

# Bulletin



Winter 2016

Vol. XLIII No. 4

## President's Message

Sharine Thenard, DDS, MS



### Presidency and Parenthood

At the end of March last year, many of you were enjoying yourselves at the CSPD Annual Meeting in Dana Point, learning and reveling with friends and colleagues. I was at home, waiting for our second child to join us outside of the womb. As we approach his first birthday and the end of my year as CSPD President, I've had a chance to reflect on how my dual roles as mother and leader have influenced one another.

For as long as I can remember, I have been involved in organizations. My first experience was during elementary school as second grade class president. (I don't remember much from that experience). I continued my involvement in student government during middle school, high school and college, and even served as student body president in dental school. Being involved in organizations and taking on leadership challenges always called to me. I felt that it was a fun way to socialize and grow as a person. From the moment I finished residency I have been involved in dental organizations. I enjoy being in leadership positions because I gain personal enjoyment and also feel like I serve the profession.

But motherhood changes everything. After my first daughter was born three years ago, I felt immense pressure to ensure that I protected our family time. However, I also felt that my service to organized dentistry was now not just for me. My involvement would serve as an example to my daughter, showing her what it means to be a caring and responsible professional.

The face of pediatric dentistry, and the leadership of organized dentistry, is changing. Currently, approximately 70 percent of California pediatric dental residents are female. Of our current membership, just under half are female. Of the eight directors of the 2016-2017 board of directors, six are female (I am not certain, but I suspect this is a first). Of the current four members of the CSPD Bulletin's editorial team, all are women, with kids! This bodes well for our profession. One study found that Fortune 500 companies with the highest representation of women on their corporate boards attained significant higher performance (greater than 40% when looking at return on equity, return on sales, and return on investment capital) than those with the lowest representation of women.

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For a complete list of committee members visit the CSPD website at [www.cspd.org](http://www.cspd.org)

California Society of Pediatric Dentistry

## BULLETIN

CSPD members are encouraged to contribute to the Bulletin. Articles, Letters to the Editor or other items of interest are welcome. Items for publication may be submitted by email to Clarice Law, DMD, MS at [claw@dentistry.ucla.edu](mailto:claw@dentistry.ucla.edu) or to Alison Jackson, DDS at [alisonjackson@hotmail.com](mailto:alisonjackson@hotmail.com).

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Published quarterly

**Managing Editor** (This Issue's Manager): Clarice Law, DMD, MS  
**Associate Editor:** Alison Jackson, DDS

### MISSION OF THE BULLETIN

The Bulletin of the California Society of Pediatric Dentistry shall be to examine and identify the issues that affect the specialty of Pediatric Dentistry and the oral health of teenagers and children. All of our readers should remain informed and participate in the formulation of public policy and personal leadership to advance the purposes of the Society. The Bulletin is not a political publication and does not knowingly promote the specific views at the expense of others. The views and opinions expressed in the Bulletin do not necessarily represent those of the California Society of Pediatric Dentistry.

# President's Message (continued from page 1)

Sharine Thenard, DDS, MS

Similar to how gender diversity elevates a corporate board, I think that generational diversity will cause many organizations and companies to evolve as well. Many younger CSPD members, along with the residents and new grads, are part of the Millennial Generation, also known as Generation Y. One trait of this cohort is that they are "civic minded," with a strong sense of community, both local and global. This group, those under and around age 35, strive for and value work-life balance. They are described as optimistic, engaged, and team players.

I look forward to seeing how our organization, along with our practice styles, will continue to evolve as we find more women and men, who view career and leadership perhaps a bit differently than in generations past, fulfilling leadership positions.

As one of the female leaders in this era, I feel that I can share just a little bit of what I have observed and learned over the years. Perhaps I can help a new CSPD member who has just become a parent, or is figuring out how to juggle a practice and a family, but hopes to make a commitment to organized dentistry.

1. Stay focused on the big picture; don't sweat the small stuff. Keep in mind what the really important things are, and let the minutia go.
2. Have a support system, inside and outside of the profession. Mentors, colleagues, friends... It's key to growing your career and involvement, and also to keeping your sanity. I work in a practice with other doctors who fully support my commitment to CSPD, CDA, and all my other endeavors. Additionally, I have a husband who understands my desire to stay involved.
3. Empower others; ask for help. One thing that good leaders learn to do is to delegate, or ask for help. There's something that I learned years ago – the concept of being a "lazy leader." It's essentially getting others involved, so that many individuals end up doing a little work, instead of one leader doing a lot of work. The neat thing about this is that you end up with a lot of enthusiastic leaders, which makes your organization stronger! The key thing to becoming a lazy leader is that you have to release control of certain things, which often ends up being healthier for the organization (and probably you).

4. Try to be fully in the moment, whether it's spending time with your child or attending a meeting. Choices have to be made with your time, so whatever you decide to do, do it fully. If you choose to attend a meeting, give your attention to the meeting. Likewise, do the same with the time you spend with your family. The interesting thing I will say about this is that over time, I have seen the lines blur between family time and work time. For example, I know more than a few female pediatric dentists who bring their kids to work for at least some time of their day. I foresee Millennials also expecting that their work and professional organizations be more flexible to allow them to involve their families.

The evolution of our profession has come about due to shifting demographics such as more women graduating from dental school generally, and from pediatric residency programs specifically. However, let me acknowledge those who have come before us. The path was paved by many dedicated and open-minded individuals who have helped shape our profession into one of the most highly regarded and trusted, and have created the strong, independent, forward-thinking organization that we call CSPD. In my own group practice, my partner, who is a pillar in the local pediatric dental community, plans to hand over the reins to myself and another female partner. I have also had the good fortune to have many exemplary role models who encouraged me and supported me throughout my career. These special individuals nurtured and inspired me to keep reaching for more...and they happened to be mostly male. They, along with organizations like CSPD, have given me incredible opportunities, such as the one I have for a few more months...the honor and privilege of serving as your president.



# Executive Director's Message

Andrew P. Soderstrom, DDS



As I near the end of my first year as your Executive Director, I'm pleased to report that CSPD is doing very well. We have shifted our dues billing cycle to coincide with the AAPD and are utilizing the AAPD billing service. Our membership is at an all time high. In addition to the Annual Meeting, we collaborated with Loma Linda University to provide a sedation course and hosted well-attended

continuing education courses in Cerritos and San Jose. You don't want to miss the Annual Meeting this April at the Silverado Resort in Napa. The Committee has put together an outstanding program and exciting social events. None of this could have happened without the talent and countless hours of work by your dedicated volunteer leaders. Be sure to let them know how much you appreciate their efforts.

In my previous message, I speculated on a new model of healthcare where medicine and dentistry partner together to put the mouth back in the body. You can't pick up a journal or newsletter and not find an article describing some relation of oral health to overall health. Medicine is beginning to integrate health outcomes into their reimbursement models. This presents an opportunity for dentistry to partner with our medical colleagues, working together to improve the health of our patients. Many fear that this is medicine's opportunity to take over dentistry. I suppose that is possible, and even likely if we choose to stick our heads in the sand. Dentistry needs to be at the table as our healthcare system transforms its focus to health outcomes.

The Council on Access, Prevention and Inter-professional Relations (CAPIR) at the ADA is focused on these topics. During our January meeting we set our focus on six priority activities – Community Water Fluoridation (CWF), Medicaid, Medical-Dental Collaboration, Community Dental Health Coordinator (CDHC), Emergency Room Deferral and Oral Health Literacy. We are also exploring a possible diabetes project. ER Deferral is primarily an adult issue since children have more access to care through the safety net system than adults. All dentists should take an active role in protecting the tremendous strides we have made in CWF. Medical-Dental collaboration is second nature to pediatric dentists through our residency experience. We spend significant portions of our days providing our patients and their parents with oral health

information allowing them to make appropriate health decisions. But I want to focus on Medicaid and the CDHC.

If you are not familiar with the Health Policy Institute (HPI), you should familiarize yourself with their research. HPI is the ADA's think tank for the US dental care system. Their mission is to be "the premier source for credible data and research on critical issues facing the dental care system." Their most recent study utilizing 2014 data shows that dental practices continue to struggle even though we are five plus years post the Great Recession. Their research shows a continued decline in dental visits and practice incomes that actually began several years prior to the recession. The 2014 data shows a slight increase in the average wait time for an appointment, a slight decrease in the number dentists reporting they are "not busy enough" and unfortunately a continued decline in earnings. The first two points indicate we may be seeing a flattening of the decline but a recovery back to pre-recession levels is not likely as dental spending trends continue to show a decline.

