

Bulletin



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Leadership Opportunities in CSPD

By Alexandra Malebranche, DDS



The Journal of the American Dental Association recently published an unprecedented study of our profession and its opinions of leadership within the field. What researchers hoped to describe was dentists' views on leadership, values, and their self perceived effectiveness as leaders. At every point in the career of a dentist, a capable leader is at the forefront. Dentists are expected to lead and manage in and outside their offices in innumerable ways. Leadership is the key to effective management in practice; learning and implementing strong leadership skills can improve a career and ease efforts when managing the dental team.

Researchers found the most important aspects of leadership in the lives of dentists to be: leadership in their own practice (31%), within the profession (26%), in the community (14%) and in dental organizations (9%). The most frequent past leadership experiences were most often related to dental organizations (47%), with most of current leadership activities being in one's own community (40%). Other notable results were that researchers found that dentists most strongly agreed with wanting to be recognized as experts in dentistry by staff, patients, other dentists and the community. Two-thirds of respondents reported statements related to organized dentistry as an indicator of leadership. And almost all respondents felt it was important for their patients to think of them as leaders.

In a follow up interview by Dr.Bicuspid.com with principal investigator Dr. Marita Inglehart, she reiterates the emphasis dentists placed on leading and managing their own staff. She also noted how practitioner's work life balance can come into play with the time constraints placed on practicing dentists. "It's obviously very important to keep your practice going," she said. "If you are building your practice, do you really have time to get involved in national or state leadership? That's a question everyone faces." Her remark highlights how low organized dentistry can find itself on the totem pole of leadership commitments in the lives of dentists. However, it can be argued that active involvement in organizations can benefit dentists by enhancing patient perception, developing leadership skills outside the pressures of practice, as well as, active involvement in the profession and the community.

It is well understood in business literature that leadership and the necessary skills to excel at it can be taught. Skills learned in one capacity can be applied to other roles people assume in daily life. A case study in a recent issue of the Harvard Business Review offers a self-test on these learnable skills that the best leaders possess and details areas for improvement. It was found that the skills most associated with leadership ability relate to self awareness, decision making, communication, and accountability.

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For a complete list of committee members visit the CSPD website at 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 to Gary D. Sabbadini, DDS by mail (1500 Tara Hills Dr., Suite 100 Pinole, CA 94564 or GarySab@comcast.net).

Product and informational content presented in the Bulletin by contributing authors and advertisers is not necessarily endorsed by CSPD.

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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

Rebecca Lee, DDS



How much do you value the California Society of Pediatric Dentistry? Some practitioners belong to their local dental society to network, and then look towards their national organization to promote their profession and provide continuing education opportunities. However, when it comes to affecting legislation or policies related to our patients and practices, I'd like to remind our membership that the STATE

organization is our most effective advocate. Like your local or national organization, CSPD offers both live and online continuing education, networking opportunities, and a website stocked with information members can use in their daily practices. But only CSPD can truly advocate for our profession and patients when it comes to STATE issues such as the implementation of the Affordable Care Act by Covered California or establishing a state dental director. And that is why I believe in tripartite membership.

Last spring, the AAPD Board of Directors unilaterally decided to propose a bylaws amendment without consulting its constituent bodies (i.e., the state and district units). The amendment, which would have eliminated mandatory tripartite membership if passed, was luckily defeated, but not without a heated debate between several members of the AAPD leadership and the state/district leaderships. While CSPD has over 700 active members, there are over a hundred pediatric dentists in California who belong to AAPD but are not CSPD members because the requirement to maintain tripartite membership has never been strictly enforced. Assuming the requirement was formally removed the number of non-CSPD, AAPD pediatric dentists in California would only rise. How can CSPD effectively serve as the voice of pediatric dentistry in California if its membership does not truly represent the number of pediatric dentists in our state? We need your support to have a voice.

Will tripartite membership continue to be required by AAPD? A bylaws amendment would be necessary to remove the requirement, and the AAPD bylaws can only be amended by an "affirmative vote of three-fourths (3/4) of the members present...at any regular meeting of the members of the Academy [i.e., at the General Assembly meeting during the AAPD Annual Session]...." How many people attend the General Assembly during the AAPD Annual Meeting to vote? I would estimate that for an organization that has over 8,400 members, the number of people who turn out to vote is typically in the low hundreds, or 1-3%. This is not unusual even for CSPD's business meetings. In fact, it is because of the low turnout at our business meetings that our membership will be asked to vote during the Business Meeting in Monterey on an amendment to our own bylaws that would allow voting by electronic or mail ballot on bylaws amendments and the election of our officers and directors. This amendment would remove the CSPD requirement that a member must be physically present at the business meeting to vote. To date, AAPD has not proposed this amendment.

CSPD supports mandatory tripartite membership. When it comes to advocating for our patients and our profession, we are proud of our voice. However, our organization would be much healthier and our voice much louder if our membership became more involved in both CSPD and AAPD.

How much do you value CSPD? The question can be rephrased as, "How much do you value your profession?" This year, when you make plans to attend the AAPD Annual Session in Boston, please make plans to attend the General Assembly on Sunday morning, May 25th, from 9:30-11:30 a.m. Tripartite is currently required, but it will not always be protected. We need our members to become involved ... BOTH in CSPD and AAPD. If you value CSPD, support the tripartite: State, District, and National.

CSPD is seeking applicants for the position of Editor

CSPD is looking for a well qualified individual to produce the CSPD Bulletin and other publications within the organization as its Editor.

If you have an interest in this position, please submit your application online via the Leadership Development page on the CSPD web site (www.cspd.org/leadershipdev/). For further information, please contact Ray Stewart at drstewart@aol.com or Santos Cortez at scortezdds@gmail.com.



Continuing Education Report

Aparna Aghi, DDS



Renewing your dental license can always be a chore and it seems that those two years always go by very quickly. To aid in the renewal process, especially for new dentists, I decided to devote this section to reviewing the Dental Board of California continuing education requirements.

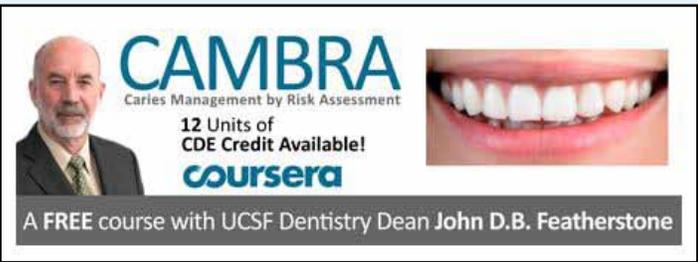
The minimum requirement for each renewal period is 50 hours of continuing education. Only 50% of the continuing education units can be obtained from non-live instruction such as tape recorded courses, home study materials, video courses, and computer courses. The remaining 50% or more of continuing education credits must be obtained through live interactive instruction courses in one of the following formats: lectures, telephone conferencing, video conferencing, webinars, workshop demonstrations, or classroom study. In addition, 80% of the courses must discuss the actual delivery of dental services. Examples of such courses are listed in the continuing education section of the California Dental Board website (www.dbc.ca.gov). Courses that are considered by the board to only be of benefit to the licensee (such as practice management) may only fulfill 20% of the continuing education requirements. Some examples of courses that do not apply towards the license renewal credits: presentations by political or public figures that

do not deal primarily with dental practice or issues impacting the dental profession, motivation and marketing courses, courses pertaining to the purchase/ sale of a dental practice, and retirement planning courses.

Other important points to remember include:

- Holders of an oral conscious sedation permit for minors must take at least seven hours of CE that pertain to sedation in order to renew their permit.
- Licensees teaching courses may receive up to 20% of their required CE units for the courses they teach.
- Licensees who participate in the WREB exam or site evaluations for any type of anesthesia may receive up to 20% of their total continuing education unit requirements for license renewal.
- Any out of state CE units that are AGD PACE or ADA CERP approved will be accepted by the Dental Board of California.
- Current and active licensees enrolled in a full-time educational program in the field of dentistry such as residency or post-doctoral specialty program will be given continuing education credits for completed curriculum during that renewal period. Remember to hold on to those certificates for at least three renewal periods!

Fortunately, the 2014 CSPD/WSPD Annual Meeting for 2014 offers up to 20 CE units and there are a great many more available online (www.windrosemedia.com/portal/cspd/) so register today!



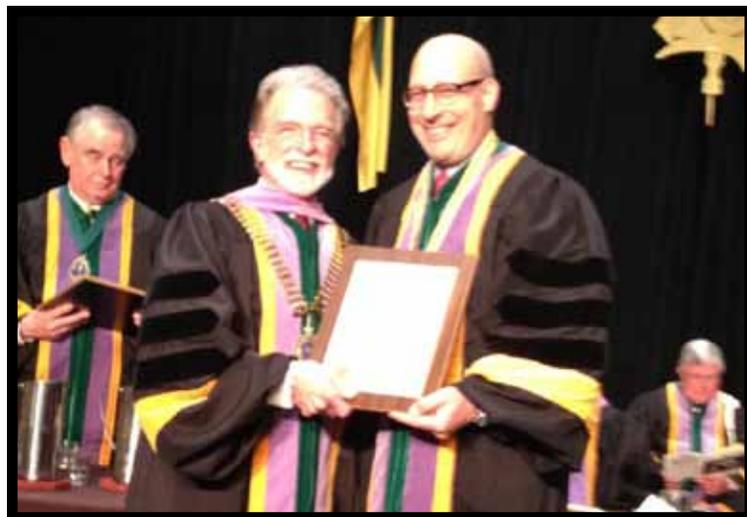
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CONGRATULATIONS DR. DAVID ROTHMAN

Congratulations to CSPD Past President, Dr. David Rothman, who was inducted as a Fellow of the International College of Dentists (FICD), an international dental honorary society, at the convocation held in New Orleans in November, 2013.



Executive Director's Message

Bylaws, Thank Yous and See You In Monterey!

Ray E. Stewart, DDS

I am pleased to report that the 2014 CSPD Annual Meeting is on pace to be one of the best attended meetings in CSPD history and the continuing education programs being offered are of equal or superior quality to any we have ever presented.

The Annual Meeting Committee, chaired by Oariona Lowe with the capable assistance of Smith Moore & Associates' meeting coordinator Jennifer Roth, has done a stellar job of planning and organizing what promises to be a really great and memorable gathering.

At the Annual CSPD Business Meeting, which will be held from 11:00-11:45 AM on Friday, March 28, those members present and eligible to vote will consider two very important items of business which will, if passed, dramatically alter the way we vote on important issues. They will be asked to consider a proposed amendment to our Bylaws which would eliminate the need to be present at the Annual Meeting and in attendance at the Business Meeting in order to vote on such important issues as amendments to the Constitution and Bylaws and the election of Officers and Board members. In the Summer, 2013 edition of the Bulletin, I expressed my concern over the way that we currently vote on these important issues:

"My concerns and reservations stem from the way our important and potentially game changing decisions are currently voted "up or down" during the Annual Business Meeting held each year during the CSPD/WSPD Annual Meeting. Conceptually, this is not such a bad thing. The problem that I have with this process is that there may be as few as twenty or thirty Active and Life members present at the Business Meeting who cast their ballots on such critical matters as the election of Officers and Board members as well as proposed Amendments to the CSPD Constitution and Bylaws which are the guiding principles and directives on how we operate as a society. Thirty members attending and voting at the annual Business Meeting equates to a mere 4% of the eligible voting membership who are making decisions on important issues that are vital to the entire organization!"

In essence, the proposed amendment would create a system allowing eligible members to be able to cast their vote electronically or by written ballot without needing to be present at the Annual Business meeting in order for their vote to be counted. The Board feels that this change in voting procedures will be more democratic and will result in decisions that are more representative of the membership as a whole.

I am admittedly disappointed that a motion to "reestablish" Child Advocacy as a standing committee will not be voted on at the 2014 Business meeting. The status of Child Advocacy as a standing committee was terminated in 2012 in an effort to "streamline" the structure and operations. As it turned out, not only did the recognition and acknowledgement of CSPD's traditional and very visible commitment to child advocacy become diminished, but it resulted in a perception by the public and health care community that advocacy was no longer a primary focus and organizational priority for CSPD. My personal feeling is that this interpretation, real or not, has been to the detriment of our mission of being the "go to organization" for all things related to the oral health of infants and children in California. I am hopeful that an amendment to our Bylaws which would reinstate Child Advocacy as a standing committee will be forthcoming in the near future.

I would also like to take this opportunity to extend a personal and heartfelt thank you to two members of CSPD who have made extraordinary contributions to our organization through commitments of untold hours, time, and energy on behalf of the Society. It has been both a pleasure and inspiration for me to have worked with both of them over the past several years. Both of these individuals deserve a "standing ovation" as they step down from their respective leadership positions.

