

The Westerner

Volume 17, Issue 1

Spring 2004

President's Message

I first would like to thank the membership of the Western Society for giving me the opportunity to serve as your President for the next year or so. I have enjoyed my increasing involvement with the diverse board membership of WSOMS and the personal relationships that come with the various positions. Mark Egbert did a wonderful job as President this past year and pulled off a very exciting, cutting edge presentation by four very talented and engaging speakers. The journey from pediatric anesthesia to osseous distraction in young patients to DNA methods used to determine the chance of developing oral cancer was very exciting information to hear. The golf tournament was excellent and the Western BBQ had an incredible array of culinary delights. We would always like to see more attendance at our Western meetings, and this meeting was no exception as many members chose not to participate. I would like to encourage the membership to attend our next meeting to be held over the Fourth of July weekend in 2005 at the St. Regis in Dana Point, California. You will be receiving more information about the meeting as the year progresses. I would like it to be a family weekend, and the St. Regis has wonderful beach and harbor access. The proximity to Laguna Beach allows you to enjoy the



Dr. Gary Carlsen

Festival of the Arts and the Sawdust Festival as well as the many shops and restaurants in the area. I hope to plan a Harbor Cruise in Newport Beach for the night of the 4th, so plan on heading home on the 5th of July.

Special thanks goes to Linda MacDonald, as well as our new President Elect, Gerry MacDonald for the wonderful job they are doing administering the Western Society from Reno. Linda is an excellent detail person and has taken the reins of the position with skill.

We really appreciated the input of our Trustee, Rick Crinzi, who is in his last year as Trustee for the Sixth District. Elgan Stamper managed to attend, despite a direct route from Hawaii and some type of virus that put him under the weather.

Congratulations, Elgan, on a great year as President of AAOMS. Jay Malmquist, our current Vice President of AAOMS was in attendance and gave great input at our Board Meeting. Jay informed me of some new material he is planning for the educational program in 2005.

We are joined by two new Board members from California this year. They are John Bond, Immediate Past President of CALAOMS and Andy Harsany, a former President of NCSOMS. They will add a great dynamic to our current Board.

It was wonderful to see our Western Editor, Donald Devlin fully recovered from a fractured right wrist and now able to continue helping with the newsletter. Linda MacDonald has become very proficient with Pagemaker in the interim.

I encourage the members to encourage others who are not members to join. This is a great organization with a more "laid back" attitude that puts on wonderful, fun meetings every year and also plans the District VI Caucus held in San Francisco in August. Saddle up, hit the trail and become a part of the continuing Western Society tradition!

Gary Carlsen, DDS
President –Western Society

Trustee Update

Colleagues:

I want to update you as to recent activities related to the “business” of AAOMS that I’ve been involved with as your Trustee. In February I spent three days in Chicago observing the American Board of OMS as it prepared for the oral portion of the ABOMS examination. The “calibration” process is arduous and the 50+ examiner’s work very hard to make the oral examination standardized and objective. I left with a better understanding of how HARD they work for the benefit of the specialty. The “pass” rate this year was 80+ % on the written and 90+% on the oral.

In mid-March I attended the ADA Leadership Conference 2004 in Washington DC. Over 500 dentists (many OMSs) participated and it was a very beneficial meeting. After orientation we spoke with our Congressional representatives to better educate them as to what dentistry’s role is in maintaining and improving the country’s oral health. The following issues were stressed: 1.) Improved access to oral health care for low-income children and adults; 2.) Help for dentists to treat the underserved and maintaining funding for general and pediatric dental residency training programs, which is eliminated in the 2005 federal budget; 3.) cosponsors for H. RES. 567, a resolution recognizing the ADA and its members, corporate sponsors, and the thousands of volunteers who helped make the second annual “Give Kids a Smile” program a success; and 4.) The benefit of



Richard Crinzi, D.D.S.

student loan interest deductions, possibly as an incentive to practicing in underserved areas. These and other OMS-related issues will also be discussed during the AAOMS Day on Hill Conference May 18 – 19. Contact Jeanne Tuerk for information on registration, Jtuerk@aaoms.org. It’ll be a productive meeting and fun as well.

