. After several rounds of negotiations, EDIC settled the case for $90,000. ■

Expert witnesses at trial are subjected to cross examination by the opposing attorney. While we know what our expert will testify to under direct examination, we don't know with certainty how the cross examination by the patient's attorney will go. Both experts will testify under cross examination that they are being paid to be there, and that usually they have never examined the patient. They will be asked how often they testified at trial, how many cases they have reviewed, and if they only testify for the defense/patient. How they answer these questions could affect their credibility, particularly if they are combatative in their replies.

Therefore, what can happen at trial is that a jury discounts what an expert will say and rely on the subsequent treating dentist. The subsequent treating dentist has examined the patient, taken radiographs, given the patient a treatment plan, and then treated the patient. Although the subsequent dentist will not be allowed to give his or her opinion on whether the defendant's care was rendered below standard, the fact that in this case the subsequent dentist redid the endodontic treatment would more likely than not swing the jury towards deciding that the care was rendered below standard and return a verdict against the defendant dentist.

That is why in this case, even with a minimally supportive expert opinion, EDIC believed the jury would put more emphasis on the subsequent treating dentist's decision to retreat the endodontic therapy, and with the dentists permission, EDIC settled the case prior to trial.

Professors and Clinicians:

Would You Like a Risk Management Lecture for Your Residency Program or Curriculum?

Contact our Dental School Coordinator, Jessica Chaffee, at 800-898-3342 x231 or at jchaffee @edic.com and we can make it happen on campus or offsite. We also present Malpractice 101 lectures to students and residents.

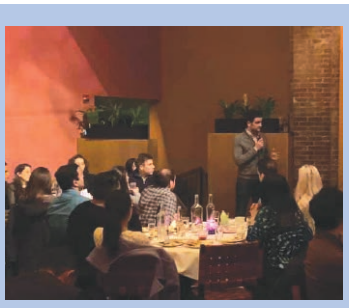


PHOTO: Dr. Chris Salierno, EDIC insured, presenting a risk management seminar to 50 residents from the greater NYC area. March 2019

Barry Regan: Retirement Never Looked So Good

It is with our warmest wishes but with regret, that EDIC announces the retirement of Barry Regan, EDIC's Vice President of Claims and Risk Management effective April 26, 2019.

Barry has been an esteemed member of EDIC's management team for over 25 years. As a founding executive of the company, Barry had a critical role in the establishment and management of our Claims and Risk Management Department.

Please join us in wishing Barry well as he eagerly starts this new chapter. We know that Barry is looking forward to enjoying more time on the golf course as well as more time with his family, especially his six grandchildren.

John Barry Named Claims Manager

We are pleased to announce that John Barry, who has been a claims adjuster with EDIC for 20 years, will assume the role of Claims Manager. We know that many of you have worked with John in his current capacity and we have sincere confidence in John's abilities and qualifications to assume his new role. Best of luck, John!

> *I recently returned to EDIC as an insured because of the service and reasonable price. Stephanie Naughton, EDIC Account Executive, sent me my new policy quickly and accurately. EDIC is a great company to work with and I strongly suggest EDIC for every insurance need.*
>
> *Shah Pankaj, DMD*
> *NJ Dentist | EDIC Insured*

WITHIN YOUR CONTROL

Non-compliant Patients - A Few Suggestions

Debra K. Udey | Risk Manager | dudey@edic.com

Most patients are compliant with your instructions. However, those who aren't can be a frustration, and potentially a big problem to your practice. How do you deal with them?

Dealing with non-compliant patients occurs in many areas of dentistry, and it's not always easy. A big downside of non-compliant patients is when they don't do what you've told them and then blame you for a poor outcome. But, as Dr. Manuel Sousa, a speaker in a recent EDIC webinar noted, compliance doesn't always need to be a "do it or not" situation. Sometimes both parties can compromise to work out mutually agreeable ways to achieve compliance.

There are two particularly difficult situations involving patient compliance. One is patients who refuse to have x-rays taken, and a second entails patients who refuse to deal with periodontal situations.