Gary Sabbadini served on the CSPD Board of Directors for four years prior to becoming the CSPD Editor in 2009. In this capacity, he has elevated the quality of the Bulletin (our "newsletter") in both appearance and content to the point that it is unrivaled by any other State or District pediatric dental publication in the United States. During my travels across the country, I am constantly reminded by pediatric dentists and post-doctoral students of how frequently they read the Bulletin to "keep abreast of what



Public Policy Advocate's Report

Bills of Interest to CSPD

Prepared for the California Society of Pediatric Dentistry - Feb. 1, 2014

Paul 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.

AB 1174 (Bocanegra) Teledentistry: Expanded Duties and Medi-Cal Billing. This bill would expand the scope of a practice of a Registered Dental Assistant and Registered Dental Hygienist to prescribe dental radiographs and the Registered Dental Assistant in Expanded Functions and the Registered Dental Hygienist to place interim therapeutic restorations pursuant to the order of a licensed dentist. The bill would authorize asynchronous transmission of information to be reviewed at a later time by a licensed dentist at a distant site as a billable encounter under Medi-Cal regulations.

CSPD Position: Support Withheld Pending Amendments to Increase Provider Responsibility, Transparency, and Patient Protections

Comment: Introduced at the request of The Children's Partnership, the bill would place into statute the elements of the Virtual Dental Home pilot project (Health Workforce Pilot Project #172) developed by Dr. Paul Glassman and the Pacific Center for Special Care at the Arthur A. Dugoni School of Dentistry. CSPD is involved in negotiations with the parties supporting the bill, seeking amendments and regulatory controls that would diminish the potential for abusive practices and reflect the AAPD Clinical Guidelines and Oral Health Policies.



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Patient Safety Committee

Don Schmitt, DDS



Sedation Death in Hawaii

A three-year-old girl in Hawaii suffered a cardiac arrest and severe brain damage after an apparent oral sedative overdose in December, 2013. The child died on January 6, 2014 in a Kailua Hospice facility. The dentist, Dr. Lilly Geyer, is a general practitioner and Affiliate member of the AAPD. Her website is off line and her dental practice, Island Dentistry, is now permanently closed. The child was

diagnosed with 10 cavities needing restoration and four “baby root canals.” There is some controversy surrounding the diagnosis as another dentist viewed the x-rays after the incident and said they were not diagnostic. However, that dentist did not examine the patient directly. On the day of the sedation, she was given a mixture of Demerol, Chloral Hydrate, and Hydroxyzine which was supplemented with Nitrous Oxide/Oxygen. A review of the records showed that there were a total of three notations of the child’s vital signs with a 26 minute gap between entries. This is well below the AAPD recommendation of recordings every five minutes. Her lowest oxygen saturation was measured at 65%. According to the family’s attorney, the 38 lb. child was given the maximum doses of Demerol and Hydroxyzine and 40% over the maximum dose for Chloral Hydrate. At some point after the child lost consciousness, Dr. Brit Reis, a pediatrician who has an office down the hall from

Dr. Geyer, was summoned for help. Dr. Reis’ notes state that the child was sitting upright, unresponsive, not breathing, without an audible heartbeat when he arrived. The mother was unaware there was a problem until she saw EMT’s entering the back of the office. According to the child’s mother, who is a registered nurse, CPR was not started until after Dr. Reis arrived in the office. The parents have filed a suit for negligence and wrongful death. Among other points, the lawsuit alleges that Dr. Geyer’s office did not have a plan to deal with medical emergencies in the office. The patient’s father stated that an MRI indicated his daughter had been without oxygen for at least five minutes.

Excessive Treatment Suit Settled

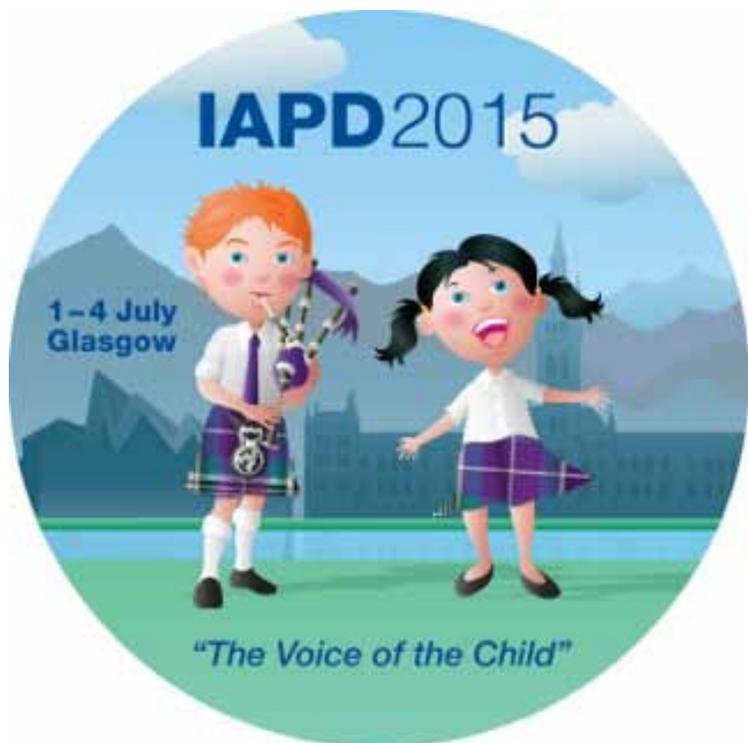
A lawsuit against the Texas based Smile Center dental chain involving excessive and unnecessary treatment on 253 patients including children billed to Medicaid has been settled. The settlement is confidential but an attorney with knowledge of the case estimated it was for several million dollars. State records show that Smile Centers collected more than \$55 million from Medicaid from 2008-2010. Smile Center solicitors went to retail stores, grocery stores, and apartment complexes to recruit children, often luring them with balloons and candy. They even provided transportation to the clinic and threatened to report patients who did not show up for appointments to Medicaid resulting in ineligibility for benefits. Many of the children had pulpotomies and stainless steel crowns that were unnecessary or inappropriately performed. In one case, a two year-old boy was strapped to a papoose board and had 10 pulpotomies and 10 stainless steel crowns placed in only 25 minutes. The complaint stated, “The nature of their wrong is horrific because they took advantage of, and caused injury to, children who were their patients.” The Texas attorney general is investigating Medicaid fraud against Smile Center and a civil investigation is ongoing.

www.drbcuspids.com/index.aspx?sec=nws&sub=rad&pag=dis&ItemID=314793

Colorado Dental Professors sued for Slander

Comfort Dental, which claims to be the largest dental franchise in the United States, has informed four University of Colorado dental school professors that it intends to sue them for \$2.45 million for slander. One of the professors allegedly referenced Comfort Dental in a lecture stating that it is an “example of dentistry practice that performs poor dental work and is only focused on the ‘bottom line.’” Another complaints alleges that one of the professors told a dental student it was “typical of Comfort dentists to do shoddy work and leave it for another dentist to correct the situation.” The final complaint alleges that a student was advised not to work at Comfort because “the chain provides inadequate work because it has a business model to stick to.”

www.drbcuspids.com/index.aspx?sec=nws&sub=kwd&ItemID=314917



www.iapd2015.org/

Treasurer's Report - Fiscal 2013-2014

Ken Szymanski, DDS

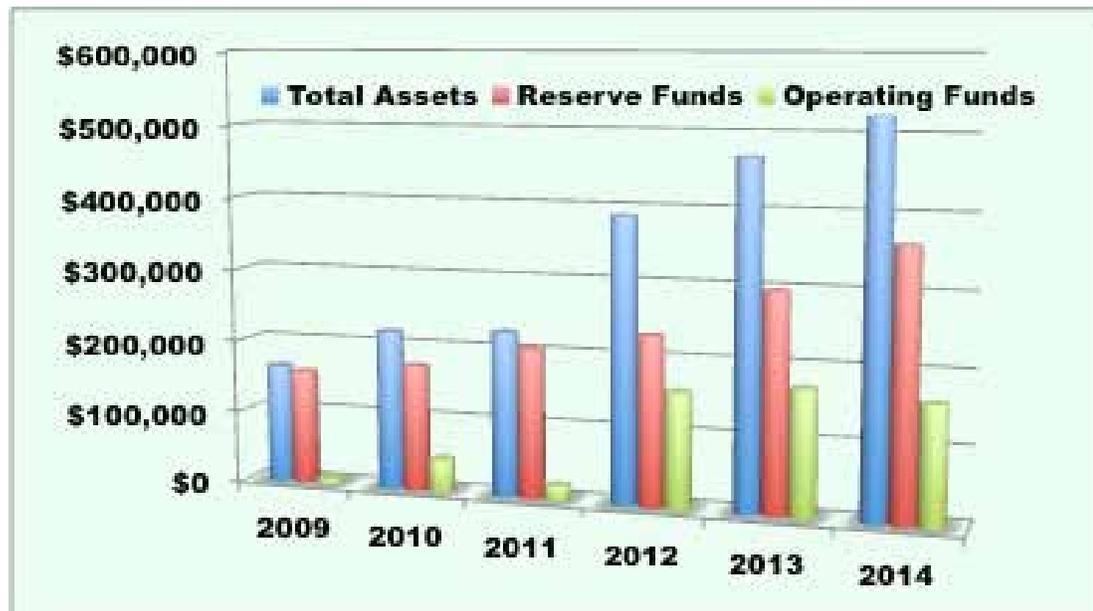
Current Financial Picture:

CSPD continues its progress as a financially sound organization. The simplification and consolidation of our financial data into a single operational entity has allowed us to better track and utilize the data for more accurate financial planning. This simplified reporting treats the organization as a whole, rather than three separate parts (Operations, Annual Meeting, and Online Continuing Education) as was done in the past. This has facilitated budgeting and allows a more clear and concise picture of the financial state of the organization for the membership. The Second Quarter Financial P&L against Budget Comparison shows

expenses and income consistent with budget projections. Non-Dues income is greater than last year due to increased Online Continuing Education Portal usage and early Annual Meeting sponsorship funds. On our balance sheet, we have seen a 11.4% increase in Total Assets through the Second Quarter of this fiscal year with a 20% increase in our Reserve Funds. We continue to remain in compliance with the Reserve mandate in the Policy & Procedures manual.

2013 – 2014 Budget: The budget calls for \$463,500 in consolidated income from all our revenue sources. Our budgeted expenses for 2013-2014 are predicted to be \$435,000, which leaves us with a projected budget surplus of \$28,500. Again, this is reflective of Operations, Annual Meeting, and Online Continuing Education. This surplus will allow some flexibility in program planning and operational decisions. The Annual Meeting organization is progressing well with better than expected sponsorships and early registrations. Also, the updated and improved continuing education online portal (www.cspd.org/oce) is performing better than anticipated.

Reserves: CSPD's Policy and Procedures manual calls for us to maintain a Reserve Fund equal to an average of the last two years operating expenses. The current mandated amount is \$360,642 and, based on our total assets, this leaves more than \$160,000 in our operating funds account. This is one of the highest Second Quarter excesses over reserve in the history of CSPD.



Investments: CSPD's investments continue to consist entirely of fixed return products including savings and money market accounts with the guiding principle being safety and principal preservation. This follows the overlying objective of the Financial Policy as outlined in the Policy & Procedures manual. These policies are reviewed on an annual basis by the Finance Committee with any changes or recommendations forwarded to the Board for their review.

Summary: It has been my pleasure to serve as your Treasurer again this year. It has been rewarding participating in both the consolidation and simplification of our financial policies, records, and accounting while continuing the integration with Smith Moore & Associates, our management group. This has allowed me to spend more time in analysis and evaluation of our financials, rather than the basic accounting and entry. I look forward to another year as Treasurer of this organization as it moves forward for the benefit of children's dental health in California. At this year's Annual Meeting, I will again present an outline of our financial position in both written and PowerPoint formats to make you, the membership, more aware of the excellent financial state of our organization.

I have enjoyed working with both the Executive Committee and the Board and the dedication and leadership of these individuals continues to serve not only this organization but also the oral health needs of the children of California. Thanks for allowing me to serve in the position of your Treasurer and I look forward to seeing you in Monterey.

Report of the Meeting of the Dental Board of California

Prepared for the California Society of Pediatric Dentistry

By Paul Reggiardo, DDS, Public Policy Advocate

The Dental Board of California met November 21-22, 2013, in Studio City. The following report summarizes actions and issues coming before the Board pertinent to pediatric oral health. CSPD is represented at each meeting of the Dental Board and updated reports are posted in the Advocacy, Legislation and Regulatory Matters (ALARM) section of the CSPD Website. Members having questions or comments should contact CSPD's Public Policy Advocate, Dr. Paul Reggiardo, at Reggiardo@prodigy.net

DENTAL HYGIENE COMMITTEE OF CALIFORNIA

The Dental Hygiene Committee of the Dental Board of California is undergoing its first "Sunset Review," a process required by the legislature at regular intervals of all boards and bureaus to assess the continuing need for a state agency to exist. This is accomplished by the legislature's acceptance of a strategic plan demonstrating the essentiality of the agency and how it will discharge this responsibility. In its November 1 report to the legislature, the Dental Hygiene Committee of California (DHCC) reported the following:

1. Desire and intent to seek legislation that would recognize the DHCC as an independent board of the Department of Consumer Affairs instead of a committee under the jurisdiction of the Dental Board. The DHCC maintains that it now operates similarly to a licensing board, has the statutory authority to regulate the profession of dental hygiene, and should have a status reflecting its independent programmatic operations.
2. As part of this independence, the DHCC would seek a practice act separate from the Dental Practice Act, to be known as the Dental Hygiene Practice Act.
3. Intent to seek the elimination of certain dental hygiene scope of practice restrictions, including those procedures which the dental hygienist is authorized to perform only under direct dental supervision.
4. Efforts to allow for continued competency testing for dental hygienists as a requirement for license renewal.