The AAOMS Board of Trustees just completed its yearly “off-site” Board meeting. We meet with our “sister” organizations, the American Board of OMS and the OMS Foundation. We work together to improve the specialty and support its research and education goals. The Foundation is in the final phase of its Major Gifts’ Campaign and I encourage everyone to help. Contact Frank Kurtz (fkurtz@aaoms.org) and he’ll be happy to assist you with your opportunity to give back to the

Specialty. Other “highlights” from the meeting include:

OMSF

The OMSF board presented a status report on the foundation’s financial and investment position. OMSF is working with the Consultant Group of Columbus to effect a long-term resource planning model that will secure its future financial position. In other areas the OMSF board reported:

- 3i Implant Innovations Inc. has presented a \$250,000 grant to the foundation;
- Dr. John Zuniga has been appointed the OMSF representative to the Advisory Committee on Research and Technology Assessment (ACRPTA);

ABOMS

Drs. Edward Ellis, III and James Q. Swift of the ABOMS board reported on the computerization of the Oral and Maxillofacial Surgery Self-Assessment Test (OMSSAT – formerly OMSITE). The 200-item exam was administered during a two-week window that ended April 3, at Pearson Test Centers around the country. More than 780 residents and 50 AAOMS members participated in the examination. Kudos to the OMS residency programs that encourage residents’ continued participation in the test as well as to AAOMS members who took advantage of the opportunity to assess their current knowledge of the specialty. Next

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Perhaps you may disagree with the conclusion reached by some of the contributors to the JOMS. Their conclusions and therefore the answer to the question may be incorrect in your opinion. See how many of the answers in this issue you may agree with.

- I. When you are confronted with a patient with an orbital floor fracture, you wish to have as accurate an image of the fracture as is possible. Which of the following statements is true?
 - a) Image complexity due to overlying structures is a problem with computer tomography (CT)
 - b) The advantage of CT is the degree of radiation exposure received by the lens of the eye
 - c) Ultrasonograph, although widely available is expensive, however there is no radiation
 - d) Ultrasound could be used as an alternative method in the investigation of orbital floor trauma

- II. You are considering doing a combined maxillary and mandibular setback on a patient for correction of a Class III skeletal relationship. You know the following to be true:
 - a) Relapse of the mandible is influenced by the amount of mandibular setback
 - b) When using rigid internal fixation, the more the mandible was setback the greater the tendency to rotate the segment
 - c) The degree of overjet along with the mandibular incisor inclination shows significant differences when using wire as opposed to rigid fixation of the mandible for stability following double jaw surgery
 - d) The most important reason to use rigid internal as opposed to wire fixation in double jaw surgery is stability

- III. During orthognathic surgery, a 16 year old patient of yours develops an acute hypertensive crisis resulting in pulmonary edema and myocardial ischemia. You know:
 - a) Pulmonary edema frequently may arise with an endotracheal tube in place
 - b) Myocardial perfusion is dependent on systolic phase of the cardiac filling cycle
 - c) Reduced left-sided cardiac function causes a decrease in pulmonary capillary pressure and resultant pulmonary edema
 - d) Should increase blood pressure be severe or prove persistent, the administration of nonselective beta-blockers, angiotensin-converting enzyme inhibitors, or nitrates would be prudent

- IV. An eighteen year old young lady presents herself for the removal of an impacted wisdom tooth. Your feeling about the need for prophylactic postoperative antibiotic treatment and antibiotics in general is:
 - a) The ideal antibiotic agent for a particular clinical application should be nontoxic and have as broad a spectrum as possible
 - b) Since there is a significant risk of infection in the removal of an impacted lower third molar, it is important to select the appropriate antibiotic for prophylactic use
 - c) There is no difference in the infection related complication rate after removal of bony impacted teeth in patients receiving pre- as opposed to post-prophylactic antibiotic therapy
 - d) The postoperative and oral prophylactic antibiotic treatment after removal of lower third molars has little if any benefit.

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District VI News

year any members who want to “study/refresh” in preparation for recertification may sign up for OMSSAT – the Oral and Maxillofacial Surgery Self-Assessment Test. It promises to be a well thought-out and standardized examination at a reasonable cost. It will serve as an excellent review and educational tool through testing with both questions and answers provided. Anyone interested should visit the ABOMS Web site at www.aboms.org.

