A Message from the President

As the ABOMS celebrates its’ 60th anniversary, another milestone was reached this year as we say goodbye to Chicago and set our sights on Dallas as the new host city for the Oral Certifying Examination in 2008. The facility is owned by the American Board of Obstetrics and Gynecology and will offer examination consistency, cost containment, and advanced technological applications. We may even anticipate warmer temperatures. Our administrative office will remain in Chicago.

Although many changes have occurred over the years, universal recognition as a premier specialty board certifying body has been a constant. Seven years as an examiner and another six as a Director have afforded me a comprehensive view of board certification within the specialty of Oral and Maxillofacial Surgery. The business of the board is entrusted to seven volunteer Directors who rely appreciably on a most capable administrative staff in our Chicago headquarters lead by Executive Director, Ms. Cheryl Mounts. She has assembled a top flight staff that helps execute the ongoing business of the Board; I thank each for their help and support during my tenure on this Board.

The mission of the American Board of Oral and Maxillofacial Surgery (ABOMS) is to help set the standards for the confluence of education, training, and experience for the specialty of Oral & Maxillofacial Surgery, to assure the public of an acceptable level of attainment by those who are Board Certified. To this end, the Board’s mission includes examination and certification of candidates, and recertification of Diplomates. Since ABOMS certification is a high stakes process, we must strive to be reasonably sure that people who are certified are qualified to be so, and those who fail to be certified truly fall below minimally acceptable standards. To assure excellence, we continually monitor, observe and interact with other medical and dental certifying boards nationally and abroad.

The computer based Qualifying Examination (QE), the Oral Certifying Examination (OCE) and the Recertification Examination (RE) continues to be refined and all exceed the highest psychometric standards for validity and reliability for surgical certifying boards. One internal goal is to be the standard by which other certifying boards are compared. The concept of recertification
A Message from the President Continued...

has recently evolved shifting from a single test conducted every 7-10 years to a more continuous process of assessment; namely Certification Maintenance (CM). Components and details of CM are outlined elsewhere in this communication; I wish to expound on the history and evolution of events ultimately mandating this shift to career life-long learning, self assessment and peer review.

Recertification as a general concept was first considered by the medical specialties over 60 years ago. At that time, the concept was actually driven by the profession as a means of enhancing the value of physicians to the public. Almost 30 years later, the American Board of Medical Specialties (ABMS) resolved that periodic recertification become an integral part of all specialty certification programs. This time, however, the concept was driven by public concern over physician competence. What led to public concern? First there was a clear rise of consumerism in the 1960s, but even more critical was the advent of public payment for a large portion of healthcare through Medicare and Medicaid.

In 1970 the United States Special Commission on Higher Education issued the following statement: “In view of the rapid rate of progress of medical and dental knowledge and the associated problems of educational obsolescence of practicing physicians and dentist, the commission recommends the development of a national requirement for periodic reexamination and recertification.”

In 1973 the U.S. Department of Health Education and Welfare (HE&W) Commission on Medical Malpractice released the following statement: “The commission recommends that specialty boards periodically reevaluate and recertify physicians they have certified.”

Shortly thereafter, legislation was introduced in the U.S. Senate to establish a national examination to initially license physicians and dentist and subsequent re-examinations to renew licenses to be given at least every six years.

In 1976 the U.S. Department of HE&W recommended that Certification Boards adopt requirements and procedures to assure the continued competence of health personnel. Two years later, 15 of 22 ABMS member boards had established dates for recertification and five had developed recertification procedures. This trend continued through the 80s and early 90s with all of the ABMS member boards ultimately participating. Then in 1998, recognizing the inadequacy of a single recertification examination, and in light of the rapid development of new technology and related information, the ABMS introduced “Maintenance of Certification” (MOC) which was subsequently supported by major medical organizations such as the American Medical Association (AMA), American Hospital Association (AHA), Accreditation Council for Graduation Medical Education (ACGME), and the Joint Commission on Accreditation of Hospital Organizations (JCAHO), among others. In 2001, the ABMS approved the transition of all of its 24 member boards from a “recertification” examination to “Maintenance of Certification.” Currently, all 24 ABMS member Boards participate in MOC.

