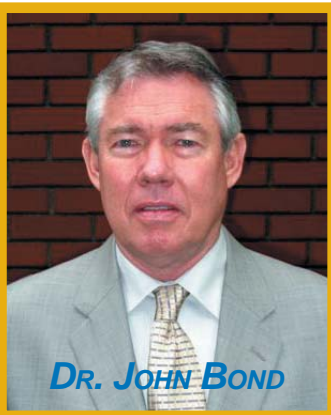




the **W**esterner

President's Message

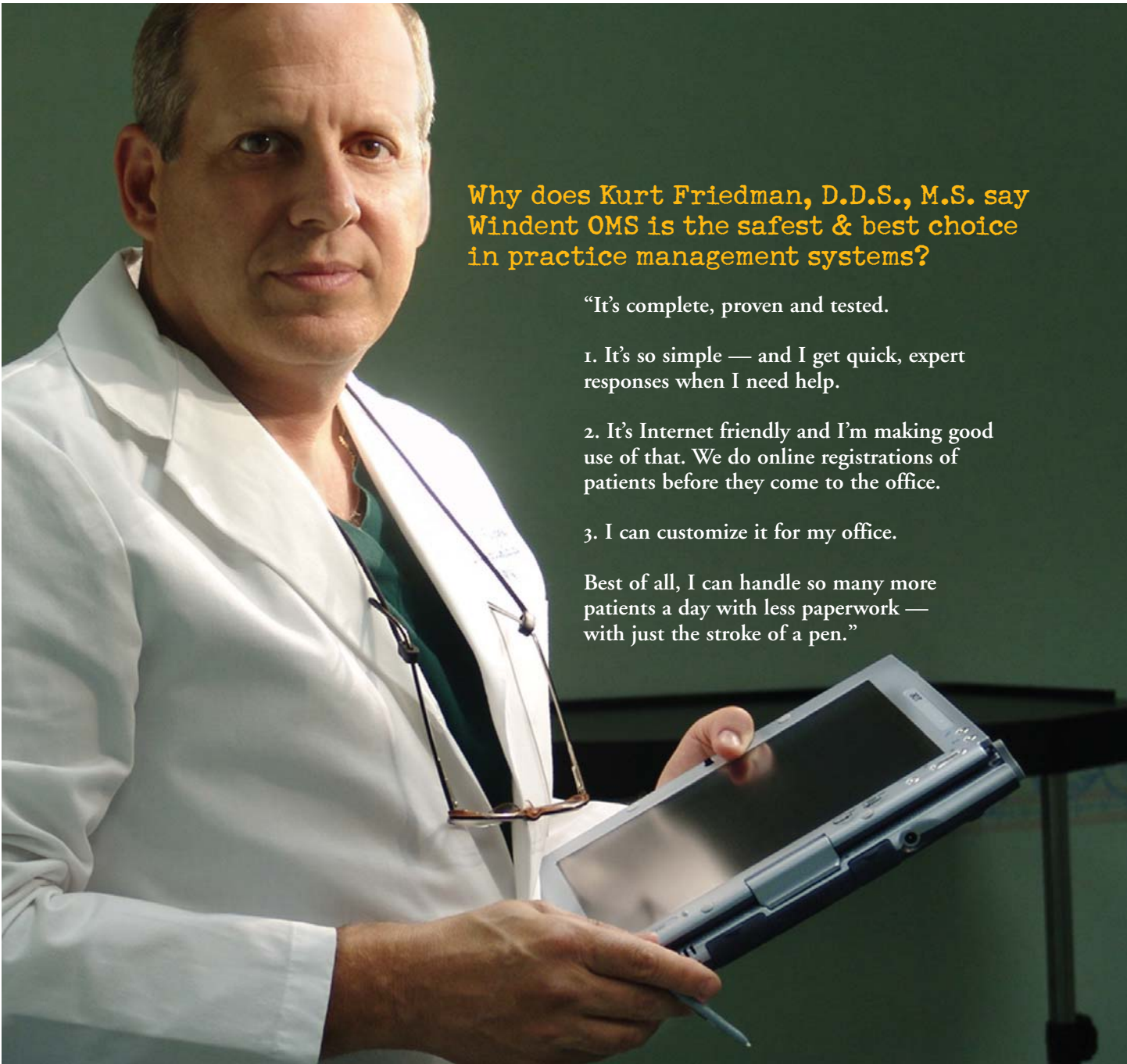


As November rolls around, I'm reminded that it is time that I lay pen to paper — or in today's terms, fingers to keys — and write out WSOMS's vision for our upcoming year. As an opening thought, with our recent state and local elections now in the rear view mirror, I'm reminded of how important it is for each of us to stay engaged in what is happening at a state and national level that can and will affect our practice of oral and maxillofacial surgery.

With time comes change and as each of us has witnessed, this is particularly true with how technology has evolved in our practices, as well as medicine and surgery in general. Technology costs money. We live in a society that struggles with whether it is moral or ethical to allow cost to dictate patient care. Lawyers and malpractice

threats also weigh in. As a result, cost containment is becoming an overriding concern. Through the dictates of hospitals and insurance providers it has certainly affected our abilities in the private sector to maintain an active hospital practice. As dentists first and surgeons second, we are fortunate to have more control over our office practices and accordingly our financial well-being. Our ability to deliver anesthesia in the office setting is what really has set us apart in both the dental and medical environment over the years. Now we find ourselves being attacked from both sides. Unqualified dentists bending the rules to allow their dabbling in office anesthesia, and now anesthesiologists and nurse anesthetists attempting to apply hospital and medical surgicenter rules to our office practices. The single operator/anesthetist model is under attack at a national level.

Fortunately, we have an excellent record when it comes to patient safety. Along with cost containment, and being dentists and not physicians, if we play our cards correctly we will come out on the winning side. Our officers and directors at AAOMS are fully engaged in the battle. However, it takes involvement at our local level to offer the support they need to make the case. Stay very engaged with your referring dentists, local dental societies and the ADA as well as your fellow oral surgeons and particularly your state and national oral and maxillofacial surgery societies. Roll up your sleeves and take nothing for granted. We enjoy a great heritage, which has allowed us to practice in many respects in the best field and specialty in both medicine and dentistry. We must protect what