The COMPASS
Official Publication of the California Association of Oral and Maxillofacial Surgeons
Volume VI, Issue 1, Spring 2004

CALAOMS – WHERE ARE WE, AND WHERE ARE WE GOING ?

P. Thomas Hiser, DDS, MS
President, CALAOMS

It is my honor and privilege to serve as your CALAOMS President for the year 2004. As we start into this year, I thought that you all would like to know what we have accomplished over the past three years since the northern and southern societies unified and also where we are trying to go over the next few years.

The California Association of Oral and Maxillofacial Surgeons currently has 401 Active Fellows, 152 Active Members, 132 Retired Fellows/ Members, 23 Resident Members, 1 Provisional Member, 5 Affiliate Members, 3 Honorary Members, and 20 Applicants. We are the largest AAOMS component and are a member of AAOMS District 6. We are proud to have as our current AAOMS President, Dr Elgan Stamper, the first California AAOMS President since Dr.Terry Slaughter back in 1978.

Prior to the unification of SCSOMS and NCSOMS into one "new" CALAOMS, organized oral surgery in California did not always speak with a unified voice to AAOMS, to the Dental Board of California, and to CDA. Our legislative efforts at times struggled. Although CALAOMS had existed since 1986, it was at the mercy of the two state OMS societies for funding and there was frequently duplication of effort and occasionally some differences in thought regarding important issues. Recognizing these problems, initial unification efforts began as early as 1992. Multiple factors including fears of loss of identity, historical preservation issues and financial complexities stalled the process.

In October 1999, a combined weekend retreat of the CALAOMS, SCSOMS and NCSOMS Boards was held to rejuvenate the unification process. IRS/financial issues were resolved by the formation of the Health Foundation to preserve the financial reserves from the south. The organizational structure of the "new" CALAOMS was established. The unification process proceeded with a positive vote by the NCSOMS and SCSOMS membership in 2000. The NCSOMS and SCSOMS organizations were dissolved on December 31, 2000 and on January 1, 2001 the "new" unified CALAOMS began. Initially offices were

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Compass Direction

The COMPASS

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CALAOMS also does business as:

* Southern California Association of Oral and Maxillofacial Surgeons
* Southern California Society of Oral and Maxillofacial Surgeons
* Northern California Association of Oral and Maxillofacial Surgeons
* Northern California Society of Maxillofacial Surgeons
* California Society of Oral and Maxillofacial Surgeons
* Southern California Oral and Maxillofacial Surgeons

Editor's Corner

Corrine Cline-Fortunato, DDS
Editor

Welcome to the first 2004 issue of the Compass. While the basic content remains the same ("*President's Message*", "*Trustee's Report*", "*Calendar of Events*", "*SCPIE Update*", etc.), I am delighted to include a number of articles from the membership.

Dr. Gary Carlsen reports on an excellent Anesthesia Symposium in Palm Springs, Dr. Gerald Gelfand shares some insight on the CALAOMS Foundation, Dr. Thomas Indresano relates the ever-growing need for academic volunteers, Dr. Vincent Farhood puts the spotlight on educators, and Dr. Ned Nix gives us some political food for thought.

In addition, I am pleased to introduce the newest column, "*Ask The Expert*". Have a burning question related to the OMS profession? In "*Ask The Expert*" Dr. Hooman Zarrinkelk takes your questions to experts in the field and shares their perspectives. We hope you find it both helpful and interesting.

And finally, I'd like to extend a challenge to the membership at large to help fill a vital void in our publication, "*Letters to The Editor*". I'd love to hear from you. I *know* you have opinions! So how about sending them my way via post at the CALAOMS office or e-mail (LandCFortunato@peoplepc.com)? It can be a complaint, suggestion, or just a bit of FYI. Need a place to vent? You got it! Want to share an amusing antidote or practical advice? Feel free! Want to see more or less of a particular topic? Lay it on me!

I look forward to your responses.

Corrine (Corry) Cline-Fortunato, DDS
Editor

Editor Corrine Cline-Fortunato, DDS has thrown down the gauntlet, and has challenged you. Do you have what it take to rise to the challenge? If so please send in your submission

CALAOMS 4th Annual Meeting in Monterey!

On behalf of the CALAOMS Board of Directors, I want to encourage you to attend the 2004 CALAOMS Annual Meeting at the Monterey Plaza Spa and Resort Hotel in Monterey, California. This should be a fantastic meeting and weekend and we hope that you will be able to relax, visit with friends and enhance your education while at this beautiful setting. This weekend will provide 8 hours of continuing education credit, 4 hours related to anesthesia and 4 hours of general CE credit. Stay over an extra day and attend a PALS course on Monday, May 3, 2004.

This meeting is dedicated to Dr. Terry Slaughter. Dr. Slaughter is one of our senior statesmen in oral and maxillofacial surgery and still enjoys practicing in Salinas, California.

Partial Schedule of Events

Friday April 31, Past President's Dinner. All are encouraged to attend.
Saturday May 1, lectures from Sue Carlisle , M.D., PhD. and Officer Steve Miriani on street drugs and herbal remedies, their interaction with anesthesia, and how to recognize someone on drugs.
Sunday May 2, Lecture by Peter K. Moy, DMD on Advanced Surgical Concepts in Implant Dentistry.
Monday May 3, PALS

P. Thomas Hiser, DDS, President

Ask The Expert: Dr. Noit Awl

Hooman Zarrinkelk, DDS

Beginning this issue of our newsletter we will institute a column to answer clinical questions that you, the membership may have. The purpose of this column is to get straightforward answers to perplexing clinical situations that occur in all our daily practices. The format will be simple and there are no stupid questions. The question or dilemma will be presented to one or two authorities in the field it involves, and their response will be published along with the question. The responding clinicians will be asked to make their answers simple and matter of fact in nature. My purpose is not publishing a literature review. You may send your questions to me via email or mail and I will pick one for each issue.

Hooman M. Zarrinkelk, DDS
drzarrinkelk@sbcglobal.net

Q: "I have been using PRP in my implant practice for some time now. It seems that I frequently see superficial infections of the treated region. They all respond to antibiotics without any complications. Is this a common problem or am I doing something wrong?"
HMZ, Ventura

Respondent is Dr. Philip Boyne, professor or Oral & Maxillofacial Surgery at Loma Linda University Medical Center. Dr. Boyne writes:

A: "There have been more than a few reports anecdotally of infection occurring at intraoral surgical sites in which PRP has been used with a bone graft. To our knowledge, there has been no actual study to indicate whether or not there is an enhancement of infection when PRP is used. However in a previous report (*Marx et. al, JOS 1979, 37:712-20*) stated that "platelets immersed in a blood clot are known to release serotonin and other biologically active amines...including proteolytic enzymes...any one of these in high local concentration such as occurring in clotted blood may lead to cellular death." This would indicate that concentrated blood clot as occurring in PRP could have an adverse effect on reparative mechanisms in a contaminated environment. Platelet-derived growth factor is used primarily on skin wounds in non-infected areas to stimulate fibroblastic activity and soft tissue healing. The oral cavity presents a totally different environment with a high concentration of bacteria and the potential for infection if the platelet concentrated blood clot is exposed through dehiscence of the incision. Yet to be evaluated is whether such a potential is greater than that existing in the usual mucoperiosteal closure over a bone graft without concentrated plasma."

