

AAOMS TODAY



May/June 2020
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Volume 18, Issue 3

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COVER STORY

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Picking up the pen

AAOMS members give
book writing a try

“It was surprising just how a storyline
can and will flow, sometimes taking
turns that surprise even the creator.”
– Book author Dr. Dean M. DeLuke

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2019: Grand Award winner in Magazine category
2018: Most Improved Magazine



2019: Gold Award in Newsletter category
2018: Bronze Award in Newsletter category



2019: Platinum Awards in Magazine and Overall Writing categories



2019: Silver Scroll Division I winner
2018: Newsletter Division I winner



2019: Platinum Award in Association Magazine category



Victor L. Nannini, DDS, FACS
AAOMS President

“Only time will tell, but I am optimistic solutions will be found.”

IN MY VIEW

Dedication and adaptability

It was early in January. I was attending a meeting at ADA headquarters in Chicago, Ill., when there was discussion on the news about a virus affecting China, particularly the city of Wuhan. As the epidemic continued to grow, so did the reporting. Never in a million years did I anticipate what was about to happen.

In February, although concern was growing, it was pretty much business as usual. I had seven AAOMS events scheduled for March across the country, and I was concerned about being away from my residency program for so long.

In the first week of March, the virus had spread to the Seattle, Wash., area, and the mayor had put in travel restrictions. At the same time, I was at AAOMS headquarters to meet with staff and attend the Principles of Head and Neck Oncology for the OMS conference, which took place in our new OMS Institute for Education and Innovation. Most of our premier OMS head and neck surgeons were there as speakers, and more than 100 people attended the new conference. I left that event in a very positive mood.

The next week, everything changed.

New York had its first COVID-19 patient, and hospitals – including mine – began preparation for a possible influx of patients. I work at a county hospital on Long Island, specifically Nassau County. Nassau University Medical Center is a Level I trauma center and mainly treats people without insurance or other means to pay. Our pediatric department on the 18th floor was moved and combined with obstetrics. The 18th floor became reserved for patients under investigation, meaning symptomatic (fever, cough, difficulty breathing) awaiting test results and those symptomatic and testing positive for COVID-19.

We began to test medical personnel who had been exposed to a positive patient. If positive, they were sent home for a 14-day quarantine. Inundated with positive results, we soon learned we could lose more than 50 percent of our medical staff. Our administration then instituted a rule that testing would be done for only symptomatic personnel and, if positive, they would be sent to quarantine.

Initially, we had seven patients. That quickly grew daily, and two more floors were added. Neighboring hospitals were quickly filling to capacity, and ventilators became scarce. New York City was particularly inundated. A huge increase in positive cases, limited ventilators and even scarcity of drugs to sedate patients once they were put on airway assistance became the norm. Committees on ethics were developed in case decisions of who would receive these precious adjuncts had to be made.



during the time of the COVID-19 pandemic

It became clear all AAOMS activities for March and April had to be canceled or postponed. AAOMS staff began working from home with constant communications with each other and our leaders. It was important to disseminate the best scientific evidence we had. That information unfortunately changed seemingly every day. Video conferencing became the norm.

In New York, the number of cases continued to double every few days, and hospital emergency rooms looked like M*A*S*H units. At my hospital, people were lying in gurneys in the ER hallways as there were no available rooms upstairs. Tents were set up to isolate and screen patients tested if appropriate.

Each day, symptomatic patients poured in. Our original one COVID-19 floor became six, and a dearth of ventilators became an issue. If they were not severely ill, patients were told to go home and quarantine. All patient visitation was suspended. All employees were brought through one entrance and their temperature taken before being allowed in the facility. Soon after, mandatory masking was instituted.

All cases performed in the OR were stopped except for severe life-threatening emergent cases. All outpatient clinics essentially were closed except for ours. Our oral surgery clinic was seeing only patients with pain, swelling or infection. We began to work in shifts, splitting residents with the same attending OMSs to help avoid cross-contamination. Our anesthesia machines were removed to serve as ventilators. We each were given one N95 mask to use for an entire week.

On March 20, Gov. Andrew Cuomo instituted a statewide shutdown of most establishments. Despite these efforts, more and more patients were seen, admitted for observation or, in the most severe cases, ventilatory support.

Because of strains on the medicine service, my senior residents were assigned to different teams to work on the COVID-19 floors with shifts of seven days on and seven days off. It was a challenge at times to get them the proper PPE, but that was obtained thanks to my very determined chair. The calls for "Anesthesia STAT," "Respiratory STAT" and "Code Blue" to various parts of the hospital grew more frequent and seemingly endless. The stresses on the nursing staff and respiratory therapists became more evident as the demands continued to increase.

A nurse commented to one of my residents that one of the most difficult tasks was to listen to a patient say goodbye to family members over a cellphone before being intubated, not knowing if he or she would ever see them again.

In the beginning of April, the cases continued to increase daily as well as, unfortunately, the deaths. Freezer trucks were brought in to contain the bodies, and multiple morgues were temporarily established. One of my residents and his team lost six people in one day. In the beginning of April, I found out a dear friend of mine passed away in her home; no funeral was able to be held.

We were slightly behind New York City, so everyone was waiting for the peak to occur there to give us some hope. Most of my staff were reassigned to other parts of the hospital, answering calls of loved ones to operating entrances to ensure potential patients went to the tent areas for screening. Another one of my residents was assigned to review and sign death certificates. Others were calling patients to give them their test reports.

The result of all this was a total disruption of our residency program. There were no elective cases performed in inpatient and outpatient settings from the middle of March until at least the end of April. We stopped all outpatient anesthesia, treating only emergent patients.

To maximize our downtime, the remaining residents and attendings watched the complimentary CE on Demand and OMSKU V and discussed each while practicing social distancing. Some of the private and faculty OMSs in the area offered lectures via webinars almost daily, which was very beneficial.

At press time, that is where we are. We are hopeful the peak is near, and the number of sick patients will decrease, but it is very hard to tell. I cannot tell you how incredible the bravery and dedication are from our residents, fellows, attendings, respiratory therapists and all the ancillary personnel to help those in need.

I also know we must look at all this once the pandemic ceases and evaluate how we are treating patients and how we move forward. Just as HIV changed how we practiced in the early 1980s, this could have a similar effect. We must restore the confidence of our patients to feel comfortable going to the oral surgeon again. I doubt it will be business as usual for quite some time, if ever again.

We also have no idea what effect technology will have in the future. If a vaccine or cure is developed or rapid testing of patients becomes easily accessible, our future course may be much smoother. Only time will tell, but I am optimistic solutions will be found. ■

An illustration of a surgeon in teal scrubs, a cap, and a mask, standing on a tall stack of books. The surgeon is holding a large, dark fountain pen vertically. The background is a light blue-grey gradient. A white rectangular box with a dark blue vertical bar on its left side is positioned on the left, containing the text.

Picking up the pen

*AAOMS members give
book writing a try*

Peer-reviewed articles, textbooks and white papers dot the CVs of many OMSs. Yet, several AAOMS members have branched out past the typical medical writing and put their creative talents to the test.

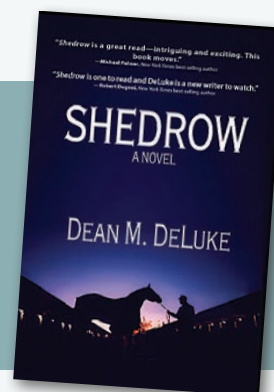
Some of their books expand on medical topics. Some reach well beyond oral and maxillofacial surgery and medicine to tackle other subjects in fiction or non-fiction books. They have written about thoroughbred racing, sinking war ships and poaching of elephants and rhinoceroses in Africa.

AAOMS Today asked seven authors why they decided to take the career leap, the challenges of the transition and the inside stories behind their books.



Dean M. DeLuke, DDS, MBA
Life Fellow

Author of *Shedrow*



Dr. DeLuke is Professor of Oral and Maxillofacial Surgery at Virginia Commonwealth University and VCU Medical Center. He is Past President of the New York State Society of Oral and Maxillofacial Surgeons and served as an AAOMS Delegate and on the OMSPAC Board of Directors.

In 2010, Grey Swan Press published Dr. DeLuke's debut novel. *Shedrow* is described as a collision of characters from divergent worlds. Surgeon Dr. Anthony Gianni joins a racing partnership that acquires a talented colt. When a new partner with an unsavory background appears on the scene, Dr. Gianni and a dedicated veterinarian must confront organized crime as they attempt to solve a complex mystery that threatens their careers – and possibly more. High society and the racing elite, medical and veterinary specialists, mob figures and Kentucky hill folk become entangled in this unusual twist on the medical thriller.

As a former farmhand and thoroughbred owner, Dr. DeLuke drew upon that background and his surgical background for the medical mystery at the heart of the story.

Q Why did you write this book?

A I always felt I had a story to tell – a compilation of real-life vignettes intertwined with some purely fictional creations. As surgeons, we really have a wealth of material to draw on, and for my novel, I combine medical drama with the high-spirited (and sometimes dark) world of thoroughbred horse racing. One critic described *Shedrow* as, 'Dick Francis meets Robin Cook.' For the uninitiated, Dick Francis was a legendary writer of racetrack thrillers, and, of course, everyone knows Robin Cook, so that was quite a compliment.

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Q How did you get involved with thoroughbreds?

A During my high school and college days, I spent summers working on a thoroughbred farm, essentially doing the grunt work – cleaning stalls, turning out the horses, painting fences, baling hay, etc. I learned a great deal about the horses and saw firsthand the idiosyncrasies and challenges of the thoroughbred racing business.

More recently, I have been involved as an owner in partnership with Dogwood Stable and Eclipse Thoroughbred Partners. I have seen and experienced the full spectrum of the sport with its many colorful (and sometimes shifty) characters – ample fodder for a racetrack thriller.

Q How did you get involved with writing?

A I was always interested in creative writing, dating back to my high school and college days. In 2007, I decided to learn the craft from some truly expert physician writers, including Tess Gerritsen and Michael Palmer. Michael has since passed away, but they are both best-selling writers of medical thrillers who would convene yearly in Cape Cod for an intensive workshop in medical fiction writing.

Q What is your writing background?

A I credit my secondary school, the Albany Academy, for its strong foundation in literature and composition. This foundation was expanded with creative writing projects in college and later through an assortment of writing projects in my MBA program.

Q What do you enjoy most about writing?

A Quite simply, it would be the creative process. With any writing, whether scientific writing or fiction, there hopefully comes a point where things just flow, and you are ‘in the

With fiction writing, being in the zone can mean the story actually takes on a life of its own.

– Dr. Dean M. DeLuke

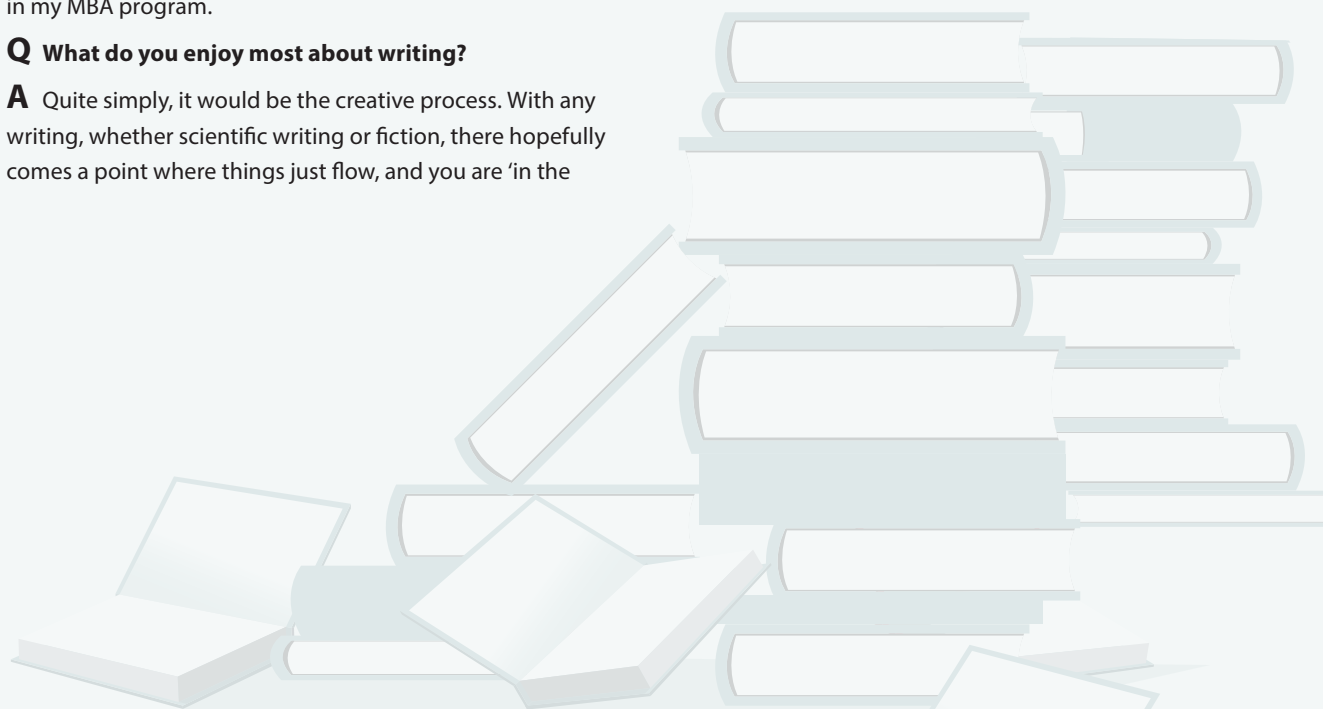
zone.’ With fiction writing, being in the zone can mean the story actually takes on a life of its own. You may look back on a scene and wonder, where did that come from?

Q Was the transition into fiction writing difficult?

A One of the things I learned from experienced writers is there is no one formula for writing fiction. Some experienced novelists will start with a fairly well-developed idea of character and plot and then work from a rather detailed outline. Others just start with the big ‘what if?’ that is central to the story and simply let things develop from there. I was in the latter camp, and it was surprising just how a storyline can and will flow, sometimes taking turns that surprise even the creator.

Q What are your future writing plans?

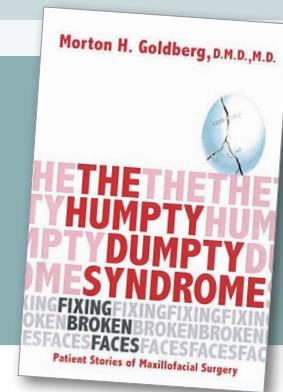
A I haven’t ruled out a sequel to *Shedrow* or perhaps something totally different.





Morton H. Goldberg, DMD, MD
Life Fellow

Author of *The Humpty Dumpty Syndrome: Fixing Broken Faces: Patient Stories of Maxillofacial Surgery*



Dr. Goldberg is Clinical Professor at the University of Connecticut School of Dental Medicine. He established the OMS residency program at Hartford Hospital, integrating it with the program at UConn. He coauthored the textbook, *Oral and Maxillofacial Infections*, and received the 1991 William J. Gies Foundation Award.

In 2018, Dr. Goldberg self-published his memoir of real-life patient cases – *The Humpty Dumpty Syndrome: Fixing Broken Faces: Patient Stories of Maxillofacial Surgery*. The approximately 25 short stories cover his career and the story of oral and maxillofacial surgery.

Q Why did you write this book?

A I felt there was a story that needed to be told. I was fortunate enough to live in that half century where oral and maxillofacial surgery went from being primarily an office-based practice and far out of the mainstream of American surgery.

We marched those 50 years into what is now a fully accepted surgical specialty in the United States. It took a lot of hard work and a lot of people, and most of us who got involved were driven by the idea we didn't want to have our operating room and emergency room doors closed. Even if oral surgeons did get on the hospital staff, they were very limited in what they could do.

When I started in practice in 1964, I came to Hartford Hospital, a 900-bed hospital. Two oral surgeons on staff had just been involved in the struggle to get permission from the director of the hospital to do an open reduction of the mandible, a basic operation any first-year resident should be able to do. They got permission to do it without having to have a plastic surgeon in the room.

We fought a lot of difficult battles. We won some, we lost some, but we succeeded. I wanted to get that into print and let people know. Hopefully, the book will appeal to people outside the profession.

"This book is much more than a memoir. It is a collection of very personal medical and dental stories that describe a journey through grueling, remarkable, and professional introspection as well as love of family and humanity. It is a primer for the development and exercise of true tested leadership."

—Peter J. Deckers, MD, Dean Emeritus and Professor of Surgery
at University of Connecticut School of Medicine

Early in his groundbreaking career as a maxillofacial surgeon, Dr. Morton Goldberg coined "The Humpty Dumpty Syndrome" to describe patients whose eggshell-thin facial bones had been damaged by trauma, disease, or malformation. The Humpty Dumpty Syndrome is his memoir of surgical adventures as he did what all the king's horses and all the king's men couldn't. He put people back together again.

Q How did you come up with the title?

A I coined that term about 40 years ago. There are 14 bones in the human face. Some of them are very small and almost eggshell thin. When the human face unfortunately strikes the dashboard of the car at 65 mph, or when a bullet transverses the face from one side to the other, a lot of those little bones break like eggshells, so that was the origin of The Humpty Dumpty Syndrome. I figured we could do what all the king's horses and all the king's men couldn't do – we could put them back together again.

My wife and I found a local artist who drew a picture of Humpty Dumpty sitting with his legs crossed next to a brick wall, which he'd fallen off. It showed all the little cracks in the egg and very sad-looking Humpty Dumpty. We hung that up in the clinic at the hospital.

Q How did you transition into this writing?

A I authored or coauthored about 65 articles in medical and dental journals. I coauthored a textbook about infections of the mouth and jaws. I had never written anything quite like this because this wasn't meant to be a technical treatise on how to treat things. It's mostly about patients and how they respond to having broken faces, whether it comes from an automobile, a bullet, cancer surgery, a sports injury or just a malformation they were born with. It wasn't easy getting started, but around 1998, I was recovering from cancer surgery, home for an extended period of time and bored out of my mind.

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My wife said, 'These stories you've been telling your residents all of these years about patients and how they can learn from patients' own stories, why don't you try putting them down on paper?' I got hold of a big, yellow legal pad and started doing just that. I sent a couple of them to a magazine, *The Pharos*. It takes writing from doctors, history, short stories, a little bit about medical philosophy, biographies. They published my stories, and I got some nice letters.

Over the next 18 or 19 years, during vacations and weekends, and once in a while when I didn't feel like sleeping, I'd stay up and write. Ultimately, I put them all together and started to try to get them published as a book.

The thing that helped me the most in writing, other than wanting to tell the story – and I was very interested in the way people responded to having injuries and surgery – is I had been a reader all my life. If you want to be a writer, you also have to have been a reader. Unless you're a genius, and I have never claimed to be a genius.

Q Your book describes your story beginning in a basement at Harvard Medical School, where an epiphany launched a career...

A I ran in there the first day of the third year. My locker was in the basement. Dark, dusty and musty. I put a box of dental instruments on top of an old glass-top display case. I couldn't see, only a couple light bulbs hanging. When I wiped the dust off that glass, what I saw inside were plaster of Paris face masks, moulages of terribly mutilated faces. I was shocked. I asked some of the faculty.

They said those were the face masks of patients of Dr. Varatzad Kazanjian from World War I. He went as a dentist (with) the Harvard medical group in 1915 to France. They were going to help the English by setting up a Harvard Medical School hospital base. They weren't quite sure a dentist belonged in the hospital, but he became a miracle man of the Western Front, reported all over the newspapers in England, Canada and the United States, because he did very innovative surgery trying to put together faces of these young men who were so horribly disfigured by gunshot wounds and artillery fire.

When he got back to Boston in 1918 with those moulages, he knew he could not get on the staff of any Boston hospital to continue that kind of surgery or research because he was a dentist; he didn't have a medical degree. At age 40, he went back to medical school, and that was my epiphany (to go to medical school and receive general surgery training).

Q The book also is about 'taming the madness at Bellevue Hospital'?

A It was the only oral surgery program that accepted me. Some of the program directors wrote to me and said they would never have an MD in their program. But Dr. William F. Harrigan, director at Bellevue, took me. If he hadn't, I

wouldn't be an oral surgeon today.

He also had an MD with his dental degree. He learned to do a lot of his surgery in hospitals in England and France during World War II. He was a fine surgeon, a great teacher, great mentor. But Bellevue was filled with almost 2,000 patients every day, most of them seriously

ill and indigent. In our little oral surgery clinic, we averaged 100 patients a day. It was pure madness. Bellevue had no budget. People wandered in and out day and night. Order was kept by a small police station within the hospital. But I learned a lot and survived it.

Q What was difficult about the transition to this writing?

A Time. I had a practice, a family, running a residency program. I was on a few committees at the hospital. Dealing with publishing houses and agents was extremely difficult and frustrating, which is why I ended up self-publishing.

I would get answers like, 'Very interesting, good read. However.' There was always a 'however.' One of the most common 'however's' I got was the publisher's thought there would be a very limited market for a book like this. So, I'm trying to prove they were wrong.

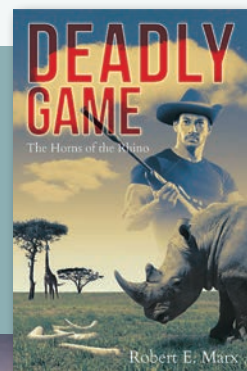
Admittedly, I reached a point a couple years ago where I thought it's never going to get published. But I got hold of a couple who had a business that helps people get books published. They gave me some good clues about how to get this done on my own if the publishing houses weren't going to cooperate.

If you want to be a writer, you also have to have been a reader. Unless you're a genius, and I have never claimed to be a genius.
– Dr. Morton H. Goldberg



Robert E. Marx, DDS
Life Fellow

Author of mystery trilogy: *Deadly Prescription*;
Deadly Consequences: The Zombie Murders;
Deadly Game: The Horns of the Rhino



Dr. Marx is Professor of Surgery and Chief of the Division of Oral and Maxillofacial Surgery at the University of Miami Miller School of Medicine and Chief of Surgery at Jackson South Medical Center in Miami. Regarded as an expert in pathology and reconstructive surgery, he won the 1995 William J. Gies Foundation Award, 1995 Donald B. Osborn Award for an Outstanding Educator, 2006 OMS Foundation Daniel M. Laskin Award for outstanding article in *JOMS* and 1989 Research Recognition Award from the OMS Foundation.

His textbooks include *Oral and Maxillofacial Pathology: A Rationale for Diagnosis and Treatment*; *Platelet Rich Plasma: Dental and Craniofacial Applications*; *Tissue Engineering*; *Oral and Intravenous Bisphosphonates Induced Osteonecrosis* and *Atlas of Bone Harvesting*.

Dr. Marx also writes medical mystery fiction novels. Published in 2016 by Prominent Books, LLC, the first was *Deadly Prescription*. *Deadly Consequences: The Zombie Murders* followed in 2018. The final installment in his trilogy – *Deadly Game: The Horns of the Rhino* – was published in November. All three books have been bestsellers on Amazon.com.

Q What inspired your latest book?

A That inspiration came from my many trips to South Africa, Botswana and those places on photographic safaris where you learn about the poaching of elephants and rhinos. I was really astounded to find out the technology of rhino poaching has gone on to machine guns and helicopters. The poachers are so clever these days; they're adding Viagra to the rhino horn powder. The powder of rhinoceros horn is thought to be an aphrodisiac in the Chinese and Southeast Asian cultures, so adding Viagra gives it a source of credibility. That pushed the demand sky high and now the white rhino, which is the last of the real larger populations of rhino, is being more severely threatened.

Each year, it becomes more of an obvious effort. You talk to the trackers and game drivers, who are very knowledgeable and very dedicated to stopping this, and they just lament.



They're being outgunned, outmanned, and there's big money people behind this, and that's what I tried to bring out in *Deadly Game: The Horns of the Rhino*. It's not just the poor African native who is trying to make a living. It's people of more sinister values and ideas behind it.

Q The other books in the trilogy are fairly different. What inspired each?

A As most of my colleagues in oral and maxillofacial surgery know, I was the expert witness against some of the big drug companies in the bisphosphonate scandal, a group of drugs used for osteoporosis and in patients with some cancers that produced dead bone in the jaws. On the witness stand, I learned of all the poor research and corruption and hiding of bad results the companies did to bring their product to market, and they would be making \$3.5 billion a year on basically falsified and incomplete research. It astounded me. I was naive at first.