we have earned over the many years, just as we must protect our liberty to live our lives as we choose. The bureaucrats and their bureaucracy would love to take it over and dictate how and what we do. I know I am preaching to the choir but reach out to your fellow practitioners and get them engaged. Speak with your state legislators whenever possible and likewise with your congressmen and senators at a national level if possible. They all live in an insulated world, but they can be reached and we all have connections. We just need to look around, seek them out and use them when we can. If engaged, stay engaged, and if not engaged take off the safety and get engaged. If we fail in this endeavor, then I fear our future will be less bright than our past and we will find that we lived in, to



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Invite a Resident to the Annual Meeting



We are again inviting residents from the programs in District VI to join the Western Society and to attend our annual meeting at The Coeur d'Alene Resort. Residents may come to the meeting as our guests for the scientific sessions and social events including the Western Barbecue Dinner. In addition, we can offer some financial assistance (up to \$500) to offset other expenses they may incur such as travel, meals and lodging.

If you are friends with one of the program directors, ask them to consider having one or more of their residents consider attending this year's meeting. Program directors or residents can receive more information on this by contacting the central office at (775) 626-4478.

WSOMS Office Information

**Linda MacDonald
Executive Director**

**3109 Budding Oaks Ct.
Sparks, NV 89436**

Voice: 775-626-4478

FAX: 775-626-4479

E-Mail:

WesternOMS@aol.com

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BIKE, HIKE, FISH, SWIM,
AND RELAX WITH US.**



The Best of the West

First a hearty thanks to Don Devlin for his years as editor of *The Westerner* since 1995. He has always been a leader in surgical care, anesthesia and education, and most recently served as a surgical historian for our specialty. Fifteen years as our editor was clearly a labor of love for Don, whose words and smile bring good things to his surgical colleagues every day. I know Don will continue to contribute and participate in the continued advancement of oral and maxillofacial surgery as he helps write our history. Don is a warm and trusting person who understands the value of all who contribute to our betterment, a perfect combination to help AAOMS write the history of our specialty.

