CALIFORNIA ACADEMY of GENERAL DENTISTRY

GP NEWS

The Publication Exclusively for the GENERAL PRACTITIONER

Volume 42, Issue Number 1 *February, 2018*

DR. LEW ASCENDS TO NAT'L OFFICE; DR. ACHESON NEW CALIFORNIA AGD TRUSTEE

California AGD's National Officers

James H. Thompson, **DMD**, **FAGD**, *Past CAGD Trustee and Past President, San Diego*

We are fortunate this year to have had Dr. Michael Lew run for AGD Secretary *(a national office).* Mike served the CAGD as Regional Director and National Trustee. He is now an AGD National Officer and will serve on the AGD's Executive Committee. The last CAGD dentist to hold national office was Dr. Kevin Anderson of San Diego, serving as Treasurer.

Dr. Lew resigned as CAGD's Trustee to the national AGD. An election was held to fill the vacated Trustee position and Dr. Guy Acheson was elected. Dr. Steve Lockwood is our Regional Director. This is a good time to discuss what the positions of Trustee and Regional Director are in the organizational map of the AGD.

The Academy of General Dentistry is the largest organization of general dentists. We currently have about 38,000 general practitioner members in the United States, Canada and Puerto Rico. The membership is open to general dentists of other nations, but to date there are very few members outside of the United States, Canada and Puerto Rico.

Our organization in broken into twenty Regions. California is a Region unto itself. Each Region has a Director who is elected to a maximum of two terms of three years.

This is a volunteer position whose duties are to:

1. Report to the AGD the status and condition of the Region to the AGD Board of Trustees.
2. To represent the Region to the AGD Regional Directors.
3. To see what services that the AGD can provide to the Region.
4. To develop membership enhancement programs.
5. To find strategies to grow the membership of the Region and the AGD.
6. To serve as the leader of the Region's Caucus to the Academy of General Dentistry House of Delegates.

This is a very important position and the person seeking the office has usually been a past president of the California Academy of General Dentistry. We have been fortunate to have Dr. Stephen Lockwood from San Diego serving the CAGD. Dr. Lockwood has travelled to Chicago many times and to the AGD Annual Meetings to represent the CAGD.

Dr. Lockwood states; "The Regional Director encourages the CAGD individual leaders to be authentically engaged as ambassadors of the AGD involved with pre-dental students at universities, availing themselves to mentoring and volunteering as well as active involvement with various dental organizations from ADA, CDA, and County Dental Societies.

"The RD needs to remain involved with their respective local constituent and component leaders adding collaborative advice and perspective to proposed programs. Leadership by serving others is paramount. The example set by an RD is equally important such as attaining Fellowship and Mastership status and the pursuit of lifelong service to the AGD.

"Finally, the position mandates attention to the various opportunities to advocate for AGD members and our profession. Understanding the issues and listening to our colleagues puts us in a position to proactively educate and influence the direction of the AGD in support of our members. The intangible attributes of experience, collegiality, and social intelligence are part of any effective RD."

Because of this the CAGD has become a much more effective voice for the general practitioner over the past several years. Dr. Guy Acheson from Fair Oaks has been attending virtually all of the meetings of the California Dental Board, and we have had great success gaining contacts in all six of

(continued on page 4...see ELECTION)

YOUR 2018 CALIFORNIA AGD LEADERS

Trustee, Regional Director, Board Members, Advisors,

DR. GUY ACHESON
Trustee, "WatchDog Report"
DDS, MAGD
Fair Oaks

DR. RICARDO SUAREZ
Treasurer
DDS
West Covina

DR. ERIKA KULLBERG
San Diego
AGD Component President
DMD
El Cajon

DR. STEPHEN LOCKWOOD
Regional Director
DMD, MAGD
La Jolla

DR. CHIRAG VAID
Secretary
ALSO SERVING AS
Sacramento-Sierra
AGD Component President
DDS
Sacramento

DR. CHRIS CHUI
Northern California
AGD Component President
DDS, MAGD
Fremont

DR. KIRK HOBOCK
President
DDS, MAGD
San Juan Capistrano

DR. ROBERT HUBBERT
Editor, "GP News"—Editing, Layout, Typesetting
DDS, MAGD
Santa Ana

DR. TRAN HAN
Southern California
AGD Component President
DDS
Altadena

DR. WILLIAM KUSHNER III
President Elect
DDS
Danville

DR. CHETHAN CHETTY
Immediate Past President; MasterTrack Course Asst. Director
DDS, FAGD
Los Angeles

DR. ANITA RATHEE
Advisor; Co-Chair, CAGD Dental Practice Committee
DDS
West Hills
AGD Public and Professional Relations; Chair, AGD Policy Review Committee

DR. SAMER ALASSAAD
Vice President, "GPNewsFlash" Editor
DDS, FAGD
Davis

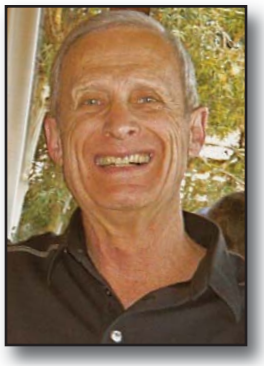
DR. RICH RINGROSE
MasterTrack Course Director
DDS, MAGD
Clearlake

DR. HOWARD CHI
Advisor
DMD, MA, MAGD
Stockton
AGD PACE Council

as well as FellowTrack and MasterTrack Coordinators

DR. MYRON BROMBERG
Advisor; Legislative Committee Chair; Co-Chair Dental Practice Committee
DDS
Reseda
Nat'l AGD Advocacy Division Coordinator; Professional Relations Committee

DR. CHERYL GOLDASICH
CAGD FellowTrack Coordinator
(all California Schools of Dentistry—USC, UCLA, UCSF, UOP, LLU and Western)
DDS, FAGD
Torrance



DR. ROBERT GARFIELD
Advisor; Assistant Editor, "GP News"
DDS, FAGD
Los Angeles

DR. HARRIET SELDIN
Advisor; Public Information Officer for CAGD
DMD
San Diego

DR. RALPH HOFFMAN
UCSF FellowTrack Coordinator
DMD, MAGD
San Francisco

DR. WILLIAM LANGSTAFF
Advisor, CAGD Historian
DDS, FAGD
Villa Park

DR. STEVEN SKUROW
Advisor
DDS, FAGD
West Covina

DR. PHIL BUCHANAN
UOP FellowTrack Coordinator
DDS, EdD, FAGD
San Francisco

DR. TIM VERCELES
Advisor
DDS, MAGD
Hayward

DR. ERIC WONG
Advisor
DDS, MAGD
Sacramento

DR. JOHN BETTINGER
Advisor
DDS, FAGD
Santa Monica

TERRI IWAMOTO-WONG
Executive Director
BS, MBA
Sacramento

DR. JOHN DiPONZIANO
Advisor
DDS, MAGD
Pleasanton

DR. SIREESHA PENUMETCHA
Advisor
DDS, MAGD
Elk Grove

G.P. NEWS *A Publication of the*
CALIFORNIA ACADEMY *of* **GENERAL DENTISTRY**

The GP News or the CAGD will publish signed articles related to all phases of dentistry, but assumes no responsibility for the opinions or results expressed by the contributors. The views expressed are those of the author as an individual, and do not necessarily reflect the positions or endorsement of the CAGD. Acceptance of advertising in no way constitutes professional approval or endorsement. The CAGD does not assume liability for contents of advertisements.

The GP News is published three times annually by the California Academy of General Dentistry. Inquiries should be made by contacting Terri Wong, Executive Director at 8 River Garden Court, Sacramento, California 95831. *Phone* 877-408-0738 *or fax to* 916-228-4494.

ELECTION *(continued from page 1)*

California's Schools of Dentistry. These activities as well as finding ways to increase California representation on AGD councils and committees has been the job of the Regional Director.

Each Region also has a Trustee. This position is also filled by a volunteer general practitioner dentist-member of the California Academy of General Dentistry. The term limits are also two terms of three years.

The duties of this position are to:

1. Serve on the AGD Board.
2. Communicate with the California Regional Director.
3. Understand the needs of the CAGD.

The duties of the AGD Board are to:

1. Manage to resources of the AGD.
2. Determine the time and place of the AGD Annual Meeting and House of Delegates.
3. Approve the selection of a new Executive Director.
4. Solicit nominees for AGD councils and committee.

This is an abbreviated list. The entire list can be found in the AGD By-Laws)

DR. MIKE LEW
Immediate Past CAGD Trustee
Novato

Immediate Past Trustee, Dr. Mike Lew, served in many leadership positions in the California Academy of General Dentistry as well as serving as Regional Director for CAGD.

Dr. Lew comments: "Thank you for giving me the opportunity to share my experiences as both Regional Director and Trustee. Let me begin by saying that it has been my privilege to serve you, the California AGD.

"The duties of the Regional Director are summarized as 'the conduit' between Headquarters and the Constituent.

"Thus, the RD represents requests and information from national events to the CAGD, and also carries concerns and requests back to headquarters. The RD works primarily for the CAGD, and together with the president of the CAGD ensures the programs are working well. The RD advises and supports the president, both during CAGD meetings and in between.

"Visiting the component boards is a responsibility, just like the Regional Directors who have multiple states in their constituents would visit the multiple local/state AGD boards.

"Additionally, every other year the RD facilitates leadership training through national programs.

"Leadership development goes beyond national programs. Being active with the local components as well as the CAGD Board helps the RD identify and develop rising leaders for the CAGD and for national positions. This is a critical role for the RD if we want California to influence the future of the AGD!

"As RD I remember attending two official AGD national meetings per year, and then the four CAGD meetings per year including the pre-caucus meeting.

"The Regional Director is the official leader of the California AGD Caucus. As the leadership training may be moved to the scientific sessions, the RD should plan on attending that meeting as well.

"In contrast to the RD, the Trustee is a leader whose primary concern is national issues. At my first meeting, several trustees reminded me that my first duty is to AGD national. *I was no longer an RD!* As Trustee these past three years, the one activity that has pre-occupied the board has been the performance and dismissal of the previous executive director, then the search for a new director. The Board oversees the financial impact of new programs on the AGD by approving programs that need immediate implementation, and making recommendations to the HOD for those programs that will have future implementations.

"Many programs and policies of the AGD, it should be noted, are not a result of resolutions debated and passed at the HOD, but are the result of the work of our Councils and Committees. The Councils will make a report with recommendations, and when the report is approved by the HOD, that Council now has the approval to move forward with its programs. My opinion is that the BOT scrutinizes these reports more than the HOD. *Hmmm.* Certainly our business gets accomplished more efficiently and effectively this way.

"The Trustee attends four face-to-face meetings per year, and also participates in at least eight more monthly telephone conference calls/zoom meetings. Often the trustee will participate in additional committee work for the board."

The CAGD has been well-served and represented by our Regional Director and Trustee over the past several years. ◆

DR. GUY ACHESON
New Trustee
Fair Oaks

DR. STEVE LOCKWOOD
Regional Director
La Jolla

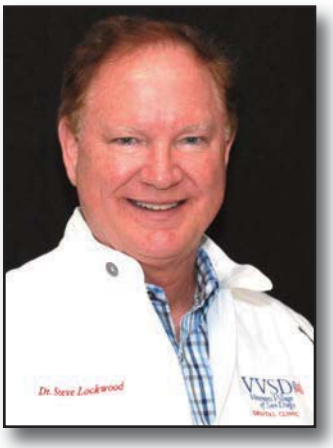
The Academy of General Dentistry is your voice for excellance through education and advocacy.

DR. KIRK HOBOCK
San Juan Capistrano

DR. JAY THOMPSON
San Diego

DR. GUY ACHESON
Fair Oaks

DR. JOHN DiPONZIANO
Napa



DR. STEVE LOCKWOOD
La Jolla

DR. KEVIN ANDERSON
Jamul

DR. CHERYL GOLDASICH
Torrance

DR. ERIC WONG
Sacramento

In This Issue

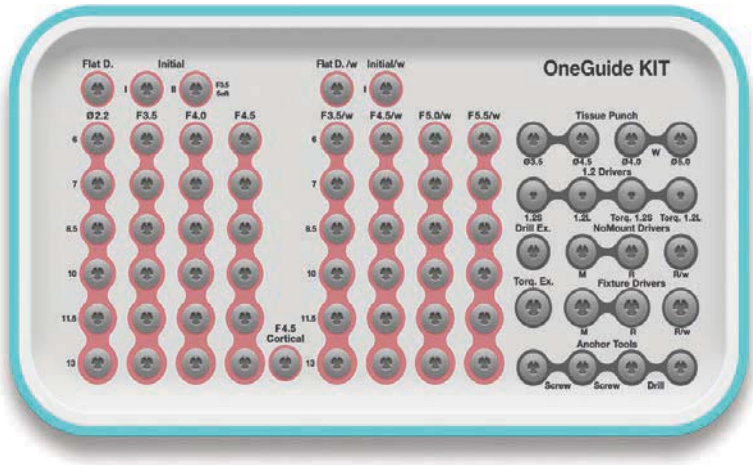
One Guide
Lining this one up is easy.

One Guide Kit

Precisely Accurate

Guided dental surgery is quickly becoming the new standard in dental implant surgery. The One Guide Kit is a key less guided surgery kit that is designed to be safe and straightforward. Featuring several drilling tools designed for precision, this kit allows for a more accurate, efficient, and safe surgery. Even the playing field, call today for more information.

Surgical Template



(Exclusive drills and components: 68 pcs.)

Benefits

- Increased safety for patients through improved anatomical visualization and planning.
- Maximized efficiency as doctors can plan and prepare for detailed implant procedures.
- Improved preparation for abutment and supra-structure installations, resulting in improved aesthetics.

HIOSSEN® IMPLANT

Made in the USA

Smiles that last a lifetime

www.hiossen.com
85 Ben Fairless Drive, Fairless Hills, PA 19030
Tel: 888-678-0001

THE PRESIDENT'S MESSAGE

DR. KIRK HOBOCK
San Juan Capistrano

CALIFORNIA ACADEMY of GENERAL DENTISTRY

Your voice for excellence through education and advocacy.

A Happy New Year to all our members and supporters. I am looking forward to working with all of you as 2018 promises to be an exciting year. Together, we can work on the best solutions to the challenges both known and unknown that we will doubtless face over the coming months.

As CAGD members, we appreciate the importance of quality continuing education and our commitment to lifelong learning. We also appreciate the importance of advocacy to maintain our ability to use the knowledge and skills that have been gained through our continuing education. This not only benefits general dentists, but ultimately our patients and our profession. The CAGD has an excellent future and the CAGD Board will work hard to ensure that we remain the center of excellence and knowledge for the wider dental community.

As part of that we'll be focusing on the following:

- Continuing to provide high quality courses that maintain your commitment to lifelong learning and assist those who pursue Fellowship (FAGD) and Mastership (MAGD) in the Academy of General Dentistry.
- Remaining ever vigilant and prepared to react to threats from outside forces to limit our ability to practice within the scope of our training, education and ethics.
- Ensuring we continue to provide the right benefits to meet the needs of existing members and to attract and engage new members across our region.
- Organizing and developing local study groups to build on relationships and provide great opportunities for professional networking among CAGD dentists.
- Making sure that the CAGD remains a viable organization for our young professionals.
- Reviewing CAGD's structure to support, and reflect, our increasingly broadened activities and ensure that we are in the strongest position to develop new activities.

I'm very proud to be in the privileged position to lead the CAGD in this important work and in continuing the excellence of previous presidents. General dentistry is ever-changing. The need and the will for co-operation is growing. I wish to expand on this willingness and help more professionals profit from it. I hope you will all join me in looking forward to the coming year.

On behalf of my fellow board members and staff, I wish you and your family a prosperous New Year.

