Dear Members and Colleagues,

It is my distinct honor to serve as President of the American College of Oral and Maxillofacial Surgeons (ACOMS). I first joined ACOMS as a Resident Member 25 years ago. I was hooked on ACOMS from the beginning and have attended numerous meetings and courses over these years. I have also been able to serve the College in multiple capacities and have watched the College continue to grow. The College continues to impress me with its leadership and vision in what it provides to practicing surgeons and residents alike.

I had the pleasure of connecting with many of you at the 40th Annual Scientific Conference & Exhibition in Santa Fe this past April. I would like to extend a special thank you to the co-chairs: Dr. Jeffrey Bennett and Dr. Deepak Krishnan, who led an exceptional scientific program that featured a partnership with the American Dental Society of Anesthesiology.

We had the honor of presenting an honorary membership to Vice Admiral Jerome M. Adams, United States Surgeon General, who spoke about the national opioid crisis and how we, as oral health professionals, can help end this epidemic.

Much of my vision for the College builds on the great work of my predecessors. I owe a debt of gratitude to many of these individuals for supporting me in this ascent to the Presidency. In recent years, the College has increasingly strengthened our international ties. We had a number of ACOMS members lecture at the EACMFS meeting in Munich last fall. Many of our members and Board of Regents attended the International Conference of Oral and Maxillofacial Surgeons (ICOMS) hosted by IAOMS in Rio de Janeiro, Brazil. We are excited to be working with our colleagues from Latin America with our 1st ALACIBU & ACOMS International Meeting, June 14-17, 2020 in Hollywood, Florida.
The Committee for Continuing Education, chaired by Dr. Faisal Quereshy, has an exciting program in store for the coming year, including annual favorites and brand new courses. Just as the new Lifestyle Series promotes fellowship and experiences beyond the confines of the classroom, it is my personal goal to incorporate more wellness components into the College’s meetings, not only through continuing education, but also through fitness activities. For example, the Annual Boot Camp meeting in June kicked off with an optional morning yoga session. In addition to that, we are developing a new dental implant course, which will focus on both the procedure itself and business aspects of implants, as I believe this is pertinent to many of our practicing members.

Lastly, but perhaps of greatest importance, I will be working with the Board of Regents to spearhead a new strategic plan for the College. Strategic planning is a vital component of ensuring the College is delivering on its mission and meeting the needs of its membership. We will be administering a Membership Needs Assessment in the fall and I encourage you all to participate, as the results of that survey will strongly inform the direction of our continuing education and membership benefits.

As our fiscal year comes to a close on August 31, we begin the new year in sound financial position and a vision for continual growth in our membership and educational offerings. I hope you will join us in this vision and renew your membership. We cannot do our work without your support, which has a twofold return in advancing our specialty and supporting generations to come.

Kevin L. Rieck, DDS, MD, FACS
President, ACOMS
Support the Specialty

The ultimate aim of ACOMS is to enhance patient care by fostering surgical excellence through education and promoting fellowship among oral and maxillofacial surgeons. We are committed to providing high quality and comprehensive continuing education, as well as supporting the next generation of oral and maxillofacial surgeons. The generous support of our community plays an integral role in helping us continue our mission.

We thank the following individuals for their donations in the past year:

Suganya Appugounder
Kevin Arce
R. Bryan Bell
Jeffrey Bennett
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Andrea Burke
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Scott F. Nolen

Donations can be made to one of the following funds:

**ACOMS Fund** - Support the day-to-day operations of ACOMS in the furtherance of our goal of fostering surgical excellence through education.

**The Stuebner Scholars Award Program** - Established in 2016, this award provides opportunities for female surgeons to advance through participation in scientific meetings organized by the College.

**Resident Travel Award Program** - Fund travel opportunities for oral and maxillofacial surgery residents to attend educational opportunities like our Annual Meeting and hands-on courses.

**ACOMS Foundation (a Donor Advised Fund of the OMSF)** - Supports education and research to advance the specialty of oral and maxillofacial surgery. This fund is administered by the Oral and Maxillofacial Surgery Foundation.

[acoms.org/give]
William H. Bell Award Recipients

The ACOMS William H. Bell Award for Predoctoral Achievement in Oral and Maxillofacial Surgery was developed in 2018 to provide education and recognition to dental students who may wish to pursue training in oral and maxillofacial surgery. Each accredited dental school in the United States may select one recipient in their third year who has exhibited academic excellence and interest in oral and maxillofacial surgery.

Awards are presented at the institution’s award ceremony and winners are invited to attend and be recognized at 1st ALACIBU & ACOMS International Meeting, June 14-17, 2020, Hollywood, FL. Below are the names of the the 2019 winners.

Dental students can join the College for free. Click here for more information.