In addition, ABOMS representatives reported that the ABOMS written qualifying exam was offered via computer, similar to OMSSAT.

AAOMS

In addition to meetings with OMSF and ABOMS, the board considered many other issues of importance. Following are some of the meeting’s highlights:

Treasurer Ira D. Cheifetz, DDS, announced favorable year-end financial results. AAOMS experienced a 14% increase in revenue during 2003, as a result of the increase in member dues and higher royalties from OMSNIC, which included a special \$100,000 royalty, OMSVision and ASI programs. In addition, actual results outperformed budget expectations in the meetings area. When the association decided to move the annual meeting from Toronto to Orlando, the AAOMS membership rallied to the cause. Not only was registration strong, but additional exhibitors participated in the event, resulting in increased revenues. The joint AO/AAOMS conference also exceeded expectations, with

AAOMS receiving over \$100,000 as part of the profit sharing agreement (the conference was budgeted at breakeven).

Dr. Cheifetz also reported that OMSVision, the practice management software system developed through a partnership between Discus Dental Software and AAOMS, is performing well and gaining wide acceptance throughout the specialty. Since its introduction at the 2003 Annual Meeting, 129 licenses have been sold.

The CDC Infection Control Guidelines Task Force, of which I am a member, has reviewed the Guidelines and will continue to work with the Centers for Disease Control on future revisions and initiatives. Specific areas addressed by the Guidelines were referred to the Advisory Committee on Research and Technology Assessment (ACRTA) for further input.

The Advisory Committee on Research and Technology Assessment (ACRTA) has requested its name be changed to the Advisory Committee on Research Planning and Technology Assessment (ACRPTA) to accommodate the committee’s goal of developing a 20-year research plan for OMS that will ensure the viability of the specialty as new procedures, technologies and sciences evolve. ACRTA recommended redistribution of a research activity survey to residency programs along with the CRET annual residency program questionnaire.

A position paper on orthognathic surgery developed by the Special

Committee on Cleft Palate and Craniofacial Anomalies (SCCPA) was amended and referred back to the committee for review. With an estimated 10% of the population suffering from a skeletal malocclusion, the preparation of this paper is both appropriate and timely. Read the entire position paper online at aaoms.org.

Funds were allocated to the American Dental Education Association (ADEA) in support of its November 2004 workshop on implant overdentures. The board agreed that as dental implants become widely accepted, it is important to familiarize general dentists with the benefits of implant overdentures.

Massachusetts General Hospital has prepared a model surgical site for minimally invasive surgery and is recommending that sites be established in the Chicago area and, possibly, on the west coast. AAOMS will seek outside funding for this venture. Further information will appear in an upcoming article in *AAOMS Today*.

Journal of Oral and Maxillofacial Surgery Editor-in-Chief Dr. Leon A. Assael and *AAOMS Today* Editor Dr. Daniel M. Laskin provided updates to the board on their respective publications.

An update on the 2004 AAOMS/ Insurance Industry Fly-In was provided. This annual meeting continues to serve as an excellent venue for the exchange of information and ideas for improving the claims process.

dental implants, which is scheduled for publication October 1, 2004. The project is progressing on schedule,

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with design concepts being finalized and article development underway.

Dr. Raymond P. White, principal investigator for the AAOMS Third Molar Study, provided a status report on the study's progress. We continue to accumulate valuable scientific and statistical information. More than 30 abstracts/papers have been prepared from study results thus far.

After the Board of Trustees meeting, I flew directly to the Western Society of OMS Meeting in Las Vegas. President Mark Egbert and the Western Board, with the help of Executive Secretary Linda MacDonald, had an excellent meeting. Drs. Leonard Kaban, Bonnie Padwa, Jeff Bennett and Maria Troulis presented on pediatric oral and maxillofacial surgery. I encourage your participation in the WSOMS – it's a benefit to our trustee district and the specialty.

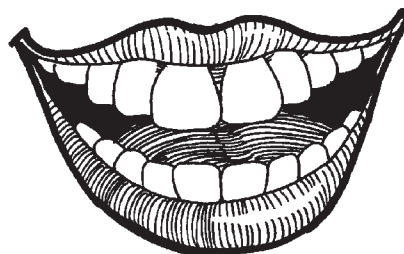
Well guess this is enough (some will say too much). Sorry for all the "I's" in this report because AAOMS is a "We" association that needs your support. Thanks for the opportunity to represent you and the 6th Trustee District. Let me know if you have questions or need assistance. Good Wishes.

