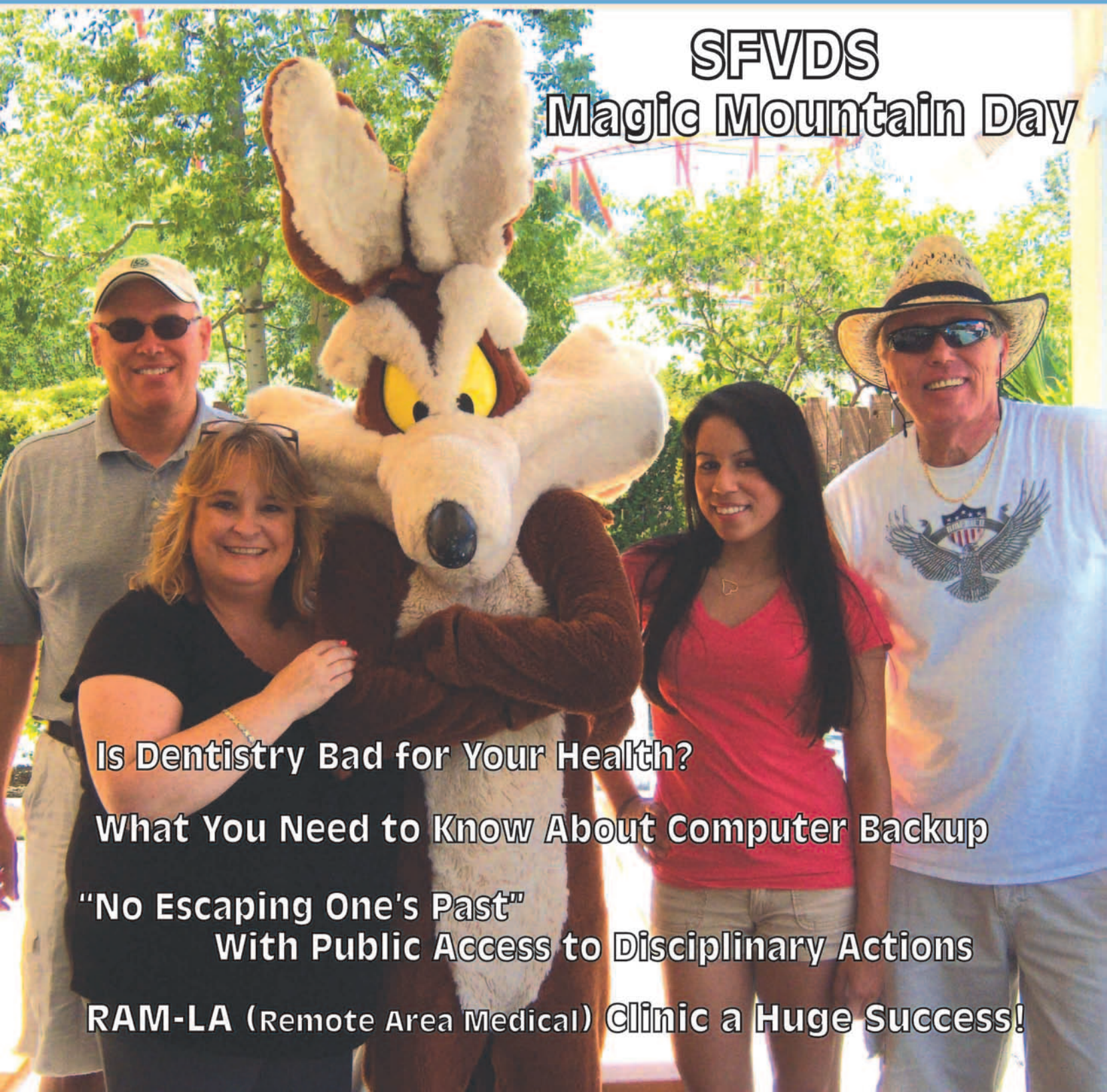
Bulletin of the San Fernando Valley Dental Society

Dental Dimensions

Summer 2010

www.sfvds.org



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In This Issue

Summer 2010

Volume XXXXIV Number 3

Call for Submissions

Do you have an unusual case study or an interesting article you would like to have published? Dental Dimensions is looking for articles from our members so we can share our collective knowledge. Articles should be 500-1000 words with references where applicable and photos if possible. Send your submissions to editor.sfvds@sbcglobal.net or contact the dental society office at 818-884-7395

On The Cover.....

Enjoying the SFVDS Magic Mountain day (l-r) President Mark Amundsen, DDS, SFVDS Staff Wendy Abrams, Wiley Coyote, SFVDS Staff Bella Penate and Executive Director, Andy Ozols

Mid-Level Providers: Why are we talking so much about them?

The dental literature is replete with information on mid-level providers. You cannot pick up a journal or magazine without seeing some article or commentary on the subject. Recent issues of CDA News talk about what other states have done. High level discussions regarding the duties, regulation and education of this new category of dental provider is starting to sweep the country, state by state. A few states have already enacted regulation and have started pilot training programs for a mid-level provider.

Some, particularly educators and public health workers, believe that the mid-level provider, with greatly expanded duties, in some cases diagnosis, operative dentistry and extractions, and often without dentist supervision, is the answer to the "access to care" problem. Others feel our current workforce model with the dentist supervising auxiliaries is under-utilized and an unsupervised, less educated dental mid-level provider could be a danger to the public, and would create a lower level of care for the underserved. Legislators are being bombarded by special interest groups who are proponents of the mid- level provider. Obviously, there is a great deal of controversy regarding this issue.

In November this year, CDA's House of Delegates will be discussing and possibly determining CDA's position on mid-level providers. You can voice your opinion by contacting your SFVDS delegates prior to the House. A list of SFVDS delegates will be published in the next issue of Dental Dimensions. You may also contact the SFVDS office for information.

As a member of the dental profession, it is important to familiarize yourself with the impact this new category of dental provider could have, not only on our profession, but also on the health and safety of the public we serve.

Anita Rathee, D.D.S., MPH
Editor, SFVDS

Dear Anita:

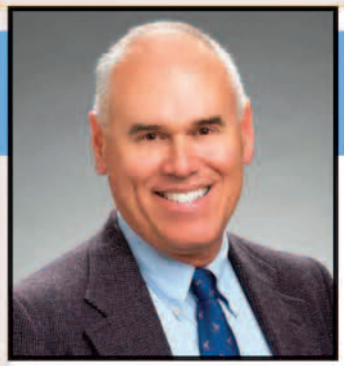
As usual, the latest edition of Dental Dimensions was outstanding, especially with the comments you and Mark Amundsen provided regarding the question of dental mid-level care providers and their possible threat to dentistry and public care.

In my own past experience as a multi-year member of the Dental Board of California, there have always been elements emerging that question or attempt to modify what our science-based profession provides. While Board members have always sought to keep the profession's protection for the public at the highest level, it is the legislature that passes the statutes that are then handed down to the Board for creation of the necessary regulations by which the practice of dentistry must be followed in California.

There has never been a question regarding the integrity or benevolence of our legislators, however dentistry is not their profession, and uninformed outspoken groups occasionally catch the unknowing attention of a legislator hoping to promote an agenda, even though the agenda may not coincide with the best that can be given to our patients. Therefore, it is our legislators who must have continual, strong input from organized dentistry, and all responsible professionals, in order to provide the strongest path in keeping intact, the best of what the profession has to offer our patients.

Sincerely,
Richard Benveniste, DDS, MSD

Correction.....
In the listing of volunteer dentists for the annual Give Kids a Smile program, we inadvertently left out Dr. Roya Shoffet. Our apologies for the omission.



From the Desk of the President

A New Decade: New Changes at SFVDS

It has been almost sixty years since the San Fernando Dental Society (SFVDS) branched off from the central Los Angeles component. The San Fernando, Santa Clarita and Antelope Valleys have grown from rural farmlands, ranches and undisturbed desert, to more densely populated urban areas. Over these years, even the types of businesses and industries employing our residents have significantly changed. In these same years, dentistry itself has radically changed in many ways.

The SFVDS is now itself undergoing changes. One can't keep rolling the same design "new" car out of the showroom and expect the younger, more hip generation to buy it. As a result changes are going on at many levels. The SFVDS will be sending out surveys to get members' opinions on many different new ideas. Once these surveys are sent out, please respond to them. It will affect the programs and benefits we offer to you in the future.