And the West continues to provide leadership for our specialty. Larry Moore has now ascended to be President of AAOMS. Mark Kohn finished his tenure as Chairman of the Oral & Maxillofacial Surgery Foundation. Dan Klemmenson is the new Chairman of OMSPAC. These are great role models. They are truly "the best of the West."

Will we find a new generation of leaders like these from the West? It is up to us to invite these potential leaders to our summer meetings, this year in Couer D'Alene, to our summer caucus, and to participate in caucuses and reference committees in the annual meeting. You must see leadership potential in your colleagues or yourself. Walk across town (or look in the mirror) and ask! Only by being asked to participate will many of our potential leaders emerge in the future.

The West is the Best

Here are some musings from the surgical practice and education perspective as seen from Washington, Oregon, California, Arizona, Nevada, Utah, Idaho, Alaska and Hawaii. We live and practice in an unsurpassed part of the world and in an unsurpassed specialty. Oral and maxillofacial surgeons are envied for their autonomy, scope of practice, and relatively unfettered relationship with their patients, referring dentists and physicians, and their clinical staff. We are also able to efficiently and lucratively practice surgery in the office setting, leaving time for family and recreation. Nowhere is that *mélange* better formed than here. The West is the Best.

With the good membership penetration of AAOMS, it is likely that about 1,500 oral and maxillofacial surgeons practice in *The Westerner's* states. About two-thirds of us are in California. Our 2009 U.S. census tells us that 60 million Americans live in Westerner states — 37 million of whom live in California. And the rest are very spread out. All of the remaining 23 million people across eight states and the length of a continent into

the middle of the Pacific Ocean do not equal the people living in Illinois and Ohio. For our 60 million people, we are training just 24 oral and maxillofacial surgeons per year in our Westerner states

Harbor/UCLA	2
Loma Linda	2
UCLA	2
USC	3
Highland	3
Fresno/UCSF	1
UCSF	4
Oregon	2
Washington	3

And a brand new program in Phoenix
Banner/Arizona 2

That is just 24 graduates feeding into a workforce of 1,500! If the West relied on that alone, it would take nearly 70 years of practice for every surgeon just to maintain our workforce, your successors and our current presence as a specialty. It is obvious that with an average practice span of just 30 years, the West must import the majority of its OMS workforce from other regions of the country. What is the effect of that circumstance? What are its pluses and minuses? Is it a good plan for the West going forward?

First the positives: Our region has been cross-fertilized with residents from across the spectrum of education in the United States. They are often those who seek a more interesting, varied and busier practice. Like many others who have come west to seek their lives and fortunes, they are achievers and aspirers but also dreamers. Many of our practices have had

CONT. ON PAGE 5

Editor's Corner *continued from page 4*

the "pick of the litter," often attracting the best applicants from the best OMS programs with new clinical skills and interests to offer the practices they join. Surgeons who train in the West or come to the West rarely leave and become assets to their medical and dental communities.

What are the minuses? First, by way of disclosure I have lived, trained and practiced in four of the six AAOMS districts (Northeast, Midwest, South and West). The first three have distinct regional characteristics in OMS practice, but the West does not. The other districts are influenced heavily by the impact of their training programs. For example, thanks to Ohio State, ambulatory anesthesia is particularly strong in Ohio. Thanks to UConn's excellent implant program, implants in Connecticut are not just done but done according to very explicit standards. Orthognathic surgery is particularly excellent in practices in North Carolina, Tennessee, Alabama and Kentucky ... and on and on. Regional excellence (also regional deficiencies) grows out of the local training environment. So my wish for the West is that our programs develop greater influence on regional practice, in part because the programs of the West listed above are so darned good.