As an independent committee, the DHCC is the only self-regulating dental hygiene agency with similar authority in the United States. The DHCC has sole control regarding all aspects of dental hygienist licensing, disciplinary investigation and enforcement, and approval of educational programs leading to licensure.

Comment: The DHCC maintains that it was the intent of the legislature when the Committee was established in 2008 that it be an independent board, but that the Schwarzenegger administration's opposition to the establishment of any new boards or bureaus (and the threat of the Governor's veto), resulted in the current compromise arrangement. Other observers, including this one, are of the opinion that the bill only went forward with the understanding and assurance that the DBC would retain jurisdiction over the Dental Hygiene Committee. The California legislature sunset review process is a lengthy one, and hearings will begin before the Senate Business and Professions Committee in beginning in 2014.

CAPNOGRAPHY REQUIREMENTS

In 2012, the American Association of Oral and Maxillofacial Surgeons (AAOMS) adopted *Clinical Practice Guidelines for Anesthesia in Outpatient Facilities* (Parameters of Care 5th Ed) which took effect January 1, 2014. These revised guidelines state that the "use of capnography for patients under moderate sedation, deep sedation, and general anesthesia should be instituted in OMS practice ... unless precluded or invalidated by the nature of the patient, procedure, or equipment." To maintain membership in the AAOMS, Members and Fellows are required to follow AAOMS standards and guidelines such as the Parameters of Care. If not, they may be subject to discipline or suspension of their AAOMS membership.

Not surprisingly, the Board has received inquiries as to whether these requirements will be imposed on oral and maxillofacial surgeons or on all licensees providing sedation or general anesthesia.

Clarification is provided in Section 1043.3 of Title 16 of the California Code of Regulations. Pursuant to subsection 1043.7(a) (7)(K), a capnograph and temperature measuring device are required for intubated patients receiving general anesthesia; this subsection specifically states that a capnograph and temperature measuring device are not required for conscious sedation.

Comment: Since the California Code of Regulations has not been modified, monitoring requirements for patients undergoing conscious sedation, including oral conscious sedation, will not change in 2014.

REVISION OF THE DENTAL PRACTICE ACT SECTIONS RELATED TO GENERAL ANESTHESIA AND CONSCIOUS SEDATION

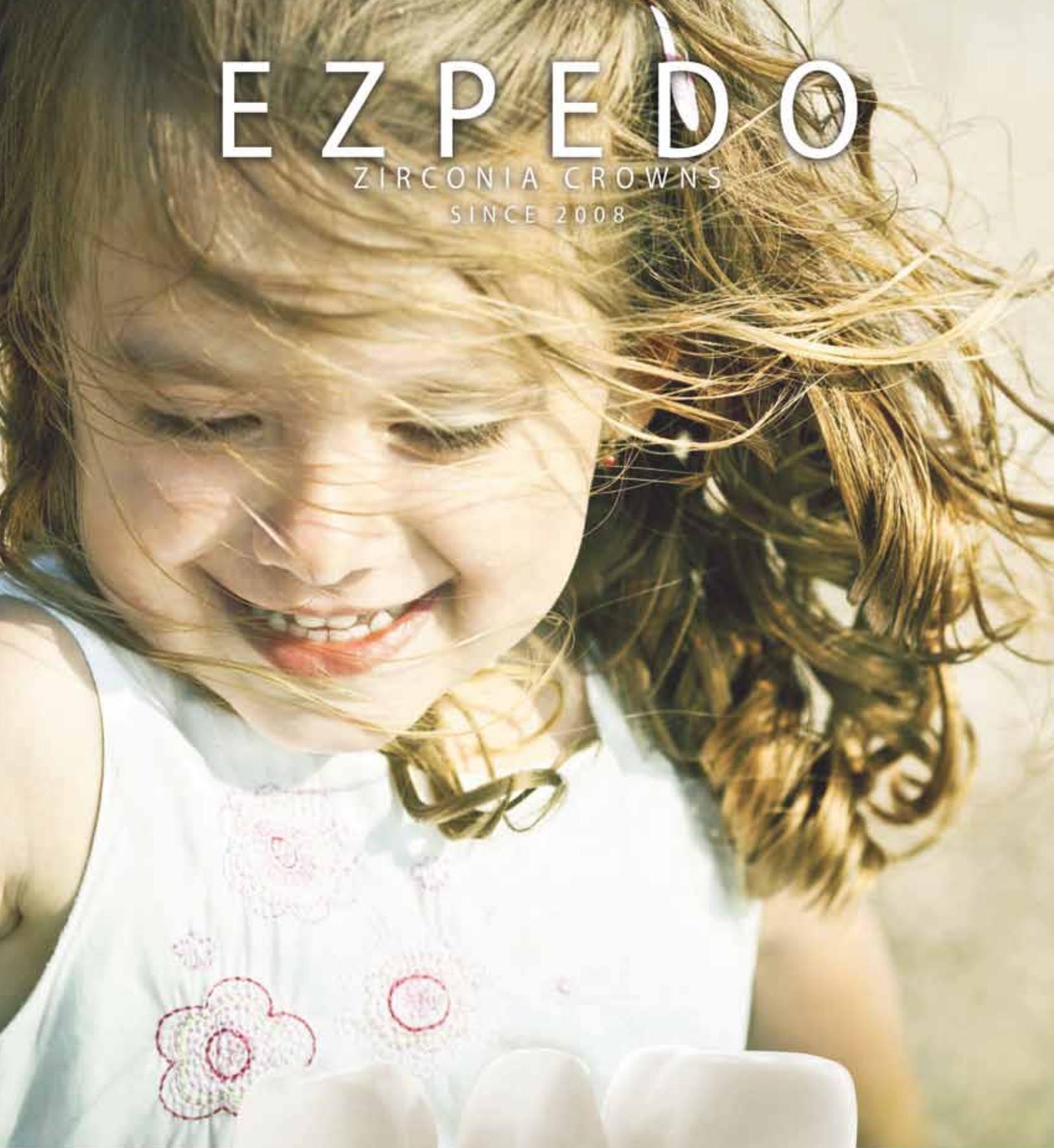
General anesthesia, conscious sedation, and oral conscious sedation for minors and adults may be administered by dentists as regulated by the Dental Board of California. The authorizing statutes for these regulations have not been revised since they were enacted. Advances in the practice of dental anesthesia and sedation, and updated guidelines and definitions, make it necessary for the board to consider updating these statutes. In 2010, a subcommittee of the Board was appointed for the purpose of evaluating and making recommendations for any necessary update of the sedation and anesthesia laws.

(Continued on page 35)

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CDA Cares San Diego California

December 7-8, 2013

Santos Cortez, DDS

An incredible number of volunteers turned out in unusually cold and rainy weather at the Del Mar Fairgrounds to provide volunteer dental care at no charge for underserved people in San Diego County. Pediatric dentists and some general dentists from throughout the state volunteered for six-hour shifts and were rewarded with smiles of gratitude from the kids and many thanks from their grateful parents.

As the lead for the Pediatric Dentistry section of the clinic, I am so very proud to have seen all these dedicated volunteers (dentists, dental assistants, and hygienists as well as CDA staff, community members, and other healthcare volunteers) who assisted us in making sure that kids received necessary treatment in a timely and very friendly manner. It was so good to see young pediatric dental residents and younger colleagues working side-by-side with “seasoned” veterans in our specialty! Our specialty was extremely well represented in the volunteer force. Thank you ALL for your contributions and great enthusiasm!

With the help of 1,700 volunteers, including more than 900 dentists and dental professionals, CDA Cares provided \$1.62 million in free care to 2,203 patients, including 135 children.

CDA Cares has developed relationships with many companies that provide equipment, supplies, and services that allow us to provide care at no charge. Since 2012, CDA Cares has provided more than \$6 million in care to more than 8,000 people who experience barriers to care.

As you may know, the CDA has committed to holding these volunteer dental clinics twice a year for the foreseeable future. The next CDA Cares will be in Solano County from April 24-27, 2014. CDA Cares-Solano County is followed by CDA Cares-Pomona from November 20-23, 2014. Check out www.cdafoundation.org/cdacares for additional clinics sites and information in 2015!

Funding is always needed and I encourage you to think about how you may be able to contribute even if you cannot attend. You may become a “Friend of the Foundation” or contribute to “sponsor a chair” for one of the CDA Cares clinics. Contact Michelle Rivas (Michelle.Rivas@cda.org) at the Foundation — she or her staff will provide more information and make it easy for you to pitch in!

I want to acknowledge the dedication, hard work and leadership of our very own CSPD colleague and Past President of CDA, Andy Soderstrom, who supervised the entire clinic in San Diego. He is the guy who everyone goes to for advice, clarification of processes, and guidance on the floor of the clinic. In his ever present “calm and cool” demeanor, he handles all the challenges before, during, and after the clinic. Let me tell you, that is a great responsibility and he does it very well. Thanks Andy!

In summary, I want to express my gratitude to all the volunteers and donors and certainly to all of the patients for trusting us to provide them with service.



MANY THANKS TO THE FOLLOWING VOLUNTEERS:

Pediatric Dentists: Douglas Warner, Harjot Chawla, Pat Davis, Todd Pacofsky, Mary Pham, William Rawlings, Ilse Davelli, Jaye Venuti, Rebecca Lee, Tahir Paul, Jordan Buzzell, John DeLorme, Lori Good, Deepa Pandian, Oscar Rivera, Willie Cho, Jessica Lee, Mark Lisagor, Grace Nantale, Ainollah Baheri, Stephanie Dixon, Cheryl Estiva, Jodi McGrady, Hope Ann Nguyen, Parvathi Pokala, Linh Tsai, Ryan Abelowitz, Gordon Dixon, Mary O'Connor, Melba Wyatt, and Brian Rooney.

General Dentists providing pediatric services: Nicolle Miller, Guadalupe Marquez, Hideki Ikeda, Matt McDonald and other general dentists who filled in to help with some of the parents of the children we treated. Thank you all!

~ Santos Cortez, Pediatrics Lead at CDA Cares-San Diego



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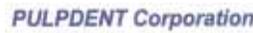
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is going on" in California and how widely recognized and respected the publication has become. Gary, on behalf of the entire membership, thank for your service and dedication to excellence for which we have all benefited and for which we are deeply appreciative!

Santos Cortez will be ending his role as chairperson of the Leadership Development Committee (LDC) at the 2014 Annual Meeting. Although he has held this chairmanship simultaneously with his term as Western District Trustee to AAPD, he has worked tirelessly to make the LDC an efficient and effective mechanism for identifying, recruiting, and training members to assume leadership positions in CSPD. The amount of work undertaken and accomplished by Santos and his committee is remarkable. To name but a few of the important duties charged to the LDC: LDC receives and vets applications for prospective CSPD Board of Directors nominations; LDC solicits and receives inquiries and statements of interest concerning committee appointments; LDC members present quarterly leadership development and training sessions at the Board meetings; LDC receives and reviews applications for both the Warren Brandli Board Intern program and the Graduate Student Legislative and Advocacy (GSLA) Interns ranking the applicants and forwarding recommendations to the Board;

and LDC members serve as mentors to the Brandli and GSLA Interns during their visits to legislator's offices in Washington DC and Sacramento. Thank you Santos for all you do for pediatric dentistry!

LaJuan Hall, who has been a member of LDC since its inception, will be replacing Santos as chair of LDC. Although she has some big shoes to fill, I am confident that she will continue with the same dedication and determination that we have come to expect from this committee.

Last, but not least, I want to take a personal point of privilege to express my sincere gratitude for having had the opportunity to serve as Executive Director during Rebecca Lee's presidency. If I am not mistaken, she is the youngest person to have served in this position. In spite of her youth and relative inexperience, she has served with distinction and has very capably led CSPD through some rough waters during this past year. The maturity she has shown, the organizational skills she has displayed, and her ability to multi-task and focus on matters at hand have been amazing and an inspiration to all of us who have worked with her. Rebecca, in the words of my friend Heber Simmons, "you have done a great job of leaving the wood pile a little taller than the way you found it." Congratulations and a heartfelt thank you from all of us for a job well done!