This year we changed some of the days, times and lengths of our continuing education courses. With free courses offered online, specialists offering "free lunch and learns", and product manufacturers offering hands-on courses, it is necessary for the society to survey whether the CE courses offered really meet the needs of our constituents. Even though the courses are still profitable for the society, they are much less profitable than they used to be. Would shorter evening courses be better attended by our members? Which days and times work better for our members? Once the interactive SFVDS website is fully running, would offering minimal cost CE courses online be something our members would want over taking time away from their families and work to attend courses?

Over the past few years we began offering zone meetings and special events in the outlying areas. Because the SFVDS geographically covers an area that extends from Westlake Village to Edwards Air Force Base, and from Glendale to Gorman, the society's board of directors felt it would be beneficial to bring events to the geographically distant areas within our component. We have planned zone continuing education lunch meetings for the Glendale/Foothill region, the Santa Clarita Valley and the Antelope Valley. This year we have also instituted the 'Schlep and Shred' events in these various regions as well. This allows members to bring their old (statute of limitations expired) charts and e-waste to a central location close to their practice, where the society pays to have the charts shredded as a member benefit.
The society has also been more active in holding social events. We had a successful Magic Mountain day in June, a "Bleacher Beach" Dodger game in July and we are planning for a picnic in the Antelope Valley in the fall.

Getting down to more serious business, the SFVDS now, for the first time, has a strategic plan in place. Since the executive committee changes officers every year, the strategic plan sets the mission, vision values, goals and strategies for the society for a five-year period that would perpetuate through different administrations of officers. It has been made so it can be amended periodically to reflect the changing times and the SFVDS' changing needs.

The SFVDS is also in the process of establishing a non-profit, 501 (C) (3) Foundation to meet the educational and charitable needs of our nearby communities, and to establish a means where the society could potentially purchase a facility to accommodate our organization's future needs.

A committee has also been formed to establish a local Political Action Committee (PAC) for our component. This allows us to gather together resources to support or fight local candidates and issues pertinent to our communities that would affect our patients, and the practice of dentistry.

Over the past year we have written a policy manual for the organization that works in conjunction with our governing by-laws. This summer, the employee oversight committee revised the society's employee manual.

Our society has worked on several fronts to help manage some of the access to care issues locally. Many of our members volunteered at the April/May RAM (Remote Access Medical) event at the LA Sports Arena and finally, our multi-day, multi-location, Give Kids a Smile Days throughout February, allowed our component to exponentially increase the number of kids who were screened and treated. Serving the society through these changing times has been a rewarding as well as a valuable learning experience for me. I would like to end by thanking the central office staff, the society's executive committee, our CDA trustees, our board of directors and the individual committee members for all the hard work they have been putting in to make this one of the stand-out components in the state.

Mark Amundsen, D.D.S.
2010 President
San Fernando Valley Dental Society

From the Desk of the Executive Director

Andy Ozols

As you may recall, I did not write a column in the last issue of Dental Dimensions, as I gave up my space to the all-too-important president's message about the onerous rise of the mid-level provider movement. As tripartite members, representing some 80% of practicing dentists in the country, it is incumbent upon each of you to stay abreast of this issue, send letters to local, state and national politicians when dentistry's leadership coordinates political pressure on them, and do everything you can to encourage your non-member dentist friends and associates to join us in making organized dentistry's voice ever louder.

Locally, while roughly 40% of the dentists within our component's boundaries are not tripartite members, we still speak for them, and their practices continue to receive the benefit of our involvement and influence with oral health issues! Just think, if each SFVDS member could convince just one dentist friend or associate to join the ADA/CDA/SFVDS tripartite, we would increase our legitimacy and effectiveness by nearly double. In addition, CDA still has its 'Member find a Member' program in place, where you can receive a $100 credit on your next year's dues for each of up to five new members you refer.

In the meantime, the SFVDS and its members are continuing to expand our community service. From health fair screenings and expanding our involvement in ADA's national "Give Kids a Smile" program, to volunteering for as much as 12-hour shifts at the Remote Area Medical (RAM) Clinics in Los Angeles, we are demonstrating our commitment to alleviating the so-called, "Access to Care" issues facing the communities in which we live and work.

Thanks to member Eileen Zierhut, DDS, Chair of our Council on Dental Health, we are also embarking on the next logical step in our service to disadvantaged children within our component's boundaries: the "Adopt a Smile" project of the SFVDS. With almost 15% of the children we screened during February's "Give Kids a Smile" month needing follow up care, we realized that we didn't have a coordinated ability to solve their immediate problems. Please therefore, think about getting involved in our 'Adopt a Smile' program once we begin recruiting for volunteers.

Think also about helping to strengthen the voice of organized dentistry by talking with and recruiting your non-member dentist friends and associates into the tripartite fold.

Legislation Report

By: Jim Mertzel, D.D.S.
Chair, SFVDS Legislation Committee

Self-funded Dental Insurance Policies

We may have heard the term "self-funded" policy but in most situations, neither the dentist nor the patient knows if the patient has a self-funded plan. A self-funded plan is one where the employer, usually a national company, actually provides the insurance. The national company pays an insurance company to administer the plan. These plans do not fall under the surveillance of the California State Department of Insurance but are regulated by the federal government.

In the case of self insured plans, as the payments are received from an insurance company, as dentists, we are inclined to assume that the patient is insured by the insurance company. Therefore, the dentist and or the patient assume that there would be recourse to the CA State Department of Insurance if there is a problem. A bill has been presented to ensure that patients are fully informed if their policy is a self-funded policy and the limitations imposed by that policy.

Here is an example of a situation that I was confronted with in my office. A patient had dual coverage. The husband was paying for a dental policy for both his wife and for himself. My receptionist called the husband's insurance company to determine if in fact his wife would be covered for benefits under his policy. The company stated that yes, in fact, there was dual coverage. My receptionist informed the patient that she had dual coverage. After the primary insurance paid 50% for the crown, the secondary insurance was billed. No payment was received, with the explanation that if the primary insurance paid as much or more than the secondary allowance was, then the secondary was not obligated to pay. IN OTHER WORDS, PATIENT BEWARE. There was no recourse to the state to register a complaint.

Thank you to all who contributed to Dr Bill Emerson's campaign for the State Senate. Bill took the oath of office June 9th as the new Senator representing the 37th District.

General Meetings - Preview

SEPTEMBER 23, 2010

Speaker: Ms. Sue Ann Van Dermyden, ESQ
Coming Live to You: A Jam-Packed Evening of Employment Law – Tips for Your Practice.

2PM – 9PM Airtel Plaza Hotel, 7277 Valjean Ave., Van Nuys, CA 91406 818.997.7676

About the Speaker: Sue Ann Van Dermyden is the founding partner of Van Dermyden Block, Attorneys At Law, and specializes in employment law. After spending several years litigating employment matters in state and federal courts, Sue Ann's practice now focuses on conducting workplace investigations; advice and counseling on employment matters; and, employment-related training seminars.

About the Program: As the title suggests, this lecture promises to help you in your understanding of how employment law affects your practice and your relationships with your employees. You will learn about the latest employment laws to be enacted and how to deal with the most common employment related problems in your office. She also has a knack for making an otherwise dry subject matter quite entertaining and attendees will have the opportunity to ask specific questions relevant to their particular practices.

OCTOBER 20, 2010

Dual Track

Speakers: 2-6pm - Dr. David Wells
Ergonomics for the Dentist

2PM – 9PM Airtel Plaza Hotel, 7277 Valjean Ave., Van Nuys, CA 91406 818.997.7676

6-9pm - Mr. Art Wiederman, CPA, CFP
Improving Patient Services through Financial and Tax Planning

NOVEMBER 17, 2010

Speaker: Ilan Rotstein, DDS,
Achieving Success in Endodontics:
The End is Determined by the Beginning

5PM – 9PM Airtel Plaza Hotel, 7277 Valjean Ave., Van Nuys, CA 91406 818.997.7676

General Meeting Review

Wednesday, May 26, 2010 Speaker: Homa Zadeh, DDS

Immediate Tooth Replacements with Implants: Fact or Fiction

President, Dr. Mark Amundsen presents the annual SFVDS/CDA Foundation Scholarships to Erin Beach (Dental Hygiene Student) of Stevenson Ranch (L) and Melissa Guzman (Dental Assisting Student) of Valencia (R) during the dinner break of the May 26th. CE Meeting.

