



Scott Walker, Governor
Dave Ross, Secretary

DENTISTRY EXAMINING BOARD
Room 121A, 1400 E. Washington Avenue, Madison
Contact: Brittany Lewin (608) 266-2112
September 2, 2015

The following agenda describes the issues that the Board plans to consider at the meeting. At the time of the meeting, items may be removed from the agenda. Please consult the meeting minutes for a description of the actions of the Board.

AGENDA

8:30 A.M.

OPEN SESSION – CALL TO ORDER – ROLL CALL

A. Pledge of Allegiance

B. Adoption of Agenda (1-3)

C. Approval of Minutes – July 8, 2015 (4-6)

D. Administrative Matters

- 1) Staff Updates

E. 8:30 A.M. PUBLIC HEARING: DE 3, 11, 15, Relating to Certificate for Dental Hygienists to Administer Nitrous Oxide Inhalation Analgesia (7-20)

- 1) Review and Respond to Clearinghouse Report and Public Hearing Comments

F. 8:30 A.M. PUBLIC HEARING: DE 5 and 14, Relating to Informed Consent

- 1) Review and Respond to Clearinghouse Report and Public Hearing Comments (21-27)

G. Legislative/Administrative Rule Matters – Discussion and Consideration

- 1) Adoption of Order for CR15-013, Relating to Foreign Trained Dentists (28-33)
- 2) Update on Pending and Possible Rules

H. Credentialing Matters

- 1) Basic Cardiac Life Support Certification (34-46)

I. Speaking Engagement(s), Travel, or Public Relation Request(s)

- 1) Report on CRDTS Workshop and Annual Meeting Travel Request – August 20-22, 2015 – Kansas City, MO

J. Informational Items

- 1) Southern Regional Testing Agency, Inc. (STRA) Exam Update **(47-48)**

K. Items Added After Preparation of Agenda

- 1) Introductions, Announcements and Recognition
- 2) Election of Board Officers
- 3) Appointment of Board Liaison(s)
- 4) Administrative Matters
- 5) Education and Examination Matters
- 6) Credentialing Matters
- 7) Practice Matters
- 8) Legislative/Administrative Rule Matters
- 9) Liaison Report(s)
- 10) Informational Item(s)
- 11) Disciplinary Matters
- 12) Presentations of Petition(s) for Summary Suspension
- 13) Petitions for Designation of Hearing Examiner
- 14) Presentation of Proposed Stipulation(s), Final Decision(s) and Order(s)
- 15) Presentation of Proposed Final Decision(s) and Order(s)
- 16) Presentation of Interim Orders
- 17) Petitions for Re-Hearing
- 18) Petitions for Assessments
- 19) Petitions to Vacate Orders
- 20) Requests for Disciplinary Proceeding Presentations
- 21) Motions
- 22) Petitions
- 23) Appearances from Requests Received or Renewed
- 24) Speaking Engagement(s), Travel, or Public Relation Request(s)

L. Public Comments

CONVENE TO CLOSED SESSION to deliberate on cases following hearing (Wis. Stat. s. 19.85(1)(a),); to consider licensure or certification of individuals (Wis. Stat s. 19.85(1)(b), Stats.; to consider closing disciplinary investigations with administrative warnings (Wis. Stat. s. 19.85 (1)(b), and 440.205,); to consider individual histories or disciplinary data (Wis. Stat. s. 19.85 (1)(f),); and to confer with legal counsel (Wis. Stat. s. 19.85(1)(g),).

M. Monitoring Matters

- 1) Michael Uss, D.D.S. – Monitoring Request: Review Limited License **(49-60)**

N. Credentialing Matters

- 1) Application Review
 - a) **APPEARANCE: S.T.M., R.D.H. (Reinstatement) (61-91)**

O. Presentation and/or Deliberation on Proposed Stipulations, Final Decisions and Orders

- 1) 13 DEN 086 – Thomas A. Linstroth, D.D.S. **(92-99)**
- 2) 13 DEN 122 – Mary Vezzetti, D.D.S. **(100-105)**
- 3) 14 DEN 115 – Michael F. Martin, D.D.S. **(106-111)**
- 4) 15 DEN 002 – Golden Vu, D.M.D. **(112-118)**
- 5) 15 DEN 006 – Roman Gorodesky, D.D.S. **(119-125)**

P. Deliberation on Case Closings

- 1) 13 DEN 086 **(126-130)**
- 2) 15 DEN 016 **(131-139)**

Q. Consulting with Legal Counsel

R. Deliberation of Items Received After Preparation of the Agenda

- 1) Education and Examination Matters
- 2) Credentialing Matters
- 3) Disciplinary Matters
- 4) Monitoring Matters
- 5) Professional Assistance Procedure (PAP)
- 6) Petition(s) for Summary Suspensions
- 7) Petitions for Designation of Hearing Examiner
- 8) Proposed Stipulations, Final Decisions and Orders
- 9) Administrative Warnings
- 10) Review of Administrative Warning
- 11) Proposed Final Decisions and Orders
- 12) Matters Relating to Costs/Orders Fixing Costs
- 13) Case Closings
- 14) Proposed Interim Orders
- 15) Petitions for Assessments and Evaluations
- 16) Petitions to Vacate Orders
- 17) Remedial Education Cases
- 18) Motions
- 19) Petitions for Re-Hearing
- 20) Appearances from Requests Received or Renewed

RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

S. Vote on Items Considered or Deliberated Upon in Closed Session, if Voting is Appropriate

T. Open Session Items Noticed Above not Completed in the Initial Open Session

ADJOURNMENT

**DENTISTRY EXAMINING BOARD
MEETING MINUTES
July 8, 2015**

PRESENT: Debra Beres, RDH Mark Braden, DDS Eileen Donohoo, RDH Leonardo Huck, DDS
Lyndsay noell, DDS Timothy McConville, DDS Wendy Pietz, DDS Carrie Stempski,
RDH Beth Welter, DDS

STAFF: Brittany Lewin, Executive Director Amber Cardenas, Legal Counsel imberly Wood,
Program Assistant Supervisor and other Department staff

CALL TO ORDER

Lyndsay noell, Chair, called the meeting to order at 8:30 a.m. A quorum of nine (9) members was confirmed.

ADOPTION OF AGENDA

Amendments to the Agenda:

- Page 1 of the Agenda: Correct Item E.2. Update on DE ~~2~~ **10**, Relating to Foreign Trained Dentists

MOTION: Mark Braden moved, seconded by Debra Beres, to adopt the agenda as amended. Motion carried unanimously.

APPROVAL OF MINUTES

MOTION: Eileen Donohoo moved, seconded by Leonardo Huck, to approve the minutes of May 6, 2015 as published. Motion carried unanimously.

LEGISLATIVE/ADMINISTRATIVE RULE MATTERS

Preliminary Rule Draft of DE 2, 3, 7, 11, Relating to Nitrous Oxide Inhalation

MOTION: Lyndsay noell moved, seconded by Mark Braden, to authorize Debra Beres to approve the revisions to DE 2, 3, 7, 11, relating to Nitrous Oxide inhalation, for posting of economic impact comments and submission to the Clearinghouse. Motion carried unanimously.

Preliminary Rule Draft of DE 5 and 14, Relating to Informed Consent

MOTION: Beth Welter moved, seconded by Wendy Pietz, to approve the draft of DE 5 and 14, relating to informed consent, for posting of economic impact comments and submission to the Clearinghouse. Motion carried unanimously.

Draft of DE 10, Relating to Mobile Dentistry

MOTION: Leonardo Huck moved, seconded by Eileen Donohoo, to authorize Lyndsay noell to approve revisions to the draft of DE 10, relating to mobile dentistry, for posting of economic impact comments and submission to the Clearinghouse. Motion carried unanimously.

SPEAKING ENGAGEMENTS, TRAVEL, OR PUBLIC RELATION REQUESTS

CRDTS Workshop and Annual Meeting Travel Request – August 20-22, 2015 – Kansas City, MO

MOTION: Eileen Donohoo moved, seconded by Timothy McConville, to designate Carrie Stempski, as the Board’s delegate, to attend the CRDTS Workshop and Annual Meeting on August 20-22, 2015 in Kansas City, MO and to authorize travel. Motion carried unanimously.

CLOSED SESSION

MOTION: Debra Beres moved, seconded by Eileen Donohoo, to convene to closed session to deliberate on cases following hearing (s. 19.85(1)(a), Stats.) to consider licensure or certification of individuals (s. 19.85(1)(b), Stats.) to consider closing disciplinary investigations with administrative warnings (ss. 19.85 (1)(b), and 440.205, Stats.) to consider individual histories or disciplinary data (s. 19.85 (1)(f), Stats.) and to confer with legal counsel (s. 19.85(1)(g), Stats.). Lyndsay noell, Chair, read the language of the motion. The vote of each member was ascertained by voice vote. Roll Call Vote: Debra Beres-yes Mark Braden-yes Eileen Donohoo-yes Leonardo Huck-yes Lyndsay noell-yes Timothy McConville-yes Wendy Pietz-yes Carrie Stempski-yes and Beth Welter-yes. Motion carried unanimously.

The Board convened into Closed Session at 1:23 p.m.

RECONVENE TO OPEN SESSION

MOTION: Lyndsay noell moved, seconded by Debra Beres, to reconvene to Open Session. Motion carried unanimously.

The Board reconvened into Open Session at 2:15 p.m.

**VOTE ON ITEMS CONSIDERED OR DELIBERATED UPON IN CLOSED SESSION,
IF VOTING IS APPROPRIATE**

MOTION: Eileen Donohoo moved, seconded by Timothy McConville, to affirm all motions made and votes taken in Closed Session. Motion carried unanimously.

ORDER FIXING COSTS

Allen W. Knox, D.D.S.(ORDER0003960)

MOTION: Eileen Donohoo moved, seconded by Timothy McConville, to adopt the Order Fixing Costs in the matter of disciplinary proceedings against Allen W. Knox, D.D.S., Respondent (DHA Case # SPS-14-0061)(DLSC Case # 14 DEN 035). Motion carried unanimously.

REVIEW OF ADMINISTRATIVE WARNING

T.M.D.(WARN00000291)(DLSC case # 14 DEN 091)

MOTION: Eileen Donohoo moved, seconded by Leonardo Huck, to affirm the Administrative Warning in the matter of DLSC case number 14 DEN 091 (T.M.D.). Motion carried unanimously.