Deadly Prescription is a takeoff on that, trying to educate the reader about what is going on behind the scenes of major drug companies and some of the medical issues today. It also gave me a chance to educate the reader about other medical conditions like rabies and mad cow disease.

In *Deadly Consequences*, the bad guys are usually the big drug companies who have this network. The anesthesiologist I portrayed basically sold out his integrity for money and his ego to win the Nobel Prize. He took a lot of money from big drug companies who were going to parlay that into a bigger profit margin for themselves.

continued on next page

Q How enjoyable has this writing been?

A It's been great. I almost wish I had more time to do it. I'm still an active surgeon. One of the protagonists is an OMS who figures out some of the skullduggery going on, and it shows an OMS is more than just a person who removes teeth.

Q What got you into fiction writing?

A It happened one day when I was doing research with a colleague who's an oral and maxillofacial pathologist, Dr. Robert Greer. He had written 15 or 16 novels. He gave me some pointers, but since I am in Miami, and he's in Colorado, he couldn't coach me. I hired a writing service that did that, and it's been great.

We've lectured every year at the Denver Oral and Maxillofacial Surgery Board Review Course. When I got to the bisphosphonate issue, he thought that would be a great idea for a fictional novel.

He said, 'Do what I do, write novels. You'll get to more people that way, and you'll have a greater interest level.' I thought about it for about two months. I wrote 60 pages, which he presented to his literary agent just to see whether I should give up my day job. The literary agent said, 'You have something here that sounds like a good story, and your writing ability is good, but you need to polish it.' So, I had to polish it.

Q How did you do that?

A What I did was make the hardest transition I've made in a long time from medical writing. I've published over 12 textbooks and at least 20 chapters in other books where it's scientific writing and everything is short and to the point, whereas fictional writing, you have to create an image in the reader's mind of the smells, the sounds, the colors. Through a writing coach, I've learned to write fictional novels and incorporate that imagery.

Q Has writing gotten easier now that you've finished your third book?

A Yes, it has. I learned with the first book, but you polish it off. Every book is a little bit better. That's why I'm enthused about the next book. My writing coach says it's the best of my work. I like to think he's right.

My upcoming novel is really more of an epic; it's called *Replague* – and I actually wrote this before the COVID-19 pandemic. It's about an ancient plague beginning with the Neanderthals 25,000 years ago that gets exposed to modern man, and we have no resistance to it.

After the trilogy, I'm branching out into separate topics, one called the *Stem Cells from Hell* because that's my research. The other one is *The Painkiller*. These are all medical topics that are topical to the layman today; stem cells are a big issue and concern. There's a lot of misinformation about them.

I've published over 12 textbooks and at least 20 chapters in other books where it's scientific writing and everything is short and to the point, whereas fictional writing, you have to create an image in the reader's mind of the smells, the sounds, the colors.

– Dr. Robert E. Marx

Q You'll keep going as you come up with topics?

A I plan to. Those are ones I've jotted down the basic storyline and, when I get a chance, write it and weave it into an interesting group of characters. What I have learned is you have to develop an interesting character. The character in *Deadly Game*, everybody loves; Big Jim McCullar is an Australian who is like a nasty 007. Everything he does is right, and he interfaces with the poachers.

These are takeoffs from my own experiences. In *Deadly Game*, the scene I think my colleagues would like the most comes during the safari. Dr. Merriweather, the OMS on a photographic safari, comes across two poachers eaten by lions and a third one who's been terribly mauled. Dr. Merriweather organizes how you manage somebody who is near death and undergoes emergency medical care in the field and back at the camp.

Every OMS will identify with that. We all deal with trauma in the emergency room. I specifically wrote that scene to engage my colleagues.

I wanted the average reader to understand who an OMS is and bring them into the conscience of the American public. We're always this duality of partial dentistry, partial medicine. Having an OMS as the protagonist in some novels educates them to what our profession is all about, one that I'm really proud of.

I write in between surgeries when I'm on airplanes and on weekends, and I have to balance this between my medical books because I'm writing a couple more.



Michael Miloro, DMD, MD, FACS
Fellow

Author of *Penol Pens and Pencils*

Dr. Miloro is Professor, Department Head and Program Director at the University of Illinois at Chicago College of Dentistry. He serves as Section Editor of Craniomaxillofacial Deformities/Sleep Disorders/Cosmetic Surgery of *JOMS*. He has authored numerous textbook chapters and edited three textbooks in the specialty: *Peterson's Principles of Oral and Maxillofacial Surgery*, *Management of Complications in Oral and Maxillofacial Surgery* and *Trigeminal Nerve Injuries*.

Published in 2012 by Blurb and coauthored with Joao P. Martins from Lisbon, Portugal, Dr. Miloro's first non-OMS specialty book, *Penol Pens and Pencils*, explores the fountain pens and pencils produced in Denmark from the 1930s through 1960s.

Q What inspired your book?

A The genesis of this book was a result of a flight delay during a research trip (regarding low-level laser for nerve injuries) to Copenhagen, Denmark. My Danish surgery friend offered to extend my tour of Copenhagen to include an antique store, where I purchased my first fountain pen. The pen turned out to be a Parker pen imported to Denmark by the Penol company.

From that moment, I was determined to learn more about the company and the relationship with Parker pens in Janesville, Wis., and the pens and pencils produced in Copenhagen in the 1930s and 1940s, especially during the German occupation of Denmark during World War II.

I was not interested in antiques, and I had never owned a fountain pen before, but as I began to learn about the Penol company, I developed an interest in actually using fountain pens on a daily basis. Using a fountain pen is such a contrast to the world of technology in which we live today, where ballpoint pens had dominated since the 1960s, but even the written word is practiced much less often now with email communications and text messages. A handwritten note with a fountain pen makes such a significant personal



impact; I learned this from Dr. R.V. Walker, who would follow up each personal encounter with a handwritten personal note.

In my research about the Penol company, I learned of Joao P. Martins, my coauthor who lives in Lisbon, Portugal, who also developed a passion for Penol pens during one of his business trips to Copenhagen. Together, we have a large collection of these pens, and we have spoken to family members and employees of the Penol company to learn more information about the company. Our book is the most comprehensive reference book on the Penol company and the pens and pencils it has produced over the years.

Q What interested you about writing?

A I have always had an interest in writing, since having an excellent English teacher in high school and college, and this has served me well in my academic career.

In fact, early on as a junior faculty member at The Ohio State University, one of my partners and mentors called me 'prolific,' and that motivated me even more to continue performing research and writing manuscripts and textbooks. I had always been interested in writing

continued on next page

something other than scientific in nature, and my Penol hobby was a great mechanism by which to accomplish this goal.

Q How did you transition into this type of writing?

A Since I have had some experience with editing other textbooks, such as *Peterson's Principles of Oral and Maxillofacial Surgery* – considered by most to be the 'bible' of oral and maxillofacial surgery – I was able to develop a comprehensive reference book for Penol pens and pencils.

The most difficult part was obtaining the information for the book long distance from people in Copenhagen who were only familiar with a company that no longer produces pens.

Also difficult was obtaining examples of each of the models of the pens and determining the production volume and production years of each model, and trying to take excellent photography of the pens was challenging.

In addition to the Penol book, I also have a website – Penol.weebly.com – on Penol pens to allow immediate access to this information for other collectors.

A handwritten note with a fountain pen makes such a significant personal impact.

– Dr. Michael Miloro

Q What do you enjoy most about writing?

A The most appealing part of writing and publishing is the 'permanence' of the written word. I was struck with this realization after seeing my first article in print in *JOMS* as an OMS resident in 1993. The ability to produce information to educate and benefit others also is a very empowering component of writing.

Q What future writing do you plan to do?

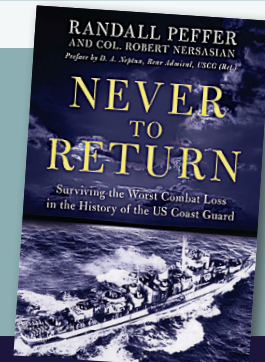
A I am considering writing an autobiography, but would anyone be interested...?





Robert R. Nersasian, DMD, Col. U.S. Army (ret.)
Life Fellow Retired

Author of *Never to Return: Surviving the Worst Combat Loss in the History of the U.S. Coast Guard*



Dr. Nersasian is coauthor with Randall Peffer of *Never to Return: Surviving the Worst Combat Loss in the History of the U.S. Coast Guard*, published by Lyons Press in 2017. Dr. Nersasian is a retired associate professor at Tufts University and served on active duty in the Vietnam War and Desert Storm. He was 1 when his brother, Sparky, survived the sinking of Coast Guard destroyer escort USS Leopold (Escort division 22, six Coast Guard-manned Destroyer Escorts), which was torpedoed when escorting Convoy CU-16 carrying war materials to Europe. Dr. Nersasian and his daughter, Dr. Tory Nersasian, were instrumental in helping the crew receive a Purple Heart in 2013. He also has authored articles in medical journals.

Q Why did you write this book?

A At 8:01 p.m. March 9, 1944, the Coast Guard-manned USS Leopold was torpedoed in the north Atlantic by U-boat 255. In total, 171 of a crew of 199 drowned or froze to death while awaiting rescue by sister ship USS Joyce. We interviewed all living members of the Leopold, Joyce and U-boat 255. The Navy never understood what happened that evening or why the Joyce was convinced it was under torpedo fire by the U-boat or a wolf pack.

We feel we have solved the mystery. The book has a superb review in *Naval History Magazine* and hopefully will be presented at the U.S. Naval War College. I have a very special interest, as my older brother was one of the 28 survivors.

We were booked to present our book to the Naval War College on Dec. 13, but my coauthor lost his home due to the massive hurricane that hit the Bahamas.

Q What was your previous writing background?

A My prior publications were technical articles and research papers. Randy Peffer has published over 24 books. I am researching a World War II prisoner-of-war ship that was moored in the Philippines.

The harrowing tale of the torpedoing and sinking of a Coast Guard ship and the loss of 171 Coast Guardsmen off the coast of Iceland during WWII



Q What did you enjoy most about writing this book?

A Our book was the brainchild of my daughter. I was consumed by the story and the enigma of why so few sailors survived the torpedoing. The Navy held an eight-day board of inquiry in 1944 that left more questions than it answered. I was honored to get the ship and the entire 199-man crew awarded the Purple Heart in 2013 at U.S. Coast Guard headquarters and Arlington National Cemetery. The book was undertaken as a true act of love for a sibling and to bring closure to the many families who lost loved ones that fateful evening. The Commandant of the Coast Guard named our book one of 10 for his 2018 reading list for the Fleet, one of the rare times a historical novel made a Commandant of the U.S. Coast Guard's reading list.



From left: Author Dr. Robert Nersasian and D.A. Neptun, Rear Admiral, U.S. Coast Guard (Ret.), who wrote the preface to Dr. Nersasian's book.



Eric Redmon, DDS
Life Fellow

Author of *Cold Silence of Deception*; *Surrogate of Betrayal*; and *Cut from the Fold*

Dr. Redmon practiced for nearly 35 years in Winchester, Va. Released in 2017, his debut novel, *Cold Silence of Deception*, mixes thrills and romance, centering on a secret agent who juggles war and family post-9/11.

Released in 2019 and also self-published, his second book, *Surrogate of Betrayal*, tells the story of three Vietnam War soldiers and how post-traumatic stress disorder affected them and their families.

His latest book is *Cut from the Fold*, a thriller/mystery released in March and set mainly in the Caribbean.

Q How did you get into writing?

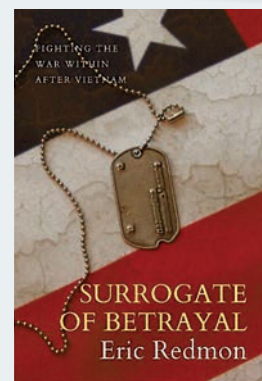
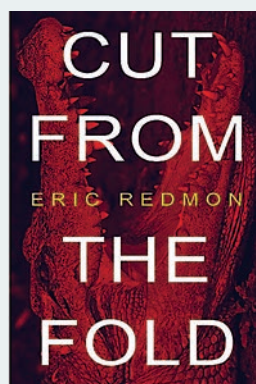
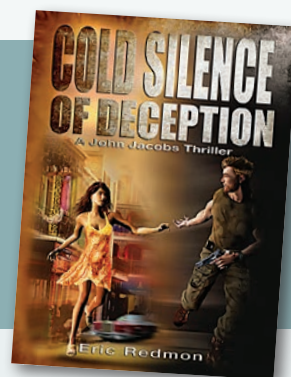
A Writing has always been a passion for me since a teacher in the 10th grade spiked my interest. I have contributed real-life articles for our local paper, *The Winchester Star*, as well as other editorial (non-paid) commentaries.

My mother and wife encouraged me, and it helps to have a vivid imagination. I've written short stories for my kids and grandkids. My mother didn't live to see my first book, but she enjoyed how I wrote editorial letters to the newspaper. My mother always hoped for more from me.

I enjoy creating something people like, so I write. Time flies by when I have the opportunity to settle in on my keyboard.

Q Why did you choose the topics for each of your books?

A *Cold Silence of Deception* is about worldwide terrorism and a great hero who discovers not even his own family is safe. I've always been an action/adventure guy, and this book has a lot of that. I wrote a book I'd like to read myself. It spans from Texas, where the hero was born, and takes the reader to New Orleans, Washington, D.C., Beirut and Saudi Arabia.

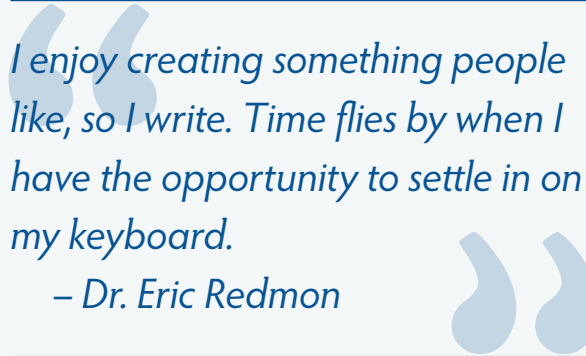


Regarding *Surrogate of Betrayal*, my father was in World War II, my son was in Iraq (both were in the Army), and I almost enlisted during Vietnam. I wanted to write something all soldiers could relate to, how the world at home stayed the same, but our soldiers came back changed in ways that make it difficult for people who haven't been there to relate.

I read several books about Tunnel Rats, brave soldiers who went into the enemy tunnels in search of enemy soldiers. This theme plays out in my novel. After the book came out, while working at the VA Hospital, I had the honor of meeting one of these men. There aren't many still alive. He was one of the coolest people I've ever met.

Book 3 is a murder/mystery novel, *Cut from the Fold*. It is a dark thriller set in Newport, Saint Thomas and many Caribbean islands. It has a great plot that slowly unfolds.

My wife, Felicia, and I hope to write a love story, and I have a comedic book in the works about a secret agent who comes back from the dead but can only find a second-rate understudy to help him get a really bad guy.



I enjoy creating something people like, so I write. Time flies by when I have the opportunity to settle in on my keyboard.

– Dr. Eric Redmon

Q Was the transition to this writing difficult?

A As with any venture, my writing has improved as I write more. I also work with an excellent narrator, Mark Sando, who completed my second book and is working on the third. The writing comes easy, but it's never good until properly edited, and that necessary step is painful for me.

Q What do you enjoy most about writing?

A My inspiration for writing is having been blessed with an almost unlimited imagination. I did take the James Patterson online writing course while completing my second book and was amazed at how differently writers go about creating a book.

I start with one idea (9/11 for the first book, a coffee shop conversation with a friend for the second).

The genesis of my third book was despair. Because I took Mr. Patterson's class, I was able to submit a sample chapter of a murder/mystery book to him and possibly become a cowriter with him on his next book.

I didn't win, but because of that despair I decided to make my submitted chapter the first chapter in my third book.

COVID-19 stories requested

As all AAOMS members experience the COVID-19 pandemic, they are faced with a new world every day. Over time, it will be remembered as a dark era – possibly leading to changes that will forever affect the way of life and the way of practice.

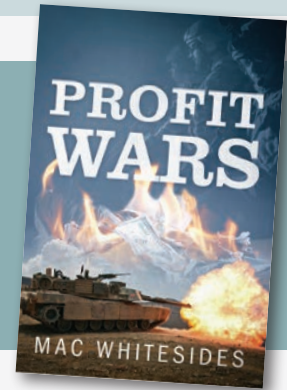
To mark this important time, AAOMS wants to capture those moments OMSs will never forget – a conversation with a patient, an insurmountable challenge, a difficult decision that had to be made, an upending of daily practice, unimaginable working conditions or simply an unforgettable sight, sound or feeling.

The *AAOMS Today* COVID-19 Project is collecting members' stories by email (communications@aaoms.org) and voicemail (847-233-4381). *AAOMS Today* staff is looking for stories from both private practices and hospital-based practices. Those interested are asked to provide their name, practice/institution name and location, and personal story. The deadline to submit a story for this project is May 29.



Lee (Mac) Whitesides, DMD, MMSc
Fellow

Author of *Profit Wars*



Dr. Whitesides has written more than 20 articles in peer-reviewed journals. His first work of fiction, the thriller *Profit Wars*, was published by Outskirts Press in 2018. In the futuristic novel, a man finds an accounting abnormality at his military corporation, and he is dispatched to Romania to obtain a government contract when he discovers the link between the rebellion's leader, his company and his dead wife and daughter. Dr. Whitesides' second book is yet to be released. He practices in Dunwoody, Ga.

Q Why did you write this book?

A I began my fiction writing as a way to tell what I thought was an interesting story, the privatization of war.

I have been blessed with many things: a great education courtesy of my parents, a wonderful wife, a challenging career and three sons who are outstanding.

My story centers on a character who has all that, and one day it is suddenly taken away by what appears to be a senseless act of terror when in reality his family and storybook life are taken by the career he loves and the mentor he most admires. Once he discovers this, it changes him into a different man, one who can accomplish things his former self could not.

Q Why do you write?

A I became interested in writing in my residency. Our residency director, Dr. Robert Ord, championed the idea of publishing to better the profession and learn more about a particular topic. I therefore published a few articles as a resident and found I enjoyed the writing process. More professional articles followed as I began to experience private practice.

Q What else will you write?

A My second book also is a thriller about a doctor who finds himself in over his head and faced with making difficult choices. The context of the book is the opioid crisis and student debt, which are contemporary in our practice. When I am retired, I plan to continue the practice and process of writing.

Most scientific papers are up to 10 pages, and one can usually keep the entire story in one's thoughts. A thriller like mine is typically 250 to 300 pages. Keeping the plotline consistent and all the characters in place took an enormous amount of discipline.

– Dr. Lee (Mac) Whitesides

Q Was the transition difficult?

A The transition from scientific papers to a thriller was difficult. Most scientific papers are up to 10 pages, and one can usually keep the entire story in one's thoughts. A thriller like mine is typically 250 to 300 pages. Keeping the plotline consistent and all the characters in place took an enormous amount of discipline. I had to keep accurate notes on who did what and when. ■



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20 questions: All the need-to-know answers

Every year, the AAOMS Annual Meeting offers a wide variety of educational sessions, a vast Exhibit Hall and numerous networking opportunities. What makes this 2020 event different?

These 20 questions and their answers explain the value, details and benefits of the 2020 Annual Meeting for both OMSs and their staff. Held in conjunction with IAOMS, the meeting being held Oct. 5 – 10 in San Antonio, Texas, will feature clinical tracks, hands-on courses and new opportunities.

1 Why should I attend the 2020 AAOMS Annual Meeting?

An opportunity to advance clinical understanding, connect with colleagues and develop new hands-on skills are the primary reasons all OMSs should make attending this year's Annual Meeting a priority. Clinical tracks and other educational sessions all tie into the meeting's theme of The Digital Workforce: Improving Efficiency and Safety for our Patients.

2 How will coronavirus (COVID-19) affect the Annual Meeting?

At press time, the Annual Meeting remains scheduled and registration is open. AAOMS is focused on the safety of its members and their staff while closely monitoring updates related to COVID-19. If components of the meeting shift to a virtual format, attendees will be notified. If the meeting is canceled, those who registered will receive a full refund.

3 How are the clinical tracks organized?

Ten clinical tracks cover the entire OMS scope of practice: anesthesia, dental implants, dentoalveolar, cosmetic, orthognathic, pathology, pediatrics and cleft, reconstruction/nerve, TMJ and trauma. Each track begins with expert speakers leading attendees through the latest research during a high-level plenary session. Each track then splits into interactive breakouts – with one dedicated to research and innovation and one reserved for IAOMS – to allow for greater discussion and learning among colleagues.

4 What kind of anesthesia training is available?

Several sessions focusing on anesthesia will be offered for OMSs and their staff. OMSs can sign up for the popular **preconference Anesthesia Update** on Oct. 7 that will provide insight into the OMS's role in caring for patients with mental health illness and anesthetic considerations. The program also will cover the impact of burnout and depression on surgeons.

Four sessions of the **Basic Emergency Airway Management (BEAM)** module are planned. With intensive, real-life experiences, BEAM allows participants to practice and master critical techniques for administering and monitoring office-based anesthesia. BEAM is part of the AAOMS National Simulation Program.

In addition, OMS assistants can register for the **Anesthesia Assistant Skills Lab** offered Oct. 8 and 9 to provide staff with hands-on clinical training. Participants will rotate through



From left: The Global Health Café and the Basic Emergency Airway Management module will be offered again in 2020.



related to this year's program in Texas

multiple stations that include airway management, intubation, venipuncture, defibrillation, preparation of emergency drugs and the crash cart.

5

What hands-on courses are on the schedule?

Four hands-on courses will be offered. Two half-day cadaver courses – one addressing **nerve repair** led by Dr. Michael Miloro and one on **facial cosmetic surgery procedures** led by

Dr. Faisal Queresby – will be offered Oct. 7 at the University of Texas at San Antonio. Participants will practice techniques during interactive experiences.

Drs. Rafael Ruiz-Rodriguez and Daniel Buchbinder will present a four-hour session on **contemporary management of cleft lip and palate patients** on Oct. 8. Participants will practice cleft lip repair techniques using a high-fidelity simulation model and gain a deeper understanding of the most common surgical techniques used in the repair of cleft lip and palate deformities. Step-by-step instructions will be shared using multimedia techniques, including animation, 3D models and illustrative cases.

A three-hour course will explore **office-based 3D printing for trauma and implants** on Oct. 9. With speakers Drs. Dina Amin and Tim Jaeger, this workshop will aim to familiarize surgeons with 3D printers and demonstrate a stepwise approach to printing models. (The article on page 26 provides additional information.)

6

What other CE courses are scheduled?

Among the additional educational offerings:

- The annual **Chalmers J. Lyons Memorial Lecture** will discuss management of the pregnant oral surgery patient on Oct. 8.
- The same day, the **Global Health Café** returns with discussions about patient cases, best practices and surgical challenges in different regions of the world.
- Formerly known as the Morbidity and Mortality session, the **Anesthesia Safety Program: Closed Claims and Near Misses** will include a panel review of closed cases illustrating patient safety and risk management principles on Oct. 9.
- The **How I Do It** session will cover reconstruction, neck dissection, orbital floor fracture management and reduction of opioids in oral and maxillofacial surgery.

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102nd AAOMS Annual Meeting

The Digital Workforce: Improving Efficiency and Safety for our Patients

When: Oct. 5 to 10

Where: San Antonio, Texas

Registration: Opened in May. More information will be available in email announcements and at AAOMS.org/SanAntonio.

Discounts: Early-bird discounts are available.

- AAOMS members and fellows save \$200 and allied staff save \$100 if they register by July 1.
- Retired fellows and members receive a reduced registration rate.

Housing: Experient is the only official housing agent for the Annual Meeting. Additional information is available at AAOMS.org/AMhousing.

Refunds: If the Annual Meeting is canceled due to COVID-19, those who registered will receive a full refund.

AAOMS.org/SanAntonio

7 Why should I bring my practice management staff? To support the professional development of the OMS team, the Annual Meeting offers more than 30 courses that address day-to-day practice operations. Examples of topics are infection control, social media as well as HIPAA and OSHA compliance. These sessions again are included in the meeting's general registration fee for both AAOMS members and their staff.