Dr. Zadeh provided one of the best lectures of the year with his state of the art understanding of developing protocols which shorten the duration of therapy. Dr. Zadeh reviewed many of these protocols including immediate placement of implants following tooth extraction and immediate provisionalization and loading of implants. In addition, he reminded the attendees that when delayed implant placement is indicated, appropriate management of extraction sockets is necessary. All concepts were illustrated with relevant clinical cases and a helpful handout was provided.

Kids Community Dental Clinic – Burbank

By: Vivian Tom, D.D.S.

Everyone reading Dental Dimensions is familiar with the MEND Clinic in San Fernando. Did you know that there is a lesser known but equally important clinic in Burbank? It is called the Kids' Community Dental Clinic (KCDC). KCDC was founded in 1962 to provide dental care to children of low income families. It was supported by the Sisters of Providence, St. Joseph's Medical Center. The clinic was located in the hospital for 35 years, but closed in 1997.

In order to fulfill the overwhelming need, the clinic was reopened in 2002, and was relocated from the Burbank YMCA to its permanent home on the McKinley Elementary School campus in Burbank. We are in a yellow bungalow at the rear of the school.

The facility has three chairs and operates with a staff of three. Dale Gorman is the clinic director, Ana Gomez is the dental assistant and Marsha Center coordinates the hygiene program with students from the West Los Angeles and Pasadena City College Dental Hygiene Schools. All three staff members are very familiar with the patients and are essential to providing the personal and comprehensive care for which KCDC is known.

The clinic serves children from the ages of 1-18 years for only $15 per visit. The patients are treated with TLC by the staff and volunteers. They are seen by the hygiene students or a volunteer dental hygienist and they are provided with oral hygiene instruction, a prophy and/or scaling. Their operative needs are taken care of by volunteer dentists, all of whom are currently SFVDS members. Any specialist referrals are made and met by their team of offsite volunteers. They currently have more than 90 part-time volunteers (20 dentists, five hygienists, 60 hygiene students, and five office volunteers).

In 2009, KCDC saw 2,000 children through school screening programs, and scheduled and completed 2,000 dental appointments. They can and want to do much more!

KCDC Wish List

1) More volunteer dentists to work in the clinic
2) Volunteer dentists and RDHs to help with school screenings
3) Medium gloves (any type)
4) Copy paper
5) Toy prizes for boys
6) Water bottles and snacks for volunteers

Editor's Note: Contact Dale Gorman, Executive Director, KCDC – Burbank, if you can help with any items on the above wish list at 818.841.8010 or visit www.kidsclinic.org

CDA Answers Concerns Regarding Payment for D.A. Coursework

By: CDA Staff

This information is offered regarding payment for educational coursework including the eight-hour infection control, California Dental Practice Act (CDPA) and basic life support (BLS) for dental assistants. The laws governing an employer's duty to pay for an employee's time spent attending a course as well as paying for the course itself are complex and vary according to the situation. There is no black and white answer that covers every situation. The criteria related to payment for courses centers around whether course attendance is mandatory or voluntary for the employee, and there are nuances around the terms mandatory and voluntary.

In the specific context of dental assistant training for the eight-hour infection control, CDPA and BLS, Business and Professions Code section 1750 places the responsibility on the dentist to ensure that a dental assistant has successfully completed the coursework and maintains appropriate certification. While the Dental Board of California has enforcement authority over the licensing of dentists and regulation of dental offices related to the dental assistant coursework, it is not the governing body for the employment-related/wage and hour issues that arise regarding employee training. Rather, these issues are under the jurisdiction of the Department of Labor's Wage and Hour Division. At this time, we do not know how the Labor Commissioner would interpret Section 1750, but we intend to seek such clarification.

In the meantime, we recommend that dentists take the safest approach and pay for the courses and the hourly wages for the time the dental assistant is attending the courses.

Dentists can always contact the Department of Labor directly to discuss their specific situation and requirements or they may contact robyn.thomason@cda.org Practice Analyst with the Practice Support Center.

Mental Health

FOR DENTISTS

By: Robert Rada, DDS

Asking a dentist to discuss stress and dentistry will undoubtedly invoke a lengthy conversation, illustrated with numerous personal experiences. Dentists encounter occupational stress beginning in dental school. On entering clinical practice, they can find that the number and variety of stressors often grow. In fact, dentists perceive dentistry as being more stressful than other occupations.

However, stress is not all bad. Certain stressors inspire people to make a greater effort. The same stressors that are stimulating or challenging in a positive sense also may be debilitating if they accumulate too rapidly. How much stress a person can tolerate comfortably varies with such factors as personal health, amount of energy or fatigue, family situation and age.

The stress-related problems associated with dentistry arise from the work environment and the personality types of the people who choose the profession. The operatory usually is small, and the dentist's focus is on an even smaller space, the oral cavity. Dentists are required to sit still for much of their workday, making very precise and slow movements with their hands, while their eyes remain focused on a specific spot.

Many of the psychological signs of stress manifest themselves as physiological responses. The physical disorder reported most frequently by dentists is lower back pain. Other physical manifestations include headaches and intestinal or abdominal problems. Among the psychological disorders associated with stress are anxiety and depression.

One of the possible consequences of chronic occupational stress is professional burnout. Burnout is defined by three coexisting characteristics. First, the person is exhausted mentally or emotionally. Second, the person develops a negative, indifferent or cynical attitude toward patients, clients or co-workers; this is referred to as depersonalization or dehumanization. Finally, there is a tendency for people to feel dissatisfied with their accomplishments and to evaluate themselves negatively. The effects of work-related burnout will often have a negative impact on personal relationships and well-being. It is interesting to note that health professionals who burn out relatively early in their careers are more likely to stay in their chosen career and adopt a more flexible approach to their work routines. This suggests that burnout does not necessarily have to result in far-reaching negative consequences.

Over the course of a single year, approximately 14.8 million Americans fight depression. Often, a combination of genetic, psychological and environmental factors is involved in the onset of depression. Major depression is an illness that involves the body, mood and thoughts. It affects the way people eat, sleep, feel about themselves and think about things. A depressive disorder is not the same as a passing blue mood, and it is not a sign of personal weakness or a condition that can be willed or wished away. Without treatment, symptoms can last for weeks, months or years. Depressive illnesses often interfere with normal functioning and cause pain not only to those who have the disorder, but also to those who care about them. Much of this pain is unnecessary, as many people do not recognize that depression is a treatable illness.

Overall, the medical community has been shown to exhibit a relatively higher level of depression than other professional groups. Many of the personality traits that characterize a good dentist also can predispose dentists to depression. Dentists do tend to enjoy better physical health and live longer than people in other occupations, but their mental health has been shown to be poorer. Complicating this situation is the fact that health care providers can be embarrassed by the thought of seeking professional help.

Most depressed people are not suicidal; however most suicidal people are clinically depressed. Despite the fact that dentists have been portrayed as being prone to commit suicide, there is no statistical evidence to support this, and most reliable evidence suggests the opposite. Studies of dentists in the United States published in 2001 and 2008 have verified this. In fact, occupation is not a predictive factor of suicide at all. Dentists should be proactive in dispelling this myth. It has no relevance to the profession.

The first step in getting appropriate treatment for depression is undergoing a physical examination by a physician. If a physical cause for the depression is ruled out, there are a variety of antidepressant medications and psychotherapies that can be used. Practicing dentists also can benefit from using stress management techniques. Stress management workshops focusing on stress relievers may include deep breathing exercises; progressive effective relaxation of areas of the body; listening to audiotapes of oral instructions on how to relax; meditation; information on the topics of practice and business management, time management, communication and interpersonal skills; and the use of social support systems such as study groups or organized dental meetings. Dentists who take on teaching or leadership roles with other professionals in addition to their clinical practice roles may find that these activities mitigate stress.

Physical exercise, such as regular walking or working out at a health club, cannot be underestimated as a stress reliever. Physical fitness offers a greater energy reserve, allowing people to become more energetic and more efficient. In addition, exercise helps develop greater self-esteem, self-control and self-discipline.

However, not all stress-producing situations in the dental practice can be eliminated. Some stress is inherent in dental practice, requiring that dentists learn coping strategies to minimize the effects of stress. Stressors such as failing to meet personal expectations, seeing more patients for financial reasons, working quickly to see as many patients as possible for financial reasons, earning enough money to meet lifestyle needs and being perceived as an inflictor of pain are all stress-producing situations. These issues generally require a reassessment of one's own attitudes and expectations in the light of whether they are realistic, achievable or rational. Some dental associations offer stress management workshops, professional help, counseling services and support networks. In addition, dentists should assess their own attitudes and expectations to determine if they are realistic, achievable or rational. Finally, dentists must realize that help is readily available if the effects of stress become overwhelming.