Reasons to join the AGD:

- Commitment to life-long learning through quality continuing education
- Professional development
- Networking
- Award-winning publications

Sincerely,

Kirk

TAKING IT TO THE TOP!

—**DR. RICH RINGROSE,** *MasterTrack Program Director, Clearlake*

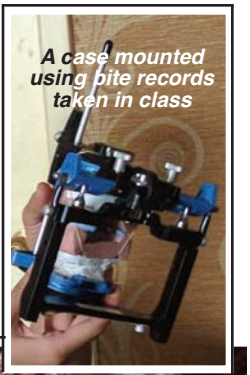
The MasterTrack classes pictured on these two pages represent classes working toward common goals. They are senior and freshman MT doctors.

Both MasterTrack 4 and MasterTrack 5 classes met in Newport Beach last October. The two groups shared ideas and experiences at lunch and after classes with great instructors like Dr. Terry Tanaka and Dr. Avi Schetritt.

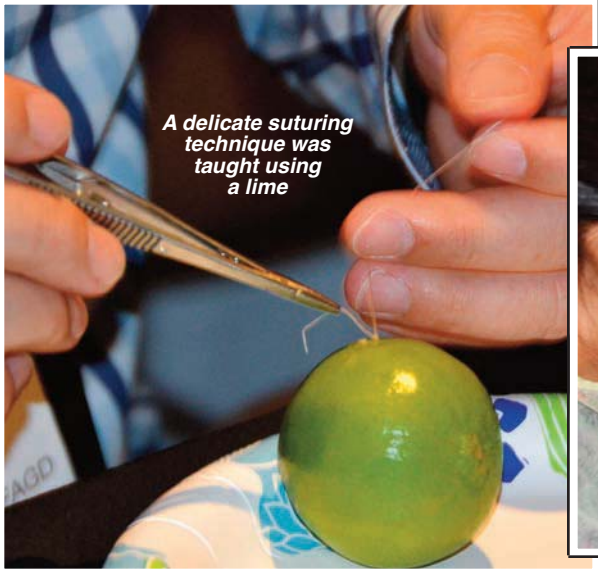
Dr. Terry Tanaka conducting a session on occlusion

Hands-on courses are given in periodontics, occlusion, restorative, esthetics and more.

If you are interested, see the information at the bottom of the next page.



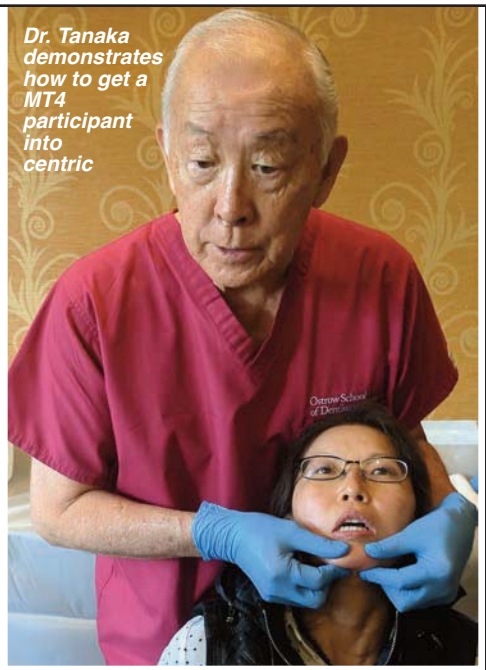
A case mounted using bite records taken in class



A delicate suturing technique was taught using a lime

Dr. Avi Schetritt demonstrating the microsurgical suturing of gum grafts

Course Director Dr. Rich Ringrose (right) looks over the MAGD transcript of Dr. William Wight

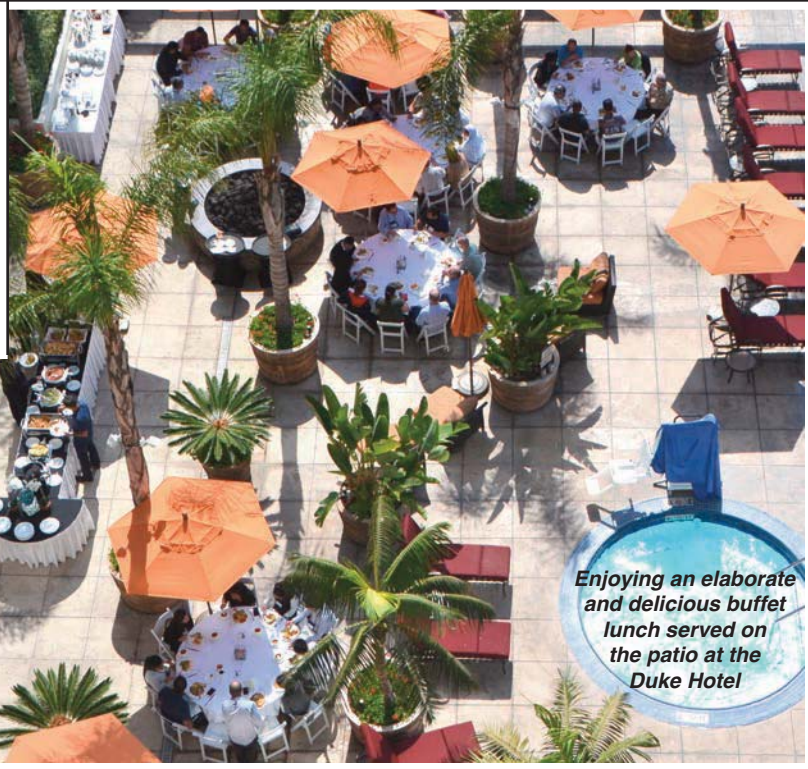


Dr. Tanaka demonstrates how to get a MT4 participant into centric

Masters at keeping it all on "track"

Dr. Schetritt showing Dr. Jenny Caruso how to perform crown lengthening on a pig jaw *(far left)*

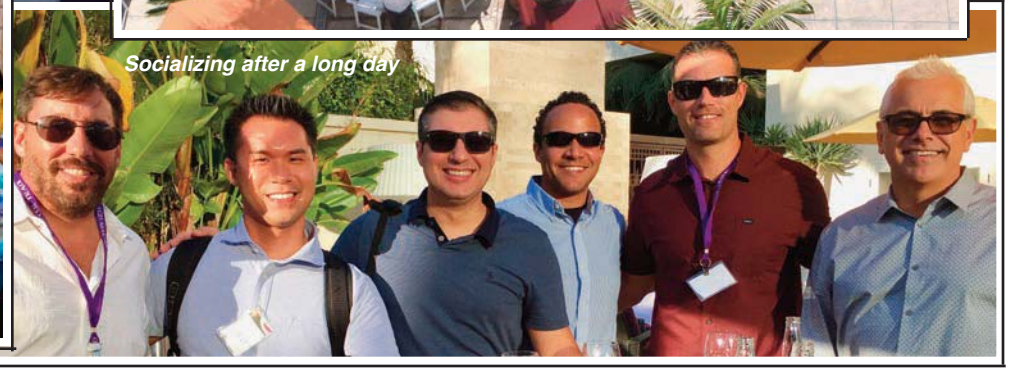
Drs. Chirag Vaid *(right)* and Kayee Siu *(left)* discussing crown lengthening on a pig jaw



Enjoying an elaborate and delicious buffet lunch served on the patio at the Duke Hotel

Lunch break and interaction with MT students from across the state

Study hard, work hard, play hard...!



Socializing after a long day

If you are interested in participating in the next MasterTrack program,

contact our Executive Director, Terri Wong, to sign up now or to get on our waiting list.

Terri can be reached at **877.408.0738**

2017 AGD House of Delegates ✶ Chicago

ACADEMY of GENERAL DENTISTRY

Attendees from California

Back row, left to right: ***Drs. Dennis Sourvanos, Bill Kushner, Samer Alassaad, Guy Acheson, Kirk Hobock, Paul Schafer, Jay Thompson.***

Front row, left to right: ***Drs. Steve Lockwood, Chirag Vaid, Chethan Chetty, Ricardo Suarez, Mike Bromberg, Eric Wong, Sireesha Penumetcha, Howard Chi, Harriet Seldin, Mike Lew.***

PHOTO BY KRISTEN GOVER

Regional Director's Message

Stephen Lockwood, DMD, MAGD
Regional Director

DR. STEPHEN LOCKWOOD
La Jolla

"Consider adopting the 'test' in your staff meeting …on an issue that your office is facing."

The Four-Way Test for Ethics

As leaders of our dental team in our respective practices we are faced with ethical challenges and dilemmas on a daily basis. Handling challenging patients, challenging clinical procedures, and team members who seek answers from us in a variety of ways can be stressful. Wisdom and collaboration are useful in handling immediate conflicts/problems as well as long-term planning. Collaboration implies a high level of sensitivity and respect for others.

One useful tool in ethical practice is The Four-Way Test. The Four-Way Test of things that we think, say, or do is a test used by Rotarians worldwide as a moral code for personal and business relationships. Individuals have used this test as a barometer for their understanding of issues and motivations in many areas in their personal and professional lives. The test was inspired by a struggling businessman, Herbert J. Taylor from Chicago as he set out to save the Club Aluminum Products Distribution Company from bankruptcy in the early 1930s. He had the strong conviction that he could change the ethical climate of the company by setting policies that would reflect the high ethics and morals that God would want in any business. If his colleagues and employees could think right, he thought that they would do right. While seated at his office desk with his head leaning into the palms of his hands he prayed. Moments later he began to write The Four-Way Test of things we think, say or do:

1. *Is it the truth?*
2. *Is it fair to all concerned?*
3. *Will it build goodwill and better friendships?*
4. *Will it be beneficial to all concerned?*

His company survived and a few years later Taylor offered his insight to the Rotary while serving as its international director. In the 1940s Rotary International adopted this as a core principle to encourage personal and ethical practices. Taylor gave Rotary International the copyright in 1954. The leadership demonstrated by Taylor grew out of a person who had a passion for his employees and company and it showed as he developed this test to guide his employees toward a better understanding of issues and questions they might face.

One useful characteristic of the test is that it focuses on others. Sometimes our ego just gets in the way and serves as a barrier in approaching collaboration with others. Selfishness and pride can prevent the sort of respect for others needed to effect collaborative results. The Four-Way Test is a simple tool to promote a team's approach to discussing issues. Consider adopting the "test" in your staff meeting next time on an issue that your office is facing. This will encourage the gathering of honest and truthful information and invite perspective from other caring team members.

The following are questions I have heard and some which I have pondered myself:

"Should we refer a difficult patient out of the practice?"

"The rent of our space is doubling and the practice will not be sustainable. Can we discuss this as a team?"

"One of our team members cannot follow our on-time attendance policy. What is the most ethical approach or policy to address this behavior?"

"How will hiring employees from diverse backgrounds affect our practice?"

"As an employee of a corporate dental office I am given production minimums in order to remain employed. I am tempted to oversell dental services just to meet my goal. I need my job to pay my dental school loans. How do I reconcile this dilemma?"

"Should I charge my patient for the necessary replacement of a five-year-old crown I placed and now has had some porcelain chip off?"

In our pursuit of clinical excellence we also need to be sensitive to our principles that guide our decisions. The AGD encourages us to maintain the highest ethics throughout our career, while our patients expect us to be authentic and ethical as well. This simple test may help you to work with others in building goodwill and better relationships. ◆

DR. GUY ACHESON
Rancho Cordova

It is now official. ***The Registered Dental Assistant practical examination is gone, gone, gone.*** The Dental Board of California (DBC) has voted to eliminate the Registered Dental Assistant (RDA) practical examination. Once an aspiring RDA completes an approved RDA course or On The Job Training course, they are eligible for a license upon passing the RDA examination and the California law and ethics written examination.

This decision came after a long and complicatedprocess that began when the Office of Professional Examination Services (OPES) completed a mandatory review and evaluation of the existing RDA practical examination to see if it represented a valid examination of the actual duties an RDA would perform on the job and that the testing procedure was fair. OPES had found that the existing practical examination was not defensible; the duties of an RDA are much more varied than those tested and the quality and consistency of the testing facilities and examiners varied too much between testing locations.

The DBC completed a very thorough evaluation of options to correct the problems with the existing RDA practical examination. They considered six different solutions to the existing RDA practical examination:

1. Develop a new practical examination to be administered by the DBC
2. Have a practical examination administered by an outside agency such as WREB
3. Use an "objective structured clinical exam" *(Google it)*
4. Have new RDAs certified by a Supervising Dentist at their place of work
5. Complete a DBC approved course covering all of the practical examination tasks
6. Eliminate the practical examination.

The DBC voted to approve option #6.

There was quite a bit of testimony by RDAs and RDA educators. Some criticisms of the practical examination were that the tested tasks do not represent what RDAs actually do at work. RDAs who work for endodontists, oral surgeons, periodontists, and orthodontists don't do any of the tested tasks. The tasks done in a general dental office are also changing. With in-office milled indirect restorations there is no need to make temporary crowns. Physical impressions are being replaced with digital scanning. There was testimony to consider accepting just one national examination such as the Dental Assisting National Board (DANB exam). Then there is the push to eliminate all use of live patients for examinations. These are all themes that will be brought to bear on examinations for a dental license. OPES begins evaluation of the dental license practical exam next year.

Water Quality Standards

The quality of water used in our dental handpieces and three-way syringes is again in the spotlight. Last year there was a situation where several children who had pulpotomies completed in a single dental office in southern California became infected from organisms that were found in that practice's dental equipment water lines. No similar situation in any other dental offices has been documented. The result of this event was passage of legislation (AB 1277) that directly addresses water and irrigants used in some dental procedures. AB 1277 states it will "require water…used for irrigation to be sterile or contain recognized disinfecting or antibacterial properties when performing dental procedures that expose dental pulp." This language is not crystal clear because it is recognized that any restorative procedure has the potential to expose dental pulp. For now, the DBC interprets this statute to apply to procedures that intentionally expose pulp tissue such as pulpectomies and pulpotomies. Then there are questions about what qualify as additives with "recognized disinfecting or antibacterial properties." The DBC is required by AB 1277 to develop final regulatory language on the issue by December of 2018.

Moderate Sedation Education and Guidelines Are Changing

Sedation is recognized to be a spectrum of consciousness ranging from being completely awake to being so sedated that breathing must be supported by the anesthesia team. California currently regulates sedation based upon both the level of sedation and the route of administration of the medications. Moderate sedation is that area between using the maximum recommended unsupervised dose (minimal sedation) and that point at which a patient no longer responds to verbal instructions (deep sedation or general anesthesia). There are two permits for moderate sedation; oral sedation when all medication is administered by the oral route (enteral), and conscious sedation when medication is typically given via the intravenous route (parenteral). Last year the American Dental Association updated their sedation training guidelines by deciding to categorize sedation training only upon the intended level of sedation. There is no distinction for those who want to provide only enteral sedation versus those who want to provide parenteral sedation.

In California there are *(continued on the next page)*

Misleading Ads Regarding Non-Specialist Scope of Practice

Dear Members of the AGD:

As some of you may be aware, the Canadian Association of Orthodontists ("CAO") ran a series of advertisements on its website and various social media platforms between September 2017 and mid-December 2017. While purporting to be humorous, these advertisements were obviously designed to leave the reader/viewer with the incorrect impression that non-specialist dentists were not qualified to offer any orthodontic care and that patients who turned to non-specialist dentists might as well let their hairdresser, auto mechanic or a fireman take care of their orthodontic issues.

The AGD profoundly disagrees with the tone and content of these advertisements which are misleading to the public and offensive to non-specialist dentists. On behalf of its members, the AGD retained Gowling WLG, one of Canada's largest law firms, for review of these advertisements and advice on potential legal remedies. On the basis of the legal advice received, the AGD has formally demanded that the CAO remove these advertisements from its website and its social media platforms, failing which the AGD may take immediate legal action(s).

