



SGDetails

--Official Newsletter of the Air Force Dental Service--



Vol 2013 Issue 1



Corps Chief's Message

Here in our nation's Capital, we have just concluded the Presidential Inaugural festivities. Not surprisingly, there was much written looking back to past accomplishments and looking forward to future priorities. Those same thoughts are on my mind about the Air Force Dental Service in this issue of SGDetails. I hope you will enjoy reviewing the 2012 Air Force Dental Service annual report. All Dental Airmen can claim a share in celebrating our mission success. Your hard work is reflected in every SHARP category, most notably in your productivity and reduction in private sector care spending.

By now, you have heard about how the current budget uncertainty is affecting TDY travel, equipment purchases, facilities projects and more. At every level, your commanders will have to evaluate requests for how critical they are to the mission. This will become smoother as we make case-by-case decisions and develop some common understanding. Our hope, of course, is that we are given a firm budget number upon which we can move forward. Because of the many changes, this SGDetails will focus on updates. More timely updates will continue to come to you via

the AFMOA SG3D Weekly Update.

Please focus on what we CAN do not what we cannot do. One thing has not changed: we still have a job to do, ensuring the dental readiness and health of our Airmen and improving patient safety.

We can focus on local continuing education programs in our clinics and in partnership with local dental associations and study clubs. We can work to build strong dental teams who focus on improving our clinic processes and patient safety. We can celebrate each success: making our monthly goals, congratulating our quarterly award winners, earning excellent fitness scores, completing CDCs and passing board exams. Celebrating each day's success and focusing on each day's mission will get us through this time of uncertainty. I thank every one of you for your continuing dedication to support your patients, your local commanders and our Air Force.



Maj Gen Gerard A. Caron
Dental Corps Chief



CMSgt Carolyn Regan
CFM, Dental Services

Career Field Manager's Message



Greetings from San Antonio and Happy New Year.

The Air Force manning level for dental assistants (102%) and dental lab techs (107%) remains very high. As a result, our career field was subject to force shaping/career field balancing programs, such as NCO Retraining Program (NCORP) and Career Job Reservation (CJR) constraint. Each year, NCORP identifies NCOs (SSgts/TSgts) who must cross train out of the career field, and the CJR

constraint limits the number of first-term Airmen who will be able to reenlist. Currently, only 4Y0X1s fall under a CJR constraint with 48 CJRs being awarded for FY 13. There is no easy answer on how to avoid these programs and yes, we do lose some great people. Since many of these programs are based on quality force indicators, such as EPRs, the rater must ensure only our truly deserving are getting the outstanding ratings. I know it can be tough; however, this is one of the few input avenues you as leaders have to ensure we are keeping the top performers in our career field.

On a more positive note, since the current manning levels support career field

release, this is an ideal time for dental assistants and dental lab technicians to consider a special duty such as PME & Tech Training instructor duty, MTI, 1st Sgt, or Recruiter duty. Additionally, our dental hygienist's manning remains low at 83%; therefore, their Zone C reenlistment bonus was reinstated.

Lastly, CMSgt Stiles outlines the CCAF and CDA/CDT initiatives at Kadena and MSgt Jarvis, AF Dental Hygienist Consultant, has an article about her new role. Please read these articles by CMSgt Stiles and MSgt Jarvis I am very proud of the work they are doing in support of dental assistants, lab techs and hygienists.

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**Col James King
Dir, Dental Corps**

Message from AF Dental Corps Director

Lt Gen Tom Travis, our AF Surgeon General, reminded us at our Commander's Call that challenges bring opportunities. Some of the doors that may have appeared to close part way have opened other doors if we are prepared.

In Force Development, opportunities are available to those who are prepared. Are you completing SOS by correspondence so that you are eligible to apply for in-residence PME, volunteering for the extra

duties that make an application for a residency shine, finishing your boards, or taking ACSC or AWC? Are you prepared to lead a lunchtime discussion on a new interesting dental article (for CDE credit), mentoring your junior colleagues, or taking on additional leadership duties? Are you sharing your interesting cases and your specialty training tips with the staff (CDE credit)? Are you leading by example by leading from the front? It takes a whole team to be successful and only happens with proper planning and development.

We are in the middle of the process of selecting/recommending officer assignments for leadership positions. Thanks to all of you who lead and continue to be leaders, both officer and enlisted, in our clinics and hospitals. Congratulations

"...it is very important to keep ADPs and Colonel LOIs current. It can affect how you are vectored."

— Col James King

to Cols Allara, Ozgul, Bogart, Chiesa and Knowles on their matches to group command. We will be looking at the Spring DT for those Lt Cols who are ready to command squadrons at Hill, Dover, Schriever, and METC/San Antonio. There are plenty of opportunities for Chief of Dental Services positions at the flight level. Plans are still being made for Senior Leader Orientation, Dental Leadership Courses and Intermediate Executive Skills Courses this year though cutbacks/postponements are possible.

Last bit of counsel, with the loss of some of our conferences, it is very important to keep ADPs and Colonel LOIs current. It can affect how you are vectored. Additionally, know your special pay dates. It is very difficult to provide any retroactive pays due to a failure to turn in contracts on time. Please let me know if our staff at SG1 can help you in any way. We have an opening to replace Lt Col Keith Clark, who has done an outstanding job in our section. If you have a chance, take a look at the AMSUS briefs from December.