Dr. Robert Rada received his DDS in 1985, from University of Illinois — Chicago. He currently is a clinical associate professor in the Department of Oral Medicine and Diagnostic Sciences at the University of Illinois College of Dentistry and teaches in the undergraduate group practice clinics. He is the chairman of the division of dentistry at Adventist LaGrange Community and Hinsdale Hospitals.

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By: Ronald Maris, PhD

Suicide Within
THE DENTAL PROFESSION

"Dr. Maris, I have heard that dentists have the highest suicide rate. Is this true?"

Sorry, Alex, wrong question. Dentistry, or any occupation for that matter, doesn't make you kill yourself (Stein, 2004). What causes suicide is a subtle mixture and interaction (Maris et al, 2000: 80, Maris, 2002) over time (what I call a "suicidal career") of gender and age, mental disorder (especially depressive disorder), substance abuse (especially alcoholism), access to firearms and other lethal methods (like narcotics), hopelessness, cognitive rigidity (for example, dichotomous thinking. like "I have to be miserable or dead;" not seeing alternatives), social isolation or rejection (including divorce and widowhood), repeated stress and negative life events, chronic painful physical illness, having other suicides in your family (particularly in first-degree relatives), neurotransmitter (especially serotonergic) imbalances and dysfunctions (mainly in the prefrontal cortex), unemployment, impulsivity, sleep disorder ("terminal insomnia") and so on; that is, having suicide risks factors.

Although dentists have several of these risk factors (such as being older white males, having ready access to opiates, the stress of having to cope daily with the pain of their patients, etc.), it isn't dentistry, but rather the idiosyncratic individual dentist who has these risk factors that causes suicide. Group attributes can be very confusing and misleading. The "ecological fallacy" reminds us that the characteristics of the group (such as dentists) may be very different from the individuals that make up the group (suicidal dentists).

You might object: "Doesn't computing a suicide rate for dentists overcome this objection?" For example, did not Stack (1996 and in Maris et al., 2000:216) find that dentists had a suicide rate 6.64 times that of the working population (see Maris et al., 1992: 533)? Yes, but the suicide rates by occupation can be misleading and are often flawed (see Alexander, 2001). In fact, there has never been a large, random sample of dentists and suicide. Furthermore, Stack (who is a friend of mine) claimed that listening to country music caused suicide, but later clarified that by saying it was the high divorce rates and heavy drinking of country music listeners that caused their suicides.

When I looked at a large random sample of Chicago suicides (Maris, 1969: 122), I found that all professional workers (including dentists) had a suicide rate of 14.8 per 100,000, compared with the general population suicide rate of about 11. But several other occupational groups had much higher rates than professionals did. For example, the suicide rate of sales workers was 19.8; craftsmen, 20.9; operative, 23.3; service workers, 46.4, and laborers, 50.6. That is, suicide rates were much higher in the lower social classes than among professionals.

One also has to be careful to be sensitive to differences within sub-sets of occupations. For example, physicians (especially psychiatrists) tend to have relatively high suicide rates, but surgeons and pediatricians have low suicide rates. In short, it's depression, alcoholism, being an older white male, ready access to a gun, social isolation, rigid thinking, having other suicides in your family and so on that cause suicide, not dentistry.

Ron Maris was trained at Harvard and the Johns Hopkins University School of Medicine. He is a Board-certified forensic suicidologist, Past-President of the American Association of Suicidology, past-Editor-in-Chief of the journal Suicide and Life-threatening Behavior, author of 20 books on suicide, and is currently Distinguished Professor Emeritus at the University of South Carolina (Columbia). He can be reached at: rwmaris@aol.com

REFERENCES:

1. Alexander, Roger E. 2001. Stress-related suicide by dentists and other healthcare workers. Journal of the American Dental Association, 132: 786-794.
2. Maris, Ronald W. 1969. Social Forces in Urban Suicide. Homewood, Il: Dorsey Press.
3. Maris, Ronald W. 1992. Assessment and Prediction of Suicide. NY: Guilford Press.
4. Maris, Ronald W. 2000. Comprehensive Textbook of Suicidology. NY: Guilford Press.
5. Maris, Ronald W. 2002. Suicide. The Lancet, 360: 319-326.
6. Stein, Gretchen. 2004. Challenging the myth of the suicide-prone dentist. Northwest Dentistry, 83-1: 1-6.

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Suicide & Dentists:

By: Anne Koerber, DDS, PhD

EXAMINING THE FACTS

For decades there has been a belief that dentists have a high suicide rate. Some earlier flawed studies seemed to support this. Three recently published, well-designed studies have readdressed the issue of suicide rates of dentists in the United States[1], Great Britain[2], and Norway[3]. All three studies found that overall, dentists do not commit suicide at a higher rate than non-dentists. However, the U.S. and Norwegian studies did find that suicide rates among dentists and physicians increased with age, so that older male dentists and physicians' rates were higher than non-dentists and non-physicians. In all three studies, physician suicide rates were considerably higher than dentist rates. The Norwegian study found the same age pattern in the suicide rates for women physicians and dentists, again with dentists' rates lower than physician rates. The U.S. study did not examine women because their numbers were too low. The British study found that male dentists were more likely to die of suicide than other causes of death compared to non-dentists, because they were less likely to die of other causes, but their standardized suicide rate was not higher than the rate of non-dentists.

We can conclude that among dentists, the best evidence suggests that older dentists are more at risk for suicide. Our understanding of this should be tempered with the realization that the differences even in this group were not great: In the U.S. study, this amounted to an excess of about 6 suicides per 100,000 person years in dentists compared to non-dentists over age 60 between 1982-94.[1] Furthermore, the same studies show considerable variations in suicide rates from decade to decade among dentists and others.
Do you wonder why the myth about dentists and suicidality persists? My mentor, Dr. Bill Ayer, suggested that the public likes to think of dentists as suicidal because they view dentists as sadistic.

Discussions of dentists and suicide usually focus on the stress of practicing dentistry. However, we might expect dentists to have higher suicide rates than others even if occupational stress were not an issue, simply because dentists have better access to suicide methods not available to the general public. Since the suicide rates of dentists are not much higher than the general population (when they are at all higher), and since dentists have greater access to means of suicide, this may even suggest that dentistry is less stressful than other occupations.

However, the biggest risk factors for suicide are not occupational: substance abuse, mental illness, age and gender.[4] Among dentists and health professionals, a tendency to self-criticism is also a risk for emotional distress.[5,6] This suggests that our focus as a profession should be on identifying, aiding and protecting those of us at risk, more than on reducing the stressfulness of the profession.

Even if dentists aren't especially suicidal, they are as susceptible to substance abuse, burnout and depression as any other occupational group.[7-9] These problems are arguably more important when found among health professionals than others, because any disability of a health professional can have such a profound effect on patient treatment. We must encourage early detection and treatment of dentists who are depressed or who abuse substances. Our profession must commit to helping our colleagues into treatment, not because dentists are any more or less stressed than any other profession, but because it is our duty to protect each other and to protect our patients.

Anne Koerber obtained her DDS degree from the University of Iowa, and her PhD in clinical psychology from Northwestern University. She is currently associate professor at the College of Dentistry at the University of Illinois at Chicago, where she teaches ethics and conducts research on provider behavior.

REFERENCES:
1. Petersen MR, Burnett CA. 2008. The suicide mortality of working physicians and dentists. Occup Med, 58(1):25-9.
2. Meltzer H, Griffiths C, Brock A, Rooney C, Jenkins R. 2008.Patterns of suicide by occupation in England and Wales: 2001-2005. Br J Psychiatry, 193(1):73-6.
3. Hem E, Haldorsen T, Aasland OG, Tyssen R, Vaglum P, Ekeberg O. 2005. Suicide rates according to education with a particular focus on physicians in Norway 1960-2000. Psychol Med, 35(6):873-80.
4. Kessler RC, Borges G, Walters EE. 1999. Prevalence of and risk factors for lifetime suicide attempts in the National Comorbidity Survey. Arch Gen Psychiatry, 56(7):617-26.
5. Henning K, Ey S, Shaw D. 1998. Perfectionism, the impostor phenomenon and psychological adjustment in medical, dental, nursing and pharmacy students. Med Educ, 32:456-64.
6. Brewin CR, Firth-Cozens J. 1997. Dependency and self-criticism as predictors of depression in young doctors. J Occup Health Psychol, 2(3):242-6.
7. Mathias S, Koerber A, Fadavi S, Punwani I. 2005. Specialty and sex as predictors of depression in dentists. J Am Dent Assoc,136(10):1388-95.
8. Denton DA, Newton JT and Bower EJ. 2008. Summary of: Occupational burnout and work engagement: a national survey of dentists in the United Kingdom. Br Dent J, 205(7), 382-3.
9. Kenna GA, Wood MD. 2005. The prevalence of alcohol, cigarette and illicit drug use and problems among dentists. J Am Dent Assoc, 136(7):1023-32. Erratum in: J Am Dent Assoc, 2005;136(9):1224.