Send your questions to me via mail or email

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maintained in both the north and south areas of the state but administrative and financial issues dictated that the south office be closed and all records be moved to the Roseville, California office. This has proved to be a major improvement in the operation of our association. Our Central Office now does a terrific job under Executive Director, Pam Congdon's guidance and the efforts of her wonderful staff. Your association operates under a strict budgetary process to maximize the effectiveness of your dues dollars and our non-dues revenues.

The first yearly strategic planning sessions were held in 2000. The functional operation of the "new" CALAOMS was refined and a new mission statement developed which states that the mission of CALAOMS is "to promote the profession of oral and maxillofacial surgery and the interest of its members through service and education". Strategies to fulfill the mission of CALAOMS were started.

The 2001 strategic planning weekend was dedicated to scope of practice issues for oral and maxillofacial surgery in California and we reviewed what was happening nationally. The restrictions placed on single degree OMSs in California was felt to be unacceptable. A game plan was developed which has culminated this year in the introduction of a legislative bill jointly sponsored by CALAOMS and CDA and carried by Senator John Burton, the Senate Majority Leader. It is hoped that this legislation will codify the contemporary scope of oral and maxillofacial surgery practice based on education, training and experience rather than degree and eliminate the roller coaster interpretations of what we can and cannot do now in our state.

In 2002, the CALAOMS Strategic Plan was formalized and the following goals identified:

1. Solidification of the Regulatory/ Legislative Influence of CALAOMS
2. Retain/Recruit/Involve new members
3. Expand OMS influence with General Dentistry
4. Improve CALAOMS's relationship with the California Dental Association
5. Provide quality continuing education
6. Recruit and train more OMS assistants
7. Increase our influence with AAOMS
8. Increase non-dues revenue

Strategies for each of these goals were identified, documented and initiated. The Strategic Plan was again reviewed in 2003 and revised based upon successes and problems. (You may request a copy of the CALAOMS Strategic Plan-Revised from the Central Office).

Throughout these three years we have worked hard to solidify our political influence in Sacramento. We have managed to have three OMSs appointed to the reconstituted Dental Board of California. We have established a highly active and effective independent CALAOMS Political Action Committee (CALAOMSPAC). Your continued contributions to CALAOMSPAC are critical to our future legislative efforts. We have established an Issues Fund that can be used to educate the public on ballot measures important to oral and maxillofacial surgery and dentistry. This money cannot be used to support candidates running for office. With the help of the Legislative Committee and a great response from the CALAOMS membership we have been a major contributor to the campaign of Dr. Bill Emerson for the State Assembly. CALAOMS has our own political lobbyist, Mr. Mark Rakich, to assist us in political/legislative issues throughout the state. We continue to identify and try to support legislators who can assist the dental profession on legislative and regulatory matters. We are a major contributor to the production of the AAOMS video on the specialty of Oral and Maxillofacial Surgery and the many facets to our treatment modalities for patients. This video along with printed brochures developed by CALAOMS and a public relations firm will be used to educate California legislators about our wonderful specialty as we move forward this year with scope of practice legislation. CALAOMS has worked hard to assist the newly reconstituted Dental Board of California overcome the backlog of general anesthesia and conscious sedation evaluations that had built up with the sunsetted previous Dental Board to protect our ability to continue indirect self-regulation of office anesthesia. We are currently working with the Dental Board to identify problems and solutions regarding office anesthesia and continue to improve the already wonderful safety record of this backbone of our practices.

CALAOMS has established a Mentor Program to assist new members in getting started in their practices and to interface with established members on the good, bad and ugly of private practice. We have developed a web site (www.calaoms.org) which offers public information about our association and its members as well as a "members only" section to disseminate information on issues of importance to the membership. Check it out if you haven't already done so. We also have established this newsletter, The Compass, to provide timely information to the membership on multiple subjects on a quarterly basis.

CALAOMS now sponsors a booth at the California Dental Association's spring and fall scientific sessions to interface with general dentistry and promote the specialty of oral and maxillofacial surgery and the services we can provide to assist dentists in the care of their patients.

We have been working hard to strengthen our relationship with the California Dental Association. CDA is THE major voice for dentistry in California. As a specialty of dentistry, oral and maxillofacial surgery must have a good working relationship with CDA. When issues pertinent to our specialty come up, it is our goal to have CDA consult with us to formulate the appropriate response to the issue and work together to find the right solution. This year this spirit of cooperation is demonstrated with the scope of practice bill currently being introduced to the state legislature. In the past, our efforts in cooperation with CDA to elect Dr. Sam Aanestad to the State Assembly and then to the State Senate are examples. Currently, our efforts, along with CDA, to elect Dr. Bill Emerson to the State Assembly is another example of this important cooperation.

It is important for oral and maxillofacial surgeons to be active in their local and state dental societies. This fosters a mutual understanding between oral surgery and the profession of dentistry in general. There are currently two oral and maxillofacial surgeons on the Executive Committee of CDA. Dr. Russ Webb is the current President-Elect and Dr. Ron Mead is the Secretary. There are currently four oral and maxillofacial surgeons who serve as CDA Trustees. In 2003, there were 17 oral and maxillofacial surgeons who served as Delegates and 7 who served as Alternate Delegates to the CDA House of Delegates, the governing body of our state dental association. There are many OMSs serving on CDA Councils and on their local dental societies in a variety of capacities. We need more of you younger members to volunteer your time and talents to organized dentistry and oral and maxillofacial surgery here in California. This develops the leadership pool for the future of dentistry and of our specialty. It doesn't just happen automatically, it takes time and effort and energy to preserve and advance our profession.

We currently have a great CALAOMS Council on Education and CE Committee. They have and are providing excellent continuing educational opportunities for our members and staff. In addition to scheduling two to three major meetings a year, smaller meetings are provided regionally when appropriate. We initially attempted to have more, smaller regional meetings throughout the state since we were now one big statewide group to foster camaraderie and convenience, but to our surprise attendance was poor and we were loosing money. Continuing education is an important source of non-dues revenue for our Association. The cost of hotels and meeting facilities is continuing to increase at a burdensome rate. We cannot afford to lose money on CE. Our goal is to make more money on CE to help offset costs other CALAOMS programs and not be required to raise dues. So know that when you do not sign up to attend a CALAOMS CE meeting, not only will you be personally missed, but also your money. The CE Committee has sent out several surveys to the membership about their desires for courses and tries to schedule topics that meet your needs.

The OMSA Committee is another hard working committee under the Council on Education. It has made major upgrades to the OMSA Course, including on line testing, and is currently getting ready to provide an Advanced OMSA Course to those OMS Assistants who have successfully passed the Anesthesia Assistants Course and now can receive training in other OMS surgical areas such as orthognathic surgery, implants, operating room techniques, etc. OMSA is another important source of non-dues revenue for CALAOMS. We are currently working with CDA and COMDA (Committee on Dental Auxiliaries of the Dental Board of California) to develop new guidelines and permitted duties for oral surgery assistants and we are exploring the concept of a licensed oral surgery assistant for the future.