Another recent brief is a state-by-state analysis of various topics related to the oral health care systems. This objective, data driven analysis focuses on critical oral health issues and shows us how California compares to other states and the national average. Of key interest here is the data related to Medicaid (Denti-Cal). And no, it's not a very rosy picture. California lags behind the nation in percentage of reimbursement compared to UCR as well as the percentage of dentists participating in the Denti-Cal program. On the private insurance side you'll see that there has been a decline of 4.7 percent for children and 7.7 percent for adults over the last 10 years in dental benefit charges. Remember the decline in visits and spending mentioned above? While there has been significant weakness of the private side of oral health care, there has been significant expansion number of individuals eligible for Medicaid and the data indicates that this is not likely to change.

So where am I going with this? Well, if you had asked me a couple of years ago if you should participate in Denti-Cal, my reply would have been morally yes, but financially no. However, as a result of renewed pressure on the Legislature, positive things are beginning to happen. Our Public Policy Advocate, Paul Reggiardo, is representing CSPD and CDA extremely well in the current arenas looking into Medicaid reform. I encourage you to keep an open mind, stay informed as the process proceeds and who knows, I may soon have a compelling argument why you should be a Denti-Cal provider. Stay tuned...

# CDA Cares

## Volunteers Needed: Ventura Dental Clinic

Robyn Alongi, Volunteer Programs & Community Outreach Manager, CDA Foundation



Registration is now open for the CDA Foundation's upcoming CDA Cares volunteer dental clinic April 16-17, 2016, at the Ventura County Fairgrounds. To help provide oral health care services at no charge to the large number of expected patients, the CDA Foundation needs volunteer dentists, including oral surgeons, as well as dental hygienists, assistants, dental lab technicians, physicians, nurses and pharmacists.

Additionally, community volunteers are needed to help escort patients, translate/interpret, dispense medication, set up and tear down the clinic, register patients and volunteers, conduct exit interviews, enter data and provide oral health education.

CDA Cares is a program that allows volunteer dentists, with the assistance of other dental professionals and community volunteers, to provide dental services at no charge to people who experience barriers to care.

The main goal of the clinic is to relieve pain and eliminate infection by providing cleanings, fillings, extractions and oral health education to 2,000 people during the two-day event.

To date, the CDA Foundation and CDA have hosted eight clinics that provided \$13.1 million in dental care to more than 16,000 people thanks to the generosity of volunteers and support from the community.

Volunteers are needed in shifts during the following times:

- Friday, April 15, 2016: Clinic setup from 9 a.m. to 6 p.m. (no patients)
- Saturday, April 16, 2016: Dental clinic from 5 a.m. to 7 p.m.
- Sunday, April 17, 2016: Dental clinic from 5 a.m. to 10 p.m.

Volunteers can sign up for one six-hour shift or multiple shifts per day. Help make CDA Cares Ventura a success! To learn how you can get involved and to register, go to [cdfoundation.org/cda-cares/ventura](http://cdfoundation.org/cda-cares/ventura).



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# Western District Trustee Report

## California Society of Pediatric Dentistry

John Gibbons, DDS, Western District Trustee



I have been a private practicing pediatric dentist for over 30 years. For most of that time my participation in organized dentistry consisted of paying my dues and attending the occasional meeting that was associated with a continuing education seminar. That all changed a few years ago when I was given the opportunity to share from my clinical experience. One of the most challenging

aspects that I had faced in my private practice was the treatment of young children and disabled patients with severe caries, especially those with autism. In my earlier years of practice, very few patients had any hospital coverage and there were limited options for treatment in a safe and humane fashion. This was the point of frustration that initiated my entry into organized dentistry.

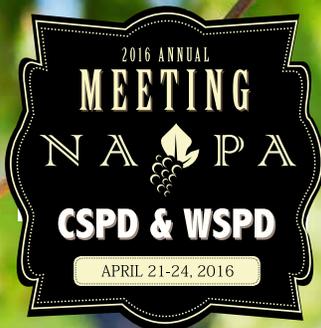
I was attending a CSPD/WSPD continuing education seminar in Palm Springs and, instead of slipping into the pool between classes at the urging of a colleague, I found myself in a WSPD caucus meeting with representatives from the AAPD. The topic of the meeting was the efforts of the Academy to pass legislation that would allow military personnel to have hospital coverage for their children and those dependents with disabilities. They asked if anyone had any personal experiences in their practice that would be helpful to this discussion. The next thing I knew I was sharing my own personal stories. Within the next couple of years both state and federal laws were enacted that ensured young children and those with disabilities had general anesthesia coverage for dental treatment. That effort by the AAPD, WSPD and local state dental organizations changed the lives of my patients...and me.

It is only when we stand united that legislators, the people that create and pass the laws that govern the way we practice, listen to our positions. As specialists who serve the oral health care needs of children and the disabled, I feel that we have an obligation to provide the best care possible. To ensure that the laws that govern us allow our patients to have the best care, we need to be organized. I have the privilege of attending the CSPD Board of Directors meeting as part of my responsibilities as AAPD District VI Trustee. The CSPD Board of Directors is consistently confronted with forces that could change the way we practice, sometimes for the better and sometimes for the worse. It is the challenge of the Board to help shape outcomes that will have the greatest benefit for the children we treat. It is so impressive to watch this process at work. It is no exaggeration to say that CSPD has the most organized, effective state pediatric dental Board of Directors in the nation. However, they cannot do this alone. They need support from each of you.

Your membership in these organizations adds credibility to their voice. Thank you for your continued participation, and thank you to the many who have voluntarily served in various leadership roles in state, district and national organizations. We owe you a debt of gratitude for the contributions you have made to our profession and the oral health care of our patients.

Another function that your CSPD Board of Directors performs is putting on its Annual Meeting at destination resorts with world class pediatric dental continuing education. This year's meeting on April 21-24 in Napa's famous wine country will prove to be legendary. Don't wait too long to book your room or you might find yourself missing out on an incredible experience. And who knows, you might find yourself stepping into a meeting where you can make a contribution to the future of your organization and the children it serves.





# 2016 CSPD/WSPD Annual Meeting

A Blend of Education, Networking & "Grape" Expectations

## SILVERADO RESORT & SPA IN NAPA, CALIFORNIA

### Uncork the Experience

Hitch a ride on Napa's famous Wine Train! Enjoy the best view Napa has to offer as it travels from the Napa Valley to Calistoga while eating a three-course gourmet meal.

Visit one of the many vineyards and wineries the Napa Valley has to offer.

FORE! Play golf at two of the area's premiere golf courses at the Silverado Resort & Spa. Redesigned by PGA Hall of Famer Johnny Miller, both courses feature dozens of water crossings, elevation changes and routing through historic oak trees.

Relax at Silverado's Day Spa, while you get a massage or enjoy some peace and quiet by the spa pool.



## TOPICS & WORLD RENOWNED SPEAKERS

**"The Behavior Management Symposium: Assessment, Intervention and Restraint of "Uncooperative" Child Behavior in the Invasive Context"** Speakers: Dr. Gerald Wright, Dr. Man Wai Ng, Dr. Gary Walco and Dr. Dennis Nutter

**"Pediatric Periodontal Disease: A Review of Cases and Dental Acid Erosion: Identification and Management"** Speaker: Dr. Martha Ann Keels

**"Minimally Invasive Techniques in Pediatric Dentistry"** Speakers: Dr. Man Wai Ng and Dr. Francisco Ramos

**"Monitored Anesthetic Care in Pediatric Dentistry"** Speaker: Dr. Stephen Wei

**Resident Poster Presentations:** See the future of pediatric dentistry live in action at our poster presentation session. This session features a range of studies completed by current residents from the Western District and California programs.

## NEW OPPORTUNITIES THIS YEAR



- ✓ CSPeD Talks - hear innovative approaches in clinical practice from experts.
- ✓ WOW: Words of Wisdom - join us for lunch in tables of ten as you talk and learn from different professionals and companies that interest you.

**Earn more than 21 Continuing Education Units!**



Visit [www.cspd.org](http://www.cspd.org) for more information. Online Registration ends 4/1/2016!



APRIL 21-24, 2016

## The Annual Meeting is Coming soon!

### **Dentists, New Dentists, Auxiliary Staff, Office Managers!**

Listen and learn...from some of Pediatric Dentistry's finest Clinicians, Academicians, and Researchers. Earn up to 24 CEU's!

Among the topics included during the Scientific Sessions, WOW! Lunch and Learn Sessions, and CSPeD Talks are:

- Behavior Guidance
- Minimally Invasive Pediatric Dentistry
- Periodontal Disease in Children
- Periodontal Disease and Low Birth Rate
- Space Maintenance
- Phase I Orthodontics: Monitoring Ectopic Eruption
- Tips to Run a Successful Pediatric Dentistry Practice
- Balancing a Successful Private Practice and Family Life
- General Anesthesia in the Dental Office
- Monitored Anesthetic Care
- PALS
- and more!