The American Board of Oral and Maxillofacial Surgery’s (ABOMS) commitment to the specialty has always been to develop and evolve a certification process consistent with that of other surgical specialties and their certifying boards. Hence, the ABOMS closely investigated the trend toward continuing professional competence in the 1980’s and after careful consideration began to issue time limited certificates in 1990’s. The certificates were valid for a period of 10 years. The stated goal of recertification by the ABOMS at that time was to evaluate, at appropriate intervals, the continuing competence of Diplomates. As with the medical model, it soon became apparent that merely taking an examination every
10 years was an insufficient method for measuring continued competency. The ABOMS began discussions regarding the implementation of a certification maintenance program for Oral and Maxillofacial Surgery in 2004. After considerable data gathering, it was determined that the medical model as established by the ABMS was well thought out and provided a paradigm that oral and maxillofacial surgery could adopt in a relatively seamless fashion. While the ABOMS was unable to obtain permission from the ABMS to use their copyrighted term “Maintenance of Certification,” subsequent legal advice led to titling the OMS program “Certification Maintenance.”

The CM program incorporates the same primary components as those espoused by the ABMS.

1. Evidence of professional standing
2. Evidence of commitment to lifelong learning and involvement in periodic self assessment
3. Evidence of cognitive expertise based on performance on a secure examination
4. Performance in practice assessment

The implementation of the Certification Maintenance process will once again underscore the parity that exists between the ABOMS and the Boards of recognized surgical specialties of Medicine. The ABOMS acknowledges that Certification Maintenance is an evolutionary approach to the issue of practitioner competence. This issue will likely become even more important over time. The Board will continue to explore, evaluate and implement those concepts that support the delivery of the highest quality health care to the public.

To all newly certified and recertified diplomates, your sacrifice, perseverance and dedication to achieve this most important professional milestone is understood and appreciated. Congratulations!

It has been truly rewarding to serve with current and past board directors and examiners; thank you for your dedication and contributions to the specialty. A special thank you is in order for the current board of directors including Dr.'s Eric Geist, B D Tiner, Stu Lieblich, Mark Wong, Mary Delsol and Wayne Atebara. Your hard work, support and counsel have been most appreciated. Our relationship with the AAOMS continues to be respectful and productive as we collaborate to advance common goals of our specialty. I would like to thank Dr. Mark Tucker and the Board of Trustees of the AAOMS for their support and assistance this past year.

The examination committee is the workforce for the Oral Certifying Examination and members make critical contributes to the entire certification process; in addition, future directors emerge from this committee. Please consider formally applying to become an ABOMS examiner if you have been a diplomate for at least 5 years. The application process is outlined on our web site, www.aboms.org. Serving as a board examiner offers a splendid way to serve our specialty while experiencing what is consistently described as “the most rewarding professional experience in a career”.

It has been a great honor to serve as your President for the 2006-2007 year.

Kirk L Fridrich, DDS MS
2007-2008 Examination Committee

The ABOMS certification process has become a benchmark for other dental specialty certifying boards in dentistry. This excellence can be attributed to many factors—the foresight of our founders, educators who mentor our promising colleagues, practitioners who are on the front lines of health care delivery, and the dedication of those who gave and continue to give of their time to the Board. The ABOMS is able to meet its goals because of those of you who work with us to develop and administer a certification process that is second to none. Your services are greatly appreciated!