We appreciate your service and the sacrifices you make for our country.

Local CDE Can Meet ADA CERP Standards

**Col Thomas R. Schneid
Special Consultant for Graduate and CDE
59th Dental Group**

Obtaining sufficient continuing dental education (CDE) hours to maintain licensure, specialty board certification, and credentialing can be a challenge. Operating in a resource constrained environment emphasizes the importance of maximizing all available avenues for obtaining quality CDE hours. Options such as attending local dental meetings, investigating distance learning opportunities, sponsoring visiting consultants to travel to your clinic, as well as using local subject matter experts to present topical information should all be considered. When CDE is held at your facility, you are encouraged to ensure the activities comply with the American Dental Association Continuing Education Recognition Program (ADA CERP).

The ADA CERP evaluates and approves organizations that provide CDE that is in compliance with 14 published stan-

dards. Therefore, activities verified under the ADA CERP are usually accepted by licensing and specialty organizations to satisfy CDE requirements. The AF program is administered at the Postgraduate Dental School at Joint Base San Antonio-Lackland, Texas. While the Consultant for Graduate and CDE provides professional oversight and program management, the primary administrative POC is Mr. Douglas Scalf, Administrator and Registrar for Graduate & Continuing Dental Education at the 59 DG. He ensures activity documentation is in compliance with ADA CERP standards so that, when inspected by the ADA, the AF program can maintain its recognized status.

Ensuring compliance for activities conducted at 79 active duty AF dental clinics worldwide is a sizeable task, but not his only job. Consequently, your assistance and attention to detail when submitting required documents are both helpful and appreciated. The following hyperlinks to

AFMS Knowledge Exchange are provided as guidance to make the process easier to understand and execute. However, after reviewing, don't hesitate to contact Doug or me if questions remain. ([2013 Detailed CERP Letter with Attachments](#), [CE Goals Scientific Basis Policy](#))

It's important to remember that the information only applies to CDE activities that you want verified under the ADA CERP. You are also able to conduct CDE activities within your clinics that do not get verified under the ADA CERP. CDE activities not meeting the guidelines can still be documented on the AF Form 1541 (Credentials Continuing Health Education Training Record). The ability to participate in the ADA CERP is a tremendous benefit to all our members, and I appreciate your efforts in maintaining recognized status for the USAF Dental Corps.



SGDetails is the Official Newsletter of the US Air Force Dental Service. Please let us know how SGDetails can better serve you. Send suggestions and articles to keith.clark@pentagon.af.mil. Archived issues are available on the Dental Corps Knowledge Exchange and the [AFDS public site](#).

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Col Grant Hartup
AFMOA/SGD

Message from AFMOA Dental Directorate

The Finest Group Practice in the World

Greetings from the Dental Directorate at AFMOA!

2012, and now 2013, have been interesting years. Elections, budget crises, “fiscal cliffs” and sequestration have dominated the news. The news headlines, and actions taken in response to the issues they contain, have been at the forefront for many of us. In such times, it’s natural to ask some questions. Is Air Force Dentistry under threat? Is there still opportunity here? Are we still valued?

A couple of things have happened over the past two weeks that have been reassuring to me. The first was the completion of the FY 2012 Air Force Dental Service Status Report shown on the following page. The report, compiled by Lt Col John Davis here at AFMOA, reveals across the board success by the AF Dental Service last year. Care provided in our DTFs is up, private sector referrals are down, readiness and oral health are near or

above DOD goals, and our patients are highly satisfied with their care. Make no mistake; these statistics are known by AF and AFMS leaders, and they value what you do! The care you provide to our 330,000 plus Active Duty personnel and beneficiaries is incredible, and each of our 3,400 plus dental team members has reason to celebrate. Congratulations and THANK YOU!

The second piece of my reassurance has been the series of interviews I have conducted with students who are trying to become AF dental officers this year. Every candidate I’ve spoken with has been exceptional. These students are at the top of their classes, are knowledgeable about dentistry and the Air Force, and are committed to service. The absolute “best of the best” want to be part of us, and I think that says a lot. I tell them they’re joining the finest large group practice in the world.

There will always be challenges and new obstacles to overcome, but then again, there always have been. Things will be OK. The Air Force Dental Service will persevere; serving, enjoying our service, and serving as a team.

Own the Challenges, Create the Opportunities

I remember writing my first article for SGDetails shortly after my arrival to Healthcare Operations last April. It was right before the busiest part of the POM process, when we were balancing and prioritizing all of the great initiatives brought forth by the MAJCOMS, AFMOA, Panels, and our AFMS leadership in a “fiscally constrained environment.” I vividly recall thinking that I couldn’t have arrived at a more challenging time. I chose, however, to look at the challenge as an opportunity to learn the POM process quickly. If I had arrived later in June or July, I would just now be getting a flavor for what the process is all about months after taking over as the Dental Panel Chair.

Today we had an All Call with Lt Gen Travis, who spoke frankly about the challenges we are facing (much more “challenging” than balancing during the FY14 POM). Clearly, anyone who reads

the paper, watches the news, or stands in line at Starbucks in the morning has heard the words “sequestration,” “furlough,” “cuts,” and “uncertainty.” Our SG, however, chose to concentrate on the positive today. He charged us to “own the challenges and to create opportunities.”