An Update from the Secretary's Desk

A very special THANK YOU to the board and membership for all your support and kind words. As in Dr. Crinzi's and Dr. Carlsen's messages to the members, the meeting, although small was well received by those in attendance. Las Vegas had some of the worst weather in 60 years during the first two days of the meeting, resulting in last minute cancellations. We hope that future meetings (the St. Regis in Dana Point in 2005 and Silverado in Napa Valley in 2006) will show increased attendance. Both of these meetings will be held over the 4th of July, and the Board hopes to keep this time frame for all future Western Society Annual Meetings.

The Society continues to be on the cutting edge for locations and speakers for the annual meetings, so support from the membership is crucial to keep this going. If there is anything you need or problems you would like to share with me, please feel free to either e-mail or call.

*Linda MacDonald,
Executive Secretary*



**SAVE THE DATE!!!
WSOMS
ANNUAL MEETING**

**St. Regis Monarch
Beach Hotel
July 1-5, 2005**

**Dana Point, CA
Speakers:**

**Dr. Jay Malmquist
Dr. Tony Pogrel**

**For Information call
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Dr. Chuck Walter (WSOMS Past-President) Dr. Lisa Egbert and Dr. Mark Egbert (WSOMS President) enjoy a relaxing moment after the Western BBQ.

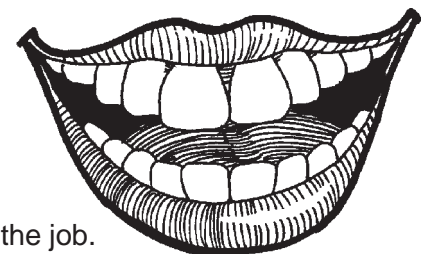


Dr. Robert Rinaldi (AAOMS Executive Director) and wife, Cindy, smile for Dr. Devlin's camera.

Dr. Mark Egbert (right) has a photographic encounter with the program speakers: (From the left), Dr. Bonnie Padwa, Dr. Jeff Bennett, Dr. Leonard Kaban and Dr. Maria Troulis.



Dr. & Mrs. W. Mark Tucker (AAOMS Candidate for Vice President) are ready for another evening with the WSOMS membership.



Your Secretary on the job.

Are you reading your Journal?

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- V. Osteogenic sarcoma of the mandible presents many challenges the clinician faces when attempting to treat such a condition. Which of the following statement is true?
- a) In general treatment strategies developed from extremity osteogenic sarcoma are appropriate for those arising in the jaw
 - b) Magnetic resonance imaging (MRI) is of little benefit in determining the extent of a mandibular lesion (osteogenic sarcoma)
 - c) The use of radiation alone is unacceptable in the treatment of osteogenic sarcoma
 - d) There is no survival advantage in patients receiving treatment for osteogenic sarcoma when chemotherapy accompanies surgery
- VI. A markedly obese patient presents herself for removal of four impacted wisdom teeth. Which of the statements is true regarding the management of an obese patient?
- a) One should calculate the ideal initial doses of anesthetic agent based on the actual weight of the obese patient
 - b) Nitrous oxide is a logical adjunct to anesthetic agents administered to obese patients because of its lipid solubility
 - c) The use of capnography may be of great help in evaluating obese patients undergoing sedation
 - d) For short procedures on obese patients (a single tooth extraction) methohexital is preferred to propofol

FOR YOU WHO PLAN AHEAD

Please plan to attend the 2006 Western Society of Oral and Maxillofacial Surgeons Annual meeting at the Silverado Golf and Country Club in the beautiful Napa Valley of California. The meeting will be held over the 4th of July week and will offer 12 hours of continuing education, family activities, golf, tennis and spa facilities.



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What are the Members Doing?