<table>
<thead>
<tr>
<th>Surgery I</th>
<th>SURGERY II</th>
<th>SURGERY III</th>
<th>SURGERY IV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Michael Melugin</td>
<td>Barry Kendell</td>
<td>Brian Smith</td>
<td>Andrea Schreiber</td>
</tr>
<tr>
<td>Charles Weber</td>
<td>Steven Prstojevich</td>
<td>Eric Carlson</td>
<td>Joseph Hildebrand</td>
</tr>
<tr>
<td>Stephen Gandy</td>
<td>George Sandor</td>
<td>Jim Clark</td>
<td>Vincent Williams</td>
</tr>
<tr>
<td>Leslie Heffez</td>
<td>Scott Bolding</td>
<td>Jerry Greer</td>
<td>Karel deLeeuw</td>
</tr>
<tr>
<td>Wayne Tipps</td>
<td>Bonnie Padwa</td>
<td>George Kushner</td>
<td>Jaime Brahim</td>
</tr>
<tr>
<td>Kurt Westlund</td>
<td>Hillel Ephros</td>
<td>Vincent Farhood</td>
<td>Vasiliki Karlis</td>
</tr>
<tr>
<td>Alan Felsenfeld</td>
<td>John Fidler</td>
<td>Bruce Horswell</td>
<td>David Stanton</td>
</tr>
<tr>
<td>Charles Repa</td>
<td>Alan Peet</td>
<td>Richard Burton</td>
<td>Robert Diecidue</td>
</tr>
<tr>
<td>William Synan</td>
<td>Michael Will</td>
<td>Rodney Nichols</td>
<td>Jeffrey Bennett</td>
</tr>
<tr>
<td>Richard Lee</td>
<td>Joseph McCain</td>
<td>Stephanie Drew</td>
<td>Orrett Ogle</td>
</tr>
<tr>
<td>Daniel Skinner</td>
<td>David Bitonti</td>
<td>Joseph Friedlich</td>
<td>Patrick Vezeau</td>
</tr>
<tr>
<td>Bruce Whitcher</td>
<td>Thomas Weil</td>
<td>Mark Zajkowski</td>
<td>Stephen Milam</td>
</tr>
<tr>
<td>Mary Stavropoulos</td>
<td>Robert Strauss</td>
<td>Wendell Edgin</td>
<td>Thomas Connolly</td>
</tr>
<tr>
<td>James Davis</td>
<td>Cameron Clokie</td>
<td>J. Michael McCoy</td>
<td>Debra Schardt-Sacco</td>
</tr>
<tr>
<td>Brett Ferguson</td>
<td>Vernon Sellers</td>
<td>Alan Herford</td>
<td>David Todd</td>
</tr>
<tr>
<td>Gregory Ness</td>
<td>Kent Moore</td>
<td>Maria Troulis</td>
<td>Michael Miloro</td>
</tr>
<tr>
<td>Nicholas Bournias</td>
<td>Robert Relle</td>
<td>Barry Steinberg</td>
<td>David Grogan</td>
</tr>
</tbody>
</table>

Board Consultant
Wayne Atebara

Board Consultant
Mary Deisol

Board Consultant
Mark Wong

Board Consultant
Stuart Lieblich
Surgery Section Co-Chairs for 2008 Oral Certifying Examination

Oral and Maxillofacial Surgery continues to be a dynamic and forward thinking specialty. The ABOMS has determined that the Certification Process will reflect that synergy. To that end the Board appoints members of the Examination Committee to positions that require development and implementation of the Oral Certifying Examination.

Would you like to serve on the ABOMS Examination Committee?

To be considered you must:

• be a Diplomate of the ABOMS in good standing.
• have a been certified for a minimum of 5 years.
• have a commitment to confidentiality
• demonstrate a contemporary knowledge of oral and maxillofacial surgical care.

Special consideration will be given to those individuals who have successfully completed the ABOMS Recertification Process. Go to www.aboms.org in the Diplomates Only to obtain all necessary information.
When I finished oral and maxillofacial surgery training at the Medical College of Virginia, I knew two things: the first that I would take and pass the American Board of Oral and Maxillofacial surgery, the second was that I wanted to be a part of education. The first desire came from my chief, Dr. S. Elmer Bear who expected that every one of his residents would become “Board” certified. Like most of us, I did not want to disappoint the “chief”. Dr. Bear had been active throughout his professional career in the American Association and the American Board of Oral and Maxillofacial Surgery. He felt strongly that every one of his residents would undergo an examination by their peers.

The second desire that I had came from internal motivation. I wanted to share some of my excitement for surgery and our specialty with young residents. As an educator, one of my goals is to give residents the best education possible realizing that most of what was being taught would be out of date within a few years. This concept is emphasize in seminars and journal clubs and lectures by the faculty. The challenge has been to get residents to understand that a residency program is only the beginning of their education. I frequently tell residents that the way I practice today is dramatically different than the way that I was trained. The change in my practice has been driven by a commitment to continuing education. Board certification and its recertification cycle is a part of the process of continuing education of our graduates and represents an outcome assessment of that process.

My years on the examination committee have been some of the most rewarding ones of my life. I have met a number of dedicated individuals who share the same enthusiasm I have for education and a dedication to the specialty. Some of the best times that I have during my 8 years on the examination committee are at lunch or after hours informally discussing educational issues with other members of the committee. The exchange of surgical and education ideas that goes on at the annual oral examination process is incredible.