8 What will my coding staff learn at the annual workshop? The Beyond the Basics Coding Workshop will help OMSs and their staff more efficiently run coding, billing and reimbursements in their practices. Sessions will cover CPT, CDT and ICD-10-CM coding documentation, guidelines, issues and clinical case studies. New this year, the workshop on Oct. 7 and 8 will be a ticketed course added to an attendee's general registration fee, reducing the cost for those who attend both the workshop and the Annual Meeting.

9 What are Master Classes? Taught by subject experts, 21 Master Classes are intended to advance understanding and knowledge by covering popular topics such as management of difficult airways, dentoalveolar surgery and antibiotic use.

10 What are the team-based sessions? Bringing together relevant members of the OMS practice, team-based sessions invite participation and discussion of important topics. Sessions will cover the team's role in an anesthetic emergency, comprehensive management of TMJ disease,



The Exhibit Hall allows attendees to check out products and services.

preventative analgesia as well as recordkeeping and risk management for dental practices.

11 What are the plans for this joint meeting with IAOMS?

This meeting is expected to be one of the largest gatherings of oral and maxillofacial surgeons this year.

International contributions will be seen throughout the Annual Meeting: IAOMS speakers will present during clinical track sessions, the Global Health Café and the Clinical Interest Group (CIG) on Global Surgery's Master Class. In addition, a breakout session in each clinical track is reserved for IAOMS presentation, and IAOMS Past President Dr. Julio Acero will speak during a Meet the Expert session.

12 Who is presenting the Keynote Lecture?

The father-son team of David and Jonah Stillman will deliver the Keynote Lecture on Oct. 7. They will discuss the impact of the next influential demographic group on practices and the future of healthcare. Jonah Stillman joins his father – a generational expert and bestselling author – to open the dialogue about the generational workforce. The duo helps organizations understand the unique aspects of each generation and share ways they can learn together.

13 Why should I stop by the Exhibit Hall?

Show discounts, dedicated one-on-one interactions with vendors and a chance to explore the latest OMS practice products and technology are a few of the reasons to visit the exhibition Oct. 8 – 10 at the Henry B. Gonzalez Convention Center.

Beyond the booths, the exhibition also will feature free lunch on Thursday, Meet the Experts sessions and vendor-sponsored Lunch and Learns and FRED (Focused, Relevant, Exhibitor-Driven) Talks to highlight exhibitors, products and services.



President's Event on the River Walk

AAOMS President Dr. Victor L. Nannini and his wife, Kathy, will be celebrated at the annual AAOMS President's Event, the meeting's main social event, on Oct. 9 at the River Walk along the San Antonio River. This event will feature live music, food and entertainment.



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14 What is the Member Pavilion?

The Member Pavilion provides attendees firsthand information on services and organizations that support all AAOMS members. Booths share information about membership services, AAOMS Advocacy, AAOMS Store, Dental Anesthesia Assistant National Certification Examination (DAANCE), ROAAOMS, OMS Foundation and others.

15 What networking opportunities are planned?

Multiple events encourage connection with OMS colleagues, including the Opening Ceremony, Awards Presentation and Meeting Dedication as well as the Welcome Reception on Oct. 7.

New this year, Clinical and Special Interest Groups (CIGs/ SIGs) will meet for lunch on Friday, Oct. 9, in the Exhibit Hall, allowing members a chance to participate in conversations among different groups. In addition, the new Exhibit Hall Reception will provide a networking opportunity before the President's Event on Oct. 9.

16 Why should I stay for the last day on Saturday?

A packed program of education will again be offered on the final day of the Annual Meeting. The schedule features two clinical tracks – anesthesia and reconstruction/nerve – practice management sessions, Master Classes, a How I Do It session and team-based learning. Saturday-only registration is available and encouraged for local OMSs and their staff.

17 What else is new this year?

Featuring multiple speakers, the three-hour **Pediatric Cleft Open Forum** on Oct. 7 will focus on evaluation, pearls, pitfalls and technological advances of reconstruction of nonsyndromic

craniosynostosis. The multidisciplinary nature of caring for a child with nonsyndromic craniosynostosis also will be introduced.

18 What sessions are specifically designed for faculty and residents?

OMS faculty are invited to participate in a session on resident entrustment, the CODA Site Visitor Training Workshop and a workshop for programs to be site-visited for accreditation. Residents are encouraged to attend the Oct. 9 Resident Reception and the Resident Breakfast and Learn followed by the popular Disasters from the Masters program covering complications of facial cosmetic surgery procedures on Oct. 10.

19 What are the plans for the President's Event?

AAOMS President Dr. Victor L. Nannini and his wife, Kathy, will be celebrated at the Annual Meeting's main social event – the annual AAOMS President's Event – on Oct. 9 at the River Walk. This event will offer live music, food and entertainment. Attendees will be able to visit the Grotto, a section of the River Walk that features a cave-like structure, waterfalls and artwork.

20 Why go to San Antonio?

Attractions in the most-visited city in Texas include historical sites such as the Alamo and San Antonio Missions National Historical Park, outdoor attractions – including the Natural Bridge Caverns and Japanese Tea Garden – and shopping in the trendy Pearl district and the Historic Market Square. This is AAOMS's first meeting in the Alamo City as a national organization. ■

Hands-on course to explore office-based 3D printing



Dina Amin, DDS,
FACS

While other industries have used 3D printing for decades to generate product prototypes, the combination of advanced imaging and 3D printing now allows surgeons to visualize vital anatomical structures, perform complex surgical techniques, and design and manufacture patient-specific implants.

Stereolithographic models, cutting guides, implant guides, patient-specific plates and more are examples of the broad utilization of 3D printing in oral and maxillofacial surgery.

With a 3D printer in the office, OMSs have an additional tool to practice a procedure multiple times on a realistic 3D model and become better prepared to perform the same procedure in the operating room.

Patient-specific models are created using CT scan information and converting it into a printable file. Based on spatial data, the printer can be programmed to create patient-specific models, such as an anatomically precise mandible.

At the 2020 AAOMS Annual Meeting, Dr. Tim Jaeger and I will conduct a workshop – A-Z Office-based 3D Printer: Print Your Own Model in One Hour – Trauma and implant 3D printing – with a focus on facial trauma and implants. By the end of the course, participants will have sufficient knowledge to print a fractured orbit, reduced mandibular fracture and implant guide.

Treating orbital fractures is less challenging with the aid of a 3D printer. By printing the fractured orbit, the surgeon will be able to measure the fracture's dimensions as well as visualize the optic foramen and pre-bend the plate pre-operatively. Dental implantology calls for a high degree of precision to minimize complications, allow for restorative

What: A-Z Office-based 3D Printer: Print Your Own Model in One Hour – Trauma and implant 3D printing (XH04)

When: 1 – 4 p.m. Oct. 9

Where: 2020 AAOMS Annual Meeting

This session requires a ticket to attend.

success and ensure implant longevity. Static surgical guides have been shown to improve a clinician's ability to place an implant in its desired position.

Although the multitude of guided protocols may seem daunting, this workshop will seek to streamline and demystify the process. Static implant guides can be fabricated quickly, inexpensively and with levels of accuracy similar to laboratory-manufactured guides.

Office-based 3D printing is cutting-edge, emergent technology. It's an easy-to-utilize armamentarium that can increase accuracy, enhance efficiency, reduce delivery time and decrease costs.

3D printing also is changing resident education. Residents can visualize vital structures and practice various procedures, such as fracture reduction and sagittal split osteotomy, on these anatomically accurate models. The beauty of 3D printing is that it allows printing of models many times, giving residents much more opportunity to practice surgical procedures than by using a cadaver, which only provides one shot at getting it right.

Dr. Amin is Assistant Professor of Surgery in the Division of Oral and Maxillofacial Surgery in the Department of Surgery at Emory University School of Medicine. She also is Director of the Oral and Maxillofacial Surgery Outpatient Clinic at Grady Memorial Hospital in Atlanta.



Dr. Jaeger

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Clinical Case Example

Clinical images courtesy of German Murias DDS, ABOI/ID

Tooth #15, set to be extracted



The surgical site was initially debrided to induce bleeding and establish the Regional Acceleratory Phenomenon



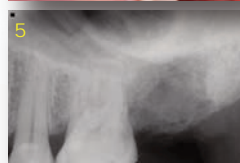
Insert Large or Slim sized OsteoGen® Bone Grafting Plugs and allow blood to absorb



Two Slim OsteoGen® Plugs are in place. Suture over top of socket to contain. No membrane is required



OsteoGen® is a low density bone graft and the OsteoGen® Plugs will show radiolucent on the day of placement



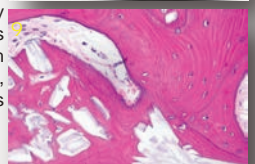
As the OsteoGen® crystals are resorbed and replaced by host bone, the site will become radiopaque



The collagen promotes keratinized soft tissue coverage while the OsteoGen® resorbs to form solid bone. In this image, a core sample was retrieved



Implant is placed. Note the histology showing mature osteocytes in lamellar bone formation. Some of the larger OsteoGen® crystals and clusters are slowly resorbing. Bioactivity is demonstrated by the high bone to crystal contact, absent of any fibrous tissue encapsulation



2020 AAOMS ANNUAL MEETING CE PROGRAM-AT-A-GLANCE

TH	CLINICAL TRACK: Dental Implant	CLINICAL TRACK: Pediatrics and Cleft	CLINICAL TRACK: Orthognathic	CLINICAL TRACK: Trauma
8 – 9:30 a.m.	PLENARY: Sinus Grafting and New Research Advances – Bioprinting (GP1)	PLENARY: Challenging Cleft, Craniofacial and Pediatric Conditions Affecting the Mandible – Evaluation, pearls, pitfalls and technological advances (GP2)		
10 – 10:40 a.m.	BREAKOUT: Grafting Horizontal and Vertical Ridge Deficiency – Tunnel vs. open procedures (S101) BREAKOUT: Restoring the Edentulous Maxilla with Anatomic-shaped Abutments and Crowns – Avoiding difficult-to-clean designs (S102) BREAKOUT: Treatment of Gingival Recession around Implants (S103) BREAKOUT: IAOMS – Mucosa vs. bone-anchored guided for full-arch reconstructions – An update on full-arch workflow (S104) BREAKOUT: Research & Innovation – Digital workflow in the OMS implant practice – Why and how (S105)	BREAKOUT: Mandibular Reconstruction in Patients with Hemifacial Microsomia (S201) BREAKOUT: Mandibular Reconstruction in Patients with Juvenile Idiopathic Arthritis (S202) BREAKOUT: Mandibular Reconstruction in Patients with Pierre Robin Sequence/ Agnathia (S203) BREAKOUT: IAOMS – Mandibular reconstruction in patients with Treacher Collins (S204) BREAKOUT: Research & Innovation – Considerations and complications in distraction osteogenesis (S205)	PLENARY: Embracing Diversity in Orthognathic Surgery (GP3)	PLENARY: Bundled Payment Programs – A benefit or risk to CMF trauma service (GP4)
10:50 – 11:30 a.m.	BREAKOUTS: Earlier Dental Implant Breakout sessions are repeated (S106, S107, S108, S109, S110)	BREAKOUTS: Earlier Pediatrics and Cleft Breakout sessions are repeated (S206, S207, S208, S209, S210)		
1 – 1:40 p.m.			BREAKOUT: Orthognathic Surgery with Clear Aligner Therapy – Pearls and pitfalls (S301) BREAKOUT: Perioperative Management of Obstructive Sleep Apnea Patients Undergoing MMA (S302) BREAKOUT: The Role of Drug-Induced Sleep Endoscopy (DISE) in Diagnosis and Treatment Decision for Obstructive Sleep Apnea (S303) BREAKOUT: IAOMS – Surgery first (S304) BREAKOUT: Research & Innovation – Virtual planning for orthognathic and total joint reconstruction (S305)	BREAKOUT: Demystifying Virtual Surgical Planning and Computer Navigation (S401) BREAKOUT: Functional Rehabilitation Protocols for Craniomaxillofacial Trauma Patients (S402) BREAKOUT: Patient-specific/Custom Reconstruction Options – Protocols for use in trauma (S403) BREAKOUT: IAOMS – Subperiosteal implants – A new technique for trauma and pathology reconstruction (S404) BREAKOUT: Research & Innovation – Management of avulsive soft-tissue injuries (S405)
1:50 – 2:30 p.m.			BREAKOUTS: Earlier Orthognathic Breakout sessions are repeated (S306, S307, S308, S309, S310)	BREAKOUTS: Earlier Trauma Breakout sessions are repeated (S406, S407, S408, S409, S410)

FR	CLINICAL TRACK: Cosmetic	CLINICAL TRACK: Dentoalveolar	CLINICAL TRACK: Pathology	CLINICAL TRACK: TMJ
10 – 11:30 a.m.	PLENARY: Pearls in Facial Cosmetic Surgery (GP5)	PLENARY: Focus on the Maxillary Sinus (GP6)		
1 – 1:40 p.m.	BREAKOUT: Minimally Invasive Facial Cosmetic Surgery (S501) BREAKOUT: Profileplasty – Rhinoplasty and chin augmentation (S502) BREAKOUT: Skin Care Regimen (S503) BREAKOUT: IAOMS: Cosmetic Procedures (S504) BREAKOUT: Research & Innovation – Antibiotics and facial cosmetic surgery (S505)	BREAKOUT: Use of Platelet-rich Fibrin in OMS Practice (S601) BREAKOUT: Reduction of Opioid Use for Postoperative Discomfort after Third Molar Surgery (S602) BREAKOUT: Treating Sinus Augmentation Complications (S603) BREAKOUT: IAOMS – Autogenous bone grafting and growth factors in daily dental practices (S604) BREAKOUT: Research & Innovation – Analysis of materials used for sinus augmentation (S605)	PLENARY: Aggressive Jaw Tumors (GP7)	PLENARY: Challenges in TMJ Management – When the disc hits the fan (GP8)
1:50 – 2:30 p.m.	BREAKOUTS: Earlier Cosmetic Breakout sessions are repeated (S506, S507, S508, S509, S510)	BREAKOUTS: Earlier Dentoalveolar Breakout sessions are repeated (S606, S607, S608, S609, S610)		
3 – 3:40 p.m.			BREAKOUT: Surgical Access to the Facial Skeleton (S701) BREAKOUT: Diagnostic Challenges from a Pathologist's Perspective (S702) BREAKOUT: Management of the Surgical Airway (S703) BREAKOUT: IAOMS – State-of-the-art reconstruction for jaws tumors (S704) BREAKOUT: Research & Innovation – Chemotherapeutic Treatment of aggressive jaw lesions (S705)	BREAKOUT: Discectomy – Pearls and pitfalls (S801) BREAKOUT: Rib Grafting – Pearls and pitfalls (S802) BREAKOUT: Pediatric Total Joint Replacement – Pearls and pitfalls (S803) BREAKOUT: IAOMS – Complex TMJ reconstruction pearls and pitfalls (S804) BREAKOUT: Research & Innovation – Free-flap TMJ reconstruction pearls and pitfalls (S805)
3:50 – 4:30 p.m.			BREAKOUTS: Earlier Pathology Breakout sessions are repeated (S701, S702, S703, S704, S705)	BREAKOUTS: Earlier TMJ Breakout sessions are repeated (S801, S802, S803, S804, S805)

2020 AAOMS ANNUAL MEETING CE PROGRAM-AT-A-GLANCE *(continued)*

SAT	CLINICAL TRACK: Anesthesia	CLINICAL TRACK: Reconstruction/Nerve
8 – 9:30 a.m.	PLENARY: Management of Anesthesia Emergencies (GP9)	PLENARY: Small Nerve, Big Problem – Medico-legal nerve injury cases (GP10)
10:30 – 11:10 a.m.	BREAKOUT: Prevention and Management of Airway Emergencies during Sedation and General Anesthesia (S901) BREAKOUT: Prevention and Management of Asthma and Bronchospasm Emergencies during Sedation and General Anesthesia (S902) BREAKOUT: Management of Hypotension – Hypertension and Brady-Tachydysrhythmias during sedation and general anesthesia (S903) BREAKOUT: IAOMS – Malignant hyperthermia past, present and future (S904) BREAKOUT: Research & Innovation – Prevention and management of emergence delirium (S905)	BREAKOUT: Preventative Pearls/ Strategies for Avoiding Dental Implant-Related Nerve Injury (S1001) BREAKOUT: Preventative Pearls/ Strategies for Avoiding Dentoalveolar- Related Nerve Injury (S1002) BREAKOUT: Preventative Pearls/ Strategies for Avoiding Trauma-Related Nerve Injury (S1003) BREAKOUT: IAOMS – Preventative Pearls/ Strategies for Avoiding Orthognathic-Related Nerve Injury (S1004) BREAKOUT: Research & Innovation – Preventative Pearls/ Strategies for Avoiding Painful Neuropathies: Non-Surgical and Surgical Options (S1005)
11:20 a.m. – noon	BREAKOUTS: Earlier Anesthesia Breakout sessions are repeated (S906, S907, S908, S909, S910)	BREAKOUTS: Earlier Reconstruction/Nerve Breakout sessions are repeated (S1006, S1007, S1008, S1009, S1010)

Basic Emergency Airway Management (BEAM)

When: Four four-hour modules will be available at 1 p.m. Oct. 8, 8 a.m. and 1 p.m. Oct. 9 and 8 a.m. Oct 10

What: Part of AAOMS's National Simulation Program, Basic Emergency Airway Management (BEAM) will be offered at an AAOMS Annual Meeting for a second consecutive year.

The module offers advanced simulation training for the OMS office-based anesthesia team featuring intensive, real-life experiences.

Details: Participants will practice and master critical techniques for administering and monitoring office-based anesthesia, including those for bag-mask ventilation and Airtraq and laryngeal mask airway insertion.

The standardized program ensures every participant experiences the same simulated events. State-of-the-art



technology enables AAOMS to automatically evaluate the performance of participants and identify areas that might benefit from additional training.

Register: [AAOMS.org/SanAntonio](https://www.aaoms.org/SanAntonio)

Annual Meeting sessions developed exclusively for both OMS faculty and residents

Annual Meeting sessions are open to residents and faculty. In addition, certain sessions are designed exclusively for these two audiences.

These sessions include:

- Resident Entrustment in 2020: The Complexities, the Science and a Framework
- Disasters from the Masters: Complications and Management in Cosmetic Surgery
- Resident Breakfast and Learn
- Workshop for Program to be Site-visited
- CODA Site Visitor Training Workshop
- Faculty Section Business Meeting

OTHER CE SESSIONS

WED 7:30 a.m. – 4:15 p.m.	PRECONFERENCE SESSION: Anesthesia Update: Epidemic of Mental Health in Modern Society – Caring for your patients and yourself (XAU) 📺
8 – 11:30 a.m.	HANDS-ON: Hands-on Cadaver Workshop: Nerve Repair (XH01) 📺
12:30 – 4 p.m.	HANDS-ON: Hands-on Cadaver Workshop: Facial Surgery – Profile and plump (XH02) 📺
TH 7 – 7:50 a.m.	MASTER CLASS: Adjunctive Facial Cosmetic Procedures to Enhance Orthognathic Surgery (SS01) MASTER CLASS: Advanced Topics in Dentoalveolar Surgery (SS02) MASTER CLASS: Neck Masses: Differential Diagnosis and Treatment (SS03) MASTER CLASS: Management of the Difficult Airway (SS04) MASTER CLASS: Global Outreach Programs in Oral and Maxillofacial Surgery (SS05) MASTER CLASS: Osteonecrosis of the Jaws and What to Do about It (SS06) MASTER CLASS: Embryonic Grafts: Improving Outcomes in Head and Neck Reconstruction (SS07) MASTER CLASS: Practical Pearls for Mastering Orbital Floor Reconstruction and Complications (SS08) TEAM-BASED EDUCATION: A to Z in TMD: Comprehensive Management of Temporomandibular Joint Disease (SS10)
8 a.m. – 3 p.m.	HANDS-ON: Advanced Cardiovascular Life Support (ACLS) (XACLS) 📺
Noon – 4 p.m.	HANDS-ON: Contemporary Management of the Cleft Lip and Palate Patient with a Hands-on Session Using a Simulation Model (XH03) 📺
1 – 2:30 p.m.	SPOTLIGHT SESSION: Chalmers J. Lyons Memorial Lecture: Chalmers J. Lyons Memorial Lecture: She's Pregnant? And She Needs Surgery? (GS12)
1 – 2:30 p.m.	SPOTLIGHT SESSION: Global Health Café (SS11)
1 – 5 p.m.	SPOTLIGHT SESSION: Basic Emergency Airway Management (BEAM) (XSIM1P) 📺
3 – 3:50 p.m.	MASTER CLASS: Minimally Invasive Grafting and Augmentation of Atrophic Ridges (SS13) MASTER CLASS: Management of Naso-Orbito-Ethmoidal (NOE) Fractures (SS14) MASTER CLASS: Diagnostic and Interventional Sialendoscopy (SS15) MASTER CLASS: Cognitive Errors in Dental Sedation Crisis Management (SS16) TEAM-BASED EDUCATION: Recordkeeping and Risk Management for Dental Practices (SS17)
FR 7:30 – 9:30 a.m.	Oral Abstract sessions (SA1-SA6)
8 a.m. – noon	SPOTLIGHT SESSION: Basic Emergency Airway Management (BEAM) (XSIM2A) 📺
10:00 a.m. – 5 p.m.	HANDS-ON: Pediatric Advanced Life Support (PALS) (XPALS) 📺
1 – 4 p.m.	HANDS-ON: A-Z Office-based 3D Printer: Print Your Own Model in One Hour – Trauma and implant 3D printing (XH04) 📺
1 – 5 p.m.	SPOTLIGHT SESSION: Basic Emergency Airway Management (BEAM) (XSIM2P) 📺
3 – 4:30 p.m.	SPOTLIGHT SESSION: Anesthesia Safety Program: Closed Claims and Near Misses (GS18)
SAT 7 – 7:50 a.m.	MASTER CLASS: Maxillomandibular Advancement for Obstructive Sleep Apnea: The Latest Data (SS19) MASTER CLASS: Leadership Development: From Books to the Board Room (SS20) MASTER CLASS: Anesthetic Considerations for the Psychiatric and Substance Abuse Patient (SS21) MASTER CLASS: Face and Neck Lift: Experience with 1,300 Cases (SS22) MASTER CLASS: Update: Immunotherapy in Head and Neck Cancer (SS23) MASTER CLASS: Modern Antibiotic Usage in Oral and Maxillofacial Surgery (SS24) MASTER CLASS: Medication Related Osteonecrosis of the Jaws: Update (SS25) MASTER CLASS: Alternatives to Autologous Skin: Characteristics and Uses of Bioengineered Skin and Soft-tissue Substitutes in the Reconstruction of Mucosal and Cutaneous Defects (SS26) MASTER CLASS: Computer-aided Facial Trauma Surgery: How to Make Your Life Easier (SS27) TEAM-BASED EDUCATION: Is Your Team Ready to Manage that Anesthetic Emergency that Could Happen at Any Time? (SS28)
8 a.m. – noon	SPOTLIGHT SESSION: Basic Emergency Airway Management (BEAM) (XSIM3A) 📺
10:30 – 11:20 a.m.	SPOTLIGHT SESSION: How I Do It Session (GS29)

2020 AAOMS ANNUAL MEETING CE PROGRAM-AT-A-GLANCE (continued)



PRACTICE MANAGEMENT SESSIONS (included with general registration)			TICKETED PRACTICE MANAGEMENT SESSIONS		
TH 7:30 a.m. 8 a.m. 8:30 a.m. 9 a.m. 9:30 a.m. 10 a.m. 10:30 a.m. 11 a.m. 11:30 a.m. Noon 12:30 p.m. 1:30 p.m. 2 p.m. 2:30 p.m. 3 p.m. 3:30 p.m. 4 p.m.				Beyond the Basics Coding Workshop; Day 2 Note: Beyond the Basics Coding Workshop: Day 1 will be held from 7:30 a.m. to 4 p.m. Wednesday (XCW) 📄	
	Communication Solutions: Attitudes, Breakdowns and Conflict Resolution (P701)	Fifty Ways to Jumpstart Your Implant Practice on Monday Morning (P705)	Be Prepared for the Unexpected – The OMS Assistant's Role in Medical Emergencies (XMEA) 📄		
	Infection Control for 2020 and One and Only One Safe Injection Practices in the OMS Practice (P702)				
	Maximizing Effective Collections in the Oral Surgery Office (P703)				
	Leading and Managing the Modern Oral Surgery Practice (P706)				
	Protecting Your OMS Practice: HIPAA and OSHA Compliance (P707)	Pharmacology for the Oral Surgical Assistant (P713) Employee Embezzlement and Fraud: Detection, Protection and Prosecution (P714)	Be Prepared for the Unexpected – The OMS Assistant's Role in Medical Emergencies (XMEB) 📄		
	OMG I Got a Bad Review! What Do I Do? (P708)				
	Bridging the Age Gap: Working with Millennials and Baby Boomers in the Same Business (P709)				
	Your New Job as an Implant Coordinator! What Now? (P710)				
	Bringing on a New Oral Surgeon (P711)		Anesthesia Assistants Skills Lab (XASL01) 📄		
	Superstar Practice Manager: What It Takes to be the One Your Practice Fights to Keep! (P712)				

AAOMS Advantage Partners

To improve recognition and utilization of the practice solutions available to AAOMS members, AAOMS Services, Inc. (ASI) has launched a new branding strategy called AAOMS Advantage. You'll receive the same great service and discounted pricing from this group of reviewed and approved companies – now with a fresh, new look. These AAOMS Advantage Partners have been chosen because of their commitment to the oral and maxillofacial surgery specialty. Their stream of royalty payments* throughout the year help fund the goals of AAOMS, including its advocacy efforts and other important programs and services. To learn more about these valuable offerings, visit AAOMSAdvantage.org.