We are happy to report that upon last verification, the advertisements have been taken down. The AGD believes that this campaign was ill thought out and in poor taste. The AGD hopes that having been put on clear notice that these types of misleading representations will not be tolerated, the Canadian Association of Orthodontists will in the future refrain from similar attacks on fellow dentists.

We urge all AGD members to counter any negative impression that may have been generated by this campaign by having constructive and thorough discussions with patients and colleagues about their scope of practice. We also urge all AGD members to report any further negative or disparaging advertisements/social media posts to our attention.

Sincerely,

Manuel A. Cordero, DDS, CPH, MAGD
President, Academy of General Dentistry

Neil J. Gajjar, DDS, MAGD
President-Elect

WATCHDOG REPORT *(continued from the previous page)*

very different training requirements for those who want to practice only enteral sedation and those who want to practice parenteral sedation. Enteral sedation requires 25 hours of instruction and demonstration of one case of sedation. Parenteral sedation requires at least 60 hours of education and demonstration of at least 20 sedation cases using any route of administration. The *"ADA Guidelines for Teaching the Comprehensive Control of Anxiety and Pain in Dentistry"* are specified for the parenteral sedation permit. Fortunately, the ADA sedation training guidelines are not used as benchmarks for qualifying for the oral sedation permits in California. This means that the current permit system in California is not at risk just because the ADA has changed their guidelines. Unfortunately for many dentists in other states, their dental sedation regulations cite the ADA guidelines as the basis for sedation permit qualification which means that those dentists who want to use only enteral techniques will have to complete the same training as those dentists who want to practice using parenteral techniques. This will be a much more time consuming and costly process. This could have the effect of reducing the number of dentists who will be providing enteral moderate sedation.

I have practiced all levels of sedation since 1980. That is before there were any sedation permits in California. I feel there are significant differences in the way patients respond to enteral and parenteral administration of medications and feel the existing training requirements for enteral vs. parenteral sedation in California are realistic. The ADA guidelines are based upon the way moderate sedation is practiced in medicine by anesthesiologists who use very different medications with much narrower margins of safety than the benzodiazepines that are the bread and butter of dental enteral moderate sedation. Requiring dentists who plan to use only enteral routes of administration to complete the parenteral level of training could discourage dentists from learning and providing this much needed service to dental patients. A very significant number of people are truly afraid to see the dentist and need this service to provide them a pathway to having regular care.

Portfolio Examination Gains Acceptance in Other States

When the portfolio examination process for licensure was started two years ago, there were no other states that would accept it for dental licensure. It was announced at the last DBC meeting that Iowa, Colorado and Kentucky now accept the California Portfolio Examination for licensure. We are getting closer to the time when there will be no patient-based practical examinations for licensure and closer to full national reciprocity for dental licensure.

Pay Your Taxes or Lose Your License

Just a friendly reminder that if you fail to pay your taxes and you make it on the Franchise Tax Board or Board of Equalization's top 500 tax delinquents list owing over $100,000, your dental license can be suspended. ◆

As always, if you have any questions, comments, or just want to talk about these topics, contact me at: guyacheson@aol.com

---

Dr. Acheson is in private general practice in Rancho Cordova where he does sedation and hospital dentistry. He is trustee of the California AGD as well as a past president of the CAGD. In addition, Dr. Acheson is the United States National Champion, Glider Aerobatics, Advanced Category (2015 and 2016).

A PATHWAY IN PREPARATION FOR A

Financially Independent "Retirement"

DR. KEVIN ANDERSON
Jamul

AN EXCLUSIVE SEVEN-PART SERIES OF ARTICLES FOR "GP NEWS" RECIPIENTS DESIGNED TO ASSIST IN MANAGING THE PROCESS

- Savings – It's Never Too Early To Save! *(May, 2017)*
- Finding Your Number---How Much Do You Need? *(Oct., 2017)*
- **Lifetime Financial Ratios—Where You Should Be** *(Feb., 2018)*
- Insurance Needs and Practice Overhead
- Definition of Risk / Investment Alternatives / Leverage
- Optimal Portfolio Withdrawal *("Spend Down")*
- Priority for Tax Efficiency Diversification in Retirement

Achieving financial independence through a sound personal financial plan is like building a house. While our first two articles helped to establish the foundation (#1 Savings / #2 Finding Your Number), this article will not only help you to build on that foundation but will help you determine your progress along the way. Think of this plan as a "snapshot" of where you are now and where you are heading. While each of us might be in a different phase of construction, the ultimate goal of financial freedom is the same. The two basic items that you will need in order to assess your degree of construction toward goal are age and income. Okay, you might also need a calculator for the multiplication!

If you hope to retire one day and be financially independent, it is critical to understand the transformation you must make with your personal finances. You must move from being a Laborer (using your hands) for your income to being a Capitalist (using your savings) to support you. This is usually a forty-year process that starts in your mid-twenties and ends sometime in your mid-sixties. It usually takes that long to build up enough capital such that the income from saved capital can replace your wages. All major decisions you make should help you move from being a Laborer to being a Capitalist. This unifying theory is the key to achieving the goal of reaching "Your Number".

The transition from Laborer to Capitalist will also involve a transition of habits. While one might start off as a spender, delayed gratification will help one evolve to the next step to become a saver. A prior article strongly emphasized the importance of starting early and with large amounts. The next step to focus on is that of an investor. Finally, and we will get into this in Article #6 Portfolio Withdrawal, you will become a spender again!

Barring an unusual financial situation and keeping the same standard of living, it is generally accepted that the replacement equivalent of 80% of your working income at retirement is adequate. Having to retire on 20% less than you spent in your working years doesn't sound so good. However, this is easily the case. The major differences are accounted for by the fact that you will no longer be saving 15% of your income and, at some point, your social security income will account for about a fifth of your retirement income.

The Road Map to Financial Independence

The chart on the next page will help guide the dentist during his/her working years in what are the most important aspects toward achieving financial independence by age 65. There is a lot of confusion bias due to the financial services industry, advisors and insurance companies marketing their products as well as making things sound complex. It doesn't need to be. Keep it very simple and have the ability to say *No!*

For consistency with the prior articles in this series, we will use the ADA's Dr. Average Joe non-owner dentist salary of $132k to help add detail to the numbers. The Financial Ratios used are reflective of the last 100+ years of collected data – the period generally regarded as the era of modern finance. While the ratios in differing columns might seem independent of each other, they are not. One ratio in one column can have a direct impact, either favorably or unfavorably, on another ratio. They are interdependent.

(continued on the next page)

RETIREMENT

Your Age_____ **Your Income**_____

Age 65 & 80% Income Replacement			*Mortgage Debt*	*Education Debt*	*Disability Ratio*	*Life Insurance*	*Long-Term Care Ratio*
Age	*Capital to Income Ratio*	*Savings Ratio*	*Mortgage to Income Ratio*	*Debt to Average Earnings Ratio*	*% of Monthly Income Replacement*		
25	0.1	12%	2.0	0.75	60	12	0
30	0.6	12%	2.0	0.45	60	11.4	0
35	1.4	12%	1.9	0	60	10.6	0
40	2.4	12%	1.8		60	9.6	0
45	3.7	15%	1.7		60	8.3	0
50	5.2	15%	1.5		60	6.8	0
55	7.1	15%	1.2		60	4.9	= or >1
60	9.4	15%	0.7		40	2.6	= or >1
65	12.0	15%	0		0	0	= or >1

How much should I have saved at my age? The Capital-to-Income Ratio column reflects invested savings that are growing and working toward producing an income in retirement. It does not represent Net Worth. Dr. Average Joe will be on track with invested savings of $79k, $317k, $686k $1.24m and $1.58k at age 30, 40, 50, 60 and 65, respectively. These numbers are obtained by consulting the chart and finding the appropriate age related Capital-to-Income ratio and then multiplying that times Dr. Joe's salary of $132k.

If you look at your retirement account, you might be wondering how you will ever get to twelve times pay. It will not be as difficult as you imagine as you have a partner in your journey called compound earnings. The odds are that compound earnings on your money will actually add far more than the amount you actually saved. The tipping point is about two times saved pay whereby your earnings from your capital will add more to your total wealth than the amount you save each year!

How much should I be saving each year? If you save 12% of your pay every year, starting with your first year in dentistry, and you increase your rate to 15% after age 45, you should be hitting your desired Capital-to-Income Ratio at each age. It's smart to save more whenever possible. Perhaps your pay increased or you came upon a windfall — putting this into savings too can only help you. Putting savings on automatic pilot and not deviating will pay huge rewards over a lifetime.

How much debt should I carry? The key question here is, "Will the debt help me move from being a Laborer to a Capitalist?" Used properly, debt can help create capital. Used foolishly, debt can destroy it.

We usually need to carry some debt when we are young but if the debt is too high, we won't have the cash flow available to save and this limits our ability to transition from a Laborer to a Capitalist. For Transportation – you should take on only what you need to help you earn a living. Stay away from new, shiny depreciating things on installments. Consumer debt – *avoid it like the plague!*

"Once you get into debt, it's hell to get out. Don't let credit card debt carry over. You can't get ahead paying eighteen percent."

— Charlie Munger, Vice-Chairman to Warren Buffett

How much Housing (Mortgage) debt should I carry? Will borrowing money to buy a house help move me from being a Laborer to a Capitalist? Yes, if it is in the right proportion to your income. You need a safe, secure and comfortable place that facilitates your ability to work each day – a foundation for generating income. However, it isn't about the mortgage deduction or emotional satisfaction of having a larger house, it's about the correct financial ratio. Paying too much in mortgage could inhibit your ability to transition from Laborer to Capitalist. You don't want to reach age 65 being "House Rich / Cash Poor" with no financial assets to generate income. A smaller house equals a smaller mortgage which frees up more money to be saved to capital. Living beneath your means when it comes to your mortgage is not only wise, it's mandatory. It's not the payment amount that seems affordable, it's the percentage of your income relegated to your mortgage. For those wanting a home with a mortgage taking up a ratio of more than two times their income, saving for a larger down payment could help to keep the financial ratios working.

The order that one takes on debts is not fixed in stone. It could be a very prudent decision to take on practice debt prior to any housing (mortgage) debt. Continuing to rent could be very wise until saved capital is substantial and cash flow as it relates to debt payments (student/practice) fit the ratios.

How much student debt should I carry? Will educational (student) debt help me move from being a Laborer to a Capitalist? With academic plus living expenses as high as $163,000 annually for private dental educations (source: Dugoni School of Dentistry, 2017), it is no wonder that repayment amounts and terms look like home mortgages. They can easily consume 25-35% of a dentist's income.

Due to the high educational cost, dentistry breaks the traditional financial ratios for debt. There is a high degree of financial difficulty without parental gifts or grants. Interestingly, veterinarians have it even worse on the ratios due to their lower average starting salary of $82k. Far more debt can be incurred than can be justified by the earning potential due to emotional decisions by students and their parents. Too much debt can destroy the economic benefits of the education. Properly managing your educational debt is critical to your long-term financial success. Getting out of student debt by age 35-40 should be a top priority. You do not want to emulate the celebration depicted on page 39.

(the article concludes on that page)

Dentist of the Year

DR. SIREESHA PENUMETCHA

Dr. Rich Ringrose, *Awards Committee Chairman*

Dr. Sireesha Penumetcha of Elk Grove was selected by her peers in the California Academy of General Dentistry as the "Dentist of the Year." This award is given in recognition of significant contributions to the profession of dentistry in California as well as for one's willingness to share knowledge and expertise with one's colleagues through the support of continuing education.

Dr. Penumetcha has been involved in her community as an advocate for dentistry. She rose to the occasion and spoke passionately against a bill in Sacramento (SB694) and supported the CAGD in defeating the bill involving mid-level providers. For this, she won the California AGD Advocacy Award. She says that it also helped her find her 'voice' and her courage for advocacy. She went on to say: *"The defeat of the bill was most gratifying as it directly helped prevent the children in California from being treated at the hands of under-trained, underqualified providers."*

She has made it a priority to serve her community by participating in "Smiles for Kids," "Adopt a Child" and "CDA Cares" events. She loves challenges with special needs children and adults who need oral or IV sedation.

DR. SIREESHA PENUMETCHA
Elk Grove

She represented the Sacramento AGD as a delegate to the national AGD. After her presidency of the Sacramento component, as the first female president, she was invited on to the Board of Directors in the California AGD, where she served as Secretary, Vice President and eventually President. She has been a California Delegate at the National AGD meetings. She now serves as an advisor to the CAGD Board.

Dr. Penumetcha was selected for "A Great Dentist Goes To Washington D.C." to lobby for dentists and met with Senators and Representatives concerning issues leading to better care for our patients.

Dr. Penumetcha joined the AGD to help her in the journey to become a better dentist. Her goal was to attain FAGD. She states: *"Without a goal, there is little excitement."* She believes *"when we graduate from dental school, we basically know the dental alphabet. To master the language of dentistry, we need to continue lifelong learning."*

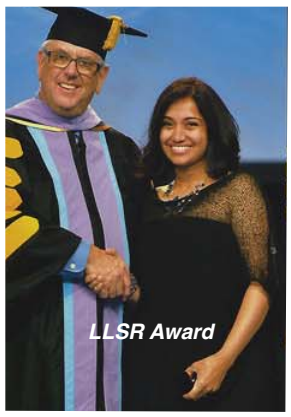
She has been notorious for figuring out ways to travel even with pregnancies and young kids for CE and AGD meetings. She took a three-day seminar in San Francisco with her ten-day-old baby girl, went to Detroit AGD with her eight-month-old, took her son to do his homework in her seminar and most recently her three-month-old to a course.

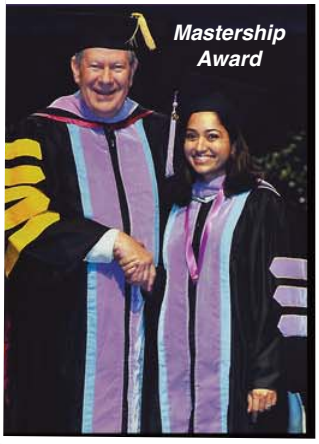
She has been passionate about delivering the highest quality, compassionate dental care to her patients and has been actively pursuing continuing education at every opportunity. When she started her practice from scratch, she left her full-time job when her first child was only three months old. Her main mission was to do "her best."

In the process of self-learning and serving her community, she achieved AGD's Lifelong Learning and Service Recognition Award while serving as President of the California AGD (one of the youngest presidents in over 65 years of CAGD history). She travels extensively to pursue her goal of attaining the best education with the main motive of learning from the best (Drs. Kois, Dawson, Misch, LVI, LLU, DOCS, UCLA, Duquesne). Dr. Penumetcha has earned her FAGD, MAGD, the LLSR and her FICOI.

Born into a conservative yet well educated family in urban India, she was fortunate to receive a sound education and fulfill her dream of becoming a doctor. As a two-year-old, she would walk around daily in her physician-uncle's white coat and wear his stethoscope after he would return from his hospital. This may be why she doesn't get sick, she states. She was also inspired by her paternal grandfather, who was a physician. Her maternal grandfather was a lawyer, member of the Legislative Council and a very well-known artist, writer and poet. He was her "Google" and "dictionary" all her childhood, she said. Her father is an engineer and her mother a housewife. Her parents spared no expense to give their children the best education. Her brother is an engineer and lives in Raleigh, North Carolina with his engineer wife and twin boys.