PROPOSED STIPULATIONS, FINAL DECISIONS AND ORDERS

14 DEN 103 – Tawfiq S. Nadi, D.D.S.

MOTION: Mark Braden moved, seconded by Leonardo Huck, to **accept** the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against **Tawfiq S. Nadi, D.D.S.**, DLSC case: **14 DEN 103**. Motion carried unanimously.

14 DEN 096 – Joseph M. Labella, D.D.S.

MOTION: Eileen Donohoo moved, seconded by Leonardo Huck, to **accept** the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against **Joseph M. Labella, D.D.S.**, DLSC case: **14 DEN 096**. Motion carried unanimously.

15 DEN 003 – Robert G. Quirt, D.D.S.

MOTION: Mark Braden moved, seconded by Eileen Donohoo, to **accept** the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against **Robert G. Quirt, D.D.S.**, DLSC case: **15 DEN 003**. Motion carried unanimously.

CASE CLOSINGS

14 DEN 073

MOTION: Leonardo Huck moved, seconded by Eileen Donohoo, to close DLSC case: **14 DEN 073** for **Prosecutorial Discretion (P7)**. Motion carried unanimously.

ADJOURNMENT

MOTION: Lyndsay noell moved, seconded by Debra Beres, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 2:23 p.m.

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Katie Vieira Administrative Rules Coordinator		2) Date When Request Submitted: 8/18/2015 Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: Dentistry Examining Board			
4) Meeting Date: 9/2/2015	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Public Hearing and review of Clearinghouse comments for DE 3, 11, 15 relating to certificate for dental hygienists to administer nitrous oxide inhalation analgesia	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A	
10) Describe the issue and action that should be addressed: Public hearing to be held at 8:30am. The Board will review and discuss any public hearing comments and Legislative Clearinghouse comments.			
11) Authorization			
Katie Vieira		8/18/2015	
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

STATE OF WISCONSIN
DENTISTRY EXAMINING BOARD

IN THE MATTER OF RULEMAKING	:	PROPOSED ORDER OF THE
PROCEEDINGS BEFORE THE	:	DENTISTRY EXAMINING
	:	BOARD
DENTISTRY EXAMINING	:	ADOPTING RULES
BOARD	:	(CLEARINGHOUSE RULE)

PROPOSED ORDER

An order of the Dentistry Examining Board to amend DE 3.03 (1) and 11.03 (1) and to create Chapter DE 15 relating to certificate for dental hygienists to administer nitrous oxide inhalation analgesia.

Analysis prepared by the Department of Safety and Professional Services.

ANALYSIS

Statutes interpreted:

Sections 447.04 (2) (d) 1., 447.06 (2) (e) 4., Stats.

Statutory authority:

Sections 15.08 (5) (b), 227.11 (2) (a), and 447.02 (2) (j), Stats.

Explanation of agency authority:

Section 15.08 (5) (b), Stats. Each examining board shall promulgate rules for its own guidance and for the guidance of the trade or profession to which it pertains, and define and enforce professional conduct and unethical practices not inconsistent with the law relating to the particular trade or profession

Section 227.11 (2) (a), Stats., provides that “[e]ach agency may promulgate rules interpreting the provisions of any statute enforced or administered by the agency, if the agency considers it necessary to effectuate the purpose of the statute, but a rule is not valid if the rule exceeds the bounds of correct interpretation.”

Section 447.02 (2) (j), Stats. The examining board shall promulgate rules specifying, “[t]he educational requirements for a dental hygienist licensed under this chapter to administer nitrous oxide inhalation analgesia under s. 447.06 (2) (e) 4.”

Related statute or rule:

Section 447.065 (2), Stats.

Plain language analysis:

2013 Wisconsin Act 354 required the Dentistry Examining Board to grant a certificate to administer nitrous oxide inhalation analgesia to a dental hygienist who is licensed by the Board and who satisfies certain educational requirements that the Act directs the Board to establish by rule. Under 2013 Wisconsin Act 354, the certificate to administer nitrous oxide inhalation analgesia remains in effect while the dental hygienist holds a valid license to practice dental hygiene in Wisconsin, unless the Dentistry Examining Board suspends or revokes the certificate. The proposed rule implements 2013 Wisconsin Act 354 by establishing the requirements for the certificate.

Summary of, and comparison with, existing or proposed federal regulation:

None.

Comparison with rules in adjacent states:

Illinois: Dental hygienists may administer and monitor nitrous oxide provided they complete a 14 hour course relative to nitrous oxide analgesia and submit certification of completion of the required course to the supervising dentist. An individual who graduated from an approved dental hygiene program after January 1, 1998 that contained nitrous oxide analgesia administration and monitoring shall not be required to complete the 14 hour course upon proof to the dentist of the required curriculum. The dental hygienist must maintain BLS certification or its equivalent in addition to the required courses (Ill. Admin. Code tit. 68 pt. 1220).

Iowa: A dental hygienist may administer nitrous oxide inhalation analgesia provided the administration of nitrous oxide inhalation analgesia has been delegated by a dentist and the hygienist has completed a board approved course of training (Iowa Admin. Code r. 650- 29.6 (4)).

Michigan: A dentist may delegate administering nitrous oxide analgesia to a registered dental hygienist under direct supervision to a patient 18 years of age or older if the dental hygienist has met all of the following: (1) Successfully completed an approved course in the administration of nitrous oxide analgesia including content in nitrous oxide analgesia medical emergency techniques, pharmacology of nitrous oxide, nitrous oxide techniques, and if such a course is available, selection of pain control modalities. The course must consist of a minimum of 4 hours didactic instruction and 4 hours of clinical experience; (2) Successfully completed a state or regional board administered written examination in local anesthesia within 18 months of completion of the approved course; (3) Successfully completed a state or regional board administered written examination on nitrous oxide analgesia, within 18 months of completion of the approved course; and (4) Maintains and provides evidence of current certification in basic or advanced cardiac life support. A

dental hygienist shall not administer more than 50% nitrous oxide (Mich. Admin. Code r. 338.11410 and MCL 333.16611 (4)).

Minnesota: A dental hygienist may administer nitrous oxide inhalation analgesia in accordance with all of the following: (1) Completion of CPR training and current CPR certification; (2) Usage of only use fail-safe anesthesia equipment capable of positive pressure respiration; (3) Successful completion of a course on the administration of nitrous oxide inhalation analgesia from an institution accredited by the Commission on Dental Accreditation. The course must be a minimum of 12 hours comprised of didactic instruction, personally administering and managing at least three individual supervised cases of analgesia, and supervised clinical experience using fail-safe anesthesia equipment capable of positive pressure respiration; (4) Under the appropriate level of supervision by a dentist who is current with the requirements to administer nitrous oxide inhalation analgesia (Minn. Admin. Code 3100.3600 subp. 4.).

Summary of factual data and analytical methodologies:

This rule implements 2013 Wisconsin Act 354. Numerous other states' requirements were reviewed and considered while drafting these rules.

Analysis and supporting documents used to determine effect on small business or in preparation of economic impact analysis:

The rule was posted for public comment on the economic impact of the proposed rule, including how this proposed rule may affect businesses, local government units, and individuals, for a period of 14 days. No comments were received.

Fiscal Estimate and Economic Impact Analysis:

The Fiscal Estimate and Economic Impact Analysis document is attached.

Effect on small business:

These proposed rules do not have an economic impact on small businesses, as defined in s. 227.114 (1), Stats. The Department's Regulatory Review Coordinator may be contacted by email at Eric.Esser@wisconsin.gov, or by calling (608) 267-2435.

Agency contact person:

Katie Vieira (Paff), Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, 1400 East Washington Avenue, Room 151, P.O. Box 8935, Madison, Wisconsin 53708; telephone 608-261-4472; email at Kathleen.Vieira@wisconsin.gov.

Place where comments are to be submitted and deadline for submission:

Comments may be submitted to Katie Vieira (Paff), Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, 1400 East Washington Avenue, Room 151, P.O. Box 8366, Madison, WI 53708-8935, or by email to Kathleen.Vieira@wisconsin.gov. Comments must be received on or before the public hearing to be held on September 2, 2015 to be included in the record of rule-making proceedings.

TEXT OF RULE

SECTION 1. DE 3.03 (1) is amended to read:

DE 3.03 (1) Administer or prescribe, either narcotic or analgesics or systemic-affecting nonnarcotic drugs, or anesthetics except as provided under ch. DE 15.

SECTION 2. DE 11.03 (1) is amended to read:

DE 11.03 (1) A dentist or a dental hygienist who holds a valid certificate under ch. DE 15 may use nitrous oxide inhalation on an outpatient basis for dental patients provided that he or she has adequate equipment with failsafe features and a 25% minimum oxygen flow.

SECTION 3. Chapter DE 15 is created to read:

CHAPTER DE 15

CERTIFICATION OF DENTAL HYGIENISTS TO ADMINISTER NITROUS OXIDE
INHALATION ANALGESIA

DE 15.01 Authority. The rules in this chapter are adopted pursuant to ss. 15.085 (5) (b), 227.11 (2) (a), and 447.02 (2) (j), Stats.

DE 15.02 Definitions. In this chapter:

- (1) “Accredited” has the meaning given in s. 447.01 (1), Stats.
- (2) “ADA CERP” means american dental association continuing education recognition program.
- (3) “AGD PACE” means academy of general dentistry program approval for continuing education.

DE 15.03 Qualifications for certification of licensed dental hygienists to administer nitrous oxide inhalation analgesia. An applicant for certification to administer nitrous oxide inhalation analgesia shall be granted a certificate by the board if the applicant complies with all of the following:

- (1) Has a current license to practice as a dental hygienist in this state.
- (2) Has completed the educational requirements of s. DE 15.05.
- (3) Has submitted the information required in the application under s. DE 15.04.

DE 15.04 Application procedure. An applicant for a certificate to administer nitrous oxide inhalation analgesia shall file a completed application on a form provided by the board. The application shall include all of the following:

- (1) The dental hygienist license number in this state and the signature of the applicant.
- (2) Evidence of successful completion of a didactic and clinical certification program, resulting in the dental hygienist becoming competent to administer nitrous oxide inhalation analgesia under the delegation and supervision of a dentist, the curriculum of which meets or exceeds the basic course requirements set forth in s. DE 15.05.