In SG3D, I have been using this time to dive deep into our dental programs and resources, gaining an amazingly in-depth understanding of our manning at every single clinic, evaluating our training programs along with their unique requirements, and looking at all the ways our dentists, enlisted force, civilians, and contractors are supporting our mission both inside and outside of our dental community. All I can say is “Wow!”

As General Welsh, our Air Force Chief of Staff, said much more eloquently than I could, we are a part of “the World’s Greatest Air Force: Powered by Airmen,

Fueled by Innovation...Today, complex security and fiscal challenges demand that our Air Force develop innovative Airmen who find better and smarter ways to fly, fight and win.” I truly believe that when faced with challenges, no one rises to the occasion quite like the AFDS. Continue to innovate! Use these challenges to come together as a dental family and create opportunities.

I wish I had a crystal ball to let me know what the future will hold both short term in the FY15 POM and long term, but regardless of the challenges put in front of us, I have zero doubt we will continue to move forward smarter and stronger than we’ve ever been.



Col Sharon Bannister
HAF/SG3D

Chief Regan Gets Helicopter Ride in PACAF



CMSgt Carolyn Regan gets a helicopter ride during a trip through PACAF in Spring 2012. Photo courtesy of Capt Kelly Ramey.

Airmen Development Plan

A This is a **mandatory requirement** for all officers in the rank of lieutenant colonel and below and is the primary means of communication between an officer and the assignment team. The ADP is routed through the Consultant (if applicable), the Chief of Dental Services, Squadron Commander and is then forwarded to AFPC. You will want to make sure that your reviewer is aware that you have forwarded your ADP for review.

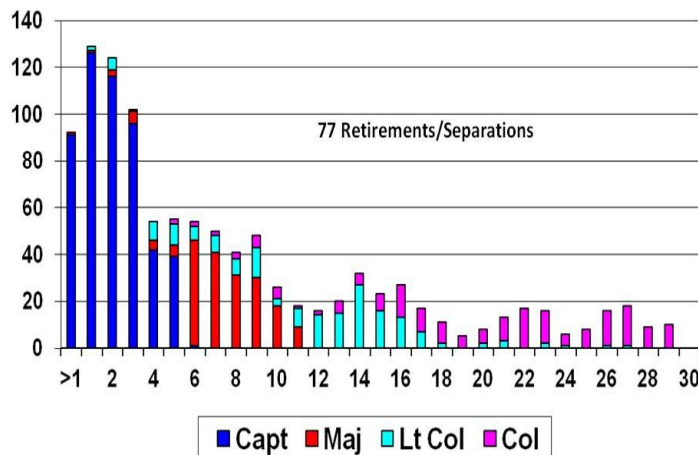
ADPs can be updated through AF Portal, AFPC Secure Applications, [ADP](#).

USAF Dental Service Status Report FY 2012

Current Status – Personnel:

Dentists	
ADAF Dentists	1062 (173 are STP)
ADAF Dentists Assigned/Authorized	889/920 (96.6%)
GS Dentists	9
Centrally Funded Contract Dentists	68
Locally Funded Contract Dentist FTEs	6.5
Current Specialty Residents/Fellows	62
AEGD-1 Residents	77
Separations / Retirements during FY 12	77
Selections for Specialty Training Starts	
FY 13	27
FY 14	10
HPSP Pipeline (projected)	
2013 Grads	78
2014 Grads	83
2015 Grads	81
2016 Grads	76

End of FY 12 Dental Corps Officer Inventory
By Commissioned Years of Service



ENTERED ACTIVE DUTY FY 12: 92 HPSP + 5 Fully Qualified Direct Accessions

Auxiliaries	Dental Clinic	Dental Lab
ADAF Assistants/Lab Techs Assigned/Authorized	1753/1715 Assistants (102%)	388/360 Lab Technicians (108%)
ADAF Hygienists Assigned/Authorized	46/55 Hygienists (84%)	
GS Assistants/Hygienists/Lab	307 Assistants/29 Hygienists	62 Lab Technicians
Centrally Funded Contract Assistants/Hygienists/Lab	148 Assistants/17 Hygienists	0 Lab Technicians
Locally Funded Contract Assistants/Hygienists/Lab	53 Assistants/4 Hygienists	0 Lab Technicians

Operational Performance (SHARP Metrics)

S: Patient Satisfaction	96.8%	Goal: \geq 94%
H: Dental Health (Class 1)	66.6%	Goal: \geq 65%
A: Access to Care (Calendar Days)	12.9 Days	Goal: \leq 21 Days
R: Dental Readiness (Class 1 & 2)	93.3%	Goal: \geq 95%
P: Productivity	\$380,475,921	Goal: \$342,993,400 (110.9%)
Total Private Sector Care Expenditures	\$32,413,292	15% decrease from FY 11

Deployment and Deployment Readiness

55 Dentists/131 auxiliaries deployed to various locations during CY 12; all returned safely (including 1 EMEDS/CC)
12 Dentists/90 auxiliaries (TCN/classified duty included) deployed to 6 continuous rotation locations in SW Asia
Humanitarian missions involving activated Reserves: Tropic Care 2012, Alabama Blackbelt (19 dentists/11 auxiliaries)
Other MEDRETE dental support/Humanitarian missions: (24 dentists/30 auxiliaries)