Dr. Penumetcha studied dentistry in India and completed her residency by age 22. She and her husband, Ravi, (an engineer) were married during her residency. They moved to New York where she completed her National and State Boards; then to California. They are parents of four children (three boys, Avinash,Tarun,Nikhil and a daughter, Leela). She states: *"I am still evolving and learning to be efficient with my time, prioritizing and juggling between many hats. With a husband and four young children, as well as a busy practice, life is never dull! It all starts with a dream. Dare to dream, dream to live and live your dreams!"* ◆


LLSR Award


Mastership Award


Testifying at the California State Capitol

Meeting in Detroit with Delegates


Disneyland


Dr. Misch presents Sireesha her Fellowship Award


"My strength and my support"


First educational video

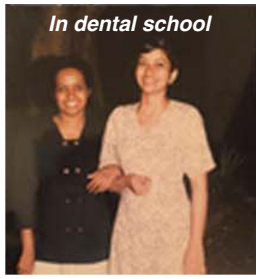

With parents and brother's family


AGD Delegate Meeting


Three-month old smiles at a "Six-month Smiles" course


Sireesha with her brother, Vamcee

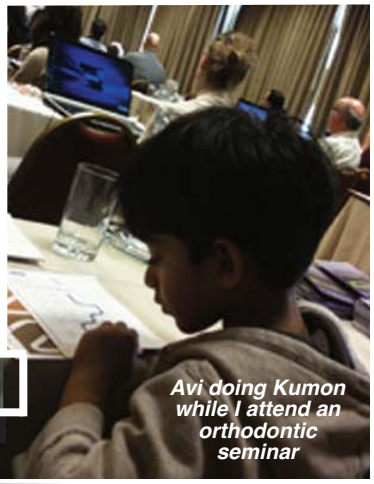

Boarding school


In dental school

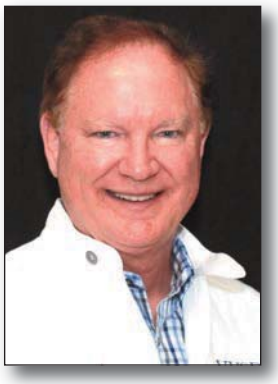

Grandpa's library


Rendering Treatment


Belly comparison with hygienist, Erin


Avi doing Kumon while I attend an orthodontic seminar

Steve Lockwood, DMD, MAGD



DR. STEVE LOCKWOOD
La Jolla

Various Implant Crown Strategies Using CAD/CAM

The innovation and clinical application of digital dentistry and CAD/CAM dental restorations continues to evolve. Restoring dental implants has been achieved with either cemented or screw-down implant crowns. Many lessons were learned from cementing implant crowns revealing dentistry's "dirty secret" of peri-implantis from the unremoved cement. Atlantis abutments allowed for a more accessible subgingival perimeter to remove excess cement. However, the pendulum has swung towards screw-down implant prosthetics of one or more units whenever possible.

Currently, here are a few options in restoring implants in-office using CAD/CAM technology:

1. Abutment-crown single-unit milling
2. Separately milled abutment and crown
3. Direct scan of titanium stock or custom abutment

An example of a single-unit milling is seen in images 1-3 where an implant level scan post is placed prior to the digital impression. The crown and abutment are designed together and milled from a monolithic block with a pre-drilled access opening. A small titanium abutment sleeve (Ti-Base) is luted to the oven glazed unit prior to delivery. The benefit is little to no dark show-through seen through the porcelain and complete operator/designer control of all contours including emergence profile. This type of crown must have an access opening on the lingual surface of anterior teeth and within the occlusal table of posterior teeth. Pre-planning of implant placement is critical to achieving this restorative option. When the alignment does not favor an ideal access opening, the abutment can be milled separately followed by a separate cementable crown. This is referred to as a "Split" design and can allow the designer to easily select the "Split" option while approaching the design of the restoration. The benefit of this is the abutment is also milled porcelain and can achieve highly esthetic results similar to a single-milled abutment/crown. The only negative is there is a cementable margin that needs to be thoroughly cleansed.

Another creative strategy of restoring an implant utilizes a typical titanium stock or custom abutment that is placed on a set of physical models taken from a more traditional implant-level impression. The model work can incorporate a soft-tissue pour to ensure cleansability and esthetics during design. The titanium abutment is screwed onto the model and modified as needed. Of course, the patient has had their healing abutment placed back on the implant and rescheduled for delivery. The models are now digitally scanned and an implant crown can be designed. Many times, the stock abutments are adequate to serve as excellent bases for the milled crowns similar to titanium sleeves (Ti-Base) mentioned above. The challenge is to create 2-3 retentive grooves and use air-abrasion on the titanium to achieve a complete and accurate fit of the crown and obtain a good scan. Avoid using sprays as they invite too much wiggle room between the abutment and crown fit.

Images 4-6 show the various lab stages of this implant–crown strategy. Once the abutment clearance is established and the margin determined, a digital scan is taken.

The CAD step or design is where the screw-access can be designed as well. The images 7-10 show the software allowing the abutment to be visible through the transparent crown. The "remove" tool (" – ") is placed onto the crown surface and can create a tunnel through the crown towards the abutment shown underneath. A side view of your CAD tunnel can be seen by rotating the image. This will help to stay on course. The software will display a light blue shade at the bottom of the tunnel indicating you have reached a minimal thickness for the given porcelain material. STOP! The thinness will easily allow for a complete hole after milling by the operator using a diamond bur in a high speed. The CAD design of the opening does not have to be perfect as it can be modified easily with a high speed drill and diamond burs. Once the crown is test-fitted to the abutment, the crown is oven-glazed or sintered for maximum strength and esthetics. After air abrasion of both crown and abutments a 40-second Monobond Etch & Prime (IvoclarVivadent) solution is applied to both with a microbrush and rinsed and thoroughly air dried. Images 11-13 show the extraoral luting steps after the crown and abutment are cleansed. Marking the units with a black dot can help orient the pieces during this lab cementation using Multilink Hybrid Abutment (IvoclarVivadent) self-curing luting composite. After thirty minutes of setting, the excess composite can be polished off using a yellow rubber polishing disk and bristle brush w/ diamond paste.

Once the implant-crown is polished it is ready for delivery similar to a milled single-unit abutment/crown. Experience and trust in the CAD design will allow for few interproximal adjustments as both accurate interproximal and occlusal contacts can be designed prior to final delivery. Access openings are easily restored with Teflon tape and composite. The implant-crown image 14 shows #14i in subocclusion with a diastema between #14i and #16. Leaving such a space minimized cantilever forces from fracturing porcelain and such spaces > 1mm can be easily cleaned by the patient.

CAD/CAM restorative strategies will continue to evolve and allow our clinical results to improve. Perio-implant health and prosthetic retrievability are the major advantages with screw-down implant prostheses. ◆

(see the photos on the adjacent page)

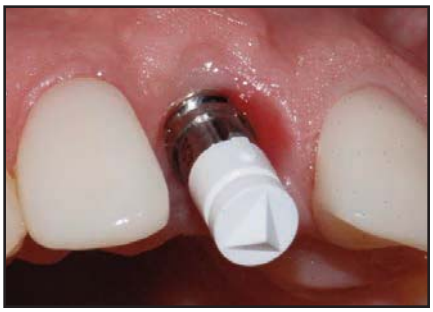


Image 1

Image 2

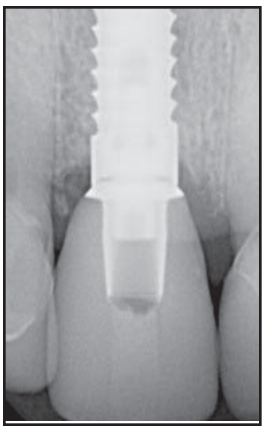


Image 3

Image 4

Image 5

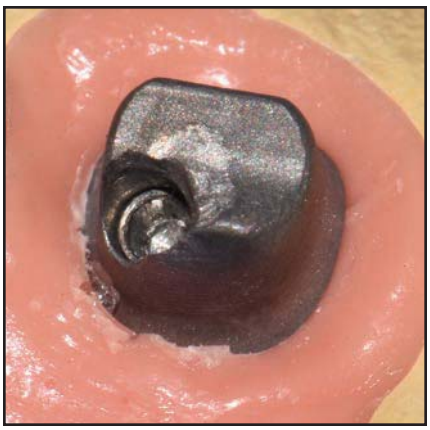


Image 6

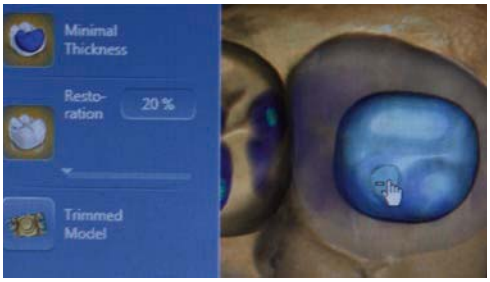


Image 7

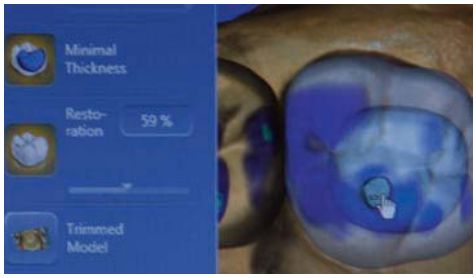


Image 8

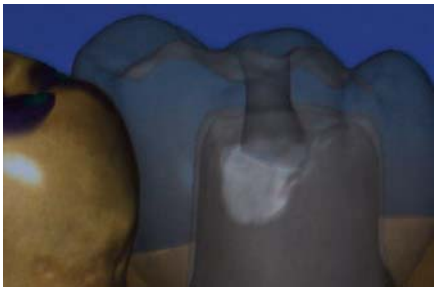


Image 9

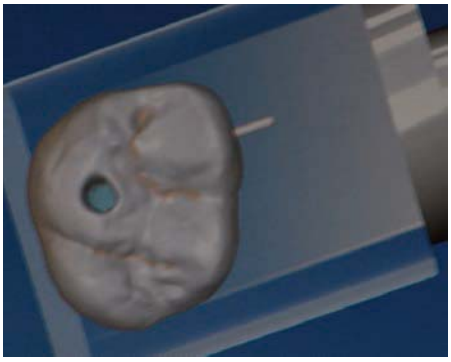


Image 10

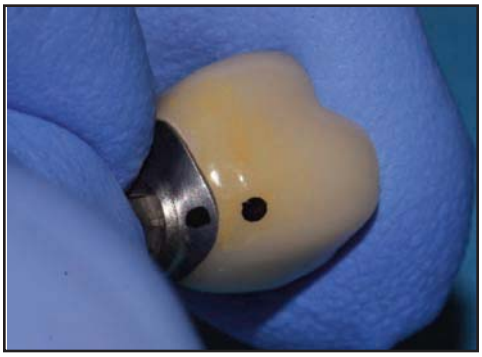


Image 11

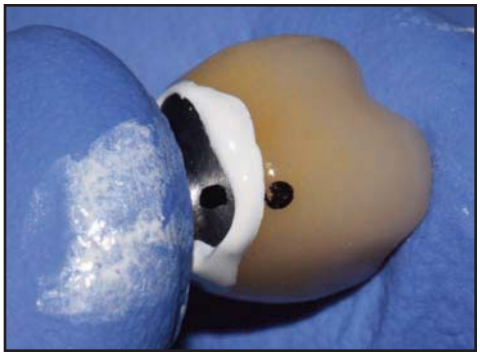


Image 12

Image 13

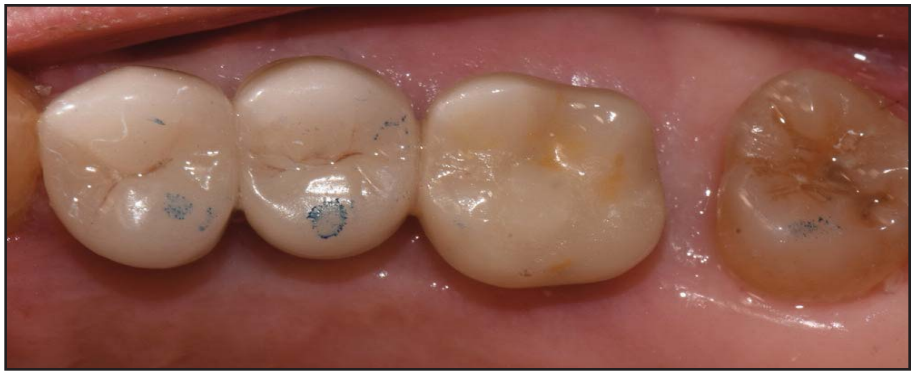


Image 14

Stephen E. Lockwood, DMD, MAGD is an Associate Fellow in the AAID, the ADA, the CDA and the San Diego County Dental Society. He is in private practice in La Jolla and can be reached at ***drsteve330@hotmail.com***

Ridge Splitting To Increase Bone Width

John DiPonziano, DDS, MAGD, DICOI

DR. JOHN DiPONZIANO
Pleasanton

Although most techniques for bone augmentation for implant placement involve the addition of regenerative materials to a deficient site, in select cases, a viable alternative may be the splitting of the bony ridge to provide adequate ridge width.

Ridge splitting has been used in implant dentistry for many years, and there are several ways that this procedure can be performed:

- Specifically designed osteotomes and chisels, used primarily in the softer maxillary bone.
- Ultrasonic piezo surgery using a special thin cutting tip.
- Thin high-speed burs to selectively prepare a trough in the ridge followed by bone spreading instruments.
- Saw blades of varying diameter used in an implant handpiece to cut, and progressively deepen, a trough in the ridge, followed by bone expansion screws.

The Saw Blade Technique is discussed in this article

Specific Anatomical Criteria

1. The minimum ridge width that is needed to safely split and place implants is 4 mm. This allows approximately 2 mm of bone to be present on the facial and lingual aspects of the implant fixture after placement. *(Fig. 1)*
2. Immediate implant placement into a divided ridge requires sufficient apical flaring of the ridge so that the split facial segment maintains its integrity with the surrounding bone, without fracturing, during expansion. *(Fig. 2)*
3. Cancellous bone needs to be present between the facial and lingual cortical plates so that the bone surrounding the implant will remain viable and enable osseointegration. *(Fig. 2)*

Surgical Technique

1. The ridge is flattened to a width of 4 mm using special burs in an implant handpiece. *(Fig. 3)*
2. Three ultra-thin saws blades of increasing diameter are used to bisect the ridge. Osteotomies in the desired implant position are previously prepared with a 1.8 mm drill, and these holes are used as a guide for saw placement. *(Fig. 4)*.
3. After the crestal saw cut is completed, vertical bone cuts are made which join the crestal cut. *(Fig. 5)* .
4. Special bone expansion drills are placed into the 1.8 mm osteotomies, and run at 30 rpm, to gradually widen the split ridge and move the facial segment to the buccal. *(Fig. 6)*.
5. Implant fixtures are placed into the widened osteotomies, and a two-stage protocol is used to completely bury the fixtures subgingivally during healing and osseointegration. *(Fig. 7)*
6. After three to six months, the implants are uncovered and the restorative phase completed. *(Figs. 8 and 9)*.