The CALAOMS Health Foundation is currently in its infancy and needs your support. It has inherited funds from the SCSOMS Health Foundation and has already assisted in funding educational programs for CALAOMS and has funded the production of the new Nerve Injury Protocol Manual and provided each CALAOMS member with a complimentary copy. We would like

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to see the Foundation thrive and provide many years of philanthropic support.

We currently have the greatest AAOMS influence possible, our AAOMS President is CALAOMS Fellow, Dr. Elgan Stamper. The unification and new strength of CALAOMS played an extremely important role in our successful bid to put a Californian in the top spot at AAOMS. But Dr. Stamper's term expires in September of this year and so it is important for CALAOMS membership to seek out AAOMS Committee positions and work on AAOMS projects so that we are a known entity and we can have influence on our national organization's policies and procedures. We now have 22 CALAOMS Fellows/Members serving on AAOMS Committees and Task Forces – we could use more. We have just changed our Bylaws to create the position of Long Term Delegate to the AAOMS House of Delegates, the governing body of AAOMS, which is more in line with what many of the eastern states do. This will provide a continuity of leadership from California in the HOD for the future and strengthen our influence within that body.

Our efforts to increase non-dues revenue needs major help. This is one of the areas of concern to your Board of Directors. As costs of everything continue to go up, we struggle to keep dues stable. Better attendance by the membership at CE meetings, good participation by commercial exhibitors at meetings, increased participation by assistants at OMSA courses and failure to loose other sources of revenue are critical to the continued success of CALAOMS. New sources of non-dues revenue need to be identified and developed as a goal for our future success.

This year at our CALAOMS Strategic Planning Retreat in March we will be focusing on several issues that I feel are important for the future success of CALAOMS. We will be reviewing the role of committees in the function of CALAOMS and explore ways to increase committee effectiveness. We want to recognize and deal with the diversity and needs of our younger CALAOMS members. We will explore ways to increase membership participation and develop strategies to identify and develop new leadership for CALAOMS. We continue to monitor the malpractice insurance industry for the best product for our membership.

So as you can see we have been busy these past few years. As a Past President of SCSOMS, and now CALAOMS President, I can honestly say that the unification process was and is the best thing we could have ever done for oral and maxillofacial surgery in California. The pooling of the talent throughout the state has reaped immense benefits. The consolidation of finances, structure and purpose has made us a force to be reckoned with. To find out that those "other guys" at the other end of the state are just like us and wonderful people and not the enemy speaks for itself. One of the most rewarding aspects of participation in organized dentistry/oral and maxillofacial surgery are the wonderful friendships that you develop with people throughout the state and the rest of the country.

So where are we going? Our future is bright if we stay the course and continue to work for the betterment of our profession, our association, our membership and the public. What do we need? We need the energy, optimism, participation and talent of our membership to preserve, protect and advance our wonderful specialty of Oral and Maxillofacial Surgery. We need you!

P. Thomas Hiser, D.D.S., M.S.
President, CALAOMS

Brevital Shortage Again!

Unfortunately, AAOMS' valiant attempts to get Brevital back on the market and maintain a reliable supply, have been thwarted by governmental regulations, market place changes and other factors – so once again there is a Brevital shortage. Considerable question exists as to whether Brevital will ever be available on a consistent basis again.

At this point, many oral and maxillofacial surgeons who previously used Brevital are now running out of stock and are having to consider using propofol and/or ketamine again. To assist those surgeons who are considering making a change, your CALAOMS CE Committee will be presenting courses to help shorten your learning curve. Course dates are:

***March 24, 2004**
Pleasanton Hilton
***March 31, 2004**
Irvine Marriott

Call CALAOMS Central office at (800) 500-1332 for details!

Teaching Centers

Spot Light on… Philip J. Boyne, DMD, MS, BSc (h.c.)

By Vincent W. Farhood, DDS

Philip J. Boyne, DMD, MS, DSc is Professor Emeritus at Loma Linda University. He continues to *be* very actively involved in resident teaching, basic science and clinical research as well as lecturing nationally and internationally.

US Navel Photo, Captain Philip J. Boyne, DMD, MS. Circa Early 1960's

Dr. Boyne was born in Maine May 1, 1924, one of four children of Canadian parents. He obtained his liberal arts education and B.A. degree at Colby College in Waterville, Maine. He then entered the U.S. Army in 1943 and was a uniformed student at Tufts University, graduating from Tufts School of Dental medicine in January 1947.

Dr. Boyne subsequently entered the United States Navy where he was a house officer at the Bethesda Naval Hospital in Oral and Maxillofacial Surgery. Later while still in the Navy, he took a Masters degree in Anatomy at Georgetown University School of Medicine. During his 20-year service in the Navy he undertook many research projects at the U.S. Naval Hospital and at the Navy Medical Research Institute in Bethesda, Maryland where he was Director of Dental and Craniofacial Research from 1964 to 1968. After serving in Vietnam (1963-64) on an aircraft carrier, he returned to Da Nang in early 1968 to begin a study of maxillofacial casualties. He retired as Captain after 20 years of service in the Navy and accepted a position on the full-time faculty at UCLA in the Department of Oral and Maxillofacial Surgery and the Department of Plastic Surgery. He also served as Assistant Dean of the School of Dentistry at UCLA before leaving to join the faculty at the University of Texas School of Dentistry in San Antonio as Dean. For his work in developing improved bone grafting procedures for maxillofacial defects he received a Doctor of Science degree *honoris causa* from the University of Medicine and Dentistry of New Jersey.

In 1978, he joined the faculty at Loma Linda University as Director of Residency Training in Oral and Maxillofacial Surgery and subsequently was appointed to the attending staff in the Department of Surgery in the Division of Plastic Surgery

During his career he has been active in the study of bone regeneration, bone grafting, osseous correction of cleft palate and craniofacial anomalies, and the osseous repair of facial bones. More recently his work has dealt with the clinical application of bone inductor cytokines. He has authored 200 publications in referred journals, several book chapters, and has written three textbooks on maxillofacial surgery.

For his pioneering of a method of cleft palate bone grafting now adopted internationally he was the recipient of the highest honor given by the American Cleft Palate-Craniofacial Association, the "Honors of the Association", in 1994. In 1988 he received the Distinguished Alumnus Award from Colby College in Maine, and the Distinguished Faculty Award from Loma Linda University School of Dentistry in 1998.

He was an Examiner for the American Board of Oral and Maxillofacial Surgery for fourteen years (1969-1983) and was elected President of the American Board of Oral and Maxillofacial Surgeons. He also served as President of the American College of Oral and Maxillofacial Surgeons, and is President of the American Institute of Oral Biology. He has been on many professional boards and committees including the Board of Directors of the American Cleft Palate-Craniofacial Foundation.

Dr. Boyne lives in Loma Linda with his wife, Mary Anne, of 56 years. They have two children living in South Carolina and Maine, and four grandchildren.

