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The Compass

Staying the Course Through Service and Education

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Volume VII, Issue 1, Spring 2005

Time Marches On and So Does CALAOMS

Michael E. Cadra, DMD, MD
President, CALAOMS

As we experience the beginning of a new year, and a different lineup of CALAOMS officers, I would like to take this opportunity to thank Dr. Hiser and commend him on a job well done. Tom has served the membership well, directing us through a tough year in which we saw SB 1336 pass both houses of the California legislature with minimal opposition. Ultimately, the governor vetoed SB 1336 and directed that an occupational analysis be conducted.

Tom instituted changes in the conduct of board meetings including the institution of a "consent agenda" which has led to more efficient meetings.

In years past, each president came into office with "his agenda". This changed a number of years ago with the institution of strategic planning. The CALAOMS Board and many committee chairpersons have met and developed goals for the future. This year our primary goal remains to enact legislation that will allow appropriately trained oral and maxillofacial surgeons practicing in California, to perform elective cosmetic procedures in the maxillofacial region. I am of the assumption that the outcome of the occupational analysis will be favorable.

Office-based delivery of general anesthesia and deep conscious sedation is facing regulatory challenges in some states.

In achieving this goal, we will enlist support from our **ENTIRE** membership. This support may come in the form of letter writing or possibly direct contact with legislators in your home district. However, my feeling is that the best way we can overcome opposition from the competing specialties is to demonstrate our skills, particularly in the hospital setting. I encourage all California OMS's to stay active on a trauma call panel, and in hospital committee participation. It is critical that OMS's maintain input on hospital committees such as credentials, quality assurance/ improvement and trauma.

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Compass Direction

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

Editor's Corner

Tim Silegy, DDS
Editor, of the Compass

I am flattered to have been asked to be the Editor of ***The Compass***. With the exception of the web site, and certain mailings you may receive throughout the year, this newsletter is the primary vehicle for you to receive information about your association.

Our newsletter is appropriately named ***The Compass***. Throughout history, wayfarers near and far have used the compass to guide them in their journeys. Not only did the compass help them to find their way, it also allowed them to chart their journey so that others could reap the benefits of their exploration. In keeping with this theme, your editorial staff has modified the masthead. The compass rose, which used to carry only an "N," now has both an "N" and an "S" representing the unification of the Northern and Southern California Societies. The graphics have been modernized reflecting CALAOMS' commitment to being a progressive organization. The Seal remains unchanged reflecting our appreciation for the volunteers who have served in the past, making CALAOMS the great organization that it is today. Finally, the phrase "Staying the Course Through Service and Education" has been added to reflect the mission of our organization and this newsletter.

To this end, as Editor, it is my intention to bring you up-to-date information regarding the actions of this organization, notify you of upcoming events, and share with you my personal passion for our great profession.

The year 2005 is a milestone year for me. Ten years ago I completed my resident training program. The technological advances I have seen in just ten years are staggering.

Ten years ago, a facial CT scan took over 45 minutes to complete and several days were required to generate a three dimensional reconstruction. The same CT scan today requires less than three minutes of time. Once completed, I can access the scan via the internet in the comfort of my own home or office and manipulate a three-dimensional image with my mouse.

Ten years ago a new technique called "rigid fixation" required big skin incisions and large plates and screws. Today, all but the largest defects can be managed intraorally.

Ten years ago, Valium, Demerol, and Brevital were our anesthetic mainstays. Versed, Fentanyl, Ketamine, and Propofol have now moved to the front of the pack.

Once found only in the hospital environment, infusion pumps, CO2 monitors, and Sevoflurane vaporizers can be seen with increasing frequency in the oral surgery office. The office itself has changed dramatically, with more surgeons practicing in accredited surgery centers.

Perhaps the biggest change has occurred in the realm of implant dentistry. What once took six months is now frequently accomplished in six weeks. If stable bone is sparse we are no longer relegated to placing implants in unaesthetic locations. Not only can we now grow bone, we can take it from one site to another with predictable success.

I'm excited by the promise of the next 10 years. Will tissue engineering replace implants? Will a new anesthetic emerge that makes our current techniques obsolete? Will the 15-blade and impaction drill give way to lasers?