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James Musser, DDS

The Twilight Zone: DR. MANDEL

At the end of January in the mists of 1986 a very special episode of "The Twilight Zone" appeared on television. Of course, this was not THE classic "there's a signpost up ahead..." spoken by Rod Serling; rather it was a new variation on the theme. These broadcasts featured three separate episodes over an hour of broadcast time. The third episode of that evening is one I remember to this day. It seems particularly appropriate to be recalled for this issue, for the brilliant handling of themes which would have been unfathomable to the youth but were so appropriate for the adult he became.

The initial scene is of a dentist, Myron Mandel, leaving the next door office of a shrink, being told to "get over it," get back to his office and see his patients. Myron, hyperventilating before our eyes, cannot take dentistry any longer. He goes into the operatory, pulls the nitrous mask to his nose, takes two or three deep hits, looks out to his full waiting room and tells his receptionist to send everyone home. She, having done this before, promptly quits, leaving Dr. Mandel to have to explain to the patients in his waiting room that he is giving up dentistry to move to the Arctic and only see Eskimos who have not been exposed to sugar and have no dental disease. At this point I realized this was unlike ANYTHING I had ever seen on television before.

Dr. Mandel, after a couple of other self-esteem-robbing incidents, decides to take his own life, pulls the cord out of his X-ray view box, wraps it around the patient light (did this writer understand dental equipment, or what?) and jumps. He ends up in the arms of a burly male Tooth Fairy, who tells Dr. Mandel he will grant all of the doctor's wishes. Of course, this IS the Twilight Zone, so things do not turn out quite the way the good Dr. Mandel had hoped.

The rest of the episode confirms both the dictum of "be careful what you wish for, you might get it" as well as that of things are never really quite as bad as they might seem while they are happening to you. If the episode is somehow procurable in the vast internet reality that didn't even exist when it was initially broadcast, it is definitely worth a viewing, if only for the coda at the end. Imagine this as if spoken by the legendary Mr. Serling (and if you can't that is your bad luck…): "Women, it is said, rarely go out with men who say 'now spit.' A good example, Dr. Myron Mandel, who put a tooth under his pillow and wished for love, but probably should've settled for a quarter."

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Computer Backup Protocols

"Many of my colleagues have gone digital in their dental practices. Call me old fashioned but I am resistant to do the same. There is something reassuring about having hard copies of my files. I fear losing my records if my computer system crashes. What would you recommend?"

There are easy solutions to protect your data in case of computer failure. Hard drives can and do crash, but that should not deter you from going digital. There are actions to take in your backup protocol to assure sound data recovery.

The first step in the backup routine is to have a system in place that is carried out on a daily basis, and known by more than one of your team members. Your backup routine needs to be performed frequently, regardless how redundant it seems. It is a good idea to have your data backup protocol printed out and kept in your office manual, so that employees responsible for backup duty have an easily accessible reference.

For years there was only one option for data backup, which involved manually backing up data "in house" using several different means such as tape drives, external hard drives or internal hard drives. Now, dental offices have another option; backing up electronically. A visual verification of correct data backup is needed, whether your office is using a manual system, electronic system, or both.

When performing manual tape or external hard drive backups, a person needs to be certain the tape is in the correct drive, and the tape is not malfunctioning. The safest way to protect data is to use one tape for each workday, and performing a month end backup, using two tapes for the month end backup, rotating these tapes so that the office data is never more than thirty days out. One must be certain that the correct files are selected; for example, not just the Windows Registry. If the backup does not include all the valid data, the backup may be for naught.

A process that is performed by some offices is a "test data restore." This can verify if the data was backed up. However, using the verification process in your backup software may be a waste of computer time, because of the immense nature of the files being verified. It can be quite time consuming, since the files are verified one at a time, in reverse. It is better to visually inspect the Report Log text daily to be certain of what exactly was backed up. The backup report informs that certain files were not backed up or the files were in use or busy. Busy files are not backed up. In most instances, making sure all programs are closed before beginning the backup process often rectifies backing up all the files, since none are presumably busy. However, sometimes the report will show busy files with all programs closed. This is why it is prudent to have a competent computer hardware technician to rely on for problem solving discrepancies.

Speaking with computer technicians recently, I have learned that even a popular backup program, written by the well-regarded "Veritas," may have a flaw. Veritas may indicate a successful, 100% backup, even though this is not the case. A complete backup should mean that every selected item was copied. However, some files may not have been included in the backup routine. Again, one must check the Report Log that the backup program provides and read the status of the backup routine to determine if any files were not included. If errors were reported, contact your computer hardware technician and describe your findings to determine if there is cause for concern.

When data is assuredly backed up manually, there is another safeguard to consider; keeping the backup tapes, or internal/external hard drives, secure. The data can still be lost from a variety of other causes, such as damage to the facility where they are stored, theft, vandalism, or viruses that attack your computer. It is best to keep tapes in multiple areas; being certain that HIPAA regulations are followed. It is also prudent to use anti-virus protection.

Electronically backing up data is a newer option, which could be used as a primary means of backing up data, or as a secondary assurance.

A high-speed Internet connection is necessary to transmit the data to an off-site computer storage facility. The high-speed connection is preferable because backups by dial-up modems could tie up phone lines for hours. If using this option, be certain that the information stored is in an encrypted format, and that the company you choose is in compliance with HIPAA security.

Transmitting data will be automated and scheduled in the time period you choose. The monthly rate for electronic storage depends on the amount of data you are storing. Typically it costs $12 per gigabyte of data, per month. Most online services offer data compression and filtering. If this option is chosen, one must be certain that the company chosen is reputable, has recourse for lost data, and that all data can be retrieved if the company goes out of business. It is best to ask your computer hardware technician for assistance in choosing an online program.

As much as we rely on computers, they are susceptible to failure and can ultimately cripple what was once a successful, thriving practice. Keep in mind, computers use superb technology, but are subject to flaws because they have been developed and are run by humans. Taking charge and being proactive about backing up your invaluable data will save time, money, and help avoid the stress and aggravation aligned with a computer breakdown.

Editor's Note: Reprinted with permission of INSCRIPTIONS, the Journal of the Arizona Dental Association, vol. 24, no.9, April, 2010. *Fred Heppner is a Business Management Advisor, Speaker, and Author based in Phoenix. His firm, Proactive Practice Management, specializes in professional, objective practice guidance for dental professionals nationwide. Fred can be reached by emailing Fred@azda.org*

& Online Backups

Practice Pointers by: Fred Heppner

In the dental industry, management software failure and operator error are the common culprits in losing data. Hardware failure and conversion from a previous practice management software program to new management software also contribute to data loss and or corruption.

Even though it is not recommended, dentists may have conducted full backups on tape as a daily routine. A corrupted file or program may kill important data and information; the daily full backup routine then wipes out all of the good data and replaces it with corrupted data. Without careful inspection each time a backup is performed, in this case daily, one would backup corrupted data until the error is discovered somewhere down the line. It begs the question, "How much data have I lost, and what do I do now?"

In the internal workings of a dental practice, data changes every minute of every working hour of every working day. And an office that has a database that changes frequently and wishes to back the data up regularly online will encounter a bottleneck: bandwidth; in particular when uploading or sending files out of the system. More often than not, uploading files can be as much as 10% slower than downloads (bringing data in). This can pose a huge problem for dental office with large databases, some which may exceed 150 gigabytes (150 billion bytes of data), containing digital x-rays and digital images (pictures). If the connection/bandwidth is slow going out, it'll seem to take forever to backup online! My suggestion is to test the upload speed of the Internet service. Contact the Internet Service Provider (ISP) and ask them to test the connection speeds for uploading and downloading data. If it's slow on either end, ask for a quote on upgrading and determine if it will be cost effective to upgrade or stay with the current configuration.

