

The Compass

Staying the Course Through Service and Education



Volume IX, Issue 3, Fall/Winter 2007

WSOMS, THE *WHATSTERN* SOCIETY?

If you're reading this article you are no doubt a member of CALAOMS and AAOMS but are you also a member of the Western Society of Oral and Maxillofacial Surgeons (WSOMS)? Did you even know there is a WSOMS, and if so, do you know its mission and purpose, what it does and why you should be a member? If you answered yes to all of the above: Oh, you're the one! As a newly appointed member of the Western Board of Directors, I thought this might be a good time to answer some of these questions and to tell you why all California oral and maxillofacial surgeons should be members.

AAOMS has a national organizational structure composed of six trustee districts. District VI represents the western states of Hawaii, Alaska, Washington, Oregon, Idaho, Nevada, Utah, Arizona and, of course, California. Ob-



viously we in California represent the largest of these member states in District VI. From the AAOMS bylaws: "the purpose of establishing trustee districts is to provide representation on the Board of Trustees for fellows or members of the states, the District of Columbia, the Commonwealth of Puerto Rico, including U.S. territories and counterparts (the five federal dental services)".

The bylaws of the Western Society includes its mission statement which is:

The Society is a voluntary partnership of dental professionals working together to improve the quality of oral and maxillofacial surgery services in the community.

It is the belief of the Society that professional, political, social and economic exchange between states of the Sixth District of the AAOMS will result in a unity of

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Your staff is here to help you with any questions about membership, continuing education courses, certification, and events. Please do not hesitate to contact us with questions or concerns at:

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CALAOMS also does business as:

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Editor's Corner



Leonard M. Tyko, DDS, MD
Editor of the Compass

CALAOMS Health Foundation Closing

Dear CALAOMS members,

Much to my chagrin, I want to announce the closure of the CALAOMS Health Foundation. Despite years of letter writing, speeches and cajoling, support from our membership never really materialized. Sensing the Foundation would not grow into a strong and meaningful organization, a motion was raised to fold our Foundation. After months of deliberations and investigation into how to best proceed, the Board decided it would be best to disband the Foundation

and donate the money to California residency programs. This, the Board felt, was in keeping with the Foundation's Mission Statement and was the best utilization of the monies so generously donated for this purpose.

With the closure of our Foundation, there is one less opportunity for us to help others. It would be an understatement to say that I am disappointed. For those who don't know, I regularly call for service to our profession and to the community. In the Health Foundation, I saw great possibilities for our CALAOMS members to give back, to provide our surgical expertise for those in need and to support our residency programs.

Maybe, we have too many options to do good work. Maybe, we already gift money to important charities. Maybe, we already donate our time to those in need. I am not sure why the Foundation was plagued with a lack of interest and financial support.

There is one thing I *do* know. Our members are neither indifferent nor apathetic. CALAOMS is filled with dedicated, generous, and involved professionals. I see them at every CALAOMS meeting I attend: Dr. Daniel Levin who offers his insights and perspective by regularly submitting articles to the

Compass; and Dr. Gerald Gelfand, who I believe, has served in every post within CALAOMS. We can (and should) learn from these fine men and work to model our practice, both professional and personal, after them.

One might note a common theme to my past editorials and Compass submissions, and I am going to continue to beat that drum here. We are a privileged group and as such, we are indebted to those who have helped us achieve that status—the CALAOMS members who work tirelessly to protect and advance the profession, the teachers and mentors who taught us our craft, and the community members who entrust us with their care. I charge you all to remember these people and to give back, in whatever form and through what ever means, to those who have given so much. ●



WSOMS Continued From Page 1

voice which will enhance our effectiveness in our community and at the national level.

The Society exists to improve health in membership communities and to promote the art and science of Oral and Maxillofacial Surgery. The Society will:

- Promote inter- and intra-professional understanding and education.
- Attract new members and address their needs while continuing to address those of existing members.
- Promote participation at every level within the Society
- Encourage members to discharge their civic and professional responsibilities to the communities they serve.
- Provide education to the membership.
- Serve as a focal point for organizational and political issues pertaining to the Sixth District and offer assistance to component state societies and Society members in matters pertaining to Oral and Maxillofacial Surgery.
- Provide, among its members, opportunities for social and professional community.

I know, some of you are thinking **BOR-ING**. Maybe, but take a good close look at what this Society stands for and I hope you'll also think it's **IMPORTANT** and **WORTHWHILE** supporting.

In simple terms, the Western Society provides a venue for an exchange of ideas, concerns, dialogue and solutions on matters of common interest between the western states both among our representatives and with our district trustee who represents all of these states at the AAOMS Board of Trustees. It is a form of decentralization which helps to make our voice that much louder in what is otherwise a very centralized organizational structure and thus provides us with a platform for greater influence regarding our needs and concerns.

The Western sponsors an exceptional annual meeting which has traditionally been a family oriented affair

generally held over the 4th of July holiday but which will be moving a bit earlier to sometime in the mid to latter part of June. These meetings have been held at various outstanding locations within the district and each one is better than the one before. The locations have all been wonderful and special. Having attended many of these annual meetings I can tell you from my own experience that they are absolutely great and a lot of fun with continuing education provided by some of the top speakers this specialty has to offer and all kinds of outstanding and enjoyable functions including the traditional Western barbecue. Though attendance at these meetings has been steadily growing, it still remains unfortunately low. Try it, you'll like it.

The Western Board of Directors meets in person twice a year, once at the annual meeting and again at the end of August at the District VI caucus in San Francisco prior to the AAOMS House of Delegates. The caucus meeting is attended by the AAOMS delegates of the western states as well as our district trustee and is a venue for exchanging the ideas and concerns of which I wrote previously, reviewing the resolutions and budget to be taken up at the AAOMS HOD, suggesting proposed resolutions from our district and having an exchange with our trustee regarding what's happening at AAOMS and what we'd like to see happen. If you didn't know it before, let me assure you that there are some great people representing not only California but our entire district who are committed to protecting your interests at the national level and keeping oral and maxillofacial surgery strong and independent.

If you're not yet convinced of the value of membership in Western so that it will always be there on your behalf, then here's the best news of all: the yearly dues are only \$150.00. **That's right, just \$150.00.** Now c'mon, nobody can complain about that one. So no more excuses, apathy or lethargy or any other appropriate description. In the words of that real estate loan commercial that runs on the radio ad nauseam (at least in the L.A. area), joining Western is "the biggest no brainer in the history of mankind".