Just as technology has changed so then has organized oral and maxillofacial surgery in California. Ten years ago three organizations represented our interests. While that structure functioned well for many years, unification has allowed us to concentrate our lobby efforts, giving us a strong and effective voice in Sacramento.

The Greek philosopher Heraclitus once said, "It is in changing that all things find purpose." While some people are afraid of change, others embrace it. One such person is my friend and colleague Dr. Dan Levin. Dan, a CALAOMS Fellow since 1979, practices in Huntington Beach. It seems like hardly a month goes by without Dan buying something new for his practice. If there is something made for oral surgery, Dan probably has it.

When I asked him why he is always buying new things, after jokingly stating that he has an illness, he responded, "You know Tim, it's really easy to get into a fixed pattern of doing things, a sort of rut if you will. Attending classes and trying new things is what keeps practice interesting."

Recently, Dan purchased a new laser. Each time he performs a different procedure he calls me to convey his objective evaluation. While I personally am not convinced that the Biolase is the "next great thing," his enthusiasm is contagious. So much so, that I invited him to write a brief article highlighting his experience with his new "toy" for ***The Compass***.

People like Dan inspire me. Twenty-five years in practice and Dan is still excited about his profession! He makes me realize that each day we wake up with a choice. We can plod along doing things the same way over and over again, or we can look for new opportunities. As the New Year begins, take the time look at your personal and professional life. As Frost's poem goes "Two roads diverged in a yellow wood and I, I took the road less traveled by and that made all the difference." Which road are you going to take? Regardless of your choice, CALAOMS will continue to be here to assist you in your journey.

Tim Silegy, DDS is now the current Editor of the Compass. Tim is a forward thinker, and has an abundance of energy. If his past performance as chairman of the OMSA Committee is any indicator of the future, we can expect great things from him.

Inasmuch as the above is true, it is hard for one person to produce the quality newsletter we have come to expect. Therefore, if you have any suggestions, comments or criticism, please let Tim know so that he may use this information to make improvements. In addition, if you have pertinent information on events, topics, other members or yourself that you feel the membership would like to know about, or you would like to contribute in other ways, please contact Dr. Silegy at: (562) 496-1978 or email at silegyomfs@aol.com.

Thank you,
Steve Krantzman, Production Manager

ATTENTION: IF YOU HAVE SURGICAL INSTUMENTS YOU NO LONGER USE, DO NOT THROW THEM OUT. CONTACT DR. STEVE LEIGHTY. HE IS COLLECTING INSTUMENTS FOR DONATION TO NON-PROFIT CLINICS IN UNDERPRIVELEDGED AREAS. CALL FOR DETAILS (530) 272-8871

Corrections and Omissions

- CALAOMS would like to point out a missing recognition in the "AAOMS Annual Meeting in Review" article which appeared in the last issue of the Compass.

During the Opening Ceremony and Awards Presentation, David H. Perrott, DDS, MD received the Daniel Laskin Award for having the best article in the JOMS for 2003. This is a hallmark article that is one of the most referenced articles of recent, and addresses an important issue for the specialty, and outpatient ambulatory anesthesia. If you would like to read this article you may view it at:

www.calaoms.org/AnesthesiaPaper03.pdf

- Michael A. Arrow, DMD should be listed in the membership directory as a "Fellow". We apologize for inadvertently listing him as a member.

Continued From Page 1

Other "scope" issues remain on the horizon. Office-based delivery of general anesthesia and deep conscious sedation is facing regulatory challenges in some states. Our anesthesia committee has been very active under the supervision of Council Chair, Dr. Larry Moore and Committee Chairperson Dr. Mark Grecco. It was essential for a large number of members to attend the recent "Calibration Courses" for anesthesia/conscious sedation examiners. If you are not currently an examiner, please give serious consideration to becoming one.

The idea of "calibration courses" was brought by CALAOMS to the Dental Board of California's "Blue Ribbon Panel on General Anesthesia/Conscious Sedation". The need revolves around the complaints of examinations being conducted in varied, potentially unfair ways. The Blue Ribbon Panel agreed with our assessment and the DBC has agreed to this format of course under the direction of Dr. John Yagiela. Courses were held on March 2nd in Costa Mesa and March 9th in San Jose.