Jessica R. Anderson, Dental College of Georgia at Augusta University
Husham Aswad, Southern Illinois University School of Dental Medicine
Michael Baily, Oregon Health & Science University
Kyle M. Baird, Texas A&M College of Dentistry
Michael I. Benichou, Western University of Health Sciences College of Dental Medicine
Aparna B. Bhat, University of New England College of Dental Medicine
Jared Bitner, Virginia Commonwealth University
Nicholas S. Branham, Midwestern University
Connor B. Campbell, Temple University Maurice H. Kornberg School of Dentistry
Chisom C. Chukwu, Arizona School of Dentistry & Oral Health
Brent M. Cornette, University of Kentucky College of Dentistry
Rachelle L. Cucca, UAB School of Dentistry
Piper Dankworth, University of Utah School of Dentistry
David Evans, University of Utah School of Dentistry
Juliana Gaviria, UT Health San Antonio School of Dentistry
Juliana Gomez, New York University College of Dentistry
Sebastian Graca, University of Illinois at Chicago
Brian Hadfield, Roseman University College of Dental Medicine
Haley Harris, Boston University Henry M. Goldman School of Dental Medicine
Curtis Herzog, University of Michigan School of Dentistry
Katelyn M. Hornbuckle, University of Louisville School of Dentistry
Marcus J. Hwang, University of Washington
Franklin Ivers, University of Tennessee Health Science Center
Anthony Karayan, UCLA School of Dentistry
Jeremy P. Koontz, Case Western Reserve University School of Dental Medicine
Maciej Kosakowski, University of Connecticut School of Dental Medicine
Jessica Li, Touro College of Dental Medicine
Jiwon Lim, East Carolina University School of Dental Medicine
A pioneer in the field of oral and maxillofacial surgery, Dr. William “Bill” H. Bell’s research developed the biologic basis and clinical rationale for orthognathic surgery. His career spanned more than fifty-five years, including sixteen years at The University of Texas Health Science Center at Houston and over three decades at UT Southwestern Medical School/Parkland Memorial Hospital in Dallas. He was a lifelong educator, recipient of numerous accolades, and a celebrated author of over 180 papers and publications.
Scott Van Dam, DDS, MD
Black Hills Oral Surgery
Rapid City, SD

Dr. Scott Van Dam has over 14 years of experience as an oral and maxillofacial surgeon. He first joined ACOMS as a Resident Member, but lapsed his membership shortly thereafter. Years later, Dr. Van Dam has reengaged with ACOMS and is now an active volunteer on the ACOMS Membership Committee.

When did you first join ACOMS?
I joined ACOMS as a Resident Member while at the Mayo Clinic in Rochester, Minnesota. I remember attending my first ACOMS meeting in 2007, because I presented a poster and abstract on the topic of Metastasizing Ameloblastomas and, to my delight, won first prize. While I was impressed with both the College and the educational offerings at the time, a busy personal and professional life, as well as many other opportunities for continuing education, kept me away from renewing my membership.

What attracted you to eventually renew your ACOMS membership?
There are multiple factors that attracted me to renew my membership. One factor was the 32nd Annual Winter Meeting in Colorado. I had the opportunity to learn about the latest advancements in orthognathic surgery and go skiing. Another factor is the quality of continuing education courses the College offers. This past April I attended the Annual Meeting in Santa Fe, New Mexico and was very impressed not only with the relevance and quality of the CE courses offered, but the intimacy and camaraderie amongst the attendees that made this experience enjoyable.

How did you decide to become an oral and maxillofacial surgeon?
I decided to become an oral and maxillofacial surgeon during my third year of dental school at Creighton University. It was a year after the birth of my second child. She had multiple congenital anomalies, which deepened my interest in medicine at a time when I already was discovering an interest in oral surgery. Since making the decision to pursue oral surgery as a career, I have never looked back!

How did you get involved in the ACOMS Membership Committee?
Dr. Kevin Rieck, who mentored me when I was a resident at Mayo Clinic, and who is currently serving as the President of ACOMS, invited me to be a part of the ACOMS Membership Committee. I’m excited to be part of the committee and share my rediscovered appreciation for ACOMS with others and encourage my friends to come learn and have fun.
What are some of the challenges you faced along your educational or career journey?  
The biggest professional challenge during my first 12 years of practice has been learning to become an effective leader. I joined a stable group practice with two seasoned partners, whose leadership set the tone and guided the culture during the first years of practice. As they transitioned to retirement, this left a void that I, together with three other partners, had to learn to fill.

Our practice nearly doubled in size during this time, reaching around 40 employees. We learned together, with a lot of trial and error, that effective, positive leadership takes constant effort. It requires first and foremost that we see others as people and that we continually strive to see how our behaviors are impacting others, and are willing to make adjustments to help others succeed around us.