MILCON Projects

Two ongoing dental MILCON projects totaling \$79.2M (Tinker, Alconbury)
Two completed MILCON projects totaling \$31.1M (AF Postgraduate Dental School, Lackland; Creech)
Four ongoing dental SR&M projects totaling \$20.8M (Langley, Fairchild, Laughlin, Goodfellow)

Major Technology Improvements

DDRS: All in-garrison, deployed and Reserve DTFs (142 total sites) connected to central DDRS archive at WPAFB
65/90 ANG sites fully converted to digital XRs, connected to central archive; 25 to be connected in FY 13
\$230K purchase to replace 34 aging DDRS servers across AF; system integrity assured for 3-5 years
Medical Enterprise Service Desk: agreement for improved support/ help options to clinics with DDRS issues

CDA: Completed first FY using CDA for productivity data; New CDA contract w/100% turnover of programmers

Significant Events

DOD Space Planning Criteria Update completed: facility planning for new clinics/clinic updates driven by production
Published 2012 AFDS Digital Diagnostic Imaging Guidelines and 2012 AFMS Dental Clinical Practice Guidelines
SHARP-7 SG3 policy letter dated Nov 2012 added Patient Safety as the seventh AFDS key clinic management metric

A Leadership Challenge: Obtaining CCAFs, CDAs, CDTs

CMSgt Thomas Stiles
Superintendent
18th Dental Squadron

One of the challenges facing the AF Dental Service is motivating our enlisted members to complete career field certifications and degrees. Most fail to realize the importance of CCAFs, CDAs, and CDTs, diminishing the value of a great career accomplishment. Leaders can't let this happen. The CCAF degree and CDA/CDT certifications symbolize professional credentials formally recognizing an individual's advanced level of education and experience. These advancement opportunities need aggressive promotion and wholehearted support. In our clinic, we heard every excuse: "I don't have time," "Who's paying?" and "I don't want to fail." So, we listened, we reflected, and we responded.

First, we made CCAF, CDA and CDT completion a priority in our strategic plan. How could we tell our members it was important and not give it executive attention? Next, we brainstormed possible ways to reduce the hurdles to certification and degree completion. To get teammates to the CCAF finish line, we brought education into the clinic. Our Support Flight NCOIC, SMSgt Billie Simonson, launched a wing CLEP Prep program, enlisting the aid of PME instructors, officers and assistants. The clinic hosts prep courses on Public Speaking, Ethics and Math. Then, for com-

petition, we started the "Amn vs NCO CCAF Challenge." The first team to complete all degree requirements wins.

To help teams, MSgt Jay McLaren coordinated an agreement with the University of Maryland to host classes in our clinic. We had to provide a minimum of nine students, and the school allowed students to set the class schedule, eliminating the excuse "I don't have time." Additionally, MSgt McLaren worked an agreement with the University of Phoenix to provide bi-monthly free professional development courses. This year, we've had 16 squadron members complete their degree requirements, with an additional nine members currently within two classes of completion.

Our ADAA delegate, MSgt Francesca Seehausen, took on the challenge of establishing our CDA program. Fortunately, Yokota's SMSgt Lightsey had a CDA training model for her to borrow. The curriculum contains 54 micro-lessons covering Infection Control, Radiation Health and Safety, and general chair side topics. Displaying teamwork, 15 providers stepped up and facilitated weekly courses. When we started seven months ago, we had one CDA and zero interest; however, times are changing and the effort is paying off. We had two members earn CDAs and currently have 15 waiting to test. For funding, we budgeted using TDY funds. Reimbursement is authorized IAW AFI 41-104, *Cer-*

tifications.

You have heard of the "Super Lab" initiative streamlining upgrade training. Super labs will be certified labs as long as those facilities can maintain the one CDT requirement. With constrained TDY dollars and our geographic location, it is hard for lab techs to travel jeopardizing our certified status.

MSgt Seehausen worked an agreement with the National Board of Certifications in Dental Laboratory Technology (NBC) and had our ADL approved as an international host facility for the written and practical CDT examinations. NBC waived the \$5,000 test site deposit. Currently, we are working with the schoolhouse to procure their CDT training program and are tentatively scheduled to host the CDT exam in July.

We must continuously strive to deliberately develop within our own AF specialties. The CCAF degree and CDA/CDT certifications reflect a higher level of competence and exemplify a commitment to one's own professional development. When considering career field vectoring and constrained career job reservations, these credentials can only help.



Kadena Dental Clinic Best in PACAF



Lt Col Gray Hicks, 18th Dental Squadron pediatric dentist, performs an annual exam at Kadena AB, Japan, Jan 24, 2013. The 18th DS provides general dentistry as well as specialty care. The dental clinic won the PACAF Largest Dental Clinic of the Year for 2012. Photo courtesy of A1C Justin Veazie/USAF Photo.

Deployed Dental Chief Greets DVs



CMSgt LaShawn Wilson (4YOX1), 376 EMDG superintendent, and staff greet Gen Martin Dempsey, Chairman of the Joint Chiefs of Staff, during his visit to Manas AB, Kyrgystan, in Dec 2012. Photo courtesy of CMSgt Wilson.