We must continue to be the leaders in the administration of general anesthesia and the assurance of quality and safety of care. CALAOMS has requested an increase in the examination fee from $250 per examination to the maximum fee allowed by current statue, $350. This will allow CALAOMS to recoup some of the costs associated with the administration of the program and increase the honorarium paid to the examiners.

In other legislative action, concerning expert witness testimony, California State Senator Liz Fiqueroa recently posed the following question to the Office of the Attorney General requesting a formal opinion:

"When a physician testifies as an expert in a civil proceeding regarding the applicable standard of medical care and whether the defendant has breached that standard, may the physician, on the basis of his or her testimony, be held liable in a subsequent tort action brought by the adverse party or be subject to discipline by the Medical Board of California?"

The response to this question is published in the Official Reports of the Office of the Attorney General under Opinion No. 03-1201, dated April 28, 2004. The conclusion is that the physician may not be held liable in a subsequent tort action, but may be subject to professional discipline by the Medical Board if testimony constitutes unprofessional conduct.

CALAOMS has requested that the Dental Board of California request the Office of the Attorney General extend this opinion to the practice of dentistry. Dentists share the same ethical obligations to their patients and colleagues as physicians owe to theirs. As an expert witness, CALAOMS believes a dentist has a clear ethical responsibility to be objective and truthful. It is clearly unethical and unprofessional conduct to offer false testimony or testimony based on pseudo-science.

The Department of Managed Health Care recently introduced regulations that would allow health plans to exclude coverage for prescriptions "if written by a dentist". Our lobbyist, Mark Rakich, was able to bring this to our attention early in the process. As a result of his notification, we were able to enlist the help of the California Dental Association and the California Medical Association and partner with these organizations to write letters of opposition, which included both public health and legal arguments. We will not know the final outcome for a few weeks, as written comments were being taken through Jan. 31, 2005.

In terms of planning for the future of CALAOMS, our lease will expire on the Roseville property within the next year. An ad hoc committee was named to investigate the possibility of purchasing our own building in the Sacramento-Roseville area. Preliminary reports are encouraging. I anticipate that the membership will be asked for input during this year on our needs and the funding mechanisms for this purchase, if in fact we do find an adequate property. If there are any immediate comments they can be directed to our Executive Director, Pamela Congdon, at pamela@calaoms.org. All comments will be considered by the committee and the Board.

Our Continuing Education Committee has continued to find excellent speakers and venues for our CE offerings. I encourage you to support these courses. These courses continue to be our best source of non-dues income and support our other efforts.

Finally, I would like to thank Dr. Gerald Gelfand for his effort to revitalize the CALAOMS Health Foundation. Dr. Gelfand's efforts have brought new donations to the Foundation and the Foundation Board has some specific programs that will be addressed in another column.

I anticipate a challenging year ahead and will need your help throughout the year. Please join with your colleagues in protecting the scope of our practice and the viability of our organization through financial contributions to our PAC and Foundation and most importantly by participating in the many programs offered by CALAOMS this year.

Teaching Centers

By Peter Moy, DMD

The School of Dentistry at UCLA has initiated a new multidisciplinary surgical implant program that is housed academically under the aegis of the Section of Oral and Maxillofacial Surgery. The goal is to provide a comprehensive clinical and didactic experience, affording the highest quality of care for the patients.

Dr. Peter Moy has been appointed as the Director of the UCLA Dental Implant Center and entrusted with establishing a well balanced program in both didactic and clinical training. Open to predoctoral students, postdoctoral residents and eventually, community private practitioners, the program provides a venue for everyone to participate in research and/or clinical treatment. The goal is to establish UCLA as a Center for Excellence for Implant Dentistry, both nationally as well as internationally.

The Implant Center was established in January, 2004, through the generous support of The Straumann Company. The clinic is opened to predoctoral and postdoctoral students, as well as, faculty members. By housing the care of implant patients in one facility, the total treatment from preprosthetic treatment planning to delivery of the implant-supported prosthesis becomes more cohesive and complete. To optimize the experience for our students and faculty members, there are two full time staff members to coordinate the scheduling and treatment of patients, simulating the private practice setting.