Philip J Boyne Pictured as Director of Residency Training in Oral and Maxillofacial Surgery, Loma Linda University

UCSF Featured Faculty Member Newton C. Gordon, DDS, MS

By Tony Pogrel, DDS, MD

Newton Charles Gordon (Newt to everyone who knows him) has been on the full-time faculty at the University of California, San Francisco since 1973, which makes this his 31st continuous year of service. Jamaican by birth, he obtained his dental degree from McGill University in Montreal, Canada, followed by his oral and maxillofacial surgery training at University of Illinois. He has risen from Assistant Professor to tenured Clinical Professor in 1986 and became Chief of Oral and Maxillofacial Surgery at San Francisco General Hospital in 1981, has held that position continuously, and is now the longest serving Chief of Service at San Francisco General Hospital. In this position, he has served as a mentor and role model for generations of dental students, Oral and Maxillofacial Surgery residents and junior faculty in the management of a difficult population group, including the medically compromised, the indigent and socioeconomically deprived sectors of our population.

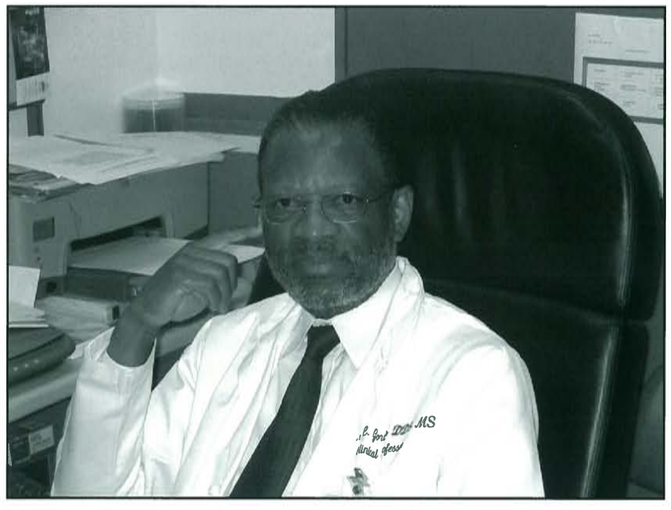
As well as being the Chief of Service at San Francisco General Hospital, Newt has found time to become clinically and politically active outside of San Francisco General Hospital. He was the founder of the National Society of Oral and Maxillofacial Surgeons, and its president from 1989 to 1994. In 2003, he received the prestigious University of California, San Francisco, Martin Luther King, Jr. award for encouraging cultural diversity on the campus. He has been parliamentarian for the California Chapter of the National Dental Association continuously since 1984 and has been a delegate to the House of Delegates from the California Dental Association since 1999. He was president of the San Francisco Dental Society in 2002 and president of the Northern California Society of Oral and Maxillofacial Surgeons in 1999. At a national level, he was the Committee Chair of the AAOMS Constitution and Bylaws Committee from 1999 to 2002 and was a member of the AAOMS subcommittee on Anesthesia, which wrote the anesthesia section of the Parameters and Pathways, published by AAOMS in 2000.

In 1999 Newt was made the Honorary Consul for Northern California by the Government of Jamaica, and this is a position he still holds with pride representing his country of birth. In 2002, he was appointed for a three-year term to the Dental Board of California, a position he currently holds as one of the three oral and maxillofacial surgeons on the Dental Board of California.

In addition, Newt has been active in research and teaching and is a co-investigator on two NIH funded grants on The Role of Gender and Sex Hormones in Opioid Anesthesia for which he uses the wisdom tooth model. Dr. Gordon has been continuously funded through NIH awards since 1979. He has published 53 original articles in peer-reviewed journals and has his name on 24 other publications, which is a magnificent achievement for someone who is essentially a clinician.

Newton C Gordon is the type of faculty member without which no academic Oral and Maxillofacial Surgery Program could survive and after a full discussion with him he has decided never to retire.

Newton C. Gordon, DDS, MS, Pictured below in his office



Keeping the Faith

By A. Thomas Indresano, DMD

You all have heard the cries from AAOMS concerning faculty recruitment and retention. It took years for the Faculty Section to draw attention to this problem. However, it is easy to hear, but then ignore, like so many other issues, that are at the forefront for a few years and then forgotten. What you may not understand is that we are really facing a crisis that will surely end the specialty of Oral and Maxillofacial Surgery in the United States unless remedied.

The simple fact is this: we cannot sustain our specialty unless we have teachers to educate the succeeding generations of surgeons, both at the undergraduate and the resident levels. Never in our existence as a specialty have we had such dire conditions. Actually, there is a direct correlation between the success of OMS practices and the demise of OMS faculty. Circumstances are these: OMS faculty salaries are well below 50% those of the average private practice. When I started in 1974, beginning faculty starting salaries were actually a little higher than those for private practice. It took 3-5 years for salary to increase significantly above academia. Young surgeons who wanted academic careers had a few years to give it a try. Some stayed, some left. The overall differences were not so disparate that it jeopardized the welfare of your family by staying in teaching. Middle level faculty could make a decision to stay as faculty knowing that they could still have a decent lifestyle, and the overall faculty pool was stable for years. Today, we have few if any middle level faculty members since few young faculties have persevered. When people such as me retire there are no seasoned middle level faculties to take over. They have all left. Never before have so many young, and I may be so bold to say under prepared, faculty been elevated to positions as program directors and chairmen. The reality is that any faculty is better than an empty slot. Young faculty put in the administrative arena too early never developed properly, don't get the chance to develop areas of expertise and eventually get burned out in the academic meat grinder. We should not have to leave the fate of our specialty to these circumstances. In Europe or Japan, it takes years (read that 10 or more) to attain Department chairman status. Faculty who must produce income for the institution to keep their jobs find that they have little time for the academic part of their job and many have a case load equal to private practice with the eventual return after paying the Dean's tax, the Dept. tax and overhead of 15 cents for every dollar produced. The idea comes fast that private practice is a lot better, if you had that large a caseload anyway.

Academia, unable or unwilling to change, compounds the problem. Promotion criteria, (which include publication) research and clinical instruction are held over the faculty member's head. There is often not enough time in the day, so research suffers first, then publication. Then the faculty member gets enraged about the unfairness, and finally quits. This process has always been present, but the truly committed have persevered. Now, even senior faculties get fed up and leave. I never thought I would see full professors and chairmen walk out the door. Where does this leave us?

My purpose is to educate you to the problem. I don't pretend to have all the answers, but I have some ideas. First, to paraphrase JFK, ask not what your training program can do for you, but what you can do for it. The immediate stop gap measure is your volunteerism. You are sorely needed as unpaid volunteers at your local program or school. Your half-day or day a week allows the school or training program to survive clinically, and allows the full time faculty relief to lecture, publish and do research (i.e. keep their jobs). Even if you have little interest, think of it as good work to help save our specialty. To those who are retired (or about to) consider a full or part-time faculty position. Yes, the pay is lousy and the work is more than you thought, but there is such a need.

We need to work with AAOMS to expand the faculty salary incentive programs. We need to develop local programs to help faculty as well. Maybe one of you could come up with a novel idea, maybe job sharing? We need to convince our teaching institutions to pay living wages. Decreased dues for educators who have no source of funds to continue in organizations would encourage faculty members. Reducing student loans for people who commit to teaching for a given number of years, just like the government does for researchers, would help.