Make your reservations now at the prestigious Silverado Resort and Spa! Hone up your golf skills. Indulge in a spa treatment. Relax and dine in the Napa Valley Wine Train. Be adventurous and take a hot air balloon ride! Visit some of Napa's most famous wineries.

This is one meeting you won't want to miss!

## Planning Your Travel!

### **How do I get to the Silverado Resort and Spa?**

Due to its secluded location, the Silverado Resort and Spa can be a challenging destination for those electing to travel by air.

Below is a listing of the closest airports and the approximate amount of time it takes to get to Silverado Resort and Spa.

- San Francisco International Airport (SFO), 55 miles - 75 minutes
- Oakland International Airport (OAK), 50 miles - 60 minutes
- Sacramento International Airport (SMF), 68 miles - 60 minutes

CSPD Board of Directors member Kimberly Whippy, DMD has compiled the following ground transportation options.

1. Evans Transport picks up from SFO (9x/day) or OAK (7x/day)
  - \$29 per person to downtown Napa
  - An additional \$16 or \$45 total to continue to the Silverado Resort and Spa (another 15-20 minute drive) per person
  - A total of about 2 hours of transport
2. Silverado can arrange a 6 person (\$270) or 12 person (\$450) shuttle to pick up at a specific time from Oakland Airport
3. Hire a private car from Silverado (~\$245)
4. Take BART to Richmond (~\$10) and secure an Uber driver to Silverado (~\$50 on fare estimator)
5. Rent a car

For further details on travel options visit [www.cspd.org](http://www.cspd.org)

# 2016 CSPD Annual Meeting

## Full Agenda

### DAY 1 WEDNESDAY, APRIL 20, 2016

**8:00 AM - 5:00 PM**  
CEUs: Re-Cert: 6; Full Cert: 8  
PALS Cert and Re-Cert

**PALS® (Pediatric Advanced Life Support) –  
Recertification and Full Certification Offered.  
Pediatric Emergency Scenarios and Airway  
Management**

*Jeff Laabs, RCP-ALS*

Applied for 6 CEUs Recertification / 8 CEUs- Full  
Certification.

**5:00 PM - 6:30 PM**  
**Board of Directors Orientation**

**7:00 PM - 9:00 PM**  
**CSPD Volunteer Dinner**

### DAY 2 THURSDAY, APRIL 21, 2016

**8:00 AM - 3:00 PM**  
**CSPD Board of Directors Meeting**

**1:30 PM - 5:30 PM**  
**CSPD Foundation Board Meeting**

**3:00 PM - 6:00 PM**  
**WSPD Board of Trustees Meeting**

**6:30 PM - 9:00 PM**  
**Welcome Reception**

The Welcome Reception will be held in the center of the Silverado Resort with three-four local wineries presenting their best years for tasting. Hors d'oeuvres will be provided by Silverado's innovative chefs such that, every sip is to be paired with every delicious bite.



### DAY 3 FRIDAY, APRIL 22, 2016

**6:30 AM - 8:00 AM**  
**Past Presidents Breakfast**  
*CSPD Past Presidents and Invited Guests*

**7:00 AM - 5:00 PM**  
**Exhibit Hall Open**

**7:00 AM - 8:30 AM**  
**Continental Breakfast**  
Come join us at the Fairway Deck and Ballroom Foyer for a cup of coffee, continental breakfast fare and conversation with the exhibitors. A great way to jumpstart your day!

**7:30 AM - 5:00 PM**  
**Registration Open**

**8:00 AM - 4:00 PM**  
**Behavior Management Symposium: Assessment,  
Intervention and Restraint of “Uncooperative” Child  
Behavior in the Procedural Setting (CEUs: 5)**  
*Gerald Wright, DDS*  
*Dennis Paul Nutter, DDS*  
*Man Wai Ng, DDS, MPH*  
*Gary A. Walco, Ph.D.*

*On Friday, the entire scientific session will be devoted to one topic in the CSPD Behavior Management Symposium, sponsored by the CSPD Foundation.*

This course will explore the etiology of the negative, disruptive or “uncooperative” behavior that is being managed during procedures. This is behavior that is perioperative to, and coincident with, the tissue trauma of needle procedures, operative or surgical treatment. By targeting behavior, the paradigm of Behavior Management permits the clinician to decide the nature of the behavior that requires “management”. The result of this assessment will determine how the clinician chooses to intervene or not intervene in the patient movement that is expressed in the “uncooperative” behavior. Research has shown that dentists, physicians and nurses all have a tendency to underestimate pediatric pain. Consistent with this finding is the observation that behavior management authors and conference participants have historically had difficulty in confronting the task of integrating pain assessment into the paradigm of behavior management and its successor behavior guidance. Yet, all clinicians have an ethical obligation to assess pain during invasive procedures. Symposium experts in education, pain psychology

# 2016 CSPD Annual Meeting - Agenda

and pediatric dental practice will present historical, contemporary and future perspectives on the assessment, intervention and restraint of “uncooperative” behavior in the invasive context.

Participants will have opportunities to question experts and share experiences through panel discussion. The goal of this course is to provide insights to the ethical treatment of dental disease in highly anxious and “combative” children in contemporary pediatric dental practice.

## Course Objectives:

1. To report changes in behavior management and procedure pain assessment over the last 40 years.
2. To provide current perspectives on pain assessment, pain measurement and pain justification.
3. To report on non-invasive and minimally invasive strategies of intervention for “uncooperative” behavior.
4. To describe changes needed in Behavior Guidance education regarding the assessment, intervention and restraint of “uncooperative” behavior in the invasive context.
5. To describe the risks associated with restraining uncooperative behavior when tissue trauma is occurring.

## Speakers Include:

- **Changes in Behavior Management Over the Last 40 Years** - *Gerald Wright, DDS*
- **The End of Behavior Management: A Repudiation of the Authoritarian Method of Behavior Assessment** - *Dennis Paul Nutter, DDS*
- **CAMBRA Deferral of Procedures for Uncooperative Children** - *Man Wai Ng, DDS, MPH*
- **Pain Assessment, Pain Measurement and Pain Justification in the Procedural Setting** - *Gary A. Walco, Ph.D.*

**11:00 AM - 12:00 PM**  
**Annual Business Meeting**

**12:00 PM - 4:00 PM**  
**Table Clinic Set-Up**

**12:00 PM - 2:00 PM**  
**Installation Luncheon**

**4:00 PM - 5:00 PM**  
**Judges to Review Table Clinics**

**4:30 PM - 5:30 PM**  
**CSPD Committee Meetings**

**5:00 PM - 6:00 PM**  
**Table Clinic Presentations**

**6:00 PM - 8:00 PM**  
**Warren Brandli Intern (WBI) Reception & New Dentist Reception**

**6:30 PM - 8:30 PM**  
**CSPD Foundation Reception (Invitation Only)**

## DAY 4 SATURDAY, APRIL 23, 2016

**7:00 AM - 8:00 AM**  
**California Program Directors Meeting**

**7:00 AM - 4:00 PM**  
**Exhibit Hall Open**

**7:00 am - 8:30 am**  
**Continental Breakfast**  
Come join us at the Fairway Deck & Ballroom Foyer for a cup of coffee, continental breakfast fare and conversation with the exhibitors. A great way to jumpstart your day!

**7:30 am - 2:00 pm**  
**Registration Opens**

**8:00 AM - 10:30 AM**  
**Monitored Anesthetic Care in Pediatric Dentistry (CEUs: 2.5)**  
*Stephen H. Wei, DDS*

Infants and young children with gross oral diseases (including nursing caries and traumatic injuries to the teeth and oral-facial tissues) present difficult problems for the child, the parent and dentist alike. Similarly, patients who are dental phobias and are in severe pain that cannot be easily controlled by local anesthetic alone will need special attention. Patients who suffer from major trauma and who require extensive surgical and root canal treatment will also need special behavior management techniques in order that the treatment may be carried out successfully. In addition, persons with minor physical handicaps, mental disabilities and severe dental phobias will require special behavior management techniques.

The use of oral premedication agents, trans-cutaneous injection of a variety of medications as well as inhalation modalities using nitrous oxide sedation are helpful in some cases but may be inadequate in more challenging cases. In the past, this has meant treatment under general anesthesia in the Hospital Operating Theatre. While the severely disabled and medically compromised patients would best be treated in the hospital using general anesthesia, the majority of otherwise relatively



healthy infants, young children and adults and minimally handicapped persons can now be treated in the properly equipped dental office under sedation using a combination of a brief induction by inhalation of sevoflurane, or an intra-muscular injection of Ketamine, followed by the intravenous administration of Propofol by a competent and preferably board certified anesthesiologist. Propofol when administered via the IV route is fast-acting and can be carefully titrated and monitored throughout the restorative or surgical procedures by the anesthesiologist while the dentist can concentrate on the dental work. The patient is in a sleep mode and maintains his or her own respiration usually without the need of intubation. All vital signs are monitored throughout the procedure. Recovery is rapid, and within minutes the patients are awake and can go home accompanied by the parent or another person shortly after waking.