Advantages of Ridge Splitting and Immediate Implant Placement

- Less invasive than onlay/particulate bone augmentation techniques.
- Faster osteogenesis, since the vital progenitor cells are on both the facial and lingual of the fixture as soon as the implant is placed.
- Membrane and particulate bone not needed in most instances.
- Good primary stability of the fixture because both bony plates surround the fixture immediately.
- Decreased overall treatment time since the implant is placed at time of bone augmentation. ◆

Manipulating the Bone's Thickness

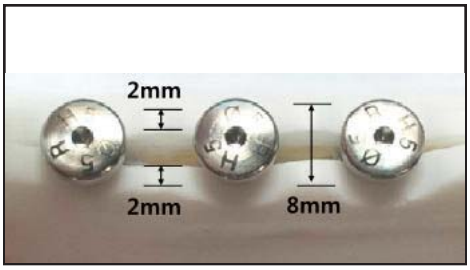


Figure 1

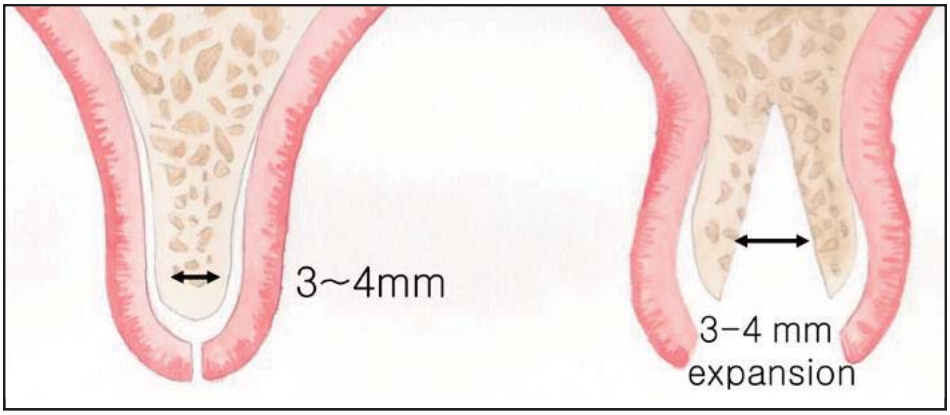


Figure 2

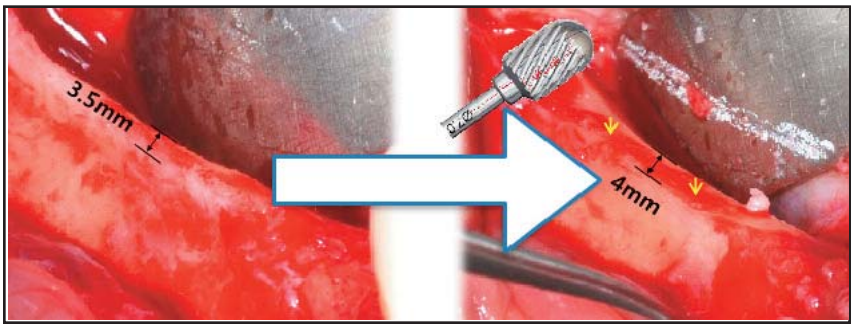


Figure 3

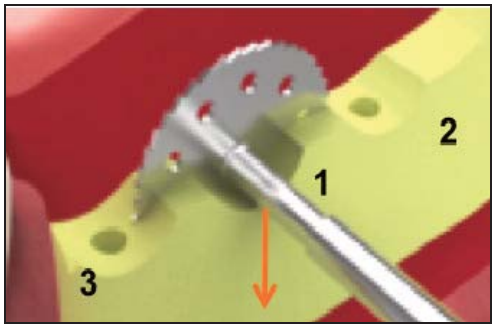


Figure 4

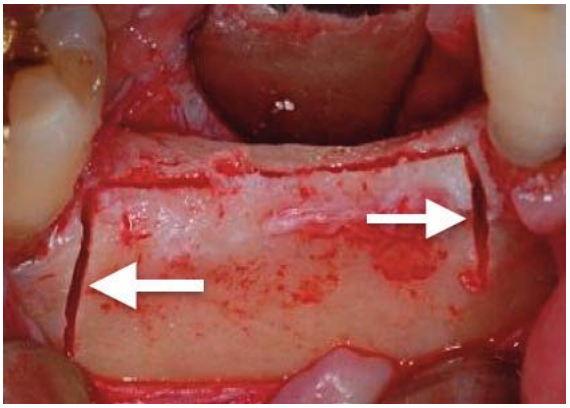


Figure 5

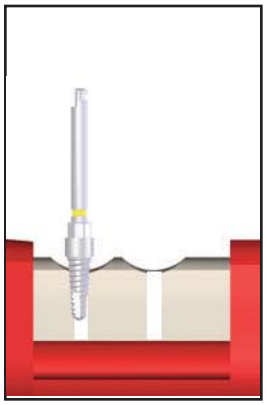


Figure 6

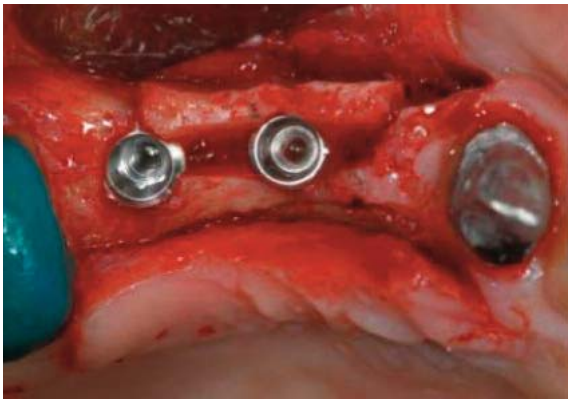


Figure 7

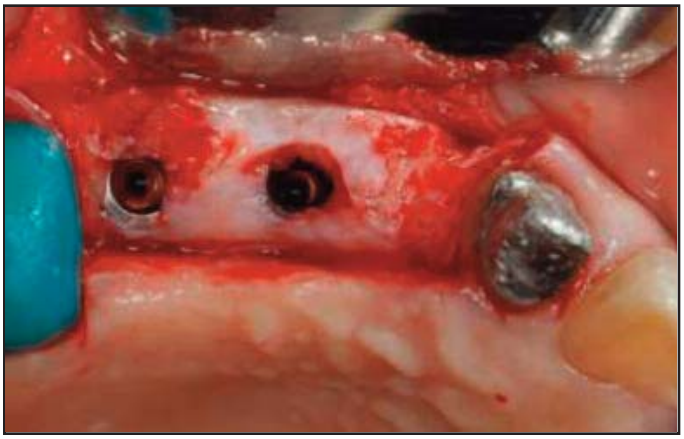


Figure 8

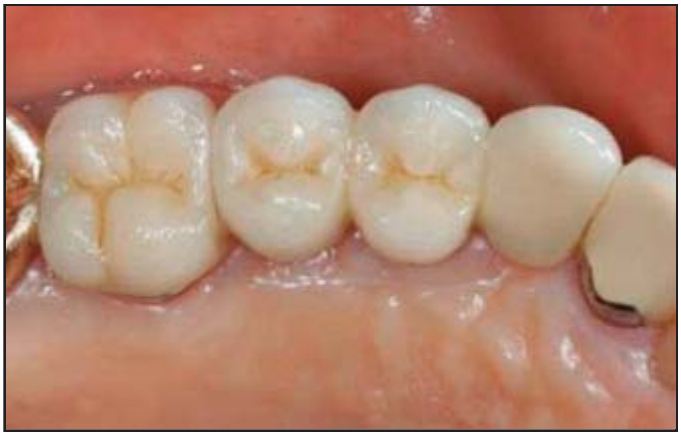
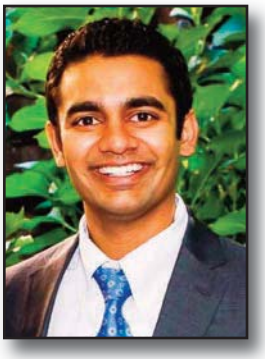


Figure 9



DR. CHIRAG VAID
President
Sacramento

Sacramento-Sierra Officers for 2018

President
Dr. Chirag Vaid
Sacramento

Secretary
Dr. Darrell Chun
Elk Grove

Treasurer
Dr. Kayee Siu
Sacramento

Dear past, present and future SSAGD members,

It is my privilege to serve as the SSAGD president for 2018. Our goal is to make your CE units and meetings as beneficial and clinically relevant as is possible.

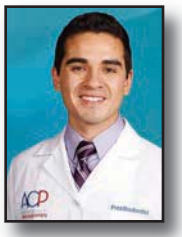
I invite you to join us at this year's classes as we look to provide clarity regarding the digital advancements and when it would benefit you to make the transition.

Our organization recently introduced a new website, and we hope it helps all of you to be able to better plan and map your CE units in the years to come.

I look forward to serving this year and ask you to reach out with anything we can do to help you as our member.

Sincerely,
Chirag Vaid ◆

Calendar of Events for 2018



Thursday, January 18 *(6:30 p.m.-8:30 p.m.)*

3D Printing of Surgical Guides *— DIY*

Location: **Zinfandel Grille**
2384 Fair Oaks Blvd., Sacramento

Speaker: **Dr. Ivan Chicchon**

Cost: AGD Members $40; Non-AGD Members $50
(dinner included)

Saturday, March 3 *(8:00 a.m.-4:00 p.m.)*

Intraoral Scanners: Which One Is Right for You?
(Itero, 3shape, Cerec, 3m ESPE)

Location: **DoubleTree by Hilton**
2001 Point West Way, Sacramento

Speakers: **James Cisco, Charlene Sandoval, Rayah Khateeb, Ken Malkiewicz** *and* **Paramount Dental Lab**

Cost: AGD Members: $50; Non-AGD Members: $75
(light breakfast, lunch and parking included)

Thursday, September 6 *(6:30 p.m.-8:30 p.m.)*

Digital Dentistry and Implant Dentistry

Location: **Zinfandel Grille**
2384 Fair Oaks Blvd., Sacramento

Speaker: **Dr. Quincy Gibbs**

Cost: AGD Members: $40; Non-AGD Members: $50
(dinner included)

SSAGD President, Dr. Arden Kwong, recognizes Dr.Wai Chan for his dedicated service to the SSAGD and he thanks Dr. Chirag Vaid for his help during his presidency.

Sacramento-Sierra Christmas Party held at the Freeport Bar and Grill. If you missed this, you missed an especially good time...!

Plan to attend our next event on March 3rd.
(details in the boxed ad above)

Stay updated with event details at: **www.ssagd.org**

Register for courses at: **terri@cagd.com**

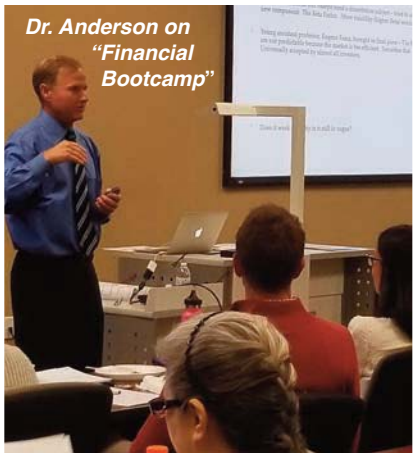
DR. ERIKA KULLBERG
President, El Cajon

Our Annual Meeting was held at the Patterson Education Center. Dr. Kevin Anderson presented a "Financial Bootcamp for Dentists," providing tips and pathways for building a financially successful future. Charitable donations were presented to the Veteran's Village and the San Diego Children's Dental Health Center.

Our 2018 officers were elected. *They are:*

Dr. Erika F. Kullberg, *President*
Dr. Zeynep Barakat, *President Elect, Secretary*
Dr. Thanh Tran, *Treasurer*

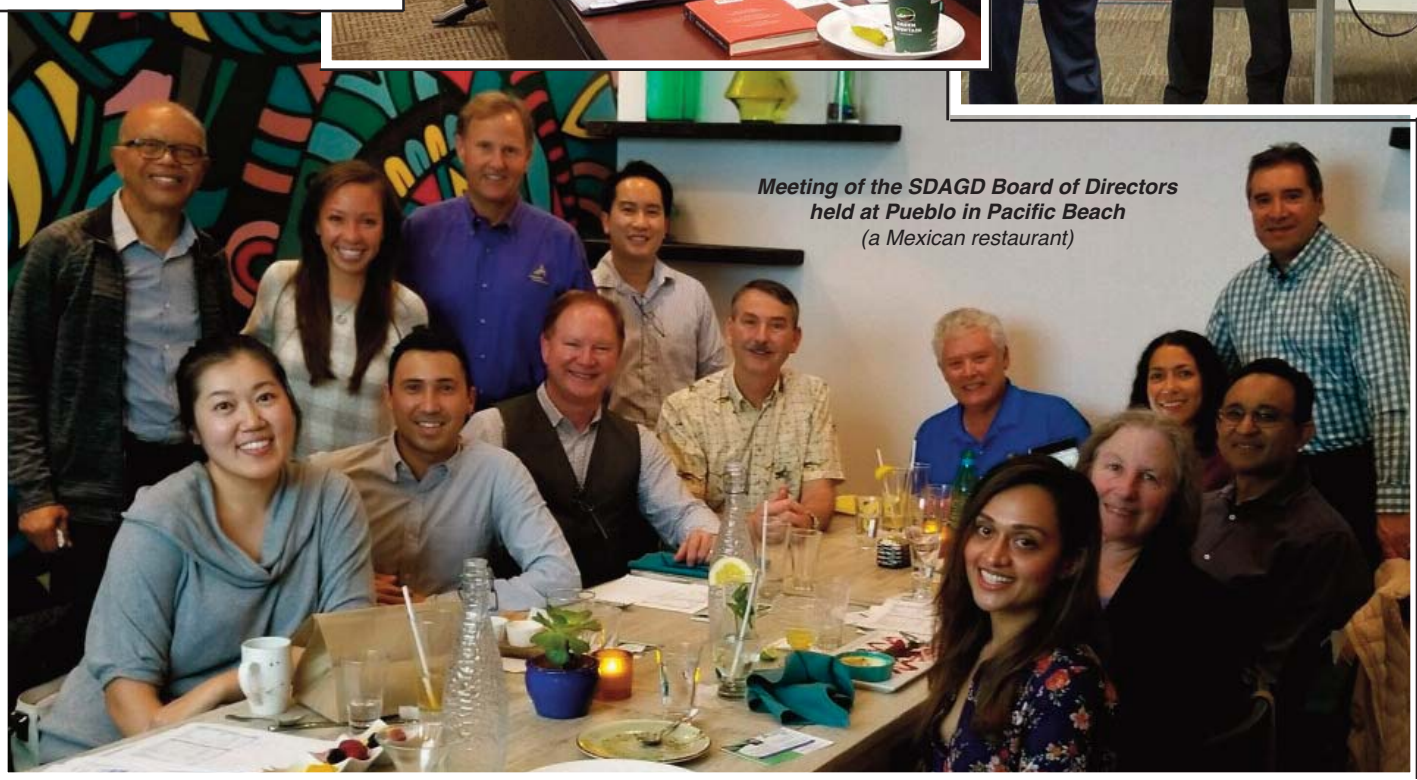
***Dr. Eric Lewis presents Veteran's Village representative, Mike Koonce, $3000 while Dr. Zeynep Barakat holds the other end** (tightly)*



Dr. Anderson on "Financial Bootcamp"

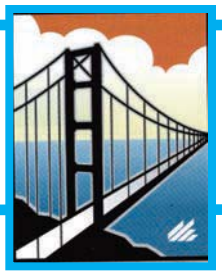
Credit card debt is a nightmare. You can't get ahead paying 18%...!

Dr. Lewis presents the Children's Dental Health Center $1000



***Meeting of the SDAGD Board of Directors held at Pueblo in Pacific Beach** (a Mexican restaurant)*

Standing (left to right): **Drs. Eric Lewis, Erika Kullberg, Kevin Anderson, Thanh Tran, Frank Ceja.** *Seated (left to right):* **Jenna Lau, Marty Weinstein, Steve Lockwood, Mark Martin, Jay Thompson, Zeynep Barakat, Rohit Keshav, Harriet Seldin, Emilia Kodiath.** A warm welcome was extended to Drs. Jenna Lau, Marty Weinstein and Emilia Kodiath, our newest San Diego AGD members. ◆



DR. CHRIS CHUI
President
San Francisco

I am thrilled and humbled to be elected President of the Northern California AGD for the year of 2018. It will be a very challenging and rewarding experience for me, both professionally and personally.