Finally, there has been a town/gown problem in certain areas of the country. Private practitioners, often with good reason, are concerned with faculty who are aloof or not seemingly helpful to those in practice. Faculty need to change, that's true, but for now these feelings have to be subordinated to a generalized rallying of all of us to save our training programs and ultimately our specialty.

SCPIE's Risk Management Corner

Responding to Emergencies

It is easy to ignore the need to plan ahead for emergencies, but such challenging events are not as rare as one might think. Is your office sufficiently prepared for patients presenting with sudden medical emergencies such as a heart attack, seizure or severe asthma attack? Chances are, upon close inspection of your office, you will discover that there are certain areas — whether it be equipment, supplies or training — that could use improvements.

In a recent study of oral surgeon medical malpractice claims, misappropriate handling of emergency response measures resulted in indemnity payouts of over $1.5 million in seven liability claims. While it is neither possible to anticipate every contingency nor practical and affordable to put every conceivable precautionary measure in place, it takes relatively little time, money and effort to predict the most likely problems and to institute basic reaction plans for them.

What would you do if a patient undergoing a routine extraction in your office went into cardiac arrest? Are you and your staff ready to respond quickly if a patient collapses following administration of anesthesia? When was the last time your office staff carried out a fire drill or even discussed what to do in case of fire?

You never know when an emergency will occur but you can take steps to provide the safest environment possible for your patients. Various members of your staff should be assigned specific responsibilities in the event of emergencies. Some examples include:

- Call 911.
- Assess the condition of any injured individual and initiate CPR if needed.
- Pull the medical records of the injured person, if available.
- If he or she is new to the practice, search the person's belongings for pertinent medical information or query any companions present.
- If appropriate, escort other people out of the immediate area.

One step to take is to do an equipment inventory. Assess office supplies, equipment and medications. Keep items in one place, check expiration dates and batteries, and maintain an emergency kit budget. Review those supplies and equipment you have and try to determine the most likely emergencies to occur in your office. The cost for properly stocking your office will vary depending on what provisions you want to make.

When the pieces of an emergency plan are in place, the best way to determine their effectiveness is to run a mock code. Staff can actually experience what they know or don't know in the case of an emergency. It is always an eye-opener when an unannounced practice code is run.

There are a number of things that you, the oral surgeon, need to do when an unexpected event takes place:

- Stabilize the injured person.
- Provide an example for your staff by remaining calm.
- Talk to your staff about which facts can be ascertained and which remain unknown.
- Explain the known facts to the injured person and/or his or her family; use plain, nontechnical language.
- Do not place blame for the event on anyone.

Whenever an event inconsistent with the routine operation of your office takes place, fill out and keep an incident report to preserve the facts and to help identify, investigate and correct problems.

Report <u>only</u> the facts — details such as date and time of the event, full name of the individual who was injured, names and addresses of witnesses, etc. — and document them in the injured person's chart. Again be careful not to assign blame or document opinions as to the cause of the event. The incident report itself should <u>not</u> be filed in the chart, nor should any reference to the report be made in it.

Always remember: If an unexpected event involves injuries to patients or staff members, the immediate priority and focus should be on clinically treating and emotionally supporting those individuals.

Barbara Worsley is Assistant Vice President, Risk Management, at The SCPIE Companies

CALAOMS FOUNDATION

By Gerald Gelfand, DMD
President, Health Foundation

Well, the response was not exactly what I was hoping for but then I'm generally an optimist by nature.

In the last issue of *The Compass*, I appealed to all of you to support the CALAOMS Charitable Foundation and the limitless potential it has to help so many of our California neighbors. Though we saw a small "bump" in donations sent in with your dues, it was not the overwhelming support I had sought. That's okay; you've got to start somewhere and I don't give up easily. It's certainly not too late to make a contribution, as that can be done anytime, not just when you pay your dues.

For those of you who contributed, the Foundation Board thanks you very much, especially you first timers. For those of you who didn't, why don't you write out a check for $100 or more to the CALAOMS Foundation right now and send it to the central office. Why wait? I have always noted that oral and maxillofacial surgeons are a caring and giving lot and know that on second thought you'll appreciate all of the good work the Foundation can do with your support. In addition to that check I'll be looking for in tomorrow's mail (or a credit card if you wish, and remember any donation is tax deductible), there are a lot of other forms you can use to support the Foundation and I'd like to review some of them with you.

Though the CALAOMS Foundation is the charitable partner of CALAOMS, it is an independent, non-profit entity and is not supported by CALAOMS dues. The Foundation must rely on the generosity of CALAOMS members (and anyone else who might wish to contribute) to promote the Foundation's mission. There are many ways in which a charitable gift to the Foundation may be structured. In addition to direct contributions, planned gifts through your estate can also be accepted. Estate gifts can include a bequest, tangible property, life insurance, retirement assets, annuities and trusts. This type of giving can provide important tax deductions while you're alive and an enhanced income stream for a period of years. Following is a variety of planned gift avenues that are available to those who wish to help.

I have always noted that oral and maxillofacial surgeons are a caring and giving lot...

A WILL: Over 50% of Americans do not have a will thinking that their heirs will automatically inherit their estate. Think again. Without a will, the state of California will decide how to distribute your estate. A will provides donors with an easy way to support the Foundation. Through a simple bequest, a fixed percentage, specific amount or residual gift can be designated to the CALAOMS Foundation.

LIFE INSURANCE is an important asset that can be used for charitable giving. Old life insurance policies you may no longer need can be transferred to the CALAOMS Foundation by changing the beneficiary designation. This can provide valuable estate tax savings and a charitable contribution for your estate at your death for the value of the policy. For existing policies, you can also generate current income tax deductions for yourself by naming the CALAOMS Foundation as the owner and beneficiary of that policy. Another option is to purchase a new life insurance policy naming the CALAOMS Foundation as the owner and beneficiary. By doing so, you are entitled to take a charitable contribution for each premium payment.

REAL ESTATE: You may make a gift of real estate through your estate as an outright gift or through a life estate agreement. In a life estate agreement, the donor makes a current gift of his/her personal residence to the CALAOMS Foundation yet retains the right to live in the property for his/her lifetime. Advantages of this method of giving include immediate income tax savings, possible capital gains savings, eventual estate tax savings and the ongoing use of the house.

TRUSTS: These are legal instruments that permit you to create a financial plan that meets current and future needs. Trusts can save income taxes, reduce estate and probate costs, and provide a lifetime income stream for you and a beneficiary. Some trusts, like the Charitable Remainder Trust, can save you capital gains tax on the sale of highly appreciated assets, as well as provide you and/or a loved one a lifetime income. Others, like the Charitable Lead Trust, can be used to generate current income tax deductions for you and to pass assets on to your children. A variety of trust vehicles exist and can be tailored specifically to you, depending on your personal needs, financial and charitable goals.

RETIREMENT ASSETS: These are another way to make a charitable gift to the CALAOMS Foundation. Congress has provided tax incentives to encourage individuals to plan for their retirement years such as Keogh plans, IRA's, 401(k) plans and other qualified retirement plans. Naming the CALAOMS Foundation as the beneficiary of your retirement account can reduce both income and estate taxes at the time of your death.