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Introducing the NEW

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Early Orthodontic Screenings Assure Healthy Smiles

Seven warning signs in 7-year-olds
An orthodontist answers the following questions when making a first evaluation; these answers are based on visual observation of the mouth and teeth as well as the way a child's upper and lower jaws align with one another. When you know what to look for, you can answer these questions, too.

- 1. DO THE UPPER TEETH PROTRUDE?**
Excessive protrusion of the upper front teeth – "back teeth" – is by far the most common orthodontic problem. You can test this by using the attached Smile...Now Let's See Your Bite ruler.
- 2. IS THERE A DEEP BITE?**
The upper front teeth cover too much of the lower front teeth. This may provide answers about why your child grinds his/her teeth at night and why the lower front teeth are crowded.
- 3. IS THERE AN UNDERBITE?**
All or some of the upper front teeth fit inside the arch of the lower teeth. This can lead to tooth grinding and chipping as well as root, gum and bone loss of the developing permanent teeth. Jaw asymmetry may sometimes be noted.
- 4. IS THERE AN OPEN BITE?**
The child can stick his or her tongue between the upper and lower front teeth when the back teeth are together. A finger/thumb habit or improper swallowing pattern may cause this situation to develop. Present and future jaw alignment is a primary concern along with the child's developing dentition.
- 5. IS THERE TOO LITTLE OR TOO MUCH ROOM FOR THE TEETH?**
Teeth are crowded, overlapped, or there may be noticeably large gaps between teeth, which can lead to caries, gum and bone loss.
- 6. DO THE FRONT TEETH LINE UP?**
The space between the two upper front teeth and the two lower front teeth should line up with each other, both should line up with the bridge of the nose. When they do not, some probable causes are drifting permanent teeth, missing or crowding of permanent teeth, or an asymmetrically developing lower jaw. This can all result in an improper bite or other dental issues.
- 7. IS THERE A CROSSBITE?**
The upper teeth fit inside, rather than outside of the lower teeth. There can be several types of crossbites, in the front teeth only, one or both sides of the mouth, or a combination. This may lead to the same concerns as found when an underbite is present.

Smile... Now Let's See Your Bite Ruler Test

The Smile...Now Let's See Your Bite ruler attached to this pamphlet is especially designed to help you detect excessive protrusion of the upper front teeth, one of several early warning signs of dental problems in children.

Detach the ruler at the perforation. Have your child bite down normally, keeping lips open. With printed side up, place the red end of orthodontic ruler against the lower front teeth with the teeth touching on the ruler. If the bite is within the red zone, a probably excessive protrusion and your child should be examined by an orthodontist.

Note: This Smile...Now Let's See Your Bite ruler is intended only as a guide and not a substitute for a consultation with a specialist in orthodontics. Use with adult supervision.

Seek treatment earlier than age 7 if the child has:

- difficulty chewing
- open-mouth breathing
- snoring
- tongue is always between child's front teeth
- thumb or finger sucking
- overlapping or crowding of erupting permanent teeth
- jaws that click or pop
- biting of the cheek or into the roof of the mouth
- speech problems
- grinding or wearing down of the teeth
- a profile is not balanced
- a lower jaw juts to small or big
- an upper jaw "sticks out"
- obvious abnormal late development of any kind

Consider a visit to an orthodontist at any time to have you or your child's questions answered or to receive information on what your child may need orthodontically as they grow older.



The California Association of Orthodontists **Smile...Now Let's See Your Bite!** kit is designed to help the public understand the advantages of orthodontic detection and treatment. The kit has been field tested nationally and found to be simple to use and most effective; just tear off the ruler and place against the lower front teeth to determine the extent of malocclusion.

Order Your Smile...Now Let's See Your Bite! Pamphlets Today!

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Orders are shipped within 7-10 business days. Pamphlets are \$55.00 for a package of 50. If you have any questions, call the order department at 888.242.3934 X547.

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Warren Brandli Interns



Sahar Hamedani, DDS

I was born and raised in Orange County, attended UCLA for my undergraduate education, and then crossed over to USC where I completed my Masters in Public Health before beginning my dental school career. In dental school, I worked closely with CDA as a member of the student delegation. During that time, I developed a great appreciation for organized dentistry

and a deeper understanding of the importance of collaborating with my colleagues towards the enhancement of our profession. After graduating from USC's Ostrow School of Dentistry in May, 2013, I soon began my residency at USC. Pediatric dentistry and public health have long been passions of mine, and I am thrilled everyday to be in a residency program near my home in Southern California. Knowing how active and influential CSPD is to pediatric dentistry on a national level, I look forward to being a part of such a progressive organization as a future California pediatric dentist.

Leadership is a dynamic process and participating in the Warren Brandli internship will allow me to continue developing my skills as a future leader of my community. I hope to gain knowledge regarding the current social and political issues relating to pediatric dentistry in California and the nation. Working with an organization that has the best interest of pediatric dentists and their patients will greatly add to the foundation of my career. I know this internship will be invaluable and I am so grateful for the opportunity to be working with the board during this upcoming year!



Patricia McClory, DDS

I am currently in my final year of pediatric dental residency at the UCLA-Venice Pediatric Dentistry Residency Program and look forward to earning my pediatric certificate as well as my Masters of Public Health. With graduation approaching, I am very excited about the opportunity to participate as a 2014 Warren Brandli Intern.

Having grown up in a small town in Southeast Alaska, I view the pediatric dentist as an important member of the community. As such, I value the personal interactions with children, parents, and other healthcare professionals that this career provides. As a Warren Brandli Intern, I hope to utilize my experiences with CSPD to better understand organized dentistry and help prepare me to have an impact on larger cross sections of our population.

Having attended college in Washington, DC at American University, and dental school in Boston, MA at Harvard School of Dental Medicine, I have seen how policy and advocacy can have an important impact on diverse populations, cultures, and lifestyles. As I begin seeking employment opportunities upon graduation, I look forward to starting a career in which organized dentistry plays an important role. Through the support of the Warren Brandli Internship program, I hope to advance goals to improve oral health in California's pediatric populations.



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The “Billowing Skirt” Phenomenon - A Molar Tooth from the Denisova Hominin

Roland Hansen, DDS, CSPD Editor Emeritus

The quest for answers about our hominid ancestors took a new twist recently when researchers found two molar teeth and a small finger bone in the Denisova cave in Siberia that allowed the genome characterization of a new hominin that shares a common ancestor with the Neanderthal population.

Additional details of this find were reported in Nature in December of 2010. (Figure 1) This tooth shares no derived morphological features with Neanderthal or modern humans, further indicating that Denisova hominins have an evolutionary history distinct from Neanderthal and modern humans.^{1,3}

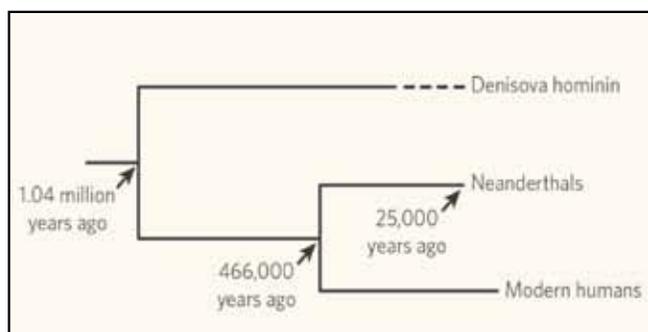


FIGURE 1

The characterization of the entire genome of this species was derived from a small piece of the distal phalanx of the pinkie finger and a molar tooth that is at least 30,000-years of age. This tooth is of unusually large proportions as reported by Reich et al.¹

The morphology of this tooth is distinctly different from both Neanderthal and modern humans. In fact the shape of these molar teeth more closely resembles ancient hominins such as Homo erectus or Homo habilis. These molar teeth have been labeled as Denisovan after the name of the Siberian cave in which they were discovered. Even though the exact sequence of the Denisova genome has been described, the anatomic features of these molars await a more complete review in the dental literature. A few digital photographs have been made available that disclose a large number of characteristics that are not seen in dental anatomy textbooks. The most striking feature is the enamel surface that lacks the smooth contours that are seen in modern man.



FIGURE 2

The enamel surface has a “billowing skirt” look with many rounded segments that do not mimic any modern human molar feature. This morphologic feature may be the result of multi-centric loci of enamel initiation. Since the cusp tip calcification is the initial site for hard tissue formation, numerous enamel calcification sites likely appear in near simultaneous fashion. (Figure 2)

Enamel Surface

The multi-lobulated nature of the enamel surface is unique to the Denisovan molar and this feature has not been sufficiently characterized. The division between each segment is distinct and presents a picture of independent lobes that are fused vertically. In many of these lobules the occlusal terminus of this segment appears sharpened or reminiscent of the “spiked” look of the buccal cusps of bicuspid and canines. The appearance of the molar in general is one of bulbous refinement characterized by “dagger-like” spikes at uneven intervals around the entire crown. This kind of anatomic feature most likely would improve the penetrating and tearing ability of the molar quadrants. The anatomy appears to favor the tough and often difficult oral management of foods that resist mechanical maceration. (Figure 2)

Root Shape & Angulation

The root shape of this Denisova hominin is somewhat stubby. The long axis of the lingual root is very straight and that root appears to substantially diverge lingually from the long axis of molar. The mesio and disto-buccal roots appear to fall more in-line with the long axis of the tooth. The overall view of the root structure depicts a robust structure with lingual flaring from the long axis.



FIGURE 3 - Lingual View

Cervical Line

The junction of the enamel and the cemental surface creates the cemento-enamel junction (CEJ) that is irregular in its overall distribution. The horizontal axis of the CEJ taken between the mesial and distal points of the CEJ would not intersect the long axis of the tooth at 90 degrees. The description of the CEJ is less uniform than in present-day molar anatomy. (Figure 3)

Crown Anatomy

The four cusps of a molar are named the Mesio-buccal (Paracone), the Disto-buccal (Metacone), the Mesio-lingual (Protocone), and the Disto-lingual (Hypocone). As viewed from the lingual aspect, the cusps do not occupy a similar amount of total volume of the crown. The disto-lingual cusp is larger in length and in mesio-distal dimension. That volume discrepancy skews the cemento-enamel junction (CEJ) toward the apex and adds emphasis to the value of that cusp in mastication. This cusp ordinarily occludes with the central fossa of the opposing mandibular molar in a Class I molar relation, thus improving the efficiency of the masticatory process. This emphasis on cuspal size and shape likely improves the quality of the gnathologic

(Continued on next page 33)

CSPD/WSPD Annual Meeting Program

Hyatt Regency Monterey Hotel and Spa • March 26-30, 2014

Wednesday, March 26, 2014

PALS® (Pediatric Advanced Life Support) by John Bovia

Time: 8:00 a.m. - 4:00 p.m.

7.5 CE Units

Refresh Emergency Response Skills; Protect Pediatric Patients

If a pediatric patient has a medical emergency in your office, the first-responder is you. Are you prepared to shoulder that huge responsibility? Ensure that your skills are current. Earn your recertification.

Sign up Pediatric Advanced Life Support (PALS) recertification course and quickly gain the following advantages:

- **Targeted skills** – Receive emergency training designed by dentists for use in a dental office setting
- **Essential emergency protocols** – Learn the vital tools and skills to save a pediatric patient's life, including crucial airway management
- **Peace of mind** – Create an emergency medical plan for your office, and rest easy knowing that you're prepared
- **Hands-on practice with simulators** – Get practical training to prepare for everyday emergency scenarios using best-in-class pediatric simulators

It's rarely sufficient to know the appropriate adult response during a medical crisis. Children present a unique challenge because their initial symptoms of distress can mirror nervous behavior. In addition, you'll likely be working from an incomplete medical history that may not contain vital details about allergies or other key conditions.

This 1-day PALS Recertification course provides the latest developments in pediatric emergency response procedures. You'll gain up-to-date information while also meeting recertification requirements. Highly qualified and experienced instructors lead this hands-on pediatric course. You'll gain practical experience (using patient simulators) to prepare you to respond to a real-life emergency with the equipment common to most dental offices and learn how to quickly determine the right medication doses for children.



John Bovia has 30 years of experience in emergency medical services dating back to his time in the U.S. military. He was one of the first paramedics to be licensed in the state of Michigan in the late 1970's. John is the co-founder of Life Support Services, Inc., and he has been recognized over the years as an outstanding instructor for the American Heart Association (AHA). He has trained over

200,000 health care providers including nurses, EMTs, physicians and dentists. He is an instructor for the ACLS course for DOCS Education and runs one of the largest training centers for the AHA, instructing health care providers and other trainers on the topic of resuscitation.