The dental office must be fully equipped with proper facilities, medications, drugs and equipment to handle all emergencies. This new protocol is safe and obviates the need for hospital admission and therefore is much more cost-effective than the use of general anesthesia. This procedure appears to be the most desirable method of treating children and adults who may be extremely fearful of any dental procedure (including the placement of implants) in a properly equipped dental clinic staffed with competent dentists and fully trained dental surgery assistants. In the US, the ambulatory anesthesiologists have to bring all the equipment to the dental surgery where the dental offices are not fully equipped.

The presentation will show many clinical cases of various procedures including pulpectomy, stainless steel crown fabrication, endodontic procedures followed by pedodontics strip crowns, and surgery procedures for the removal of supernumerary teeth with some cases lasting three hours for total mouth rehabilitation. The net income per case can be appreciable. Cases with patients with disabilities where GA was simply not feasible will also be shown.

The lecture will be supplemented with a short video on how the procedures are carried out in our clinic.

## 10:30 AM - 12:30 PM

### **Pediatric Periodontal Disease: A Review of Cases and Dental Acid Erosion: Identification and Management (CEUs: 2)**

*Martha Ann Keels, DDS, PhD*

This session hopes to take you beyond the daily management of dental caries and caries risks assessment and focus on two of the other main disease entities we face as pediatric dentists. The diagnosis and treatment

regimens for pediatric periodontal disease will be reviewed. A simplified method of triaging the etiology of the periodontal disease will be shared. Subsequently, an easy chairside documentation process along with the management strategies for dental acid erosion will be discussed. How to distinguish between the role of dietary acids and gastro-esophageal reflux in the erosion of tooth structure will be highlighted.

## 12:30 PM - 2:00 PM

### **WOW! Lunch Rounds (CEUs: 1.5)**

No better way to spend your Saturday lunch than to learn something new and hang out with peers. CSPD's WOW lunch sessions were developed with attendees in mind. WOW topics are dynamic, timely and important to today's pediatric dentists. A wide variety of topics means there is one that will interest everyone. High quality engaging speakers have been identified to facilitate these lunchtime roundtables.

- **A Successful Digital Practice Utilizing a State of the Art Dental Software Program - *Jed Best***  
Incorporate a user friendly dental software program for back office auxiliary and front office personnel. Enter treatment plans, track recalls, referrals, production, collections, practice analysis, etc. and more.
- **Tips to Run an Efficient and Profitable Practice/ Employee Benefit Package Discussion - *Gary Sabbadini***  
This presentation will discuss ways of lowering overhead to improve your bottom line, choosing dental suppliers and vendors, remodeling and tax considerations.
- **Space Maintenance Appliances, Most Used – Most Abused - *Steve Gross***  
The premature loss of posterior primary teeth can cause a significant loss in arch length. Preventing this space loss is a critical consideration.
- **Avoiding Legal Landmines in Private Practice - *Ali Oromchian***  
As a practice owner, creating a plan for strategic business operations is key. This includes everything from employee management to contracts, marketing and much more.
- **Designing and Maintaining a Successful Team Oriented Practice - *Deborah Coley***  
This session will cover mentoring and incorporating associate dentists into your practice and training new staff members.

# 2016 CSPD Annual Meeting - Agenda

- **How to Gain More Patients through Positive Reviews-Taking Control of Your Online Reputation**  
- *Scott Childress*

An astounding 85 percent of internet users say they read online reviews for local businesses. Learn how to manage your online reputation.

- **Balancing Professional and Family Life** - *Aparna Aghi*  
Learn life skills that will help balance family life with a successful practice.

**2:00 PM - 5:00 PM**

## **Minimally Invasive Dentistry (CEUs: 3)**

*Refer to CSPD website for a description of this session.*

*Dr. Francisco Ramos-Gomez, DDS, MS, MPH & Dr. Man Wai Ng, DDS, MPH*

**5:30 PM - 6:30 PM**

## **Alumni Receptions**

**7:00 PM - 10:00 PM**

## **Gala**

The highlight of the annual meeting is the Gala on Saturday night. This year, the venue is the spectacular Artesa Vineyards & Winery, located a short 25 minutes from the resort. Attendees will be transported through the neighboring vineyards to this winery that overlooking the vast rolling hills of wine country. On a clear day, one can even catch a glimpse of San Francisco! There will be wine tasting, of course, along with tasty pairings. Then dinner will be served in the Barrel Room which will be converted for the dinner party with an area set apart for dancing. The room is very cool in all aspects. Wine will warm you up, and dancing will get you hopping hot! Post-dinner, when convenient, attendees may leave from the Barrel Room, for transportation awaiting to return everyone safely back to the Silverado while enjoying the moonlit night.

## **DAY 5**

**SUNDAY, APRIL 24, 2016**

**7:00 am - 8:30 am**

## **Continental Breakfast**

Come join us at the Fairway Deck & Ballroom Foyer for a cup of coffee, continental breakfast fare and conversation with the exhibitors. A great way to jumpstart your day!

**8:00 AM - 11:00 AM**

## **CSPeD Talks (CEUs: 3)**

With the success of 2015's "String of Pearls" session, the Annual Meeting Committee has decided to adopt the short presentation format for the Sunday morning scientific session. Following the wildly popular TED Talk concept of creating a "platform for ideas worth spreading", this session features presentations on a broad range of topics.

- **Improve Practice Performance Using Practice Management Tools and Enhancing Teamwork with Office Staff** - *Jed M. Best, DDS*

- **Phase I Orthodontics: Timing and Management of Ectopic Eruption** - *Boyd D. Martin III, DMD, MSD*  
**Topics:**

1. When to expand?
2. When to extract primary canines? (and/or primary 1st molars)
3. Why is the canine impacted so often?
4. How to deal with impacted 1st molars.
5. Association of impaction with other dental or eruption anomalies.
6. What should a pediatric dentist look for and when to refer...

**Objectives:** *To better understand the causes of ectopic eruption and the management of ectopically erupting teeth. To understand the association of impacted teeth with other dental and/or eruption anomalies. To be better able to articulate referrals of Phase I candidates to the Orthodontist.*





• **Common Pitfalls & Myths in Pediatric Anesthesia: Lessons from the Medico-Legal Arena** - *Steve C. Yun, M.D.*

Using real-life examples from actual medical/dental malpractice cases, I will describe the common pitfalls and myths in dental offices that can be hazardous to patient safety. I will also discuss simple, common-sense remedies to these problems to help the dental practitioner avoid problems with office sedation and create a culture that emphasizes patient safety.

Common myths that can be hazardous to patient safety that will be discussed include:

1. The doctor is the only captain of the ship.
2. We have a perfect safety record, i.e. we have never had a problem before and we have ALWAYS done it this way, therefore it must be safe.
3. Practice makes perfect.
4. Less anesthesia is safer for the patient.
5. Safety checklists are only for dummies.

• **Periodontal Disease and its effect on Low Birth Weight** - *Tom von Sydow*

- Review the latest Published Science
- Review the latest Insurance data on financial burden to the healthcare system
- Discuss the emotional toll on the family
- Discuss how the Pediatric Dentist can intervene and be a catalyst for behavior change
- Discuss how this intervention can build your practice

**Objectives:**

- Receive up to date Science and Study overviews on how Periodontal Disease effects Pregnancy and Pre-Term Birth
- How are the Insurance Carriers responding
- How can you help prevent the incidence of this in your community
- How this can also help grow your practice



Beyond  
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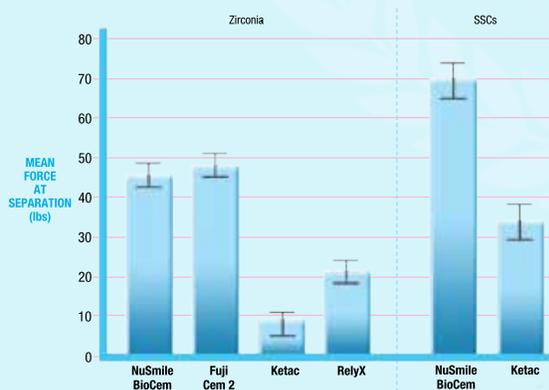
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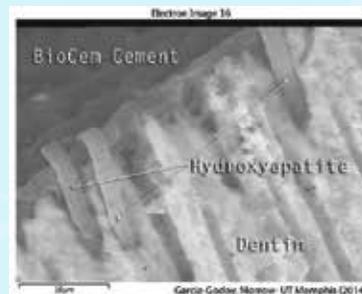


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*Shetter and Webb, Medical University of South Carolina (2014)*



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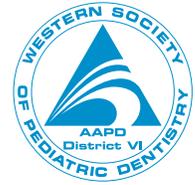
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# Public Policy Advocate's Report

## Bills of Interest to CSPD

Paul A. Reggiardo, DDS, Public Policy Advocate

CSPD follows a number of bills under consideration by the state legislature which potentially impact pediatric oral health. Updated information on the legislative progress of these initiatives may be found in the Advocacy, Legislation, and Regulatory Matters (ALARM) section of the CSPD website. Members having questions or wishing to comment on these or any other legislative matters are invited to contact CSPD's Public Policy Advocate, Dr. Paul Reggiardo, at [reggiardo@prodigy.net](mailto:reggiardo@prodigy.net).