DE 15.05 Educational requirements. The following educational requirements are necessary for the board to approve and grant certification to a licensed dental hygienist in the administration of nitrous oxide inhalation analgesia:

- (1) The certification program in the administration of nitrous oxide inhalation analgesia shall be sponsored by an accredited dental or dental hygiene school or be an approved ADA CERP or AGD PACE provider.
- (2) The nitrous oxide inhalation analgesia administration certification program shall provide a minimum of 8 hours of instruction and shall consist of all of the following:
 - (a) Didactic instruction including all of the following:
 1. Legal aspects of nitrous oxide inhalation analgesia administration in Wisconsin.
 2. Physiological and psychological aspects of anxiety.
 3. Stages of consciousness and the levels of sedation.
 4. Respiratory and circulatory physiology and related anatomy.
 5. Pharmacology of nitrous oxide.

6. Advantages and disadvantages as well as the indications and contraindications for nitrous oxide inhalation analgesia administration.

7. Patient evaluation, selection, and preparation for nitrous oxide inhalation analgesia administration.

8. The function of the basic components of nitrous oxide inhalation analgesia delivery and scavenging systems including all of the following:

a. Inspecting all components of the nitrous oxide inhalation analgesia delivery equipment.

b. Assembling and disassembling components.

c. Operating nitrous oxide inhalation analgesia equipment.

d. Disinfecting and sterilizing nitrous oxide inhalation analgesia equipment.

9. Safe and effective administration of nitrous oxide inhalation analgesia to patients in a clinical setting including all of the following:

a. Determining the patient's ideal flow rate and tidal volume.

b. Performing titration to effect.

c. Determining the ideal percentage of nitrous oxide flow rate for individual patients.

d. Calculating the percentage of nitrous oxide at peak flow.

10. Monitoring and documenting a patient undergoing nitrous oxide inhalation analgesia.

11. Complications associated with nitrous oxide inhalation analgesia administration and the prevention, recognition, and management of associated medical emergencies.

12. Troubleshooting problems with nitrous oxide inhalation analgesia administration.

13. Potential health hazards associated with nitrous oxide inhalation analgesia administration.

(b) Clinical experience consisting of three inductions of nitrous oxide inhalation analgesia on another person under supervision of the instructor.

(c) A dentist licensed under ch. 447, Stats., shall be present in the facility and available to both the patients and to the students of the class.

DE 15.06 Dentist responsibility for the administration of nitrous oxide inhalation analgesia. The dentist is ultimately responsible for all decisions regarding the administration of nitrous oxide inhalation analgesia, particularly in determining the pharmacological and physiological considerations of each individual treatment plan.

SECTION 4. EFFECTIVE DATE. The rules adopted in this order shall take effect on the first day of the month following publication in the Wisconsin administrative register, pursuant to s. 227.22 (2) (intro.), Stats.

(END OF TEXT OF RULE)

Dated _____

Agency _____

Chairperson
Dentistry Examining Board

ADMINISTRATIVE RULES Fiscal Estimate & Economic Impact Analysis

1. Type of Estimate and Analysis

Original Updated Corrected

2. Administrative Rule Chapter, Title and Number

DE 3, 11, 15

3. Subject

Relating to certificate for dental hygienists to administer nitrous oxide inhalation analgesia

4. Fund Sources Affected

GPR FED PRO PRS SEG SEG-S

5. Chapter 20, Stats. Appropriations Affected

6. Fiscal Effect of Implementing the Rule

No Fiscal Effect Increase Existing Revenues Increase Costs
 Indeterminate Decrease Existing Revenues Could Absorb Within Agency's Budget
 Decrease Cost

7. The Rule Will Impact the Following (Check All That Apply)

State's Economy Specific Businesses/Sectors
 Local Government Units Public Utility Rate Payers
 Small Businesses (if checked, complete Attachment A)

8. Would Implementation and Compliance Costs Be Greater Than \$20 million?

Yes No

9. Policy Problem Addressed by the Rule

2013 Wisconsin Act 354 required the Dentistry Examining Board to grant a certificate to administer nitrous oxide inhalation analgesia to a dental hygienist who is licensed by the Board and who satisfies certain educational requirements that the Act directs the Board to establish by rule. Under 2013 Wisconsin Act 354, the certificate to administer nitrous oxide inhalation analgesia remains in effect while the dental hygienist holds a valid license to practice dental hygiene in Wisconsin, unless the Dentistry Examining Board suspends or revokes the certificate. The proposed rule implements 2013 Wisconsin Act 354 by establishing the requirements for the certificate.

10. Summary of the businesses, business sectors, associations representing business, local governmental units, and individuals that may be affected by the proposed rule that were contacted for comments.

This proposed rule was posted for a period of 14 days to solicit comments from the public. No businesses, business sectors, associations representing businesses, local governmental units, or individuals contacted the department about the proposed rule during that time period.

11. Identify the local governmental units that participated in the development of this EIA.

None. This rule does not affect local government units.

12. Summary of Rule's Economic and Fiscal Impact on Specific Businesses, Business Sectors, Public Utility Rate Payers, Local Governmental Units and the State's Economy as a Whole (Include Implementation and Compliance Costs Expected to be Incurred)

The rule will not have an economic or fiscal impact on specific businesses, business sectors, public utility rate payers, local government units, or the state's economy as a whole.

13. Benefits of Implementing the Rule and Alternative(s) to Implementing the Rule

ADMINISTRATIVE RULES Fiscal Estimate & Economic Impact Analysis

The benefit of the proposed rule is that it brings the Dentistry Examining Board administrative rules in compliance with 2013 Wisconsin Act 354.

14. Long Range Implications of Implementing the Rule

The long range implications of implementing the rule is regulatory clarity for dental hygienist credential holders as the administrative code will align with the statutory requirements established in 2013 Wisconsin Act 354.

15. Compare With Approaches Being Used by Federal Government

None.

16. Compare With Approaches Being Used by Neighboring States (Illinois, Iowa, Michigan and Minnesota)

Illinois: Dental hygienists may administer and monitor nitrous oxide provided they complete a 14 hour course relative to nitrous oxide analgesia and submit certification of completion of the required course to the supervising dentist. An individual who graduated from an approved dental hygiene program after January 1, 1998 that contained nitrous oxide analgesia administration and monitoring shall not be required to complete the 14 hour course upon proof to the dentist of the required curriculum. The dental hygienist must maintain BLS certification or its equivalent in addition to the required courses (Ill. Admin. Code tit. 68 pt. 1220).

Iowa: A dental hygienist may administer nitrous oxide inhalation analgesia provided the administration of nitrous oxide inhalation analgesia has been delegated by a dentist and the hygienist has completed a board approved course of training (Iowa Admin. Code r. 650- 29.6 (4)).

Michigan: A dentist may delegate administering nitrous oxide analgesia to a registered dental hygienist under direct supervision to a patient 18 years of age or older if the dental hygienist has met all of the following: (1) Successfully completed an approved course in the administration of nitrous oxide analgesia including content in nitrous oxide analgesia medical emergency techniques, pharmacology of nitrous oxide, nitrous oxide techniques, and if such a course is available, selection of pain control modalities. The course must consist of a minimum of 4 hours didactic instruction and 4 hours of clinical experience; (2) Successfully completed a state or regional board administered written examination in local anesthesia within 18 months of completion of the approved course; (3) Successfully completed a state or regional board administered written examination on nitrous oxide analgesia, within 18 months of completion of the approved course; and (4) Maintains and provides evidence of current certification in basic or advanced cardiac life support. A dental hygienist shall not administer more than 50% nitrous oxide (Mich. Admin. Code r. 338.11410 and MCL 333.16611 (4)).

Minnesota: A dental hygienist may administer nitrous oxide inhalation analgesia in accordance with all of the following: (1) Completion of CPR training and current CPR certification; (2) Usage of only use fail-safe anesthesia equipment capable of positive pressure respiration; (3) Successful completion of a course on the administration of nitrous oxide inhalation analgesia from an institution accredited by the Commission on Dental Accreditation. The course must be a minimum of 12 hours comprised of didactic instruction, personally administering and managing at least three individual supervised cases of analgesia, and supervised clinical experience using fail-safe anesthesia equipment capable of positive pressure respiration; (4) Under the appropriate level of supervision by a dentist who is current with the requirements to administer nitrous oxide inhalation analgesia (Minn. Admin. Code 3100.3600 subp. 4.).

17. Contact Name

Katie Vieira (Paff)

18. Contact Phone Number

(608) 261-4472

This document can be made available in alternate formats to individuals with disabilities upon request.



**WISCONSIN LEGISLATIVE COUNCIL
RULES CLEARINGHOUSE**

Scott Grosz
Clearinghouse Director

Terry C. Anderson
Legislative Council Director

Margit S. Kelley
Clearinghouse Assistant Director

Jessica Karls-Ruplinger
Legislative Council Deputy Director

CLEARINGHOUSE REPORT TO AGENCY

[THIS REPORT HAS BEEN PREPARED PURSUANT TO S. 227.15, STATS. THIS IS A REPORT ON A RULE AS ORIGINALLY PROPOSED BY THE AGENCY; THE REPORT MAY NOT REFLECT THE FINAL CONTENT OF THE RULE IN FINAL DRAFT FORM AS IT WILL BE SUBMITTED TO THE LEGISLATURE. THIS REPORT CONSTITUTES A REVIEW OF, BUT NOT APPROVAL OR DISAPPROVAL OF, THE SUBSTANTIVE CONTENT AND TECHNICAL ACCURACY OF THE RULE.]

CLEARINGHOUSE RULE 15-056

AN ORDER to amend DE 3.03 (1) and 11.03 (1); and to create ch. DE 15, relating to certificate for dental hygienists to administer nitrous oxide inhalation analgesia.

Submitted by **DENTISTRY EXAMINING BOARD**

08-04-2015 RECEIVED BY LEGISLATIVE COUNCIL.

08-20-2015 REPORT SENT TO AGENCY.