Thursday, March 27, 2014

CSPD FOUNDATION LECTURE

Corporate Dentistry and Its Effect on Pediatric Dental Care - 1:30 – 5:00 p.m. - 3.5 CE Units

Program Cost: \$100.00

(Free to residents, current CSPD Foundation donors and their staff)

This course will examine the demographics and history of corporate dentistry, types and structure of a Dental Service Organization (DSO), employment opportunities, advantages/disadvantages of this business model, their adherence to pediatric dental standards and guidelines, and much more.

Course Objectives:

- Learn about the history, demographics, and implications of corporate dentistry
- Learn about the business model of corporate dentistry
- Learn what it is like to practice pediatric dentistry in a corporate dental office – both the positives and negatives
- Examine the effect that corporate dentistry is having on pediatric dental care

Speakers:

Anders Bjork; Tom Von Sydow; Eric Ellis, DMD; Justin Shuffer, DDS; Dennis Nutter, DDS

Friday, March 28, 2014

Pulp Therapy by N. Sue Seal, DDS, MSD

8:00 a.m. – 11:00 a.m. - 3 CE Units

This presentation will focus on recent, evidence-based approaches to pulp therapy for cariously involved primary teeth. Current best evidence for a variety of pulpotomy techniques and agents will be presented, with emphasis on the controversy surrounding formocresol. The mounting body of evidence supporting indirect pulp therapy (IPT) in primary teeth as an alternative to pulpotomy will be discussed, along with a description of techniques and medicaments for IPT in primary teeth.

Course objectives:

- Review recent evidence based findings about pulpotomy techniques using formocresol, electrosurgery, laser, ferric sulfate, and MTA in primary teeth.
- How to use alternative criteria to determine success following pulpotomy in primary teeth.
- How to diagnose and determine treatment indications for the alternative to pulpotomy of indirect pulp treatment (IPT) in primary teeth
 - Recent evidence-based findings about the success of IPT compared with pulpotomy techniques.



Dr. N. Sue Seale is Regents Professor, Department of Pediatric Dentistry, Baylor College of Dentistry, Texas A&M Health Science Center in Dallas, Texas. She was Chairman of the Department

of Pediatric Dentistry at Baylor from 1986 until 2009 where she still teaches ½ day a week. She is Editor in Chief of *Pediatric Dentistry*. She served on the Board of Trustees of the American Academy of Pediatric Dentistry from 1999-2002, was named AAPD Pediatric Dentist of the Year in 2001 and received their Merle C. Hunter Leadership Award in 2003. She is a Diplomate of the American Board of Pediatric Dentistry and a Fellow in the American College of Dentists and the International College of Dentists. She has published 85 articles in peer-reviewed journals and mentored numerous Master's students.

Sedation by Steve Ganzberg, DMD, MS
2:30 – 5:30 p.m. - 3 CE Units

Course Description: This lecture will review common pediatric medical conditions and medical emergencies that may result. In addition, sedation implications for these conditions will be highlighted with sedation strategies to improve outcome. An algorithm for airway urgencies and emergencies will be presented to help ensure that the pediatric dentist gains competence in managing the most common, serious complication when providing oral sedation.



Dr. Steven Ganzberg, Clinical Professor of Anesthesiology at the UCLA School of Dentistry, graduated from MIT in 1977 and the University of Pennsylvania School of Dental Medicine in 1981. He completed his pain management training at New York University and his anesthesiology training and Master's degree at Ohio State. Dr. Ganzberg is a Diplomate of the American

Dental Board of Anesthesiology and the American Board of Orofacial Pain. Dr. Ganzberg taught at Ohio State University for 17 years before coming to UCLA. Dr. Ganzberg is a past president of the American Society of Dentist Anesthesiologists and the American Dental Board of Anesthesiology. Currently, he is Director of Anesthesiology for the Century City Outpatient Surgery Center, a Joint Commission accredited surgery center focusing on dentoalveolar, maxillofacial and facial plastic surgery. Dr. Ganzberg has lectured extensively both nationally and internationally on topics involving anesthesiology and head & facial pain management. He has published over 50 original research articles and book chapters in the field. His research focuses on out-patient anesthesia techniques and clinical pharmacology.

NEW DENTIST LECTURE

Social Media and Your Practice by Jim Squires
2:30 – 5:30 p.m. - 3 CE Units

The internet has revolutionized the way we market our practices. Facebook and other companies have become the new “word of mouth” and managing your practice requires you to manage your online reputation. Learn how to grow your practice using social media and the secrets to successful online marketing. Facebook's Jim Squires will help you navigate the social networking revolution and survive in the digital age!



Mr. Jim Squires is Director of Product Marketing at **Facebook**, focusing on the company's products for brands and advertisers. He played a key role in the development and launch of Sponsored Stories, one of the first native ad formats, and the introduction of sponsored content in News Feed and mobile. Before Facebook, Mr. Squires headed up product at MixerCast, a startup that enabled brands to use

widgets as a promotional vehicle, and Ning, a social networking platform. Prior to that he was Director of Product Management at Yahoo, where he developed the company's video, entertainment, and broadband products. He originally joined Yahoo in 1999 with the acquisition of Broadcast.com, an early video startup based in Dallas. Mr. Squires holds a bachelor's degree in marketing from Texas Christian University and an MBA from the University of California, Berkeley.

Saturday, March 29, 2014

Challenging Cases in Dental Traumatology by Dennis McTigue, DDS, MS

8:00 – 11:00 a.m.
3 CE Units

This program will explore new methodologies in managing traumatic dental injuries in children. Challenging clinical cases will be presented and discussed in an interactive format. This evidence-based dialogue will include the following issues:

- Review of currently accepted treatment guidelines for traumatized teeth
- Tissue regeneration techniques currently applied in treatment of necrotic, immature permanent teeth.
- Sequential steps in managing “lost-cause” permanent incisors, including decoronation and interim prostheses.



Dennis McTigue, DDS, MS is a professor of Pediatric Dentistry at Ohio State University. He chaired the Department of Pediatric Dentistry there for eight years and then served the college as Associate Dean for Academic Affairs. He is past president of the American Board of Pediatric Dentistry, the American Academy of Pediatric Dentistry, and the Academy of Dentistry for the Handicapped

and past chair of the Commission on Dental Accreditation. His research interests involve dental injuries to children and guidance of child behavior in the dental office. He oversees the Dental Trauma Clinic at Nationwide Children's Hospital in Columbus, Ohio, and serves on the editorial board of Dental Traumatology. He has maintained a private practice in pediatric dentistry for over 35 years.

Infant Oral Health: Effects on Subsequent Use, Costs and Oral Health Status by *Jessica Y. Lee, DDS, MPH, PhD*

1:00 – 3:30 p.m.

2.5 CE Units

The significance of the consequences of early childhood caries (ECC) is gaining the acknowledgment of professional organizations, child advocacy groups, and policymakers. Despite improvements in many oral health indicators over the last decades, ECC in particular has increased among vulnerable pediatric populations in the US and beyond. Seeing children at a young age can have positive effects over a lifetime. This presentation will provide a comprehensive overview of infant oral health and the effects on subsequent use, costs and oral health status

Course Objectives:

- Describe the etiology and prevention of early childhood caries
- Describe best practices in implementing and infant oral health program in your office
- Discuss the impact of an early preventive visit on subsequent use, costs, and oral health status



Dr. Jessica Lee is the Demeritt Distinguished Professor at the University of North Carolina. She is on faculty in both the Departments of Pediatric Dentistry and Health Policy and Management and serves as the Director of the Pediatric Dentistry Residency Program. She is the current AAPD At

Large Trustee and has served on numerous AAPD councils and committees. Dr. Lee received her MPH and DDS degrees from Columbia University and her Certificate in Pediatric Dentistry and PhD in Health Policy and Management from the University of North Carolina at Chapel Hill where she was also a NIDCR National Research Service Award recipient and Post-doc fellow at the Cecil G. Sheps Center for Health Services Research. She is a board certified pediatric dentist, an active member of the medical staff at UNC Hospitals, and practices in the school's Faculty Practice. She has authored over a 100 peer reviewed manuscripts, abstracts, and book chapters. She serves on the editorial boards of the Journal of Dental Research, Journal of Public Health Dentistry, and Dental Traumatology. She is involved in teaching, clinical practice, and research and maintains several research grants. Dr. Lee is the recipient of numerous teaching and research awards and in 2011, Dr. Lee was named the 'Pediatric Dentist of the Year' by the AAPD.

Lasers and the Future of Dentistry by *John Featherstone, MSc, PhD*

9:00 – 11:30 a.m.

2.5 CE Units

Course Description: Lasers will play an increasingly important role in dentistry in the future. Laser light is essential to successful CAD-CAM type technology. Imaging of diseased tissues by lasers is already established in medicine. In dentistry sophisticated technology has been developed for early caries detection using optical coherence tomography and near infra-red imaging. These techniques will enable major changes in caries preventive procedures once they are commercialized. Detection of oral cancers is likewise on the horizon.

The basic premise for successful use of lasers for the modification of tissues is that the characteristics of the laser must be matched to those of the tissue with respect to wavelength, fluence, pulse duration, total energy, and the chemical composition and optical properties of the chosen target. New technology is coming on the market that will enable lasers to successfully remove caries, perform cavity preparations and prevent the progression of caries in enamel.

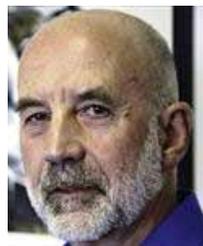
The future is now. This presentation will outline the science behind, and describe the future practice using these new technologies.

Course Objectives:

To summarize the science behind laser tissue interactions and how this enables technology for detection of diseased tissues, treatment of diseased tissues and prevention of further disease. To describe future clinical applications of laser technology to dentistry.

Course Outline:

- Provide an overview of laser tissue interactions and the implications for clinical use.
- Summarize the science of laser/tissue interactions relevant to dentistry.
- Describe potential oral cancer detection.
- Describe new laser-based methods for early caries detection including optical coherence tomography and new-infrared imaging.
- Describe the chemical, physical and optical properties of dental hard and soft tissues and the resulting optimal laser parameters determined by theory and experiment.
- Describe lasers that are currently on the market in comparison to new lasers becoming available that can do soft tissue and hard tissue work effectively and efficiently.
- Describe the potential for caries prevention using specific laser technology.
- Take a glimpse further into the future.



John Featherstone, MSc, PhD, is Professor of Preventive and Restorative Dental Sciences at UCSF and Dean of the School of Dentistry. He earned his MSc in physical chemistry from the University of Manchester (UK) and a PhD in chemistry from the University of Wellington (New Zealand). His research over the past 34 years has covered several aspects of cariology including fluoride mechanisms of action, caries risk assessment, demineralization and remineralization of the teeth, apatite chemistry, salivary dysfunction, caries prevention,

and laser effects on dental hard tissues with emphasis on caries prevention and early caries removal. He is currently active in implementing caries management by risk assessment in several dental schools across the nation.

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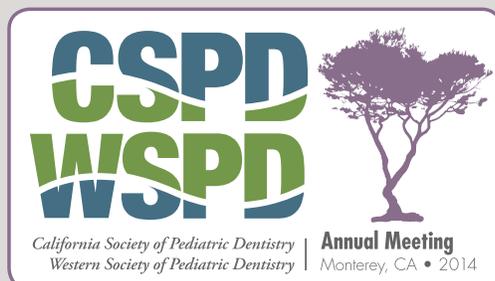
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Leadership Opportunities (continued from page 1)

Dental organizations such as CSPD aim to develop their leaders and provide them with the skills needed to succeed both within and outside of the organization. Dr. Santos Cortez, Chair of CSPD's Leadership Development Committee (LDC), highlighted the charges of the committee, with its focus on expanding the skills of its leaders and providing mentorship to its newer members. The committee was established in 2005 and has grown in its scope and practice ever since.

Dr. Cortez' favorite project to date has been his involvement in planning and expanding the Advocacy Conference which will be held in the spring of this year. At this time, residents and mentors will head to Sacramento in collaboration with the California Dental Association's Office of Public Policy. The one-day Sacramento conference will allow interns to be mentored by seasoned advocates on issues pertinent to CSPD and the profession in general as legislative visits are made. Mentorship and education are strong aspects of leadership to both the mentor and the mentee. CSPD's LDC works hard to foster these pairings both formally and informally. The LDC, in conjunction with the AAPD, also organizes a similar 3 day conference in Washington, DC.

The charge to create and develop a leadership retreat, however, has eluded the LDC since its 2004 creation under Dr. Ann Azama's lead as president. In an interview, Dr. Weyland Lum outlined the reasoning behind the leadership training program reiterating that leadership skills can be taught and communication among members can be streamlined and refined.

Dr. Cortez's hope for the LDC is that it will one day be able to educate its members with more formal leadership

training through an institute or program. While the budget doesn't currently allow for professional training, developing our members remains a top priority. In business, companies which place the highest priority on developing these skills often receive the highest returns and the current leaders on the board hope for the same return in the lives of the CSPD membership. And for those reasons, the LDC continues to work diligently on finding funding or an alternate approach to a leadership workshop that would be treated as a new member benefit.