### AB 179 IMPLEMENTATION

In October, Governor Brown signed into law Assembly Bill 179, authored by Assembly Member Susan Bonilla, which extends the licensing, regulatory, and enforcement authority of the Dental Board of California (DBC/Board) to January 1, 2020. The bill also makes the following changes to the Dental Practice Act:

- Includes dentists in the exception that it is not unprofessional conduct for a healing arts licensee to engage in consensual sexual conduct with his or her spouse or person in an equivalent domestic relationship when that licensee also provides medical (dental) treatment for that person.
- Adds a provision that requires every applicant and licensee who has an electronic mail address to report that information, which shall not be subject to public disclosure, to the DBC no later than July 1, 2016. The Board is required to update electronic addresses annually by sending an electronic notice to each applicant and licensee.
- Increases the statutory fee caps charged by the DBC for examinations, licensure, permits and educational programs, some of which are as follows:
  - After January 1, 2016, the initial dental licensure and renewal fee may not exceed \$650; after January 1, 2018, these fees may not exceed \$800.
  - Applications for general anesthesia, conscious sedation, and oral conscious sedation permits and certificates may not exceed \$1,000 and the respective renewal permits may not exceed \$600.
  - Application for an additional office permit may not exceed \$750 and the renewal cost may not exceed \$375.
- Requires the DBC, in conjunction with the Office of Professional Examination Services (OPES), to determine, by July 1, 2017, if a practical examination is necessary to demonstrate the competency of Registered Dental Assistants for initial licensure. If it is deemed that the practical examination is unnecessary, or does not accurately measure competence, the Board may then vote to eliminate the practical examination as a licensure requirement.

*Comment: Pass rates for the RDA practical examination in 2014 plummeted to as low as 19%-22% as a result of examiner recalibration, prompting the legislation. Under AB 179, the Board is granted the authority of interim suspension of the RDA practical examination until the OPES review and analysis is completed and the Board acts on the results. Recent pass rates, however, have ranged from 62% - 81% and, as a result, the Board has decided not to execute this authority and will administer the existing practical examination in 2016 and the first half of 2017. Pass rates on the RDA written examination in 2015 averaged 63% and ranged from 54% - 76%.*

### CALIFORNIA DENTAL LOAN REPAYMENT PROGRAM

The California Dental Corps Loan Repayment Program, administered by the Dental Board of California, was created in 2002 out of unspent reserve funds to increase the number of dentists practicing in historically underserved areas by providing grants to offset dental school educational debt. Participants are required to provide care (usually in a FQHC or community clinic) in the underserved area for three years and, after each consecutive year of service, receive up to \$25,000 for the first year, \$35,000 for the second year, and \$45,000 for the third year. Each participant may receive no more than \$105,000 over the three years and will not receive payment in excess of his/her loan balance.

The Legislature authorized \$3,000,000 to be appropriated to the Board's *Dentally Underserved Account* for the purpose of loan forgiveness. Following the Board's sunset review process in 2011, the legislature extended the program to allow for the distribution of all funds remaining in the account. To date, the fund retains \$1,689,000.

In the first program cycle in January 2004, a total of 24 applications were received and nine (9) were approved. Similarly, in July 2006, the Board received 21 applications and 6 applicants were approved. There were no further applications until September 2010, when one application was received and approved. In 2012, three applications were received and all were approved. These three participants recently received disbursements for completing their final year of service. Currently, there is one application under consideration.

Board staff was asked to identify issues that might be contributing to the decrease in the submission of applications for the *Loan Repayment Program*, and identified the following possible barriers:

- The application process is difficult to understand and there is no instructional information for the applicants.
- There may be an inadequate number of facilities within designated underserved areas recruiting dentists under a three-year contract.
- The loan repayment is paid directly to the recipients and treated as 1099-Misc taxable income. To exempt these payments from Federal income taxation, the recipient bears the responsibility of claiming an exclusion under certain provisions of the *Public Health Service Act* or other state loan repayment or loan forgiveness program intended to provide for the increased availability of health services in underserved or health professional shortage areas.
- Payment is made after each year of service, thereby delaying pay down of the loan obligation and incurring higher interest costs.
- The *Loan Repayment Program* is not well known or well publicized.

Accepting the report, the Board voted to instruct staff to develop an action plan to amend statute and regulation in order to increase participation in the loan repayment program.

**Comment:** *The California Dental Association Foundation operates a professional loan repayment program similar to that of the Dental Board. CDA receives approximately fifteen applications annually and awards a single grant. The CDA program differs from that of the Board in that:*

- *The applicant can secure employment in multiple underserved-area locations*
- *The payment is made at the beginning of each contract year*
- *The payment is made directly to the lender, not the participant*

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## PRESCRIPTION DRUG ABUSE

In response to what is generally acknowledged as a national epidemic of prescription drug abuse, the Dental Board continues exploring what actions it might take to address the problem as it pertains to California's dental prescribers. A subcommittee of the Board met in October and made the following recommendations to the full Board:

- Create a dedicated webpage on the DBC website pertaining to prescription drug information and resources. Included on the webpage would be detailed information about the California Prescription Drug Monitoring Program (PDMP), commonly known as CURES, including the mandatory effective date of registration for all California-licensed dentists authorized to prescribe, order, administer furnish or dispense controlled substances. The PDMP

collects Schedule II through IV controlled substance prescription and dispensing information from prescribers and dispensers (including pharmacies).

- Utilize social media, such as Facebook and Twitter, to disseminate updated information to licentiates and the public.
- Require insertion of a module on drug prescription guidelines, pain control, and the responsibility of the practitioner into the current biannual California Law and Dental Practice Act continuing education requirement.
- Consider adopting a separate CE requirement addressing pain management and substance abuse.

Following deliberation, the DBC voted to direct staff to pursue these options.

**Comment:** *The final recommendation is not likely to be adopted.*

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## BreEZe LICENSING AND ENFORCEMENT SYSTEM

The Dental Board will begin utilizing the Department of Consumer Affairs BreEZe system of electronic licensing and enforcement in mid-January, which allows licensees and license applicants to do business with the Board electronically, and allows greater access for consumers to interact with DBC.

**Comment:** *BreEZe will allow consumers to file an electronic complaint with the Board, conduct an online public license search, and sign-up for a "discipline alert" to automatically notify them of provider disciplinary actions and changes in licensing status by the Board. Dentists and other license holders will be able to apply for and renew licenses, permits, and certificates online and perform license maintenance operations such as address changes and contact information.*

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## NOTIFICATION TO PATIENTS BY LICENSEES ON PROBATION

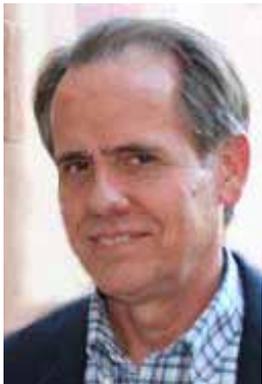
During legislative sunset review hearings last year, the issue was raised that licensees on probation should be routinely required to notify patients and prospective patients of their probationary status. The Medical Board of California is currently considering the same subject. Since 2005 the Dental Board has published on its website, and made available by request, all licensee accusations and disciplinary actions. Probation, however, is not considered a disciplinary action, but a monitoring process. After deliberation, the Board took no action on the issue.

**Comment:** *The Board considered the question of whether such notification would enhance patient safety and protection or merely result in a more informed consumer. As a corollary question, the Board considered if such a requirement would be more punitive to the provider than beneficial to the public. The Board's decision reflected that a dentist on probation is considered competent to practice and that the Board still has the authority in individual cases to restrict the dentist's scope of practice as a condition of licensure and to require patient notification of such restriction.*

# Website Notes

## Is it Time to Sit Down and Talk About the Facts of CE?

Steven Niethamer, DDS



A long, long time ago, CSPD lived in a much simpler world where annual meetings were smaller. Meetings were an individualized product of our vice presidents who, with help from their friends, would arrange to have their favorite speakers present programs during their meeting. Our executive directors would send a list of these programs, speakers and times to the AAPD and receive back a

letter providing our CE Credits from the California Dental Board, ADA Continuing Education Recognition Program (ADA CERP), Florida and the Academy of General Dentistry (AGD). Certificates of completion of credits were then passed out during that meeting. This all happened because CSPD was a **Joint Provider with the AAPD** for its continuing education. Our mother ship, the AAPD, was the actual approved CE provider.