GIFTS of SECURITIES such as stocks and bonds make excellent contributions and provide a charitable contribution deduction in support of the CALAOMS Foundation. In addition to a charitable deduction, you can avoid paying capital gains when the security is sold. It is easy to make a charitable gift of securities by working with your broker.

Planning an estate is a highly personal and technical endeavor. Seek professional guidance to determine the correct method of gift planning for you based on your personal circumstances and goals. Questions may be directed to the CALAOMS Foundation Board of Directors through the central office.

Special thanks to Jon Roth, Executive Director of the California Dental Association Foundation, for much of the information used in this article.

"2004 is another Presidential election year. Voting for state and local representatives can have a more direct impact on our practices."

By, Ned L. Nix, DDS

During a presidential election year there is so much publicity out there regarding primary elections and the anticipation for the November general election, that I believe more people vote. Most of us turned out for a very well publicized recall election. The result was unprecedented, bringing a moderate Republican in to succeed a recalled Governor. It is yet to be determined whether this change will pay off for California. Political action is essential in today's healthcare environment. Your CALAOMS Legislative Committee and the California Association of Oral and Maxillofacial Surgeons Political Action Committee (CALAOMSPAC) have been active lobbying our efforts. The fight for the privilege to practice the full scope of oral and maxillofacial surgery is ongoing. The American Dental Association's definition of dentistry and oral and maxillofacial surgery, the privilege to provide operator-anesthetist ambulatory general anesthesia, and the right to practice the full scope of our specialty consistent with our training are issues important to all of us right now. What a good excuse to learn more about the legislators that represent you and to become politically active!

We are fortunate to have an oral and maxillofacial surgeon in the legislature, Dr. Sam Aanestad (R), the Senator representing district 4. We have another unique opportunity to bring another dentist into the assembly, Dr. Bill Emmerson (R), running for the district 63 seat in Southern California. I have had the privilege to serve on CALAOMSPAC for the last two years and am proud to thank the many contributors from our society who have supported this PAC. We have a very strong voice within dentistry and our efforts continue to be noticed by organized dentistry, organized medicine and especially the legislature and the executive branch. We are associated with and excellent group of lobbyists, California Advocates, specifically Mark Rakich. I have been fortunate to be able to work closely with Mark at the CALAOMS board level and through CALAOMSPAC. Mark and I attended a meeting for the Assembly Moderate Democratic Caucus at the Capitol last week. It was an excellent meeting. My assessment is that these legislators do understand who we are and what we do because of the efforts of our active membership, Legislative Committee, and CALAOMSPAC. We have three OMSs on the Dental Board of California. All of these things make a difference!

The meeting with the Assembly Moderate Democratic Caucus made it possible for me to meet with and speak personally to ten legislators. Just taking the time to let them know whom we are and what we do makes a difference. "We are the dentists that take care of jaw fractures in the emergency room, do reconstructive surgery on the jaws, provide general

Continued on page 16

Continued from page 15

anesthesia in our offices, and even put in dental implants, " I said to Assemblyman Dario Frommer (D) from Los Angeles. Mr. Frommer informed me, "I know who you guys are and what you do. I speak with Dr. Alan Kaye on a regular basis. I understand he serves on your dental board." I was pleasantly surprised to get this response! It makes me think our efforts are being well received! I had the opportunity to also speak with Ron Calderon, district 58 (Montebello); Joe Canciamillia, district 11 (Pittsburgh); Ed Chavez, district 57 (La Puente); Manny Diaz, district 23 (San Jose); John Dutra, district 20 (Fremont); Jerome Horton, district 51 (Inglewood); George Nakano, district 53 (Torrance); Gloria Negrete-McLeod, district 61 (Chino); and Simon Salinas, district 28 (Salinas).

I am also the Legislative Committee Chairman for the Santa Clara County Dental Society and the Chair of the Santa Clara County Dental Society Political Action Committee. Along with Dr. Mitchell Day, another OMS from San Jose who is my liaison to the Santa Clara County Dental Society Board, we have been able to host two sitting Assembly members John Laird (D)-Santa Cruz and Sally Lieber (D)-San Jose at our local meetings. We have also hosted breakfast meetings with dental society leaders and the legislators. Dr. Day and I recently had a productive lunch meeting with Elaine Alquist (D)-Santa Clara, a three term (term limited) Assembly member who is running for the Senate seat in district 13. Rest assured that these legislators have been educated as to the specialty of oral and maxillofacial surgery! I am hosting a wine tasting fundraiser in February to support our local PAC just before the March primaries to 'talk politics'. With term limits a reality, three two year terms for the Assembly and two four year terms for the Senate, it is essential that each 'new class' of legislators be informed as to what we do and who we are. The legislature has shown the desire to influence the practice of dentistry in the past. We need to protect the privilege to practice safely the way we were trained to practice. Host a meet-and-greet. Take the time to speak with the people that represent you. Become politically active. This 2004 Presidential election year is a good excuse to get out and vote. Make it a habit!

Palm Springs Meeting Sponsors

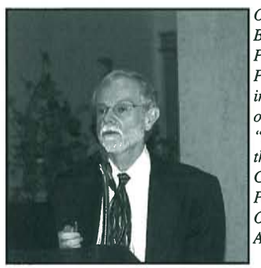
CALAOMS would like to take this opportunity to thank those companies who help make the Palm Springs Meeting/Anesthesia Symposium the success that it was. It is due to the continued support of these companies that make it possible to continue to provide quality meetings such as this one. Thank you to:

Association Benefactor

Palm Springs Meeting / Anesthesia Symposium

CALAOMS President P. Thomas Hiser DDS, Presents Dedication Award to John J. Lytle, DDS, MD, for 40 years of dedication to the betterment of Anesthesia among OMSs in California.

Immediate Past President John S. Bond, DMD (right), transfers the role of President to P. Thomas Hiser, DDS (left)



O. Ross Beirne, DMD, PhD Presented information on the "Evaluation of the Medically Compromised Patient in Outpatient Anesthesia".

AAOMS Vice President Elgan Stamper, DDS Inaugurates the current 2004 CALAOMS Board of Directors

Palm Springs Anesthesia Symposium 2004

On the weekend of January 17, and 18th, CALAOMS sponsored the Eighth in a series of Anesthesia Symposiums dating back 40 years. Although these meetings traditionally were one day affairs usually held at the Los Angeles downtown Biltmore Hotel, this year sets a precedent with a two day meeting with multiple topics and speakers.

Dr. Roger Kingston, the meeting planner, got the proceedings off to a great start on Saturday morning after a continental breakfast by introducing the first speaker, Dr. Robert Steelman, who discussed the delivery of anesthesia care to children. Using excellent computer generated "slides" and an easy to follow manual, the members in attendance learned important aspects of the physiology of children that will help us deliver better anesthetic care to these individuals. Children are not small adults, so there are no easy formulas to follow in their management. For instance, bradycardia in a child should always be presumed to be due to hypoxia until proven otherwise. Pediatric airways are very tenuous in the face of edema due to their very diminutive size to begin with. Poorly controlled asthmatics should never be handled on an out-patient basis. They should not be premedicated with Albuterol. Use I.V. access whenever possible for better titration of drug effect. EMLA cream on the dorsum of the hand is a good technique for establishing a 22-gauge angiocatheter access. Oral Versed 0.6 mg/KG in acetaminophen syrup compounded is better tasting and more easily accepted by patients.