Dr. Aparna Aghi, who currently serves as one of the Northern Board Directors and chairs the Continuing Education Committee, started her involvement in the CSPD through the Warren Brandi Internship program. She describes the experience as "invaluable" and values the opportunity to "watch other leaders communicate, interact and achieve goals together." She continues to "use the techniques that [she] has observed...kindness, respect, and open communication with [her] staff, residents, and peers to achieve the goals of her private practice or UCSF's residency clinic. [She] also appreciates being surrounded by other practitioners who face the same challenges and issues that [she] encounters."

The JADA article highlights leadership and its necessity in the dental office, with our patients, and in our communities. At every level of experience, from residency onward, there are critical skills dentists need to develop as leaders to continue to grow and advance. Participation in organizations like CSPD is one of the many ways to develop those skills necessary for a growing practice and a healthy community.

Website Notes

Steve Niethamer, DMD, Website Editor



New website update

The Board's plan to redesign the website is delayed until a new format can be approved. SMA's Director of Technology, Justin Lewis, had finished moving the membership database into their newly purchased association management software and was beginning to move the old website information into the new website template when, after working with this new template, those involved

felt that the graphic look available was not what we needed to replace the old site. The Board decided that it is best to contract with a website graphics company that might be able to produce a website that will better reflect our organization.

Online Continuing Education Update

The new Online Continuing Education portal is now one year old. We have about thirty programs running and a few waiting to be added. Over 320 dentists have registered and about the same number of programs has been purchased. Some of the programs have been viewed over 128 times and others only a

couple. By far, the sedation programs are the most popular. Comments have been generally good. Many visitors have said that they like being able to stop for a break and backup to review again what the lecturer said or to take another look at the slides.

Over the last few months, the International Association of Pediatric Dentistry (IAPD) has completed their new connection to our OCE portal. Over 30 of their members from all over the world have registered and are able to view programs for free but without CE credits through a grant provide by NuSmile Crowns.

Nothing is perfect but the OCE portal has been running without very many calls for help. One viewer did partially crash the site requiring us to make some fast repairs and to rewrite some of the code to correct the problem and prevent it from happening again. Most of the calls involve viewer's inability to access accounts with incorrect passwords.

The future looks good for the OCE program. Our committee has some excellent new members who will add depth to the committee. We are beginning to renegotiate our relationship with AAPD as CSPD's CE credits are provided under the umbrella of AAPD's CE programs. And we are planning to tape most of the upcoming Annual Meeting in Monterey. We have a great crew to help with all of the recording, editing, and encoding but can always use more help. Give me a call if you are interested.

Western District Trustee Report

By Santos Cortez, DDS

The AAPD Board of Trustees held its most recent meeting while at the ADA Annual Session in New Orleans November 1, 2013. The following link is to the Actions of the Board that are published two to three weeks after the meetings:

www.aapd.org/assets/1/7/2013-11-01_Board_Minutes.pdf

The AAPD had a tremendously successful Annual Meeting in Orlando, Florida this year setting many attendance records and generating an unprecedented amount of net revenue as a result. Health Smiles, Healthy Children, the philanthropic arm of the AAPD, held it's first of a continuing "Dental Home" clinic in Orlando with many volunteer pediatric dentists and staff providing their time and talent.. The funding to the clinic will allow the children in that community to obtain dental care for up to one year after the clinic was held. A similar clinic will be held in Boston on the Wednesday of the meeting. You may want to consider participating as much needed care is rendered and the day is lots of fun as well!

The AAPD is in good financial health and has no less than one year's worth of operational expenditures in reserves. Conservative investment policies, management of funds, and good returns allow us to maintain over 10 million dollars in investments.

During 2013, the Board of Trustees (BOT) directed the AAPD CEO, John Rutkauskas, to negotiate a lease for additional office space in the ADA building to expand our headquarters. The ADA has provided rent concessions and a very desirable lease rate that will allow us to occupy an entire floor for our use. This will accommodate the needed office space for our growing organization. Further incentives from the ADA may be provided if the move in date is pushed to as early as March, 2014. Otherwise, the projected move in date would be May, 2014.

Weber-Shandwick, the PR firm that was selected by the BOT to spearhead a three year campaign, will strive to raise public awareness about the differences between pediatric dentists and other dental professionals providing care for children. As part of the rebranding, the following tag line has been launched: "America's Pediatric Dentists: The Big Authority on little teeth," as seen below:

AMERICA'S PEDIATRIC DENTISTS
THE BIG AUTHORITY
on little teeth

AAPD staff is currently working on ways to provide each member with marketing materials (written, DVD, etc) that can be used to promote their practice in their own community. There was discussion that the marketing campaign may have the most benefit for those practices in large urban areas such as Los Angeles, Seattle, New York City and others while the public relations campaign may not reach "small" markets as well. This is now being addressed. Additional information on this will be forthcoming.

Two telephone conference calls were convened in early December for the purpose of discussing pertinent issues in the Western District and for the Trustee to convey the decisions of the BOT as published in the AAPD web site. The conference call, which is usually held after the date that the minutes of the BOT have been made public, have served our district well by increasing the level of communication and participation by all involved. Of particular concern to our state and district leadership is the goal of convening a "State and District Leadership" Forum for the purpose of networking and sharing concerns of mutual interest with other districts. The inaugural meeting in Boston will be convened after the district caucus meetings and will help determine the level of interest that other states and district leaders have in holding future meetings. A facilitator for the meeting will be selected and the invited state presidents, district leadership, and AAPD leadership will be asked to participate to make this a successful and productive inaugural meeting.

With the support of a grant provided by Ultradent, the AAPD continues to support the Kellogg Leadership Institute training in Chicago.

With the support of a grant provided by Ultradent, the AAPD continues to support the Kellogg Leadership Institute training in Chicago. The fourth group has just begun their training and I am happy to report that we have three CSPD members that were accepted into this cohort. Jonathon Lee (Foster City), Francisco Ramos-Gomez (Los Angeles), and Sharine Thenard (Alameda) have joined colleagues from across the country for this leadership training program. By all accounts, the information presented is invaluable to the participants and should pay dividends for them personally as well as for developing future leaders in pediatric dentistry. Others from within the Western District, most notably past WBL and CSPD board member Jessica DeBord, are also undertaking this training. Congratulations to all!

At the AAPD's Legislative and Advocacy Conference in Washington, DC from March 3-5, advocacy training and congressional visits will be made by seasoned advocates as well as colleagues-in-training from across the country. CSPD supports the attendance of three to five interns from pediatric dental programs in California which includes the Warren Brandli Leadership interns. The California delegation will be led by CSPD's Executive Director, Ray Stewart, and we hope for another successful event.

The meeting of the AAPD Board of Trustees was held January 16-18, 2014 and details from this meeting will be available in the next Bulletin. As always, please feel free to contact me should you have any questions about the Academy. I may be reached by e-mail at scortezdds@gmail.com.



Foundation President's Message

Steve Gross, CDT

Eight years ago, I received a call from Mark Lisagor. After talking for a while, he asked me if I would consider a position as a trustee on the CSPD Foundation Board. First, as a "non-dentist" I was very surprised and extremely honored to be considered for this position. Second, I was

scared because I knew nothing about non-profit organizations and was nervous about sitting on a board with individuals that I respected and held in the highest esteem.

My first board meeting was at Mel Rowan's house where I sat at a big table with my fellow board members, many whom I'd known for years. I was very intimidated and felt that I was way out of my league. So I sat back, gathered my composure, and just listened to them discuss what they were trying to accomplish. At this point, I didn't know the difference between the CSPD and the CSPD Foundation. Fortunately, my fellow board members welcomed me with open arms. After that day, I knew I had to do my homework and learn all I could about how non-profit organizations functioned. Coming from a corporate background, the parliamentary procedure of the board meetings is very different from the world to which I am accustomed.

My first (and easiest) charge was to run the silent/live action at the CSPD/WSPD Annual Meeting. Initially, I had a difficult time understanding the culture of the Foundation and their purpose. Then it clicked. The Foundation is not the CSPD, it's a governing body whose sole mission is to use the generous contributions of the CSPD membership and its sponsors to enhance the educational opportunities for its membership and the post graduate pediatric dental programs in California.

Four years ago, I was asked to step up as the President of the Foundation. Again, I was surprised, honored, and apprehensive. While contemplating my decision, I told myself that this is another opportunity to learn. Since joining the board, there have been many changes: new board members, changes in governance, new executive leadership, and a complete overhaul in the size and scope of the Foundation.

There are too many to thank for the ongoing education I have received from the members and leaders of CSPD. Even though many things have changed, the Foundation's mission remains the same. We are still dedicated to supporting education for CSPD's members, CSPD's future leaders, and the educators and students in the pediatric dentistry post graduate programs in California.

The Foundation has funded and continues to fund research and faculty grants, Diamond sponsorship and resident support for the CSPD/WSPD Annual Meetings, lunch and learns for resident programs, leadership funding, two Warren Brandli Interns per year, and our most ambitious program, the Bridging the Gap faculty grants.

The Foundation is always in search of "Hot Topics" to present that affect pediatric dentistry and the members of the CSPD/WSPD. This year, our hot topic is Corporate Dentistry – Its Effect on Pediatric Dental Care. You won't want to miss this presentation! We have assembled a panel of speakers that we feel will best inform you of the pros and cons of corporate dentistry, its growth, and what affect it will have on you and your patients.

For almost 40 years, I have been involved with almost every area of dentistry in one capacity or another. I can honestly say that the CSPD is like no other. I'm sure that many of you would be surprised if you knew the many volunteer hours it takes to run this organization. This brings me back to the subject of my message, Education, which is the mission of the Foundation. It's only through you that we can accomplish our goal.

Thanks to all, past, present, future, young and old, who continue to contribute allowing the Foundation to promote and enhance education and make the specialty of pediatric dentistry stronger for years to come.

As always I welcome your comments and suggestions!

steve@SMLglobal.com



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Faculty Spotlight

By Justin Shuffer, DDS

Four Questions with Clarice S. Law, DMD



Clarice S. Law, DMD, MS is an Associate Clinical Professor in the Sections of Pediatric Dentistry and Orthodontics at UCLA School of Dentistry. Dr. Law received her DMD from Harvard School of Dental Medicine, graduating Magna Cum Laude in 1995. She completed specialty training in Pediatric Dentistry and Orthodontics in 1998 at UCLA School of Dentistry. Upon graduation, Dr. Law worked in private practice and joined the faculty at UCLA on a part-time basis. In 2000, she received a full-time appointment as Lecturer to serve as the Director of Predoctoral Orthodontics and completed a MS in Oral Biology. Since 2002, she has been in the Professorial series at UCLA School of Dentistry, teaching Pediatric Dentistry and Orthodontics to dental students and residents. She was previously the director of the Pediatric Dentistry program for dental students and the Acting Chair of the Section of Pediatric Dentistry. Dr Law is currently the Program Director for the UCLA Venice CHAT Pediatric Dentistry Residency Program. She is Board Certified in Pediatric Dentistry and focuses her practice on comprehensive care of the growing child at the Faculty Group Dental Practice at UCLA. She is married to filmmaker Ian Eyre, with whom she has two children – Jackson (8 years) and Kiran (5 years).

When you finished residency, how did you envision your future professional career?

I certainly didn't imagine that I would be doing what I am currently doing. When I finished my training, I was interested in teaching, but rather closed to the idea of full-time academics. I expected to be doing clinical dentistry full time which is what I did the first year. I worked for a general dentist providing care to the pediatric patients of the practice; I worked with an orthodontist a few days a week; and I volunteered a half day each week with the dental students supervising their pediatric clinical experiences at the Venice Dental Center. It was just a wonderful fluke that a part-time faculty position opened up at UCLA a year later right when I was considering my next steps.

When not teaching pediatric dentistry or orthodontics, how do you enjoy spending your free time?

I have two young children and a wonderfully supportive husband, so most of my free time is spent in typical family activities - soccer, play dates, rainbow looms, etc. We are also involved in a church community with a strong emphasis in the arts, which works well for my filmmaker husband who recently produced the Doritos "Cowboy Kid" commercial, which is competing to air during the Super Bowl. But secretly, after the kids go to bed, my mind often returns to the educational needs of the students and residents and to ideas on how to improve pediatric oral health. I dream during the evening hours of ways to change dental education, to use technology to change clinic or program processes, to improve basic behavior guidance techniques, to help students and residents become their best selves. Now that I really think of it, I probably was meant to do what I am currently doing.

What did residency NOT prepare you for?

I feel like I received solid clinical training at UCLA and felt well prepared to tackle practice one patient at a time. But despite what everyone told me about the substantial difference between a resident schedule and a private practice schedule, it was still a rude awakening. It took me a while to get used to multi-tasking and being efficient with my time. The other thing I had to learn was how to balance my expectations of ideal treatment with the realities of reimbursement. I'm still trying to figure out how to work with the third-party payer system.