**Quarterly royalty payments vary based on AAOMS member usage of each of the AAOMS Advantage Partners.*



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MEET THE CANDIDATES



J. David Johnson
Jr., DDS
Candidate for
President-Elect

For 30 years, Dr. Johnson has been in private practice in Oak Ridge and Powell, Tenn. His contributions to oral and maxillofacial surgery have been made serving the specialty in multiple capacities, including the following: AAOMS and

OMS Foundation Treasurer; past AAOMS District III Trustee; Past President of the Southeastern Society of Oral and Maxillofacial Surgeons; Past President of the Tennessee Society of Oral and Maxillofacial Surgeons; Associate Professor at the University of Tennessee; former member of the ABOMS Examination Committee; former member of the OMSNIC Advisory Board; and former and current member of numerous association committees. He also served as the national OMS spokesperson for the ADA for 15 years. In 2003, Dr. Johnson received the AAOMS Presidential Achievement Award in OMS.

STATEMENT

It is a privilege both to serve as AAOMS Vice President and to be a candidate for AAOMS President-Elect. My years of experience in my component and regional OMS societies and my relationships with the leaders of AAOMS have prepared me for these “interesting times” for our specialty. Ronald Reagan in his first Inaugural Address stated, “I do not believe in a fate that will fall on us no matter what we do. I do believe in a fate that will fall on us if we do nothing.”

My approach toward protecting and promoting oral and maxillofacial surgery has never been passive. For years, and on numerous occasions, in efforts to preserve and expand OMS scope of practice, I have done the following:

- Testified before health-related boards of medicine and dentistry as well as before the Senate Health and Welfare and House Health Committees of the Tennessee General Assembly.
- Helped write and amend state anesthesia rules and regulations.
- Provided wording for state statutes including those defining dentistry and its specialties.

This experience is especially valuable as the scope of OMS practice is tested at the state level.

It is a paradox that my greatest successes as a national spokesperson, both for AAOMS and the ADA, have garnered less attention as media stories that did not run or ran with an emphasis transformed from negative to positive because of

my input. During my time on the AAOMS Board of Trustees, both as District III Trustee and as Treasurer, I have been an active participant in making AAOMS governance decisions on policy and finance, and I have been a vigorous contributor in crafting AAOMS positions and responses regarding many issues. With this background, I have the confidence of having done something, and the knowledge that there is so much more to do. I know from experience that, “Politics is the art of the possible.”

We now face many challenges including, **but not limited to**, the following:

- The spread of COVID-19 across our country
- The OMS anesthesia team approach
- Dental benefits in Medicare
- The opioid crisis

In facing the trials ahead, I will draw on my life’s experience. A number of years ago over a relatively short period of time, the adults who cared most about me died in the following order: My best friend from college, my father, my wife, my godmother and my mother. In the course of all of this personal loss and the rebuilding of my life, I gave my deceased wife’s eulogy so that my children could hear a message about embracing the precious gift of life in all of its triumphs and tragedies. In my reflections, I quoted the following words from a book by Martin Amis that Elizabeth had given to me on the Father’s Day before her death: “If you are small and the thing you evade is big (have you ever had this dream?), then the only place to hide is a place where the big thing can’t get. But then you have to stay there in



the small place or must even shrink to cower deeper. I am tired of the small place.”

I am certain the members of AAOMS will not cower in a small place in response to the “big things” we face. We are stronger than that. Instead we will use our skills to help mankind and remember the words of Martin Luther King Jr. that we all can be great because we all can serve.

Last year, my vision for our specialty was crystalized in my Vice Presidential campaign theme acronym of RAISE – relevance, access, innovation, safety and education. This year, it will be a pleasure to discuss with you the relevance of the AAOMS mission to the challenges of our time and the issues we face together. It is my hope that you will give me the opportunity to continue to serve you and our specialty as AAOMS President-Elect. ■



Paul J. Schwartz,
DMD
Candidate for
Vice President

Dr. Paul J. Schwartz, AAOMS District II Trustee, is Assistant Professor in Oral and Maxillofacial Surgery and Dental Anesthesiology at the University of Pittsburgh School of Dental Medicine. He completed two residency programs: a surgical residency in oral and maxillofacial surgery at the University of Pittsburgh Medical Center and a two-year residency in anesthesiology/critical care medicine. He received

his DMD with highest honors and was elected to the Omicron Kappa Upsilon honorary society at the University of Pittsburgh.

Dr. Schwartz is a Diplomate of ABOMS, the American Dental Board of Anesthesiology and the National Dental Board of Anesthesiology. He has served as President of the Maryland Society of Oral and Maxillofacial Surgeons and for four years as AAOMS District II Trustee. Dr. Schwartz also has served as a examiner and cochair of medicine and anesthesia for ABOMS. Previous to his full-time academic appointment, he practiced the full scope of oral and maxillofacial surgery in the Washington, D.C., metro area for more than 30 years, working in a multi-surgeon, multi-office private practice.

STATEMENT

Thank you for allowing me this opportunity to share my vision for our specialty. I am currently in my fourth year as the AAOMS District II Trustee and, although I am eligible to pursue an additional two-year term, I feel this is a unique and critical time for our specialty and one in which I may be of special service.

As you know, our anesthesia model is under attack. Therefore, defending the OMS anesthesia care team model is my No. 1 priority. Existing data from various reliable sources reassure us that our delivery model for anesthesia is safe, but we need more verifiable hard data to support our safety record.

Unfortunately, when there is a tragic death, emotions often overcome science, and the public, media and legislators often side with emotions over science or even common sense. It

is imperative that we as an Association always stand ready to dispassionately demonstrate the safety record of our practitioners.

Over the last 30 years, I have had the honor to gain invaluable experience in AAOMS and other affiliated organizations by serving as President of the Maryland Society of Oral and Maxillofacial Surgeons, examiner and section chair of medicine and anesthesia for ABOMS and as a Delegate from Maryland in our House of Delegates. In addition, I have served on the ADA Committee on Anesthesiology; as a member and then chair of the AAOMS Committee on Anesthesia; as liaison to the American Society of Anesthesiologists Task Force on Moderate Procedural Sedation and Analgesia; and on several other AAOMS committees. I feel this range of experience will enable me to serve successfully as an officer in AAOMS.

continued on next page

MEET THE CANDIDATES *(continued)*

Paul J. Schwartz, DMD, Candidate for Vice President *(continued)*

I also have been extremely fortunate to work for more than 30 years with a group of highly skilled oral and maxillofacial surgeons in a successful full-scope private practice in the Washington, D.C., metro area. Over the last two years, I have been employed as a full-time faculty member at my alma mater, the University of Pittsburgh School of Dental Medicine, where I work with OMS residents in ambulatory anesthesia and teach clinical medicine and anesthesiology to dental students.

By working in both the private and academic sectors, I feel I have a grasp on many of the issues that affect both groups. It is vital that we as an organization always maintain that critical balance to ensure that we provide opportunities and representation for all our members.

My vision for our specialty can be summarized as **Defend/Promote/Serve**:

- We must aggressively **defend** the OMS anesthesia care team delivery model by forming strategic alliances with national organizations as well as advocating with federal and especially state legislators and state dental boards. We must continuously elevate emergency preparedness training for the anesthesia team through AAOMS-sponsored programs, such as the Dental Anesthesia Assistant National Certification Examination (DAANCE), Basic Emergency Airway Management (BEAM) simulation and Office-Based Crisis Management (OBCM) simulation.

Now with the completion of our new education and simulation center – the OMS Institute for Education and Innovation – at our Association headquarters, we can offer our members state-of-the-art anesthesia simulation programs.

We also must seek ways to make anesthesia education and training cost-effective and convenient to our doctors and staff members on a regional basis. The reputation of our anesthesia model must be beyond reproach and universally respected throughout the anesthesia community.

- Next, we must **promote** the OMS specialty by elevating public awareness of our services and safety through our Informational Campaign. We have all invested significantly in our Informational Campaign, and it is wise for us to harvest this investment by not only promoting our private practices and specialty recognition, but also by spreading the message of our constant safety

initiatives and successes. We proudly possess an enviable anesthesia safety record, and it is prudent that we disseminate this information to the public and other parties of interest.

- In addition, I feel it is critically important that the Officers and Board of Trustees **serve** the diverse membership of AAOMS by determining their needs and delivering solutions that increase and align benefit and value to all practice models.

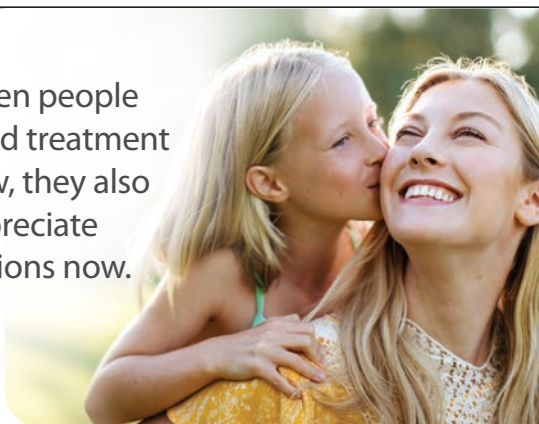
As a relatively new full-time faculty member, I have gained a rapid appreciation of the challenges faced by faculty members in the education of our residents and dental students. The importance of having full-time faculty in all our dental schools is evident on so many obvious levels. There is an entire generation of dental students who do not understand the critical importance of the oral and maxillofacial surgeon in dentoalveolar surgery and dental implants. I believe AAOMS can do much more to support the needs of our OMS faculty in educating today's residents and dental students.

In conclusion, as an oral and maxillofacial surgeon and dentist anesthesiologist who has many years of experience working with all parties of interest in dental anesthesia, as a private practice OMS for over 30 years and as a current full-time academician, I feel I am in a unique position at a unique time in our history to understand the issues and challenges of our specialty.

My commitment to you as Vice President is to work hard to **defend** our practice model, to **promote** all aspects of our specialty and to **serve** the needs and deliver solutions for the betterment and enrichment of all our members. I humbly request your support for my candidacy for Vice President.

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AAOMS Today is publishing a series of interviews with OMS experts who share their background, reflections on their accomplishments and advice for future surgeons. This is the third article.



R. Gilbert Triplett,
DDS, PhD

R. Gilbert (Gil) Triplett, DDS, PhD, is Regents Professor and Acting Head of the Department of Oral and Maxillofacial Surgery at Texas A&M University College of Dentistry and Chief of the Oral and Maxillofacial Surgery Division in the Department of Surgery at Baylor University Medical Center.

Dr. Triplett is a dental graduate of Loyola University New Orleans. He received his PhD in physiology and biophysics from Georgetown University and residency training in oral and maxillofacial surgery at National Naval Medical Center in Bethesda, Md., and Naval Hospital Boston in Chelsea, Mass. He served in the U.S. Navy Dental Corps for 21 years and was head of the dental branch Combat Casualty Care section of the Naval Medical Research Institute in Bethesda. From 1984 to 2001, he was Program Director of the OMS residency program at University of Texas Health Science Center at San Antonio. He served as Chair of the Department of Oral and Maxillofacial Surgery and Pharmacology and Assistant Dean for Hospital Affairs at Baylor College of Dentistry from 1991 to 2007.

Dr. Triplett received the Presidential Teaching Excellence Award at the University of Texas Health Science Center in 1988; the Texas A&M Regents Professor Award in 1998; the Texas A&M University College of Dentistry Faculty Award from the Dallas County Dental Society in 2008; and the Research Recognition Award from OMS Foundation in 2014. At the 2020 AAOMS Annual Meeting, Dr. Triplett will receive the Robert V. Walker Distinguished Service Award. He served as reviewer for the National Institute of Dental and Craniofacial Research

from 1987 to 1993, and he has authored more than 100 peer-reviewed articles.

His research interests are bone-wound healing, regenerative medicine, bioengineering and reconstructive surgery.

Q How did you first get involved in combat casualty care?

A I was in the Navy and my first duty station was Portsmouth Naval Hospital, where as a dental intern I was exposed to a variety of dental specialists. I took dental trauma call every other night and enjoyed surgery the best.

After serving for six years in multiple assignments, I applied for advanced training in oral surgery, was selected and began my residency at Naval Postgraduate Dental School in Bethesda. After one year, I was assigned to the Naval Hospital Boston to complete my second and third years. This was during the Vietnam War era and, as the casualties returned, they were sent to hospitals near their home states. The percentage of facial injuries was 15-18 percent of all injuries – thus, there were numerous facial injuries ranging from minor to major and catastrophic. Many patients spent literally years in and out of the hospitals to receive the indicated care and reconstruction, and we treated a number of these cases in the oral and maxillofacial surgery department.

I became interested in bone physiology and wound healing and maxillofacial reconstruction as an OMS resident while treating combat casualties from the Vietnam conflict and seeing the long recoveries and numerous secondary procedures that were required for an acceptable outcome.

Also, one of my research projects was tooth transplantation and replantation working with Dr. Leonard Shulman at Harvard School of Dental Medicine. He also was studying carbon dental implants for single-tooth replacement in an animal model. This fit my desire for the reconstruction of the dentition in combat facial injuries. These projects helped me develop a passion for research and discovery.

honored for his teaching and research

Upon completing my residency, I was assigned to the USS America, an aircraft carrier, as department head for two years' assignment. Upon completion of this tour of duty, I requested an assignment to the Naval Medical Research Institute (NMRI) at the National Naval Medical Center in Bethesda. At that time, a combat causality study had been initiated to research the care of oral and maxillofacial combat casualties. It collected data and information seeking to improve care and management of our combat-injured service people.

In order to gain knowledge and experience in medical research at the highest level, I was approved to apply to graduate school at Georgetown University, which was done simultaneously with my research at the NMRI.

We had many facial injuries that became infected, further complicating and prolonging their recovery. Therefore, I designed a study to evaluate the use of hyperbaric oxygen as an adjunct treatment in the management of chronically infected maxillofacial injuries. In addition, because many of these injuries were avulsive in nature, destroying bone and teeth in the jaws, tissue grafting was needed. Multiple grafts were sometimes needed for multiple parts of the body. The U.S. Navy tissue bank was part of our medical center and one of the early such facilities for bone allografts, so we turned to banked allograft tissue as an alternative and demonstrated in research models that the allograft bone was an acceptable alternative to autogenous bone and autogenous tissue in many cases.

Dr. Marshall Urist, an orthopedic surgeon at UCLA, had been working in this field and publishing excellent results. He



From left: Dr. Per-Ingvar Branemark, May Smith and Drs. Steve Parel and Gil Triplett. Smith wrote to Dr. Branemark in Sweden to enlist his help with her extreme residual ridge resorption and complete edentulism. Dr. Triplett completed her surgery at University of Texas Health Science Center at San Antonio with implants in her edentulous mandible.

worked out a method of extracting some growth-promoting factors from bone, which he named bone morphogenetic protein. It had several factors in the mix that promoted bone growth. However, this mix of protein was difficult to extract and not feasible for wide clinical use, but it did demonstrate proof of principle for a bone growth factor, which has revolutionized tissue grafting and regeneration.

Eventually, scientists were able to clone a bone growth factor, which was labeled rhBMP-2. Although some other bone morphogenetic factors have been cloned, rhBMP-2 has had the most clinical use and is marketed as Infuse by Medtronic.

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After he was named Director of the OMS residency program at University of Texas Health Science Center at San Antonio, Dr. Gil Triplett hosted the Advanced Course in Dental Implant Surgery, one of the first in North America, with Dr. Per-Ingvar Branemark as presenter. Dr. Triplett is second from left in the first row.



The 2009-10 OMS faculty/resident group at Baylor College of Dentistry. Dr. Triplett is at the lower right.

Because of my work in this field, I was asked to participate in a pilot study of rhBMP-2 along with Drs. Philip Boyne, Bob Marx and Myron Nevins. The result of the pilot study was very positive, so a large study involving a number of OMSs was conducted and subsequently a pivotal study served as the basis for FDA approval.

Q What was a career-changing moment for you?

A In the early 1980s, I was invited to Sweden to spend time studying and operating with Professor Per-Ingvar Branemark in preparation for the opening of the first study/teaching center in the United States for the placement and restoration of osseointegrated dental implants at University of Texas Health Science Center at San Antonio.



From left: Drs. Gil Triplett, Marianela Gonzalez and Steven Parel at the induction of Dr. Gonzalez, Clinical Associate Professor at Texas A&M College of Dentistry, into Omicron Kappa Upsilon.

This opportunity expanded my scope and focus significantly. Working with Dr. Steve Parel, we became codirectors of the center with guidance from numerous Swedish surgeons and scientists.

Q What do you feel was your biggest discovery/contribution to the specialty?

A I believe my work with bone allografts and BMP was my most important project. I first began working with BMP after a visit by Dr. Marshall Urist in the late 1970s, when he was invited to the U.S. Naval Postgraduate Dental School in Bethesda by the Department of Periodontology.

At first, the technology required the processing of cortical bone allograft, which was particulated and lyophilized. Our research followed the techniques of Dr. Urist and later Dr. Harry Reddi, who was at the National Institute of Dental and Craniofacial Research in Bethesda. Eventually, bone morphogenetic protein was cloned by Dr. John Wozney and coworkers at Harvard. I became involved with clinical trials through the Genetics Institute in 1993 and participated in the human clinical trials and the application for FDA approval, which was eventually granted.

Q Who were your mentors? And what did they provide you?

A My mentors were numerous, but a few stand out. Drs. Bill C. Terry, James F. Kelly, Herb Scharpf and Per-Ingvar Branemark were especially influential and inspiring individuals who led by example and encouraged me to ask the 'why' question of processes and were professionals



I sought to emulate. They were passionate and compassionate, Professor Branemark in particular. Although an orthopedic surgeon, he was more compassionate about edentulism than anyone I have ever met. He viewed it as a handicap that affected millions of people and negatively impacted their quality of life.

I would like to mention three others who had a profound impact on my professional life and their contribution to graduate OMS education: Drs. Joseph Van Sickels, Sterling (Bob) Schow and Bob Marx. They trained several generations of surgeons and demonstrated the qualities we admire in our educators: dedication, selflessness, compassion, scholarship and an absolute love for what they do.

Q In your specific area of expertise, what do you wish every OMS knew?

A I would like every OMS to know that the success of a surgical procedure/case is usually not a product or brand dependent but based on sound surgical and biological principles, diagnosis and treatment planning and precise technical execution.

Q What do you think helped you be successful throughout your career?

A I believe any success I have achieved was influenced by great and generous teachers and associates I was fortunate to work with who were passionate for our profession. I also was blessed to have an understanding wife and children.

Q What advice would you give to an OMS just starting out?

A My advice to a young OMS is to treat others, patients, staff, referrals and colleagues as you would like to be treated. Have compassion for those less talented and less fortunate than you. Participate in organized dentistry/oral and maxillofacial surgery, be a lifelong learner and develop a culture of service to others through charity, advocacy and time. ■

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Conference guides residents into practice life



Michael B. Border,
DDS, MD
2019-20 ROAAOMS
President

For a third consecutive year, the Resident Transitions into Practice Conference helped residents define the next steps in their career path. Organized by the Resident Organization of AAOMS (ROAAOMS) Executive Committee, more than 40 residents from 28 training programs across the country attended the conference Feb. 8-9 in Rosemont, Ill.

The conference far exceeded expectations and served as a perfect opportunity for senior residents – as they approach completion of their training and look toward the next phase of their career – to gain wisdom from the experience of OMSs in various practice settings throughout the country.

One lecture covered the importance of leadership within the OMS specialty and various ways new graduates can engage the specialty as young leaders. Other discussions explored financial strategies for residents and young practicing members in terms of student debt management among other critical personal finance topics.

Young practitioners also shared the stage to discuss their experience in various practice models, including academic

surgery, solo start-up practice as well as larger group practice. Later, strategies employed by young practitioners to incorporate the full-scope OMS specialty into various practice models were shared. This covered the integration of trauma, implant surgery, cosmetic surgery, orthognathic surgery and TMJ management into daily clinical scope.

OMSNIC presented a session covering patient safety and risk management, and the OMS Foundation discussed opportunities for residents.

Attendees and speakers also gathered for a reception and vendor fair at AAOMS headquarters. Residents were invited to have their professional headshots taken as well.

This year, 15 residents received travel scholarships supported by AAOMS to attend the conference.

Since the inaugural Resident Transitions into Practice Conference in 2018, 172 residents representing 55 training programs have attended this conference. The 2021 Resident Transitions into Practice Conference is slated to be held Feb. 13-14 in Rosemont. ■



Sessions covered such topics as financial strategies, practice models and risk management.





SCORE for OMS to enhance resident education

The Surgical Council on Resident Education (SCORE) for OMS, a learning management system for residency programs, is set to be released in July via the SCORE portal at SurgicalCore.org.

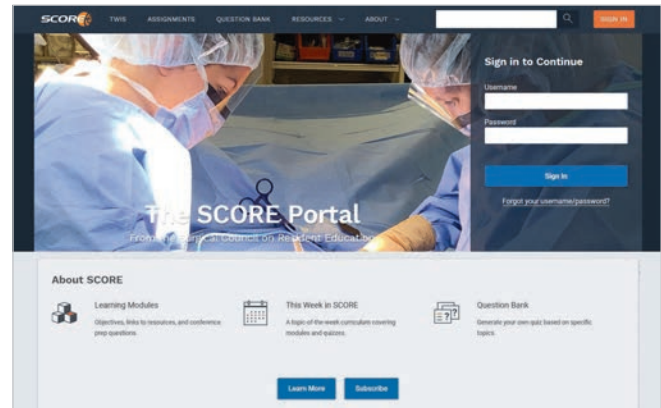
OMS-specific content, including about 90 OMS modules and 450 peer-reviewed, self-assessment questions, is being developed by the AAOMS Committee on Education and Training (CET) and the OMS Faculty Section. The OMS Foundation in 2018 approved \$60,000 to fund the program's development, and ABOMS is contributing \$50,000.

SCORE modules – designed to improve the education of surgical trainees through a standardized, peer-reviewed curriculum – will include:

- **Learning objectives** – Ten objectives with direct links to related resources developed by surgical content experts.
- **Discussion questions** – Three open-ended questions to allow residents to assess their understanding of topics.
- **Text resources and videos** – Textbook chapters, practice guidelines, procedure guidelines and operative videos.
- **Self-assessment quizzes** – Five multiple-choice questions on each topic.

Dr. Martin B. Steed, CET Chair, said the SCORE for OMS national online platform can be constantly expanded and enhanced.

"The platform developed by general surgery allows us to develop educational content for residents that can be



constantly added to and modified," he said. "It will allow program directors to assign a didactic curriculum for an academic year and obtain reports on resident progress. It can be tailored to the needs of the program and resident. It will make site accreditation easier.

"The ability to participate in a learning management system that the American Board of Surgery and others have invested over \$8 million in allows us to utilize a tool that would take a decade for us to develop on our own."