MSK:MM

LEGISLATIVE COUNCIL RULES CLEARINGHOUSE REPORT

This rule has been reviewed by the Rules Clearinghouse. Based on that review, comments are reported as noted below:

1. STATUTORY AUTHORITY [s. 227.15 (2) (a)]

Comment Attached YES NO

2. FORM, STYLE AND PLACEMENT IN ADMINISTRATIVE CODE [s. 227.15 (2) (c)]

Comment Attached YES NO

3. CONFLICT WITH OR DUPLICATION OF EXISTING RULES [s. 227.15 (2) (d)]

Comment Attached YES NO

4. ADEQUACY OF REFERENCES TO RELATED STATUTES, RULES AND FORMS
[s. 227.15 (2) (e)]

Comment Attached YES NO

5. CLARITY, GRAMMAR, PUNCTUATION AND USE OF PLAIN LANGUAGE [s. 227.15 (2) (f)]

Comment Attached YES NO

6. POTENTIAL CONFLICTS WITH, AND COMPARABILITY TO, RELATED FEDERAL
REGULATIONS [s. 227.15 (2) (g)]

Comment Attached YES NO

7. COMPLIANCE WITH PERMIT ACTION DEADLINE REQUIREMENTS [s. 227.15 (2) (h)]

Comment Attached YES NO



WISCONSIN LEGISLATIVE COUNCIL RULES CLEARINGHOUSE

Scott Grosz
Clearinghouse Director

Margit Kelley
Clearinghouse Assistant Director

Terry C. Anderson
Legislative Council Director

Jessica Karls-Ruplinger
Legislative Council Deputy Director

CLEARINGHOUSE RULE 15-056

Comments

[NOTE: All citations to “Manual” in the comments below are to the Administrative Rules Procedures Manual, prepared by the Legislative Reference Bureau and the Legislative Council Staff, dated December 2014.]

2. Form, Style and Placement in Administrative Code

a. The Board should add a provision to the rule that establishes a procedure for Board approval of certification programs referred to in s. DE 15.05. This will enable dental hygienists to know whether a certification program that is offered provides adequate instruction to entitle them to receive a certificate to administer nitrous oxide inhalation analgesia. It is unclear how the Board would know whether a certification program attended by a dental hygienist meets the requirements set forth in s. DE 15.05 (2) if a provision of this type is not added to the rule. [For examples of rule provisions providing for approval of training programs, see ss. ATCP 136.08 (2), FD 6.06, and DHS 129.27.]

b. Section DE 15.03 should be rewritten so that the introductory material is in the active voice and is grammatically consistent with the material in the subunits. [ss. 1.01 (1) and 1.03 (3), Manual.] For example, the section could be rephrased to state: “The board shall grant certification to administer nitrous oxide inhalation analgesia to an applicant who satisfies all of the following conditions:

- (1) The applicant holds a valid license....
- (2) The applicant has completed the educational requirements....
- (3) The applicant has submitted....”.

c. In s. DE 15.05 (2), par. (c) should be rewritten to form a complete sentence with sub. (2) (intro.). Alternatively, the provision could be numbered as sub. (3), instead of sub. (2) (c), if appropriate.

d. Section DE 15.06 should be rewritten to provide that a dental hygienist may administer nitrous oxide inhalation analgesia only if all of the following requirements are met: (1) the nitrous oxide inhalation analgesia is administered pursuant to a treatment plan approved by the dentist; (2) the dentist remains on the premises; and (3) the dentist is available to the patient throughout the completion of the appointment. These elements are all required under s. 447.06 (2) (e) 4., Stats.

5. Clarity, Grammar, Punctuation and Use of Plain Language

a. In s. DE 11.03 (1), the word “has” should be changed to “utilizes”.

b. In s. DE 15.04 (2), what constitutes “successful completion”? How is successful completion to be documented?

c. Section DE 15.05 (intro.) should be rewritten in the active voice, in a more concise, simple sentence. [See s. 1.01 (1), Manual.]

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Katie Vieira Administrative Rules Coordinator		2) Date When Request Submitted: 8/18/2015 Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: Dentistry Examining Board			
4) Meeting Date: 9/2/2015	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Public Hearing and review of Clearinghouse comments for DE 5 and 14 relating to informed consent	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A	
10) Describe the issue and action that should be addressed: Public hearing to be held at 8:30am. The Board will review and discuss any public hearing comments and Legislative Clearinghouse comments.			
11) Authorization			
Katie Vieira		8/18/2015	
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

STATE OF WISCONSIN
DENTISTRY EXAMINING BOARD

IN THE MATTER OF RULEMAKING	:	PROPOSED ORDER OF THE
PROCEEDINGS BEFORE THE	:	DENTISTRY EXAMINING
	:	BOARD
DENTISTRY EXAMINING	:	ADOPTING RULES
BOARD	:	(CLEARINGHOUSE RULE)

PROPOSED ORDER

An order of the Dentistry Examining Board to create DE Chapter 14 relating to informed consent.

Analysis prepared by the Department of Safety and Professional Services.

ANALYSIS

Statutes interpreted:

Section 447.40, Stats.

Statutory authority:

Sections 15.08 (5) (b), 227.11 (2) (a), and 447.02 (2) (i), Stats.

Explanation of agency authority:

Section 15.08 (5) (b), Stats. Each examining board shall promulgate rules for its own guidance and for the guidance of the trade or profession to which it pertains, and define and enforce professional conduct and unethical practices not inconsistent with the law relating to the particular trade or profession.

Section 227.11 (2) (a), Stats., provides that “[e]ach agency may promulgate rules interpreting the provisions of any statute enforced or administered by the agency, if the agency considers it necessary to effectuate the purpose of the statute, but a rule is not valid if the rule exceeds the bounds of correct interpretation.”

Section 447.02 (2) (i), Stats. The examining board shall promulgate rules specifying the provisions for implementing s. 447.40.

Related statute or rule:

Sections 446.08, 448.697, and 449.25, Stats.

Plain language analysis:

The duty of certain health care professionals, other than physicians, to obtain informed consent from their patients before conducting treatment had not been codified as a statutory duty prior to the passage of 2013 Wisconsin Act 345. Act 345 sets forth the dentists' duty to obtain informed consent from their patients and institutes the reasonable dentist standard as the standard for informing patients regarding their treatment options. The reasonable dentist standard requires disclosure only of the information that a reasonable dentist would know and disclose under the circumstances.

Summary of, and comparison with, existing or proposed federal regulation:

Although several federal agencies require investigators to obtain informed consent of human subjects participating in investigative trials, there are no specific federal regulations regarding dentists obtaining informed consent from their patients or the reasonable dentist standard.

Comparison with rules in adjacent states:

Illinois: Illinois Administrative Code is silent with regards to dentists' duty to obtain informed consent (68 Il. Admin. Code pt. 1220).

Iowa: Iowa Administrative Code regarding record keeping states that dental records must include, at a minimum, documentation of informed consent that includes a discussion of procedures, treatment options, potential complications, and known risks, and patient's consent to proceed with treatment (Iowa Admin. Code r. 650-27.11).

Michigan: Michigan Administrative Code is silent with regards to dentists' duty to obtain informed consent (Mich. Admin. Code r. 338.11101 - 338.11821).

Minnesota: Minnesota Administrative Code requires that dental records must include a notation that the dentist, advanced dental therapist, or dental therapist discussed with the patient the treatment options and the prognosis, benefits, and risks of each; and the patient has consented to the treatment chosen (Minn. R. 3100.9600 subp. 9).

Summary of factual data and analytical methodologies:

No factual data or analytical methodologies were used in drafting the proposed rule due to the proposed rule being prompted by the passage of 2013 WI Act 345. Adjacent states' requirements were reviewed.

Analysis and supporting documents used to determine effect on small business or in preparation of economic impact analysis:

The rule was posted for public comment on the economic impact of the proposed rule, including how this proposed rule may affect businesses, local government units, and individuals, for a period of 14 days. No comments were received.

Fiscal Estimate and Economic Impact Analysis:

The Fiscal Estimate and Economic Impact Analysis document is attached.

Effect on small business:

These proposed rules do not have an economic impact on small businesses, as defined in s. 227.114 (1), Stats. The Department’s Regulatory Review Coordinator may be contacted by email at Eric.Esser@wisconsin.gov, or by calling (608) 267-2435.

Agency contact person:

Katie Vieira (Paff), Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, 1400 East Washington Avenue, Room 151, P.O. Box 8935, Madison, Wisconsin 53708; telephone 608-261-4472; email at Kathleen.Vieira@wisconsin.gov.

Place where comments are to be submitted and deadline for submission:

Comments may be submitted to Katie Paff, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, 1400 East Washington Avenue, Room 151, P.O. Box 8366, Madison, WI 53708-8935, or by email to Kathleen.Paff@wisconsin.gov. Comments must be received on or before the public hearing to be held on September 2, 2015 to be included in the record of rule-making proceedings.

TEXT OF RULE

SECTION 1. Chapter DE 14 is created to read:

CHAPTER DE 14

INFORMED CONSENT

DE 14.01 Authority and purpose. (1) AUTHORITY. The rules in this chapter adopted pursuant to the authority delegated in ss. 15.085 (5) (b), 227.11 (2) (a), and 447.02 (2) (i), Stats.

(2) PURPOSE. The purpose of the rules is to define the obligation of a dentist to communicate alternate modes of treatment to a patient.

DE 14.02 Informed consent. Any dentist who treats a patient shall inform the patient about the availability of reasonable alternate modes of treatment and about the benefits and risks of these treatments. The reasonable dentist standard is the standard for informing a patient under this section. The reasonable dentist standard requires disclosure only of information that a reasonable dentist would know and disclose under the circumstances.

DE 14.03 Exceptions to communication of alternate modes of treatment. The dentist's duty to inform the patient under this section does not require disclosure of any of the following:

- (1) Detailed technical information that in all probability a patient would not understand.
- (2) Risks apparent or known to the patient.
- (3) Extremely remote possibilities that might falsely or detrimentally alarm the patient.
- (4) Information in emergencies where failure to provide treatment would be more harmful to the patient than treatment.
- (5) Information in cases where the patient is incapable of consenting.
- (6) Information about alternate modes of treatment for any condition the dentist has not included in his or her diagnosis at the time the dentist informs the patient.

DE 14.04 Recordkeeping. A dentist's patient record shall include documentation that alternate modes of treatment have been communicated to the patient and informed consent has been obtained from the patient in keeping with ch. DE 8.

SECTION 2. EFFECTIVE DATE. The rules adopted in this order shall take effect on the first day of the month following publication in the Wisconsin administrative register, pursuant to s. 227.22 (2) (intro.), Stats.