The issue of non-compliance with the request for taking x-rays can be difficult to resolve. Patients have heard plenty about radiation and its impact on the body, which sometimes leads to a refusal of x-rays. The good news is that the amount of radiation they receive from intraoral x-rays is quite low. According to measurements listed at www.radiologyinfo.org, the amount of radiation one absorbs from an intraoral x-ray is comparable to natural background radiation that a patient absorbs in one day.

Perhaps when a patient hears this information, he or she may agree to having an x-ray. Another tactic one can use to gain the patient's agreement is advising the patient that the lack of an x-ray impairs your ability to diagnose anything not visible to the naked eye. A third tactic one can use is to advise that treating a patient without the benefit of x-rays is potentially sub-standard dentistry. Perhaps a patient may change his or her mind after absorbing this information. If the patient still refuses, you certainly have the right to dismiss the patient because he or she is asking you to practice sub-standard dentistry.

As mentioned above, possibly a compromise can work to everyone's advantage. The frequency with which you obtain intraoral x-rays will vary from patient to patient depending on their medical and dental status. Perhaps a patient who refuses x-rays may agree to having x-rays on a less frequent schedule. If the frequency is less than optimal, but still reasonable to allow you to maintain your standard of practice. Your willingness to compromise may convince the patient to agree.

If you dismiss a patient, he or she may not be able to obtain dental care from another dentist. But the decision is up to you – you are not required to continue to see a patient who demands that you practice sub-standard dentistry. The downside of this situation can be devastating. For instance, let's say a patient develops a condition that you can only diagnose by x-ray, such as a cancer of the bone. You can't diagnose it because you can't see it and it goes undiagnosed for some time. Then, when symptoms begin, the patient accuses you of having failed to diagnose the condition. It can be difficult to respond to such accusations.

Hopefully, one or more of the tactics mentioned will help you gain the patient's agreement to let you take intraoral x-rays, which can ease the treatment situation greatly.

A second area of non-compliance is periodontal care. Many dentists have diagnosed periodontal disease and recommended treatment for the patient, only to have them refuse treatment. Some patients don't outright refuse treatment, but have no intention of contacting the periodontist to whom you refer them for treatment. Other patients may ask you to render the treatment.

Each of these situations carries risks. One problem that can result from untreated periodontal disease is that the patient will return to you for "regular" treatment. You again advise them of the situation and refer them for treatment of the periodontal condition and again, they do not follow through. As this cycle continues, the patient limps along untreated until he or she sustains irreparable damage. If a claim is brought against you, the allegations will include benign neglect. You diagnosed the problem but continued to treat the patient for other conditions while the periodontal disease worsened. It can be difficult to defend such actions.

In such cases where the patient refuses or does not obtain the care necessary to treat their condition, you essentially have two choices, neither of which are ideal. You can dismiss the patient because they will not obtain the necessary care, and you do not want to continue to treat them with "benign neglect" of the problem. This option is difficult because you again put the patient in a situation of trying to find care for the situation.

The other option is to continue to treat the patient while explaining each time you see him or her what care is needed and what the consequences will be if they don't receive the care. This is not ideal, and leaves you open to a charge of benign neglect. But some dentists choose to do this because they realize the patient will have no care at all if he or she is dismissed.

Using the compromise tactic, perhaps one could convince a patient to agree to having the periodontal care on a schedule more favorable to the patient, or to find a periodontist closer to the patient's home or work. Whatever you can work out to get the patient to seek the care needed, the time and effort can be worth it.

If you choose to continue to see either of these types of patients, it is very important that you document your discussion with the patient at each visit. Particularly if you choose to continue to treat a patient because you know he or she will not be able to obtain care if you dismiss them, ensure your documentation includes this. Include the consequences of failing to obtain the treatment you have recommended in your notes. You absolutely want to be able to defend a claim that the patient didn't know what could happen if care wasn't sought.