Being under “AAPD’s umbrella” was a great benefit to CSPD. We remained a step removed from the California Board and ADA CERP oversight. Our advertisements and meeting brochures were a product of the meeting planners, display artists or our editors, and designed to get the most attention. These meeting volunteer planners were generally clueless to the standards of the ADA CERP system.

Over 10 years ago, CSPD’s OCE evolved into its own online automated CE service which was intentionally set up to comply with those ADA CERP Standards. AAPD approved this new program and OCE also became a Joint Provider. Our website editor’s involvement with the OCE project luckily helped to bring annual meeting promotion in the CSPD’s website into compliance with most of these ADA CERP standards.

### CHANGE COMES

In December 2014, black clouds appeared in the east. The AAPD informed CSPD that they would, in the future, need to apply for ADA CERP Extended Approval Process (EAP) for component societies through AAPD. This application process meant that CSPD would need to provide proof that its CE programs complied with ADA CERP standards by supplying for review copies of our promotional materials, speaker contracts, conflicts-of-interest form, course evaluation forms and sponsor agreements.

### ADA CERP BACKGROUND

Your website editor attended the ADA CERP workshop given at last year’s ADA meeting and learned that the ADA Continuing Education Recognition Program (CERP) used to be a committee in ADA’s Continuing Education but now is overseen by its own Commission for Continuing Education Provider Recognition (CCEPR) which reduces conflicts of interest with other ADA programs. Its purpose is to create standards that increase the quality and promote improvements in continuing education. ADA CERP CE units are acceptable to 51 state dental boards. CCEPR approves providers, not the individual activity. The ADA CERP Standards are designed to ensure that CDE is scientifically sound, promotes oral health and patient safety, based on identified, professional needs and independent from commercial influence. Our program must promote dental health, not a dental product.

### AAPD HELPS AGAIN

These are all good people on this commission but they have created a system that is perfect for larger organizations. Smaller ones like CSPD with CE committees of one or two volunteers may have challenges meeting all of these goals. Hence the *ADA CERP Extended Approval Process (CERP EAP)* program was created. National dental organizations like AAPD can extend CERP recognition to their component societies. In 2015, CSPD applied for CERP EAP through the AAPD and is now listed on the ADA website as a CERP EAP provider. CSPD has recently reapplied and will need to apply yearly in the future. This means that we must send copies of all program advertisements, and other forms/information yearly to AAPD and then on to CCEPR for review. Eventually CSPD receives a report card back with suggestions to help us change for the better.

CSPD’s California Board of Dentistry CEUs are still received as a Joint Provider with AAPD. CA Board of Dentistry has fewer rules to comply than ADA CERP, is certainly more important to our members but cannot be used by our out-of-state participants at our annual meetings and when they use our OCE. For them, we must maintain our CERP EAP provider status. ADA CERP courses are also acceptable to the CA Board of Dentistry.

The challenge now is to retrain pertinent volunteers and employees to create CE programs that comply with these ADA CERP Standards. We also must keep up with the yearly changes in the standards. The happy-go-lucky old way of providing CEUs is history.

# Editor's Corner

## The Intersection of Parenting and Behavior Guidance

Clarice Law, DMD, MS

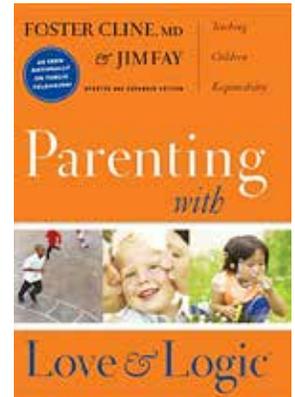
This seems to be the perfect issue for the topic that has been rattling around in my head for a few years. CSPD President Sharine Thenard opened this issue with a message about balancing her service to the profession with her role as parent. And the annual meeting committee has been hard at work putting together what promises to be a fantastic symposium on behavior guidance for the 2016 CSPD Annual Meeting. This is where my thoughts dwell – at the intersection of parenting and behavior guidance.

I was raised by immigrants who came penniless to the US in the hopes of pursuing the American dream. My parents worked our family into a nice, comfortable, upper middle class existence by sheer determination and discipline. Needless to say, the parenting philosophy I was raised under was driven by high performance expectations. I received my pediatric dentistry specialty training in the late 90s, during the period of time when the perspectives of both the specialty and the public began to shift dramatically regarding some of the behavior guidance techniques that had traditionally been considered acceptable. Then in 2004, the proceedings of the second Behavior Management Symposium were published, formalizing in writing what I had been observing in practice – that contemporary parenting had changed tremendously, and that the behavior guidance techniques I learned in residency training were inadequate for the times. A couple of years later, my first child was born, aligning me with the other parents of my generation, muddling through the struggle of trying to build on the way I was raised in a socially appropriate manner.

Because I'm a bit of an academic wonk, my focus in developing a new strategy for behavior guidance and parenting was rooted in searches of the body of peer-reviewed scientific articles. Over the past few years, I've finally realized that the psychologists, pediatricians and behaviorists who write practical parenting advice tend not to write for scientific journals, but for parents. So I'd like to take a few moments to summarize a few of the mass-market publications that have impacted both my parenting and behavior guidance strategies.

The first book is *Parenting with Love and Logic: Teaching Children Responsibility*, by Foster Cline, MD and Jim Fay.

This book was first published in 1990, but was revised in 2014. The two “rules” of love and logic, as presented in this book, are 1) adults set limits in a loving manner that have logical consequences and 2) when the child causes a problem, the adult empathetically works the child through the consequences of their actions. The book has been criticized by many for not addressing the root of a child's misbehavior, but still presents some good information for those of us concerned more about short-term behavior shaping. For me, the most beneficial application of this book to behavior guidance has been a change in the way I communicate. I use less commands and requests, and instead use what the authors call “enforceable statements.” I've also learned the practice of “gaining control through choices.” As an added benefit, I have found that the language of “choices” meets the approval of many of the parents whose children I treat.

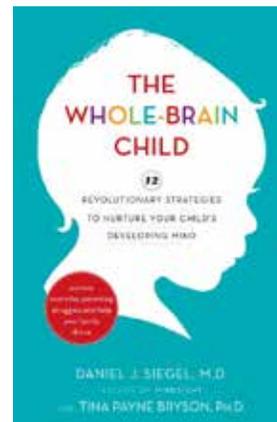


The second book is *The Whole Brain Child* by Daniel J. Siegel, MD and Tina Payne Bryson, PhD. Published in 2011, this is one in a series of titles by Dr. Siegel in the field of interpersonal neurobiology, which explores how relationships and brain biology interact. The book discusses how the brain is organized into the logical left hemisphere and the emotional right hemisphere as well as the “upstairs brain,” which houses self-control and executive decision-making, and the “downstairs brain,” which

includes the limbic and “fight or flight” response systems. The authors explain how most misbehavior is related to lack of balance in the mind. They discuss ways to recognize what each child may be going through and how to help them become more integrated. This has helped me to improve my skills in discerning the roots of misbehavior in order to guide patients through appointments and effectively debrief them on the outcomes. This book has completely changed my perspective on child behavior.

The final book I'll summarize is *The Explosive Child*, by Ross W. Greene, PhD. The first edition of this book

(Continued on page 25)



# Foundation President's Message

## 100% Participation

Steve Gross, MCDT



### 2016: A New Year...time to get serious!

At last count the CSPD/WSPD is **866 members strong**, but out of these 866 members only about 90 members (around 10 percent) participate in the CSPD Foundation Annual Giving Campaign.

Our Board understands that many of you have become accustomed to including your annual contribution to the Foundation at the same time you pay your CSPD/WSPD dues. Now that the American Academy of Pediatric Dentistry has assumed responsibility for sending dues statements for all three levels (AAPD, WSPD, CSPD), there is no longer the option to make a contribution to the CSPD Foundation along with dues.

This change can obviously impact the dollars we raise going forward, which could negatively impact the level of program support we can continue to provide. You may be asking, why participate? What does the foundation do for me? The answer: **quite a lot!** In the last 15 years, your Foundation has granted **over \$1,100,000** toward enhancing the quality of pediatric education, both in our training programs and in supporting educational opportunities for our members.

- Our Bridge the Gap Grants have provided the additional funds needed to support the recruitment of sorely needed faculty at our programs in California.
- Our Program Enhancement Grants provide additional funding for educational retreats, team building, and

planning sessions for clinical teaching programs, with the hopes of encouraging more volunteer and/or part-time faculty or supporting clinical patient retention programs.