More information about SCORE will be available at SurgicalCore.org. ■

New learning management system for residency programs offers benefits

Residents can use the portal at SurgicalCore.org to:

- Prepare for operative cases.
- Organize for weekly conferences and other events.
- Improve their fund of knowledge about patient care.
- Learn about topics not emphasized in their current curriculum.
- Build their own self-study/learning plan.
- Study for the OMSITE exam.
- Access content from their phone/tablet.

Programs can use the portal to:

- Assign modules or other SCORE resources in preparation for weekly conferences or other events.

- Use resources to cover conditions or procedures not typically seen at their institution.
- Incorporate materials from the website into presentations and face-to-face teaching.
- Share the open-ended questions as the basis for discussion in group teaching sessions/rounds.
- Create rotation-based curricula – and prepare before rotation.
- Remediate residents who have identified opportunities for improvement.
- Develop resident-specific OMSITE curriculum.
- View reports on residents' progress by category, module, postgraduate year level or individual.

New educational center opens at AAOMS

The new OMS Institute for Education and Innovation officially opened at AAOMS headquarters in early March for the first Principles of Head and Neck Oncology for the OMS conference.

Nearly 100 attendees checked out the center's work rooms, large classroom and cafeteria on the second floor of the headquarters building in Rosemont, Ill.

At the three-day conference, OMS leaders discussed surgical and scientific developments in head and neck oncology, delivering education to ensure patients receive the highest-quality surgical care with optimal functional outcomes after ablative and reconstructive head and neck surgery.

The course provided surgeons and residents with key principles of head and neck oncology and reconstructive surgery. OMSs are increasingly becoming involved in the comprehensive management of patients with oral and head and neck cancer, said Dr. Deepak Kademani, Chair of the AAOMS Committee on Oral, Head and Neck Oncologic and Reconstructive Surgery that developed the conference.

More than 20 experts presented on such topics as sentinel lymph node mapping, management of laryngeal cancer and total glossectomy.

"The AAOMS Principles course was a resounding success," Dr. Kademani said. "The program showcased world-class OMS thought-leaders in head and neck oncology, highlighting the state-of-the-art in oncologic care."

A preconference featured four hands-on workshops addressing dental implant planning for the cancer patient, nerve repair/reconstruction, computer 3D planning and navigation as well as microvascular anastomosis techniques.

"It's amazing to listen to the world leader on nerve repair," said Dr. Kaushik Sharma of Minneapolis. "And even though I have done nerve repairs, it's always good to have a refresher course."

"If you haven't learned in your training, then people need to get some hands-on experience and the confidence they need and, most importantly, learn about the literature data that support this technique. So, I find it very fulfilling."

The AAOMS House of Delegates passed a resolution in 2018 authorizing the use of reserve funds to build the simulation and education center. Hosting events at headquarters rather than at local hotels is expected to provide cost savings and convenience with the center's proximity to O'Hare International Airport.



A hands-on workshop during the preconference addresses computer 3D planning and navigation.



headquarters with first oncology conference



Approximately 100 attendees participated in the new conference.

Courses expected to be held at the center include those in the AAOMS National Simulation Program, which addresses the needs of the OMS office-based anesthesia team.

"The newly designed AAOMS center for innovation and education provided an excellent environment to host the Principles of Head and Neck Oncology course," Dr. Kademani said. "The space was perfectly suited and allowed for ease of transition between the state-of-the-art classroom and hands-on sessions."

Attendees said they enjoyed the intimate learning environment in the workshops. Each preconference workshop had 10 attendees.

"The facility is great, especially for this type of endeavor. It provided a true exchange of ideas," Dr. Michael Bianchi said.

After the preconference, two full days of lectures explored such topics as techniques for neck dissection as well as building and marketing a head and neck oncology practice.

Dr. Bianchi attended with Dr. Thomas Nordone from the same large practice in Philadelphia that is looking to recruit a surgeon for head and neck surgery.

"It was our first foray into putting in a tiny complex implant prosthesis for the cancer patient. It was illuminating," Dr. Bianchi said after the dental implant workshop.

"The specialty can't stagnate, and this is the next round." ■



A hands-on workshop during the preconference focuses on microvascular anastomosis techniques.



We Remain Committed to Protecting Your Practice.

OMSNIC understands the serious practice disruption that you are experiencing due to the COVID-19 pandemic. During this exceptionally difficult time, we are here to provide you with information and guidance. For answers to questions about your policy, you can call us directly or reach out to your local OMSNIC agent. We appreciate your understanding should you encounter a wait to speak with one of us. Please visit our website for current recommendations and answers to frequently asked questions.

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Daniel M. Laskin, DDS, MS
AAOMS Today *Editor*

Dr. Karpinski (1924-2020) – A life well-lived

Over the many years of my involvement in oral and maxillofacial surgery and AAOMS, I have had the good fortune of working with numerous Presidents of our organization, seeing them in action and observing their various contributions to the advancement of our specialty.



Dr. Karpinski

Each of them has a special place in the history of AAOMS. But it is not often one has the opportunity to learn of the significant contributions these individuals have made in other areas. This was not the case with Dr. Joseph Karpinski.

Dr. Joe and I shared a number of things that led to a longtime friendship. We were both from New York State, we both attended Indiana University School of Dentistry, and we completed some of our training at Jersey City Medical Center.

Although he was not a frequent attendee at Annual Meetings following completion of his term as President of AAOMS in 1975, over the subsequent years, it was not unusual to receive phone calls from him or newspaper clippings telling me about events in his life. In this regard, he was an excellent example of how one can make outstanding contributions to one's community and beyond other than on a professional level.

Among his earliest activities was his involvement with the Polish National Alliance at a time when Poland was still under Communist control and medical supplies and medicines were scarce and often reverted to the black

market. During this period, he was engaged in solicitation of such items from various U.S. companies and making numerous trips to Poland to ensure they were reaching the appropriate sources. In 1993, he was knighted by the Polish government for these endeavors, only the second American to receive such an honor.

On the local level, always a believer in education, Dr. Joe was a longtime supporter of Cayuga Community College, making significant donations for capital projects and scholarships. He also served as the first president of the college's Foundation, which raises funds and provides philanthropic support for the institution. In 1995, the college named a new rotunda at its James T. Walsh Regional Economic Center after him and, in 2012, presented him with its first honorary doctorate.

In other contributions to his community, he had a bandstand built in a local park in 1998, sponsored a series of popular music concerts and supported the annual Fourth of July fireworks show. A donation in 2010 led to expansion of the Cayuga County's Agricultural Museum, named the Dr. Joseph F. Karpinski Sr. Educational Center, and in 2015 he donated a digital bell system to a local church.

The Executive Director of the Cayuga Community College Foundation probably summed up his community involvement best when he said in the Auburn, N.Y., newspaper, "Dr. Karpinski was a model of the type of citizen who always wanted to make his community better and did."

Dr. Joe passed away in April at the age of 96. Thanks for setting an example for all of us to follow, Dr. Joe! ■



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The OMS Foundation Board of Directors sends its sincere thanks and best wishes to the OMSs providing patient care on the front lines of the COVID-19 pandemic.

Your donations are helping address issues of lasting importance to the specialty:

- Collection/analysis of data related to anesthesia and patient safety
- Innovative applications for technology
- New biological solutions to speed recovery and healing
- Education and enrichment opportunities for OMS residents
- Support for early-career OMS faculty

Stronger together



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William C. Passolt, CPA
OMS Foundation Chair

Research is portal to future of our specialty

The OMS Foundation's commitment to advance innovation through research remains constant, even (or especially) during turbulent times. Projects underway or ready to launch in 2020 are addressing issues of lasting importance to the specialty and its practitioners.

Our Committee on Research selected four outstanding proposals from a field of 10 to receive \$75,000 Research Support Grants in 2020. The highest-ranked proposal was recognized with the Foundation's prestigious Stephen B. Milam Research Award. The recipients are:

- Dr. Avneesh Chhabra, chief of musculoskeletal radiology at University of Texas Southwestern Medical Center, earned the Milam Award for his proposal to explore the potential for magnetic resonance neurography to improve diagnosis and management of peripheral trigeminal nerve injuries.
- Dr. Laura Anne Jacox at the University of North Carolina School of Dentistry is studying the correlation between severe jaw disharmonies and speech distortion and the capacity of orthognathic surgery to improve articulation.
- Dr. Mary (Cindy) Farach-Carson at University of Texas Health Science Center at Houston is following promising early results for a new therapy for radiation-related xerostomia.
- Dr. Marco Caminiti at the University of Toronto is developing an innovative technical skills examination

for graduating OMS residents to help program directors evaluate the readiness of their candidates and the effectiveness of their technical curriculum.

Visit the news page at OMSFoundation.org for more details about these projects.

Our continued investment in research is our best shot at ensuring our specialty remains preeminent in an increasingly competitive world.

While basic scientific research is important to improve patient care, the advancements from such research can take many years to be realized, leaving many OMS practitioners impatient for a return on their donation investments. Responding to feedback from its donors, the Foundation is rolling out a new two-

year, \$150,000 Clinical Research Support Grant in 2020. Its objective is to fund research applicable to day-to-day practice in areas where such research to improve patient safety is needed – anesthesia, nerve injuries, patient health and case evaluation to name a few. A second two-year Clinical Research Support Grant focuses specifically on anesthesia and patient safety. Applications for all our research funding opportunities will be accepted through July 15 at OMSFoundation.org. We encourage all OMSs with an innovative study idea to consider applying.

The Foundation's financial commitment to research represents more than half of its programs' budget each year, but we cannot afford to do anything less. Today's researchers are testing and proving the best practices of tomorrow's OMSs. Our continued investment in research is our best shot at ensuring our specialty remains preeminent in an increasingly competitive world. ■



COVID-19 pandemic commands attention of

Congress and state legislatures were forced to shift away from issues they planned to address this year to focus on the coronavirus (COVID-19) pandemic's impact on the nation's healthcare system and economy.

Federal level

AAOMS advocacy efforts have continued despite the cancellation of the annual AAOMS Day on the Hill due to the pandemic.

While priority issues shifted to deal with COVID-19-related issues impacting the specialty, AAOMS has not lost sight of the Association's federal priority issues and looks forward to the possibility of Congress resuming business as usual. At that time, AAOMS will encourage its membership to support virtual Day on the Hill efforts to advocate for these important issues:

- **The Resident Education Deferred Interest "REDI" Act** (HR 1554), AAOMS-initiated legislation that would allow dental and medical residents interest-free deferment on their student loans.
- **The Ensuring Lasting Smiles Act** (HR 1379/S 560), AAOMS-led legislation that would correct inequities in health insurance coverage for patients with congenital craniofacial anomalies.
- Legislation to prevent **surprise billing** instances.
- **The Competitive Health Insurance Reform Act** (HR 1418/S 350), which would amend the McCarran-Ferguson Act to repeal the current exemption from federal antitrust laws enjoyed by health insurers.

While priority issues shifted to deal with COVID-19-related issues impacting the specialty, AAOMS has not lost sight of the Association's federal priority issues.

State level

A few key issues were discussed in states before the pandemic forced most legislative sessions to be cut short or paused while the focus transitioned to addressing the crisis and small business relief:

■ **Telehealth** – In addition to numerous executive orders issued during the pandemic to facilitate the use of telehealth, legislation was passed in Idaho (H 342), Maine (LD 1974) and Virginia (HB 165/SB 122) related to the technology medium. The legislation enacted in Virginia specifically pertained to dentistry and was introduced to address the growing proliferation of mail order orthodontia companies.

■ **NCOIL** – AAOMS submitted a comment letter to the National Conference of Insurance Legislators (NCOIL) and signed on to a coalition letter (both posted on AAOMS.org) in support of draft model legislation, the Patient Dental Care Bill of Rights proposed by the ADA.

The draft bill includes five dental insurance topics of interest to the OMS specialty: network leasing disclosures, prior



Congress and states, shifting focus

authorization requirements, retroactive denial limitations, virtual credit card payment disclosures and dental loss ratio transparency. NCOIL members discussed the bill during their spring meeting, where ADA staff members argued in support of the measure.

While a coalition of insurers opposed the Patient Dental Care Bill of Rights leading into the meeting and proposed a lesser alternative model, members of the Health and Long-Term Care Issues Committee at the meeting seemed to support the original model endorsed by dental providers. Discussion will continue into NCOIL's next meeting, scheduled for July in Jersey City, N.J.

OMSPAC update

OMSPAC raised \$335,154 from 15 percent of the membership as of February.

In addition, OMSPAC has contributed \$181,000 to federal candidates so far during the 2019-20 election cycle.

Information on member contribution totals and a list of candidates to whom OMSPAC has contributed are available at OMSPAC.org. ■

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Bone up on grafting: Guidance for deciphering

CDT codes used for bone grafting procedures can be clarified along with adjunctive procedures not included in the codes.

The following is a list of common bone graft CDT codes:

- **D4263 bone replacement graft – retained natural tooth – first site in the quadrant**

This procedure involves the use of grafts to stimulate periodontal regeneration when the disease process has led to a deformity of the bone. This procedure does not include flap entry and closure, wound debridement, osseous contouring or the placement of biologic materials to aid in osseous tissue regeneration of barrier membranes. Other separate procedures delivered concurrently are documented with their own codes. This code is not to be reported for an edentulous space or an extraction site.

- **D6103 bone graft for repair of peri-implant defect – does not include flap entry and closure**

Placement of a barrier membrane or biologic materials to aid in osseous regeneration is reported separately.

- **D6104 bone graft at time of implant placement**

Placement of a barrier membrane or biologic materials to aid in osseous regeneration are reported separately.

- **D7950 osseous, osteoperiosteal or cartilage graft of the mandible or maxilla – autogenous or non-autogenous, by report**

This procedure is for ridge augmentation or reconstruction to increase height, width and/or volume of residual alveolar ridge. It includes obtaining graft material. Placement of a barrier membrane, if used, should be reported separately.

- **D7953 bone replacement graft for ridge preservation – per site**

The graft is placed in an extraction or implant removal site at the time of the extraction or removal to preserve ridge integrity (e.g., clinically indicated in preparation for implant reconstruction or where alveolar contour is critical to planned prosthetic reconstruction). This code does not include obtaining graft material. Membrane, if used, should be reported separately.

Scenario 1

A patient presents for extraction of tooth #19 and bone graft at the time of extraction. The tooth is sectioned and extracted. After the extraction is completed, it is noted purulent discharge is present; therefore, the decision is made not to graft the site.

The patient presents two weeks later. The infection is cleared, and the decision is made to graft the area of #19. How would you code for the procedures?

The appropriate code to report for the first encounter is D7210 because the tooth is sectioned and extracted. Two weeks later, when the bone graft is performed, the appropriate code to use is D7950, not D7953. Code D7953 may be reported only when the bone graft is performed at the time of extraction or implant removal.

When the patient presents two weeks later, the area of tooth 19 is a residual ridge; therefore, code D7950 would be a more appropriate code to use. Also, D7950 is “by a report” code, so it is recommended to send a copy of the operative report with the claim.





and selecting the best CDT coding options

Scenario 2

A patient presents for extraction of tooth #30 and bone graft. How would you code for the bone graft?

The correct code to use is D7953 and not code D4263. D7953 should be used when a bone graft is performed at the time of extraction or implant removal for the purpose of ridge preservation. D4263 is used for bone grafts around natural teeth to allow periodontal regeneration and not for the purpose of ridge preservation.

Scenario 3

A 32-year-old male presents for extraction of a full bony horizontal tooth #17. On exam, the patient has a probing depth of 8 mm on the distal of tooth #18 and evidence of bone loss to the middle of root on tooth #18. A decision is made to extract tooth #17 and perform a bone graft at the time of extraction to regenerate the bone on the distal aspect of tooth #18. How would you code the encounter?

The extraction of tooth #17 is coded as D7240. The correct coding of the bone graft for tooth #18 is D4263 because the purpose of the bone graft is to regenerate bone on the distal aspect of tooth #18.

D7953 would be the incorrect code because the purpose of the graft is not ridge preservation of extraction socket of tooth #17.

Scenario 4

A patient presents for extraction of tooth #19. The tooth is sectioned and delivered, and an immediate implant and bone graft are performed. How would you code for this encounter?

The correct code for the extraction is D7210; D6010 for the implant at tooth #19; and D6104 to report the bone graft at the time of implant placement. Codes D7953, D4263 and D7950 are incorrect based on the bone graft taking place at the time of implant placement and not the extraction.

Scenario 5

A patient presents for an evaluation of an implant placed in the area of #19. An implant was placed three years ago and that now shows a peri-implant defect with bone loss. You elect to perform debridement of the implant and bone graft of the peri-implant defect. How do you code for your bone graft?

The correct code to use will be D6103 because the bone graft is used to correct a peri-implant defect. Code D6104 would be the incorrect code due to the implant not being placed at the time of grafting.

Similarly, D7953 is an incorrect code because the implant is not removed. D4263 should not be used because the purpose of the graft is to regenerate bone around an implant and not a natural tooth.

Additional procedures

The following procedures commonly performed with bone grafting procedures are not included in the description of the bone graft CDT codes; therefore, they may be reported separately:

- D4266 **guided tissue regeneration – resorbable barrier, per site**
- D4267 **guided tissue regeneration – non-resorbable barrier, per site (includes membrane removal)**
- D4265 **biological materials to aid in soft- and osseous-tissue regeneration**
- D7921 **collection and application of autologous blood concentrate product** (i.e., plasma-rich protein (PRP), platelet-rich fibrin (PRF) or plasma rich in growth factors (PRGF)). ■

Coding decisions are personal choices to be made by individual oral and maxillofacial surgeons exercising their own professional judgment in each situation. The information provided to you in this article is intended for educational purposes only. In no event shall AAOMS be liable for any decision made or action taken or not taken by you or anyone else in reliance on the information contained in this article. For practice, financial, accounting, legal or other professional advice, you need to consult your own professional advisers. CPT® only © 2020 American Medical Association Current Dental Terminology® (CDT) © 2020 American Dental Association. All rights reserved.



How to handle carrier payments via VCCs

While HIPAA, and later the Affordable Care Act, expanded efforts in the realm of electronic transactions and payment by standardizing electronic funds transfers (EFTs) and electronic remittance advice (ERA), insurance companies are reportedly continuing to issue electronic payment through virtual credit cards (VCCs).

VCCs allow health plans to mail, fax or email single-use credit card payment information along with instructions to providers who can process the payments as any other type of credit card payment.

Although payers state single-use credit cards allow for a more secure alternative to electronic and check payments, this reimbursement method could carry an additional 3 to 5 percent loss of revenue due to credit card processing fees.

In section 1104 of the Affordable Care Act, CMS made strides to standardize healthcare business practices, ERA and EFTs. The CMS ERA and EFT rule was published in 2012 and took effect in 2014. These standards apply to all insurance payers, not just Medicare and Medicaid. VCCs do not meet the national EFT standard nor do they support the HIPAA standard transaction for ERA.



Doctors are not mandated to collect payment via this method unless they agreed to it in their managed care contract with the health plan. A doctor has the right to request a health plan use the EFT transaction as an alternative, and the health plan must comply with this request.

If a provider is involved with a health plan that has failed to meet the requirements of the HIPAA regulations, a complaint may be filed through the online complaint system at [CMS.gov/Regulations-and-Guidance/Administrative-Simplification/Enforcements/FileaComplaint](https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/Enforcements/FileaComplaint).

Nine states have passed laws that enable healthcare providers to choose the method of reimbursement by insurers for health services and that prohibit insurance carriers from requiring electronic payments/VCCs as the only way to accept reimbursement, enabling doctors to have a choice to refuse this method of payment. States are advocating to regulate this way of payment and are passing new laws that require insurers to notify providers of fees associated with claim payments and alert providers of alternative payment methods.

OMSs are encouraged to call the number provided on the explanation of benefits statement, which accompanies this one-time payment card, and inform the payer that a check or EFT is preferred, and the provider is not interested in accepting the single-use card for claim payments.

Doctors are encouraged to review their managed care contracts and agreements, including opt-in/opt-out clauses, and ensure they have a thorough understanding of the additional services and fees that may be assessed with VCC processing.

CMS.gov offers more information on the Operating Rules for EFT and Remittance Advice. Further details on HIPAA compliance and electronic transactions are available at [CMS.gov/Regulations-and-Guidance/Administrative-Simplification/Operating-Rules/OperatingRulesEFTandRemittanceAdvice](https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/Operating-Rules/OperatingRulesEFTandRemittanceAdvice). ■



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Understanding the value of mentorship, one goal of the Research Observership is to help build relationships that we hope will transcend the short assignment and last throughout the resident's career. For this reason, every effort is made to match the resident with a researcher who shares a similar focus and, in order to facilitate future collaborations, is also located within a geographically feasible distance.

Because the programs of Osteo Science Foundation must be relevant to our mission, the mentors have all been selected because of their work in regenerative medicine. This should also be a focus area of the applicant.

Eligible applicants must be residents or dental students with an intention to enter into the field of OMFS. All applicants must be in the United States or Canada.

For more details or to apply, see www.osteoscience.org



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Submission period:
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Submission period:
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Notification date is
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Osteo Science Foundation's mission is to advance hard and soft tissue regeneration, with a focus on Oral and Craniomaxillofacial Surgery. The Foundation was established by Dr. Peter Geistlich in 2013 and is funded by Geistlich Pharma, a global leader in regenerative medicine for dental, oral, and maxillofacial surgery. Osteo Science Foundation is dedicated to advancing scientific research and education that leads to improved outcomes for patients, and operates as an independent, privately-funded 501(c)(3) non-profit organization.

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Damaged records, compliance, OSHA penalties

Q My OMS office flooded and now some of my patient records have extensive water damage. What should I do?

A If a practice experiences the loss or damage of patient records, it is vital to report the incident to insurance carriers – general liability, property, etc. – as soon as possible.

Next, as long as it is safe to enter the premises, an inventory should be completed to determine the extent of damage. Which records were destroyed or partially destroyed should be included. If fire damaged the building, the local fire department can help ensure it is safe to enter or remove items from the office. Without immediate action for recovery and restoration, water damage and moisture can quickly escalate to mold growth and a more costly restoration.

For paper records, document restoration companies can help restore partially damaged records. If the practice utilizes Electronic Health Records (EHR), both IT and EHR vendors should be contacted to determine the extent of damage and recovery process. Because these companies will be working with patient information, the office must establish a business associate agreement (BAA) prior to any restoration service to ensure HIPAA compliance. Damaged paper and electronic records that cannot be restored must be properly disposed to protect patient privacy and abide by HIPAA regulations.

The practice must keep a log of all destroyed records and then reconstruct the record with available information. It is important to work with the legal team on all patient communications regarding the destruction and reconstruction of records.

Paper records could be converted to electronic records to reduce risk, and a document destruction protocol following federal/state record retention guidelines could be established. If the practice maintains electronic records, a regular data backup process should be established and the vendor contacted about possible cloud-based storage.

Additional information on how to implement appropriate precautions can be obtained through insurance carriers.

Q To ensure my OMS practice remains DEA-compliant, what information must be included in my inventory records and how long do I need to retain my records?

A DEA-registered practitioners are required to keep inventory records for a minimum of two years. Records must be easily accessible and available for inspection by the DEA with

records for Schedule II substances maintained separately from inventory records for Schedule III, IV and V substances.

Each inventory must include an accurate record of all substances on hand on the date the inventory is taken, including all samples provided by pharmaceutical companies. Inventory records must include the following information:

- If the inventory was taken at the beginning or close of business
- Name of the controlled substances
- Each finished form of the substance (e.g., 100 milligram tablet)
- Number of dosage units of each finished form in the commercial container (e.g., 100-tablet bottle)
- Number of commercial containers of each finished form (e.g., four 100-tablet bottles)
- Disposition of the controlled substance

Additional information is available at DEAdiversion.USDOJ.gov.

Q When does the OSHA penalty increase take effect and how much did the penalty increase for 2020?

A On Jan. 15, OSHA adjusted for inflation and increased its civil penalties by approximately 1.8 percent as required by the Inflation Adjustment Act of 2015. The new penalty amounts take effect immediately.

The new workplace safety and health violation fines are:

- Willful violations, when an employer knowingly failed to comply with OSHA standards: minimum penalty \$9,639 and maximum penalty \$134,937 per violation.
- Serious, other-than-serious and posting requirements violations: \$13,494 per violation.