(END OF TEXT OF RULE)

Dated _____

Agency _____

Chairperson
Dentistry Examining Board

ADMINISTRATIVE RULES Fiscal Estimate & Economic Impact Analysis

1. Type of Estimate and Analysis

Original Updated Corrected

2. Administrative Rule Chapter, Title and Number

DE 14

3. Subject

Relating to informed consent

4. Fund Sources Affected

GPR FED PRO PRS SEG SEG-S

5. Chapter 20, Stats. Appropriations Affected

6. Fiscal Effect of Implementing the Rule

No Fiscal Effect Increase Existing Revenues Increase Costs
 Indeterminate Decrease Existing Revenues Could Absorb Within Agency's Budget
 Decrease Cost

7. The Rule Will Impact the Following (Check All That Apply)

State's Economy Specific Businesses/Sectors
 Local Government Units Public Utility Rate Payers
 Small Businesses (if checked, complete Attachment A)

8. Would Implementation and Compliance Costs Be Greater Than \$20 million?

Yes No

9. Policy Problem Addressed by the Rule

The duty of certain health care professionals, other than physicians, to obtain informed consent from their patients before conducting treatment had not been codified as a statutory duty prior to the passage of 2013 Wisconsin Act 345. Act 345 sets forth the dentists' duty to obtain informed consent from their patients and institutes the reasonable dentist standard as the standard for informing patients regarding their treatment options. The reasonable dentist standard requires disclosure only of the information that a reasonable dentist would know and disclose under the circumstances.

10. Summary of the businesses, business sectors, associations representing business, local governmental units, and individuals that may be affected by the proposed rule that were contacted for comments.

This proposed rule was posted for a period of 14 days to solicit comments from the public. No businesses, business sectors, associations representing businesses, local governmental units, or individuals contacted the department about the proposed rule during that time period.

11. Identify the local governmental units that participated in the development of this EIA.

None. This rule does not affect local government units.

12. Summary of Rule's Economic and Fiscal Impact on Specific Businesses, Business Sectors, Public Utility Rate Payers, Local Governmental Units and the State's Economy as a Whole (Include Implementation and Compliance Costs Expected to be Incurred)

The rule will not have an economic or fiscal impact on specific businesses, business sectors, public utility rate payers, local government units, or the state's economy as a whole.

13. Benefits of Implementing the Rule and Alternative(s) to Implementing the Rule

The benefit of the proposed rule is that it brings the Dentistry Examining Board administrative rules in compliance with

ADMINISTRATIVE RULES Fiscal Estimate & Economic Impact Analysis

2013 Wisconsin Act 345.

14. Long Range Implications of Implementing the Rule

The long range implications of implementing the rule is regulatory clarity for dentist license holders as the administrative code will align with the statutory requirements established in 2013 Wisconsin Act 345.

15. Compare With Approaches Being Used by Federal Government

None.

16. Compare With Approaches Being Used by Neighboring States (Illinois, Iowa, Michigan and Minnesota)

Illinois: Illinois Administrative Code is silent with regards to dentists' duty to obtain informed consent (68 Il. Admin. Code pt. 1220).

Iowa: Iowa Administrative Code regarding record keeping states that dental records must include, at a minimum, documentation of informed consent that includes a discussion of procedures, treatment options, potential complications, and known risks, and patient's consent to proceed with treatment (Iowa Admin. Code r. 650-27.11).

Michigan: Michigan Administrative Code is silent with regards to dentists' duty to obtain informed consent (Mich. Admin. Code r. 338.11101 - 338.11821).

Minnesota: Minnesota Administrative Code requires that dental records must include a notation that the dentist, advanced dental therapist, or dental therapist discussed with the patient the treatment options and the prognosis, benefits, and risks of each; and the patient has consented to the treatment chosen (Minn. R. 3100.9600 subp. 9).

17. Contact Name

Katie Vieira (Paff)

18. Contact Phone Number

(608) 261-4472

This document can be made available in alternate formats to individuals with disabilities upon request.

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Katie Vieira Dentistry Examining Board		2) Date When Request Submitted: 8/18/2015 Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: Dentistry Examining Board			
4) Meeting Date: 9/2/2015	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Adoption Order for CR15-013 relating to foreign trained dentists	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A	
10) Describe the issue and action that should be addressed: The Board will review and approve the Adoption Order for CR15-013 relating to foreign trained dentists.			
11) Authorization			
Katie Vieira		8/18/2015	
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

STATE OF WISCONSIN
DENTISTRY EXAMINING BOARD

IN THE MATTER OF RULE-MAKING	:	ORDER OF THE
PROCEEDINGS BEFORE THE	:	DENTISTRY EXAMINING BOARD
DENTISTRY EXAMINING BOARD	:	ADOPTING RULES
	:	CLEARINGHOUSE RULE 15-013

ORDER

An order of the Dentistry Examining Board to repeal DE 2.01(1m) (c) and create DE 2.01(1m) (d) relating to foreign trained dentists.

Analysis prepared by the Department of Safety and Professional Services.

ANALYSIS

Statutes interpreted: s. 447.04, Wis. Stats.

Statutory authority: ss. 15.08(5) (b) and 447.04 (1) (b) 1., Wis. Stats.

Explanation of agency authority:

The Board shall promulgate rules for the guidance of the profession not inconsistent with the law relating to the profession. The Board shall establish requirements for licensure established by rule for granting a license to an applicant licensed in another state, territory or country.

Related statute or rule:

None

Plain language analysis:

The current rule requires an applicant who is a graduate of a foreign dental school to provide evidence that they have completed a postgraduate program or a residency program. The proposed rule eliminates this requirement. To bring Wisconsin's requirements in line with other states, the proposed rule requires a foreign trained dentist to provide verification of being awarded a DDS or DMD degree from an accredited dental school or a dental diploma, degree, or certificate from a dental education program lasting at least two years at an accredited dental school which is equivalent to the didactic and clinical education at the level of a DDS or DMD degree.

Summary of, and comparison with, existing or proposed federal regulation:

None

Comparison with rules in adjacent states:

Illinois: Illinois requires graduates of programs outside of the United States or Canada to provide certification of completion of a minimum of 2 years of clinical training from an approved dental college in the United States or Canada in which the applicant met the same level of scientific knowledge and clinical competence as all graduates from that school or certification of completion of no less than 2 academic years of advanced dental education program.

Iowa: Iowa requires foreign trained applicants to receive a dental diploma, degree or certificate from a full-time, undergraduate supplemental dental education program of at least 2 academic years at an accredited dental college. The program must provide didactic and clinical education to the level of a DDS or DMD graduate.

Michigan: Michigan requires foreign trained applicants to complete a minimum 2 year program in dentistry in an approved school that leads to the awarding of a DDS or DMD or a minimum 2 year master's degree or certificate program in an approved dental school that leads to the awarding of a degree or certificate from a dental specialty program.

Minnesota: Minnesota requires foreign trained applicants to have an evaluation of the foreign dental school done by the International Credentialing Associates that the foreign dental school's education is equivalent to a dental school accredited by the Commission on Dental Accreditation.

Summary of factual data and analytical methodologies:

The Board reviewed the requirements of the surrounding states.

Analysis and supporting documents used to determine effect on small business or in preparation of economic impact analysis:

The rule was posted for public comment on the economic impact of the proposed rule, including how this proposed rule may affect businesses, local government units, and individuals, for a period of 14 days and received no comment.

Fiscal Estimate and Economic Impact Analysis:

The Fiscal Estimate and Economic Impact Analysis document is attached.

Effect on small business:

These proposed rules do not have an economic impact on small businesses, as defined in s. 227.114 (1), Stats. The Department's Regulatory Review Coordinator may be contacted by email at Eric.Esser@wisconsin.gov, or by calling (608) 267-2435.

Agency contact person:

Kathleen Vieira, Department of Safety and Professional Services, Division of Policy Development, 1400 East Washington Avenue, Room 151, P.O. Box 8935, Madison, Wisconsin 53708; telephone (608) 261-4472; email at Kathleen.Vieira@wisconsin.gov.

TEXT OF RULE

SECTION 1. DE 2.01 (1m) (c) is repealed.

SECTION 2. DE 2.01 (1m) (d) is created to read:

DE 2.01 (1m) (d) Evidence of one of the following:

1. Verification of having been awarded a DDS or DMD degree from an accredited dental school.

2. Verification of having received a dental diploma, degree or certificate from a full time, undergraduate supplemental dental education program of at least two academic years at an accredited dental school. The program must provide didactic and clinical education to the level of a DDS or DMD graduate.

SECTION 3. **EFFECTIVE DATE.** The rules adopted in this order shall take effect on the first day of the month following publication in the Wisconsin administrative register, pursuant to s. 227.22 (2) (intro.), Stats.

(END OF TEXT OF RULE)

Dated _____

Agency _____

Chairperson
Dentistry Examining Board

ADMINISTRATIVE RULES Fiscal Estimate & Economic Impact Analysis

1. Type of Estimate and Analysis

Original Updated Corrected

2. Administrative Rule Chapter, Title and Number

DE 2

3. Subject

Foreign trained dentists

4. Fund Sources Affected

GPR FED PRO PRS SEG SEG-S

5. Chapter 20, Stats. Appropriations Affected

20.165(1)(g)

6. Fiscal Effect of Implementing the Rule

No Fiscal Effect Increase Existing Revenues Increase Costs
 Indeterminate Decrease Existing Revenues Could Absorb Within Agency's Budget
 Decrease Cost

7. The Rule Will Impact the Following (Check All That Apply)

State's Economy Specific Businesses/Sectors
 Local Government Units Public Utility Rate Payers
 Small Businesses (if checked, complete Attachment A)

8. Would Implementation and Compliance Costs Be Greater Than \$20 million?

Yes No

9. Policy Problem Addressed by the Rule

The policy problem addressed is a pathway for foreign trained dentists to become licensed in Wisconsin.

10. Summary of the businesses, business sectors, associations representing business, local governmental units, and individuals that may be affected by the proposed rule that were contacted for comments.

This rule was posted for economic impact comments and none were received.

11. Identify the local governmental units that participated in the development of this EIA.

None. It does not affect local governmental units.

12. Summary of Rule's Economic and Fiscal Impact on Specific Businesses, Business Sectors, Public Utility Rate Payers, Local Governmental Units and the State's Economy as a Whole (Include Implementation and Compliance Costs Expected to be Incurred)

This rule does not have an economic or fiscal impact on specific businesses, business sectors, public utility rate payers, local governmental units and the State's economy as a whole.