This chance to be on the Board of Directors of the American Board of Oral and Maxillofacial Surgery is an honor just to be considered. I see the Board of Directors as one of the several bodies that looks at the scope and education of oral and maxillofacial surgeons and acts as an outcome assessment for that education. I hope to have the opportunity to be a part of it.
It is truly an honor and a privilege to be nominated by the examination committee for the position of ABOMS director. In my years of service as a member of the examination committee I have had the privilege of examining on three surgery sections and serving as a section Co-chair. I would like to extend my sincere gratitude to my fellow examiners for their confidence in my ability to help guide this valuable certification process into the coming years.

I have recently entered the private practice arena after serving as program director and then Chief of the Oral and Maxillofacial Surgery Division at the Long Island Jewish Medical Center. I believe that this combined experience has provided me with a unique perspective on the challenges that our specialty faces within the private practice and academic arena. This includes the importance of collaboration at the local, state and national level. I have served on several local and national committees including the executive committee of the Faculty Section of AAOMS, Chairman of CIG for Neurological Disorders, Parameters of Care subcommittee, the AAOMS subcommittee on bisphosphonate related necrosis of bone and CRET.

Board certification for any specialty represents a significant benchmark for individual professional achievement and is recognized by institutions and the public as a standard for quality. With each passing year as a board examiner, I witnessed the exam process and content modified to accurately reflect the changing needs and requirements of our specialty. In my view, it is the role of an ABOMS Director is to ensure that the integrity of the certification process is maintained as our surgical specialty grows and evolves to meet future challenges. This includes a fair and relevant recertification process which ensures continuous quality improvement for all Diplomates.

As a Director I will be dedicated to uphold the mission of the ABOMS and to coordinate and maintain the important relationship with AAOMS. I will work diligently with my Co-Directors in serving its two constituencies: the public by assuring that the certification process is valid in attesting to the qualifications of their providers and the Diplomates in providing them a fair and comprehensive evaluation.

G.E. Ghali, DDS, MD

Salvatore L. Ruggerio, DMD, MD
Examination Activities

2006 Recertification Examination

The Recertification Examination was administered at NCS Pearson testing centers from September 18-29, 2006. A total of 142 candidates took the 2006 Recertification Examination. The overall passing rate was 95%.

<table>
<thead>
<tr>
<th>Times Taken</th>
<th>Total Taking Examination</th>
<th>Total Passing Examination</th>
<th>Pass Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Time Candidates</td>
<td>119</td>
<td>114</td>
<td>96%</td>
</tr>
<tr>
<td>Repeat Candidates</td>
<td>23</td>
<td>21</td>
<td>91%</td>
</tr>
<tr>
<td>Total / Overall</td>
<td>142</td>
<td>135</td>
<td>95%</td>
</tr>
</tbody>
</table>

2007 Qualifying Examination

The 2007 Qualifying Examination (QE) was administered at NCS Pearson testing centers from January 16-27, 2007. A total of 252 candidates took the examination. The 182 total successful candidates constituted an overall 72.2% passing rate.

<table>
<thead>
<tr>
<th>Times Taken</th>
<th>Total Taking Examination</th>
<th>Total Passing Examination</th>
<th>Pass Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Time Candidates</td>
<td>189</td>
<td>157</td>
<td>83%</td>
</tr>
<tr>
<td>Repeat Candidates</td>
<td>63</td>
<td>25</td>
<td>39.6%</td>
</tr>
<tr>
<td>Total / Overall</td>
<td>252</td>
<td>182</td>
<td>72.2%</td>
</tr>
</tbody>
</table>

2007 Oral Certifying Examination

The 2007 Oral Certifying Examination was held February 12-16, 2007 in Chicago. Of the 181 candidates who took the examination, 153 passed resulting in a passing rate of 84.5%.

<table>
<thead>
<tr>
<th>Times Taken</th>
<th>Total Taking Examination</th>
<th>Total Passing Examination</th>
<th>Pass Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Time Candidates</td>
<td>161</td>
<td>141</td>
<td>87.5%</td>
</tr>
<tr>
<td>Repeat Candidates</td>
<td>20</td>
<td>12</td>
<td>60%</td>
</tr>
<tr>
<td>Total / Overall</td>
<td>181</td>
<td>153</td>
<td>84.5%</td>
</tr>
</tbody>
</table>

Future Examination Dates

<table>
<thead>
<tr>
<th>Qualifying Examination</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral Certifying Exam</td>
<td>1/15-26</td>
<td>1/14-25</td>
<td>1/12-23</td>
<td>1/11-22</td>
</tr>
<tr>
<td>OMSAT</td>
<td>2/12-16</td>
<td>2/11-15</td>
<td>2/16-20</td>
<td>2/15-19</td>
</tr>
</tbody>
</table>
OMSSAT
Item Writers Needed!