What is now available with high speed Internet and large storage devices is software that allows one server, the main computer in the business, to communicate with another server, a large storage computer off site. This type of application allows the customer to install software on the computer at the dentist's office that collects data, images and all other information, and sends it over the Internet encrypted to a remote offsite server, or computer, for storage. The data transferred would appear as folders with letters and numbers that cannot be deciphered by the online backup services company. This, of course, complies with HIPAA requirements to protect private information.

Where online backups can be useful is when documents of a much smaller size in Dentrix or QuickBooks, for example, can be backed up quickly and frequently. These include the appointment book, patient notes, the ledger, the QB data file, just to name a few. Some software will also keep record of modified files in the history – keeping previous versions of files.

Timeliness is an essential element in backing up data. In most cases, one would have a removable HD system to handle large databases (i.e., x-rays, and digital images), with one cartridge for every day, removed offsite each day in a rotation. Human error may enter into the event; the person responsible may forget to take the cartridge home, the backup may fail unbeknownst to them, or the employee leaves the same cartridge in day after day. Redundancy, or concurrent backups, is a strategy where one configures the backup of critical data during down time (evenings) while the database isn't being used, and then uploaded to an offsite server. Further, the backup system of choice usually can be configured so that the system only backs up when the system is idle – in most cases, this occurs during the evening hours when the system isn't being utilized.

Most backup systems can run concurrently. For example, an office could run a backup system using an external HD and set a window of 11:00 pm to start, and an online function to begin from 8:00 pm to 6:00 am; both won't conflict with each other, and the backups will function together.

An opinion regarding online backups is that it would not be a suitable backup solution for extremely large databases (images, x-rays, etc.). Some advanced restorative dentists who collect many digital extra-oral images, digital x-rays, etc., create such large databases that the online backup systems may cause a problem when transmitting these large files of data. In addition, to retrieve a significantly large database in case of a crash, or to restore missing information, can be very slow and take a considerable amount of time. An alternative, and a significant advantage to online backups provided by some vendors, is after the first initial backup of all data on the client's server, only additions, changes, deletions, and modifications may be backed up. This will save considerable time when conducting routine backups on a daily basis in that smaller amounts of data are transferred and backed up, rather than regularly backing up the entire database.

Finally, what happens if operator error, a hardware crash, or other catastrophe falls upon the dental office? Using a reputable vendor will assist in retrieving your data in case something happens. One potential "fly in the ointment" is that downloading data from the remote source in an attempt to restore the data may take a considerable amount of time due to the large file size being transferred. Sure, this is one negative aspect of backing up information remotely. However, a good vendor will be able to retrieve and deliver the data for restoration to your system on-site.

Summary. The main advantages of online backup is there are no tapes to worry about, no worries about a CD or DVD being scratched or cracked, no external HD to worry about malfunctioning, or any storage device being left behind in the car during the sizzling hot summer months. And did I mention this earlier? Any backup function that involves people is open to human error; which happens to be the most common culprit.

Any business, including a dental office, without proactive backup and recovery policies will face considerable hardship in lost business and revenue; and may face the risk of being out of business within a short period of time following a major computer disaster. Loss of business data may ruin a company's reputation and/or may lead to expensive litigation as a result of not properly protecting important information.

Make sure the vendor who provides online backup services provides details of what is included. Ask if application data is being backed up, such as Dentrix, QuickBooks, MS Office, digital imaging applications (Dentrix Image, Dexis, Kodak, TigerView, etc.). Also, ask what kind of communication is sent back once a backup routine is performed; such as emails sent nightly to you, and messages if the backup failed or if a problem occurred. If data is lost at the dental office, will the company come to the office and assist with the restore process to be sure the business doesn't lose valuable time, data, and money?

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Schlep and Shred Valencia

As SFVDS President Mark Amundsen, DDS (right) helps wheel a bin full of papers to the shredding truck, treasurer, Afshin Mazdey, DDS (center) asks Executive Director, Andy Ozols where E-waste is to be discarded.

On June 12, 2010, the SFVDS held its second 'Schlep and Shred' event in the parking lot of the office of president-elect, Mehran Abbassian, DDS. While not as many members participated as did during the first 'Schlep and Shred' event in the Woodland Hills, still more than 6,000 pounds of old charts and office documents were shredded at the Valencia event – at no cost to the members!

A Paper Cuts employee readies the next bin of papers for loading into the truck's shredding system.

(l-r) Endodontist member, Lou Schwarzbach, DDS and President, Mark Amundsen, DDS, waiting in the shade of the building for instructions from the Paper Cuts staff to bring the next container of charts to the shredder.

The Dental Professional's Community Service Obligation

The Preamble to the ADA *Principles of Ethics and Code of Conduct* suggests that the qualities of compassion, kindness, and charity are part of the ethical practice of dentistry and help to define the true professional. Section 3.A of the ADA Code provides that dentists "have an obligation to use their skills, knowledge and experience for the improvement of the dental health of the public and are encouraged to be leaders in their community."

Many dentists find it rewarding and enjoyable to volunteer at one of the many clinics providing access to care to the underserved. What if you want to help, but time and other constraints do not permit you to address the access problem by volunteering outside of the office? There are many other ways to fulfill your ethical obligation as a dental professional. You might consider:

- Donating time or financial support to programs such as school dental health screenings or Give Kids a Smile;
- Donating time or financial support to organizations that work to increase access to care, such as the CDA Foundation;
- Accepting patients enrolled in Medicaid or Medicare;
- Helping to educate your government representatives about the need to fund programs such as community health clinics or community water fluoridation, and increasing funding for denti-cal;
- Helping to educate your local school board about the damage caused by soft drinks in schools;
- Contacting the SFVDS and volunteering to serve on a committee.

If you are already contributing your time, treasure and/or talent to make a positive impact on the world around you, please know that you are greatly appreciated. If you aren't yet, but you are ready to begin making a difference, today is a great day to start.

Dirty Laundry: Public Access to Disciplinary Actions

By: Bette E. Robin D.D.S., J.D.

Reputation is the pillar of good business. This is especially true in the dental practices where patients trust practitioners in a very intimate way. The Internet—the Queen of Information—can often make or break a career, as Dr. Fulton learned the hard way in James Fulton v. The Medical Board of California. In 2003, Fulton surrendered his license in a stipulated settlement and the Medical Board posted this information along with the enforcement actions taken by other states while he was licensed in California on its website in accordance with the requirements of the Business and Professions Code. He sued in James Fulton v. The Medical Board of California.

Even though he was no longer licensed to practice medicine, Dr. Fulton continued to work in fields closely related to medicine. He gave lectures for a pharmaceutical company on topics related to dermatology. Advertising materials used in those presentations attributed the titles of "Dr." and "M.D." to Fulton, and referred to his "35 years of experience as a physician." Apparently, several of the company's customers complained, citing the information posted on the Medical Board's website. While Fulton was giving a lecture at a conference in Malaysia, the chairman of the conference reportedly received an email referring to the Board's website with the comment "shame, shame, shame." Dr. Fulton was mad and embarrassed: he sued the Medical Board and lost. The court found that the Medical Board is required to publish information on practitioners, setting an important precedent with far reaching implications for dentists.

Fulton thought the publication of the actions against him were unfair, since he no longer held a license. Is this a catch 22? Maybe. He wanted to use his license, but he didn't want anyone to be able to check on it. Dr. Fulton sued the Board on account of lost work opportunities and public and private embarrassment on the grounds that the Board shouldn't publish information "regarding disciplinary actions against physicians who are no longer licensed by the State." The court, however, found that the Board was acting in accord with its policy and provisions, and that the specific language of the statute concerning the online publication of enforcement actions "include licenses that have been revoked and hence are no longer valid," therefore finding it "reasonable to interpret this provision to apply to former license holders." The court found in favor of the Board and affirmed its right to publish incriminating information related to medical practitioners.

The prominence of the Internet grants the public unprecedented access to information concerning dentists' practices, sometimes with serious and lasting consequences. It is not only the Board: many other social networking sites such as yelp.com provide consumers with information related to dental practices. This case reminds us just how important our reputation as professional is in the field of dentistry, and how it affects future business prospects.

There is no way of sweeping past wrongs under the carpet anymore, and proven allegations will remain on the net for all to see.