Patient Safety and Expeditionary Dental Operations

Col Robert E. Langsten
AF/SG Consultant, Dental Readiness
HQ ACC

Our profession demands a commitment to always providing treatment to the best of our abilities and as accurately as we can. In the AF Dental Corps, we all serve that role as a dual professional. One involves treating and caring for our patients and the other as a military member. When our line counterparts prepare for a mission, they have checklists and cross checks to verify status of the aircraft, weapon systems, weather conditions, and local threats. Each person knows and understands their roles, goals and expected outcomes. In addition to this pre-mission work, possible complications and contingencies are planned in the event something goes wrong.

As dental professionals and military members, we can benefit from this same type of planning for every patient encounter. The dentist, technician, hygienist, radiologist, front desk person and admin folks need to know their roles, goals and expected outcomes to ensure the treatment is performed well and to the best of their abilities. Having daily huddles, reviewing schedules, understanding our treatment teams and empowering **EVERY-ONE** to have the authority to speak up if something doesn't seem right is essential to success and avoiding mistakes. When we all understand our roles and have the authority to act to improve

safety, mistakes are minimized and treatment is a success.

Even one wrong site surgery or sentinel event is too many. We need to take a serious look at patient safety to prevent further future errors. The integration of digital radiology, electronic records, automated prescriptions, and frequent team member changes, creates an environment rich in the possibility of treatment mistakes. In a deployed/expeditionary environment, the potential for errors is magnified as we are all more comfortable in familiar surroundings. Team based healthcare needs to become our culture and integral to our daily operations. We need a solid system in place to guarantee treatment success. Checklists, huddles and pre-treatment planning will give us all a solid foundation for minimizing errors in dental care regardless of our location.

Good communication, time out procedures, verified informed consent, and constant vigilance are all essential in excellent treatment outcomes. Routines are good as long as they are verified and altered as needed. When everyone knows their roles and responsibilities, the chances of success without complications are greater. Please remember whether in garrison or deployed, Team Based Healthcare equals success in all situations!

S⁴: Safety/Standards/Service=Success

Message from AFPC Team: Assignments, Education

Lt Col Karyn McKinney, Branch Chief
Lt Col Fred Conner, Assignments Officer
Maj Shelrethia Battle-Siatita, Dental Education
and Assimilation officer

Dental Officer Assignments

Greetings from the Air Force Personnel Center (AFPC). In the last edition, we introduced the automated assignment process now being utilized for dental officer assignments. The Vulnerable to Move List (VML) transition was successful. Assignments for vulnerable movers are currently being made, and we anticipate having the majority of assignments completed by 22 Feb 2013.

Assignments that have not been generated by 22 Feb will be loaded in April when the new database comes online. The local MPFs will not issue orders any earlier than 120 days prior to the reporting date.

MilPDS will be converted to a new

system from 4-27 Mar 13 and will not be accessible. Several personnel actions including Dental Special Pay transactions will be deferred until the upgrade is completed. Pay contracts may be submitted during the month of March, however payment will be delayed.

Dental Education

The USAF Dental Corps offers advanced training in all ADA specialties as well as other programs and fellowships. Please go the [Dental Graduate Education page on the AFMS Knowledge Exchange \(KX\)](#) for information, residency opportunities and applications.

The Supplemental Graduate Dental Education Selection Board will be held on 8 Mar 2013. The application is currently available on KX and deadline is 15 Feb 2013. After March, the next opportunities

for selection to specialty training will be the Oral and Maxillofacial Surgery Graduate Education Selection Board in July 2013 and the Fall Graduate Dental Education Selection Board tentatively scheduled for October 2013. Applications for those boards will be available online on the KX in April and July 2013, respectively.

Please be advised that the absence of Professional Military Education (PME) may have a negative impact on your opportunity to attend specialty training. Contact me at shelrethia.battlesiatita.1@us.af.mil, HQ AFPC Dental Education and Assimilation Officer (DSN: 665-0645, Comm: (210) 565-0645) with questions.

Finally, I would like to welcome Capt Carl Bhend to our team at AFPC. He will be coming on board in June and will be taking over the duties of the Education and Assimilation officer.

Supplemental Graduate Dental Education Board anticipate selection for the following residency programs (with starts in FY13, FY14):

- Advanced Clinical Program in Implant Dentistry
- Comprehensive Dentistry Residency (AEGD-2)
- Hospital Dentistry Fellowship
- Periodontics Residency
- Prosthodontics Residency
- Maxillofacial Prosthetics Fellowship
- Advanced Clinical Preceptorship/AEGD-1 Year

Application deadline 15 Feb 2013, Application available on [KX page](#).



Forensic Dentistry Update: Bite Mark Evidence

Col David L. Wells
AF/SG Consultant, Forensic Dentistry
673rd Dental Squadron

On rare occasions, an AF dental clinic will get a call from security forces or OSI asking a dentist to gather evidence in a case where a perpetrator has bitten a victim during an assault. This type of assault may occur in cases of sexual assault, rape, and even homicide.

When a dentist becomes involved in gathering evidence that may be used in court to try an alleged perpetrator, we step into a murky legal world; one in which the dentist will be held to the standard of an expert witness and will likely be called to testify as such. Working-up a bite mark case involves evaluation of the bite mark wound(s) on the victim and assessing its overall evidentiary value. Documentation of evidence includes forensic photographs of the bite mark, salivary swabs of the wound for DNA, impressions of the bite mark with subsequent fabrication of casts and photographic overlays. Under authority of subpoena, forensic clinical photos of the alleged perpetrator's dentition and impressions for fabrication of dental casts are usually required.