HONDURAS—A COUNTRY IN NEED

by Dr. Ron Worley

Just 2 hours south of Houston, there is a world where life is very different from ours. A 3 year old girl, Mirka, has a large cystic hygroma that is accepted as “God’s will” and a 12 year old boy, Corby, with a diagnosis of dermatomyositis, but because of poor communication, his family believed he had cancer and assumed his death was imminent. Situations like these occur every day because of the lack of medical support to the rural people of this country. In the USA we have grown to EXPECT, or perhaps DEMAND, treatment for conditions like these. These kids and many others are destined to live their lives disfigured or die young like Corby. In the United States this would never happen.

In 1998, I had the pleasure of visiting the Bay Islands of Honduras with “International Living” (www.internationalliving.com). A chance meeting with the owner of a lodge on Utila changed my trip and the direction of my life. Kisty Engle spent several hours describing the “terror” she had experienced living on a remote island, Utila, off the northern coast of Honduras. This island had no physician and medical care available on by boat or air when the weather was good. She asked for my help.

It seemed a simple project. I found a Honduran physician willing to move to Utila, brought my office staff down to clean and organize their “filthy” clinic, and sent an ambulance full of supplies. That was the beginning of

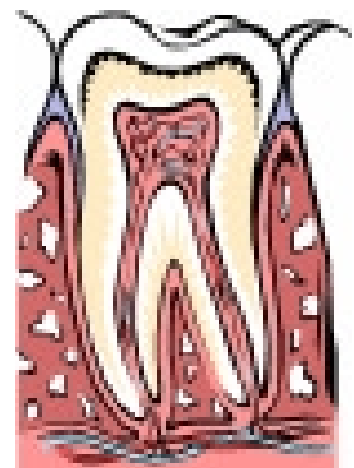
FROM THE HEART FOUNDATION. Not long after that, the governor of the Bay Islands, Dorn Ebanks, encouraged me to examine the needs of the east end of the island of Roatan. This is a poor, sparsely populated area with residents who are heavily dependent on the sea for their survival. There was no adequate medical care in this rural area. It was obviously an area with people in great need.

A visit to the town council of Punta Gorda with Dr. Amanda Everett, a physician who grew up on Roatan, resulted in the donation of a parcel of land for the construction of a clinic in a perfect central location on the main road. That was January, 2002. Challenges ensued with permitting, bureaucrats who wanted kickbacks, and contractor challenges. But on the positive side, there was also an outpouring of support from Roatan as well as from the USA. The generosity of hospitals, clinics, private physicians, dentists, and dental supply companies was astounding. In August, 2002, a forty foot container left Seattle bulging with equipment and supplies for the 5500 sq. ft. clinic that was completed in September, 2002.

Since October, 2002, the clinic has operated with two Honduran physicians; Dr. Amanda Everett and Dr. Zeni Duarte; a dentist, Dr. Shari Webster, a nursing staff and office support staff all from the local community. The Foundation’s plan for this project was to build a quality facility that allows delivery of quality care, staff it with local talent, and support the growth with a stream of volunteer health care professionals

from the US. We have had a number of talented volunteers visit and help the staff by sharing their knowledge and skills. Our experiences have shown that this is a model that works. We are now in negotiations with the Minister of Health of the Government of Honduras to utilize our clinic as part of a pilot project for a countrywide health care reform.

The completion of this clinic has been an experience I will never forget, but the ongoing maintenance and operation of the clinic is a financial challenge. We now have an income of \$3,000/mo. and expenses of \$7,500/mo. Financial support is crucial at this time. I encourage you to take a look at the web site, www.fthfoundation.org, and if you see a match with your values, please fill in the volunteer application or send a financial contribution to the From The Heart Foundation, 1308 Pioneer Way, Moses Lake WA 98837.



WSOMS Meet Your Board Members



Dr. Andrew Harsany

Dr. Andrew Harsany attended Loma Linda University Dental School of Dentistry and received his dental degree in 1967. He served in the United States Air Force Dental Corps and then completed his Oral & Maxillofacial degree from Loma Linda University School of Dentistry.

In 1972 Dr. Harsany opened his private oral & maxillofacial surgery practice near Regional Medical Center in North San Jose, where he practiced for over twenty-nine years and continues to be an Active Member of the staff. In June 2002, he relocated his practice to the Evergreen area near the Villages Country Club in Northeast San Jose.