Since the opening of the Center in January, the clinic averages eight to ten patient consultations and two to three surgical procedures a week. The surgical procedures performed range from simple implant placement to the more complex bone grafting and alveolar distraction procedures. There are several ongoing research projects under the direction of Dr. Tara Aghaloo, in the area of maximizing the use of growth factors found in platelet concentrates and evaluation of total new bone formation in the sinus graft using a variety of donor materials.

Finally, to round out our program at UCLA, a Surgical Implant Fellowship was established through the support of Nobel Biocare, USA. This one year surgical program mimics the philosophy of faculty participating in the UCLA Implant Center, 50% devoted to research and 50% devoted to patient care. Applicants for this position must have completed a surgical residency and must be proficient in hospital-based procedures, as well as, outpatient anesthetic techniques. Applications for this funded position are being accepted at this time. Please forward a curriculum vitae to our administrator, Jason McKnelly at e-mail address: jmcknelly@dentnet.dent.ucla.edu. The start date is July 1 and ends June 30.

SCPIE's Risk Management Corner

Reducing Liability Through Your Employment Practices

By Barbara Worsley

With claims for wrongful termination, sexual harassment and discrimination skyrocketing in recent years, all healthcare providers need to be more diligent than ever when it comes to employment practices in their offices. Employment practice liability claims can be devastating, with defense expenses alone often exceeding $100,000.

Any solo practice or group with one or more employees can be subject to an employment practices liability claim. However, a formal and comprehensive employment program will help protect a practice/entity and its assets.

When was the last time you reviewed your practice's employment policies? If you're like many employers, writing or updating policies is at the bottom of a lengthy "to-do" list. However, one of the key components of any employee program is to standardize procedures such as hiring, compensation, performance evaluation, discipline and termination. Discrimination claims can arise when applicants/employees are treated differently from each other.

As a general rule, every employer should have written policies. These are a good starting point to show your commitment to nondiscriminatory employment practices.

The simple act of putting your policies in writing should not create a binding contract if the policies are written as guidelines that explain *generally* or *typically* what your requirements are and how employees *normally* will be treated. You should build flexibility into your wording and steer clear of any promises that could be interpreted as a contract. Your policies should not, for example, do the following:

- state that the practice will "only" or "always" do something or "must" act in a particular way
- describe employees as "permanent"
- state that employees will be terminated only for "cause"
- make promises of job security.

Most employers develop policies on the following topics:

- at-will employment
- pay procedures
- benefits (including any paid vacation, sick leave, holidays, and other forms of leave)
- meal and rest breaks
- personal conduct (work rules)
- attendance and punctuality
- sexual and other forms of harassment
- Equal Employment opportunity
- disciplinary procedures
- termination.

Navigating the Legal Minefield of Recruiting

All oral surgeons want to recruit top talent to their practice team. You should be aware of the potential legal problems that lurk around the corner of the hiring process. Anyone involved in employment decision-making should be aware, at a minimum, of two federal laws:

Title VII of the 1964 Civil Right Act prohibits employment discrimination based on race, color, religion, sex and national origin.

The Americans with Disabilities Act (ADA) of 1990 prohibits discrimination based on physical or mental disability.

The hiring process may, and usually does, combine objective and subjective judgments. Good, thorough hiring practices are essential for reducing your liability. Do not take shortcuts! Even if a position unexpectedly becomes vacant and you need to fill it quickly, make sure you are thorough in interviewing applicants and checking their references.

A job applicant who loses out on a plum position claims he or she met all of the job's qualifications; the practice, on the other hand, argues that the applicant didn't have the experience, education, or training that the job required. This scenario has all the makings of a discrimination lawsuit. In determining who's right and who's wrong, a court will typically take a close look at the job description before making its decision.

A well-written job description should include the job function, duties/responsibilities and qualifications for the position. The job description should tell an applicant what he or she must do to be successful in the job and list the specific skills, physical abilities, educational prerequisites and previous experience required. A well-written job description should include the following:

- Job title. Try to clarify the tasks and responsibilities of the job in the title. Inaccurate job titles may illegally eliminate some candidates from consideration. Overblown ones can lead to false expectations and discrimination lawsuits.
- Responsibilities. Draw a distinction between general responsibilities and specific responsibilities.
- Necessary skills. List only those skills that are essential to the job; a laundry list of skills that may never be used may be considered discriminatory.
- Experience required. This should be different from skills. You can set an experience level, for example, two years of hands-on experience, but you must be prepared to prove that the "experience" is essential.
- Credentials required. Degrees and licenses are essential for certain jobs but you should be sure that the credential requirements are essential to the job performance of the position.