So how should we plan going forward? Does the West benefit from not having particularly regional strengths and weaknesses? Overall the answer lies in both increasing the positive effects of our local training programs while benefiting from what the rest of the nation can give us. We should increase the influence of our fine programs of the West. Pioneers in new methods of jaw reconstruction; experts in implantology and anesthesia; computer guided, robotic, endoscopic and microscopic surgeons are leading the way from our Western programs. Let's use these resources through residency education and continuing education to enhance practice in the West. And let us continue to bring from other regions graduates who have new skills and new ideas and seek a better life and surgical career as a Westerner.



LEON ASSAEL, DMD
WESTERNER EDITOR

A little information to help you make your decision to attend the annual meeting ...

The Coeur d'Alene Resort Receives Top Marks From Zagat

A survey by Zagat rates The Coeur d'Alene Resort as one of the best vacation destinations in America, based on input from frequent travelers and travel professionals. The Coeur d'Alene Resort scored 27 out of a perfect 30 for its facilities, a score associated with "extraordinary to perfection." Rooms, service and dining at The Coeur d'Alene Resort all received a score of 25, which means "excellent."



"You get sublime views and the best of all worlds at this little paradise of a resort that's right on beautiful Lake Coeur d'Alene," says Zagat in its 2009 Top U.S. Hotels, Resorts & Spas Survey. The comments come from actual guests who stayed at the property and recorded their experiences. Zagat calls The Coeur d'Alene Resort a "true find" with "attentive and friendly staff, and a two-level spa with fabulous facilities and deep-woods-influenced treatments." The survey also refers to The Resort's Scott Miller-designed Coeur d'Alene Resort Golf Course as a "legend in its own right."

"We're proud of every accolade The Coeur d'Alene Resort receives, but this one is especially important," said General Manager Bill Reagan. "It's rewarding to hear what our guests themselves think of our beautiful town and amenities."

Zagat also praises The Resort's "wonderful food," which ranges from five-star gourmet to casual family-friendly dining. Guests can choose from sushi, fresh Idaho trout, a taste from the \$2 million wine cellar, or a world-famous Gooley dessert.

Join us Fourth of July weekend, 2011. For details, see <http://wsoms.org/Meetings.html>.

WSOMS Officers 2010–2011

President:

Dr. John Bond

5635 Algonquin Way
San Jose, CA 95138

e-mail: jsbond@johnsbondmd.com

Vice President:

Dr. Gerald Gelfand

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Past President: **Dr. Steven Beadnell**

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Portland, OR 97225

e-mail: Bead@drbead.com

WSOMS Board of Directors 2010–2011

Dr. Leon Assael

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Lake Oswego, OR 97034
e-mail: assaell@ohsu.edu

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24850 SE Stark St.
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(2008–2011)

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e-mail: salemoms@aol.com

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2297 N. Hill Field Rd. #105
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e-mail: maxfacedoc@aol.com

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Dr. Daniel Rawley

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e-mail: rawley6@comcast.net

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Meet Your New Board Members



DR. GABRIEL KENNEDY

Dr. Kennedy practices full scope oral and maxillofacial surgery in Salem and Albany, Ore. He attended Oregon State University for his undergraduate studies and then graduated from the University of Connecticut School of Dental Medicine.

He completed his Oral and Maxillofacial Surgery training at Gundersen Lutheran Medical Center in LaCrosse, Wis. Board Certified by the American Board of Oral & Maxillofacial Surgery, Dr. Kennedy has been a contributing author for an oral and maxillofacial surgery manual. He currently lectures to the dental community and is on active staff at Albany General Hospital and Salem Hospital. A member of the American Dental Association, the Oregon Society of Oral & Maxillofacial Surgeons, and the American Association of Oral & Maxillofacial Surgeons, Dr. Kennedy has served on multiple oral surgery missions in developing countries. He and his wife Nicole, whom he met while growing up in Pendleton, Ore., have one son and two daughters. Dr. Kennedy's interests include hunting, snowmobiling and fishing.