In summary, dealing with patients who refuse care can be frustrating. If you direct your efforts toward reaching an agreement, through compromise or any other type of tactic, it can work better for both you and the patient. ■

1-800 To The Rescue

One of the most important value-added services you receive with an EDIC professional liability policy is our 1-800-898-3342 claims hotline, which our insured dentists may use to discuss any issue they may have with a patient. Our hope is that with some excellent risk management advice, we can help you keep an incident from becoming a claim, board complaint, or law suit.

Incidents include "occurrences" as defined in your EDIC policy. These include happenings or unusual conditions which may cause results neither expected nor intended by you. Situations that raise even a slight concern that a patient might bring a claim or suit should be considered incidents and treated as such.

Timely reporting of incidents by you to EDIC is a vital part of minimizing the likelihood of a situation developing into a claim or suit and maximizing EDIC's ability to effectively protect your interests. While we are not able to provide an exhaustive list of all possible situations which could be considered incidents, representative situations include unanticipated bad results or a patient or patient's family expressing concern or dissatisfaction, either verbally or in writing, with respect to the patient's care

EDIC encourages you to call us any time anything happens in your practice about which you wish to obtain risk management advice. We ask that you err on the side of over-reporting as opposed to under-reporting such situations.

Remember: Reporting an incident does not adversely affect our ability to underwrite you, nor does it affect your rate. Failing to report such situations and to get proper advice, however, could increase your chances of being sued. In many situations, when EDIC is informed in a timely manner, advice may be given to you on steps you may take to prevent the incident from becoming more serious.

The EDIC Advantage:

EDIC's Claim Manager, John J. Barry, has years of experience with dental and medical liability issues. When you call EDIC to discuss an incident, you will receive the benefit of this expertise in:

- Documenting an incident in the patient's record so that if a suit is brought, the record will not harm you.
- Drafting correspondence to patients dissatisfied with their treatment.
- Impounding malfunctioning equipment which may have caused an incident.
- Discussing any concerns you may have.

In addition, EDIC's CEO, Sheila A. Anzuoni, Esq., is an attorney. If you wish to discuss anything of a confidential nature, you may speak with her and have the benefit of attorney-client confidentiality.

EDIC's Exclusive NC Agent: Sentinel Risk Advisors

SENTINEL
RISK ADVISORS

We are happy to welcome Natalie Fitzgerald and Hilary Varner as your designated local representatives from Sentinel Risk Advisors for all your local NC agency needs.

Natalie is Sentinel's Director of Dental Services, overseeing all aspects of account management, development, and client relations. Natalie has an extensive background in insurance as well as risk management practices. Natalie is based in Sentinel's Charlotte office.
Phone: 980-256-7037
nfitzgerald@sentinelra.com

Hilary is a licensed account manager and is your go-to person at Sentinel for all your initial local needs. Hilary will make sure you get any information requested and will also help you make your first contact with an EDIC Sales Executive for your malpractice insurance coverage. Hilary is based in Sentinel's Raleigh office.
Phone: 919-926-4639
hvarner@sentinelra.com

EDIC AutoPay

About a year ago, I called EDIC in a panic. Life got the best of me and I was 1 week overdue in paying my bill. I feared the worst: I would have a lapse in malpractice coverage. I was quickly put at ease and told not to worry. The EDIC representative took my payment over the phone and assured me that there would be no lapse in my coverage. She also offered an auto-payment option which I wasn't even aware of. I eagerly jumped at the chance. In 2018, 95% of my bills are on auto-pay, so it's easy to forget about the ones that are not. I now receive an e-mail approximately 1 week prior to my quarterly payment being processed. In our busy world, the option to have a hassle-free and convenient auto payment option is invaluable. I encourage everyone to take advantage of the autopay option with EDIC.

Samantha Keck, DMD
MA Dentist | EDIC Insured

MALPRACTICE INSURANCE FOR U
A Few Things to Consider as You Prepare to Enter Practice

Debra K. Udey | Risk Manager | dudey@edic.com

You've graduated! You're about to start practice. You're excited! You can't wait! You're thrilled! You're anticipatory! You're pretty sure. You're a little concerned. You're scared!!! All these thoughts are absolutely appropriate. But with careful planning, you can stay on the front end of those emotions rather than the back end.