Dr. Harsany is a Past President of the Northern California Society of Oral & Maxillofacial Surgeons. He is a Fellow of the California Association and the American Association of Oral & Maxillofacial Surgeons. He has also served on the Board for the local Santa Clara County Dental Society.

In 2000 he was initiated into the American College of Dentists. He is a member of the American Dental Association, American Dental Society of Anesthesiology, California Dental Association, California Association of Oral & Maxillofacial Surgeons, Santa Clara County Dental Society, and the Western Society of Oral & Maxillofacial Surgeons.



Dr. John Bond

Dr. Bond is currently a practicing OMS in Los Gatos, California where he has been since 1988. His formative years were spent growing up in Idaho and Colorado. He attended the University of Idaho graduating in 1969 and subsequently entered the U.S. Navy as a Naval Flight Officer flying A-6 aircraft out of Whidbey Island Washington and off the USS Coral Sea.

Following his tour of duty, Dr. Bond attended Washington University School of Dental Medicine in St. Louis from 1975-78. Dr. Bond then did his Oral and Maxillofacial Surgery training at Cook County Hospital in Chicago from 1978-81. After completing his OMS training he returned to the Navy and was stationed in San Diego, California and Yokosuka, Japan until leaving to enter private practice in August, 1988. Captain Bond remained in the Naval reserves, retiring in 1998.

John has always been actively involved in organized dentistry and oral and maxillofacial surgery at local, state and national levels. He was the last past president of the old NCSOMS, and he is the immediate past president of CALAOMS and currently serves as the Chairman of the Committee on Membership for AAOMS. Dr Bond very much looks forward to serving on the WSOMS Board of Directors. In addition to oral surgery, his most current passion centers around designing and building a handcrafted log home north of Sandpoint, Idaho on some family property homesteaded by his great grandfather in 1906. His wife, Diana, and he have two successful and married children, Jeff and Chelsea, and is soon to be a grandfather with all the joys that is bound to bring.

QUIZ ANSWERS

- I. d. Reference: Jank S., et.al: Ultrasound versus computer tomography in the imaging of orbital floor fractures. JOMS 62: 150, 2004
- II. a. Reference: Politi M., et.al: Stability of skeletal class III malocclusion after combined maxillary and mandibular procedures. JOMS 62: 169, 2004
- III.d. Reference: Kademani D, et.al: Acute hypertensive crisis resulting in pulmonary edema and myocardial ischemia during orthognathic surgery. JOMS 62: 240, 2004
- IV.d. Reference Poeschl, PW, et.al: Postoperative prophylactic antibiotic treatment in third molar surgery--a necessity? JOMS 62: 3, Jan 04
- V. c. Reference: Carlson, ER, et.al: Sarcoma of Mandible. JOMS 62: 8, 2004
- VI. c. Reference: Chacon GE, et.al: Management of the obese patient undergoing office-based OMS procedures. JOMS 62: 88, 2004
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Past-President's Message

Greetings from your now "Immediate Past President. The Western Society of Oral & Maxillofacial Surgeons annual meeting was held April 2 – 6 in Las Vegas at the beautiful J.W. Marriott Resort, Spa and Golf. The gathered membership enjoyed four half-day sessions filled with a varied and interesting educational program. Dr. Jeffery Bennett from Indiana University presented a wealth of material on the anesthetic management of the pediatric patient, a topic greatly appreciated given the occasional anxiety created by the pediatric patient in many OMS practices. We certainly thank Dr. Bennett for his efforts in casting many "pearls." On Sunday morning, Dr. Leonard Kaban presented his keynote address, "The Biomedical Revolution" which led off the remainder of the weekend's presentations on topics in pediatric oral and maxillofacial surgery. Dr. Kaban has been an invited keynote speaker at many national and international meetings. We are truly honored to have had Dr. Kaban come to our Western Society annual meeting. Dr. Bonnie Padwa and Dr. Maria Troulis accompanied Dr. Kaban from the Boston Children's Hospital and the Massachusetts General Hospital. Their presentations were all engaging, well received, and excellent. This was a unique opportunity to hear from and interact with a renowned panel of speakers in the comfort of an absolutely first-class resort facility. I am grateful to each of our speakers and I appreciate all of their efforts in organizing and presenting such an excellent program.