2018 will be a great year to reinforce the foundation of the NCAGD and reorganize the entire organization to make us more solid and sound. We will be preparing ourselves to step up to serve and connect with our members as much as we can.

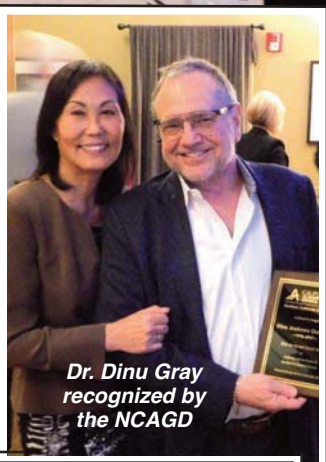
We have a long list of quality continuing education courses for the year.

We launched a ***Member Appreciation Dinner*** in December to kickoff 2018 and introduce our plans. We had a great show with the sponsorship from the Hiossen Implant Company featuring speaker Julia N. Goldman from the Goldman Law Firm. Topics were ***California Employer Obligations Regarding Sexual Harassment*** *and* ***Avoiding Wage and Hour Discrimination Lawsuits***. She kept the audience's attention the entire evening. No one left until the lecture was over. We had wonderful and positive feedback from the members. We will invite her to come back again in the future.

We also have a list of great courses getting ready to fulfill the members' appetites and thirst for dental knowledge. One of the most eminent and important topics in dentistry has to be the implementation of dental sleep apnea treatment in dental offices. We have the privilege to have one of the best speakers on this subject, Dr. Kent Smith from Dallas, Texas who will come for an entire day. He will cover ***How To Start Learning Dental Sleep Medicine Treatment and Get Reimbursed from Medical Insurance.*** The course will be held on February 17th at the Silicon Valley Capital Club in San Jose *(see the ad below).*

Attendees at the Member Appreciation Dinner

Dr. Ralph Hoffman (R) recognized by the NCAGD



Dr. Dinu Gray recognized by the NCAGD

SOME MEMBERS OF THE NCAGD GOVERNING BODY
— Past, present and future presidents —

OBSTRUCTIVE SLEEP APNEA—*How to treat obstructive sleep apnea patients and get reimbursed by medical insurance*

Learn the basic terms used in dental sleep medicine. Discover the characteristics that help in screening for sleep apnea. Become familiar with the testing methods for diagnosis. Learn about various appliances used in treatment. Unravel the mysteries of billing.

Speaker: ***Dr. Kent Smith***

Date: ***Saturday, February 17th***
(7:30 a.m. till 4:30 p.m.)

Location: *SILICON VALLEY CAPITAL CLUB*
50 West San Fernando Street, San Jose

Registration Fee: *Member @ $299; Non-Member @ $395; Staff @ $99*

Register now at ***NCAGD.com***

All in all, 2018 will be a great year for the NCAGD. It's a year for us to grow, embrace and thrive. It is a year to work hard and enjoy the fruits of our efforts.

Cheers! ◆

PACE
ACADEMY of GENERAL DENTISTRY
PROGRAM APPROVAL for CONTINUING EDUCATION
Approved PACE Program Provider FAGD/MAGD Credit Approval does not imply acceptance by a state or provincial board of dentistry or AGD endorsement. 5/1/17 to 4/30/2021

CALIFORNIA ACADEMY of GENERAL DENTISTRY

Southern California COMPONENT

BOTOX THERAPY IN DENTISTRY

About the Course

Botox therapy has many uses ineveryday dentistry. Often when using Botox to treat dental conditions, some facial wrinkles are unavoidably eliminated. Your California dental license permits you to treat various dentally-related conditions by injecting botulinum toxin (Botox).

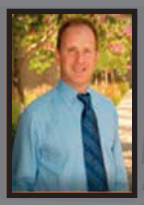
Course Objectives

The course covers the uses and instructions for botulinum toxins, their history, dosage preparation and injection techniques for a variety of dental-related procedures which include: TMJ pain and muscle spasm, bruxation therapy, esthetic lip repositioning and smile contour and treatment of associated migranes.

Informed consent and the risks, benefits and alternatives (RBAs) will also be included in this course.

Past confusion in the use of Botox therapy by dentists will be clarified.

About the Speaker



Dr. Andrew Blumenfeld is the Director of the Headache Center of Southern California, San Diego, USA. As Director, he has encouraged the development of a center addressing the multifaceted needs of headache sufferers, including acute care, educational programs and other specialty services. Board certified in Neurology by the American Board of Psychiatry and Neurology, Dr. Blumenfeld is also certified in Headache Medicine.

Dr. Blumenfeld is a member of the American Academy of Neurology and the American Headache Society. He is a Fellow of the American Headache Society. He chaired the American Headache Society section on Interventional Procedures for Headaches. He has published widely and has over fifty peer reviewed publications and has been an active researcher in headache and other neurological conditions with over ten issued patents for various treatments.

- ***Sunday, February 25th, 2018***
- *Speaker:* ***Andrew Blumenfeld, MD***
  Neurologist
- *Location:* ***Viva Concepts***
  1025 North Brand Boulevard
  Glendale, California 91202
- *Time: 8:00 a.m. till 5:00 p.m.*
  (registration from 7:00 a.m. till 8:00 a.m.)
- *Continental breakfast and lunch provided with free parking*
- *CE: 8 lecture units*
- *AGD Subject Code 190*
- *Registration:*
  http://scagd.com/event/botox-therapy-in-dentistry-3/
  or contact Avani at 310.471.4916

Tuition:

	Before 2-18	After 2-18	At the Door
AGD Members	$995	$1295	$1500
Non-Members	$1295	$1325	$1500
Auxiliary/Staff	$250	$350	$500

DR. TRAN HAN
President, SCAGD
Altadena

VIVA

PACE ACADEMY of GENERAL DENTISTRY PROGRAM APPROVAL for CONTINUING EDUCATION

FellowTrack Leadership Conference 2017

DR. CHERYL GOLDASICH
Torrance
FellowTrack Coordinator for all six of California's Schools of Dentistry

"Every year I continue to be impressed by my FellowTrack students from California

The annual CAGD FellowTrack Leadership Conference was held at the Duke Hotel in Newport Beach. Students from all six California dental schools were in attendance.

The conference was all about leadership and dental students got a chance to hear from the President of AGD, Dr. Maria Smith, the President Elect, Dr. Manuel Cordero and the Vice President, Dr. Neil Gajjar. The meeting was live-streamed on Facebook and Instagram so that it could be seen all over the country. The three national leaders spoke to dental students via Zoom from different parts of the country and Canada.

Students also heard about issues affecting dentistry in the United States and California from Dr. Mike Bromberg. They were informed about the Pathway to Fellowship that CAGD is introducing from CAGD President, Dr. Chethan Chetty and PACE Council Chair, Dr. Eric Wong.

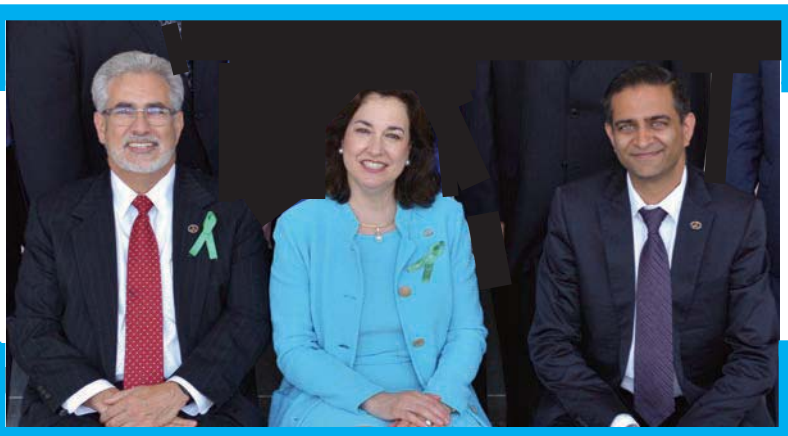
Dr. Ralph Hoffman was awarded for his years of service to the CAGD FellowTrack as mentor for UCSF and UOP Schools of Dentistry.

The afternoon was all about dental students, and all six schools presented what their FellowTrack Charter was doing and what challenges they faced moving forward. The exchange of ideas was energizing and impressive, because it further confirmed that California student AGD members are on the cutting edge in terms of using social media to get their message out.

Every year I continue to be impressed by my FellowTrack students from California dental schools. They set the bar for all dental students in the country and in the world and I have no doubt that they will go on to be the future leaders of our great organization. ◆

(see the photo gallery on the adjacent page)

ACADEMY of
GENERAL DENTISTRY



Top photo (left to right):

DR. MANUEL CORDERO
AGD National President-Elect

DR. MARIA SMITH
AGD National President

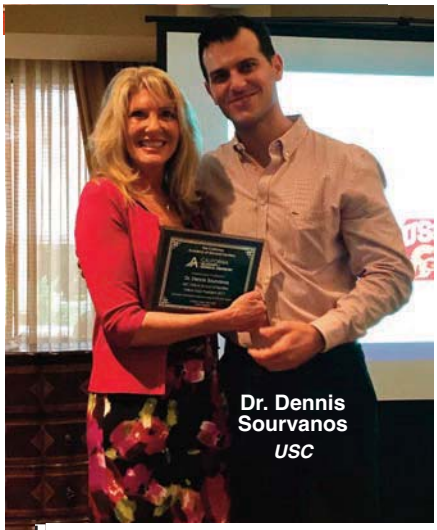
DR. NEIL GAJJAR
AGD National Vice President

NATIONAL LEADERS HOLD TELECONFERENCE FOR AGD MEMBERS ACROSS THE USA AND CANADA

Dr. Valentina Babychyan
UCLA

California AGD's participants in the teleconference

Dr. Brian Sun
Western U



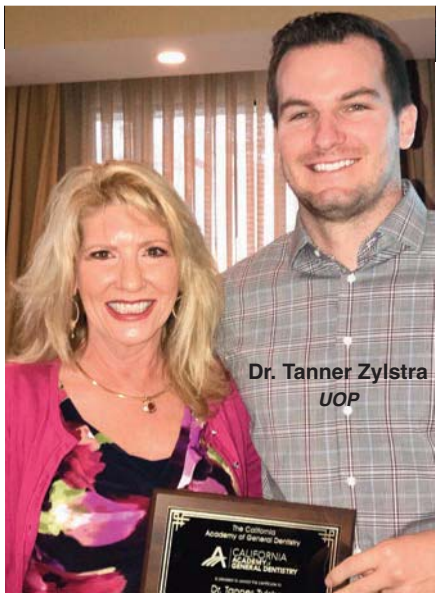
Dr. Dennis Sourvanos
USC

Dr. Cheryl Goldasich presents Dr. Ralph Hoffman a plaque recognizing his work mentoring AGD FellowTrack students at UCSF and UOP

Dr. Brett Will
Loma Linda

Dr. Leon Chung
UCSF

CALIFORNIA ACADEMY
of
GENERAL DENTISTRY



Dr. Tanner Zylstra
UOP

Tim Wong, *Co-President, AGD FellowTrack Student Chapter at USC*

The AGD FellowTrack Student Chapter at USC had a rewarding and productive year. We saw a growing number of members attending the Lunch-and-Learn lectures where experienced dental professionals shared their knowledge and real-life dentistry experience with our fellow students, faculties, and staff. Our member demographics have expanded to include incoming freshmen, but also the internationally-trained dentists. Our student-centered approach focuses on expanding dental students' knowledge.

Our Lunch and Learn seminar and presentations featured the following topics: "Removable Prosthodontics: CAD/CAM Technology" *by Dr. Tae Kim,* "Flirting with Braces: Treatment Planning, Contemporary Smile Design, Facial and Lingual Approaches" *by Dr. Dan Grauer,* "Platelet-Rich Fibrin Used in Periodontal Regeneration" *by Dr. Homa Zadeh,* "Peri-Implant Complications" *by Dr. Alon Frydman,* "Principles of Smile Design" *by Dr. Jack Ringer,* and much more.

Course on "Principles of Smile Design"

CAD/CAM Series:
Removable Prosthetics Utilizing CAD/CAM Technology

by Dr. Tae Kim

Dr. Tae Kim's lecture series on removable prostheses and CAD/CAM technologies attracted more than fifty students to participate. Dr. Kim shared his expertise in removable prosthesis incorporated with CAD/CAM technologies, to restore the function, esthetics, self-confidence in many edentulous patients. He also shared his experience working with 3D printing in designing and manufacturing of removable and implant supported prosthesis and how they are incorporated into prosthodontics and general dentistry.

Lunch and Learn Presentation and Social Mixer

We want to take this opportunity to recognize the continuous support from our dental school's administration as well as the USC Graduate Student Government Council. Our goal is to engage dental students in evidence-based dentistry practices through Lunch and Learn lectures and hands-on seminars. Our school's administration provided excellent infrastructure, while the Graduate Student Government Council has provided generous amount of funding for our events.

Organized Dentistry

Our student chapter strongly supports members to participate in national events in organized dentistry. Last June, our member representative served as a delegate to the AGD Lobby Day in Washington, D.C., to advocate for dentists, dental students, and patients on current issues including access to dental care, student loans, and more. Our delegate was able to team up with other AGD fellows, dentists, and students to meet with legislators to discuss about key issues related to dentistry and public health. This is considered a unique learning experience and an exclusive opportunity made available to our members by the national AGD organization. We highly encourage our members to participate every year.

AGD Lobby Day, Washington, D.C., 2017

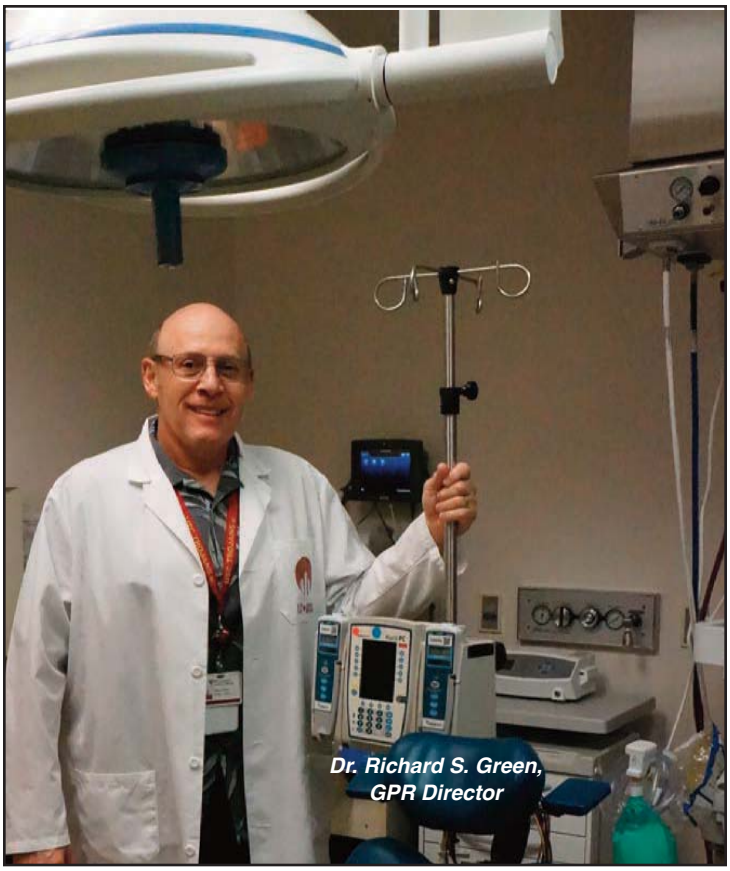
Future Goals

Our student chapter at USC found social media to be beneficial in communicating with our members about our events. We are planning to expand the spectrum of our social media to Instagram and much more. As we move onto the next academic year, we will be rolling out more Lunch and Learn presentations, social events, workshops, as well as collaborating with other student chapters in Southern California. Under the excellent leadership of Dr. Cheryl Goldasich, we look forward to a rewarding and exciting year at USC. ◆

University of California at Los Angeles

An increasing number of graduating dental students are applying for General Practice Residency trying to gain additional dental training beyond the standard four-year dental school curriculum.