Information about avoiding an OSHA penalty and ensuring an office remains OSHA-compliant is available at OSHA.gov/Employers. ■

2020

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HIPAA compliance: Invest or roll the dice?

By Jeff Broudy
CEO of PCIHIPAA

Many believe HIPAA compliance is a “set-it-and-forget-it” exercise. Well, not exactly.

HIPAA compliance is an ongoing requirement, whether you are a small organization with a limited budget or a large OMS practice with multiple locations. There is no HIPAA certification.

HIPAA compliance is an environment that you must demonstrate with written proof upon audit. It is unlikely the HIPAA “police” (Office for Civil Rights) will knock at your door. It is more likely you would experience a data breach or a patient complaint that would turn into an investigation.

Maybe a lack of time, knowledge or resources have impacted your HIPAA compliance for your OMS practice. The goal is to have information to accurately plan and predict what your compliance budget should be.

HIPAA compliance considerations

The cost of HIPAA compliance depends on many variables. Some of the key factors to consider are:

- **Your organization’s size** – The more employees, programs, computers, protected health information (PHI) and departments your practice has will increase the number of vulnerabilities you might encounter.
- **Your organization’s culture, knowledge and risk tolerance** – If you have been keeping up with the news about cybersecurity and it has become a top priority, you have most likely invested in a portion of a compliance and cybersecurity program. If not, the costs to implement and maintain the requirements under the HIPAA Privacy and Security Rules will be higher.

- **Your organization’s environment** – If cybersecurity was considered when purchasing, implementing and maintaining devices, the costs to comply with HIPAA should be lower for your practice. This includes computers, software, firewalls, servers and more.
- **Your organization’s dedicated HIPAA workforce** – A dedicated HIPAA team or third-party provider will help determine what requirements your practice needs.

The cost of a data breach

If the Health and Human Services (HHS) estimate of compliance seems daunting, the costs related to non-compliance are even greater. For not protecting PHI, a practice can face the following fines and penalties:

- HHS fines – up to \$1.5 million per violation per year
- Federal Trade Commission fines – \$16,000 per violation
- Class action lawsuits – \$1,000 per record
- State attorneys general/potential fine assessment – \$150,000 to \$6.8 million
- Patient loss/not returning to doctor due to breach – 40 percent
- Free credit monitoring for affected individuals – \$10 to \$30 per record

continued on next page



- ID theft monitoring – \$10 to \$30 per record
- Lawyer fees – \$2,000-plus
- Breach notification costs – \$1,000-plus
- Business associate changes – \$5,000-plus
- Technology repairs – \$2,000-plus
- Credit card replacement costs – \$4 to \$5 per card

Data breaches happen

In 2019, according to the HHS Breach Portal, more than 40 million patient records were compromised, mostly because of a hacking incident or some other type of unauthorized use.

Ransomware has become an epidemic throughout the healthcare industry. Software company Emsisoft identified the following ransomware attack trends:

- **Cybercriminals target Managed Service Providers (MSPs)** – Cybercriminals are increasingly targeting software used by MSPs and other third-party service providers to simultaneously attack service providers and their customers.
- **Ransoms are increasing** – Cybercriminals want to maximize their profits and, as such, are increasing their ransom requests.
- **Cyber insurance drives ransom payments** – Organizations that leverage cyber insurance are more prone than others to pay cybercriminals' ransoms.
- **Cybercriminals prioritize email and remote desktop protocol (RDP)** – Emails and RDP attachments represent the top choices for cybercriminals to launch ransomware attacks.

You should start thinking in terms that a ransomware attack or data breach will happen. What precautions should you begin implementing today to reduce your overall exposure? Practically, this is where implementing a comprehensive HIPAA compliance program makes sense. Even though the rules are hard to follow, the overall intent is to protect the privacy and security of your patient information. And that information has proven to be under attack.



4 areas of focus

Many practices do not know where to start, or they go online and try to find the answers. Here are four areas to focus on:

1. **Basic cybersecurity** – Check with your IT provider and make 100 percent sure your data backup is offsite (in the cloud), encrypted and your data can be restored in less than 24 hours if an incident occurs. Also, be sure you have multiple backup sets in case one fails. Finally, deploy up-to-date firewalls and antivirus software to protect your network from outside threats.
2. **Take a risk assessment** – The HIPAA Security Rule requires you have taken a risk assessment of your vulnerabilities and documented an action plan to fix them. It's the law, and it's a good idea.
3. **Train your employees** – Obtain an updated set of policies and procedures and train your employees about them. They are your first line of defense. If they do not understand the risks and what is required, they will not be able to identify threats and help protect your practice.
4. **Obtain cyber insurance** – You are more likely to use a cyber-insurance policy than your general liability or malpractice policy. A comprehensive cyber policy will financially protect you in case of ransomware attack, data breach, HIPAA fine or other types of security breaches.



Estimated compliance costs

Whether you decide to take on HIPAA compliance internally or seek a trusted advisor, some of the material costs you should expect to incur have been outlined. The key considerations will impact your investment decisions.

If you are a private healthcare provider, annual compliance costs are outlined approximately on an a-la-carte basis. Companies combine some or all these services. This will give you a good idea of the range you should consider for protecting yourself from potential losses:

- Risk analysis and management plan – \$1,000 to \$2,000
- Employee security and privacy training – \$2,000 to \$3,000
- Policy development – \$1,000 to \$2,000
- Email and data backup – \$500
- IP scanning and PCI certification – \$250
- Business association management and documentation – \$500
- HIPAA compliance documentation and audit support – \$300
- Emergency and incident response planning – \$1,000
- Cybersecurity insurance – \$2,000 (not required; recommended; depends on revenue)
- Additional technical safeguards – (password management, device monitoring, firewall and antivirus updates) – \$1,000 to \$2,000

Larger practices and hospitals can expect to pay many multiples above these costs.

Importance of compliance strategy

HIPAA is often viewed as a bad word throughout the healthcare industry. However, protecting the privacy and security of PHI is something every healthcare provider should take seriously.

When developing a HIPAA compliance strategy for your office, you will need to balance the resources you allocate to compliance with your risk tolerance.


With the right strategy and advisors, you can make progress quickly and easily and prevent the ramifications of HIPAA non-compliance, a ransomware attack or a data breach. ■

PCIHIPAA is a leading cybersecurity and compliance firm. CEO Jeff Broudy leads a team of cybersecurity and compliance experts that helps protect organizations nationwide. Learn more at PCIHIPAA.com/AAOMS.



This is number 173 in a series of articles on practice management and marketing for oral and maxillofacial surgeons developed under the auspices of the Committee on Practice Management and Professional Staff Development and AAOMS staff. Practice Management Notes from 2002 to present are available online at AAOMS.org.

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- All AAOMS allied staff members receive direct online access to *AAOMS Today* and other important publications such as the OMS Staff Communiqué.
- Participation in the AAOMS CareerLine, the official job board of AAOMS.

Allied staff members receive discounted registration rates on the many courses and programs available through AAOMS. **More than 1,000 allied staff members are already taking advantage of the benefits of AAOMS membership. Join today!**

**Applications received Jan. 1 to Sept. 30 pay \$40 for membership through the end of the calendar year. Applications received Oct. 1 to Dec. 31 pay \$55 for membership through the following calendar year. These rates apply only to new applicants. To reinstate a lapsed membership, please contact membership@aaoms.org or call 800-822-6637.*



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Annual registration timeline is changing

ABOMS requires its active Diplomates to participate in a yearly registration process. The registration process is a mechanism to gather:

- Data on practice activities
- Addresses
- New credentialing designations
- Information for Certification Maintenance (CM)
- Licensure evidence

The 2021 Annual Registration (AR) timeline will change from previous years. In 2021, AR will begin in January and close in March. The Board is committed to making its processes user-friendly by using Diplomat profiles as the central location for most of its programs. This includes AR.

Similarly, the Board's new CM program is open for all Diplomates with time-limited certificates. By now, Diplomates

should have received an email from ABOMS staff explaining where they fall in the ABOMS certificate cycle. The 2020 Certification Maintenance requirements will remain open on Diplomat profiles until Dec. 31. Diplomates can log in to their profiles at ABOMS.org.

If a Diplomat does not complete any or all the CM components by the given timeline, his or her status will be in an indeterminate state until all requirements are met. The Board will audit 10 percent of certificates to verify its processes each year. ABOMS staff will notify Diplomates directly if they are included in the audit process.

Those with questions about the new AR timeline or what to expect with CM can call ABOMS headquarters at 312-642-0070. ■

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ADVANCED EDUCATION



AAOMS provides guidance with ACS fellowship application

The American College of Surgeons (ACS) and AAOMS forged a way for single-degree OMSs who meet eligibility criteria to apply for full fellowship to ACS. AAOMS initially reviews OMS applications for eligibility of the waiver of the College's standard application requirements, allowing candidates the opportunity to strengthen their application if necessary.

Single-degree OMSs can apply more than once to AAOMS for consideration of the waiver. They can submit the following materials to acsfellowship@aaoms.org by June 1:

- Current CV.
- Proof of Diplomate status with ABOMS. Applicants must have achieved Diplomate status a minimum of 12 months before the ACS application deadline, which is typically Dec. 31.
- Proof of a DDS or DMD. (A scanned copy is required.)
- Proof of a full and unrestricted dental or medical license in the state of practice.
- Three letters of recommendation from current ACS fellows (who may be OMSs or otherwise). A directory of fellows is at FACS.org.
- Proof of current appointment on the surgical staff of a hospital with privileges as defined by the OMS scope of practice.

- A consecutive 12-month listing of the procedures performed within the previous 24 months as a surgical attending with responsibility for the applicant's portion of the patient's care. The surgical list should meet specific criteria, available at AAOMS.org/member-center/ACS-fellowship#criteria.

The committee will assess for an appropriate volume and combination of cases. Applicants should note whether they are single- or dual-degree.

AAOMS also provides case log review for dual-degree applicants, who will still directly apply to ACS. Their case logs should be sent to acsfellowship@aaoms.org by May 1 each year.

Acceptance of a waiver does not guarantee fellowship in ACS. For more information about the waiver application, contact acsfellowship@aaoms.org. Applicants are asked to not directly contact ACS about the preliminary application.

Additional information is available at FACS.org/member-services/join/fellows. More information about AAOMS review is at AAOMS.org/member-center/ACS-fellowship.

MEMBERSHIP



Application requirements due

All candidates who would like to be elected as provisional or active members and fellows of AAOMS need to meet their respective application requirements by July 31. For additional information about application status, email membership@aaoms.org.

ANNUAL MEETING

Course applications to be accepted

Course applications for the 2021 AAOMS Annual Meeting in Nashville, Tenn., will be accepted from July 6 until Oct. 11.

Applications will be accepted for a variety of clinical topics for such course formats as hands-on, Master Classes, team-based as well as practice management. The meeting theme is Ensuring Our Future through Wellness and Diversity.

More information is available at AAOMS.org/Speakers.

MEMBERSHIP



AAOMS Connect extends member reach beyond Annual Meeting

AAOMS Connect – an online community for AAOMS members – features a discussion forum, private messaging and more. AAOMS Connect is a resource to network with colleagues or become involved in Clinical and Special Interest Groups (CIGs and SIGs) beyond the AAOMS Annual Meeting.

To access AAOMS Connect, members log in to AAOMS.org, click on AAOMS Connect under Member Center and click Join Group to request access to the CIGs. Discussions are

available through the Forum tab on the top-most navigation bar. In each CIG/SIG thread, the corresponding officers and liaisons are listed. CIGs and SIGs added in 2019 include the CIG on Global Surgery and the SIG on Predoctoral Education.

Additional information is available at AAOMS.org/Communities. An Online Communities Training Guide is available at Community.AAOMS.org/Dashboard. Questions? Contact conteducate@aaoms.org.

COMMUNICATIONS



COVID-19 stories requested

As all AAOMS members experience the COVID-19 pandemic, they are faced with a new world every day. Over time, it will be remembered as a dark era – possibly leading to changes that will forever affect the way of life and the way of practice.

To mark this important time, AAOMS wants to capture those moments OMSs will never forget – a conversation with a patient, an insurmountable challenge, a difficult decision that had to be made, an upending of daily practice, unimaginable working conditions or simply an unforgettable sight, sound or feeling.

The AAOMS Today COVID-19 Project is collecting members' stories by email (communications@aaoms.org) and voicemail (847-233-4381). AAOMS Today staff is looking for stories from both private practices and hospital-based practices. Those interested are asked to provide their name, practice/institution name and location, and personal story. The deadline to submit a story for this project is May 29.

MEMBERSHIP



Members asked to update profiles

The AAOMS membership database is as accurate as the information provided by its members.

Members are asked to log in and review their profile on AAOMS.org to ensure their contact information, office information and degrees are correct, and they are included in the appropriate directories on MyOMS.org (public-facing) and AAOMS.org (members-only).

If members have any changes in personal education, they should email membership@aaoms.org with the type of degree, institution attended and completion year, and that information will be added to their profile.

COMMUNICATIONS



Story to discuss ergonomics

For a future story in the magazine, AAOMS Today is seeking OMSs who use ergonomics to avoid injuries at practice. Those interested in being featured can email strotto@aaoms.org.



Osteo Science Foundation's Clinical Observership Program deadline shifts

Starting in 2020, the application process for the Osteo Science Foundation's Clinical Observership Program changed.

Instead of accepting applications on a rolling basis and reviewing quarterly, Osteo Science Foundation will now have two submission cycles: Dec. 1 – Feb. 1 with notification made by March 15 and June 1 – Aug. 1 with notification made Sept. 15. The foundation recommends applying six months prior to when you wish to participate.

The Clinical Observership Program is an opportunity for residents to spend two to four weeks with a

senior clinician, learning regenerative techniques as well as other skills and procedures relevant to private practice. For information or to apply, visit OsteoScience.org/education/clinical-observership-program.

The submission period for the Peter Geistlich Research Award, Philip J. Boyne Junior Faculty Award and Resident Research Award is approaching. Applications can be submitted at OsteoScience.org between April 1 and June 1.



102nd AAOMS ANNUAL MEETING, SCIENTIFIC SESSIONS AND EXHIBITION

THE DIGITAL WORKFORCE: *Improving Efficiency and Safety for our Patients*

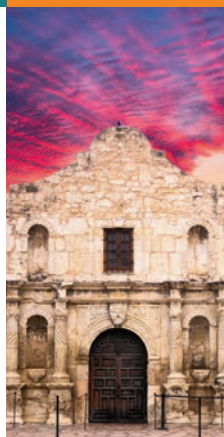
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AAOMS Opportunities

2020

Oct. 5–10

102nd Annual Meeting, Scientific Sessions and Exhibition

Henry B. Gonzalez Convention Center in San Antonio, Texas

Dec. 3–5

Dental Implant Conference

Sheraton Grand Chicago in Chicago, Ill.

Regional & State Society Meetings

2020

July 9–12

Florida Society of OMS Summer Meeting

Embassy Suites by Hilton in St. Augustine, Fla.

Sept. 12

Louisiana Society of OMS Implant Seminar

L'Auberge Casino Hotel in Baton Rouge, La.

Aug. 8

Tennessee Society of OMS Summer Meeting

Hilton Franklin Cool Springs in Franklin, Tenn.

Oct. 23–25

Florida Society of OMS Annual Meeting

Tampa Marriott Water Street in Tampa, Fla.

Sept. 11–13

North Carolina Society of OMS Annual Meeting

The Umstead Hotel and Spa in Cary, N.C.

CPC notice of suspension

Based on a complete record of the case and after available appeals were exhausted, the Commission on Professional Conduct (CPC) on Feb. 12, 2020, decided that the AAOMS membership of Dr. Michael Hasson of Wilmington, N.C., was to be suspended. CPC found him to be in violation of several sections of the *Code of Professional Conduct*, including Chapter V, Section A.1, Advisory Opinion A.1.01, Section A.2, Section C.3, Section E.1, and Advisory Opinion G.104. As a result of this decision, the Commission issued a letter of suspension to Dr. Hasson and notified the AAOMS membership department of the result as well.



Dr. del Valle-Sepúlveda named President



Dr. del Valle-Sepúlveda

Edwin A. del Valle-Sepúlveda, DMD, JD, FADC, FICD, has been named President of the Hispanic Dental Association (HDA) for 2020.

With a mission of eliminating oral health disparities and advancing overall health for Hispanics and other underserved

communities, HDA is a national organization with a membership of dentists, dental students, dental hygienists and other members of the oral healthcare team.

Dr. del Valle-Sepúlveda also has been appointed as an ADA Trustee District member in the Commission for Continuing Education Recognition Program until 2023. He has served as Delegate in the ADA and AAOMS Houses of Delegates and Vice Chair and Chair of the AAOMS Clinical Interest Group on Cosmetic Maxillofacial Surgery.

His other positions include member of the Puerto Rico Board of Dental Examiners (2006-09) and Past President of the Puerto Rico Society of Oral and Maxillofacial Surgeons (1992-95 and 2000-02) and the Colegio de Cirujanos Dentistas de Puerto Rico (1997-98 and 2010-11).

Dr. Cheifetz named AAAHC Board Chair



Dr. Cheifetz

Ira Cheifetz, DMD, has been named Board Chair of the Accreditation Association for Ambulatory Health Care (AAAHC) for 2020. During his nine years of participating in AAAHC governance, Dr. Cheifetz has helped lead the design and transition to a more strategic AAAHC board structure and

conducted surveys on behalf of the association.

For AAOMS, he served as President in 2009-10 and on the AAOMS Board of Trustees for eight years.

Dr. Bell receives appointment



Dr. Bell

R. Bryan Bell, DDS, MD, FACS, has been appointed Physician Executive at Providence Health & Services-Oregon and the Providence Cancer Institute, where he is Director of the Division of Surgical Oncology, Radiation Oncology and Oncology Programs.

Dr. Bell will remain an active head and neck surgical oncologist in his role as Medical Director of the Providence Head and Neck Cancer Program and Director of the Fellowship in Head and Neck Oncologic and Microvascular Reconstructive Surgery.

In addition, Dr. Bell is Associate Member and Director of Surgical Oncology Research at the Earle A. Chiles Research Institute, a division of the Providence Cancer Institute, where his research is focused on immunotherapy to enhance surgery for head and neck cancer.

Dr. Felsenfeld appointed to dental board



Dr. Felsenfeld

Alan Felsenfeld, DDS, MA, professor emeritus of oral and maxillofacial surgery at the UCLA School of Dentistry, has been appointed to the California dental board.

Dr. Felsenfeld retired earlier this year after teaching at the dental school for more than 40 years. He received

the distinguished service award from the California Association of Oral and Maxillofacial Surgeons in 2016 and has served as a reviewer for *JOMS*.

To submit member news, email strotto@aaoms.org.

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TH-190009

Faculty Positions

Kentucky

The University of Louisville School of Dentistry invites applications for a full-time tenure track Assistant/Associate Professor for its Oral and Maxillofacial Surgery program. Duties will include didactic, pre-clinical and clinical teaching and supervision in both the DMD program and in the OMFS program, a 6-year joint MD/Specialty Certificate program. Requirements include a DMD/DDS degree or equivalent, an optional MD degree and ABOMS certification or eligibility. Qualification for both an unrestricted Kentucky dental license and hospital privileges in OMFS is required. An additional desirable accomplishment is the completion of a fellowship in Pediatric Craniofacial Surgery. Participation in intramural faculty practice is available. Position is available immediately and will remain open until filled. Salary and rank will commensurate with qualifications and experience. Qualified applicants must apply online to Job #35383 at www.Louisville.edu and submit a letter of interest, curriculum vitae and three names of professional references to: Ms. MaryPat Chiavaroli, HR Unit Business Manager, School of Dentistry, University of Louisville, Louisville, KY 40292 or email marypat.chiavaroli@louisville.edu. The University of Louisville is an equal opportunity employer/affirmative action/disability employer committed to diversity.

Massachusetts

The Department of Oral and Maxillofacial Surgery at Boston University and Boston Medical Center invites applications for a full-time faculty position to augment its Oncological Surgery service. Applicants must be graduates of an ADA-accredited OMS residency program and have fellowship training in microvascular surgery. They must be eligible for independent, full licensure in the Commonwealth of Massachusetts and be OMS board-certified or active candidates for certification. Responsibilities include oncology fellow training, resident education and participation in the intramural faculty practice. Multiple opportunities for research are available on campus. A competitive salary and generous benefits package, commensurate with experience and qualifications, is available. Interested candidates should contact Pushkar Mehra, DMD, MS, FACS, via email: pmehra@bu.edu.

New York

The Lincoln Medical and Mental Health Center, Department of Oral and Maxillofacial Surgery, is seeking a qualified ABOMS-certified/-eligible with a DDS/DMD and optional MD. The candidate must have expertise in maxillofacial trauma management and the full-scope OMS. Additional duties include resident education (giving lectures, supervision during operating room and clinic procedures, take on-call), some predoctoral teaching/supervision

and scholarly activity and other duties within the scope of an OMS attending. This is a full-time/part-time faculty position. The candidate must be eligible for licensure in N.Y. Salary is commensurate with experience. This opportunity is available immediately. Interviews will be conducted as applications are received. The position will be filled when a suitable candidate is identified. Please call 718-579-5957 or email Rawle.Phillbert@nychhc.org.

New York

The Department of Oral and Maxillofacial Surgery at Montefiore Medical Center is seeking applications for a full-time faculty position. Salary and rank will commensurate with qualifications and experience. Responsibilities include clinical and didactic teaching of residents, trauma call coverage, scholarly activity and service. Candidates must be American Board of Oral and Maxillofacial Surgery-certified or active candidates for board certification. Applicants must be able to obtain a New York state dental license and be a graduate of a CODA-approved American or Canadian dental school/oral and maxillofacial surgery residency program. Montefiore is an equal opportunity/affirmative action employer. Interested candidates should send a letter of intent and curriculum vitae to Dr. Jairo Bastidas, Program Director, email: jbastida@montefiore.org.

New York (Buffalo)

The University of Buffalo is accepting applications for a full-time faculty position in the Department of Oral and Maxillofacial Surgery. Academic rank and salary will be commensurate with qualifications and experience. Both tenure and non-tenure positions available. Major responsibilities include patient care, resident teaching and research. This position is clinical and academic and the candidate should have an interest in major oral and maxillofacial surgery. Candidates must have a DDS or DMD degree and have completed a CODA-accredited residency program and be eligible for licensure in New York. Candidates must be ABOMS-eligible or -qualified. Fellowship training is encouraged, and strong interest in orthognathic trauma, obstructive sleep apnea, TMJ reconstruction and complex dental implants is preferred. Applications are currently accepted online at: Posting F1900123 Clinical-Track www.ubjobs.buffalo.edu/postings/21456 and Posting F1900122 Tenure-Track www.ubjobs.buffalo.edu/postings/21454. The University at Buffalo is an affirmative action/equal opportunity employer and, in keeping with our commitment, welcomes all to apply, including veterans and individuals with disabilities. Direct inquiries to Michael R. Markiewicz, DDS, MD, MPH, FACS, Professor and Chair, Department of Oral and Maxillofacial Surgery, email address: mrm25@buffalo.edu.

New York (Buffalo)

The University of Buffalo invites applications for a full-time faculty position in the Department of Oral and Maxillofacial Surgery. Academic rank and salary will be commensurate with qualifications and experience. Both tenure and non-tenure positions available. Major responsibilities include patient care, resident teaching and research. This position is both clinical and academic, and the candidate should have an interest in building and fostering a practice and conducting research in Head and Neck Oncologic and Microvascular Reconstructive Surgery. Candidates must have a DDS or DMD degree and have completed a CODA-accredited residency program and be eligible for licensure in New York. Candidates must have fellowship training in Head and Neck Oncologic and Microvascular Reconstructive Surgery. Candidates must be ABOMS-eligible or -qualified. Applications are currently accepted online at: Posting #F1900120 Clinical-Track www.ubjobs.buffalo.edu/postings/21459 and Posting #F1900124 Tenure-Track www.ubjobs.buffalo.edu/postings/21463. The University at Buffalo is an affirmative action/equal opportunity employer and, in keeping with our commitment, welcomes all to apply, including veterans and individuals with disabilities. Direct inquiries to Michael R. Markiewicz, DDS, MD, MPH, FACS, Professor and Chair, Department of Oral and Maxillofacial Surgery, email address: mrm25@buffalo.edu.