The OMSSAT has become a valuable tool for residents and Diplomates to assess their knowledge in content critical to the maintenance and evolution of specialty practice. After the data are analyzed the participants will be able to obtain a copy of the assessment that presents the questions and distractors, the answer, references and the rationale for the answers. Obviously it requires a great deal of time and energy to develop and refine new items for each OMSSAT administration. And we are appreciative of those dedicated surgeons who have given willing of their time and expertise.

As with any volunteer activity is important to involve as many people as possible in the process. To that end the ABOMS and AAOMS are calling for oral and maxillofacial surgeons who are willing to develop items for the OMSSAT. This is your opportunity to work with others to create ways to assist residents and provide a mechanism for practitioners to participate in continuous learning activities.

_____ Yes, I would like to write OMSSAT items in the following area(s):

Cosmetic   TMD/Pain   Orthognathics/Cleft/Craniofacial   Dentoalveolar
Pathology/Reconstruction   Trauma   Medical Assessment and Mgt.   Anesthesia

_____ I would be interested attending a workshop to learn how to write items.
Send me information about upcoming workshops.

_____ Please send me information about how to write items.

First Name: ____________________________________________   Last Name: ______________________________

Address: ____________________________________________________________

City: ________________________________

State: _____________________   Zip: __________

Phone number: __________________________

Email address: ________________________________

Fax number: ________________________________

Please return this form to the ABOMS

ABOMS
625 North Michigan Ave.
Suite 1820
Chicago, IL 60611

ATTN: Erin Killeen
Congratulations to Diplomates who Recertified in 2006

Albert, Vincent M.
Alien, Leonard F., IV
Altuwarigi, Othman F.
Andrews, Michael
Edward Baker, Paul R.
Bauer, Frederick
Scott Bergman, Robert
Todd Billy, Mark L.
Blankstein, Kenneth C.
Branman, Rhys L.
Brooks, Jeffrey H.
Brown, Jeffrey M.
Buford, Lionel Angelo
Caprice, Domenic M.
Carter, Douglas A.
Cooper-newland, Deborah L.
Cornelia, Frank A.
Currie, William R.
Desalvo, Gary J.
Desalvo, Michael Sebastian
Deatherage, Joseph R.
del valle-sepulveda, Edwin A.
Diaz-abascal, Jose J.
Dohse, Anthony J.
Eckstein, James R.
Eaf, David S.
Elledge, Philip
Brent Elson,
Martin Thomas
Field, Amy Douglas
Filler, Trent C.
Finegold, Deborah C.
Fiorita, Vincent L.
Fontaine, Claude L.
Fried, Eric S.
Fries, Gary S.
Gassmann, Carl Jeffrey
Gerard, Nicholas Oscar
Gesek, Daniel James, Jr.
Goetz, Jeffrey S.
Goffas, George Thomas
Goldenberg, Laurie Allyn
Granite, Edwin L.
Gray, Richard G.
Greece, Mark A.
Greenawalt, Paul B.
Guariglia, John L.
Gustafson, Roland B.
Haim, Fred M.
Hillgen.JohnJ, IV
Hochberg, Mark G.
Hoff, Martin Joseph
Hofheins, Donald C.
Huberman, Bruce A.
Jensen, Philip M.
Jones, Gary Thomas
Julian, Robert S.
Kapp, Michael G.
Kearns, Gerard G.
Kincer, Todd C.
Kintz, Robert L.
Kohler, Gene Michael
Koop, Martin J.
Lane, Christopher Joseph
Lee, Alexander E.
Lee, Jeffrey E.
Leist, John C., III
Lincoln, Robert E.
Lutchka, Bradley J.
Mahan, Dennis M.
Manna, Louis Michael
Marashi, Amir H.
Marino, Joseph A.
Mcllwain, Mark R.
Mclaurin, Donald R.
Meer, Michael Z.
Menendez, Leo F.
Merlo, Leonard A.
Milch, Eric A.
Miyasaki, Shelley H.
Monasebian, Douglas Marion
Morgan, Jackson Paul, III
Mueller, David P.
Muse, John Howard
Nail, George Alan
Nicolaievsky, Eduardo Alan
Orr, Frank E.
Parworth, Larry
Paul Peak, Robert B.
Pena-velasco, Gustavo B.
Pillai, Ajit V.
Pituch, Daniel W.
Pollock, George K.
Pruit, John W.
Pulver, L. Eric W.
Queale, Robert W.
Read, Daniel S.
Reisman, Alan Jon
Reznick, Jay Brian
Richardson, Gregory P.
Richmond, Erik M.
Rieck, Kevin Lee
Riggs, Daniel E.
Riker, Kevin Robert
Rodgers, Steven Frederick
Rollar, Thomas Francis, Jr
Saxe, Steven Allan
Scalia, Ignatius Allan
Schneck, David L.
Scott, Patricia A.
Seidel, John F.
Smith, Kevin Stewart
Stone, Ira E.
Sundheimer, Richard Neil
Szumita, Richard P.
Tharanon, Wicht P.
Theberge, Daniel M.
Tidwell, John K.
Todd, David W.
Tom, William W.
Trigg, David Daran
Tucker, Stephen A.
Valentine, Douglas J.
Verveniotis, Steven J.
Wadhwa, Gurinder (Gary) S.
Warda, Geoffrey R.
Weinstein, Paul R.
Whitney, Steven J.
Will, Michael J.
Williams, Christopher J.
Wimsatt, James A., III
Wise, David Paul
Worley, C. macdonald Paul, Jr
Wygonski, Robert Joseph
Younce, Dean Charles
Young, Perry B.
Congratulations to the new Diplomates of 2007