13. Benefits of Implementing the Rule and Alternative(s) to Implementing the Rule

The benefit to implementing the rule is to provide for foreign trained dentists to become licensed in Wisconsin without compromising patient safety. The rule requires a foreign trained dentist to obtain a DDS or DMD from an accredited dental school or obtain a dental diploma, degree or certificate from a dental education program lasting at least two years at an accredited dental school which results in the equivalent education to a DDS or DMD degree.

14. Long Range Implications of Implementing the Rule

The long range implications of implementing the rule is that foreign trained dentists will have a clear pathway to licensure and the public will be protected.

15. Compare With Approaches Being Used by Federal Government

None

16. Compare With Approaches Being Used by Neighboring States (Illinois, Iowa, Michigan and Minnesota)

Illinois requires foreign trained applicants to complete a minimum of 2 years of clinical training from an approved dental college. Iowa requires foreign trained applicants to receive a dental diploma, degree or certificate of at least 2 years to

ADMINISTRATIVE RULES

Fiscal Estimate & Economic Impact Analysis

the level of a DDS or DMD graduate. Michigan requires foreign trained applicants to complete a minimum 2 year program in dentistry that leads to the awarding of a DDS or DMD or a minimum 2 year master's or certificate program from a dental specialty program. Minnesota requires foreign trained applicants to have an evaluation of the foreign dental school done by the International Credentialing Associates that the foreign dental school is equivalent to a dental school accredited by the Commission on Dental Accreditation.

17. Contact Name

Katie Vieira

18. Contact Phone Number

(608) 261-4472

This document can be made available in alternate formats to individuals with disabilities upon request.

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Brittany Lewin Executive Director		2) Date When Request Submitted: 8/24/15 <small>Items will be considered late if submitted after 12:00 p.m. and less than: ▪ 8 work days before the meeting</small>	
3) Name of Board, Committee, Council, Sections: Dentistry Examining Board			
4) Meeting Date: 9/2/15	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Credentialing Matters – Basic Cardiac Life Support Certification	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing? <input checked="" type="checkbox"/> Yes by _____ (name) <input type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: American Safety and Health Institute is requesting the Board to consider approving their basic cardiac life support course to meet the requirement of DE 11.05(1)(b): (b) Provides proof of certification in basic cardiac life support for the health care provider and a board approved training program in airway management or a course in advanced cardiac life support. If the dentist is sedating patients age 14 or younger, the dentist shall provide proof of certification in pediatric advanced life support. This certification shall be renewed in compliance with the standards set forth by the American Heart Association, the American Red Cross, or any other organization approved by the board.			
11) Signature of person making this request		Authorization	Date
Supervisor (if required)			Date
Bureau Director signature (indicates approval to add post agenda deadline item to agenda)			Date
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Board Services Bureau Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

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Program Standards

ASHI PALS™	
Intended Audience	Emergency personnel in intensive care or critical care departments and emergency medical providers.
Instructor Prerequisites	A current and properly authorized ASHI Instructor in good standing with a reasonable amount of PALS patient care experience.
Participant Prerequisites	Training and/or education in basic cardiac rhythm analysis (ECG interpretation) and cardiovascular pharmacology. Professional level Basic Life Support (BLS/CPR/AED) required or included in PALS course.
Required Training Materials	<ul style="list-style-type: none"> • <i>PALS Study Guide</i>, Third Ed. Aehlert. Elsevier © 2012 (one per participant) • <i>ASHI PALS™ Digital Resource Kit</i> (one per Training Center) • <i>ASHI PALS™ Instructor Resource Guide</i> (one per Instructor) • ASHI PALS™ presentation media (PowerPoint®) © 2012 Mosby, Inc.
Course Length	<ul style="list-style-type: none"> • Varies by class type (initial, refresher) and method. • Initial class about 13 hours; refresher course about 6 hours. • Successful completion is based on achievement of the core learning objectives rather than a prescribed instruction time.
Student To Instructor Ratio (Skill Session Maximum)	10:1 (6:1 recommended)
Student To Manikin Ratio (Skill Session Maximum)	3:1 (1:1 recommended)
Certification Requirements	<p>Written Exam: Required</p> <ul style="list-style-type: none"> • 71% or better <p>Performance Evaluation: Required</p> <ul style="list-style-type: none"> • Working as a group leader in a team setting, competently direct the initial emergency care for a pediatric patient in two randomly selected cases/scenarios: <ol style="list-style-type: none"> 1. Upper Airway Obstruction 2. Lower Airway Obstruction 3. Tachycardia with Adequate Perfusion 4. Tachycardia with Inadequate Perfusion 5. Symptomatic Bradycardia 6. Absent/Pulseless Rhythms 7. Hypovolemic Shock 8. Trauma
Certification Period	May not exceed 24 months from class completion date. More frequent reinforcement of skills is recommended.
Notes:	<ul style="list-style-type: none"> • Occupational licensing boards, regulatory agencies, and other approvers may require specific hours of instruction or other practices.
Continuing Education	Emergency Medical Services CEH: 12 (initial), 5.25 (refresher) Advanced through Health and Safety Institute, the parent company of ASHI, an organization accredited by the Continuing Education Coordinating Board for Emergency Medical Services.

Challenging the Program

Experienced students may wish to challenge the PALS course by demonstrating adequate (competent) performance of skills and a score of 71% or better on the ASHI PALS post-test. A written exam score does not reflect PALS skill ability. Written exams may not be used as the sole determinant of successful completion.³ Skills must be competently performed. Participants must arrive prepared for skill testing and must perform competently without assistance during all required performance evaluations. A warm-up or skills review session may be conducted before the challenge but must be clearly separated from the challenge itself.

Students who cannot perform competently without assistance have not successfully completed the course. Participants must arrive prepared for skill testing and must successfully complete the required skills for the course. The instructor should evaluate and document the performance using the Performance Evaluation Record. The instructor may not coach or provide other assistance during the challenge. If unsuccessful, students seeking ASHI PALS certification must complete a full course.

Core Knowledge Objectives: Initial and Renewal Course

Knowledge Objectives

Upon completion of this training program, a student will be able to:

1. Describe techniques for successful assessment of infants and children.
2. Identify normal age group-related vital signs.
3. Discuss the assessment findings associated with respiratory distress and respiratory failure in infants and children.
4. Discuss appropriate ventilation devices for infants and children.
5. Describe the assessment findings that indicate shock in infants and children.
6. Describe the initial management of hypovolemic, cardiogenic, distributive (septic, anaphylactic, neurogenic), and obstructive shock in infants and children.
7. Discuss the management of cardiac dysrhythmias in infants and children.

8. Given a patient situation, formulate a management plan (including assessment, airway management, CPR, pharmacological, and electrical interventions where applicable) for a patient in shock.
9. Discuss the pharmacology of medications used during shock, symptomatic bradycardia, stable and unstable tachycardia, and cardiopulmonary arrest.
10. Given a patient situation, formulate a management plan (including assessment, airway management, CPR, pharmacological, and electrical interventions where applicable) for a patient in a stable or unstable tachycardia.
11. Given a patient situation, formulate a management plan (including assessment, airway management, CPR, pharmacological, and electrical interventions where applicable) for a patient with a symptomatic bradycardia.

Skill Objectives: Initial Course

Upon completion of this training program, a student will be able to:

Patient Assessment

1. Given a patient situation, form a general impression and perform a primary survey.

Airway Management

1. Demonstrate a head-tilt/chin-lift and jaw-thrust without head-tilt.
2. Demonstrate correct sizing and insertion of an oral and nasal airway.
3. Demonstrate methods for confirming endotracheal tube placement.

Rhythm Recognition and Electrical Therapy

1. Demonstrate the procedure for defibrillation and synchronized cardioversion, including selection of correct energy levels.
2. Demonstrate operation of an automated external defibrillator (AED).

Vascular Access & Medications

1. Demonstrate intraosseous access.
2. Demonstrate use of a length-based resuscitation tape.

Special Healthcare Needs

1. Demonstrate suctioning a tracheostomy tube.
2. Demonstrate clearing an obstructed tracheostomy tube.

Putting It All Together

1. Given a patient situation, and working in a team setting, verbalize and perform necessary skills in the initial emergency care (including mechanical, pharmacological, and electrical therapy where applicable) for each of the following situations:
 - a. Upper Airway Obstruction
 - b. Lower Airway Obstruction
 - c. Trauma
 - d. Tachycardia with Adequate Perfusion
 - e. Tachycardia with Inadequate Perfusion
 - f. Hypovolemic Shock
 - g. Symptomatic Bradycardia
 - h. Absent/Pulseless Rhythms

Skill Objectives: Renewal Course

Upon completion of this training program, a student will be able to:

Putting It All Together

1. Given a patient situation, and working in a team setting, verbalize and perform necessary skills in the initial emergency care (including mechanical, pharmacological, and electrical therapy where applicable) for each of the following situations:
 - a. Upper Airway Obstruction
 - b. Lower Airway Obstruction
 - c. Trauma
 - d. Tachycardia with Adequate Perfusion
 - e. Tachycardia with Inadequate Perfusion
 - f. Hypovolemic Shock
 - g. Symptomatic Bradycardia
 - h. Absent/Pulseless Rhythms

Program Description

Overview

This program provides learners a valuable and enjoyable hands-on training experience. The fundamental objective is to teach a simple, practical approach that helps students develop basic and advanced life support knowledge, skills, and the confidence to respond.

Goal

The overall goal of the ASHI PALS Course is to provide healthcare professionals with didactic and psychomotor skills training in the recognition and treatment of conditions that may lead to cardiopulmonary arrest in an infant or child.

Instructional Design

ASHI promotes an instructional approach that is based on simple and practical applications. The focus is on gaining the skills and building the confidence to handle an emergency situation. Skills are best learned and retained by repeat practice. Instructors can make the most of class time by limiting lectures to essential knowledge, and focusing on hands-on skill practice.

Four-step Instructional Approach

The basic four-step instructional plan for the ASHI PALS course is as follows:

1. Present the knowledge content
2. Demonstrate skills
3. Allow adequate time for students to practice the skills
4. Wrap-up

Step 1: Present the Knowledge Content

Deliver core knowledge. The PALS PowerPoint® presentation/lecture notes can be found on the Training Center Manager. Lecturing beyond the course outline will reduce skill practice time and should be avoided. Additional content in the student textbook is intended for reference and further reading.