As I have come to the end of my tenure, I would like to take this opportunity to share and reflect on the state-of-the-society for the Western Society. Your new Society president is Dr. Gary Carlsen from Huntington Beach, California. The Society is in good hands. Dr. Carlsen has a wealth of experience at the state and national level in organized dentistry and oral surgery leadership positions. He will enjoy, as I have, the support of the dedicated volunteers who are his fellow Western officers and board members. This year, Drs. Hank Windell and Chuck Walter have rotated off of the Board. Our gratitude to them for their years of dedication, service, and support of the Western Society is substantial and sincere. Both have been significant role models for me, and I am honored to call each of them a friend. Two new board members have been elected. Dr. John Bond, and Dr. Andy Harsany from California will be joining the rest of the Western Board for their first meeting at the Summer Caucus in August. Each brings a new

perspective and will, I'm sure, contribute well to the Western Society.

All of these gentlemen, and the men and women who preceded them, have understood the importance of the Western Society as our regional forum where we can come together to deal with issues and concerns that affect our daily practice lives. Without our collective strength, the dispersed membership of the Western States would keep most of our constituent organizations in the position of having no influence. Our success as an organized regional society is obvious. We have had three officers elected to the AAOMS in the past several years, and from those successful campaigns we have gained respect across the divide. The "cowboys" have united, and we are strong. Our challenge now is to stay involved and continue our national influence rather than to return to our previously ineffectual every-state-for-itself modus operand.

We were fortunate to have the two current candidates for AAOMS Vice-President attend our annual meeting. Each was provided the opportunity to address the Western Board and the general membership at the annual business meeting. Drs. Seago and Tucker are to be commended for their mutual insistence on running absolutely first class campaigns without so much as a hint of negativity. Each presented his own thoughts regarding the challenges facing our society, and the strategy he will employ to meet those needs. I was pleased to hear each mention the

future success of the AAOMS being dependant on the recruitment and retention of new members. Certainly recognizing the increasing diversity of new and future OMS providers demands that the AAMOS must adapt in its form and function to retain significance as a national organization. This same tenant is of equal importance to our regional society. If we are to survive and retain a national effectiveness, we must also recognize the new generation of OMS providers within our midst. We must show them the importance of the local, regional, and national organization of oral surgery, and we must make them welcome, accepted, and valued members of our organization. By encouraging their involvement, and by accepting their input, we must garner their participation in the future success of organized oral and maxillofacial surgery. The challenges facing our specialty from outside dentistry, and perhaps the greater challenges facing us from within dentistry demand that we engender the very best from our talented young cadre of new OMS providers. Why is this now more important than at any other time? Because some current predictions for the future of OMS are not pleasing...

Predictions I've heard: (perhaps fate accompli in your own back yard)

- 1) OMSs place fewer implants than periodontists. The periodontist is the recognized implant expert in the community by all new and future dentists.

- 2) OMSs remove fewer third molars than periodontists. The periodontist is the recognized dentoalveolar surgeon in the community.
- 3) There will be no young OMS to buy or take over your practice.
- 4) Challenges from similar medical specialties will all but eliminate the need of oral and maxillofacial surgery in ERs and hospitals. This will occur over time as fewer and fewer training programs have adequate attending staff to meet the everyday competition for the ER call.
- 5) There will remain a few centers of OMS strength around the country. Unfortunately these will produce far too few OMSs to meet the national demand and need. Periodontists will meet the dental community needs. ENT and Plastics will handle the rest.

Salvation from these predictions will only come with the election of AAOMS leaders who understand that each of these things is inevitable without a significant alteration to the way OMS education is approached in the dental school environment and within our residency programs.

Changing and improving OMS education, however, depends on having OMS educators to do the job. We must make becoming an OMS educator a more attractive career option. I hear repeatedly that it is "not just money" that makes an OMS academic career attractive and of course that is correct. Life-style,

intellectual stimulation, research opportunities, and other attributes of the Ivory Tower are also inviting. On the other hand, lack of money will absolutely drive even the most dedicated individuals away from academic careers. So, what is keeping the "best-and-brightest" from careers in academia? Why are there not enough young faculty members flooding the corps? It is not that the academic environment isn't attractive. The root of the problem is money; or rather, the lack of money. Attempting to solve this problem by making any other changes to academic positions other than improving the monetary rewards will doom our specialty to suffering the predictions that have been made. The best-and-the-brightest will not long accept that their private-practice colleagues pay more income tax each year than the academic takes home in gross income.