If you have any questions about Western or would just like to discuss it further, please contact me at (818)225-8602 or gelfoms@aol.com.

Gerald Gelfand, DMD

President's Message



Murray K. Jacobs, DDS
President, CALAOMS

A few months ago my family and I went through the drive-through lane at one of my favorite fast-food restaurants with the intent to order dinner. As many of you have probably experienced, this can be a very frustrating activity. Frequently the person at the other end of the speaker receiving your order gets the various requests for food incorrect. After completing our order, and in an attempt to satisfy myself that the order was received properly, I questioned the fast-food worker. "Were you able to get all of that correctly?" He laughed. If I had the ability to get all of that correctly I wouldn't be working here!"

We all had a good laugh, but as we drove away I wondered if sometimes our patients don't have a similar response from our approach to patient care. We are the leaders in our offices and if we establish an environment of mediocrity and

indifference to our patients they will soon seek care elsewhere. We must never become more interested in the procedure than in the care of our patients and their office experience.

In life, when left unattended, things do not generally go from a state of disorder to a state of order. Rather, the converse is more likely true. Things left unattended tend to go from a state of order to a state of disorder. We all remember the law of entropy.

Let me illustrate. After we purchased our first home, it became readily apparent to me that if the lawn was not mowed and edged regularly, it would become more unsightly, not better groomed. Because of my personal aversion to yard work (having been mistreated by my parents as a child when they required that I take care of our yard), we finally hired a gardener (it became too embarrassing for me to have the neighbors commenting on why my wife was mowing the yard).

A second example is the case of my teenage children. For years my children thought they lived in a magic house. No matter where they left their dirty clothes or no matter how often they left their beds unmade or their dishes laying around the house dirty, when they returned

home from an activity, they always found their clothes clean and neatly folded in their dressers, the dishes washed and their beds tidily made. It was magical they thought.

Upon returning home from college they frequently commented on the state of disarray of their college room when effort wasn't made to organize their belongings.

Now what has this got to do with oral and

maxillofacial surgery? In our offices we are entrusted with the duty to lead and inspire our co-workers to the end that things improve and not go to a state of disorder.

Effective leadership is administered only through genuine concern for our employees, compassion, and respect for their feelings. Truly effective leaders are sensitive to human relationships and are actively seeking to instruct and strengthen those with whom they work. We are personally responsible for the progress made and the state of order in our offices.

Thomas Edison was probably one of the greatest inventors that ever lived. He harnessed electricity and put it to work. He gave the world light with his incandescent light bulb. He gave us music with the phonograph. And he was able to do this despite the fact that he was almost deaf. A reporter once asked him if his deafness wasn't

a great handicap. "On the contrary," he said, "deafness has been a great asset to me. It has saved me from a lot of useless chatter, and it has taught me to hear from within."

Whether your goal is to earn a million dollars, computerize your office more effectively, or reduce your overhead, success and a state of order do not just happen. It is the result of the application of the laws upon which success is predicated.

One of the greatest pitfalls for any leader is the desire to develop smooth machinery, impressive statistics and a favorable image, while the main focus of your leadership – people – is neglected. It is important to remember that no matter how well oiled the machinery; the

program will still fail if it does not reach people and relate to them and their needs. This applies both to the people with whom you work and the patients you treat.

We on the CALAOMS board and those in the central office have always tried to approach those critical matters relating to our specialty in an organized and well thought out approach. We would also like to hear from the membership regarding issues which you feel are important.

There are currently a number of issues that have a potential impact on the profession of oral and maxillofacial surgery.

1 – We have just completed a calibration course offered to our members to help improve and standardize the in-office evaluation. The attendance was excellent and we were able to certify a number of new evaluators. This will allow our office anesthesia evaluation program to expand to meet the needs of the specialty, and also continue to provide evaluations for conscious sedation permit holders.

2 – SCPIE has an offer on the table to be purchased by The Doctor's Company, a major professional liability insurance company located in California. Both the Risk Management Committee and the Insurance Committee have been asked to review this potential change of ownership and make relevant recommendations to our membership as soon as possible. We would en-

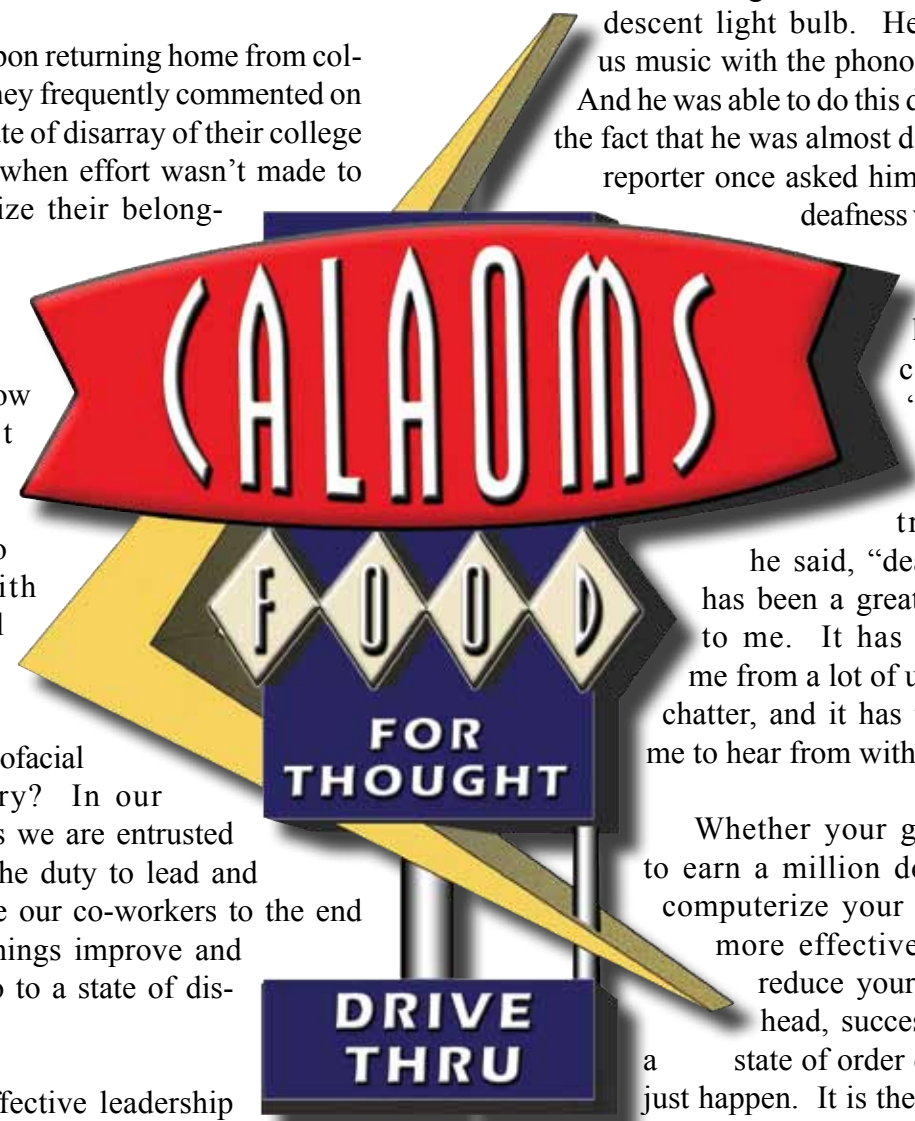
courage you to not act too quickly, but rather allow us to investigate the matter thoroughly before making any decisions. SCPIE policies will continue unchanged, including renewals, through the end of 2008. We anticipate that because OMS policies represent a significant book of business for SCPIE, The Doctor's Company will make every effort to retain our business.