Often after losing or surrendering a license, dentists will need to continue to work, and choose to do so in the field they know best. Sometimes they become contractors, sometimes supply reps, and sometimes they hawk products and lecture, among other things; however, it can get even more personal if a practitioner is disciplined in any way whatsoever, including a license probation or suspension. Such actions can seriously affect a dentist's ability to be a provider for insurance plans as well as affect their credibility with patients. There is no way of sweeping past wrongs under the carpet anymore, and proven allegations will remain on the net for all to see. A few key strokes on the Dental Board of California's website reveal the bright blue heading, "Disciplinary Actions," leaving a dentist's transgressions exposed to anyone with access to the Internet.

The court's decision illustrates not only the legality, but the actual requirement of the Dental Board to publish information concerning dentists. Such information is readily available to the public and certainly has a potent effect on work opportunities and practice credibility. The court's ruling affirms that dental practitioners' disciplinary records will remain public. No matter how painful it may be, there is no escaping one's past.

Editor's Note: Bette E. Robin D.D.S., J.D. may be reached at 877.977.6246 or www.betterobin.com

Antelope Valley Report

By: Kathy McKay

3rd Annual ROP Dental Fair

On Saturday, April 10, 2010, the combined practices of Snow Orthodontics and Champlin Orthodontics hosted the third annual Dental Fair to support the Antelope Valley R.O.P. Dental Assisting program. Attendees came from local offices in the Antelope Valley, as well as representatives from the Tehachapi and Ridgecrest areas.

All the proceeds from the event will go toward training, supplies, competitions and license examination fees for the dental students in the program. It was exciting to see the top students awarded their x-ray license vouchers for outstanding achievement in their class.

More than three-thousand dollars was collected in registration fees and ticket sales for donated items for the raffle for this event. In turn, many of the students "intern" in local dental offices to complete their required work experience hours, and nearly all that intern will be hired by the training dental office. This is a definite win-win outcome for such a great program. Several past graduates stood to be recognized as they attended with their current employers.

The speakers for the event covered many areas that are pertinent to dentistry today and the attendees each earned five continuing education units. The speakers included the following:

Dr. Michael Simmons honored us with a return visit speaking on "Snoring and Sleep Apnea: How Dentistry can Make a Difference". Dr. Simmons was an excellent speaker who mixed humor and passion with solid information. His goal was to help us as dental professionals, examine patients more extensively and diagnose this life threatening disease. He also donated several copies of his book, Botts' Dots and the Rumble Line, to be auctioned as a donation to the ROP program. Thank you Dr. Simmons!

Ms. Maleah Brooks, R.D.A., Director and Instructor of the Antelope Valley ROP, informed attendees of the advances in the ROP program, and surprised everyone with the presentation of X-ray scholarships to two very deserving students. All students were in attendance along with an extensive display of their individual class projects.

Dr. Daniel Nobel, a pediatric dentist from Palmdale, provided us with "great information", as quoted from a seminar attendee, in the management of the pediatric patient. His tips for providing a great dental experience for our younger patients were invaluable, and were presented in an engaging, attention-keeping manner.

Dr. Gilbert Snow concluded the fair with the "Myths and Facts about Orthodontics". His informative talk covered a broad range of orthodontic questions from how to diagnose need and the importance of early treatment, to the advances and esthetics of adult orthodontics, and Invisalign treatment. Dr. Snow is one of the few 'Elite Providers' for Invisalign not only in the US, but worldwide. Along with associate Dr. Daniel Azani, Dr. Snow has pushed the Invisalign envelope, to include advanced treatments that at one time seemed impossible to achieve without fixed orthodontic appliances.

Thanks to all who attended for their support of this great program! As always, our hope is to provide cutting edge, quality continuing education to the entire Antelope Valley and our surrounding areas. Hope to see you all again next year for another exciting round of shared learning!

Attendees at the 3rd Annual ROP Dental Fair held at the Antelope Valley Community College Campus in Palmdale.

Ms. Maleah Brooks, RDA, Director of the Antelope ROP Program, presented Dr. Gib Snow a certificate of Appreciation for hosting the 3rd Annual Dental Fair event.

Remote Area Medical

Year 2

From April 27 through May 3, 2010 at the LA Sports Arena, Remote Area Medical (RAM) returned to Los Angeles for its second year of coordinating medical and dental services for LA's most needy. Again, all five LA County Dental Societies contributed to the planning and staffing of RAM's Dental efforts.

As with last year, our volunteer doctors contributed some staggering numbers. Of a total of about 6,500 patients seen, 4578 received dental services:

4,578 exams	2,483 extractions
1,488 cleanings	4,342 fillings

On the following pages you will see some photos of the event, a thank you letter from RAM to our volunteers, a list of SFVDS members who volunteered (our apologies to those we may have missed) and a first person account from member, Susan Fredericks, DDS.

Hopefully, these words and few images will move you to join with your fellow members in next year's event.

My view of RAM

By: Susan Fredericks, DDS
(Member, SFVDS)

In March, I signed up for the Remote Area Medical free clinic at the Sports Arena. I have worked previously at school screening and for the Give Kids a Smile program. However, this was a completely different experience for me.

I arrived late, at 7:15am, at the Sports Arena. The volunteer parking lot was packed. As I approached the Arena, I could see hundreds of people in line , waiting for their chance at some help. The doors for the volunteers were off to the side and the process to sign in was easy and efficient. The doors open for the help at 5:30am. I recognized a number of SFVDS members hard at work..... Dr. Martin Courtney, our past president told me here was there before 5:30am, to help get set up. I already felt glum at being tardy and noticed Dr. Mike Seastrom, hard at work on a young patient. I was told to pick an open chair and an assistant and get to work. I noticed a few chairs that Doctors could sit on, but they were all taken, by the on-time arrivals. Doors opened to the patients at 6:00am.

I approached the seating area for dental patients, on the floor of the arena. They were divided into three sections, extractions, fillings and cleaning. There were several hundred patients already seated. I remarked to those managing the sections how many people were waiting . I was then told to look up, at the seating above the floor. Hundreds of patients were seated, waiting for appointments later in the day. OH BOY! It was only 7:30am and I was wishing I had gotten here earlier.

I started my day with a 50-ish Caucasian women, already missing many teeth. She had several teeth in various stages of complete decay or broken off. I elected to do extractions most of the day, as the portable chairs were operated manually and mine seemed to do better in an upright position. I have not done a lot of stand up dentistry lately, but as far as speed and efficiency, this seemed a better way to operate.

I cycled through many patients, young and old and in between - black, Hispanic, Filipino, Caucasian. But they were all the same in one sense. They all had dental problems , they needed access to treatment and they were all VERY grateful. Many of them, at the completion of treatment, got up and hugged me. All of them thanked me multiple times. Some of them told me how much discomfort they had been in and how finding care was so difficult, accessing it, even harder. As they told me their stories, I realized how wonderful the RAM clinics are and what a great service they provide.

By 1:30pm, I had not had a break and neither had my assistant. She told me she needed a break. I told her to bring me a sandwich and some water when she was done eating, and I went to get another assistant. There were still many patients to be seen.

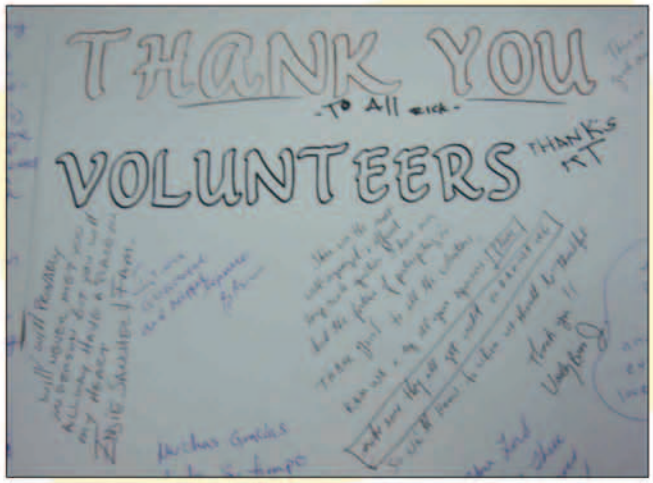
By 3:00pm, I had to break. I took a quick walk around and saw what the other sections were undertaking. Many eye exams and glasses being dispensed, dermatologists checking skin problems, children getting exams, prescriptions being filled, all types of medical services were being provided. The gratefulness of the patients was second only to the enthusiasm and generosity of the volunteers.

I saw several more patients, but by the time I left, at 5:10pm, there were only a few people still waiting. I was exhausted and exhilarated. I felt happy to be a part of helping my community.