Once the evidence is gathered, following formal chain of custody protocols, it is organized and analyzed by the forensic dentist. The evidence is presented at trial in a professional and logical manner by the forensic dentist. The forensic dentist's expert testimony is subject to rigorous cross-examination by defense counsel. Defense counsel could also hire a forensic dentist to counter testimony of the prosecution's expert forensic dentist.

If asked to gather bite mark evidence, what should an AF dentist do? It is best to explain the subjective and complicated

Key points to remember about Bite Mark Evidence:

- If asked to gather Bite Mark Evidence for purpose of investigation, refer inquiry to a dentist who is board-certified by the American Board of Forensic Odontology.
- Initial work-up can be done by a local AF dentist; however, it should be done in collaboration with a board-certified forensic dentist. Local AF dentists will be held to the standard of an expert witness.
- Bite mark evidence is time critical, as wounds are subject to healing or decomposition.
- If you have any questions regarding Forensic Dentistry, contact Col David Wells, DSN: (317) 580-5038 (Alaska).

nature of these cases, and refer them to a board-certified forensic dentist (diplomate of the American Board of Forensic Odontology (ABFO)). Part of this board certification process is bite mark case work-up and testimony. OSI will determine if the evidentiary value is worth their cost of hiring an ABFO diplomate as an expert witness. While there are instances where cases may initially be worked-up by a local AF dentist, they should be done in collaboration with a board-certified forensic dentist. A list of members of available on the ABFO website (www.abfo.org), which currently shows a little over 100 board-certified members. While we have no active duty dentists with ABFO certification, to my knowledge, there are a number of retired military dentists with board certification. Lastly, we need to keep in mind that procurement of bite mark evidence is time critical, in that wounds on living tissue change rapidly with healing and bite mark evidence in the postmortem state is subject to decomposition.



MSgt Crystal Jarvis
Consultant,
Dental Hygienist

Message from Dental Hygienist Consultant

Greetings from Joint Base San Antonio-Lackland.

I am the AF Dental Service, Dental Hygienist Consultant. I took the reins from MSgt Eric Anderson when he retired in June 2012. I wanted

to take the time to introduce myself, give you a short synopsis of what my job as the AF Dental Hygienist Consultant entails, and let you know what's been going on in the world of dental hygiene. What do I do as the AF Dental Hy-

gienist Consultant? The answer is simple; my niche is anything and everything that has to do with dental hygiene. I have my hands in everything from assigning mentors to students currently attending hygiene school and providing feedback and advice to active duty hygienists, all the way to answering questions from all of you: dentists, hygienists and assistants performing their duties in the operational AF. Believe me, there are a lot of questions. Fielding these questions is one of the most important aspects of my job. It shows that people want to do things the right way, not just "the way it's always been done." It is also because of questions that changes take place.

Since the first class of hygienists graduated in 2005, there have been many positive changes in AF Dental Hygiene. In 2012 alone, we implemented a mentoring program for the hygiene students, had an article written by an active duty hygienist published in *Access Magazine* and had our first hygienist proudly wear the rank of SMSgt.

I am sure there will be plenty more opportunities for change this year. I, for one, can't wait! With that being said, I am always open to new ideas. If you have ideas, questions or concerns regarding AF Dental Hygiene, please feel free to contact me Comm (210) 671-9894, DSN: 473-9894, or crystal.jarvis@us.af.mil.

Air Force Reserve

Are you considering separating from Active Duty to pursue a civilian career opportunity? Have you thought about continuing your service in the Air Force Reserve? There are many benefits including maintaining your affiliation with the Air Force, pay incentives or loan repayment for those who qualify, and continuation of accrual of retirement benefits. Contact Col Gregory Movsesian for AF Reserve opportunities gregory.movsesian@us.af.mil.



Kunsan Clinic Provides Security, Triage During ORE



During the January 2013 Operational Readiness Exercise at Kunsan AB, Republic of Korea, members of the Dental Clinic serve on the Security and Triage Teams. Members are part of the 8th Medical Operations Squadron, and from left members are SrA Rosario Soto, SrA Jeremy Joseph, SrA Sary Mitchell, SSGT Marques Bernard, TSgt Toriano Wright, and Capt William Wright. Photo courtesy of Maj Brian Min.

Excerpts from Updated Dental Corps History

(Note: Recently an update of the USAF Dental Corps history, 1999-2012, was completed under the lead of the AF Medical Operations Agency Dental Directorate and Col Tamara Koss. The following are excerpts from the history.)

USAF Dental Health Services Inspection Update, by Col Marcus P. Beyerle, AFIA/SGI: The AF Dental Corps continues to be an active participant in the Health Services Inspection (HSI) process into the 21st century. The dental team at the AF inspection Agency (AFIA) at Kirtland AFB, N.M., is composed of three clinical and commander experienced dental colonels... This year, 2012, with the HSI joining the Combined Unit Inspection (CUI), time "on the ground" for inspectors is down to three days, further reducing the time required for Medical Group inspections.