3 – The Department of Managed Health Care is holding hearings to potentially eliminate or substantially alter the process of "balanced billing" of managed care patients seen in the emergency room. These changes are being vigorously opposed by the California Medical Association. Our new advocate at CDA, Dean Chalios, has been working with the board to develop talking points and give testimony to the committee to oppose these changes.

4 – The cosmetic committee continues to receive applications from our members to become certified to perform cosmetic procedures. Currently only four members have received the certification. The process appears to be moving forward in a smooth fashion.

5 – The governor failed to sign the recent bill SB 534 which could potentially sunset the Dental Board of California (DBC) in July 2008. Should the DBC sunset, board functions would be assumed by a bureau within the Department of Consumer Affairs. The bureau would be a

Continued On Page 8



Food For Thought Continued From Page 7

much smaller entity than the DBC, and answerable to the Governor. CDA staff is working vigorously on this issue. The DBC seems to have been making progress recently and we are in hopes that we will be able to reverse the process, leaving the DBC intact.

6 – The AAOMS House of Delegates took a position against the new ADA anesthesia guidelines regarding the different educational requirements for enteral moderate sedation vs parenteral moderate sedation. The ADA Guidelines state that 24 hours of education is sufficient for managing moderate enteral sedation although 60 hours are required for moderate parenteral sedation. We feel training should be equivalent regardless off the route of administration. We have been charged with

the responsibility of presenting this information to the DBC, which is in the process of finalizing educational requirements for adult enteral sedation.

7 – Finally, we have had a great response to our CE courses for the fall and thank the staff for their hard work and the membership for your participation.

As you can see, there is always a lot of work to do. We will continue to attempt to represent the membership in an organized and thoughtful and professional manner. We encourage participation from all of you.


Regards,

Murray K. Jacobs, DDS
President - CALAOMS



As Commander and Chief Murray Jacobs led the charge up capital hill for the annual Day on the Hill event. Pictured from left to right are: R. Lynn White, DDS, President AAOMS; W. Mark Tucker, DDS, Past President AAOMS; Jasjit Dillon, DDS, CA Resident; Gene Upshaw member of the NFL Hall of Fame, Executive Director NFL Players Association; Murray Jacobs, DDS, President CALAOMS; Larry Moore, DDS, MS District VI Trustee, CA; Jay Malmquist, DMD, Past President AAOMS; Gerald Gelfand, DMD, Past President CALAOMS.

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SCPIE's Risk Management Corner

You're Only as Good as the Systems That Support You

By Barbara Worsley

Despite the doom and gloom about medical malpractice, an oral surgeon can greatly reduce exposure to malpractice claims by implementing and maintaining an effective support system. The operational aspects of your office can have a big impact on avoiding claims and successfully defending the ones you cannot prevent.

Do you document follow-up efforts on missed or no-show appointments? Are patients instructed on the proper use of medication? Is the patient's history questionnaire signed by the patient and initialed by the oral surgeon? Does your anesthesia record list the drugs and amounts used? Is a standardized equipment checklist used at the beginning of each case? Do you have periodic practice drills on dealing with unanticipated patient events?

These are only a few of the more than 200 questions posed in the new SCPIE Risk Assessment Kit for Oral and Maxillofacial Surgeons. This invaluable resource—which was created in partnership with the CALAOMS Risk Management Committee—consists of an office

survey as well as many practical office forms and information tools.

The following is a summary of the 11 categories covered in the kit and some of the accompanying risk management advice.

The Waiting Room

This can be one of the most neglected areas of an office-based practice. In today's society, time is at a premium. Many patients will become angry if they feel you are wasting their time and may view a long wait as disrespectful. With this in mind, your practice should consider the following:

- Carefully monitor and manage wait times. When delays are unavoidable, inform your patients and offer options.
- Make sure your reception area makes a good first impression and sets a positive tone for the rest of the visit.