South Carolina

The Medical University of South Carolina (MUSC) James B. Edwards College of Dental Medicine in Charleston, S.C., is currently seeking outstanding applicants for a full-time position at the rank of assistant/associate professor for the Department of Oral and Maxillofacial Surgery. This position entails responsibilities in both predoctoral and postdoctoral programs of the department. Responsibilities include didactic/clinical teaching and supervision of residents in the oral and maxillofacial surgery program, providing direct patient care as part of the faculty practice, including on-call coverage, participation in research programs and other collaborative activities within the MUSC community. Requires a DDS/DMD degree from a CODA-accredited, U.S. or Canadian dental school, completion of a CODA-approved oral and maxillofacial surgery residency program, board certification or active candidacy for board certification, eligibility for an S.C. dental license and post-offer health assessment. This position offers the opportunity to develop a diverse and challenging academic oral and maxillofacial surgery curriculum, mentor residents and dental students and participate in professional collaboration and leadership development activities. Candidate needs to possess excellent interpersonal and communication skills in order to relate to groups at all levels within the organization, including office staff, faculty, senior leadership; must display initiative, a positive attitude, flexibility and commitment to department goals and objectives; must be committed to the highest



standards of ethical and professional conduct. Salary and academic rank will be commensurate with qualifications and experience. Open until filled. MUSC is an equal opportunity employer and encourages applications from minorities and women. Applicants should apply online through human resources: www.MUSC.edu/HR.

Washington

The Department of Oral and Maxillofacial Surgery (OMS) at the University of Washington seeks a full-time faculty member at the rank of clinical assistant or associate professor, salaried (non-tenure), who can engage in clinical activities as part of the faculty practice and contribute to the Department's research and teaching missions. The ideal candidate will practice the full scope of OMS and have a niche clinical interest, e.g., trauma, microvascular reconstruction, orthognathic or TMJ. Interested applicants should submit a personal statement, a CV, and the names and addresses of three references to Ms. Sophy Park (ypark95s@uw.edu). For questions, please contact: Dr. Dodson, Professor and Chair, Department of Oral and Maxillofacial Surgery, email address: tdodson@uw.edu.

Fellowships CODA

California

The San Diego Center for Oral and Maxillofacial Surgery is offering a one- or two-year fellowship in maxillofacial surgery. The practice participates in full-scope oral and maxillofacial surgery, which includes a very busy implant practice, orthognathic surgery, reconstructive surgery, ablative surgery for tumors, cosmetic surgery as well as dental alveolar. The candidate would participate in the Craniofacial Center at Children's Hospital and be a participant in Tumor Board. Candidates should be dual-degree and have a California medical or dental license. Please reply to patty@sandiegooms.com.

Massachusetts

The Department of Oral and Maxillofacial Surgery at Boston University and Boston Medical Center is offering a two-year fellowship in Head and Neck Oncology. The primary clinical focus of the program includes ablation and reconstruction of benign and malignant tumors head and neck with special attention to the oral cavity and salivary gland pathology. The reconstructive portion includes microvascular and microneurosurgical training. The fellow will be involved in all aspects of patient care. The fellowship is under the direction of Dr. Andrew Salama with additional experience provided by otolaryngology colleagues supporting the fellowship. Candidates must have completed both dental (DDS/DMD) and medical (MD) degrees including 1 year of postgraduate general surgery training. Interested candidates should contact Christina.Francois@bmc.org.

Fellowships Non-CODA Accredited

California

UCSF-Fresno Department of OMFS offers a 24-month fellowship in Head and Neck Oncology and Microvascular Reconstruction. There is one fellow per year. Activities include malignant and benign tumor surgery – neck dissections, glossectomy, mandibulectomy, maxillectomy, orbital exenteration, etc.; TORS and skull base surgery; tracheostomies; microvascular free flaps, pedicled and other flaps. Radiation and medical oncology rotations. The fellow will act in a teaching capacity, supervising residents at times. The fellow will have involvement in sleep apnea cases. Research: complete two papers related to cancer and reconstruction. Applicants please email Breana Dennie, bdennie@fresno.ucsf.edu. Include CV, photo, two letters of recommendation and a letter describing intentions/plans after fellowship. For additional questions, email Brian Woo at bwoo@communitymedical.org.

Florida

A fellowship in cleft and craniofacial surgery is available at the Florida Craniofacial Institute. We are now part of the match, and applications for July 2021 position are due May 1. This one-year fellowship is in a private practice environment in Tampa, Fla., and the focus is congenital craniofacial anomalies. The primary goal of the practice's cleft lip/palate and craniofacial fellowship is to educate and provide additional surgical training in the management and treatment of patients with craniofacial and/or facial differences. The fellow will work in conjunction with the cleft lip/palate and craniofacial team and will gain comprehensive experience and instruction in team-focused treatment. For information on the Florida Craniofacial Institute, visit www.FLcranio.com. Please email CV to admin@flcranio.com.

Missouri (St. Louis)

2020-21 Oral and Maxillofacial Fellowship. Sponsored by The Oral Facial Surgery Institute (www.ofsinstitute.com) and accredited by The Department of Graduate Medical Education at Mercy. This advanced accredited opportunity is a year of hospital-based oral and maxillofacial surgery centered at Mercy, a Level I trauma center in suburban St. Louis. This intensive fellowship program will focus on facial cosmetic, reconstructive, orthognathic, and TMJ surgery, facial trauma and complex dental implantology. Candidates must have completed an approved OMS residency. Missouri dental and/or medical licensure is required. Salary, benefits and continuing education allowance are included. Please address curriculum vitae and letters of interest to Program Directors, Drs. Gregory Tentindo and Damian Findlay, Attention: Lacy Wilson, 621 South New

Ballas Road, Suite 16A, St. Louis, MO 63141, phone 314-251-6725, fax 314-251-6726, email lacyw@ofsinstitute.com or visit our website at www.ofsinstitute.com.

Nationwide

Want a career in cosmetic surgery? Get trained by the best. The American Academy of Cosmetic Surgery certified Facial and General Cosmetic Surgery Fellowships offer one-year, post-residency, hands-on training. Limited slots across the US. Must have completed a surgical residency in ACGME, AOA-BOS, Royal College of Physicians/Surgeons of Canada, or ADA program. Apply at cosmeticsurgery.org or 312-265-3735.

New York (New York City metro area)

Full-time program director and service chief for person seeking to build an academic OMFS career in a hospital-based university sponsored residency program environment. Excellent compensation package (competitive academic salary + benefits). Faculty Practice opportunities. Requirements: ABOMS Certification. Reply to AAOMS Classified Box A-0926.

North Carolina

The Craniomaxillofacial Trauma and Reconstructive Surgery Fellowship at Duke University offers a one- to two-year clinical and research experience in complex craniomaxillofacial reconstructive surgery for fully trained craniomaxillofacial surgeons who desire to be academic leaders in craniomaxillofacial traumatology. The training program is based in the Duke University Department of Surgery's Division of Plastic, Maxillofacial, and Oral Surgery. The fellowship offers a broad-based experience in craniomaxillofacial surgical traumatology and facial reconstructive surgery at the world-renowned Duke University Medical Center. The focus of the fellowship will be on the utilization of advanced surgical techniques for comprehensive craniomaxillofacial reconstruction, including intraoperative computer navigation, patient specific implant fabrication and complex facial reconstructive surgery after traumatic injury or pathologic resection. We are currently recruiting for a fellow to begin in August 2022. For more information, contact colleen.mcdowell@duke.edu.

North Carolina

The fellowship will provide extensive exposure and advanced clinical training for oral and maxillofacial surgeons in orthognathic surgery, temporomandibular joint surgery and complex implant reconstruction. The clinicians completing the fellowship throughout its 12-year history have subsequently applied their experience to

continued on next page

Fellowships Non-CODA

Accredited *continued from previous page*

both academic and private practice settings. A substantial stipend is offered. The OMS selected for this position must be able to obtain either an unrestricted North Carolina dental license or North Carolina medical license, obtain hospital privileges and be available from July 1, 2021, through June 30, 2022. The candidate will have extensive exposure to consultations, diagnosis, interdisciplinary treatment planning, treatment and postoperative management of a wide array of patients. It is expected that the candidate will be involved with several hundred major surgical cases. Carolinas Center for Oral and Facial Surgery (CCOFS) is located in Charlotte, N.C. CCOFS is a 14-surgeon practice with six offices in N.C. and four in S.C., with most possessing OR facilities and accredited by the AAAHC. The surgeons are well-known locally and nationally in the OMS specialty. To apply, an application must be completed and returned by Aug. 31 of each year. The selection will be made on Dec. 31 of each year in order to allow time for licensure. Interested candidates can email dketola@mycenters.com for an application. For more information on the practice, log on to www.mycenters.com.

Oregon

The Head and Neck Institute (HNI) is offering a 12-month fellowship in Advanced Craniomaxillofacial and Trauma Surgery (ACMF-Trauma). This fellowship is based at Legacy Emanuel Medical Center (LEMC) in Portland, Ore. The fellowship covers advanced training in head and neck surgery, maxillofacial trauma and airway management. It also includes experience in sleep surgery (upper airway stimulation) and craniofacial surgery. The faculty includes Eric Dierks, DMD, MD, FACS; Bryan Bell, DDS, MD, FACS; Allen Cheng, DDS, MD, FACS; Ashish Patel, DDS, MD, FACS; Caitlin McGraw, DDS, MD; and Baber Khatib DDS, MD. Please contact us directly for more detailed information about the program. Information about our practice and fellowship program can also be found at www.head-neck.com. Please email us at chenga@head-neck.com.

Texas

Postgraduate fellowship in orthognathic and TMJ surgery offered to recent graduate from accredited OMS program. Expand your skills while working with an accomplished surgeon. Exposure to all aspects of OMS practice is included. All applicants must be eligible to receive a Texas dental license. Contact Dr. Sinn at 817-225-3223 or email dpsinnoms@gmail.com.

West Virginia

Charleston Area Medical Center, Department of Surgery is pleased to offer a one-year post-residency fellowship in Pediatric Cleft & Craniomaxillofacial Surgery available July 1, 2021, to June 30, 2022. The position involves surgical and multi-disciplinary management of children with congenital and acquired deformities. This includes primary participation in management, craniomaxillofacial trauma and reconstruction, orthognathic surgery, pathology, pediatric otolaryngology surgery and other related pediatric treatments. The fellowship is funded at the PGY sixth or seventh year and has an attractive benefits package including assistance with housing. Send inquiries to Paul Klooster, DDS, MD, Director, CAMC Cleft and Craniofacial Center, 830 Pennsylvania Ave., Suite 302, Charleston, WV 25302; email paul.klooster@camc.org and natalie.sims@camc.org; fax 304-388-2951.

Available Positions

Arizona

Seeking a new grad or seasoned oral surgeon to join us in sunny Tucson for a unique practice opportunity. Position available to start now, but we will wait for the right candidate. Please email CV or resume to info@arizonasurgery.com.

Arizona

Well-established, well-respected, busy oral and maxillofacial surgery with multi-office practices located in north Phoenix is looking for a full-time oral surgeon. Partnership opportunity available for motivated individual. Send resume to Rosencrans90@gmail.com or contact Riki at 602-292-4055.

Arizona

Seeking a hard-working, energetic, board-certified (or active candidate) OMS with excellent interpersonal and clinical skills to replace a departing surgeon in our group practice. The absence of one of our surgeons presents a rare opportunity to immediately have a full surgical schedule. This provides you a high-income potential from the very beginning of your association with our busy, profitable and growing OMFS practice in the greater Phoenix metro area. An excellent financial package (schedule immediately filled by patients from the departing surgeon) and great benefits package available. The practice scope is primarily dentoalveolar, bone grafting, implants and in-office anesthesia. However, trauma, orthognathic and reconstructive pursuits are available. Send your CV and cover letter to manager@southwestimplants.com.

British Columbia

Practice located in Surrey, British Columbia, Canada, is looking for an associate certified specialist comfortable in all aspects of office-based oral and maxillofacial surgery. Our office is fully certified in general anesthesia and works with a medical anesthesia group. There is an opportunity to expand our current cosmetic, trauma reconstruction and dentoalveolar practice. The office is equipped with modern equipment including an i-CAT machine, 3D software, scanners and printers. Position to commence in 2020. Please contact kb.omfs@gmail.com.

California

Well-respected, busy and established oral surgery practice in search of a board-certified or board-eligible, motivated, hardworking and efficient oral surgeon for a full-time position in the Bay Area, Calif. Our office provides a full scope of Oral & Maxillofacial surgery including IV-sedation, extractions, bone grafting and PRP, implant placement, biopsies and more. Applicant should have Calif. license, general anesthesia permit and medical malpractice insurance. Medical degree is a plus. Candidate must be able to provide excellent surgical services, establish and maintain relationships with existing and new referring doctors and be interested in growing the practice. Candidates should reply via email with their CV attached to apply.oralurgery@gmail.com.

California

An associate or partner opportunity in a busy oral and maxillofacial surgery practice in southern California. Candidates should have experience in trauma, orthognathic surgery and implant surgery. The practice is a multi-doctor, multi-office practice that does the full scope of oral and maxillofacial surgery. We are looking for an associate-partner to join our three-man group. Please reply to patty@sandiegooms.com.

California

Premier full-scope OMS practice in Sierra Foothills, northern Calif., seeking an associate leading to partnership. Very desirable community with opportunities for an active outdoor lifestyle. Competitive salary offered for a motivated surgeon. Send inquiries with letter of interest and CV to bizdocjay@mac.com and nfantovrn@aol.com.

Colorado

Full-scope OMS office located outside Denver in search of a full-time associate with a matriculation to partnership. Start date of summer 2020. Seeking energetic, personable, highly motivated, team-oriented, board-certified/-eligible oral surgeon willing to grow the practice. Established practice in a



newly renovated office, state-of-the-art fully digital practice. Offers competitive salary, malpractice, health insurance and retirement benefits. Please send resume to A-0905.

Colorado

Great opportunity for a motivated and quality-oriented Oral and Maxillofacial Surgeon to join our highly respected, full-scope practice in a top-rated community. Our practice is strategically located in beautiful Colorado Springs, a rapidly growing vibrant town ranked No. 3 by U.S. News & World Report with high academic-scoring public schools. Candidate must be board-certified or board-eligible. Our office is a state-of-the-art practice with a well-trained and motivated medical staff and loyal referral base. Dental alveolar, orthognathic, trauma, pathology, implants and cleft care provided. This is a fantastic opportunity for a surgeon who is passionate about personalized care and motivated to strive for excellence. Offering associateship leading to partnership. Salary with bonus with excellent benefits package. Please email: HR@Jaws-1.com.

Colorado

Well-established OMS practices in Denver/Aurora/Thornton area seeking a part-time oral and maxillofacial surgeon. No trauma call. Excellent compensation and opportunity. Please send resume to oscar2010@yahoo.com.

Florida

Wonderful associate opportunity position in Lakewood Ranch, Fla. Competitive salary, benefits, equal partnership opportunity. Two office locations. Full-scope practice with implants, dental alveolar emphasis. Sunny west coast Florida, excellent schools and activities. Contact 1-502-644-7833/Prpand01@hotmail.com, attention: Shawn.

Florida (Orlando/Daytona/Jacksonville/Tampa/Ft. Lauderdale)

Join our 90-office group practice. Hospital privileges NOT required. Our current oral surgeons exceed \$600,000/year. Contact Dr. Andy Greenberg at 407-772-5120 or drgreenberg@greenbergdental.com. All contact kept confidential. Apply online – www.greenbergdental.com.

Florida (Orlando)

Well-established fee-for-service and PPO insurance, solo practitioner with two offices located just 20 minutes north of downtown Orlando seeking a full-time associate with two- to three-year partnership

track. Practice emphasis in dentoalveolar, implants, pathology, orthognathics and minimal trauma. State-of-the-art facilities and equipment, both offices digital with CBCTs. Candidate must be energetic, motivated, passionate and above all people friendly. Learn about our practice at www.lakeoralsurgery.com and send your CV and inquire to omfsgator@yahoo.com. Please put OS Position in the subject line of your emails. You may also contact me on my cell at 407-756-7172.

Florida

Position available in southeast Florida. Part-time surgeon needed for private practice leading to equity position. Please contact Dr. Fred Kaplan at 954-432-7025.

Georgia

Oral surgeon needed for large, multispecialty, multi-location group practice in Atlanta suburbs. No managed care. Full- or part-time positions available. Contact Vicky Jorgensen at 770-446-8000, ext. 0003, or email vjorgensen@dentfirst.com. Visit us online at www.dentfirst.com.

Illinois

Excellent oral surgery opportunity in the Chicagoland area! Our highly successful private oral surgery practice has a great opportunity for an oral surgeon to join the team. Primarily fee-for-service, some PPO. State-of-the-art facility. Highly respected, busy practice with great relations in the dental community. Long-term security. Wide range of procedure scope. Excellent earnings to include great benefits package. Please email CV to omaxdoc@gmail.com.

Illinois

Full-scope OMS practice in the northern suburbs of Chicago seeking a board-certified/-eligible OMS. Full-time and part-time associate positions available. Partnership opportunity available for a motivated individual. Flexible schedule and excellent salary and benefits. Reply to AAOMS Classified Box A-061019.

Illinois

Oral surgeon needed for our growing, locally owned oral and facial surgery office serving the metro east Ill. area. A highly competitive salary, student loan reimbursement, matching 401(k) and health insurance are just a few of the benefits we offer. This opportunity gives the doctor full business support so the focus can be patient care and a healthy work-life balance. Our main location is a new, state-of-the-art facility with multiple surgical suites and major surgery center while the practice itself has been in successful operation for over 30

years with consistent referrals. Email resume to classifieds@aaoms.org with subject line A-0131 to learn more about this exceptional opportunity.

Kentucky

Actively seeking a board-certified/board-eligible oral surgeon. We are a respected oral and maxillofacial surgery practice with a well-established referral base located in the vibrant and growing college town of Danville. It is a centrally located area within close proximity to bigger city atmosphere. Our practice offers full-scope oral and maxillofacial surgery with an emphasis on in-office anesthesia, dentoalveolar surgery and dental implants. To include a competitive benefit package including base salary, bonus plan, 401(k), paid vacation, medical/dental/vision plans and more. Qualified and interested individuals should send a resume and cover letter to j.swaidner@danvilleoms.com or contact Jessica Swaidner at 859-236-1130.

Maryland

Immediate and summer positions (2020) are available for Associates leading to fast-track partnership in a state-of-the-art, highly successful, expanding, multi-location, full-scope oral and maxillofacial surgery practice in Maryland/D.C./Virginia metro area. Our future partner must be proficient in all phases of OMS including outpatient general anesthesia, dentoalveolar, implant, TMJ, orthognathic and cosmetic procedures. Board-certified or an active candidate for board certification a must. We offer a highly competitive base salary, production incentives, generous signing incentives and student loan repayment program as well as a benefit package (including malpractice and family health insurance). If you are interested, please forward your CV to achang@mosa4os.com.

Maryland

Beautiful living close to Baltimore, Washington and Pennsylvania cities. Looking for a BC/BE person to join our practice doing the full scope of oral surgery. Two new offices. Scenic western Maryland and south-central Pennsylvania. Competitive package. Email richard ofs@myactv.net.

Maryland/Anne Arundel County (Annapolis) Area

Busy, comprehensive OMFS practice looking for immediate and summer 2020 full-/part-time surgeon in the Annapolis area. Must be Board-eligible/-certified. We offer a highly competitive base salary, production incentives, generous signing incentives and student loan repayment program as well as a benefit package (including malpractice and family health insurance). Send CV to achang@mosa4os.com.

Available Positions

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Maryland/Frederick County

Busy, comprehensive OMFS practice looking for immediate and summer 2020 full-/part-time surgeon in the Frederick area. Must be Board-eligible/-certified. We offer a highly competitive base salary, production incentives, generous signing incentives and student loan repayment program as well as a benefit package (including malpractice and family health insurance). Send CV to achang@mosa4os.com.

Maryland

Mid-Maryland Oral and Maxillofacial Surgery, PA, located in beautiful Frederick, Md., is searching for a new associate (board-certified or board-eligible) to join its team of three surgeons. Mid-Maryland Oral and Maxillofacial Surgery is a very busy, well-respected, full-scope office founded over 20 years ago, serving Maryland, Pennsylvania, Delaware, Virginia and West Virginia communities. Our surgeons also have full privileges at Frederick Memorial Hospital. Frederick, voted as one of the best places to live, is located within 45 miles of Baltimore and Washington, D.C. We have access to big city amenities without losing our small-town charm. The successful candidate will have the opportunity to obtain full partnership with an excellent salary/benefit package. Please email CV to Lhogan@midmaryland.com or fax: 301-694-7372.

Massachusetts

Well-established, highly respected, thriving two-office OMS practice in greater Boston area seeking an energetic, personable, highly motivated oral surgeon. Must be board certified or eligible. Our office provides full scope of oral and maxillofacial surgery. Candidate must be able to provide excellent surgical skills, establish and maintain relationships with existing and new referring doctors and be interested in growing the practice. Our employment package has a very competitive salary and partnership track. For more information about our practice and our surgeons, please email CV to manager@mvoralsurgeons.com, attention Sandra.

New Jersey

A well-established and respected OMS practice with two locations in central New Jersey (close to New York City and Philadelphia – with their illustrious educational, cultural, and recreational offerings), seeking a well-trained, highly-motivated candidate with excellent surgical and interpersonal skills for full-time and part-time associate positions with partnership track. Board-certified or active candidate for board certification preferred. There is an opportunity for full-scope

practice at both locations. Both office locations are state-of-the-art, modern and well-equipped facilities. We offer a competitive compensation package with great benefits. Please email CV to dr.edkozlovsky@gmail.com.

New Jersey

Associate position available for three practice locations in southern N.J. Board-certified or board-eligible preferred. Part- or full-time available. Interest in partnership transitioning into ownership preferred. Practice locations: Linwood, N.J.; Cape May Courthouse, N.J.; and Maple Shade, N.J. Call 609-350-5233 or email benaifer3@hotmail.com.

New Jersey

If you are motivated and understand what it takes to cultivate the optimal patient experience each and every time, please contact us. We are a well-established and still rapidly expanding full-scope, multi-office practice minutes from N.Y.C. with a focus on office-based oral surgery and affiliations at some of the region's most prestigious hospitals. We are the official oral surgeons of the New Jersey Devils, and we are seeking a full-time BC/BE partnership-minded associate to join our team with huge potential for more. Send your CV to jma@riversideoralsurgery.com.

New Jersey

Looking for an enthusiastic oral surgeon to join a highly reputable private practice with multiple locations throughout the beautiful suburban areas of northern New Jersey and near the Jersey Shore. Randolph Center for Oral & Maxillofacial Surgery is a comprehensive provider for oral and maxillofacial surgery with affiliations at Morristown Medical Center and New York Presbyterian Weill-Cornell Medical Center. This well-established, growing practice now has a great opportunity for a new and upcoming oral surgeon looking to gain experience at a state-of-the-art, full-scope practice. Randolph Oral Surgery is offering a full-time position to a board-eligible surgeon – an excellent salary and benefits package is included in this exciting opportunity! If interested in this position, please fax resumes to 973-328-3405. We are looking forward to hearing from you soon!

New Jersey

We are in need of a full-time oral and maxillofacial surgeon to join our practice located in central New Jersey. We are a well-established group with three offices and three surgeons. Our practice was founded in 1970, and as a result of referral growth, we are looking to add an additional surgeon. This is an excellent opportunity for someone to join our practice. Our ideal candidate should be a dynamic team player with fantastic interpersonal skills. They should be well-versed in all aspects of our specialty

with emphasis on dentoalveolar surgery, implant surgery and in-office anesthesia. We are offering a very competitive compensation package including health insurance and excellent retirement benefits. Ideally, this position will begin with an employment agreement leading to partnership. Interested applicants please reply to AAOMS Box A-0210.

New Jersey

A fabulous opportunity is available due to the forthcoming retirement of a senior partner. A full-time position fast tracking to a well-defined equal partnership is planned to provide a career with long-term stability. We have a well-established, ever-evolving practice that is 37 years old. It consists of three progressive doctors of excellent reputation who encourage a collegial relationship. We are committed to quality patient care founded upon a very large, dependable referral base. Our focus is on dentoalveolar surgery, implants, pathology and office anesthesia. There is an unlimited potential to expand the scope of our practice if desired. Our three offices are state-of-the-art and well-equipped with digital imaging, CBCT and intraoral scanning/printing. Please email resumes to Tkolb@coastaloralsurgerynj.com.