Do you feel that anyone can maintain a private practice and keep a foot in academia?

If you're talking about clinical teaching on a weekly/monthly basis or providing periodic guest lectures ... absolutely! Please join us! I really feel that it's important for residents and students to be exposed to real world clinical practice during their training years. But beyond that, it starts to get complicated. To maintain a private practice means part-time faculty status. Unfortunately, the compensation scale for a part-time faculty member can almost be insulting to somebody who is used to the private practice income level. In the UC system, a part-time appointment rarely merits a professor title because the criteria for advancement in the university system emphasize a different skill set from what is important to success in private practice. These two issues have proven to be barriers to many people interested in part-time academics.

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Student Activity Report for California Pediatric Dental Residencies

Justin Shuffer, DDS

USC Pedo Study Club – Julie Jenks

At the end of the 2014 trimester, new officers were selected for the 2015 Pedo Study Club. The President is Evalina Jossefson, the Vice President is Andrew Vo, and the Secretary/Treasurer is Moshe Ezde. The following topics are scheduled to be presented in 2014:

- A review of local anesthesia in children and how to manage an emergency situation with pediatric local anesthesia and oral sedation
- Pediatric oral surgery
- Pulpotomy vs. pulpectomy, ways to truly prep, and dental materials to use in primary and permanent dentition
- A review of the application process for pediatric dental residency programs
- Orthodontics – types of appliances used and when to refer to an orthodontist
- Behavior modifications for pediatric patients

During the 2013, Fall trimester, the USC Pediatric Dentistry Selective students held a Health Fair competition. The students were divided into 4 groups, and each group was responsible for organizing the schools participation in community health

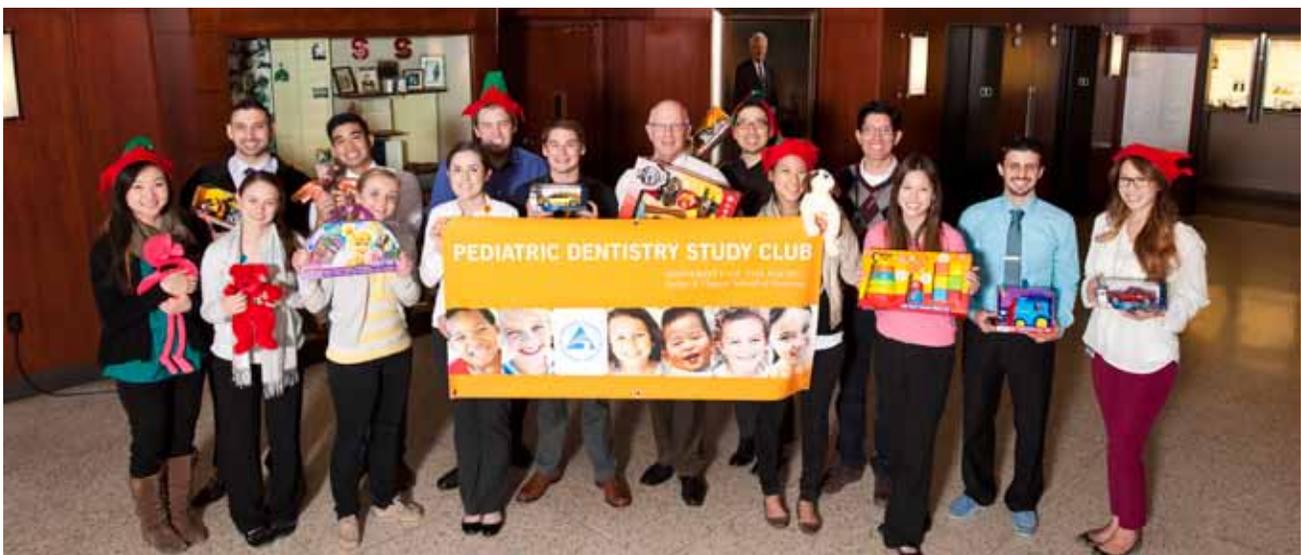


fairs. The groups were judged on student volunteer participation, set-up and tear down, and number of patients screened. PDS Group 4 (Deborah Loh, Lola Stanson, and Marissa Shragg) who organized the American Diabetes Association Fieria health fair participation won. At the end of 2013, the new 2015 USC Pediatric Dentistry Selective class was selected, and a welcome reception for the 2014 and the new 2015 classes was held in early January, 2014.

UOP – A. Jeff Wood, DDS

The Pediatric Dentistry Study Club held its Toys for Tots Drive between Thanksgiving and Christmas. The students collected 128 toys ... 13 more than last year. Thanks to the generosity of faculty, staff, and students, they got everything from vintage slinkies to a six foot tall stuffed monkey. At the recently held officers meeting, plans were made to hold officer elections, present school-wide

lectures on management of compromised first molars in pediatric patients and on the art of distraction in behavior guidance of pediatric patients, and hold panel presentations on externships & interviews at pediatric dentistry residency programs. They are also preparing for Pacific's first-ever Give Kids a Smile Event and will continue to present/discuss current literature articles at each of the meetings.



UCSF Student Report – Brent Lin, DDS

On October 17, 2013, the Student Society of Pediatric Dentistry (SSPD) at UCSF received the 2013 Excellence in Partnership Award given by the Office of Chancellor and Office of the University Community Partnerships Council for their efforts to reach out to the community and to provide oral health related activities in collaboration with other community leaders, public health agencies, and interested groups, such as the Bay Area Oral Health Zone. Student leaders, Michael Hong (class of 2015) and Sarah Forbes (class of 2014), and the faculty advisor, Dr. Brent Lin, each received a Certificate of Honor from the City and County of San Francisco by the San Francisco Mayor's Office. Led by the SSPD community outreach coordinator, Jolie Goodman (class of 2015), the student group continues to provide numerous outreach activities. Preparation for the upcoming Give Kids a Smile Day is underway with the UCSF pediatric dental residents providing hands-on-training on sealant place for the undergraduate dental students.

At the annual UCSF Research and Clinical Excellence Day, one of the summer research fellows, Jean Calvo (class of 2016), was invited to give an oral presentation on the topic "Advances in Dental Technology: How the Use of an Interactive Digital Patient Education Device Affects Children's Dental Anxiety." Dr. Brent Lin received his second Mentor of the Year Award in four years given by the John C. Greene Society.

Under the leadership of current SSPD president, Michael Hong (class of 2015), the group has completed several significant initiatives such as creating an informative website for the student group. The group also received \$1,000 of funding from a non-profit organization. Dr. Shirin Mullen, the past president of SSPD and

current third-year pediatric dental resident, has continued to provide a critical link between students and residents. Because of the continued success of the annual outreach event at the Camp Mendocino, the Bay Area Boys and Girls Club contacted Dr. Mullen in early December to plan for an upcoming event in summer, 2015.

Finally, the UCSF Center for Children's Oral Health Research (COR) was recently created. As a member of the COR steering committee, Dr. Brent Lin has worked with the student leaders to format a student section for the COR website and to include student membership in this new initiative. Pre-doctoral students have shown tremendous interest in pediatric dentistry and have participated in activities and courses offered by the Division of Pediatric Dentistry. Both pediatric dentistry elective courses (PD189) are completely full for the academic year 2014-2015 with a waiting list as students signed up one year in advance.



Lutheran Medical Center – San Diego

On 10/6/2013, the residents had their first outreach even when they participated in a community health fair reaching out to the foster children of San Diego. Being a new program, they were hoping to get their name out to the community. The event was attended by well over 700 people. For Halloween, all 6 of the first year residents dressed up for the holiday and cheered on the inpatients at Rady Children's Hospital of San Diego who were parading around the building. From December 7-8, 2013, the residents also participated in CDA cares, a volunteer dental clinic at the Del Mar Fairgrounds.

(Continued on next page 30)

Student Group Activity Report (continued from page 29)

UCLA Report – Chanel McCree, DDS

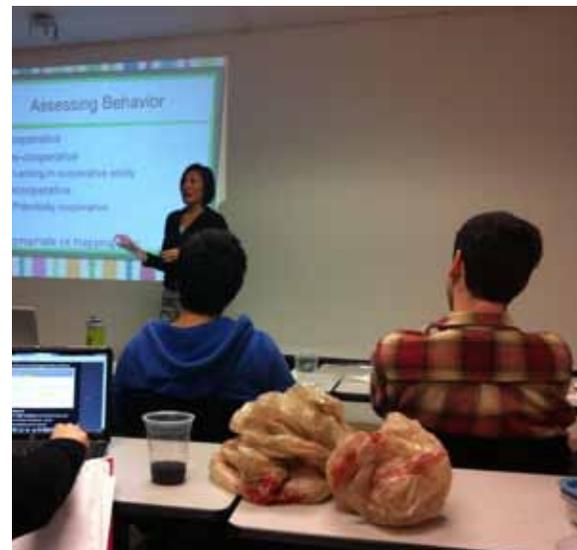
- UCLA SCAAPD's fall quarter started off strong with an introductory meeting. We explained our goals and events for the year to the newly arrived first year dental students. Following the meeting, 58 members joined the club for the 2013-2014 academic year!
- Our first event was a very successful and fun health fair at the Inglewood Southside Christian Church on October 19th, 2013 where we provided OHI, screenings, and fluoride applications to children of all ages. Both children and adults with dental needs were provided with referrals to local community dental clinics where they could receive free or low cost dental care.
- We began our educational lecture series with an introduction to pediatric dentistry presentation by Dr. Chanel McCree and Dr. Clarice Law. They provided insight into the specialty and the different types of residency programs offered, answered questions about the application process, and helped students learn more about the life of a pediatric resident and pediatric dentist.
- For our second educational lecture, the research chair of SCAAPD and Dr. Daniela Silva led a journal article literature review. They presented two articles that addressed the difficulties of treating children with ADHD and how to tailor your treatment plan for the care of ADHD patients.
- The research chair of SCAAPD also assisted our members in applying to be research assistants for the current pediatric dental residents. This year, twelve UCLA dental students will be assisting UCLA pediatric dental residents with their research projects!
- In December 2013, we held our annual school-wide fundraiser, selling "secret snowflake" candy grams to dental students. The funds from this fundraiser provide us with funding for OHI materials and food for the volunteers at Give Kids a Smile Day 2014.
- On January 9, UCLA SCAAPD sent volunteers to the Boys and Girls Club of Santa Monica, where they provided OHI and fun activities for the children to learn about oral health care.



OHI at Boys and Girls Club of Santa Monica



Health fair at Inglewood Southside Church



Educational lecture: Introduction to Pediatric Dentistry – November 25, 2013

OPTIMAL ORAL HEALTH FOR ALL OF CALIFORNIA'S CHILDREN...

For Today and Generations to Come.

The core mission of the CSPD Foundation is to advance the oral health of all California infants, children, adolescents and those with special health care needs – through the provision of funds to ensure, improve and support pediatric dental education at all levels.

With the support of our strategic alignment with the California Society of Pediatric Dentistry (CSPD), our dedicated volunteer leadership and our generous donors, we strive to uphold the tradition of excellence in pediatric dental education.



The CSPD Foundation...



- Awards research and travel grants to pediatric dental residents
- Provides faculty grants to part-time pediatric dental educators
- Develops and sponsors cutting-edge continuing education programs
- Supports leadership development for pediatric dental residents
- Sponsors “Lunch-and-Learns” for dental students interested in pursuing a career in pediatric dentistry
- Contributes funds for pediatric dental residents to attend annual CSPD meetings

THANK YOU TO ALL OUR DONORS AND SPONSORS!



A Catalyst for the Future of Pediatric Dental Education

www.CSPD.org/foundation

Give a little back. Please consider helping us to pursue our vision for pediatric dental education.

The Groper Appliance: The Story Behind the Name



Early in the 1970s, Dr. John Groper, a pediatric dentist in private practice, was experiencing an excessive amount of breakage with his pediatric partials. A traditional pediatric partial consists of pediatric anterior esthetic teeth set on the arch with a soldered wire embedded into each tooth and covered with acrylic. Breakage occurs when oral acids degrade the solder joints and the acrylic bond. Seeking a solution to this problem, Dr. Groper contacted his local lab to develop the idea of a new type of “unbreakable” pediatric partial.

Under his guidance, the new GROPER pediatric partial was developed. In this unique proprietary process, the patented “Groper pad” is welded to the arch wire. Pediatric teeth are then attached to each pad. The GROPER pediatric partial process has been used for over 30 years with great success and is still the gold standard in the industry.



When asked what he wanted as compensation for his idea, Dr Groper replied “Nothing. It’s my gift to pediatric dentistry.” His only request was that the lab fund the rebuilding of the USC Pediatric Dental Clinic laboratory. After funding was secured, the lab decided that a portion of the fee for each GROPER pediatric partial made would be earmarked to support many of the pediatric dental programs and societies throughout the United States. These provisions remain in operation to this day – thanks to the caring generosity and the devotion to pediatric dentistry of Dr. John Groper.