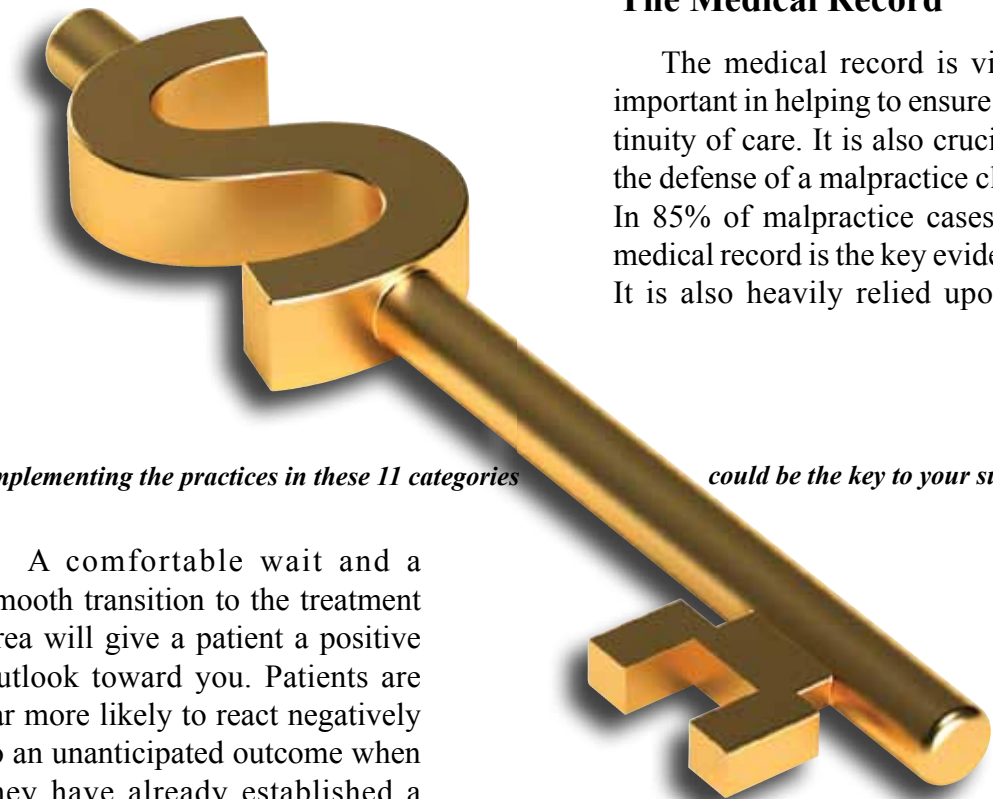
The Front Office

This is an integral part of making a first impression. It is also the gateway to your practice.

- Your receptionists should exemplify professionalism in all aspects of their behavior, from

how they dress to how they answer the phone.

- It is also important that front office staff be able to prioritize calls and recognize signs of trouble.



Implementing the practices in these 11 categories could be the key to your success

A comfortable wait and a smooth transition to the treatment area will give a patient a positive outlook toward you. Patients are far more likely to react negatively to an unanticipated outcome when they have already established a trusting relationship with you and your practice.

The Treatment Area

Protecting the patient from errors and the doctor from allegations of negligence and battery is the balancing act that occurs in the treatment area.

Greater emphasis needs to be

placed on preventing medication and anesthesia errors, since most of them can be avoided. The same holds true for privacy violations.

Remember to actively listen to your patients' concerns and acknowledge that they have been heard. Involve your patients in their care.

The Medical Record

The medical record is vitally important in helping to ensure continuity of care. It is also crucial in the defense of a malpractice claim. In 85% of malpractice cases, the medical record is the key evidence. It is also heavily relied upon by

the defense's medical experts in rendering opinions. Gaps in the record create gaps in your defense and make you an attractive target for plaintiff attorneys. Your record-keeping needs to promote accurate, complete and timely charting.

Human Resources

One of the key elements that distinguishes your practice from

others is the caliber of people running your office. Employees can be your biggest asset or greatest liability.

- Train your staff well and keep reinvesting in their development.
- Educate them about your rules and expectations, and apply the same standards to everyone equally.

Safety and Security

As employers and owners, oral surgeons have an obligation to provide a safe workplace for their employees, as well as a secure environment for patients and visitors.

- Adherence to universal precautions helps keep everyone safe from the spread of disease and infections. Patients may become upset if they do not observe staff members adhering to basic infection control such as hand washing and changing gloves.
- You and your staff should have an emergency plan in place in the event of a disaster or other emergency, such as an electrical power outage, water damage or an earthquake. Your plan should include an emergency call tree and the establishment of a contingency meeting place.
- In the event of an adverse patient outcome, have a plan that

addresses response to the media, regulatory reporting, employee perception and patient-family conferences.

Informed Consent

This process is founded on four postulates from case law:

- Patients are generally ignorant of medicine.
- Patients have a right to control their own body.
- To be effective, consent to treatment must be informed; i.e., appropriate to the literacy level of the patient.
- Patients are dependent on their doctors for truthful information.

The duty to obtain consent is fiduciary and cannot be delegated.

Billing

Most unpaid bills are the result of financial difficulty; however, they can oftentimes signal a patient's dissatisfaction with your services. Don't miss an opportunity to resolve a problem while it can still be remedied.

Satisfaction Surveys

These provide opportunities for your practice. Periodically monitoring and evaluating the satisfaction levels of your patients and staff can provide valuable feedback for improvement. Successful practitioners

Continued on Page 12

Support Systems Continued From Page 11

listen to their patients and their staff.

- Because doctors work in an extremely challenging environment, quality-of-life concerns (such as time off) need to be incorporated into the practice's professional culture.
- Satisfied staff members help foster high patient satisfaction, and patients who like and are satisfied with their doctors are less inclined to sue them.

Management/Leadership

Office protocols are needed to assure operational continuity. Make sure that policies and procedures are in place to help guide your staff on all aspects of the administrative, operational and clinical needs of the practice.

Information technology

The use of technology can help improve patient care and streamline your office efficiency; however, it

can also be fraught with new risks. Be sure all of your computers are password-protected and your security updates are current.

As an oral surgeon, you are dependent on the systems that support you. Take advantage of a resource that can help you identify and evaluate the strengths and weaknesses of your office practice.

The SCPIE Risk Assessment Kit for Oral and Maxillofacial Surgeons is available as a CD-ROM, as well as online through the SCPIE Insureds Only section of the company's website (www.scpie.com). To obtain the CD-ROM, contact CALAOMS at 800/500-1332.

Barbara Worsley is Vice President of Risk Management at The SCPIE Companies.



Some Good News for a Change...

Good news! Malpractice litigation claims continue to be at low levels. In fact we have not been at these levels since the seventies!

We are either doing something right with our quality care, risk management awareness, anesthesia evaluations, assistant training, and support of MICRA, OR the plaintiff attorneys are just moving on to more lucrative areas. I suspect it is a combination of the above.

We also cannot forget the very outstanding defense attorneys who have stood behind us for many years as well as the defense experts in our membership who have worked so hard reviewing cases and supplying expert testimony.

Many of our experts have been called on for many years, and need a rest. If you have been in full scope practice for at least 5 years and have any interest in being a potential 'expert' in defense of our fine profession, I encourage you to contact the central office and let your availability be known. It can be a very educational and rewarding experience, **and** you are also compensated for your time and work as well.

Congratulations for all of the good work!

CALAOMS central office 800-500-1332
Ask for Pam

Are Your Anesthesia Practices Slightly Out Of Date?