All candidates should complete a standard employment application to establish a common denominator of information. The application should provide data on the candidate's education, employment history, interests and references but avoid any questions regarding age, race, gender and religious preference.

Every employer must be careful to avoid discriminatory statements in their advertising. The following is an example of the type of advertisement that has cost employers big bucks in discrimination lawsuits:

Applicant must be young, energetic, and possess excellent customer service skills.

Simply eliminating the word "young" would make this ad nondiscriminatory.

Most of the discrimination risks in help-wanted ads can be removed if you list only the following elements:

- headline or job title
- general duties and responsibilities
- practice background
- skills, experience, and education required
- response information.

Any applicant can sue for discrimination if he or she has reason to believe that bias tainted the selection process. For this reason, you must follow your hiring policies to the letter where application handling and selection are concerned, and give all applicants equal consideration when making your hiring decisions.

Barbara Worsley is the Vice President of Risk Management, for the SCPIE Companies.

Reinventing the Wheel

By Daniel E. Levin, DDS

I recently attended the World Clinical Laser Institute Symposium held in San Diego. The purpose of this conference was to showcase the Biolase Technology Inc.'s Waterlase MD Er, Cr:YSGG (Erbium, Chromium: Yttrium, Scandium, Gallium, Garnet) laser designed from the ground up for dental applications.

My initial impression was that it was going to be a laser "Mac" Expo, trying to sell the product. I was pleasantly surprised. Nearly 1000 participants representing the United States and Canada, and also Europe, Korea, Japan and Australia attended the conference.

The three days were filled with scientific studies and presentations, including histology and scanning electron microscopy, as well as clinical case presentations from a variety of authors and researchers. Most oral surgeons have been exposed to CO2 lasers, but what makes the Waterlase different is that it has FDA approval for cutting soft tissue, bone, and teeth. This is apparently due to the 2790 nm wavelength of the YSGG laser.

A number of presentations were on oral surgery procedures. Presenters showed videos of a variety of typical procedures including sinus lifts, apicoectomies, bony contouring, and soft tissue excisions. One clinician stated that for third molars, sectioning of the teeth took too long, so as a general rule, he uses the laser only on tissue that is staying in the body. Finally, a laser lab was available to practice on cadaver pig mandibles and extracted teeth.

Waterlase MD

From personal experience, the Waterlase MD does cut soft and hard tissue albeit somewhat slower than conventional methods. But this begs the question, is this valuable technology or are we just reinventing the wheel? As oral surgeons, we already have technologies to cut soft and hard tissue, so why would we want to spend upwards of $70,000 to cut tissue if we can do it with a 5-cent blade or a $2.50 bur? Of course, the same question could be asked as why spend thousands of dollars on computer automation when we could use a hundred dollar peg-board system for accounting and index cards for patient recall?

The major advantage of this laser is that it provides a "kinder and gentler" modality for cutting. It produces minimal cell lysis with virtually no collateral zone of necrosis, significantly controls bleeding, and eliminates the inflammatory response. In addition, a great deal of investigation is going into "laser anesthesia" in which the laser, in a defocused mode, slows nerve conduction. The prevailing theory is that it reduces the action of the sodium-potassium pump at the cellular level. I personally have treated a number of painful oral ulcers with topical alone by coating the ulcerated surface with a "laser band-aid."

By now most people are or should be somewhat skeptical of this relatively new technology. It has been used extensively over the last 4 years, and I am told that randomized clinical trials are under way and an explosion of information will be published over the next several years. Give it some thought. If no one were to have thought "out of the box", I would be using a typewriters and not a word processor to share my thoughts.

CALAOMS HEALTH FOUNDATION

By, Gerald Gelfand, DMD,
President, CALAOMS Health Foundation

I'd like to thank all of you who supported the Foundation in 2004, and for making it the most successful year ever in the short history of the CALAOMS Health Foundation. Your generosity will enable us to continue on the path which we've set to provide support for educational programs.