Dr. Angela Zimmerman next presented six scenarios to illustrate different emergencies we might have to deal with in children. These emergencies varied from laryngospasm and bronchospasm to ventricular fibrillation. Sevoflurane, which can now be delivered in the out-patient setting with portable equipment, is being used more and more by respected OMS's, such as Dr. Jack Lytle, with great effectiveness in the management of difficult to control infants; however, it is quite expensive. Dantrolene should be available when using malignant hyperthermia triggering agents.

Following the symposium on Saturday, a luncheon was held with induction of the new CALAOMS Board for 2004 under the guidance of Dr. Thomas Hiser. Assemblyman Bill Emerson and Dr. Jeff Persons gave excellent legislative updates and answered membership questions regarding the scope concerns of CALAOMS members.

Sunday morning activities began with the excellent presentation by Dr. O. Ross Beirne. He provided an excellent review of the management of the medically compromised patient about to undergo outpatient general anesthesia. His excellent data included algorithms for the management of the cardiac surgery patient, management of the diabetic patient and patients on blood thinners. I was gratified to understand that I can't be shocked by a patients internal automatic defibrillator!

Finally, Dr. Jack Lytle had the opportunity to present the membership the latest survey information. For the first time it reflected data from the entire California membership. Dr. Lytle's graphs and statistical data provided insight into our present day practice of OMS, showing changes in the popularity of various anesthetic agents, such as the essentially 50/50 usage of Brevital and Propophol. The average number of general anesthetics per doctor per year is at 648. Anesthesia mortality is still very low, with perhaps two cases known for a mortality rate of one in 825,000 anesthetics. All in attendance had to come away from the survey review feeling confident in our ability to safely deliver out-patient general anesthetics, even with newer agents and various techniques.

Dr. Lytle was awarded by CALAOMS in recognition for his tireless contributions to the profession during his long career. He has been serving the membership now for forty years conducting, processing and presenting the results of the yearly anesthesia survey.

By Gary D. Carlsen, DDS

General Announcements

Advanced OMSA

The Advanced OMSA Course which was scheduled on March 10, 2004 in Irvine, has been canceled, due to a lack of interest. We hope to offer it in the future once we better educate doctors and staff to its contents and benefits. Keep and eye out for a new date and time.

OMSA Certification Change in Renewal Term Postponed.

It was the goal of the OMSA Committee to change the current OMSA recertification from every 3-5 years to every 2 years. In addition to making this change, OMSA students would have had the option of taking the full course every 2 years, or taking the renewal course, plus other approved CE courses for a total of 25 CE units for their renewal requirements.

The reason for this change was to prepare OMS offices for what the OMSA Committee believed to be changes forth coming from the state.

This realignment process has been postponed indefinitely until it becomes more clear on what the intentions of the state are, and what ramifications these changes will have on CALAOMS.

So at this time, all recertification of OMSA certificates will be good for 3-5 years. What this means is that we suggest that OMSAs start the renewal process at 3 years. After 5 years the certificate is expired. If the OMSA has not renewed by the end of the 5th year, the OMSA will have to complete the entire course over again to recertify.

Currently, it is the responsibility of the OMSA to keep track of their certification dates. We hope in the future to send out reminders once we have our OMSA database in place.

Any questions can be directed to Debi Cutler at the central office.

Brevital Shortage Again!

See Inset Box on Page 8

Upcoming Events

2004

OMSA Home Study Course - Spring February 1, 2004		**OMSA Recertification** June 5-6, 2004	Newport Beach
ACLS April 17, 2004	Solano	**OMSA Home Study Course - Fall** July 1, 2004	
Medical Emergencies March 24, 2004	Pleasanton	**Residents' Presentation** October, 13 2004	Irvine
CALAOMS 4th Annual Meeting April 30 - May 3, 2004	Monterey	**Medical Emergencies** October 20, 2004	Costa Mesa
PALS May 3, 2004	Monterey	**Risk Management** October 20, 2004	Pleasanton
OMSA Recertification May 22-23, 2004	San Francisco	**Risk Management** October 27, 2004	Costa Mesa

AAOMS District VI Update

Richard A. Crinzi, DDS, MS
AAOMS District VI Trustee

Trustee's Report

Richard A. Crinzi, DDS, MS

Greetings! Was good to see many of you at the recent CALAOMS meeting. The scientific presentations on outpatient anesthesia were EXCELLENT and the Palm Spring setting couldn't be beat. I liked it so well that I returned the following week for the AAO/AAOMS Joint Winter Conference! The program offered an excellent mix of combined orthodontic, implant and orthognathic sessions led by a faculty composed of leaders from both specialties. Thanks to everyone who helped make the program a success. The sold-out program attracted more than 200 oral and maxillofacial surgeons and 600 orthodontists. The AAOMS Board of Trustees (BOT) and the Orthodontic BOT also had a joint meeting to discuss areas of mutual concern as we attempt to meet the challenges of oral health care delivery. Our mutual interactions with the ADA, the Commission on Dental Accreditation and other areas of joint cooperation were discussed.

Just prior to the AAO/AAOMS program, your AAOMS Board of Trustees met to consider a number of important issues including the following highlights:

- The AAOMS Scope of Practice Survey, which was sent to all members last December, is already providing intriguing data about OMS practice. More data is needed, however, before we can draw any definitive conclusions. If you haven't submitted the survey yet, please complete it on-line at AAOMS.org or request a hard copy from the AAOMS office.

- The Centers for Disease Control (CDC) recently published its *Guidelines for Infection Control in Dental Healthcare Settings*. AAOMS provided recommendations during the comment period, which were incorporated into the final Guidelines. More information on these Guidelines will appear in *AAOMS Today* and on AAOMS.org. While some of the recommendations (use of sterile gloves for surgical procedures as opposed to "clean" gloves) may be troublesome, AAOMS will continue to work with others to see that the "*Guidelines*" are based on science and hope to document our excellent cost effective out patient safety and infection control record.

- A new *Security Regulations Manual* addressing the requirements of the HIPAA standards for the security of electronic health information will be available for purchase this spring through the AAOMS store. Healthcare providers must comply with the requirements of the rule no later than April 20, 2005. The Manual will be available on two CD-ROMs that include the forms needed for compliance.

- In spite of the Annual Meeting "move" last year, AAOMS had another excellent financial year with preliminary projections showing a significant positive return. The Board approved a recommendation from the Budget and Finance Committee that $100,000, in addition to the already budgeted $50,000, be transferred into the House of Delegates reserve fund.

- The Board reviewed the program for the 2004 Annual Meeting, which will be held September 28-October 2, at the San Francisco Hilton and the Moscone West Convention Center. I encourage you to make your plans early to attend this exciting program.