Come Join Us in Palm Springs for the

"2008 Anesthesia Symposium"

This weekend symposium focusing on modern anesthesia practice, will be interactive with audience participation. Those in attendance will anonymously respond to questions via wireless keypads for immediate tabulation and display of the results. These results will then be discussed by guest speaker Martin Bogetz, M.D. and a multidisciplinary reactor panel.

8 CE Units: Receive four hours of credit on Saturday and four hours of credit for Sunday

Hosted by the California Association of Oral and Maxillofacial Surgeons

January 19 & 20, 2008 at the Westin Mission Hills Resort & Spa, Rancho Mirage, CA

Don't Miss the Anesthesia Event of the Decade!

Call for a reservation (800) 500-1332 or visit our web site at www.calaoms.org/events

Medical Emergencies

This year CALAOMS brought back a new and improved "hands-on" version of the extremely popular Medical & Anesthetic Emergencies course. The course which was met with rave reviews was held in Garden Grove on Oct. 24 and in Oakland on Nov. 7 to full capacity attendance. Read just a few of the comments from this year's attendees and you will agree that you won't want to miss this course next year! You'll have to sign up early if you want to reserve a spot in one of next year's courses.

"Excellent course and presentations. Hit it on the nail. Hands-on very helpful. User friendly. Have every year – good for team building. Helps take the fear out of emergency situations" Dr. Dick Hom and Juanita Balatzor, OMSA

"Thorough – gives us information on what is out there as far as new products, updated techniques. Course was very user friendly and fortifies the team approach"
Dr. Peter Lyu

Francis Chung, DDS right, instructs his assistants Laura Alfaro left, and Mira Torrez center on the finer points of using a peak flow meter



Taking Spirometer Readings

Linda Miyatake, DDS, MD right, instructs one of her staff, Rebecca Evens, on how to locate the cricothyroid membrane in the event a cricothyrotomy needs to be preformed



Locating the Cricothyroid Membrane

"Team training in anesthesia which originated in Southern CA several decades ago still continues in the same fine tradition with the CALAOMS Medical and Anesthetic Emergency Course"
Dr. Jack Jennings

"Fabulous course, speakers great and well informed"
Jill Malone, OMSA

"Excellent course"
Dr. Michael Arrow

"Would have liked to have been able to bring at least 4 staff. Lectures were really great and the level of detail was just right for staff. Very well organized"
Dr. David Ehsan



Inserting the LMA

Bruce Hicke, DDS, inflates balloon on his successfully placed LMA, while assistants look on



Respiratory Table I

From left to right, David Ehsan, DDS, MD assists his staff Naomi Han and Jared Lacson, in performing intubations, while instructor Newton Gordon, DDS, MS observes

A Beneficial Experience

"With the plethora of continuing education offerings available to us, it becomes difficult to decide which ones to attend. At the urging of our clinical staff, Tony Pitrowski and I decided to close the office on a mid-week workday and bring our clinical staff to the medical emergencies seminar last Wednesday in Anaheim. We were not disappointed. Dr. Roberts and the committee did an excellent job of presenting a didactic and practical review of the respiratory and cardiovascular systems and associated prevention of untoward events as well as treatment of emergencies. The seminar moved quickly enough as to not be boring, yet was understandable by our staff. Our staff also appreciated the hands-on portion in the afternoon. I highly commend the committee for their efforts in preparation and recommend the seminar to my colleagues and their staffs" Dr. Marshall Humes

"Good review of emergency scenarios. I liked the work stations and hands-on. This course is more detailed and goes a step further than the CALAOMS ACLS course which we took last weekend. I liked learning about the Bone Injection Gun" Dana Wark, OMSA

Michael Arrow, DMD, works with his assistant Myra Mendez on taking blood glucose readings, while another assistant gets training on the use of an AED

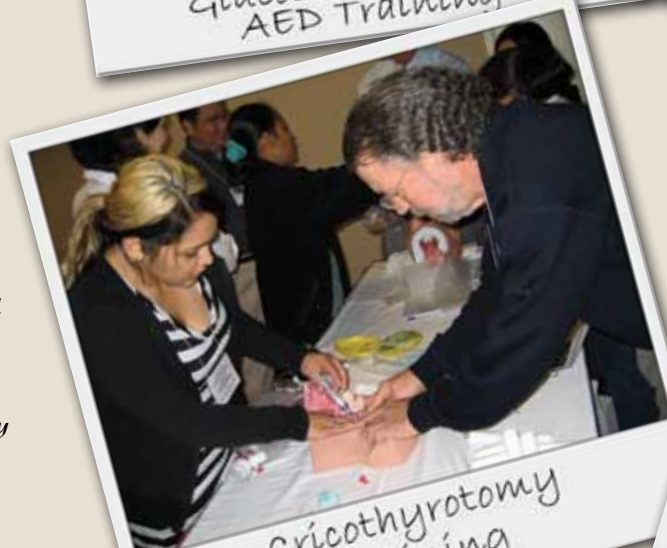


Emergency Drug Kits
Glucose Monitoring
AED Training

Foreground: John Saunderson, DMD discusses the inhaler extension chamber with an assistant. Background: Michael Beckley, DDS, left and Don Devlin, DDS, right prepare to bag a respiratory manikin



Respiratory Table II



Cricothyrotomy Training

Craig Bloom, DMD, instructs assistant Christina O'Shaughnessy, on performing a cricothyrotomy on the manikin



Cardiopulmonary Resuscitation

Marc Bienstock, DDS, MD demonstrates proper intubation technique for assistants

AAOMS Day on the Hill 2008

By Larry Moore, DDS MS
District VI Trustee AAOMS

The 8th annual AAOMS Day on the Hill will be Wednesday, April 16, 2008 in Washington DC at the Madison Hotel. CALAOMS members who have participated in the event before will find the Madison is closer and more convenient to Capitol Hill than any of the previous venues.

Day on the Hill is an important opportunity for the membership of AAOMS to interact with their Senators and Congresspersons in their Washington offices. Past successes attributed to Day on the Hill include incentive special pay for our military oral and maxillofacial surgeons working in Iraq and Afghanistan.

In the changing political climate we currently face, it is of critical importance that California OMS's participate on the national level. The event is kicked-off on Tuesday evening, April 15, with a cocktail reception and dinner featuring guest speaker Charlie Cook. Mr. Cook is a nationally known political pundit who mixes humor with insider information on the political scene. Other speakers will include

senators, congresspersons, and key congressional staff with important connections to healthcare legislation. AAOMS staff is still formulating the final program.