The newly expanded Foundation Board welcomed new Board members Leonard Tyko, Tom Hiser, Larry Moore, Elgan Stamper, Rich Robert and Sloan McDonald to our first meeting in Palm Springs in January in conjunction with the CALAOMS continuing education weekend meeting.

Len Tyko will be coordinating our resident poster contest at the Annual Meeting in Newport Beach in May. All residents should be receiving information through their programs or they can contact the CALAOMS central office at (800)500-1332. All of you should be interested as there are monetary prizes for 1st, 2nd and 3rd places and the first place prize is $1,000.00.

The Board discussed a variety of possible fund raising events as we planned for this upcoming year. Be sure to look for the Silent Auction at the Annual Meeting and the unique feature of being able to bid online after the meeting. Thanks to Mary Delsol for coordinating this event. Be alert for other fund raising events in support of the Foundation.

The Board is also taking an in depth look into how our funds are held and how to maximize return in a fiscally prudent manner. The Foundation is ever vigilant in the management of our members' contributions. The Board is also exploring the possibility of hiring professional staff or consultants to help manage the Foundation. As you can see, the Foundation is a dynamic organization which is gaining momentum for bigger and better things. Please help us get there.

It's never a bad time to consider a donation to **your** Foundation. The pledge card on this page can be cut out and used to make your **tax deductible** donation at any time. Join your colleagues in supporting the goals of the Foundation.

Yes, I want to support My Foundation. Please accept my tax deductible donation of:

- ❑ $1,000
- ❑ $500
- ❑ $250
- ❑ $100
- ❑ Other _____

Name: _____
Address: _____
City: _____, State: ____ Zip:_____
Telephone: _____ Email: _____

Check enclosed ❑
Credit card: ❑ Visa ❑ MC
Card Number _____
Expiration: _____ 3 digit security code_____
Signature _____

CALAOMS Health Foundation

Contributions are tax deductible
Nonprofit tax id number is: 95-4781831

Results from the survey conducted by Vincent Farhood, DDS in the previous issue of *the Compass*

In the last issue of *the Compass* the following survey was included which covered our practice, staff, and futures. Approximatley ten percent of our readers responded to the survey. The results follow:

ABOUT YOUR OFFICE:

1. Which patient accounting software do you use:
   Practice Works: 27% OMS Vision: 10% Win OMS: 23%
   Rovak: 0% Other: 4%
2. Do you use the wireless patient data entry (tablet or PDA)? Yes: 13% No: 87%
3. Do you have a website? Yes: 37% No: 60%
   b. PBHS provides service Yes: *% No: 11%
   c. Is the web site worthwhile (practice builder/facilitator)? Yes: 47% No: 53%
4. Whose insurance do you have SCPIE: 63% OMSNIC: 27% Other: 10%
5. Do you plan to retire in __ years. ½-2: 8% 3-8: 29% 9-15: 40% 15+: 23%
6. Do you have a retirement plan
   Defined benefit plan: 27% SEP-IRA: 29% 401k: 31% Other: 4%
7. Do you bill electronically? Yes: 37% No: 63%
8. Do you send out statements? Yes: 100% No: 0%
9. How much time off (vacation, etc.) do you take per year in weeks 0: 2% 1: 4% 2: 15% 3: 23%
   4-6: 40% 7-8: 8% 10+: 8%
10. Do you provide for your office staff:
    a. Medical insurance Yes: 83% No: 17%
    b. Paid holidays Yes: 98% No: 2%
    c. Salary or hourly pay Salary: 10% Hourly: 52% Both: 19%
    d. Male / female employees Male: 6% Female: 94%

ABOUT YOUR SERVICE:

11. Do you provide General anesthesia or deep sedation? GA: 54% Deep Sed: 13% Both: 31%
12. Do you use Brevital or Propofol? Brev: 21% Propofol: 50% Both: 21%
13. What do you use for sedation agent? Valium: 29% Versed: 87% Barbiturate: 4%
14. What do you use for analgesic agent? Fentanyl: 73% Demerol: 19% Both: 4% Other: 6%
15. Do you give anti-nausea agents? Yes: 33% No: 77%

ABOUT CALAOMS:

16. What do you think about the Dental Board of California General Anesthesia exam?
    a. Necessary: 71% Good: 17% Helpful: 12% Bad: 0%
    b. How often should the general anesthesia exam be given? in years 2-4: 21%, 5: 58%, 6+: 17%
17. What do you think of the job done by CALAOMS:
    a. Great: 54% Necessary: 17% Good: 21% Could be better: 8% Bad: 0% Waste of time: 0%
18. What do you think of the job done by AAOMS:
    a. Great: 29% Necessary: 21% Good: 38% Could be better: 12% Bad: 0% Waste of time: 0%

While the results of this survey are not statistically significant, it may provide a glimpse into current OMS practice in our state. In a nutshell, more SCPIE insured than OMSNIC. Retirement plans, staff benefits, general anesthesia are in, as are websites but not a lot. Good work CALAOMS and AAOMS, and Fentanyl and Propofol rules! Whew!

Vincent Farhood

Members in the Spotlight

Pictured below are members of the American Board of Oral and Maxillofacial Surgery examination committee who are from California. The American Board Exam was held Feb 14-18 in Chicago.

Left to right are: Vincent Farhood, Larry Moore, Mary Delsol, Lester Machado, Alan Felsenfeld, and John Webb.

Resident presenters and Program Directors at the 2005 North Region Resident's Night Presentations.

Residents Left to right: Dr. Ken Wong, UOP-Hightland Hospital; Dr. Carl Young, UCSF OMFS; Dr. Bradley Turner, Major, David Grant, USAF Medical Center; and Dr. Ardavan Kheradpir.

Directors and Chairmen left to right: Dr. Brian Schmidt, UCSF OMFS, Dr. Larry Parworth, Dr. Anthony Pogrel, UCSF OMFS; David Grant USAF Medical Center; and Dr. Tom Indresano, UOP-Highland Hospital.

***All Photos Provided Courtesy of Vince Farhood, DD**S*

The participants in the UCSF 12th Symposium in OMS at the Fairmont Orchid Hotel on the island of Hawaii (thus the casual dress) include.

Left to right Drs. Bertolami, Hupp, Waite, Bast, R.V. Walker, Estabrooks, Myall, Hill (U.K.), Robert, Katlic, Lee, Hatcher, and Pogrel. Missing from the photo were Drs. Worthington, Bergman, Niznick, and Clarizio

Present at the 2005 Resident's Night Presentations were the Honorable California State Legislators Dr. Emerson and Dr. Aanestad.

Left to Right the Honorable Dr. Emerson, Dr. Gordon, who is President of the Dental Board of California, and the Honorable Dr. Aanestad. .

New Scope of Practice for OMS Assistants

By Bruce L. Whitcher, DDS
Chairman, Council on Education

Last year, the California Dental Association sponsored SB 1546, a bill to revise the scope of practice for dental assistants. The enactment of SB 1546 last year created three specialty categories for dental assistants, effective January 1, 2007. These are the registered surgical assistant, the registered orthodontic assistant, and the registered restorative assistant.

A registered surgical assistant is qualified through completion of a board approved training course in surgical assisting. The details of this training are presently being worked out.

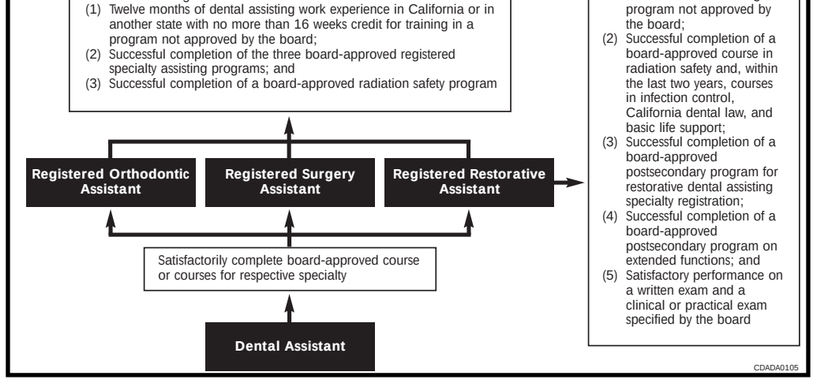
As of January 1, 2007, registered surgical assistants may take impressions for surgical splints, place and remove surgical dressings, remove IV's, and monitor patients under sedation. In the presence of a license dentist they may give medications into an IV line. They may also perform the traditional duties of dental assistants.