I would challenge the new leaders of the AAOMS to find a solution to the disparity between academic and private incomes. Even more, I would challenge them to recognize that this is the most important threat facing our specialty; the solution to this problem will determine the future existence of oral and maxillofacial surgery as we know it today. People, it IS the money.

And now, having said my piece, I will also like to say "thank you" once and again for this past year as your Western Society president. Good health and fortune to you all.

WSOMS Bylaws Revisions

In a recent review of the WSOMS Bylaws the Board of Directors has made recommendations for changes to reflect the way our organization currently operates. These changes are presented here for your review prior to a vote by the membership.

Recommended changes are indicated by italicized and underlined text while text to be deleted is indicated by strikethrough.

Section II - Qualifications and Privileges for Membership

A. Active Member

Membership shall be limited to members *in good standing* of the American Association of Oral and Maxillofacial Surgeons who ~~hold active member or fellowship status and who~~ practice their specialty within the geographical confines of the Society. All Active Members shall have the right to vote and hold office in the Society. Active members shall be responsible for full dues and/or fees.

B. Associate Member

Membership shall be limited to members *in good standing* of the American Association of Oral and Maxillofacial Surgeons who ~~hold active member or fellowship status and who~~ practice their specialty outside the geographical confines of the Society. Associate members shall be responsible for full dues and/or fees. Associate members may not vote, serve on committees or hold office in the Society.

The above changes have been recommended to allow any member in good standing in the AAOMS to be an active or associate member of the WSOMS. This would allow retired members of the AAOMS to continue as active or associate members of the WSOMS.

Section III -Membership Procedures

- A. Applications for membership are available upon request from the Executive Secretary of the Society.
- B. All applications, when completed, shall be forwarded by the Executive Secretary to the Board.
- C. Upon approval by the Board, applications shall be presented at the annual business meeting of the Society. Acceptance shall be by a two-thirds vote of the members present.
- ~~D. Candidates who are rejected for membership shall be permitted to re-apply for membership at the next annual meeting.~~

The recommendation to strike this paragraph is based on the fact that membership in the AAOMS is a prerequisite for membership in the WSOMS. The Board of Directors could not conceive of an instance a member in good standing of the AAOMS would be denied membership in the WSOMS.

Section V - Termination of Membership

- A. Any member of the Society may resign by notifying the Secretary-Treasurer, in writing, and returning the Certificate of Membership.
- B. A member shall be disqualified from active membership by failure to limit practice exclusively to Oral and Maxillofacial Surgery. If exclusive practice is resumed, the member may re-apply for membership after demonstrating that the practice has been limited to Oral and Maxillofacial Surgery for three years.
- C. Members who fail to pay the required dues and/or fees within six months from the due date shall be terminated for non-payment of dues and/or fees. Before a member may be terminated for nonpayment of dues and/or fees, a registered letter will be sent at least 30 days prior to termination. Members who desire to re-activate their status within the Society after termination for nonpayment of dues and/or fees may be reinstated with the payment of a penalty equal to any past dues and/or fees.
- D. ~~A member may be expelled from the Society on the basis of written charges showing action by the member in violation of the Code of Professional Conduct or pledge of the American Association of Oral and Maxillofacial Surgeons. Such charges shall first be investigated by the Ethics Committee. A member shall have the right to appeal. The Board shall hear the appeal and act as the Judiciary Committee. Final actions of disciplinary hearings will be published in the next *Westerner*.~~

The recommendation to strike this paragraph is based on the fact that membership in the AAOMS is a prerequisite for membership in the WSOMS. Should a member be in violation as stated above, it would be the AAOMS who would initiate any investigation and hold a hearing if necessary. It would be redundant and possibly for the WSOMS to conduct a parallel investigation.

SAVE THE DATE!

**Western Society
Of Oral and Maxillofacial Surgeons
Annual Meeting
July 1-5, 2005**

**ST. REGIS MONARCH BEACH HOTEL
Dana Point, California
Speakers: Dr. Jay Malmquist
Dr. Tony Pogrel**

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The Westerner

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