Wednesday morning starts with a breakfast meeting where AAOMS' Washington lobbyist Bill Applegate will address the participants. Mr. Applegate will give participants important tips on what to do and what to expect when visiting their congressional leaders. In 2007 Senator Ron Wyden (D-OR) spoke at the breakfast meeting, detailing his opinions on the state of healthcare. A speaker of similar stature can be expected in 2008.

AAOMS staff is presently working with the Committee on Governmental Affairs, and OMS PAC on formulating a list of topics to discuss with our congressional leaders. Registration for Day on the Hill 2008 will begin in January 2008. Information will be available on the AAOMS website aaoms.org at that time. Just log in, click the "events" heading and scroll down to Day on the Hill.

Remember to save the dates, April 15 and 16, 2008 for AAOMS Day on the Hill.



CALAOMS President Dr. Murray Jacobs, AAOMS District VI Trustee Dr. Larry Moore, and UCSF Senior Resident Dr. Jasjit Dillon share a photo opportunity with California Senator Barbara Boxer during AAOMS Day on the Hill 2007. Also See Photo On Page 8



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Spotlight On Members

Lester Machado

On Saturday, November 10, CALAOMS Treasurer, Dr. Lester Machado was inducted as President of the San Diego County Dental Society at their recognition ceremony. Dr. Machado has been working to get fluoride in the San Diego's water for the last 5 years. In conjunction with the California Dental Association and the coalition, Dr. Machado was instrumental in developing the proposal to the San Diego 1st 5 Commission who donated 5.7 million dollars to fluoridate the water. CALAOMS wishes him the best in his year as President, and will miss his expertise at CALAOMS.



from left to right: David Baron, SDCDS Executive Director; Ron Roberts, San Diego County Supervisor; Lester Machado, DDS, MD, SDCDS President.



Bruce Whitcher

Bruce Whitcher, DDS, was the recipient of a special recognition award for his Extraordinary Effort and Testimony on Dental Assisting Education Regulations, presented to him by the CDA. Dr. Whitcher has worked tirelessly for the last several years on behalf of the CDA and CALAOMS formulating new guidelines for both dental and surgical assistants. Working in conjunction with state legislators and COMDA, Dr. Whitcher has helped to define guidelines that are both fair and equitable for all concerned parties, while balancing that with the concerns for public safety.

CALAOMS appreciates the efforts of Dr. Whitcher on our behalf and congratulates him on the receipt of his award. We look forward to his CALAOMS presidency which commences in 2008



Richard Robert

CALAOMS would like to recognize Richard Robert, DDS for his outstanding contributions to this years "Medical and Anesthetic Emergencies in the OMS Office" course held in both the North and South part of the state this fall.

It has become increasingly more rare to see someone as passionate about a subject as Dr. Robert is about Medical Emergency Preparedness in the OMS Office. His dedication, commitment, and leadership continue to help make the OMS office in California, as well as the rest of the country, well prepared to handle emergencies that may arise.

Dr. Robert, along with the other instructors who developed this extremely worthwhile, hands-on course for both doctors and staff, has managed to raise the bar on the quality of Continuing Education courses being delivered by CALAOMS.

Please join us in giving Dr. Robert a well deserved pat on the back as well as our gratitude.

CALAOMS members who were part of the ADA 13th Trustee District delegation to the ADA House of Delegates. Left to right: Larry Moore, AAOMS District VI Trustee. Past CDA President Russ Webb, CALAOMS President-elect Bruce Whitcher, Past CALAOMS President Gerald Gelfand and Past CALAOMS President and current CDA President Ron Mead. Not pictured, CALAOMS members of the delegation: Alan Felsenfeld, David Milder.

CALAOMS Members of the ADA 13th District Delegation



Oral and Maxillofacial Surgery Foundation REAP Donations Exceed Goal

The Oral and Maxillofacial Surgery Foundation is pleased to announce that its Annual Campaign, called REAP, exceeded its 2006 – 2007 donation goal! As of the end of its campaign year, August 31, the REAP Annual Campaign raised more than \$383,000—\$70,000 more than its goal of \$312,000! Thank you to those of you who made your annual gift to REAP, which stands for *Research and Education Advance Patient care*. We appreciate the state and regional OMS societies who contributed to REAP as well.

Donors in your state generated more than \$44,000 in REAP gifts, and accounted for 6 percent of the number of donors for this year's campaign. District 6 brought in 20 percent of the amount raised for REAP this year!. Two California-based OMS societies stand out, as well. The Western Society of OMS contributed \$2,500 to REAP. In addition, CALAOMS contributed \$25,000 to the campaign! What an outstanding show of support for research and education in our specialty! We appreciate the generosity of California surgeons and organizations to REAP.

Gifts to REAP provide annual support for research and education, the cornerstones of the future of our specialty. OMSF initiated the REAP campaign to ensure that our specialty will have the funds necessary to support meaningful research and education now and in the future. For oral and maxillofacial surgery to distinguish itself and advance, relative to its competition, we must fund our own research and at a level far surpassing anything that we have done previously. Our only hope to keep up and take advantage of today's scientific advances is to be a part of this revolution and find solutions in those areas that will help our patients. The potential for REAP is enormous: if each oral and maxillofacial surgeon invested just \$1,000 to \$2,000 a year, this would provide \$6 to \$12 million on an annual basis for OMSF's research fund.

The success of REAP is due, in large part, to the hard work of OMSF Ambassadors. We have a group of more than 200 Ambassadors who are spreading the word about REAP and helping us solicit donations. Ambassadors are grouped according to their AAOMS District.

This year, one Ambassador stood out from the crowd. Dr. Thomas B. Dodson is the recipient of the 2007 Ambassador Service Award. This award, presented only when deemed appropriate, is given to a leader amongst OMSF Ambassadors who has shown outstanding service to the Foundation. Dr. Dodson's strong initiatives in support of the Foundation and the variety of ways in which he has advocated support of research and education in our specialty through the REAP campaign have been instrumental in building the much-needed resources of the Foundation for the future. Dr. Dodson received the Ambassador Service Award at the 2007 AAOMS Annual Meeting Opening Ceremonies.

Again, to all those who were so helpful, thank you for your support of REAP. Remember, REAP is an Annual Campaign. We look forward to your continued support in the current REAP campaign year, September 1, 2007 - August 31, 2008. We are also hoping to expand that base of support and include all California OMS. Remember, helping REAP is helping ourselves.