Non-registered dental assistants employed by the OMS will not be affected by the new law. They may continue to perform permitted duties as in the past, but may not perform the new duties listed unless they complete the required training.

As of January 1, 2007, dental assistants must complete courses in CPR, infection control, California law, and radiation safety within 120 days of hire.

For those who are interested, here is a link to the complete text of SB 1546 .
http://www.leginfo.ca.gov/pub/03-04/bill/sen/sb_1501-1550/sb_1546_b

Bruce Whitcher, DDS



General Announcements

CALAOMS 5th Annual Meeting in Newport Beach May 20-22, 2005

Our Annual Meeting this year is being held at the beautiful Four Seasons Resort in Newport Beach. This meeting is a tradition for CALAOMS and its members. This meeting in particular has so much to offer. We have renowned speaker Dr. Michael Block. This year's meeting is also dedicated to Dr. Ross Prout. Dr. Prout has been a long time member of CALAOMS, and his contributions to the specialty of oral and maxillofacial surgery are incredible. We will also be honoring Dr. Tim Shahbazian for his dedication to CALAOMS and our specialty with the Distinguished Service Award.

We will have two lovely social events to attend. On Friday night, May 20, we will have our Past President's Dinner. This is a wonderful time to thank our past leadership and build on past camaraderie. Our other event is the Membership Banquet, which is being held on Saturday, May 21 at the newly, renovated Orange County Museum of Art. Every year we try to pick a unique setting for our Banquet. I believe that this venue and the evening will be elegant as well as inspirational.

CALAOMS offers many CE opportunities throughout the year. Please try to support your membership organization and increase your knowledge by attending CALAOMS courses and events. We look forward to seeing you in Newport Beach in May.

Upcoming Events

2005

Medical Emergencies in the Dental Office
March 16, 2005 — Concord

PALS
March 19, 2005 — San Diego

OMSA Home Study Course Begins
April 15 — Summer Course

ACLS
April 23, 2005 — Suisun

CALAOMS 5th Annual Meeting
May 20-22, 2005 — Newport Beach

OMSA Home Study Course Begins
July 1, 2005 — Fall Course

Residents' Presentations
September 28, 2005 — Costa Mesa

OMSA Home Study Course Begins
October 1, 2005 — Winter Course

Infection Control and Risk Mngt
October 12, 2005 — Pleasanton

Infection Control and Risk Mngt
October 19, 2005 — Costa Mesa

Fall Membership Meeting
October 28-30, 2005 — San Francisco

Classified Ads

Equipment For Sale

Hu Friedy - 12 instrument Oral Surgery Cassettes, fits all 10" Autoclaves. 8x14x1.5 inch. multi-colored inserts included. 6 trays available for sale, practically new. Make offer. drchan@chanomfs.com, (760) 436-7660.

Panorex Planmeca 2002 CC with Ceph. and Admark system. Excellent condition. $12,000. Call (310) 657-6363

Get an early start on Spring cleaning! Steve M. Leighty, DDS, Grass Valley, would appreciate any (new or used in good repair) common surgical instruments (forceps, elevators, needle drivers) to help outfit the new dental clinic at the Community Hospital in Ilam, Nepal. This project is sponsored by the 49er Rotary Club in Nevada City. 1364 Whispering Pines Lane, Grass Valley, CA 95945. Call 530.272.8871 for details.

Doctor Seeking Position

Opportunity wanted. Young Board Certified OMS looking for an associate position leading to partnership or buy-out. Please email dromsca@yahoo.com

Job Opportunities/ Practices for Sale

Concord, CA
P/T associate for a busy GP and multi-specialty group practice. Flexible days. Compensation range from $1200-$4000/day. Please fax resume to (925) 680-8087 and/or call (925) 680-4444 and ask for Dr. Hamid Rezapour.

Hayward, CA
Well established, busy solo practice in Hayward looking for personable/capable OMS for associateship leading to partnership. please call Dr. Jim Mossop 510-582-7191 or fax resume to 510-582-8147.

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.

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

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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 expertise and commitment needed to protect your financial security and professional reputation.

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- Ally through the insurance availability crisis of the 1980s
- Accredited insurance company, not an insurance alternative
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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.

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