Step 2: Demonstrate Skills

Demonstrations may be done in front of the entire group or by multiple instructors in individual skill stations. When demonstrating skills, a high-quality performance is essential because students will tend to copy it.

When giving a demonstration, consider using the WHOLE-PART-WHOLE method:

- **WHOLE:** Demonstrate the entire skill, beginning-to-end, briefly naming each action or step.
- **PART:** Demonstrate the skill again, step-by-step, integrating information and facts while pointing out common errors in technique. Present only the knowledge necessary for the student to adequately perform the skill. To help, have students look at the appropriate Skill Guide as you demonstrate.

- **WHOLE:** Demonstrate the entire skill again — in real time — without comment. Perform it without remarks, interruption, or explanation. This helps students get a feel for the tempo of the skill and the opportunity to observe the sequence of actions before they practice.

Step 3: Allow Adequate Time for Students to Practice the Skills

Break students into small groups with the required equipment for the practice. Have students role-play using the Teaching Case Scenario sheets provided in this Resource Guide (see below). Have students rotate through the roles until all have played each role. An Instructor should circulate through the classroom, answering questions, correcting errors in technique, and providing constructive feedback and positive reinforcement.

Avoid anxiety-producing, perfection-oriented skill checks. A stimulating, but non-threatening, environment is best for learning. If integrating a BLS/CPR station into the PALS course (recommended), consider having students practice while watching the whole skill (real time demonstration) from the ASHI CPRPro for the Professional Rescuer DVD. Students watch and practice along with a video demonstration of skills. Students can also practice along with an Instructor doing the skill. Allow time for each student to adequately imitate the skills.

Step 4: Wrap It Up

Ask for and answer questions as briefly and concisely as you can. If available, finish with a short problem-solving scenario to help students recall key information.

Critical Factors

While out-of-hospital survival rates are low,^{4,5} they can be improved with rapid, effective CPR by bystanders. In-hospital survival rates can reach 27%.^{6,7,8} When an infant or child stops breathing but their heart continues to beat and rescue breathing is quickly provided, survival with normal (or near normal) brain function can be much higher, reportedly as much as 70%.⁹

Fortunately, when compared to adults, cardiac arrest is uncommon in children.¹⁰ But prevention, early access to the EMS system, and early bystander CPR, in addition to rapid Pediatric Advanced Life Support (PALS) followed by integrated post-cardiac arrest care should all be emphasized to ensure the best possibility of survival.

Emotional Considerations

Caring for a child or an infant in an emergency can create emotional distress, even for healthcare providers. More serious emergencies or a connection to those involved can intensify these feelings. This is a normal human reaction to a traumatic event. Emotions and physical reactions can occur both during and after the emergency. Providers should remember to try to stay calm and accept their limitations.

It is important to understand that these feelings are normal and will pass with time. However, there are actions that can be taken to help cope with and work through the difficulty.

Coping strategies include speaking informally to someone trusted to listen without judgment, such as a family member, friend, or coworker; getting back to a normal routine as soon as possible; accepting that it will take time to resolve these emotions.

If unpleasant feelings persist, formal assistance from a professional counselor may be helpful in working through the emotions surrounding the event.

Case Scenarios

Scenario or problem-based learning is an instructional approach where students work in small groups to explore and analyze problems. This was first used as an adult learning approach in 1968 at McMaster University to help medical students apply knowledge to practical situations.¹¹ This approach requires that instructors change their role from being the center of attention and source of knowledge ("sage on the stage") to being a coach and facilitator for acquiring knowledge.¹² The learning is student-centered, not instructor-centered. A total of 20 case scenarios, which are available online in the Digital Resource Kit, are problem-based tools that should be used to encourage cooperative learning, to challenge students, and to reinforce core knowledge and skill objectives.

Teaching Case Scenario Sessions

Instructors should have all the appropriate resuscitation equipment available for use by students. All equipment must be clean, operable, and ready for use. The primary instructor is responsible for keeping the class on time. It is important to keep the students on topic and moving through the case scenarios. This takes practice.

The case scenarios work best with 4–6 students and the appropriate equipment. A manikin is required to play the role of “patient” in cardiac arrest scenarios, but an additional student may play the role of a responsive patient in a “pre-arrest” scenario (e.g., respiratory distress). Participants must work together to assess, manage, and document care of the patient.

Roles/Responsibilities:

1. Group Leader:
 - a. Assign tasks to team members (e.g., chest compressions, documentation/recording, monitoring/defibrillation, airway management, and medications/vascular access)
 - b. Monitor tasks for safety, accuracy, and effectiveness.
2. Coach: Read case scenario.
 - a. Provide pertinent findings.
 - b. Help rescuers with hints and directions as needed.
3. Team Members: Perform and document patient care.

Break the class into groups. Let the students decide who will play each role in the case scenarios. After roles have been decided, the Group Leader assigns tasks, including documenting the care of the patient using the Event Record. The Coach reads the scenario aloud. Team members “respond,” carrying out the indicated care. Information that the Group Leader and team members need to know about the patient appears in italics. The Coach may provide the information in italics to the Group Leader or team members, but should wait for it to be requested. For example, when a team member assesses the patient’s vital signs the Coach should provide the pertinent findings only when asked. Likewise, the Coach should not initially give any hints or directions as to what care needs to be provided (that is the “problem” part of problem-based learning).

Ideally, the Group Leader should direct patient care and not get tied up in a hands-on role, but this is not always realistic. For example, just as in real life, the Group Leader may be the most experienced at intubating and should assume that task if necessary. If the Group Leader has trouble deciding what to do, team members may make suggestions, as they might in real-life, or the Coach can help the entire team along by saying what emergency actions are required next. The students should work through each of the case scenarios in this manner, rotating roles so that each student functions as a Group Leader at least once.

During the practice sessions, an ASHI PALS instructor should be present for each group of students. The instructor’s role is to supervise the session, run the dysrhythmia generator (as necessary), and generally keep the students on task. When the scenario requires performance of a skill (such as defibrillation), the instructor should ensure that the participants actually perform (simulate) the skill, not just discuss it. After completing a scenario, students should discuss what went right and what needed improvement. Students should be allowed to identify and correct their own mistakes, but need encouragement and positive feedback from the instructor to reinforce correct behaviors. For example, if a skill was incorrectly performed, the instructor should demonstrate the skill correctly using the WHOLE-PART-WHOLE technique. If an inappropriate medication or dosage was selected, the instructor should identify the error and explain why before indicating the correct medication or dosage. After explaining, check for understanding. Ask the participants to rephrase what was said. Provide more information as needed for clarification.

NOTE: A sample Event Record is available online in the Digital Resource Kit. If your facility has a specific Event Record that is used for actual events, it can be used during training.

Drawbacks

Using scenario-based tools provides the student an opportunity to experiment with problem solving and apply their knowledge and skill in a challenging format. Scenarios keep everybody involved and help students “put it all together.” However, there are drawbacks.

1. Case Scenarios Require Good Reading Skills. Students with poor reading and/or English language skills will have difficulty in the role of Coach. They may perform adequately as a PALS Provider, however. Instructors must consider and be sensitive to the reading and language skills of their students, especially when asking them to read aloud.
2. Case Scenarios Do Not Work Well for Novices. First time learners may not yet have the basic knowledge and skills necessary to apply them in a scenario.
3. Case Scenarios Require Different Teaching Skills. Instructors with a great deal of lecturing experience may not realize that facilitating scenarios takes a different skill set. In a scenario, the idea is for students to discover things for themselves, rather than be told what to do. Being a good facilitator of scenarios takes practice.

4. Case Scenarios May Create a False Sense of Security. Scenarios can simplify complex reality to such an extent that the student gets a “dangerous illusion of perfect understanding.”¹³ This can result in emotional distress when the student, confronted by a real life event, recognizes that the real world is much different from the classroom. To lessen the potential impact, instructors should be careful to point out a scenario is, at best, an imperfect simulation of reality.

Written Exam and Performance Evaluation

Written Test. 71% or greater required on the 35-question, multiple-choice final written test (at least 25 correct). The 2012 ASHI PALS test is valid in that the questions are directly related to the stated objectives (i.e., the test measures what it is supposed to measure), appropriately matched to content, and consistent with established item writing standards.¹⁴ The passing (cut) score reflects the minimum acceptable level of knowledge competency based upon professional review and analysis of the test. Subjectively raising the cut score is improper as it may result in a person who has an adequate level of competence failing the test (false-negative).

Performance Evaluation. Working as a group leader in a team setting, adequately direct (without instructor assistance) the initial emergency care for respiratory/cardiac arrest and management of the patient with a pulse. The group leader may perform skills, but the decision-making process is more important in the evaluation.

Directions for Performance Evaluation

The instructor randomly selects two case scenarios from the following list:

1. Upper Airway Obstruction
2. Lower Airway Obstruction
3. Trauma
4. Tachycardia with Adequate Perfusion
5. Tachycardia with Inadequate Perfusion
6. Hypovolemic Shock
7. Symptomatic Bradycardia
8. Absent/Pulseless Rhythms

Each PALS participant is evaluated in the role of group leader. The same case scenarios used for practice case scenarios are used for performance evaluation. Each student must perform competently as a

group leader in a team setting – without prompting. If the student being evaluated has trouble deciding what to do, the instructor may not prompt him or her by saying what Emergency Actions are required next or by reading aloud what Necessary Tasks should be performed.

Team members may make suggestions as they might in real life; however, if it becomes evident that these suggestions are purely instructions to a student who is not performing competently (probably effective in real life) as a group leader, the instructor should end the performance evaluation for that student.

Step-by-Step Example

1. Students record their names on the Performance Evaluation Record.
2. The students decide who will assume the role of Group Leader (student being evaluated) for the performance evaluation.
3. The students decide who will assume the role of Event Recorder.
4. The remaining students will work together as a team to provide patient care.
5. Instructor/Evaluator randomly selects one Case Scenario and reads it aloud.
6. Tell the Group Leader to begin.
7. Instructor/Evaluator runs the dysrhythmia generator or provides static ECG strips for interpretation.
8. Group Leader directs the team, ensuring that the group actually performs (simulates) the required skills.
9. When the group finishes, encourage the Group Leader to discuss what went right and what needed improvement. Add comments, point out errors, and check for understanding.
10. Instructor/Evaluator randomly selects a second Case Scenario and reads it aloud.
11. Repeat as above.
12. Evaluate the Group Leader’s decision-making processes. Mark his or her Performance Evaluation Record Outstanding (Competent), Adequate (competent), or Inadequate (Not effective).
13. Continue as above until all students have completed Performance Evaluation.
14. If a participant is unable to adequately complete the performance evaluation, start and repeat the remediation process until a successful outcome is achieved or the logical stop point is reached (see ASHI Instructor Development Course, Module 13).