You can download a REAP donation form at www.omsfoundation.org/giving. If you have any questions about REAP, e-mail OMSF Executive Director, Frank J. Kurtz, PhD, at fkurtz@aaoms.org.



EMERGENCY ON CALL ER SURVEY RESULTS

You may recall that last year CALAOMS sent out a survey to our membership in order to attain information regarding emergency call patterns and remuneration. We are grateful to the 231 of you who responded. We were able to assemble a considerable amount of useful information. I won't go into all the details of all the results but will list some of the trends which were obvious from the survey:

- Contrary to some of the generational stereotyping to which we have all been exposed, which would suggest that younger oral and maxillofacial surgeons are taking call less than previous generations, it would seem that in California that's just not true. In the 30-39 age group, 73% of the OMS's take emergency call and 79% in the 40-49 age group. More OMS's take call than not in all age groups except 60-69 and then only by a small margin. This is good news and certainly not what we've been led to believe by AAOMS.
- The above was corroborated when call was compared to how recently one completed training. The more recent residency training was completed, the more likely one is to take call.

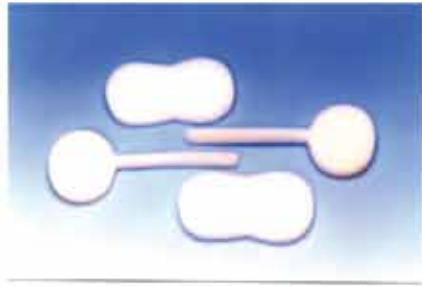
- Trend is to take less call the longer one has been in practice and not the other way around. So much for this generational stuff which I've never really bought into anyway.

Now the bad news.

- Call schedules and ER remuneration patterns vary tremendously but several things are clear:
- When there is remuneration, OMS's generally are remunerated at a level less than their physician counterparts.
- Where certain specialties are excluded from remuneration OMS is clearly #1.
- Non board certified OMS's may be remunerated at a lower rate than board certified OMS's.

If you would like more detailed information please contact Pam at the central office or me at gelfoms@aol.com or (818)225-8602.

By: Gerald Gelfand, DMD



C-Sponge

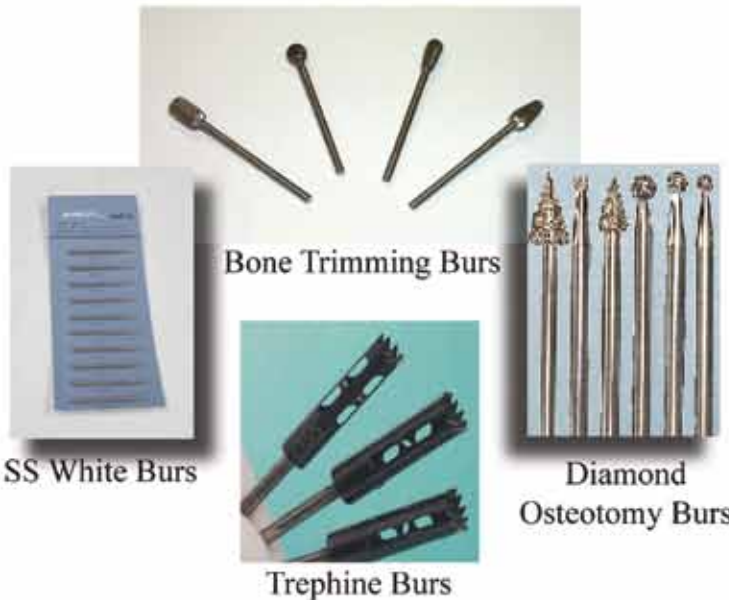


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CALAOMS - ALERT

The ABCs of AEDs

Don't neglect management and maintenance of AEDs.

Just like the smoke detectors in your home, AEDs are only reliable as long as the batteries aren't dead. "They're not plugged into a wall; they have internal batteries to keep them operating. The pads have a lifespan as well," explains John Friederich, industry segment manager at Redmond, WA-based Medtronic ERS. Typically, battery life is 5 years; you can expect to get 2 years out of your AED's pads. "You should become familiar with the AED and find out how long the pads last, how long the batteries last, and how you can tell if a replacement is needed,"

Above is an excerpt from the article "The ABCs of AEDs" published by Buildings magazine. The full article can be found at this web site: <http://www.buildings.com/articles/detail.aspx?contentID=3081>

Numerous CALAOMS members took advantage of our AED purchase program that we ran several years ago. Other members have also purchased AEDs through other resources. No matter how you obtained your AED, please take a moment to check or have your staff check the functionality of your AED, and look for expired Pads and Batteries! You can check the functionality by making sure the unit turns on and off properly. In addition, some units have status lights that should be checked daily. Our independent research did confirm that the average AED battery and pad life as stated in the excerpt above is correct.

Welch Allyn/MRL AED batteries have a stand-by (in unit) life of 5 years. If you purchased a second battery, the life is 10 years under the following conditions: 5 year shelf life with an additional 5 year stand-by (in unit) life.

For those members that purchased the MRL* or Welch Allyn AEDs through CALAOMS, below you will find an order form to purchase replacement PAD, Batteries or the Pediatric Adapter if you have pediatric patients. For all other members, please contact your local medical supply rep for replacement parts.

Fax order form to CALAOMS at 916-772-9220

Item	Part Number	Quantity	Unit Price	Extended Price
Pad for BOTH the AED 10, and 20	00185-3		\$42.00	
AED 10 Battery for the AED 10	00185-2		\$130.00	
AED 20 Battery for the AED 20	001830-0e		\$209.00	
AED10 Reducer for peds use	002173-u		\$99.00	
AED20 Reducer for peds. use	002174-u		\$99.00	
			Subtotal	
			7.25% tax	
			Total	

* Welch Allyn Purchased MRL
MRL Jump Start = Welch Allyn AED 10
MRL Life Quest = Welch Allyn AED 20

Name			Credit Card Number	
Billing Address			Name on Card	
City	State	Zip	EXP. Date	CCV # on back
Phone			Authorizing Signature	
Shipping Address if Different				
City	State	Zip		



Upcoming Events For 2008

Palm Springs Meeting January 19-20, 2008	Rancho Mirage	Annual Membership Meeting May 17-18, 2008	San Diego
Residents' Presentations February 13, 2008	Pleasanton	Residents' Presentations September 24, 2008	Southern, CA
ACLS March 8, 2008	Solano	Medical Emergencies October 8, 2008	Northern, CA
Infection Control and Risk Mngt April 2, 2008	Southern, CA	Medical Emergencies October 22, 2008	Southern, CA
Infection Control and Risk Mngt April 9, 2008	Northern, CA	ACLS October/November, 2008	Solano
Cosmetics April, 19 2008	San Francisco	Anesthesia November 5, 2008	Orange County

In Memoriam



Elliott A. Smart, DDS

Surrounded by his loving family, our colleague and CALAOMS member, Dr. Elliott A. Smart passed away peacefully on October 8, 2007 after a very brief illness.