New York

Outstanding opportunity to join a growth-oriented, innovative multi-location OMS practice in Manhattan and the Tri-State region. We have commitments for many new locations in Connecticut, New Jersey and New York. The metropolitan New York City area is an excellent place to live/work with a vast array of educational, cultural and recreational activities. The ideal candidate must possess top skills and display excellent interpersonal skills. The practice is office-based, full-scope dental alveolar and implant surgery under IV sedation and general anesthesia. The facilities and equipment are high quality and digital. Emergency room call and academic affiliations are available. The practice is the employer of choice with the top compensation and equity participation for ideal candidates. Will support and assist in obtaining state licenses and U.S. work permits (including sponsoring green card or U.S. citizenship). Email CV to robert.bodey@mofsnyc.com or contact Robert Bodey at 347-590-9910.

New York (Brooklyn)

Seeking a motivated, hard-working surgeon proficient in all phases of outpatient surgery. Excellent opportunity for an early partnership, buy-out or immediate sale of practice as our doctor of 25 years is planning to relocate. We are a very successful, well-respected, established 40-year-old solo practice with an excellent reputation with our referral base and patients because of our strong commitment to quality patient care and customer service. We participate with few insurance companies; we are primarily a fee-for-service



practice, currently working only four days/week. Our doctor and staff are willing to transition with the new surgeon. Contact Steven Schwartz, DDS, at 516-314-6559 or NYOMSDDS@gmail.com.

New York (Long Island)

Long-standing, established Nassau County practice seeking a motivated, ethical, hard-working and highly skilled full-time OMS. Reply to AAOMS Classified Box A-4416.

New York (Rochester)

Associate wanted for an established OMFS practice in Rochester. Well-established practice with two offices and two surgeons. Full scope of OMFS. Fast partnership track. Please email your CV or questions to omfseric@aol.com or phone 585-223-1200.

New York (Rochester)

Well-established OMS practice seeking associate leading to fast-track partnership. Full fee-for-service, loyal referral base, long-time, hard-working staff, prime location. Please send resume to AAOMS Box A-0220.

New York (Saratoga Springs)

Outstanding opportunity to join a busy, multi-location, three-surgeon OMS practice in Saratoga Springs, N.Y. Saratoga is an excellent place to live and work with a vast array of cultural and recreational activities. Association leading to partnership for a motivated oral and maxillofacial surgeon who possesses top skills and displays excellent interpersonal skills. Practice is office-based, full-scope dentoalveolar and implant surgery under general anesthesia. Orthognathic, reconstruction, cleft lip and palate, pathology and TMJ cases are available in the office and hospital settings. We offer a competitive salary plus a comprehensive benefits package that includes malpractice, health, life insurance, 401(k) and profit sharing. Send resumes to dwhitacre@scomsa.com.

New York (Staten Island)

Immediate opportunity for full- or part-time OMS for beautiful modern five-operatory office. The practice focuses on implants, bone grafting, third molars, pathology and dentoalveolar surgery. Excellent salary and benefits with partnership potential. Please email tmjx@optonline.net.

North Carolina

Great opportunity in eastern North Carolina for a career-oriented OMS. Solo associate position leading to full solo ownership. Busy practice with

two offices. Current owner is flexible, will retire or go part time. Great place to live and practice for a family-oriented person. Interested parties please reply and send CV and letter of intent to AAOMS Classified Box A-110519.

North Dakota

Excellent opportunity for a board-certified oral surgeon or an active candidate for board certification to join our very successful multi-doctor, multi-location practice in Grand Forks. With almost 30 years in practice, we have an exceptionally large referral base covering the state of North Dakota as well as western Minnesota and northern South Dakota within our four state-of-the-art facilities. Excellent financial package and benefits leading to early partnership. Please send letter of interest and CV to drchahal@faceandjawsurgery.com or Face and Jaw Surgery Center, ATTN: Dr. Chahal, 2845 36th Ave. South, Grand Forks, ND 58201.

North Dakota

Well-established solo practice in Fargo, N.D., is seeking a board-eligible/-certified, single- or dual-degree oral and maxillofacial surgeon to join our practice. It is an economically growing region in the upper Midwest. The practice, at present, is full-scope. I have a very large implant practice, and there is growth available in all aspects of the specialty. The practice draws from approximately a 100-mile radius and from about 80-100 possible referral sources. Salary will be negotiable and competitive as well as a two-year associate contract leading to buy-in. Resumes can be mailed to the office (Attention: Amy) or email to amy@prairieoralsurgery.com. Feel free to visit our website at prairieoralsurgery.com.

Ohio

Two-doctor, two-location, busy practice in Dayton/Cincinnati area looking for a board-certified or eligible full-time associate with partnership potential. Full-scope modern practices with ample dentoalveolar, implant, reconstructive, orthognathic and Level I trauma. Email resume to reza@daytonfacialsurgery.com.

Ohio

Well-established, highly reputable, busy two-location OMS practice located in northeast Ohio is seeking a full-time associate with option to buy-in. Please submit your resume to tmossor@jawandfacialsurgery.com.

Ohio

Well-established OMS practice located on the shores of Lake Erie is looking for an associate looking to become a partner. Busy, up-to-date, two-

office practice located in a beautiful vacation area with an enormous opportunity. Reply to AAOMS Box A-110318.

Pennsylvania

Well-established and well-respected, two-man OMSF practice in central Pa. looking for someone to replace a recently retired partner and join the practice as a full-time associate with the intent to become a partner. Plans for buy-in to be worked out initially. This is a full-scope practice housed in an attractive and up-to-date setting close to a local hospital. Board certification or plans for certification desired. Many additional benefits including a great staff. A wonderful place to practice. Please email drpepper@omsillp.com.

Pennsylvania (Pittsburgh)

Very busy, two-office, 36-year-old, multi-faceted practice in south suburban Pittsburgh seeking associate with potential buy-in possibility. Interested parties, contact AAOMS Box A-0310.

South Carolina (Charleston)

Unique opportunity to join the No. 1 practice in Charleston, S.C., Charleston Oral and Facial Surgery. We are a rapidly growing, full-scope practice with 5 doctors and 6 state-of-the-art offices in prominent locations throughout the tri-county area. Our practice places a heavy emphasis on dental implants, third molars and advanced technology. We have a highly trained staff and established infrastructure to aid in your personal growth as a practitioner. If you want to live in a world-class destination and be part of something special, this is the spot. Please send resumes and contact info to Shelley Keenan, Operations Director, at skeenan@coafs.com.

South Carolina

Established and growing single-office practice in the low country looking for a BC/BE individual for associateship or practice buy-in/-out. Come practice where others vacation! Level II trauma call if you want. Competitive salary with production incentives and other benefits. Please send CV to AAOMS Box A-0221.

South Dakota

Busy, four-doctor practice in South Dakota and Northwest Iowa, close to Sioux Falls and Omaha, looking for BC/BE candidate for one-year associate position with very affordable partner buy-in. Possible immediate buy-in for the right candidate. Very high-income potential. Low cost of living. No state income tax in SD. Full-scope practice if desired. Reply to cnorb001@gmail.com if interested.

Available Positions

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Tennessee

New buildout in desirable community! Seeking an OMFS to purchase, partner, associate, lease or build for equity buyout. Excellent opportunity with good referral base for graduating resident or anyone locating to beautiful East Tennessee. Negotiable, will offer terms that suit! Email office@tnvalleyos.com.

Texas

Well-established, prominent, multi-surgeon OMS practice in the Austin area is looking for board-eligible/-certified, single- or dual-degree oral and maxillofacial surgeon to join our practice. We are a full-scope oral and maxillofacial surgery practice including hospital-based procedures. Please reply with CV and resume to AAOMS Classified Box A-0903.

Virginia

Coastal Virginia/Virginia Beach practice seeking FT surgeon. 3.5 hours to D.C., 1.5 hours to Richmond, 6 hours to N.Y.C. Partnership/equity track for qualified candidates. Motivated and personable associates with vision of expanding oral surgery business, contact drg@myoralsurgeon.com.

Virginia

An exciting opportunity is now available for an associate or partner in a very busy and expanding oral surgery practice located in Northern Virginia, just a few miles outside Washington, D.C. The office is well-equipped with full digital capabilities to offer the most modern treatment for patients. This well-respected and long-established single location practice offers a guaranteed, very competitive salary with production incentives and comprehensive benefits! Please send CV to drjoralsurgery@outlook.com.

Virginia

Well-established practice consistently collecting \$1.6M+. 3,400 sq. ft., 3 surgical operatories, consult room, lots of storage. Digital X-ray, CBCT. Standalone building, busy part of town, two major hospitals and many medical and dental practices. Real estate for sale. Email kathryn@bridgewaytransitions.com.

Washington, D.C./Baltimore/ Virginia Metro Area, District of Columbia

Excellent opportunity for a full-time OMS board-certified or an active candidate for board certification in a multi-doctor, three-office practice just west of the Washington, D.C./Baltimore/ Virginia Metro area in Hagerstown & Frederick, MD and Martinsburg, WV. Established modern, state-of-the-art, facilities with strong referral base. Diverse team of four board-certified oral surgeons and twenty-five team members. Clinical team of DAANCE-certified surgical assistants and RN. Team surgeon coverage with call rotation. Full-scope busy practice close to amenities of the metropolitan area without all the congestion. Excellent schools and many outdoor activities; hiking, cycling, skiing, and golf. Sign-on bonus, competitive salary, paid continuing education, all board certification fees, paid licensing fees, professional association dues, liability insurance, credentialing and licensing, and monthly auto allowance is all included in the benefits package. We are an equal opportunity employer looking for an energetic, enthusiastic, motivated, well-trained individual to join our team. Please contact us via email with letter of interest and CV to hnelson@omaxdocs.com or michele@omaxdocs.com.

Washington

Well-established, busy oral surgery practice located in the South Sound area of Washington State in search of board-certified or board-eligible surgeon to join a growing practice. Multi-office practice looking for associate leading to full partnership. Applicants must be energetic, motivated and dedicated to exceptional patient and referral care. Newly constructed office, state-of-the-art equipment and a wonderful community are all advantages we enjoy in this practice. Send CV to OMFSWashington@gmail.com.

Washington

We are seeking a board-eligible or board-certified oral surgeon to join our long-standing, multiple-location OMS group practice located in the highly desired Seattle area. This is an excellent opportunity with associateship leading to partnership pathway for a motivated, friendly and skilled surgeon. Please send CV to pd@iomswa.com.

Wisconsin

Does the idea of living in a friendly, safe Midwestern community appeal to you? Our practice is located in east-central Wisconsin, which boasts excellent schools, safe communities and abundant four-season, outdoor recreational activities, plus nearby NBA, NFL, MLB, major college sporting events and performing arts centers. We are offering a competitive salary and comprehensive benefit package starting as an associateship

with options leading to an equal partnership in our highly productive, multi-provider practice. Interested candidates should send CV or resume to lynn@omswinnabago.com or fax to 920-231-4559, Attn: Lynn.

Wisconsin

Progressive, forward-thinking OMS group with ownership in a physician-owned hospital system with full clinical autonomy. Booking 1.5 months out, drawing from a referral base of over 200 general dentists in a populous area of 500k+. Join a team of four full-time surgeons of varying tenure with four state-of-the-art practice sites and a legacy staff that is DAANCE-trained as well as a full-time, dedicated marketing and referral professional. Offering a dynamic surgeon, a two-year partnership track with a significant earning potential as well as a full schedule day one. Our competitive compensation package includes over \$90k in benefits, a \$10k relocation allowance, vehicle, gas and insurance as well as a \$5k continuing education allowance annually. We are based in Green Bay, Wis., which is home to superior education systems, unbelievably low cost of living and nationally known superior quality of life. If this fits your career goals, contact Pam Seidl at pseidl@baycare.net.

Miscellaneous

OMS Partners

Whether your focus is on starting your own practice, buying or selling a practice, or relieving yourself of the management challenges of your existing practice, OMS Partners is uniquely qualified to help you achieve your goals. We understand how valuable your time is. Our goal is to allow you to focus on patient care while we provide the comprehensive practice management required to maximize your productivity and profitability. Our team will become an extension of your practice with billing and timely collections, cash-flow management, accounting and human resources, and long-term planning, including practice growth and development. To find out more about OMS Partners, contact us today! Call Austin Leavitt at 832-683-5084 or email austin.leavitt@omsp.com.

Practices for Sale

Arizona

Solo practice, Tucson; EHR, 3-DCBT-Carestream 9300, 2 ops, exam, 2,100 sq. ft. Owner available for transition, attractive price in desert retirement community. Please reply to: Applicant, 8987 E. Tanque Verde Rd., Suite 309-137, Tucson, AZ 85749.



California

Multiple northern and southern California oral surgery practices currently available for sale or with associateship opportunities. Contact Brady Price & Associates, specializing in oral surgery practice transition via email at scott@bradyprice.net or call Scott Price, 925-935-0890.

California (Los Angeles)

Oral Surgery practice available for sale, with transition if buyer desires, in the Westwood Village area of Los Angeles. 1,200 sq. ft. office in quality medical/dental building 3 blocks from UCLA. Newer CBCT, two surgical operatories, consultation room, recovery room. On 3 1/2 days per week, collections averaged 500K for the past three years. Owner selling to care for her grandchildren and return to teaching. Experienced staff willing to stay on. Interested parties, contact AAOMS Box S-0309.

Colorado

OMS Practice Opportunities, South Metro Denver, Colo., Gross Collections: ~\$533,000 & Southwest Metro Denver, Colo., Gross Collections: ~\$474,369. Contact Marie Chatterley, 303-249-0611 or info@ctc-associates.com.

Florida (West Central)

Strong, long-established "teeth and titanium" practice in a continually growing area of the country. Contemporary, well-laid-out and spacious 3,500 sq. ft., 6-exam room facility. CBCT and state-of-the-art equipment with full backup generator. 2019 collections over \$1.4 million. Net approximately \$480K on a 4-day work week. Ample space for additional surgeon and excellent opportunity for increased production. Most patients FFS. Real estate owned by seller and for sale with practice. Seller retiring after transition period. Financing of 100% of real estate price at estimated market rates utilized for post-debt net income calculations. More information at bit.ly/WestCFOMS or contact Greg Auerbach, licensed Florida Real Estate Broker-Agent, Henry Schein Professional Practice Transitions – greg.auerbach@henryschein.com.

Illinois

Two-man practice with 60-year legacy is ready for sale in wonderful central Illinois community. We maintain a low overhead, and a very large and loyal referral base ensures \$2.1 million gross annual income. Larger OMS cases can be completed in two excellent local area hospitals. Please reply to James Ackerman, jim@adsmidwest.com or 859-466-9508.

Illinois

Profitable, well-established, solo practice in metro Chicago. Solid, young referral base, fee-for-service. Modern four fully equipped large operatories, two consult rooms, dedicated two-bed recovery room, central O2, EMR, CBCT. Level 1 trauma hospital privileges available, if desired. Spacious, 5000-sq.-ft., free-standing building owned by seller with ample off-street parking. Flexible transition options. Email: chicago4sale@gmx.com.

Massachusetts

Opportunity for associate and practice transition on Cape Cod. Conveniently located one hour from Boston. Net income \$550,000. 4 ops, 3 recovery rooms, CS WinOMS practice management software and CS9300 3D CBCT. Please email drjohnlangston@yahoo.com.

Michigan

Three privately held Oral Surgery Practices for sale. Two practices in southeast Mich., and one in the Grand Rapids area. All practice pricing based on profitability with transition flexibility depending on the needs of the buyer. Full-practice profile, valuation, with supporting documentation with after tax cash flow available once NDA in place. Please respond to michigandentist2018@gmail.com.

New Jersey

Surgeon retiring from long-established practice in a town near N.Y.C. with one of highest per capita incomes and best school systems in the state. Office is modern and fully equipped. Very flexible options for transition. Reply to AAOMS Box S-110619.

New Jersey (Middlesex County)

OMS office, part of multi-doctor practice transitioning to solo practice. Twenty years at same location enjoying steady referral base. Only OMS practice in a town of 52,000. Great opportunity if looking to expand or start your first practice. Listed for \$110,000. Send inquiries to AAOMS Box S-0224.

New York (Brooklyn)

Why work as an associate when you can own a practice? Turn-key, newly renovated, primarily fee-for-service practice in prime location now for sale. Close to a major highway and public transportation with parking available and wheelchair accessibility. Shy of a million dollars in collections from only a four-day workweek. All three operatories are modernized and fully equipped. Hospital privileges also available. Practice has solid, established 40+-year-old professional and patient referral base with proven track record of quality patient

care and loyalty to the community. A competent and dedicated staff supports the practice, and the surgeon can be available during transition. If you have been searching for a profitable, solid OMS practice to purchase, this is a must-see. Call today confidentially if you would like to learn more about this premier OMS practice: 516-314-6559 or email NYOMSDDS@gmail.com.

New York (Lower Hudson Valley)

Well-established practice looking for board-certified/active candidate for certification OMFS for purchase of practice. Current owner willing to remain through transition. Emphasis on dentoalveolar, office-based, implants, general anesthesia, pathology, hospital call. Experienced staff, good systems in place, cone beam CT, EHR. Please send CV to AAOMS Classified Box S-11803.

New York

Excellent opportunity to purchase a single owner, >35-year, established/well-respected practice available for immediate sale or short transition. Two offices. Located in the Hudson Valley, 1.5 to 2 hours from N.Y.C. Fee-for-service/select insurance. Office equipment in good condition; WinOMS Practice Management Software integrated with digital Panoramic, Periapical, Photo and CBCT scanner. Great referral base and great staff. Good production and net with potential for significant growth. Please send inquiries to AAOMS P.O. Box S-0218.

North Carolina

Established, state-of-the-art oral and maxillofacial surgery practice for sale in the beautiful Sandhills region of North Carolina. \$1.190 million valuation. Real estate also for sale. Historical collections averaged over \$1.5 million doing minimal implant cases. Practice is in immaculate 6,500+ sq. foot standalone surgery center built in 2017. 5 fully equipped ops, 6 plumbed ops and plenty of room for expansion. First-class systems and equipment including CBCT, 2D Pan, Dre Anesthesia Machines and OMS Vision software. In addition, practice owns high-end MedSpa equipment including CoolSculpt, Tru-Sculpt and multiple lasers. Great demographics and diverse referral base. Seller moving out of state but flexible regarding transition plans. For information, contact Brian Pender with Fairway Healthcare Partners at 585-260-7566 or email brian@fairwayhealthcarepartners.com.

Ohio

Solo suburban northeast Ohio practice for sale. 35 years with ample referral base. Room for growth. Great interstate and airport access, convenient to hospitals and outpatient surgery centers. Office 7 years old. Reply to AAOMS Classified Box S-110419.



Practices for Sale

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Pennsylvania

Central Pa., 45 minutes from State College. Thirty-year-old respected practice, beautiful office, over 5,000 square-foot building overlooking Susquehanna River, 3 operatories, EMR with Carestream/WinOMS, I-CAT Cone beam, piezosurgery unit, extremely well-equipped, grossing over \$1,400,000 each of last 5 years. Primarily office-based surgery but significant opportunity for orthognathics, TMJ and sleep apnea as desired with several hospitals available for trauma/in-patient care. Minimal competition, so much less stress. Priced to sell as oral surgeon retiring. 10% of gross plus purchase of building. Email CLEARFIELDOMS@gmail.com or call 814-765-3463.

South Carolina

Profitable, well-established solo practice in sunny S.C. within a short distance to mountains or beach. Highly respected retiring surgeon with annual production >\$1.2M on four-day work week. Well-maintained office with CBCT, WinOMS, recently updated computers, phone systems, etc. Reliable appraisal with purchase and finance options available. Flexible transition period to suit buyer's comfort level. Send cover letter and CV to AAOMS classified Box S-110119.

Texas

Rare opportunity to purchase an established, profitable OMS practice in Central Texas with consistent annual revenue of \$650,000 and an exceptional cash flow of 65%. This practice would make a great starter practice or satellite office! Please email texas@dentaltransitions.com.

Texas

Beaumont OMS practice for sale. Three fully equipped operatories. \$730,000 in collections, adjusted EBITDA of \$130,000. 2,000+ SF in a medical office building. Fantastic growth opportunity. The current doctor would prefer to sell to an individual doctor – don't miss this opportunity in SETX! For more information, contact Kaile Vierstra with Professional Transition Strategies via email: kaile@professionaltransition.com or by phone: 719-694-8320. We look forward to hearing from you!

Practice Transitions

OMS Exclusively-Premier Transition Specialists for Oral Surgeons

Leader since 2004 in the recruitment of oral surgeons nationwide. We understand oral surgery, we are THE specialists. Time to sell or buy, transition into retirement, value your practice, restructure your partnership or add an associate/partner? We have over 30 years in transitions, including practice sale experience. We work with residents, experienced surgeons and military. We are not practice brokers, do not charge 10% or sign exclusive agreements. We have buyers/associates, tremendous success! You have seen us at AAOMS/WE PROVIDE YOU PERSONALIZED SOLUTIONS. Webpage/ National Job Board: www.OMS-Exclusively.com, larryjacobson@oms-exclusively.com, call 866-241-9003.

Classified Advertising Deadlines

July/August 2020 issue: May 5, 2020

Sept/Oct 2020 issue: July 7, 2020

Nov/Dec 2020 issue: Sept. 3, 2020

AAOMS Faculty/Fellowship Classified Advertising Order Form

Available Position
(please check all that apply):

- ☐ Chairman
☐ Program Director
☐ Professor
 (clinical or research track)
☐ Associate Professor
 (clinical or research track)
☐ Assistant Professor
 (clinical or research track)
☐ Fellowship
☐ CODA Accredited
☐ Non-CODA Accredited

☐ **AAOMS Box Number requested**
 (No additional cost)

☐ **This is a confidential ad.**

Please contact only the following members
of my staff if you have questions:

☐ AAOMS Member ☐ Non-member **AAOMS Member ID No.** _____

**Member ID is required if posting as an AAOMS Member or on behalf of an AAOMS Member.*

OMS Training Program _____

Contact Name _____

Contact Email _____

Billing Address _____

City _____ State _____ ZIP _____

Phone _____ Fax _____

Faculty Ad Costs: **1-120 words:** \$0 **121-160 words:** \$200

Every 40 words thereafter: additional \$200

**20 percent off
3-issue purchase**

☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Card # _____ Exp. Date _____ CVV _____

Signature _____

☐ Check enclosed Amount _____ Check # _____

General Classified Advertising Order Form

Ad type:

- ☐ Position Available
☐ Practice for Sale
☐ Position Wanted
☐ Practice Transitions
☐ Miscellaneous

☐ **AAOMS Box Number requested**
 (No additional cost)

☐ **This is a confidential ad.**

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☐ AAOMS Member ☐ Non-member **AAOMS Member ID No.** _____

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Contact Name _____

Contact Email _____

Billing Address _____

City _____ State _____ ZIP _____

Phone _____ Fax _____

General Classified Ad Costs: **1-40 words:** \$200 **41-80 words:** \$400

81-120 words: \$600 **121-160 words:** \$800

Every 40 words thereafter: additional \$200

**20 percent off
3-issue purchase**

☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Card # _____ Exp. Date _____ CVV _____

Signature _____

☐ Check enclosed Amount _____ Check # _____

Mail completed form and check to:

AAOMS Today Classified Ads

9700 W. Bryn Mawr Ave.

Rosemont, IL 60018-5701

Or email form to classifieds@aaoms.org

Or fax form to 847-678-6279

**Please attach a copy of your ad text
when returning this form.****Questions?**

Visit AAOMS.org/classifieds,

or email classifieds@aaoms.org.

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In times of unprecedented change, practices need the tools to be more agile than ever.

Productivity and efficiency have never mattered more. And these are precisely the qualities that DSN Software engineers OMS-Exec® v18 practice management software to deliver. With v18, letters write themselves, your Scheduler conforms to your exact needs, and you're on top of your implant inventory at all times. In seconds, you can even assess any aspect of your OMS practice with Practice Snapshot.® To see all the ways OMS-Exec makes practices agile today, call 800-366-1197 or visit OMS-Exec.com to schedule a personal demo.



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