ASHI PALS™

NOTE: Participants are encouraged to use resources that are available in their work setting such as pediatric reference cards, charts, and/or a length-based resuscitation tape, rather than committing difficult formulas or medication dosages to memory. These aids may be used in all stations throughout the course and during the written examination.

Continuing Education

EMS Professionals

Continuing Education Credit requirements for EMS personnel vary among state EMS agencies. Most states recognize continuing education hours (CEH) for EMS personnel approved by the Continuing Education Coordinating Board for Emergency Medical Services (CECBEMS). CECBEMS is the national accreditation body for Emergency Medical Services Continuing Education programs. CECBEMS continuing education credit is available for those individuals who receive a passing score of the ASHI PALS final written exam.

Training centers are required to make continuing education hours (CEH) available to all EMS professionals who participate in an ASHI CPRPRO for Professional Rescuers, ACLS or PALS live or blended classroom course.

Other Health Professionals

Continuing education credit for successful completion of ASHI training programs may be available for other healthcare professionals, such as dental and nursing professionals.

For more information on continuing education, see the latest version of the Training Center Administrative Manual (TCAM).

Presentation Materials

Student Textbook

PALS Study Guide (Aehlert, Mosby©2012) is the official text of the ASHI PALS Program. The third edition of this study guide incorporates both prehospital and hospital management of pediatric emergencies. The third edition reflects the 2010 CPR and ECC science, treatment recommendations, and guidelines. The book has quizzes in each chapter and a comprehensive pretest and posttest. Each student is required to have a copy during the program, and a "take home" book is strongly recommended.

ASHI PALS™ Digital Resource Kit

An ASHI PALS Training Center must purchase the ASHI PALS Digital Resource Kit. Once purchased, the Resource Kit is available in the documents section of the Training Center Manager. The Resource Kit contains digital files in four sections:

1. Preparatory (PowerPoint® slides and Test Bank Questions);
2. Case scenarios;
3. Instructor Support documents (Instructor Resource Guide, Performance Evaluations, Rosters, etc.)
4. PALS Exam documents

IMPORTANT NOTE: The test bank can be used for pre-tests and quizzes, but only the ASHI PALS written exam included with this Resource Kit may be used as the final written test.

Suggested Course Schedules

Classes are often populated by students with different levels of experience. This makes a single, rigid, and minute-by-minute approach to lesson planning unrealistic. As a result, the ASHI PALS curriculum is intended to provide a useable framework for instruction, following universal design principles in order to meet a wide variety of both student and instructor needs. A key characteristic of a useable framework for instruction is flexibility. Flexibility requires responsiveness to changing circumstances — the "who, what, where, and when" — each audience presents. There are many problems with providing instruction that follows strict lesson plans. Most significantly, any instructor forced to work from a minute-by-minute lesson plan will reach a point at which he or she needs to deviate (due to equipment failure, class size, atypical students, diverse educational/cultural backgrounds, etc.). In these situations, flexibility is critical. Therefore, the recommended course schedules are intended to guide the instructor, not impose artificially rigid lesson plans. Instructors should always ask about previous PALS training and attempt to connect participants' experience and knowledge to the current learning experience. Instructors bear responsibility for ensuring that each participant meets the skill objectives for successful completion. In all cases, the focus should be on the quality and effectiveness of skills.

ASHI PALS™

PALS Courses (Initial and Renewal) may be delivered in a variety of ways. The example below illustrates a typical initial course conducted over two consecutive days. Renewal course participants may attend Day 2 (or a single-day course specifically designed for renewal). The sample schedule may be modified by the Training Center according to the needs of the target audience.

Optional topics necessary to meet the needs of a specific audience will require additional class time not accounted for in this time guide.

Resuscitation Programs

- ASHI *CPR Pro for the Professional Rescuer*. Basic Life Support for Healthcare Providers (BLS)
- ASHI *Advanced Cardiac Life Support* (ASHI ACLS)
- ASHI *Pediatric Advanced Life Support* (ASHI PALS)

About ASHI/HSI

1. ASHI resuscitation training programs are developed by the [Health and Safety Institute](#) (HSI).
2. HSI is a major CPR, emergency care, and safety training organization, joining together the training programs, products, and services of ASHI, MEDIC First Aid®, 24-7 EMS, 24-7 Fire, EMP Canada, and Summit Training Source.²

ASHI resuscitation programs are current, evidence-based, and peer-reviewed.

1. HSI, like the American Heart Association, ® Inc. (AHA), is a nationally accredited organization of the Continuing Education Coordinating Board for Emergency Medical Services ([CECBEMS](#)). CECBEMS is the national accrediting body for Emergency Medical Services (EMS) continuing education courses and course providers. CECBEMS accreditation requires an evidence-based peer-review process for continuing education programs comparable to all healthcare accreditors. ASHI resuscitation training programs are CECBEMS approved.
2. ASHI resuscitation training programs conform to the ILCOR 2010 [Consensus on Science](#), and the 2010 AHA [Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care Science](#).
3. An ASHI representative participated in the *International Committee on Resuscitation 2005 and 2010 International Conference on Cardiopulmonary Resuscitation and Emergency Cardiovascular Care Science with Treatment Recommendations*, hosted by the AHA.
4. An ASHI representative was a volunteer member of the AHA and American Red Cross [2005 National](#) and [2010 International First Aid Science Advisory Board](#) and were contributors to the [2005](#) and [2010 Consensus on First Aid Science and Treatment Recommendations](#).
5. ASHI resuscitation programs meet the standards of the Joint Commission, are accepted as equivalent to the AHA by the Commission on Accreditation of Medical Transport Systems, the American Academy of Sleep Medicine, and the United States Coast Guard Health Services Program (among others).
6. ASHI resuscitation programs are approved by the Texas Medical Board, Florida Board of Medicine, and the Medical Board of California, among others (letters on file).
7. HSI is a member of the American National Standards Institute ([ANSI](#)) and ASTM International ([ASTM](#)) – both globally recognized leaders in the development and delivery of international voluntary consensus standards.

¹ Last reviewed/updated: February 10, 2014

² Anderson ML, et al. [Rates of cardiopulmonary resuscitation training in the United States](#). *JAMA Intern Med*. 2014 Feb 1;174(2):194-201
ASHI, MEDIC First Aid®, 24-7 EMS®, 24-7 Fire, EMP Canada, and Summit Training Source are members of the HSI family of brands.

8. HSI is a member of the Council on Licensure, Enforcement and Regulation ([CLEAR](#)), the premiere international resource for professional regulation stakeholders.
9. Nearly 2000 state and federal government agencies currently use ASHI (or MEDIC First Aid) training programs to train their employees, including the United States Coast Guard, Veterans Administration, Department of Agriculture, Air Force, Army Corps of Engineers, Army National Guard, Marshals Service, Administration Office of the U.S. Courts, Forest Service, Bureau of Alcohol, Tobacco, Firearms and Explosives, Bureau of Land Management, Customs and Border Protection, and the Internal Revenue Service.
10. On whole, ASHI training programs are currently recognized, accepted, approved, or meet the requirements of more than 1900 state regulatory agencies, occupational licensing boards, national associations, commissions, and councils in more than 120 occupations and professions.

ASHI resuscitation programs are taught by qualified instructors affiliated with an approved Training Center and are authorized to certify course participants

1. Certification of participants requires successful completion of a written exam and instructor evaluation of hands-on skills to verify skill competency.
2. HSI publishes and administers a set of [Quality Assurance Standards](#) designed to monitor and improve the performance of HSI, its approved ASHI Training Centers and Authorized Instructors so that the products and services provided meet or exceed the requirements of regulatory authorities and other approvers.

If you have questions please contact us at 800-447-3177

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Brittany Lewin Executive Director		2) Date When Request Submitted: 8/24/15 <small>Items will be considered late if submitted after 12:00 p.m. and less than: ▪ 8 work days before the meeting</small>										
3) Name of Board, Committee, Council, Sections: Dentistry Examining Board												
4) Meeting Date: 9/2/15	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Informational Item – SRTA Exam Update										
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing? <input type="checkbox"/> Yes by _____ (name) <input type="checkbox"/> No	9) Name of Case Advisor(s), if required:										
10) Describe the issue and action that should be addressed: For informational purposes only. No action necessary.												
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">11) Signature of person making this request</td> <td style="width: 20%; text-align: center;">Authorization</td> <td style="width: 20%; text-align: right;">Date</td> </tr> <tr> <td style="border-top: 1px solid black;">Supervisor (if required)</td> <td></td> <td style="text-align: right; border-top: 1px solid black;">Date</td> </tr> <tr> <td style="border-top: 1px solid black;">Bureau Director signature (indicates approval to add post agenda deadline item to agenda)</td> <td></td> <td style="text-align: right; border-top: 1px solid black;">Date</td> </tr> </table>				11) Signature of person making this request	Authorization	Date	Supervisor (if required)		Date	Bureau Director signature (indicates approval to add post agenda deadline item to agenda)		Date
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Bureau Director signature (indicates approval to add post agenda deadline item to agenda)		Date										
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Board Services Bureau Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.												



AMERICAN BOARD OF DENTAL EXAMINERS, INC.

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August 12, 2015

FOR IMMEDIATE RELEASE:

The American Board of Dental Examiners, Inc. ("ADEX") and the Southern Regional Testing Agency, Inc. ("SRTA") wish to announce as of August 10, 2015, that SRTA will no longer be administering the ADEX licensure examinations. SRTA will administer its own licensing examinations after that date. The ADEX examinations will continue to be administered by the Commission on Dental Competency Assessments and the Council of Interstate Testing Agencies.

Dr. Stanwood Kanna, the President of ADEX, explained that "ADEX and SRTA have realized that the two organizations have different philosophical approaches regarding licensure testing, and it made sense for each of us to pursue those approaches independently." Dr. Marc Muncy, the President of SRTA, stated: "We have had a productive relationship with ADEX for the past three years, and we value that experience."

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Contact information ADEX at ADEXOFFICE@aol.com or 503-789-2696.