You've considered the options – corporate practice, group practice, solo practice, itinerant practice. And you've gotten opinions and guidance from any number of sources – schools, mentors, friends, professionals, etc. This is all good. The preparation to start into practice can seem to be as grueling as was dental school. But if you do this right, you will start practice comfortably.

The Interview Process

This process is exciting. You've no doubt gotten lots of advice about interviewing – what questions you'll be asked, what questions you should ask. Interview a lot. Put together your resume. Practice answers to the questions you've gotten. All these things are important. It is just as important to keep your eyes fully open as you interview at any practice, no matter its size or scope. They are looking at you, but you are also interviewing them. This is your future – do you see what you like? Look around carefully. Do you see a friendly atmosphere? Do you see staff members and other dentists interacting in a genial manner? Are people helpful? Or do you see dusty counters? Things askew in the laboratory area? People off in corners talking either loudly or quietly but with unhappy looks on their faces?

It's important to get a good feel for the practice, not just what you are being told. Ask lots of questions. What do they expect you to do? Will you be qualified for what they expect? Think carefully about this. If you don't feel comfortable doing anything beyond a very simple root canal, what happens if you are asked to perform a difficult one with a tortuous root? Will you be expected to treat it? These are important questions. You don't want to be thrown into a situation where your job is on the line if you refuse to treat a case that is beyond your comfort level.

Signing a Contract

This is also the time to reach out for help to review contracts. Do not skimp in this area. Hire an attorney to go over contracts with you. Hire one who has expertise in medical practice contracts. Don't ask your brother-in-law, who is a top-notch real estate attorney. He may know that end of law very well, but he likely won't be an expert in medical practice law. You want him to know the potential pitfalls that you might encounter.

As an example, one clause that can be included in contracts is a Hold Harmless clause. It essentially says that if the organization for whom you work gets sued because of treatment you rendered, you agree to hold them harmless. In plain English, this means you will be responsible (monetarily) for their defense (legal fees) and any potential award (by settlement or jury). You do not have coverage for this in your malpractice policy, so these amounts will come out of your pocket. This can be potentially devastating.

Corporations have their own insurance and are covered by that. However, some will still try to insert this clause into a contract with you. It is the type of thing that an attorney with the right expertise will recognize and protect you from. This is only one example of why it is so important not to skimp on this step and get the right people to help you.

Types of Insurance

Many dental students hear "malpractice and disability" insurance so often, they may mistakenly think they are the same insurance. But they are two distinct types of insurance, and you need both. You can obtain both insurances through a broker. Don't just look at the bottom line – these two types of insurances are too important to just buy the cheapest one.

For professional liability (malpractice) insurance, look at the company. Ask whether they can settle a claim without your consent. Some companies prefer to settle claims than defend them because it is more cost effective for them. But settling a claim requires that you disclose this information each and every time you apply for a professional license, hospital privileges, and other items. It could also potentially affect your ability to obtain insurance.

Look for a company that has a good reputation as working for dentists. And while you shouldn't only look at the bottom line, be aware that some good companies offer a cost-effective policy for first time practitioners. Ask around to see who is most interested in having the dentists' best interests at heart, not just how much money they can make.

For disability insurance, check out all the factors – short term, long term, portability, cost of living benefits, coverage changes, and more. Get good advice from all the resources you can. The cost of this insurance is not insignificant, but it is something you can't afford to overlook. You've worked hard to get to this point – be sure to protect yourself.

In sum, these are only a few of the issues you will need to deal with as you move from student to practitioner. But they are important ones. Work on these as hard as you did your degree, and they will serve you well as you enter practice. ■

EDIC Dental School Programs

University of New England College of Dental Medicine

BU Henry M. Goldman School of Dental Medicine

Harvard University School of Dental Medicine

TUFTS University School of Dental Medicine

UCONN School of Dental Medicine

University of Buffalo School of Dental Medicine

Columbia University College of Dental Medicine

NYU College of Dentistry

Stony Brook University School of Dental Medicine

Touro College of Dental Medicine

Rutgers University School of Dental Medicine

University of Pennsylvania School of Dental Medicine

University of Pittsburg School of Dental Medicine

Temple University Kornberg School of Dentistry

East Carolina University School of Dental Medicine

UNC School of Dentistry

VCU School of Dentistry

EDIC is a Proud Sponsor of:

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Tooth Donations Needed

As I'm sure you can remember from your dental school days, dental students need teeth to practice drilling and having a real set of teeth helps when studying dental anatomy. The Tooth Bank is a nonprofit organization made up of a network of dental students and dentists from around the country working together to give dental students the resources, materials, and community they need to succeed as a dentist. These resources include student-driven webinars and videos for clinical techniques, help and guidance for National Boards, and most importantly, a jar of extracted teeth that will be an integral tool for practicing. Dental schools currently represented on The Tooth Bank Board are: UPITT, Nova, University of Maryland, Tufts, NYU, University of Florida, and LECOM.

As a nonprofit, all donations made to The Tooth Bank, including teeth, are tax-deductible. Additionally, understanding that your time is valuable, they have designed their tooth collection process to be simple and completely free.

How Can You Help?

- Take one minute to visit **donations.thetoothbank.org** to get your free Tooth Donation Kit in the mail.
- Follow the instructions included in the box and place extracted teeth in the supplied jar, rather than disposing them in a biohazard container.
- Affix the pre-paid return label to the original box and drop it in a USPS mailbox, or have USPS pick it up.

EDIC has always supported the education and advancement of dental students and we are happy to spread the news about this unique organization with our insureds. With your assistance, we hope to help The Tooth Bank connect dental students with these much needed resources to help make them better practicing dentists.

If you are interested in learning more about the organization and signing up to make a free tooth donation, go to **thetoothbank.org** or drop an email to **donations@thetoothbank.org**.

ASDA District 1 Yankee Challenge Winners

Congratulations UCONN and thank you to the five dental schools who participated in the 2019 ASDA District 1 Yankee Challenge co-sponsored by EDIC, the Massachusetts Dental Society, and Crest. The schools were given a Facebook challenge to Like, Comment, and Share their school group photos and earn points in various ways to win a cash prize for their ASDA Chapter. School Professors and the Deans were also encouraged to participate. We had an amazing outcome, and by the comments on all the sponsors Facebook pages, we will soon be brainstorming for another ASDA District 1 Challenge for 2020! To view the photos, go to Facebook @EDICInsurance.

EDIC Dinner Event | March 2019
ASDA Annual Session Pittsburgh

A Dental Society Risk Retention Group
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2019 SPRING WEBINAR SERIES

ADA C·E·R·P® | Continuing Education Recognition Program

April 29, 2019 | 7PM EST

Achieving Excellence with Direct Posterior Composite Restorations

Presented by David N. Bardwell, DMD, MS

Description:

Clinical success with direct posterior composite restorations is the result of an informed utilization technique, superior adhesive performance, composite resin selection and a light curing protocol.

At the end of the course, participants will learn:

- Selecting a bonding agent (fifth, sixth, or seventh generation)
- Matrix selection and use
- Placement technique and Polymerization Stress
- Adequate anatomical contact placement
- Light curing sequences
- Finishing and polishing
- Occlusal wear considerations
- Minimal Prep Design concepts

May 14, 2019 | 7PM EST

Silver Diamine Fluoride: What Is Its Place in Oral Health Care?

Presented by
Cheen Y. Loo, BDS, PhD, MPH, DMD, FAAPD

Description:

Silver diamine fluoride (SDF) received FDA clearance in 2014 as a desensitizing agent to be used used off label to arrest caries. In October 2016 it was awarded breakthrough therapy designation for caries treatment. This course will look at this recently-available treatment in the management of caries and help dentists incorporate this important technique into everyday practice.

At the end of the course, participants will be able to:

- Describe the evidence for using SDF to treat and prevent dental caries
- Describe the mechanism of action of SDF
- Identify the indications for SDF
- List the contraindications for SDF
- Describe the clinical protocol for SDF application
- Discuss informed consent and coding/billing for SDF

Register Now.

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