I plan on returning next year and signing up for multiple days . As I was leaving, I took a moment to absorb all the volunteers and the hard, uncompensated hours they had put in all day. It made me feel proud of being a part of this and of my profession.

I hope that if you are reading this, you will consider being a part of RAM next year. I believe you will find it very rewarding.

Susan Fredericks, DDS



Dear RAM/LA Volunteer:

Thanks to you, the second Los Angeles RAM/LA event was a huge success! Your dedication, commitment, and compassion made it possible to see over 6,500 patients and provide approximately 16,120 free medical, dental, and vision services.

This year's seven-day clinic provided an average of 2,300 services a day, compared to 1,820 last year at the eight-day Forum clinic.

This year, we had 93 dental chairs, 17 eye exam lanes, and 40 medical exam rooms. The medical unit provided specialist consultations in dermatology, cardiology, pulmonology, podiatry, acupuncture, chiropractic, gastroenterology, psychiatry, and ears, nose and throat. A patient follow-up desk provided referrals and even set appointments for patients needing additional care, and patients received information about community and safety net clinics. In the dental section, volunteer dentists were able to use a new laser and computer-guided milling machine, the E4D, courtesy of DVD Technologies and Henry Shein Dental, to make porcelain crowns on the spot. It was a kick to be able to offer such state-of-the-art equipment to certain patients.

Final statistics and total value of care will be released later on in the month; we'll send out a notice once the information is posted on the website. Also, you will shortly receive a volunteer evaluation – we would appreciate your feedback on how to make this event even better.

Personal thanks need to go to Stan Brock and the RAM team for bringing RAM to Los Angeles again, to our RAM/LA Medical Director, Dr. Natalie Nevins, and to our RAM/LA Dental Director Dr. Roger Fieldman. Also, I need to thank the amazing Tzu Chi Foundation and Executive Director Debra Bourdeaux, Brooks McEwen, and the great team at the Los Angeles Sports Arena. And, of course, the extraordinary personal support of Los Angeles County Supervisor Mark Ridley-Thomas and his entire team, and everyone at Los Angeles County, is much appreciated.

This year's event was about Los Angeles coming together, as a community, to help our own during this economic downturn. Over 60 organizations and community groups, large and small, have contributed all of the medical resources and volunteers to help make this clinic a success.

You made this extraordinary event possible, and we thank each and every one of you.

Best Regards,

Don Manelli
RAM/LA Event Producer

THANK YOU MEMBERS WHO VOLUNTEERED FOR RAM

Thank you SFVDS member doctors who volunteered for the Remote Area Medical Clinic at the LA Sports Arena between April 27 and May 3, 2010. Our apologies if anyone who volunteered has been missed on this list.

Mark Amundsen, DDS
Paul Bilovsky, DDS
Rennie Cheung, DDS
Martin Courtney, DDS
Mary Ditto, DDS
Gordon Fingerman, DDS
Susan Fredericks, DDS
Roger Garrett, DDS
Gerald Gelfand, DDS
Youssef Guindy, DDS
Craig Hirasawa, DDS
Karin Irani, DDS
Christopher Kurimoto, DDS
David Levine, DDS
Richard Marias, DDS
George Maranon, DDS
Charles Maseredjian, DDS
Joel Miller, DDS
Jack Moreno, DDS
Rosemary Navarro, DDS
Punita Oswal, DDS
Michael Seastrom, DDS
Mark Stein, DDS
Andy Tran, DDS
Carl Werts, DDS

SFVDS Day at Magic Mountain!

By: Andy Ozols, Executive Director.

June 6, 2010 was the date of our second annual SFVDS Magic Mountain Day. To say that a good time was had by all is an understatement. Perhaps because it was a Sunday, perhaps because it took place before schools let out, or perhaps because of the sluggish economy, it felt like the SFVDS had the whole park to itself. Very few crowds, very few lines at any of the rides, and a pleasant day in the low 80's made for a fabulous day for the 131 members, family and office staff who attended.

There was an all-you-can-eat barbecue chicken, hot dog and hamburger buffet, a professional DJ, and an activities coordinator who led the SFVDS group in games like water balloon tosses, talent showcases, trivia questions with prizes, clothes-pins-on-the-face competitions, a catapult-type water balloon catching game and more.

Below, you'll see some pictures of the event, an event that is sure to be repeated next year!

Save The Date

San Fernando Valley Dental Society

2010 HOLIDAY PARTY

For SFVDS Members, their families and staff

Thursday, December 9, 2010, 7-11 PM

Knollwood Country Club, Granada Hills, CA

Dinner Buffet, DJ, Holiday Photo, Dancing, Casino Games, Prize Drawings

INFORMATION & RESERVATIONS 818.884.7395

Welcome New Members

Baruch Twersky, DMD
14401 Burbank Blvd.
Sherman Oaks, CA 91401
818-782-9500
General
University of PA, 1978

Saloumeh Kashani, DDS
10719 Riverside Dr.
Toluca Lake, CA 91602
818-912-7933
General
UCLA, 2007

Karmen Massih, DDS
721 Arden Ave.
Glendale, CA 91202
Orthodontics
University of Pittsburgh, 2009

Adarsh Gandhi, DDS
5942 Lankershim Blvd.
North Hollywood, CA 91601
818-9857477
General
UOP, 2009

Sydon Arroyo, DDS
1539 Randall St.
Glendale, CA 91201
General
UCLA, 2008

Kamal Matian, DDS
18701 Sherman Way Suite 1
Reseda, CA 91335
818-708-7000
General
Tehran University, 1967

Shaken Garibyan, DDS
539 W. Salem St. # 3
Glendale, CA 91203
General
USC, 2007

Mylene Nguyen, DDS
2720 W. Magnolia Blvd.
Burbank, CA 91505
818-842-4879
General
Northwestern University, 1995

Dina Mejia, DMD
Doesn't have an office yet
Glendale, CA
General
Tufts University, Boston, 2009

Michelle P. Han To, DDS
13320 Riverside DR. Ste 202
Sherman Oaks, CA 91423
General
818-789-3844
University of Toronto, 1998

Peter C. Cho, DDS
44215 15th St. W
Lancaster, CA 93534
661-948-2721
Endodontics
Columbia University of N.Y., 2005

Faina Gelman, DDS
368 N. Kanan Rd
Oak Park, CA 91377
818-889-4016
Pediatrics
UCLA, 2008

Valencia Zone Meeting

By: Andy Ozols, Executive Director

On June 23, 2010, SFVDS members in the Santa Clarita Valley area were treated to a free lunch at Coco's and received a free one-hour CE credit regarding the advantages and ease of converting paper office and patient files to electronic formats. The presentation, by Mr. Sanjay Akrati, included ideas about in-office computer security and off-site backup storage.

The meeting also gave attending members the opportunity to network with each other and meet some of the dental society's leadership and office staff. Everyone in attendance agreed, it was a couple of hours well spent.

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San Fernando Valley Dental Society
22110 Clarendon Street, Suite 101
Woodland Hills, CA 91367

DATED MATERIAL

Trigeminal Neuralgia Treatment with GAMMA KNIFE RADIOSURGERY

TRIGEMINAL NEURALGIA Facts:

- Characterized by brief attacks of severe electric shock-like pain (with rapid onset and abrupt end) on the face
- Pain is usually on one side of the face, about 10 percent of patients have pain on both sides
- Stimuli may trigger an attack (touch, cold, eating, brushing hair, etc.)
- More frequent in women and people over 50
- If medications are unable to control the pain or if they cause intolerable side effects, interventional treatment may be indicated
- Such intervention may include microvascular decompression, rhizotomy, or Gamma Knife Radiosurgery
- Gamma Knife Radiosurgery is the least invasive method for treating this condition and results in comparable outcomes

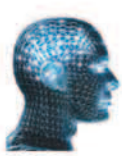
GAMMA KNIFE Facts:

- Northridge Hospital has the only Gamma Knife in the San Fernando Valley
- Our physicians have treated more than 550 patients
- Radiation conforms to the shape of the lesion or tumor while sparing the surrounding tissue

Trigeminal Neuralgia Support Group at Northridge Hospital

In partnership with the Trigeminal Neuralgia Association

Patients can obtain information, encouragement and treatment options by calling **(818) 885-8500, ext. 2565**



Gamma Knife Center

(818) 885-5432

Northridge Hospital Medical Center

A member of CHW

www.NorthridgeHospital.org