We were grateful to have an opportunity to interview Dr. Richard S. Green, the University of Southern California GPR Director, and would like to share the information about the insight of USC GPR program and the residents' selection criteria. We had a half day interview at USC's Herman Ostrow School of Dentistry and an on-site visit at Los Angeles County Department of Health Service-LAC+USC.



Dr. Richard S. Green, GPR Director

Questions from AGD UCLA Chapter Student Representatives:

What are some of the highlights about USC GPR Program?

Dr. Richard S. Green: The didactic courses are well organized. We use the "Flip Classroom Online Course" teaching model, so the residents can listen to the lectures according to their schedule. The clinic schedule for the whole year is laid out for the residents at the beginning of the program. The schedule allows them to know their periodontal surgery block, anesthesia medicine block and other specialty blocks, so the residents can book their patients accordingly. We try to introduce the residents very broad dental knowledge, including forensic dentistry and orofacial pain. We have excellent faculties, who devote their valuable time in teaching the residents, even guide them in simulating implant placements on typodonts prior to the procedure. Residents are encouraged to try new technology, including CAD/CAM dentures and other cutting-edge technology. In addition, we work in a team with the medical colleagues to treat numerous medically compromised patients as well as trauma patients. As faculty, we encourage the residents to work independently and efficiently, help them learn from their mistakes, and make sure our residents also enjoy the working/studying environment. The residents have opportunities going to special patient care conferences; they study, they grow and they also have fun!

Sherry Yang, Vice *President, AGD FellowTrack Student Chapter*
and **Brian Wu,** *Member, AGD FellowTrack Student Chapter*

Can you tell us about the application selection criteria?

The applicants submit their applications in American Dental Education Association Postdoctoral Application Support Service, and USC participate in MATCH. We look at applicants' undergraduate GPA, which is a more accurate tool for me to predict the applicants' achievement in the future. LAC+USC treats a great number of medically compromised and special needs patients, so we read the personal statements and try to find applicants who are interested in this field. The letters of recommendations, especially from clinical instructors, extracurricular activities will help us to know the applicants more. We need people who can work efficiently in a team, since we work closely with the oral surgery team and medical physicians. Each year, we get about 70 to 100 applicants. We choose thirty applicants to interview. Then, based on the interview results, we typically rank around ten to twelve people on our final list.

Can you tell us more about the interview in the USC GPR Program?

We typically set up three different dates to accommodate the applicants' schedule for the interview. The interview will be a whole day process including multiple interviews. The interviewees will be challenged by some complex medical and dental cases by the interview panel, as well as some personal questions about their goals for the GPR. The interviewers will give the applicants a score from 1-5, so we make sure the interview process is fair and as objective as possible.

What are some changes in the residents that you noticed when they graduated from the program compared to when they first come in?

Confidence! Our residents become a lot more confident in treating complex patients with the training in one year. At USC, they have morning sessions to consult difficult cases with the faculty, and they will have an afternoon meeting where they reflect and share each other's cases. Since we are dealing many medically compromised patients within a limited time, the residents learn to be efficient and accurate with the treatment. They will have the opportunity to independently treatment plan and execute these challenging cases. I would say that the amount of training they get here will be equivalent to a two- to three-year associate experience as a general dentist.

In the end, would you mind giving some suggestions for dental students who might be interested in applying to GPR programs?

I would suggest dental students get as much clinic experience as they can while they are in dental school. Don't be afraid of making mistakes. It's the best time to learn! Knowledge comes from practice. For students who are interested in applying to post graduate programs, they could visit the programs and talk with the residents to find out more about their experience in the program. They can start collecting letters of recommendation early, because we hope to know our residents in details from their current faculties. *Wish all the applicants the best luck!* ◆

"Our residents become a lot more confident in treating complex patients with the training..."

Western University of Health Sciences, College of Dental Medicine

Joshua Sanchez, *President, AGD FellowTrack Student Chapter at Western U*

This year WesternU's AGD Chapter has been busy laying the foundation as an interest group and will be holding regular meetings in the Spring. Our goal is to introduce our students to topics that affect general dentists.

As an interest group, we have already helped support educational opportunities such as:

- Provide support to the Biometric Dentistry Group who held a lecture and workshop on Semi-Indirect Restorations.
- Support annual biopsy workshops along with the Dental Student Research Group (DSRG)
- Work with DSRG to support Oral Cancer Awareness month lectures
- Support several of our students attending AGD meetings last Fall
- Provide continuing education credits/funding to other clubs on campus

Our chapter is striving to define itself at WesternU and we anticipate increasing our membership as we continue to create opportunities and set goals for the future. ◆

Semi-Inderect Restoration Workshop

Biopsy Workshop

California AGD Welcomes Our New Members

July 15, 2017 thru December 15, 2017

***Dr. Dean N. Ahmad**, Lincoln*
***Dr. Sonal Anand**, Portland, Oregon*
***Dr. Renz T. Antonio**, San Francisco*
***Dr. Jeff Arroyo**, Placentia*
***Dr. Bralipisut Asadamongkol**, Loma Linda*
***Dr. Cecilia R. Avenido**, South San Francisco*
***Dr. Vaida M. Avery**, San Diego*
***Dr. Michael Leon Aznavour**, Montrose*
***Dr. David Jaywoo Bai**, Los Angeles*
***Dr. Divleen Bains**, Alta Loma*
***Dr. Mirinae Bak**, Yorba Linda*
***Dr. Jilbert Bakramian**, Glendale*
***Dr. Micaela D. Balaban**, Saratoga*
***Dr. Gilda Bankian**, San Diego*
***Dr. Breanna Bartolome**, Los Angeles*
***Dr. Karthika Basireddy**, Los Angeles*
***Dr. Tina Bastar**, Los Angeles*
***Dr. Shirin Behdad**, Los Angeles*
***Dr. Joseph Babak Behjat**, Upland*
***Dr. Virgil Benjamin**, Temecula*
***Dr. Peter S. Bonifatto**, West Hollywood*
***Dr. Rami Borno**, Laguna Beach*
***Dr. Brent C.Boyd**, San Francisco*
***Dr. Kendra Brooks**, Seal Beach*
***Dr. Mark A. Burhenne**, Sunnyvale*
***Dr. Steven H. Chang**, Monterey*
***Dr. Nikki Chauhan**, Sacramento*
***Dr. Vasavi Chinnam**, Cupertino*
***Dr. Ted Chun**, Windsor*
***Dr. Young Chung**, Van Nuys*
***Dr. Emilia Suarez Croy**, San Jose*
***Dr. Ali Dabrian**, Porter Ranch*
***Dr. Devan Dalla**, Elk Grove*
***Dr. Jaspreet Dehar**, Redwood City*
***Dr. Neha Girish Desai**, Los Angeles*
***Dr. Anthony W. Deza**, San Bernardino*
***Dr. Mariflor S. Duhaylungsod**, Chula Vista*
***Dr. Todd Emigh**, Long Beach*
***Dr. Bashar Fargo**, Riverside*
***Dr. Katie Wu Fogarty**, Alameda*
***Dr. Daniel Freeman**, San Anselmo*
***Dr. Robert JM Frey**, Redlands*
***Dr. Raffie Garabedian**, Glendale*
***Dr. Mina Girgis**, Lakewood*
***Dr. Yamini Mani Chandana Gollapudi**, Los Angeles*
***Dr. Dryden Granger**, Escondido*
***Dr. Bernadette L. Guaring-Bagay**, Covina*
***Dr. Caitlin Ha**, Fremont*
***Dr. Dimitri Haber**, La Verne*
***Dr. Justin Kelvin Hall**, San Francisco*
***Dr. Jonathan Han**, San Francisco*
***Dr. Chad Ho**, Santa Margarita*
***Dr. Michelle Kim-Anh Hoang**, Redondo Beach*
***Dr. Natalia M. Homyak**, Marina del Rey*
***Dr. Brent Takashi Honda**, Los Angeles*
***Dr. Mahsa Ighani**, Los Angeles*
***Dr. Neha Jain**, San Francisco*
***Dr. Minalie Jain**, Los Angeles*
***Dr. Deepthi Janga**, Tallahassee, Florida*
***Dr. Anne Marie Jeng**, Daly City*
***Dr. Jared J. Johnson**, Upland*
***Dr. Erica L. Jones Hindbaugh**, Fortuna*
***Dr. Rhonda Kalasho**, Playa Vista*
***Dr. Jiyea Kang**, Cypress*
***Dr. Rajvir Kaur**, Morgan Hill*
***Dr. Savnit Kaur**, Los Angeles*
***Dr. Brian Kennedy**, West Hollywood*
***Dr. Moid Khan**, West Sacramento*
***Dr. Njdik Khodaverdian**, Glendale*
***Dr. Steve Kim**, Carmichael*
***Dr. Emilia Kodiath**, Poway*
***Dr. Johan Kritzinger**, Loma Linda*
***Dr. Sarah Kuruvilla**, Morrisville, Pennsylvania*
***Dr. Wilson Lai**, Los Angeles*
***Dr. Gloria Lang**, San Francisco*
***Dr. James Carl Leamey**, Monterey*
***Dr. Jiawei Li**, Los Angeles*
***Dr. Cecile N. Licauco**, Orange*
***Dr. Yangda Lin**, Alhambra*
***Dr. Krystal Liu**, Los Angeles*
***Dr. Monica Louie**, San Francisco*
***Dr. Ryan Mak**, San Francisco*
***Dr. Melvin G. Markham**, Twin Peaks*
***Dr. Bilyana Nikolaeva McLeod**, Burbank*
***Dr. Nishit Mehta**, Emeryville*
***Dr. Audrey Mojica**, Walnut Creek*
***Dr. Ahmad Mokbil**, Folsom*
***Dr. Hansel Montilla**, Los Angeles*
***Dr. Maxx Hoang Nguyen**, Roseville*
***Dr. Sheetal Padval**, Folsom*
***Dr. Jay Patel**, Los Angeles*
***Dr. Neal Atul Patel**, San Francisco*
***Dr. Parnian Paymozd Yazdi**, Laguna Beach*
***Dr. Conor Perrin**, Orange*
***Dr. Lomesh Popat**, Los Angeles*
***Dr. Lukas J.Pytlik**, La Jolla*
***Dr. Ryan Raouf**, Los Angeles*
***Dr. Romina Sadreshkevary**, Los Angeles*
Dr. Paulomi Vijay Salvi, Los Angeles
Dr. Mary Ann Sanvictores, National City
Dr. Jonathan Seard, Cleveland, Tennessee
***Dr. Amrit K. Sethi**, San Francisco*
***Dr. Stephanie Ann Shimizu**, San Francisco*
***Dr. Gurman S. Shoker**, Fremont*
***Dr. Julio Alberto Sixto**, Chino Hills*
***Dr. Alan S. Tanisawa**, Castro Valley*
***Dr. Chiranjeevi Tanubuddi**, Los Angeles*
***Dr. Joy A. Tawadrous**, Cerritos*
***Dr. Darryl Torculas**, San Diego*
***Dr. Sylvia Victoria Tozbikian**, Bermuda Dunes*
***Dr. Carrie Tran**, Milpitas*
***Dr. Vivian Alison Tran**, Huntington Beach*
***Dr. Vu Tran**, Chino*
***Dr. Sina Vahdatinia**, Rancho Cucamonga*
Dr. Elianne Emma Vazguez, Los Angeles
***Dr. Milton Melvin Vega**, Moreno Valley*
***Dr. Joe Wang**, Irvine*
***Dr. Parnian Paymozd Yazdi**, Laguna Beach*
***Dr. Christopher Yoo**, Gardena*
***Dr. Simon Youn**, Fullerton*
***Dr. Sam Yeosun Yun**, San Francisco*
***Dr. Linda Zhu**, Los Angeles* ◆

UCLA School of Dentistry

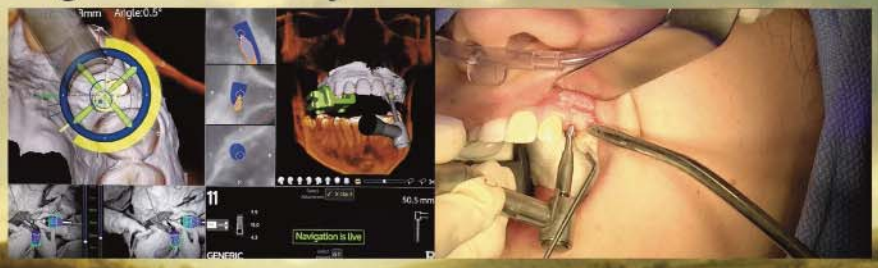
Continuing Dental Education

(310) 206-8388
dentistry.ucla.edu/cde
cde@dentistry.ucla.edu

Napa Implant Symposium

May 18-19, 2018 8:00 am - 12:30 pm
Course Fee: $565 CDE Credits: 8
Westin Verasa Napa, CA

Digital Dentistry: how far have we come ?




Alawie


Block


Pozzi


Shah

Program Moderators


Moy


Schoenbaum

Special hotel rate for course participants at the Westin Verasa
Course fee and travel costs are separate

Hawaii Symposium 2018

The Ritz Carton Kapalua, Maui

July 2-6, 2018 CDE Credits: 24 | Fee: $980 | 8:00 am - 12:30 pm daily

Our 28th Annual UCLA Hawaii Symposium will be held at the Ritz Carlton in the beautiful Kapalua area of Maui. This 5 day conference will take place between 8 am and 12:30 pm each day, allowing you and your family plenty of time to relax and enjoy the resort. We have assembled an outstanding line-up of world-class speakers on the hottest topics in dentistry. In addition, we will have one extended afternoon session on practice/patient management.

Speakers
Sreenivas Koka, DDS, PhD
Maria Galvan, DDS, MS
Perry Klokkevold, DDS, MS
Ben Wu, DDS, PhD
Dennis Bailey, DDS
Shariar Parvizpour, DDS
Cindy Ishimoto, CDPMA, CSC
Steven Snow, DDS
Paulo Camargo, DDS, MS, MBA
Flavia Pirih, DDS, PhD
Nadia Chugal, DDS, MS, MPH

Exclusive travel discounts available
Course fees & travel costs are separate.

UCLA

RDA LICENSURE: DENTAL BOARD DROPS PRACTICAL EXAM PORTION

How did this happen? WHERE DO WE GO FROM HERE?

Dr. Eric Wong, *AGD Division Coordinator, Continuing Education, Sacramento*

In the last issue of the *GP News,* I gave the background for the current status of the RDA practical examination. The Dental Board—without much debate before taking a vote—has dictated that the RDA practical will be suspended, with the Governor's approval, until January 2020. The Dental Board is currently issuing RDA licensures with candidates ***passing only written portions of the exam.*** The stated reasons for this suspension are interpreted by OPES (Office of Professional Examination Services) as not meeting the scientific definition of psychometrics. Here is a brief definition of psychometrics: The field is concerned with the objective measurement of skills and knowledge, abilities, attitudes, personality traits, and educational achievement. Some psychometric researchers focus on the construction and validation of assessment instruments such as questionnaires, tests, raters' judgments, and personality tests.