Abunasra, Nazeeh J.
Achong, Ronald M.
Adams, Maxwell C.
Afshar, Andrew A.
Alessi, Anthony S.
Ali Khan, Husain
Almerico, Ben A.
Al-musawi, Ala M.
Amato, John P.
Baker, Jason S.
Barton, James H.
Bessey, Robert Eric
Biron, Roland T.
Bowen, Scott M.
Bowman, Curtis J.
Broujerdi, Joseph Ata
Broumand, Vishtasb
Burton, Jonathan W.
Carter, Todd G.
Chiodo, Thomas A.
Chung, David P.
Cockrell, Rex D.
Collins, Jeffrey K.
Crossland, Jay A.
Davis, Mark E.
De Tolla, Daniel H.
Demian, Nagi M.
Desai, Chirag N.
Doherty, Michael J.
Dorfman, Brian J.
Duffy, Patrick G.
Dumanis, Leo
Dunlap, William S. Jr.
Dunn, Huyen-Chau
Erbentraut, Brant A.
Fallon, Steven D.
Fantuzzo, Joseph John
Farrell, Brian B.
Fountain, Craig H.
Gallia, Louis J.
Garabedian, Hamlet C.
Gelder, Bret D.
Gillis, John M.
Goodove, Scott R.
Goos, Robert R.
Gordon, John R.
Gramins, Robert T.
Halpern, Emily B.
Hamilton-Hall, Christine L.
Hammoudeh, Jeffrey A.
Harris, Michael S.
Hartman, Frederick A.
Hearn, Matthew W.
Hirsch, David L.
Hlavacek, Matthew R.
Hoghooghi, Alexander S.
Hostalet, Gabriel D.
Hoyer, Scott A.
Hultquist, John W.
Hyten, Steven J.
Indovina, Anthony A. Jr.
Intriere, Nancy M.
Jacks, Thomas M.
Jackson, D. Carl
Jo, Chris
John, Carolyn Suzanne
Johnson, An-louise
Johnson, Brendan, G.
Johnson, Donald J.
Johnson, Michael P.
Johnson, Scott A.
Jungbluth, Perrin S.
Kao, Solon, T.
Karam, Lina N.
Katz, Ronald L.
Keyser, Jennifer D.
Kim, Andrew K.
Kincaid, Brent L.
Kishter, Steven R.
Kolokythas, Antonia
Kraemer, Michael B.
Krey, Bryan
Larusso, Mark A.
Lee, George S.
Lieberman, Benn L.
Long, Larry K.
Lovoi, John J. Jr.
Lozano, Teresa E.
Lustig, Jason H.
MacMenamin, Luke J.
Malis, Didier-David A.
Maring, Thomas S.
Marshall, Chadwick J.
Mashhadian, Shahram Y.
Mayer, Peter J.
McAndrew, Brian P.
McCartney, Colin P.
McDonald, David P.
Mcintire, Tracy E.
Mclain, Richard L.
Metcalf, Paul S.
Miles, Brett A.
Miller, Ivo A.
Miller, Jason J.
Miller, Jason R.
Miyatake, Linda U.
Mohan, Maneesh.
Molen, David G.
Monteleone, Kevin L.
Morgan, James R.
Muduli, Anup.
Noonan, Christopher E.
Notarnicola, Kurt S.
Paolella, Stephen J.
Park, David A.
Partridge, Corbin G.
Patel, Brijesh J.
Patel, Piyushkumar P.
Payne, Jeffrey C.
Pledger, James W. II
Podstreleney, Stjepan Steven
Precceruti, Pierpaolo C.
Rake, Patricia Angela
Rammo, Khaled
Reddy, Prashant M.
Rhyne, Craig H. Jr.
Rockacy, Jeffrey W.
Romanow, Gregory C.
Roy, Samuel J.
Salehani, David
Sammons, Stephen J.
Samouhi, Payam
Sawatari, Yoh
Schultz, Wade T.
Seago, David E.
Shillingburg, John C.
Singer, Michael D.
Sittitavornwong, Somsak
Sleet, Harry W. II
Stern, Brian A.
Stern, Michael E.
Strange, Jason C.
Svoboda, Lance W.
Taglione, Roberto
Terres, Jayson J.
Turner, Bradley M.
Urala, Mark M.
Wang, Kingsley L.
Ward, John D.
Wenk, Scott A.
Wong, Kenneth Chun King
Yang, Eddy P.
Young, Carl W.
LSU Oral and Maxillofacial Surgery: beyond Katrina