At the age of eight, his family moved from his birth place in Olive View, CA, to Murphys where his father was the medical director of the Bret Harte Sanitarium. Following graduation from high school, he enlisted in the U. S. Navy and saw action as a flight gunner on a PBY rescue plane during WWII.

At the conclusion of the war, Elliott enrolled and graduated from U C Berkley with a degree in Zoology. While there he met and married the love of his life, Colleen. He entered the College of Physicians and Surgeons School of Dentistry and, following graduation, had a four year tour of duty from 1954 to 1958 at Bitsburg Army Air Base in Germany. Dr. Smart completed his residency in oral and maxillofacial surgery at the University of Minnesota in 1962. Following his formal training, Dr. Smart's military assignments included, Travis AFB, Cam Rahn Bay, Vietnam, and Lackland AFB. After reaching the rank of Colonel, Dr. Smart retired from the Air Force in 1972 and began practicing and teaching in the Bay Area while his family maintained the home in Murphys. He later moved his practice to San Andreas until he retired in the late 1980's.

In 1976 Dr. Smart was elected to the Bret Harte Unified School District Board of Trustees. He was re-elected for seven consecutive terms and remained active as board clerk until his death having previously been the board president. Dr. Smart was most proud of the Bret Harte Performing Arts Center and new athletic complex. He was a major driving force in its inception and development. The board has plans to rename the center in his honor.

Dr. Smart is survived by his wife, Colleen, six children and eleven grand children. They are a special family.

A very moving celebration of his life was held at the Bret Harte Performing Arts Center, Sunday, October 21, 2007. To those of us who had the privilege of knowing and working with him, Dr. Smart will be remembered as a kind, soft spoken, patient, and very knowledgeable friend. He will remain in our memory as in life, as "The Oral Surgeon's, Oral Surgeon."

In lieu of flowers, contributions may be made in Dr. Smart's name to the

*Bret Hart Angles Incorporated Sports Complex,
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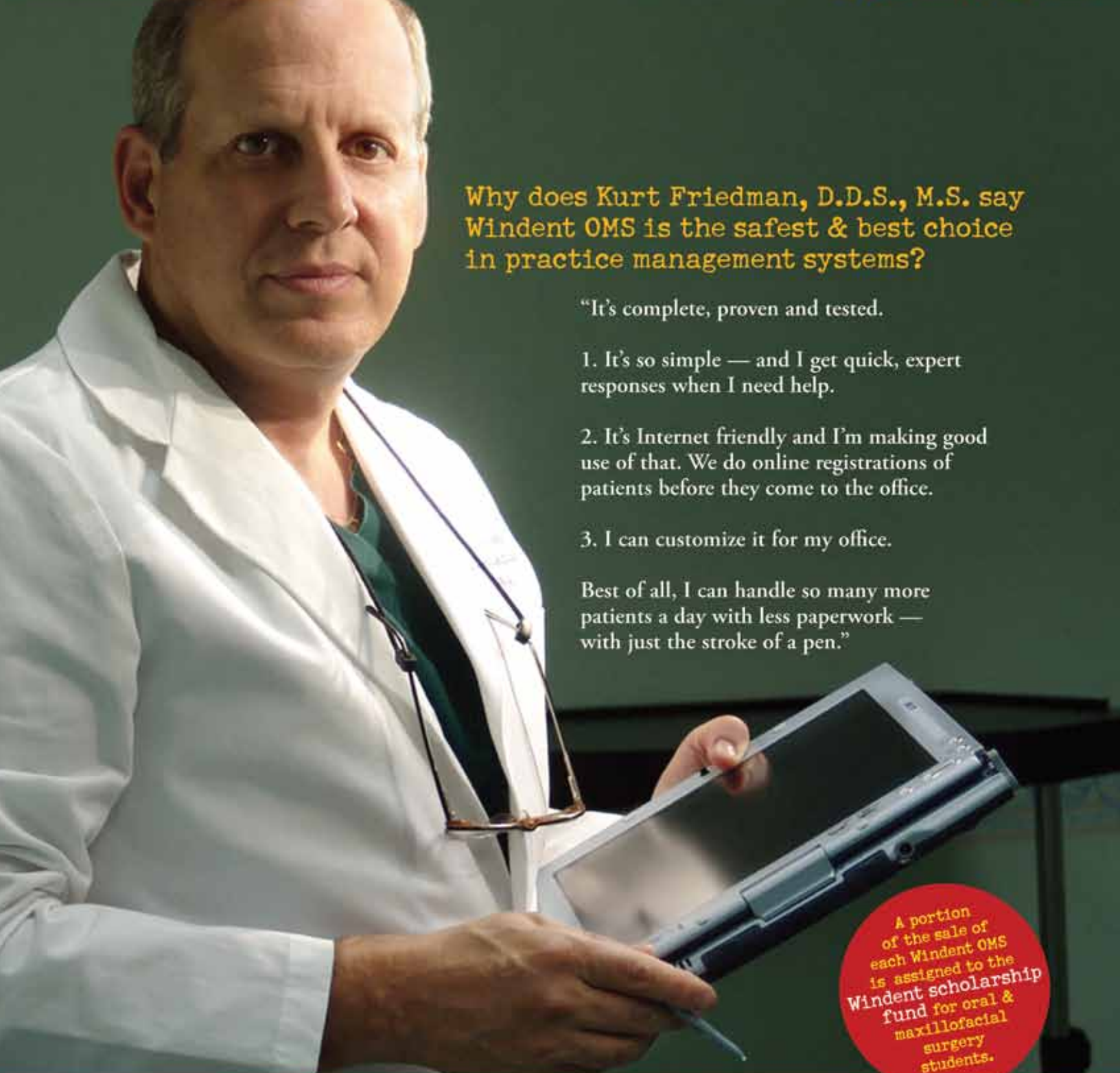
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