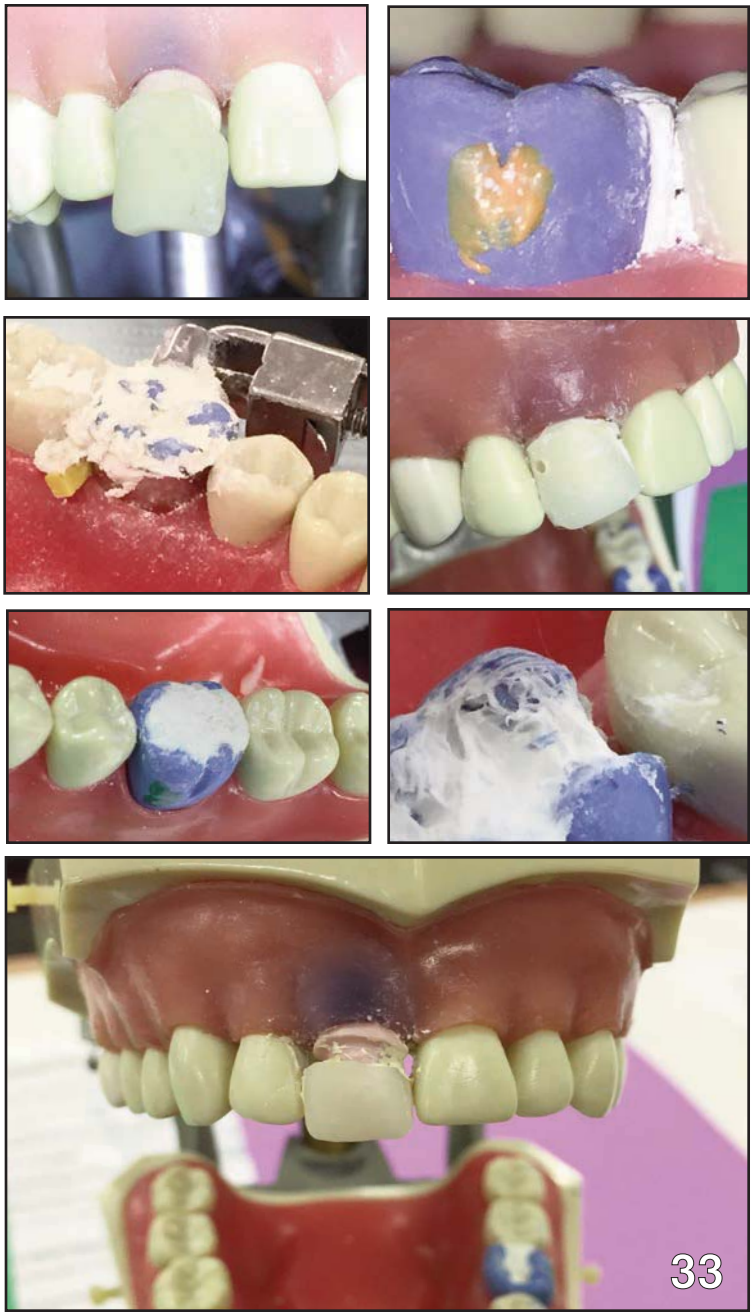
The California Assembly Bill 1707 was sponsored by Evan Low, a 34-year-old Assembly member representative from Campbell, in the San Jose area.

The impact of this legislation to general dentists will be great. Now, when hiring an RDA, it will be more difficult to determine and assess a potential employee's ability to deliver delegated clinical job duty competency.

The former practical exam competency test was given on a standard dental typodont. The exam consisted of fabricating an acrylic provisional for #8 with a cementation, and an IRM provisional on #19-DO. They were given ninety minutes to accomplish these tasks. This raises the question by the psychometric method of analysis for utilizing typodonts for examination purposes in academic environments.

I hope you share my opinion about typodonts—absolutely ridiculous. Do psychometric studies support NOT using typodonts to teach dentistry? How did the Dental Board forget that their primary objective is to protect the public? I am proud and honored to be given the responsibility to provide healthcare to another person. This is a duty that those who have conspired to eliminate the RDA practical do not understand. The majority of these individuals who voted to eliminate the RDA practical are not in, or have limited knowledge of our cherished profession. Please evaluate the pictures that I have attached to this article. A picture is worth 1000 words. They are representative of ~40% of the most recent practical exam cases. These pictures were taken without any manipulation. As a reminder, dentistry is both an art and a science. Examination methodology should not always conform to the most stringent parameters of psychometric parameters. Please support the reinstatement of the RDA practical examination. As always, I welcome your comments.

The photos below are typical examples from thousands that we have seen where applicants have shown their ability to create a simple temporary restoration after having practiced the technique prior to the test. As it now stands, all applicants bypass any level of hand-eye coordination display and become RDAs if they successfully pass the written test alone. The dentists of California were dealt a bad one here. Surely, no competent dentist would tolerate this level of care. Be aware that the RDA you might be about to hire may have been one of those who turned in for grading the work shown in these photos. Again, please support the reinstatement of the RDA practical examination. Dr. Wong can be reached at P.O. Box 22417, Sacramento, California 95822. ◆



CLINICAL COMPLICATION ***(monitor vital signs for sudden tachycardia, ischemia or hypertension)***

Local Anesthesia-Induced Pallor: A Temporary—but Potentially Painful—Complication

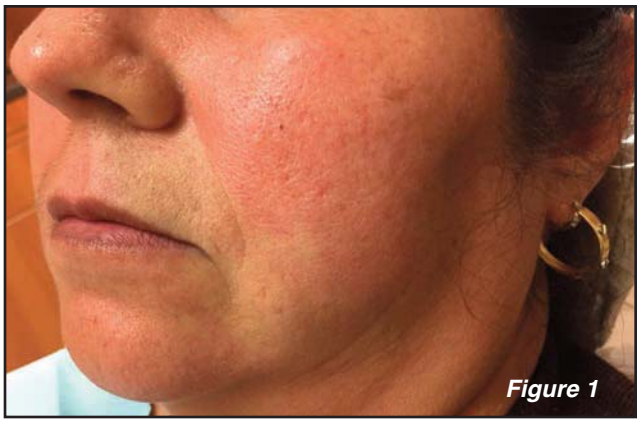
Ho-Hyun (Brian) Sun, DMD, MS; Jeffrey A. Elo, DDS, MS, FACS; Sally Sun; Fernando Rodriguez-Paris, DDS; Chan Park, DDS, MD, FACS

A 52-year old Hispanic female presented to a busy, urban community clinic for routine dental treatment. Her medical history was minimally contributory with pre-diabetes and pre-hypertension. Records showed a well-documented history of periodic dental treatments and regular examinations. She denied any prior untoward issues with local or general anesthesia or dental anxiety. Her vital signs were within defined normal limits and did not indicate the presence of fear or mental reservations.

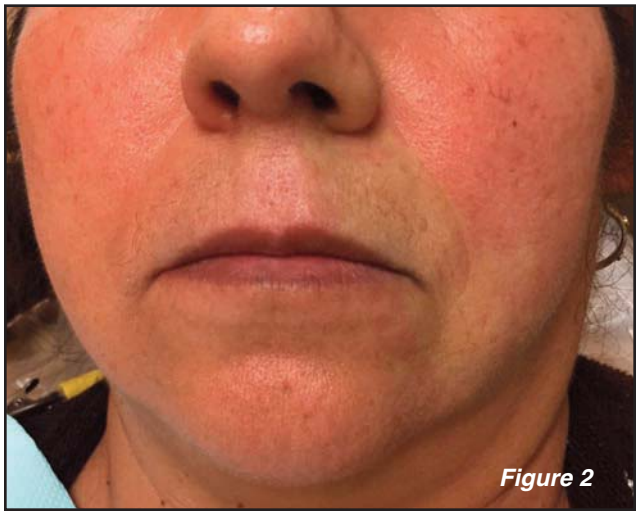
Prior to local anesthesia administration, a two-second aspiration was conducted in the left long buccal region to check for intrusion into vasculature. Approximately 0.3ml of a standard anesthetic — 2% lidocaine solution with 1:100,000 epinephrine — was then introduced when the patient endorsed a sudden radiating pain to the entire left mandibular region. Within seconds, the injection was followed by an unmistakable blue-green tinged pallor below the left naris and around the left commissure *(Figures 1 and 2)*. The quality of pain reportedly resembled neuralgia with sharp, burning sensations rated 10 out of 10 on the Wong-Baker FACES® Pain Rating Scale. Neither the patient nor the provider was able to relieve the sensation until it gradually resolved over the course of twenty-five minutes. Upon resolution of the symptoms, the patient was able to tolerate another local infiltration with the same anesthetic, but without unexpected sequelae. She underwent successful composite restoration and has remained symptom-free in the left mandible — confirmed at her six-month and subsequent follow-up appointments. Despite several other dental visits, no subsequent injection difficulties have been noted.

Adverse events in the aftermath of local anesthetic injections are uncommon occurrences at approximately 5 to 10% of all injections. Of these, 5% incur some degree of regional pallor with or without pain. A 2008 study by Paul and colleagues remarks that pallor and pain along the distribution of the posterior superior alveolar (PSA) artery is a previously undocumented occurrence that resolves in a similarly spontaneous manner.[1] Instead of the PSA artery, our case appears to have manifested along the distribution of the left facial artery with corresponding symptoms. One set of studies indicates that such incidences may occur as a result of direct injection of the anesthetic and/or epinephrine into local vasculature. Others suggest a correlation to the male gender and the patient's level of anxiety.[2] Interestingly, our patient did not appear to adhere to any of these previously established risk factors. Multiple aspirations across a defined period of time during injection also seemingly negated the likelihood that the anesthetic solution had directly entered an artery or vein.

The proximity of major vasculature to the long buccal block injection site may lend clues to the possible etiology behind local anesthesia-induced pallor (LAIP) of the left face. Temporary pallor and radiating pain could very well be a sign of vasospasm, which could affect the entire distribution of the vasculature distal to the point of injection. LAIP-like symptoms could occur as a result of the needle tip violating an artery without puncturing it completely, triggering temporary spasms and regional ischemia. It is also possible that the vasa nervorum — the small blood vessels surrounding and supplying nerves — underwent sudden constriction as a result of nearby deposition of lidocaine or epinephrine.[1] Because LAIP is difficult to reproduce, studying its exact mechanism may prove to be challenging. It is nonetheless critical to remain aware and ready for this disconcerting complication.



Left oblique facial photograph demonstrating unmistakable pallor below the left naris and around the left commissure.



Frontal facial photograph demonstrating asymmetric pallor along the cutaneous distributions of the facial and superior labial arteries.

The provider must remain prudent and observe possible signs of worsening symptoms in all observed cases of LAIP-like symptoms. Current experiences show that an observation period of at least thirty minutes for complete recovery is reasonable with regular monitoring of the vital signs for sudden tachycardia, ischemia, or hypertension. Avoidance of unfamiliar nerve blocks and ensuring proper anxiolysis is also indicated especially when multiple injections are involved. Regular monitoring of sensation across the second and third trigeminal nerve branches at periodic evaluations may also be helpful in establishing a baseline measurement against possible future neurological injuries. ◆

References:

1. Paul R, Anand R, Wray P, et al. An unusual complication of an inferior dental nerve block: a case report. Br Dent J. 2009;206(1):9-10.
2. Kaufman E, Goharian S, Katz Y. Adverse reactions triggered by dental local anesthetics: a clinical survey. Anesth Prog. 2000;47(4):134-138.

Ho-Hyun (Brian) Sun, DMD, MS is a member of the Division of Dentistry/Oral and Maxillofacial Surgery at the Alameda Health System, a Clinical Assistant Professor at the Western University of Health Sciences, and (formerly) a scientist with the UCLA Center for Oral/Head and Neck Oncology Research.

RETIREMENT *(continued from page 15)*

How much Disability Insurance should I carry? Will disability insurance help me move from being a Laborer to a Capitalist? Yes, if you cannot practice due to a disability, you have no income and cannot move from a Laborer to a Capitalist! It is important to insure yourself for a potentially catastrophic loss that could wipe you out financially should an unexpected disability occur. A sound disability policy is the most important insurance a dentist can have. Get it when you are young, healthy and insurable.

It is recommended to have a policy that is own-occupation, guaranteed renewable, non-cancellable through one of the five or six companies issuing policies. Utilize an insurance specialist as there are many disadvantages in using a dental association group policy. Benefits are quoted in monthly amounts until age 65. They will only replace 60% of your income. This is because insurance companies do not want to incentivize you not to work and because the benefits, if paid for individually, are tax-free.

Start your career with the maximum benefit possible. Review your benefits annually and increase them if your income has increased through ages 25-55. With the realization that as you age toward 65, the premiums continue to go up while the benefits payable on a disability claim go down. If you have been a massive saver achieving a Capital-to-Income ratio of 12, consider dropping disability insurance. Don't consider cutting back on the benefit amount until you have achieved a Capital-to-Income ratio of 8-9x. Should you be receiving benefits on a disability claim, you will need to allocate a portion to savings as you will still need the capital to retire since benefits will end at age 65.

Do I need life insurance? Will life insurance help move me from being a Laborer to a Capitalist? No, it won't in a strictly economic sense and there is no reason for an individual to buy life insurance. The benefits arrive only after your death. *So, why buy it?* It is for the people dependent on your income for support — your spouse and kids. It replaces your income to those loved ones that are financially dependent and helps them become financially independent.

To determine how much you need, take your income and multiply it by your ratio for your particular age. The Capital-to-Income ratio works directly with the Life Insurance needs ratio so that the sum is 12. In other words, if you are not hitting your Capital-to-Income ratios, take out additional Life Insurance so that the ratios add up to 12x your income so that, if you pass prematurely, you will have left your family with sufficient assets to maintain their financial independence. The next Article, #4 — Insurance Needs and Practice Overhead, will address life insurance in more detail.

Do you need Long-Term Care Insurance? Will buying Long-Term Care Insurance help me move from being a Laborer to a Capitalist? Yes, if the projected income from your assets in retirement is not enough to cover your care costs for you and a spouse. Start considering carrying it in your mid-fifties when you are healthy and insurable. It may be necessary to carry both Long-Term Care and Disability insurance at the same time for a short period of time as disability only covers you until age 65.

Get only what you need to cover any gap of how much you receive from your income sources versus how much you estimate to need for the care. For example, assuming your annual income is $50k + $34k (social security) and the care that you have estimated is $100k, you will have a gap of $16k ($84k - $100k). Consider buying a $16k of inflation adjusted care policy. Terms can be for two, three, four, ten years or lifetime. Get quotes and compare – opt for lower amounts for a longer period.

As only 20% of people actually claim long-term care for an average of 2.5-3.5 years, consider the cost and what that money going to premiums would grow to if invested to age 80 (the average age of claim). It has been demonstrated that the decision by many to purchase Long-Term Care Insurance is often an emotional one rather than rational decision, many are opting to invest the premiums instead.

Putting It All Together

Requiring only simple multiplication, you have the tools necessary to clearly calculate where you are on your road to financial independence. With the matrix provided, you can determine at each age where you are comprehensively with the major financial ratios. Visit your ratios at least annually. *Best of luck on your journey!* ◆

Dr. Anderson, DDS, MAGD is the Founder and General Partner of The Anderson Investment Fund. He retired financially independent from dentistry by age 43. His Fund is limited to high net-worth individuals, companies and retirement plans. Feel free to reach out to Dr. Anderson with questions or comments. He is available to speak to dental groups on financial topics and can be reached at (619) 248-7379 or kevin@AndersonInvestmentFundLP

CALIFORNIA ACADEMY
of GENERAL DENTISTRY
Post Office Box 22417, Sacramento, California 95822

Presorted Standard
U.S. POSTAGE
PAID
Fullerton, California
Permit No. 664

The Academy of General Dentistry is the premiere organization for the general practitioner.

For more information on AGD benefits and membership, visit our website at www.AGD.org

The broader the base of our membership, the more effective is our representation on your behalf.