By John N. Kent

The passage of Hurricane Katrina in August of 2005 left nearly 15 feet of water on the LSU School of Dentistry campus. It also caused substantial wind and flood damage at Charity Hospital. Subsequently, the department of Oral and Maxillofacial Surgery (OMS) lost their primary faculty practice clinic (3500 sq ft) at the Dental School and the resident clinic at Charity (10,000 sq ft). Temporary loss of the OMS resident impaction and dental implant clinic (2500 sq ft) on the fourth floor of the Dental school also occurred. No OMS faculty was lost and only 2 of 22 residents required transfer to other teaching institutions. All other LSU medical and dental residency programs lost faculty and a great many residents. For example, the OMS residents were the only residents on the Neurosurgery service in Baton Rouge for several months. OMS resident relocation during the 9 months following Katrina occurred throughout Louisiana and at Charlotte, NC with the assistance and tutelage of Drs. Grady Hornsby, Chris Saal, Ronald Marks, David Carlton, Ghali Ghali, and Dale Misiek to continue the education of the residents. LSU OMS thanks the many program directors throughout the U. S. that called and offered unconditional assistance for our residents.

The Dental School, under the direction of Dean Eric Hovland, along with OMS faculty Drs. Randy Malloy and Michael O’Brien, was rebuilt and transferred to Baton Rouge with student clinics down for only 3 months. The LSU OMS program suddenly serviced both New Orleans and Baton Rouge equally to accommodate a population shift of 400,000. Resident seminars, case conferences, special lectures and courses were given weekly in both cities. Travel back and forth twice a week was common to many. By Thanksgiving of 2005 a 1300 sq ft private practice office in Metairie reopened to service 3 faculty, 2 residents, and 4 staff. In April of 2006, a small Level One Trauma facility in New Orleans opened. Charity Hospital, in a sense, was back although on a smaller scale. Nearly all the facial trauma went to OMS, soon followed by most of the head and neck reconstruction patients. EKL hospital in Baton Rouge became nearly as busy as Charity with all facial trauma treated by OMS.

Scope

The original fear of a decrease in resident case load was short lived as patients from all walks of life overwhelmed the few remaining private hospitals. With as many residents in Baton Rouge as New Orleans to treat the population shift, trauma and reconstruction occurred 7 days a week. The numbers of patients in Baton Rouge at EKL Hospital including workers from around the country easily equaled that of pre-Katrina Charity. Elective surgery, down for a few months, quickly rose to pre-Katrina levels as well. The residency program from July 2005 to July 2006 treated nearly 700 facial fractures. Elective surgery, thanks to full and part time staff, as well as the LSU rotation in Charlotte, North Carolina, saw impressive resurgence. The resident case load for elective procedures nearly equaled previous years, with dental implants (403), benign and malignant pathology (88), soft and hard tissue reconstruction (170), facial cosmetic surgery (192), TMJ surgery (348), and orthognathic surgery (457) leading the way. It now seems that future patient care will be fairly evenly divided between New Orleans and Baton Rouge with a metropolitan population of one million each.