- Please consider supporting your profession's legislative efforts by attending our annual Day on the Hill Wednesday, May 19 in Washington, DC. Get details at AAOMS.org. It's IMPORTANT!

- We received the final copies of the new *OMS Recruitment Video* and accompanying brochure. The video, which is specifically designed for presentation to dental students contemplating additional specialty training, features valuable training, mentoring and lifestyle information. If you plan to visit a dental school, or know prospective residents, contact the AAOMS headquarters office for more information – it turned out GREAT.

- The AAOMS Foundation Capital Campaign is in NEED of your HELP to give back to the specialty a "stewardship" for the future OMS'. Please contact the Foundation's new Executive Director, Frank Kurtz, for specific details on planned giving.

- Medicare reform now gives OMS the authority to contract privately with patients (opting out) if specific Medicare forms are filled out. Further information can be obtained at AAOMS.org or by contacting the AAOMS headquarters office.

- The BOT reviewed and acted upon the Report of the Commission on Professional Conduct (CPC) and these changes and revised standards will be available soon and will be discussed in AAOMS TODAY and on the AAOMS.org website.

- A CD is available for purchase of the recently completed Anesthesia Audio Conference, which was very informative through the AAOMS office. GOOD INFORMATION!

An added feature of our February Board meeting was a Blue Sky session, during which we envisioned AAOMS' future. We are excited about the possibilities awaiting the specialty and our Association but we need your HELP and PARTICIPATION. As always, it's a privilege and a pleasure to represent District 6 on the AAOMS Board of Trustees. If I can be of assistance to you, please let me know.

Congratulations to Charles D. Hasse, DDS, MD, Fellow, Irvine, for being elected Regent to the American College of Oral and Maxillofacial Surgeons.

Dr. Hasse will represent Region VI (Western states) through 2005

UCSF International Symposium in OMS at Maui

Pictured from left to right, Drs. Lewis, Pogrel, Hupp, Block, McCoy, Estabrooks, Greenspan, Hill, Machado, Bertolami, Pikos. Not pictured Dr. Thomas. Picture taken by Dr. Vince Farhood.

Classified Ads

Job Opportunities/Practices for Sale

Corona, CA

Newly Renovated office with 15 operatories. We are looking for an oral surgeon, board eligible, for a private practice. Please call, and ask for Lucy the Office Manager at (909) 735-7300 or Fax resume to (909) 549-1233.

Downey, CA

This office has been an Oral Surgery Office Since 1963. The office is fully equipped for an oral surgeon with a general anesthesia license. This practice is being sold due to the death of the practitioner, Dr. Calvin Spoolstra. An oral and maxillofacial surgeon is needed ASAP to work the practice until sold. Please contact MaryEllen or Christina Spoolstra @ (714) 846-3940 or (562) 923-7257.

North San Diego County, CA

Excellent OMS opportunity for associate with opportunity to buy into well established practice specializing in dental implant reconstruction in North San Diego County. No HMO/PPO. State of the art facility built three years ago. Looking for experienced OMS with background in implants looking to relocate. Send inquiries to Dr. Stephen L. Wheeler, 320 Santa Fe Drive, # 304 Encinitas, CA, 92024. E-mail: steve@wheelerdds.com

Orange County, CA

Immediate part time position available for an Oral and Maxillofacial Surgeon at a fast growing Orange County practice. Please call or fax Hugo at Phone: (714) 734-9363; Fax: (714) 734-9362

Salinas/Monterey, CA
Associate With Immediate Partnership Potential. Practice in Northern California's premier coastal area. Well-Established, highly successful, multi-office, high-income OMS practice seeking a single/dual degree OMS who is board certified or an active candidate for board certification, for associate/early buy-in. Excellent salary, benefits and opportunity to assume leadership. Full-scope office/hospital practice with emphasis on implants and related grafting, orthognathic and cosmetic. Recreation opportunities and Lifestyle amenities abound. Please send CV to Dr. Terry W. Slaughter @ 420 E. Romie Ln., Salinas, CA 93901.

San Francisco, CA
Well established OMS practice seeking surgeon who is board certified or candidate for board certification. Full-scope practice with excellent facilities and staff. Seeking associate with partnership intent Please contact Kyle Van Broklin, DMD, MS.

San Francisco, CA
An excellent opportunity for an energetic and industrious surgeon to assume ownership of a well-established practice in the beautiful and cultural city of San Francisco. The practice has been established for 46 years and will be an excellent opportunity for a board certified/eligible oral and maxillofacial surgeon. It is a full scope practice with a dentoalveolar, preprosthetic, implants, orthognathic, trauma, distraction osteosynthesis and pathology. The office is equipped with anesthesia machines for inhalation anesthetics as well as the usual monitoring equipment for IV sedation and general techniques. In addition, the office has recovery rooms, panoramic radiograph facilities, dark room and central sterilizing areas with modern autoclaves. The office has 3 diagnostic and postoperative examining rooms; 2 surgical rooms and 2 recovery rooms.

The surgeon may have the opportunity to become Chief of Dentistry and Oral and Maxillofacial Surgery at a major hospital in San Francisco. In addition, the surgeon may have an opportunity to perform major pediatric oral and maxillofacial surgery at a Children's Hospital in the Bay Area. Fax resume to (415) 648-6068.

Santa Cruz/Monterey, CA
Immediate associate position available
Full scope oral and maxillofacial surgery practices seeking full and/or part-time associates to work in our Monterey Bay, Santa Cruz and Silicon Valley practice locations. Excellent opportunity for future partnership buy-in

George M. Yellich, DDS; John H. Steel, DDS; Corrine Cline-Fortunato, DDS. Santa Cruz Oral and Maxillofacial Surgery. Please contact Tyese Evans, Practice Admin.
at: info@santacruzoms.com or
1663 Dominican Way Ste. 112
Santa Cruz, CA 95065
Phone (831) 475-0221
Fax (831) 475-3573

Having problems logging into the members section of the web site? Do you have other technical questions? Call our Director of Information Systems, Steve Krantzman for help and answers to your questions @ (800) 500-1332 or (916) 783-1332. Questions can also be emailed to steve@calaoms.org.

Want To Sell Equipment, Or A Practice? Place an ad in the classified section of The Compass. We reach over seven hundred OMSs throughout the state. If you are a member there is no cost to you, it is a benefit of membership. If you are a non-member, the cost is very reasonable. Call (800) 500-1332 Ext. 13 to get rates, or to place an ad.

We're here for you.

At SCPIE, we know the special place oral and maxillofacial surgeons have in healthcare—part dentistry, surgery, trauma, anesthesiology and cosmetic procedures. Few healthcare professionals have your unique scope of training, and few insurance companies have the background to protect the professional reputation that you have earned.

SCPIE is that company.

- Trusted CALAOMS partner since 1987
- Ally through the insurance availability crisis of the 1980's
- Accredited insurance company, not an insurance alternative
- Reliable custodian of your professional reputation
- A company you know personally.

As one of California's leading professional liability carriers, we understand the state's legal climate, and the risks specific to oral and maxillofacial surgeons. We have proven it to CALAOMS members for nearly 20 years.

Trust SCPIE, the company that you know and that knows you.

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