

NOVEMBER DINE & LEARN CE

Patient Safety & Risk Solutions for Implant Complications

Presented By



WEDNESDAY, NOVEMBER 9, 2022
BERGSTAFF PLACE

2 CE HOURS | 6:00 PM - 8:30 PM

CHECK-IN BEGINS AT 6:00 PM | DINNER WILL BE SERVED AT 6:30 PM

Featuring Robert S. Thompson, RT, JD, MBA, LLM(DR), AIC, ARM, ARe, RPLU, CPCU, Patient Safety & Risk Solutions Dental Lead
About Robert S. Thompson:

Robert has a diverse background in law, medicine, professional liability insurance, and healthcare risk management. He is a radiology technologist who practiced for nearly 10 years at several hospitals. Robert's previous roles also include senior vice president of risk management and director of client education for two professional liability insurance companies. Robert's responsibilities include developing and delivering risk management and patient safety services to MedPro-insured dentists and national dental organizations. Robert also serves in a business development role by providing educational seminars on risk reduction and proactive risk management to prospective clients and dental students.

Description:

This program begins with an overview of the current dental malpractice claims environment with specific attention paid to Implant claims and the claims environment in Indiana. We will then explore the reasons for the increase in implant claims. We will complete the program with discussions of the risk management techniques that can be effectively applied in order to reduce the likelihood of experiencing a malpractice claim.

Lecture Objectives:

- Recognize the reasons behind the current dental malpractice claim environment
- List 3 risk management techniques used to reduce the likelihood of dental malpractice claim
- Define Jousting in dentistry.

Make checks out to IKDDS and mail to PO Box 97, Arcola, IN 46704 or Scan QR Code to pay via credit card

NAME:

DENTAL GROUP:

MAILING ADDRESS:

PHONE NUMBER:

EMAIL ADDRESS:

If registering for more than 1 person, please

list their names below:

(These names will be on their name tags)

Please indicate entrée choice on registration.
Chicken or Vegetarian option

Registration:

(Includes dinner, 1 drink ticket, and event registration)

QTY:

- IKDDS MEMBER DENTIST - \$50
Dinner Choice: Chicken _____ Vegetarian _____
- IKDDS MEMBER STAFF - \$50
Dinner Choice: Chicken _____ Vegetarian _____
- NON-MEMBER DENTIST - \$75
Dinner Choice: Chicken _____ Vegetarian _____



AMOUNT DUE:

PAYMENT METHOD:

Cash Check # _____



For more information, contact: Jamee Lock | jlock@ikdds.org

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