Rebuilding

The 2000 bed and multiple outpatient clinics at Charity are gone. With FEMA and state monies a 400 bed state of the art facility will be built in New Orleans. In February of 2007, the University Hospital reopened and a few clinics including OMS are now active. New state of the art ICU and ER facilities are finished and the OMS service is in the operating theatre 4 days a week.
In August of 2007, the dental school will move back to New Orleans and resident cases will begin again in the 4th floor clinic. No patient care will take place in the first floor private practice clinic since FEMA has declared its elevation to be in the flood zone where five feet of water destroyed the clinic and all its patient records. Plans are in progress for FEMA and the state to construct a third building at the dental school that will house the new OMS private practice clinic. This clinic will include state of the art major operating rooms and recovery, as well as an elaborate area for cosmetic surgery, dental implants, and research.

Faculty
Former ABOMS President Dr. Jack Kent is retiring as department head after 34 years of service. He will continue with the LSU service in a gratis position and use his facial deformity and TMJ patients in a teaching capacity with the residents. Search for a new department head is currently very active. Dr. Michael Block is retiring to enter private practice. Residents will rotate on his dental implant service for clinical experience and research. Dr. Jon Perenack, currently residency program director, will operate a very active facial cosmetic surgery clinic as well. Dr. Randy Malloy will share his new duties as Assistant Dean for Advanced Education with resident teaching, and Dr. Michael O’Brien will continue his responsibilities as director of undergraduate education and the schools resident impact clinic. Additional faculty will be selected to cover the increased workload in post-Katrina New Orleans and Baton Rouge.

The LSU program is forever indebted to the many Oral and Maxillofacial surgeons who came to its rescue after Katrina. The assistance and funds provided by individuals alone and through the Katrina fund established by the AAOMS Board of Trustees during these difficult times were crucial to the viability of the program, and to the now bright future that the program eagerly awaits.

2008 Annual Registration

Begins November 1st, 2007

Deadline For Active Diplomates
December 31, 2007: $100 registration fee due

Late Registration and fees
January 1 - 31, 2008: $100 registration fee + $100 late fee
February 1 - 28, 2008: $100 registration fee + $200 late fee
March 1 - 31, 2008: $100 registration fee + $300 late fee
April 1 - 30, 2008: $100 registration fee + $400 late fee
November 1, 2008: Diplomate certificate revoked

Please read Diplomate Responsibilities on page 2 of the 2007 Directory of Diplomates.

ABOMS has been unable to contact the following Diplomates. If you know their whereabouts please get in touch with the ABOMS Administrative Office.

Michael Bailey
Gary Baker
David Bastacky
Bernard Bildman
John Birbe
Graeme Browne
Jon Cardinal
Lee Chamberlain
Mitchell Collins
S Daneshgar
Gregory Edmonds
Arthur Gonty
Michael Gormley
Harry Hersh
Roger Hitchcock
Paul Huizinga
Louis Kincaid
Stuart Kline
Lane Knight
Clarence Lindquist
Mark Moses
John Naugle
Felice O’Ryan
Michael Ridley
Jerome Schweikert
Leonard Weldon
Granger Wong
David Zeig
Albert Zickmann
Monte Zysset
Clifford Foster
J Lichtenstein
John Pavel
Louis Altshuler
Thomas Caldwell
Santo Cataudella
Kenneth Cutler
William Dodson
Charles Hallum
Joel Holubar
Charles Hutton
Jerome Laham
John Lanka
R. Lentz
Richard Lyon
Bert McJimsey
George Myers
Thomas Neville

Albert Pearlman
C. Ted Robinson
Sinclair Short
Ashley Sills
Allen Sisk
J. Henry Stempien
Elaine Stuebner
William Ware
Our Mission

The Mission of the American Board of Oral and Maxillofacial Surgery is to help set the standards for the confluence of education, training, and experience for the specialty of Oral and Maxillofacial Surgery to assure the public of an acceptable level of attainment by those who are Board Certified. To this end, the Board's mission includes examination and certification of candidates, and recertification of Diplomates.