Long gone are the days of Sunday's inspection "yellow post-it notes" in the clinic. The HSI team emphasis today in-

cludes not only inspecting dental programs, but also mentoring present and future Dental Corps leaders.

Dental inspectors today ensure AF and Dental Leadership that our clinics and labs are compliant to the criteria of AFI 47-101, *Managing Air Force Dental Services*, and the *AF Dental Service Clinical Practice Guidelines*. The bottom line for the Dental HSI: Excellence in Patient Care and Dental Readiness. The mission of the AF Dental HSI remains "Dedicated to Improving the Air Force Dental Corps" and "Making Us Better."

USAF Maxillofacial Prosthetics, by Col Joe J. Villalobos, Maxillofacial Prosthetics, Travis AFB: Technological advances, together with increased collaboration between AF Maxillofacial Prosthetics and Brooks Army Medical Center Burn Unit, have benefitted OIF and OEF wounded warriors from all services suffering severe burns and other combat-related polytraumatic injury, due to the devastating

IED blast. New body armor along with rapid evacuation and transport have improved troop survivability, but with an accompanying shift in the severity of injuries seen. Since 2001/2003, the start of both conflicts, AF maxillofacial prosthetic support to reconstructive surgeons, along with intraoral/extraoral prosthetic services, have helped rehabilitate combat-related injuries to the exposed face and jaws.

In 2007, digital technology facilitated "global reach" of maxillofacial prosthetic services with the AF taking a lead role... CT assets located on-site in theater hospitals and data transfer from theater hospitals to WHMC (Wilford Hall Medical Center) through telecommunication networks in place, have allowed support to surgeons located at Joint Base Balad, Iraq, and Craig Joint Theater Hospital, Bagram AB, Afghanistan.



National Dental Assistant Recognition Week 3-9 Mar 2013

Prepare your DA Recognition Week photos and captions for the next SGDDetails. Send items to
Capt Kelly Ramey
kelly.ramey@afncr.af.mil.



Free CDE Websites

Dental Officers must complete a minimum of 90 hours of approved CDE every three years to maintain credentials. It's important to look at options such as attending local dental association meetings, sponsoring consultants to travel to your clinic, getting clinic CDE presentations ADA CERP validated, and completing online CDE classes.

[ADA CE Online](#)
[Kerr Learning Source](#)
[Henry Schein](#)
[Colgate Oral Health Network](#)
[Dental Care](#)

SwankHealth has many online CDE courses. Providers can register for access through the website's customer service number; however, some will need to register with their education office. [SwankHealth](#).

Reintroduction of Oral Pathology at Travis AFB

Maj Brent Martin
 Chief, Dept of Oral & Maxillofacial Pathology
 60th Dental Squadron

In a continued effort to provide optimal patient care and educational support, the Oral and Maxillofacial Pathology billet at Travis AFB, Calif., has been reactivated. The addition of two new oral pathologists into the Air Force, along with strong support from the 60th Dental Squadron and David Grant Medical Center (DGMC), allowed for the reactivation of this needed specialty for much of the western region and portions of PACAF. We encourage clinicians in this region to utilize DGMC oral pathology when possible.

I am nearly six months into my assignment at DGMC, and I am pleased to report the biopsy service is growing, and I am getting more frequent clinical and radiographic consults. If you are working in a smaller clinic or one without direct oral pathology support, please know you are vitally important to the existence of our specialty, not only at Travis AFB but throughout the Air Force.

As I continue to reestablish and/or reinvent processes to best serve the clinicians in this region, I encourage questions,



comments and sometimes guidance. I am available for consults via e-mail or phone, and I have MiPACS access to view radiographs when needed. Please don't hesitate to contact me. With your help, the future of oral pathology at Travis is bright.

As one of the Air Force Medical Service's premier medical treatment facility, DGMC provides a full spectrum of health care and patient-centered treatment. Dental care is provided through the 60th Dental Squadron, Arthur J. Sachs Dental Clinic. The dental clinic supports post-graduate training programs in Oral and Maxillofa-

cial Surgery and one-year Advanced Education in General Dentistry (AEGD-1). With the return of oral pathology to DGMC, eight pathologists will service Travis AFB, much of the western region, and portions of PACAF.

Any biopsy specific questions are encouraged and are best addressed on an individual basis but please keep the following points in mind:

- Biopsy specimens can be mailed to DGMC with SF 515 or printed CHCS order.
- The specimen bottle must contain the following information and must match the corresponding SF 515 or CHCS order: patient name, FMP/SSN, date of birth, date of biopsy, specimen type. If the information above is incomplete or does not match, the specimen will be returned to sender.
- Contact me: (707) 423-7621; DSN: 799-7621; brent.martin.3@us.af.mil.

Department of Pathology
 SGQC

Attention: Maj Brent Martin
 101 Bodin Circle, Bldg. 777
 Travis AFB CA 94535-1800

Fairchild Dental Members Participate in Exercises



All dental members identified are stationed with the 92 AMDS, Fairchild AFB, Wash. Photos were taken during multiple exercises in Nov 12 and are courtesy of Lt Col Michael Crabtree. **Left:** SSgt Whitney Zant performs IPPD duties. **Center:** Capts Robert Brandt and Brock Casperson help carry a litter patient into the patient decontamination site in level-C PPE. **Right:** TSgt James Thomas provides security at the POC (Point of Distribution) for immunizations.