- Our support of the Brandli Internship and Cortez Graduate Student Legislative Advocacy Programs is helping us to develop future leaders in pediatric dentistry in California.
- The Lunch and Learn meetings we hold at each of the dental schools expose the brightest and best to our wonderful specialty and make them feel connected.
- Research grants are available to faculty to support their work as they further their academic careers.
- Major financial support of the CSPD Annual Meeting helps attract great speakers while lowering costs to you the members. In Napa, we will be sponsoring an all-day Behavior Management Symposium, which you won't want to miss.
- Additional support assists our residents with expenses to present their research at professional meetings.

All of these efforts continue to strengthen pediatric dentistry and give each of us a wonderful opportunity to give back to the profession that has given so much to us all.

Please review the roster of donors to date for this year's campaign. If you see your name, please accept my thanks. If not, I hope you'll decide to join so many of your colleagues and add your name to our donor honor roll by sending in your donation today.

(Continued on page 25)



Donate online at [www.cspd.org/foundation](http://www.cspd.org/foundation)

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# Foundation President's Message (continued from page 22)

Steve Gross, MCDT

This would be a great year to consider becoming a Presidents' Circle Donor. We honor these donors by hosting a wonderful reception every year in conjunction with the CSPD Annual Meeting.

A special thanks to Life Members who have completed their pledges, but continue to make an annual contribution. You are true heroes!

For those who have never pledged – **get involved!** It's time to **invest in the future** of your specialty. Please place the CSPD Foundation's Annual Giving Campaign at the very top of the list of professional organizations asking for your support.

**As President of the Foundation, I personally challenge you, the membership of the CSPD and WSPD: Let's reach 100% participation in this year's giving campaign.**

Bottom line – it all begins with you and ends with access to quality care for the children.

Thank you in advance for your consideration and support; your gift is a vote of trust in our cause. We work very hard to be deserving of that trust.

I'm always available for your comments and suggestions.

818-998-7460 or [steveg@SMLglobal.com](mailto:steveg@SMLglobal.com)

## Thank You for Your Continued Support!

Dear Colleagues,

The CSPD Foundation relies heavily on your support every year to allow us to continue to fund the many programs that have proven to be so valuable to all of us in pediatric dentistry here in California.

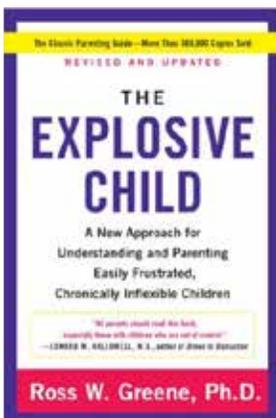
As you know, your CSPD dues billing is now being included with your AAPD dues statement, eliminating the possibility for you to make your generous annual gift to the Foundation at the same time.

We've enclosed a remittance envelope for your check or credit card information, in the hope that you'll continue to do your part in support of our work. Donate online at [www.cspd.org/foundation](http://www.cspd.org/foundation).

**We look forward to seeing you at the special Symposium on Behavior Management, sponsored by your Foundation on Friday, April 22, 2016 at the Annual Meeting in Napa!**

## Editor's Corner (continued from page 21)

Clarice Law, DMD, MS



was published in 2009, with a revised update released in 2014. This book discusses children with known behavioral issues, who may have been diagnosed with ADHD or oppositional-defiant disorder, among other disorders. The premise is that children who exhibit explosive behavior actually suffer from a developmental delay of sorts and require a different model of communication to

help them cope. The author discusses a strategy he

calls “collaborative problem solving,” which has some similarities to the strategies presented in *Parenting with Love and Logic* and *The Whole Brain Child*. The most beneficial impact of this book has been viewing kids I once labeled as “bratty” in a more compassionate and productive manner.

I highly recommend these books, either for the parents of young children or the clinician wanting to add to his or her toolbox of behavior guidance techniques. And someday, I hope to see these findings adapted into our specialty guidelines.

*The CSPD Foundation is Pleased to Sponsor*

# **The BEHAVIOR MANAGEMENT SYMPOSIUM**

a Friday Morning Session  
with Featured Guest Speakers,  
including  
**Dr. Gerald Wright!**

ONE MORE REASON NOT TO MISS THE  
CSPD/WSPD ANNUAL MEETING IN NAPA!



# The CSPD Leadership Development Program

Mark Lisagor, DDS, Leadership Development Committee Chair

## CSPD Board Selects 2016 Santos Cortez Graduate Student Legislative Advocacy Interns

Continuing the program to introduce pediatric dentistry residents to children's oral health advocacy at the state and federal level, the 2016 *Santos Cortez Graduate Student Legislative Advocacy Interns* were selected from a pool of exceptional applicants. **Dr. Devon Cooper** (UCSF), **Dr. Christine Do** (USC) and **Dr. Shan Girn** (UCSF) will be joining a California delegation in Washington D.C. as part of AAPD's Public Policy Advocacy Conference, April 2-6, 2016.

While AAPD funds the hotel and meals, airfare and other travel expenses are covered by a generous grant from the CSPD Foundation.

The program, now in its fifth year, also includes participation in CDA/CSPD Legislative Advocacy Day in Sacramento on March 16. The residents and mentors will receive briefings and training before visiting various legislative offices to discuss issues of concern around children's oral health.

All California residents are encouraged to apply for this highly acclaimed program. The deadline for the 2017 Internship application is November 10, 2016. Information and applications are available on the CSPD website: [www.cspd.org](http://www.cspd.org).



**Dr. Devon Cooper**



**Dr. Christine Do**



**Dr. Shan Girn**

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## Warren Brandli Leadership Interns Announced

**Dr. Angela Lee** and **Dr. Jonathan Stevens** have been selected from an impressive array of applicants for the 2016-17 *Warren Brandli Leadership Internship*. The program is designed to introduce selected interns to the inner workings of CSPD and to help them learn the art of organizational governance and the importance of child advocacy. This program has produced many leaders within CSPD as well as other organizations representing dentistry and children's oral health.

These internships, beginning with the Annual Meeting in Napa, are funded through a grant from the **CSPD Foundation**. Interns are empowered by attending all CSPD and CSPD Foundation board meetings as well as participating in the AAPD Public Policy Advocacy Conference in D.C. and the CDA/CSPD Legislative Advocacy Day in Sacramento.

With a strong emphasis on mentoring from CSPD leaders, interns consistently complete the program with an enhanced understanding of the importance of active participation in organizations such as CSPD. They report that the internship

makes them more confident in their abilities and their desire to step up and participate in this work.

Dr. Lee, a second year resident at UCSF, was a Santos Cortez Legislative Advocacy Intern in 2015. Dr. Stevens is a first year resident at USC, who hails from Southern California.



**Dr. Angela Lee**



**Dr. Jonathan Stevens**

# CSPD Foundation Faculty Spotlight

## Annie Huang, DMD

Drew Colantino, DMD, Warren Brandli Intern



### Brief Biography:

Dr. Annie Huang grew up in New Orleans, Louisiana. She received her doctorate in dental medicine from the Harvard School of Dental Medicine. Upon graduation, she matriculated into the pediatric dental residency at Herman Ostrow School of Dentistry of USC, where she graduated in 2014. Dr. Huang is currently a diplomate of the American Board of Pediatric

Dentistry and serves as a faculty member in the pediatric dentistry departments at both Children's Hospital Los Angeles and Herman Ostrow School of Dentistry of USC, where she oversees pre- and post-doctoral education in pediatric dentistry.

### 1. What motivated and inspired you to pursue a career in academics?

I loved every minute of my formal dental education. My positive experience as a student, which was largely owed to my peers and mentors, was what pushed me to teach after residency. Learning alongside a group of people who shared a similar drive and interest in improving oral health was motivating; moreover, learning from faculty members who dedicated so much energy in hopes of bettering future clinicians and the future of dental medicine instilled an ambition in myself to do the same one day. But I thought that 'one day' was going to be in the distant future. However, when the opportunity arose to work with the very same mentors who helped broaden my hope to be the best pediatric clinician I could be, there was no chance that I was going to let this opportunity pass. Education is a privilege and I am so fortunate to be a pediatric dentist. I hope to make future pediatric dentists realize and feel the same.

### 2. What has been the most challenging aspect in the transition from resident to attending?

My transition from resident to attending was interestingly a personal challenge. The hardest part was realizing that despite being a fresh graduate, I was capable of enriching the education of pre-doctoral and postdoctoral students even with my new students being just a few years my junior. Clinical experience is an invaluable asset to one's ability to teach and luckily, I have been able to enjoy a balance of treating my own patients juxtaposed with my teaching days. I know that the art of teaching is one that needs continual refinement and I hope to grow exponentially as an educator and as a clinician.