*No PHOTO
AVAILABLE*

DR. RUSSEL LIEBLICK

Dr. Russell Lieblich practices oral and maxillofacial surgery in Gresham, The Dalles and Milwaukie, Ore. He was born in Grenada Hills, Calif., and graduated from the University of Louisville School of Dentistry in Louisville, Ky. He completed his residency at the MetroHealth Center in Cleveland, Ohio. He currently resides in Portland, Ore.

Dr. Lieblich is a member of the AAOMS, the Oregon Society of OMS, the Western Society of OMS, the Oregon Dental Association, the Multnomah Dental Society and the American Dental Association. He is a diplomate of the American Board of OMS and the American Dental Society of Anesthesiology.

His academic appointments include Student Instructor Human Anatomy and Student Instructor Human Physiology at the University of Oregon in Eugene.

President's Message

CONTINUED FROM PAGE 1

paraphrase Charles Dickens in *A Tale of Two Cities*: "It was the best of times, it was the worst of times." Since we have never settled for less than the best, take up the fight and protect the rights of both you and your patients.

Looking ahead to our summer meeting in Coeur d'Alene over the Fourth of July, let me remind you to mark it on your calendar. The 2011 WSOMS meeting is going to be held in conjunction with the Idaho Society of Oral & Maxillofacial Surgery. It is truly going to be a wonderful meeting in an absolutely magnificent venue. Some of you may remember it from several years back when Bruce Morrison had his meeting there. The Coeur d'Alene Lodge is located on Lake Coeur d'Alene in beautiful northern Idaho. Water does not burn, so the fireworks will be spectacular out on the lake (at which we will have premier seats). There will be golf for the golfers on the Coeur d'Alene links; bring balls to feed the lake on the island green. Spouses and children can enjoy shopping and touring. Hiking, biking, boating, or just sitting back and taking in the beauty will fill your spare time.

The education portion of the meeting will be on Sunday, Monday and Tuesday mornings. The first day will feature Dr. Robert Bosack, who will bring us up to date on the latest in office anesthesia. On Monday and Tuesday, Colonel Robert Hale will speak on current concepts and management of injuries sustained on the battlefields of Iraq and Afghanistan. Much of our heritage as

OMSs comes from lessons learned on the battlefields of past wars. Additionally, he will discuss his experiences in Iraq, Afghanistan and the surrounding countries from a personal perspective about how he interacted with the local people. No blood, but rather sociological and political perspective on what he witnessed. Both doctors and their spouses and guests are invited to this. I know this presentation is going to be captivating to all, in that the picture we have portrayed through the media is only a small part of the overall. Dr. Hale is involved with the "Face Transplant" project and will give us a short presentation on where it currently stands.

Saturday's agenda includes an office staff anesthesia training course for all the doctors who wish to bring their staff for current training. The course has been taught for Washington and Oregon staff in the past with excellent reviews. The instructors will be Dr. Ross Beirne and Dr. Steven Beadnell. This will be presented as two half-day sessions on Saturday and Sunday.

I am looking forward to seeing many of you this coming summer. Help us make it a successful meeting by spreading the word. Encourage fellow OMSs who are not members of WSOMS to join. The group represents all the states in District IV of AAOMS, and accordingly has and represents your best interests as core values. Bring any you may have and share them with the leadership.



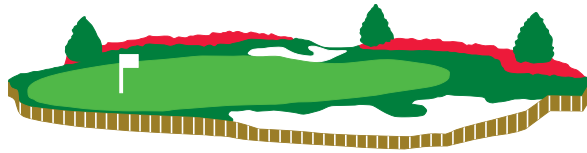
2011 Meeting



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Annual Meeting at



The
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July 2-5, 2011

Speakers:

Dr. Robert Bosack and Dr. Robert Hale

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