Air National Guard

For the most current information contact 1 800-TO-GO-ANG or www.GoANG.com.



USAF Dental Service Celebrates Award Winners

The Surgeon General's Medical Force Development Directorate announced the winners of the Air Force Medical Service Annual Award Competition. The [entire list](#) can be found online at AFMS Kx.

AFMS Annual Awards:

Dental Civilian of the Year

Teresa Garza

31 MDG/SGD, Aviano AB

Clinical Dentist of the Year

Capt Christopher Fries

71 MDOS/SGOD, Vance AFB

Dental Educator of the Year

Maj Scott Gruwell

59 DG/SGD, JBSA-Lackland

Outstanding Dental Airman of the Year

SrA Jennifer Romine

17 MDOS/SGOD, Goodfellow AFB

Outstanding Dental NCO of the Year

TSgt Evan Singleton

20 DS/SGD, Shaw AFB

Small Dental Clinic of the Year

71 MDOS/SGOD, Vance AFB

Medium Dental Clinic of the Year

436 DS/SGD, Dover AFB

Large Dental Clinic of the Year

55 DS/SGD, Offutt AFB

Many members of dental clinics have been recognized at group- and wing-levels for quarterly and annual awards.

Group-level, quarterly awards:

SrA Ashley Wall, Beale AFB

Katherine Cartwright, JB Anacostia-Bolling

SSgt James Berryman, Elmendorf AFB

TSgt Petra Nelson, Holloman AFB

TSgt Frances Sloat, MacDill AFB

Deborah McDonald, Shaw AFB

MSgt Verldon Spence, Shaw AFB

MSgt Charity Phillips, Vance AFB

MSgt Tommy Williams, JB Langley-Eustis

TSgt Meriles Curry, Nellis AFB

Capt Trenton Buttars, F.E. Warren AFB

SSgt Enmeri Batista, Hickam AFB

Capt Karen Lapham, Kirtland AFB

TSgt Juana Marin-Dominguez, Kirtland AFB

AFB

Nancy Hansen, JBSA-Lackland

TSgt Victoria Miller, JBSA-Lackland

Julieta Newsom, JBSA-Lackland

MSgt Rafael Pena, JBSA-Lackland

Capt Mary Robinson, JBSA-Lackland

Lakisha Varner, JBSA-Lackland

SrA Noelle Zako, JBSA-Lackland

Maj Linda Coates, Laughlin AFB

SrA Robin Hansen, Luke AFB

TSgt Lorraine Reese, Luke AFB

Layton Fillion, Moody AFB

SSgt Heather Jordan, Moody AFB

Maj Jeffrey Burroughs, Offutt AFB

TSgt Melissa Solis, Travis AFB

Maj Nathan Krivitzky, Nellis AFB

SSgt Markeisha Robinson, JBSA-FSH

MSgt Lisa Lund, JBSA-FSH

Wing-level, quarterly awards:

SSgt Ashley Stallworth, Luke AFB

Maria Block, Vandenberg AFB

Leonora Susag, Nellis AFB

Lisa Esparza, Kirtland AFB

Allison Smith, Kirtland AFB

TSgt Loraine Reese, Luke AFB

Wendy Vandiford, Seymour-Johnson AFB

SrA Joshlynn Brown, JB Anacostia-Bolling

Group-level, annual awards:

TSgt Kristin Hays, Hanscom AFB

Sandra Pittman, Moody AFB

Randy Frischmann, Sheppard AFB

TSgt Jessica Watkins, Sheppard AFB

SrA Jasmine Davis, Aviano AFB

MSgt Elvin Munizbonilla, Aviano AFB

Matthew Plendl, Hill AFB

TSgt Catherine Ramiso, Lajes AFB

SrA Jaquilynn Hulett, Luke AFB

TSgt Meriles Curry, Nellis AFB

Harvey Leak, Nellis AFB

Elaine Mayette, Seymour-Johnson AFB

TSgt Maisha Granda, JBSA-FSH

Wing-level, annual awards:

TSgt Valerie Montellano, JBSA-FSH

Other recognitions:

BTZ promotion

SrA Alexander Porter, Nellis AFB

PME Distinguished Grad

SSgt Mary Garrido, Travis AFB

**Congrats to all award winners,
along with their families,
supervisors, co-workers, and
commanders!**

Dental Techs Shine in Tops in Blue



Maj Gen Gerard Caron and CMSgt Kevin McCoy (4YOX2), 79 Medical Wing Command Chief, coin two dental assistants, who are current members of Tops in Blue, during their recent performance at Joint Base Andrews, Md. SrA Emmanuel Maldonado Rosario (left), is assigned to the 81 DS at Keesler AFB, Miss. SrA Joleen Dedmon, is assigned to the 56 DS at Luke AFB, Ariz. Photo courtesy of Capt Kelly Ramey.

Dental Tech Earns ALS, Base Awards



Maj Gen Gerard Caron congratulates SrA Joshlynn Brown, 579th Dental Squadron, for her selection as Distinguished Graduate and for earning the Female Fitness Award during Airmen Leadership School in Fall 2012. She was also recently named Team Andrews Airman of the Quarter. SrA Brown is a dental technician stationed at Joint Base Anacostia-Bolling, D.C. Photo courtesy of Capt Kelly Ramey.