### 3. What is the most challenging component of your academic position?

To be a good teacher demands a constant effort. This includes not only the obvious of staying abreast of scientific findings in order to practice and preach evidence-based oral medicine, but also welcoming the ideas of and learning from our pediatric peers, dental professionals of all other fields, as well as our medical counterpart. Finding enough hours in a day to learn as much as possible in a world of perpetual development is the toughest part! No one can ever master it all, but the beautiful thing is that we have a wonderful network of professionals in the world as long as we stay connected. Communication is key to the evolvment and betterment of healthcare, but it starts from each and every one of us.

### 4. What do you feel is the most important role you play in the education of students?

A mentor of mine often exclaims, while pointing to his brain, "*This is the biggest muscle!*" I realize now that my most memorable teachers as a whole have always stressed the importance of being inquisitive and taught students to be independent, critical thinkers by guiding students through a problem. Perfecting the execution of a stainless steel crown preparation will come to every practitioner with time and repetition. But, being accustomed to and expanding our abilities to think critically are key to producing clinicians who provide truly comprehensive patient care of the highest standards and ethics.

As faculty at USC, I recognize how we collectively encourage our students to think critically and comprehensively. From having the residents prepare several, formal case presentations to simply quizzing them on the spot during patient care sessions, we constantly advocate residents to take learned scientific concepts one step further and to appreciate the patient not as a set of teeth, but as a whole with many factors that must be addressed. In the end, we hope to train practitioners to be able to recognize and learn how to tackle case complexities by using that big muscle up there.

### 5. What advice do you have for young dentists who are also interested in exploring the academic aspect of dentistry?

For young dentists who are interested in academia, I would want to share with them how enriching the experience has been for me. Unfortunately, due to the cost of education today and the exorbitant amount of debt the majority of young dentists now accrue prior to the start of their career, academia is often seen as a financially unwise or even

impossible career choice. Aside from full-time positions, even a smaller part-time position would extend the many advantages that academia offers.

Teaching is challenging, stimulating, and keeps me on my toes with the additional benefit (and the best one, too!) of being part of a strong and caring family of scholars. Every

day at USC and CHLA is a learning experience for me as I teach alongside the very same mentors of all dental and medical fields from whom I learned as a resident. In order to be a quality dentist, it is vital to be a constant, life learner; luckily, academia readily grants this learning environment.

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## 2016 Pediatric Dentistry Match Results For California

Clarice S. Law, DMD, MS



Pediatric dentistry has become an increasingly popular specialty, with a progressive increase in the size of the applicant pool over the past seven years. In fact, only General Practice Residency programs have more applicants than pediatric dentistry.

For the 2016 application cycle, the Postdoctoral Dental Matching Program reported 636 individuals

participating in the match for pediatric dentistry residency programs. These individuals were vying for the 399 positions offered in the match. With this level of competition, the quality of candidates has improved, with 45% of applicants applying for programs after gaining clinical experience.

The California Society of Pediatric Dentistry would like to congratulate the students and graduates of the six California dental schools who successfully matched in pediatric dentistry residency programs. Welcome to the pediatric dental community!

---

### From Herman Ostrow School of Dentistry of USC

- Andis Almasi – New York University
- Nora Ghodousi – UNLV
- Karli Herzog – University of Pennsylvania/Children's Hospital of Philadelphia
- Soo K Lee – Lutheran Medical Center-San Diego
- Erica Wu – University of Michigan

### From UCLA School of Dentistry

- Ruth Alvarez – UCLA
- Nicole Bui – USC
- Norman Chen – USC
- Misoo Cho – Montefiore Medical Center
- Sara Ehsani – University of Connecticut
- Alison Inouye – Lutheran Medical Center-Arizona
- Brittany Ko – Bon Secours St Mary's Hospital of Richmond
- Xiang (Karen) Li – Texas A & M, Baylor College of Dentistry
- Roya Mahmoodi – Loma Linda University
- Rachele Mariano – Lutheran Medical Center-San Diego
- Rebecca Moss – Children's Hospital Colorado
- Catherine Pham – UCLA
- Kevin Quan – UNLV
- Navreet Sidhu – Mount Sinai Medical Center

- Wendy Tran – Tufts University
- Laura Van – Lutheran Medical Center-Hawaii
- Kin Cho (Johnson) Wong – Yale-New Haven Hospital
- Susan Xu – Loma Linda University
- Quinn Yost – University of Washington

### From UCSF School of Dentistry

- Ivy Fua – USC
- Ankur Ghandi – Montefiore Medical Center
- Nicole LaMantia – UCLA
- Mindy Li – USC
- Dongkook Lim – USC
- Ana Rodriguez – New York University
- Michael Wang – Montefiore Medical Center

### From University of the Pacific, Arthur A. Dugoni School of Dentistry

- Austin French – University at Buffalo
- Benjamin Robinson – Lutheran Medical Center-Hawaii
- Rosemary Tran – University of Michigan

### From Western University College of Dental Medicine

- Nick Bumacod – Lutheran Medical Center-Tampa
- Lin Jing – Loma Linda University

**Note: Loma Linda University was unable to report results prior to the publication deadline.**

## CALENDAR OF EVENTS

**April 20-24, 2016**  
2016 CSPD Annual Meeting  
Silverado Resort, Napa, CA

**May 26-29, 2016**  
69th AAPD Annual Meeting  
San Antonio, TX

**March 15-19, 2017**  
2017 CSPD Annual Meeting  
Green Valley Ranch, Las Vegas, NV

## CSPD Professional Opportunities



- Opportunities Wanted
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- Practices for Sale  
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Have you been thinking about hiring an associate, but just aren't sure where to look? Or are you finishing your residency soon, and aren't sure where you'd like to live and practice? The answer is right on the CSPD website. To look at these opportunities and others, go to [www.cspd.org](http://www.cspd.org).

Sincerely,  
Don Schmitt, DDS

## SIGNIFICANT APPROVED MOTIONS

From the January 9, 2016 CSPD Board Meeting

**MOTION: 1.9.2016.3 Tavana:** Move to have the revised Chapter Affiliate Agreement be forwarded to AAPD following review by CSPD legal counsel.

**Motion carried.**

**MOTION: 1.9.2016.4 Schmitt:** Move to approve the 2016-2017 slate of 2016 Directors and Officers.

**Motion carried.**

**MOTION: 1.9.2016.5 Nichols:** Move to approve the transfer of the verbiage on the scheduling of annual meetings away from the CSPD Bylaws and to the CSPD Policies and Procedures Manual.

**Motion carried.**

**Motion: 1.9.2016.6 Tavana:** Move to approve 2016-2017 Warren Brandli and Santos Cortez Legislative Advocacy interns.

**Motion carried.**

**Motion: 1.9.2016.7 Okawachi:** Move to routinely update the CSPD Policies and Procedures Manual to reflect the current ADA CERP and Dental Board of CA Guidelines regarding CE programs.

**Motion carried.**

**Motion: 1.9.2016.8 Schmitt:** Move to receive and file the second quarter financial report.

**Motion carried.**

**Motion: 1.9.2016.9 Schmitt:** Move to approve Dr. Wayne Grossman as a Life Member.

**Motion carried.**



# CSPD Members in the News



## Members Collaborate to Create an Online Course



CSPD members Dr Clarice Law, Dr Daniela Silva, and Dr Francisco Ramos-Gomez recently collaborated with a group of dental educators from across the country to create an online course summarizing the Foundations in Pediatric Dentistry. The course is one of Oakstone's CMEInfo suite of online continuing education products.



## In Erratum

In the Fall 2015 issue of the *CSPD Bulletin* (p. 23), Dr Shan Girn's name was misspelled as "Grim". Our sincere apologies for the error.

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The online courses on the CSPD website are designed to educate dental professionals on the wide range of subjects essential to pediatric dentistry. Some courses will satisfy sedation recertification requirements. Select and purchase a course to view, take the exam and receive a certificate-of-completion, all online. Lectures are approved for CA, and ADA CERP CE credits. Visit [www.cspd.org](http://www.cspd.org) to take courses online today!

### Do You Have a Story to Share?

Is your practice doing something unique? Whether it's a great new program or how you managed a complex issue, we want to hear about it. The *CSPD Bulletin* is distributed to members statewide and pediatric dentists located throughout California. If you have news to share email [admin@cspd.org](mailto:admin@cspd.org).



**California Society of Pediatric Dentistry**  
 700 R ST, STE 200  
 Sacramento, CA 95811

*The mission of the California Society of Pediatric Dentistry is to serve its membership and the public by advocating for the optimal oral health of infants, children and adolescents.*

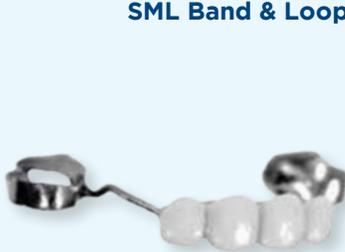


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