Dr. Groper is still an attending pediatric dentist at Children’s Hospital Los Angeles and Clinical Professor at USC School of Dentistry. He continues to selflessly support and develop new and innovative products and procedures to benefit children’s dentistry.



2014 Annual CSPD Foundation Presentation

“Corporate Dentistry and Its Effect on Pediatric Dental Care”

The goal of this program is to examine how corporate dentistry works and discuss its effect on the practice of pediatric dentistry and its patients.

Thursday, April 27, 2014, 2:00-5:30 PM (with one break)

MONTEREY HYATT, CSPD ANNUAL MEETING, 3.5 CE UNITS.

Program Cost: \$100.00

(Free to residents, current Foundation donors and their staff)



interdigitation. The anatomic form of this cusp is in direct relation to its primary role in reducing the fibrous nature of the bolus into a mass that is readily digested by the enzymatic action contained within the oral fluids. The proper introduction of salivary fluid into the bolus does improve the ability of the tissues to acquire adequate amounts of nutrients. Therefore the anatomic emphasis on cuspal form and function may provide a maximum level of nutritive intake. The unusual size and shape of the disto-lingual cusp is indicative of superior masticatory range of function and provides the highest level of functional dispersion. (Figure 3)

Enamel Depth and Distribution

The enamel depth covering the entire crown is somewhat thinner than might be expected of an early hominid. The protective action of the enamel is not emphasized in this very old molar and likely represents a decreased incremental response to external stimuli that is not currently present in modern human oral structures. The enamel covering is also distributed somewhat differentially as compared to the modern human counterpart. ⁴



Occlusal Surface

The occlusal surface of the other (the second) molar found at the site appears consistent with the anatomic form observed in many modern humans. While its trapezoidal shape is somewhat distinctive, it generally has a form that would not be considered unusual by present-day anatomic standards.

The central fossa is well delineated, as is the distal fossa with a disto-lingual groove. Certainly the lingual cusp (protocone) is easily observed and appears similar in size and volume to current living humans.

**FIGURE 4 -
(Occlusal View)**

However, this tooth also displays some of the lobulated features that can be seen in Figure 4.

Pulp Chamber

Using unconventional techniques the pulp chamber of these teeth have been shown to be of very large size. The multifunctional characteristics of the well-vascularized pulp tissue indicate that the molar might react favorably to external stimuli.

For additional data regarding the morphology of the Denisova molar see Supplementary Information 12 contained in reference 1. Your readers may be interested in a 10- minute film produced by the Max Planck Society that features Dr. Bence Viola delivering an overview of the Denisova acquisition. ⁴

Figures courtesy Max Planck Institute for Evolutionary Anthropology

FOR FURTHER READING

1. Genetic history of an archaic hominin group from Denisova Cave in Siberia.
Reich D, Green RE, Kircher M, Krause J, Patterson N, Durand EY, Viola B, Briggs AW, Stenzel U, Johnson PL, Maricic T, Good JM, Marques-Bonet T, Alkan C, Fu Q, Mallick S, Li H, Meyer M, Eichler EE, Stoneking M, Richards M, Talamo S, Shunkov MV, Derevianko AP, Hublin JJ, Kelso J, Slatkin M, Pääbo S. *Nature*. 2010 Dec 23; 468(7327):1053-60 Department of Genetics, Harvard Medical School, Boston, Massachusetts 02115, USA. reich@genetics.med.harvard.edu
2. <http://www.ncbi.nlm.nih.gov/pubmed/21179161>
Resourced in July, 2013.
3. http://en.wikipedia.org/wiki/Denisova_hominin
Resourced in July, 2013.
4. http://www.youtube.com/watch?v=eweVB0XPC_8

IN MEMORIAM:

William “Bill” Snaer, DDS

William “Bill” Snaer, DDS

Dr. Snaer was born in El Centro in 1933 to Bernard and Ann Snaer. He completed his undergraduate work at Loyola University and graduated from the USC School of Dentistry in 1958. In 1960, he was grandfathered in as a pediatric dentist and practiced in Pasadena for 15 years before moving his practice to Arcadia in 1978. Dr. Snaer served as President of the San Gabriel Valley Dental Society in 1972 and served on several committees for the AAPD in the 1970's. After 52 years of pediatric dentistry, he retired in 2010 where he spent summers in Lake Arrowhead and winters in Palm Desert. He had a passion for political campaigns and writing and was published in three local newspapers.

Dr. Snaer passed away on November 9, 2013. He is survived by his wife of 54 years, Mary, his children, Catherine Henry, RDH (Ed), Brian Snaer, DDS (Leanne), and Kevin Snaer, DDS (Shannon), and 10 grandchildren.

A Man Ahead of His Time

One of the outstanding pediatric dentists passed away this past November from complications from cardiac and respiratory disease. I got to know Bill when I would take my second year USC pediatric dental residents on their annual visits to his office in Arcadia, California. He was one of the first dentists who had an in-office computer. I was always impressed, as we sat in his office, at how he was at the business as well as the professional aspects of pediatric dentistry. He set an excellent example for the future dentists in both professionalism and practice management.

~ John N. Groper, DDS

NEW CSPD MEMBERS

Active Members:

Harbir Bhullar.....Hesperia, CA
 Phi LuongAston, PA
 Hope Ann NguyenSantee, CA

Life Members:

Steven Dickins.....Laguna Woods, CA
 Kenneth GreenstadtTorrance, CA
 Geoffrey Groat.....San Pedro, CA
 Charles Halterman.....Half Moon Bay, CA
 Mark Lisagor.....Camarillo, CA
 Martin RaymanSan Rafael, CA
 Arthur Solomon.....Discovery Bay, CA

Post-Doctoral Student Members

Neha Das.....UCSF
 Gina Graziani.....UCSF
 Brett Martin.....UCSF
 Staci RobinsonLutheran Medical Center -
 Southern California
 Manangkil RochelleColorado Children's Hospital
 Krunal SherathiyaUCSF
 Kristina Svensson.....Wisconsin Children's Hospital
 Christine Tran.....Herman Ostrow School of USC
 Anuhya Uppala.....UCSF

Upcoming Meetings & Continuing Education

CSPD

March 26-30, 2014: [CSPD's 39th Annual Session at Monterey Hyatt, Monterey, CA](#)

AAPD CE Meetings

April 25, 2014: [Risk Management Webinar](#)

May 22-25, 2014: [67th Annual AAPD Meeting, Boston, MA](#)

August 15, 2014: [Antibiotic Therapy in the Pediatric Patient: Indications, Resistance and Stewardship Webinar](#)

Sept. 4, 2014: [Oral Clinical Exam Review](#)

Sept. 5-7, 2014: [Comprehensive Review Course](#)

See www.CSPD.org and www.AAPD.org for more sponsored courses.

CSPD Professional Opportunities



- Opportunities Wanted
- Opportunities Available
- Faculty Positions Available
- Practices for Sale
Offices for Lease

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.

Significant Approved Motions from the January 11, 2014 CSPD Board Meeting

- Move to approve up to \$5,000 for a new web design and transition to a new platform.
- Move to approve the three candidates recommended by the Leadership Development Committee for the GSLA internship for 2014.
- Move to approve the submitted Life Member applicants.
- Move to amend the current wording that exists in the Policy and Procedure Manual regarding LDC's third duty from, "To recommend to the Nominating Committee at least one candidate for each elected and appointed leadership position," to "To recruit and forward to the Nominating Committee at least one candidate for each elected and appointed leadership position."
- Move to amend the Constitution and Bylaws such that the chair of the LDC is made a non-voting member of the Nominating Committee.
- Move to charge the LDC Committee with annually forwarding one name to serve as an at-large member of the Nominating Committee.
- Move to approve a Constitution and Bylaws change that would allow qualified members who apply for the Retired Life category of membership to teach one day or less per week in an accredited dental program and retain eligibility for this category of membership
- Move to approve a Constitution and Bylaws change that would allow qualified members who apply for the Retired category of membership may teach one day or less per week in an accredited dental program and retain eligibility for the category of membership.
- Move to approve the codification of the Past Presidents Advisory Group within the CSPD Policy and Procedure Manual
- Move to approve the proposed amendments to the CSPD Bylaws made by the Governance and Administration Committee regarding the ability to vote by electronic or mail ballot on amendments to the Constitution and Bylaws and the election of Officers and Directors.
- Move to amend the Policy and Procedure Manual such that the second duty of the Executive Director Evaluation Subcommittee is to:
- To review annually, the job description and contract of the Executive Director and make appropriate recommendations for update.
- Move to accept the slate of Officers and Directors for the 2014-2015 CSPD year as submitted by the Nominating Committee.
- Move to amend the Policy and Procedure manual such that the duties of the Nominating Committee include providing a paragraph or CV about each of the new Directors or Officers in their Board report in which they present their recommended slate of officers and directors for the upcoming CSPD year.
- Move to accept the Financial Reports as presented.

Report of the Meeting of the Dental Board of California

(continued from page 10)

At the request of Dr. Bruce Whitcher, an oral surgeon and immediate past president of the Dental Board, the California Dental Association assembled a stakeholder workgroup this past April to evaluate current statute and regulation and present proposed changes for consideration and possible action by the Board. Dr. David Rothman represented CSPD on the work group. A draft document was distributed to stakeholders in August and a finalized document was presented to the Board as an informational item at the November meeting. The matter was referred to the Board's Licensing, Certification, and Permits Committee for consideration at the next meeting of the Board this February.

***Comment:** The document presented to the Board was reviewed by an Expert Panel appointed by the Board of CSPD (Drs. David Rothman, Richard Udin, and Joseph Renzi), which recommended organizational approval. The Executive Committee accepted that recommendation and authorized support of the statutory language, which (1) replaced all references to "conscious sedation" with more accurate and contemporary language, (2) did not change the continuing education for renewal of the moderate enteral sedation (oral conscious sedation) certificate, and (3) did not make capnography monitoring mandatory.*

In the meantime, another stakeholder meeting will be convened in January for the purpose of considering regulatory change permissible under current statute. Dr. Rothman will continue to represent CSPD on the stakeholder group. Copies of the proposed statutory language may be obtained from CSPD Public Policy Advocate Paul Reggiardo (Reggiardo@prodigy.net).

CONSUMER NOTICE

As a result of legislation passed in 2011, the Dental Board of California adopted regulations requiring practicing dentists to provide a notice to patients in a conspicuous location accessible to public view that contains information that the Board is the entity that regulates dentists and provides a telephone number

and Internet address for the Board. This became effective in November, 2012.

Specifically, the California Code of Regulations, Title 16, Section 1065 requires licensed dentists to post the following notice in at least 48-point type:

NOTICE TO CONSUMERS

Dentists are licensed and regulated by the Dental Board of California (877) 729-7789 www.dbc.ca.gov

In March of 2013, the Los Angeles Dental Society requested that the Board consider changing the notice's requirement to state "Notice to Patients" rather than "Notice to Consumers," believing that the relationship between a doctor and his or her patient is very different from the business relationship between a barber or a contractor. In November, 2013, the House of Delegates of the California Dental Association approved a resolution supporting this action.

Acting on the request, the Board approved a motion to change "Notice to Consumers" to "Notice." By modifying this language, the Board noted that all individuals, including those not directly receiving dental services such as parents and guardians of minor patients or those who provide assistance to elderly patients, would be notified that dentists are licensed by the Board and would have access to the Board's contact information.

***Comment:** Since the modification makes no change in regulatory effect, it requires only a filing subject to approval by the Office of Administrative Law (OAL). If no objection is raised by the OAL, the change could take effect within 60 days of the filing.*

INCREASE IN DENTAL LICENSING FEES.

As related in previous reports, last year the Board acted to increase the initial dental licensing and biannual renewal fee from \$365 to \$450, the maximum amount allowable under statute, effective July 1, 2014. Other fees were increased as well. However, the current increase fails to eliminate the Board's future projected deficits. Therefore, the Board will seek authorization via legislative amendment to increase the maximum fees it may assess in order to sustain a positive fund balance.

The Budget Office of the Department of Consumer Affairs estimates that initial dental license and renewal fees should currently be set at \$525 to maintain a balanced budget. Based on both historical and projected inflation rates, the Board is recommending that the statutory fee ceiling should be set at \$700.

***Comment:** This will require introduction of a legislative initiative, an action that the Board directed staff to begin investigating and to report back at the February meeting on the progress of securing an author for the bill.*

29th
ANNUAL

CHARLES A. SWEET, SR. MEMORIAL LECTURE

Borders and Boundaries in Social Media and Pediatric Dentistry Practice

SPEAKERS:

Pamela Zarkowski, JD, MPH
Arthur A. Dugoni School of Dentistry

Saturday, April 26, 2014

Register: <http://dental.pacific.edu/ce1>
or (415) 929-6486



California Society of Pediatric Dentistry

1215 K Street, Suite 940

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