These are common sense ideas, but building and maintaining a positive work culture does not just happen with good intentions and occasional interventions. Putting out fires is no fun! We continue to learn as partners that we have to be intently engaged with this process on a daily basis, setting aside time to anticipate problems and help things go well. We have learned that we each have different talents, as well as weaknesses, and we need to take on responsibilities that best suit us. It continues to be a challenging and rewarding journey.

Do you have any advice for dental students and residents who are just embarking on their careers?  
My advice to those just embarking on their careers is to build in ample time in your schedules to connect with your partners and employees. Take time regularly to really get to know one another. Deliberately develop a positive work culture as a team, making your office an attractive place for new talent and an enjoyable place to be. Don't shy away from seeking expert help with this. We engaged a consulting company for help with this part of our practice and have been very pleased with what they have helped us achieve. It matters probably less who you work with, but rather that you make the effort. It will be worth it!
Featured In OOOO

Abstracts from the Seventh Annual Residents Meeting, which convened November 10-11, 2018 at the Texas A&M College of Dentistry in Dallas, TX, were published in the July 2019 issue. Click here to view the issue.

Residents, don’t miss your next opporunity to gain speaking experience, get published, and win prizes. Register for the Eighth Annual Residents Meeting, November 2-3, 2019, Dallas, TX and submit an abstract or case study for the opportunity to present in a low-pressure environment. Outstanding abstract and case presentations are eligible to win prizes, including travel awards to attend the 1st ALACIBU & ACOMS International Meeting at the Diplomat Beach Resort in Florida from June 14-17, 2020. All accepted abstracts will be published in OOOO journal.

**Chondrosarcoma of the jaw: a retrospective series**

**Authors:** Akram Abdo Almansoori, Hui-Young Kim, Bongju Kim, Soung-Min Kim, Jong-Ho Lee

**Objectives:** Low-grade chondrosarcoma presents with features similar to those of benign lesions, such as chondroma and synovial chondromatosis, increasing the difficulty in reaching an accurate diagnosis preoperatively. In this study, we retrospectively reviewed 10 chondrosarcoma cases and evaluated the diagnostic approaches and management modalities.

**Oral health–related quality of life in women with temporomandibular joint disk anterior displacement before and after disk repositioning and anchoring surgery assessed with the Oral Health Impact Profile (OHIP-14)**

**Authors:** Roberto Ferreira Zanin, Guilherme Ommizolo, Alexandre Weber, Cláiton Heitz, Eduardo Martinelli Santayana de Lima

**Objectives:** The aim of this study was to assess and compare oral health–related quality of life (OHRQOL) in women with temporomandibular joint (TMJ) disk displacement without reduction, before disk repositioning and anchoring surgery, in short-term follow-up, in different age groups, and with use of the Oral Health Impact Profile (OHIP-14).

Subscription to OOOO is a complimentary ACOMS membership benefit. The following articles are featured in the Oral and Maxillofacial Surgery section of the recent issue. Visit oooojournal.net to read more.
Career Opportunities

Visit the ACOMS Career Center to view opportunities in oral and maxillofacial surgery. The Career Center is available to all job-seekers at no cost. Job-posters that are members of ACOMS receive a discount on posts, which can include OMS, fellowships, and surgical and administrative staff positions.

- **Oral and Maxillofacial Surgeon**, Carle Physician Group - Urbana, IL
- **Full or Part-Time Oral and Maxillofacial Surgeon**, 42 North Dental - Boston, MA
- **Oral and Maxillofacial Surgery Faculty Position**, Nassau University Medical Center - Long Island, NY
- **Assistant, Associate, or Professor-in-Residence Clinical Sciences (Oral/Maxillofacial)**, University of Nevada, Las Vegas School of Dental Medicine
- **Oral and Maxillofacial Surgeon**, Rhinelander Dental Center - Rhinelander, WI

On-demand Study Tools

Can’t wait for our annual review Boot Camp in June? Our online Learning Center is a great resource for ongoing study material and affordable continuing education credit.

Clinical Reviews

Free for members, Clinical Reviews are posted monthly and feature a comprehensive review of an oral and maxillofacial surgery topic, along with a pre- and post-test. Recent topics include:

- Total Temporomandibular Joint Replacement
- Arthroplasty and Eminectomy
- Surgically Assisted Rapid Palatal Expansion
- Mandibular Subapical Osteotomies
- TMJ Ankylosis

Pass the post-test within three tries and receive a Continuing Education Certificate for one credit hour.
Malpractice Minute

Failure to Diagnose Infection Leads to Sepsis and a Malpractice Suit against OMS

Robert A. Strauss, DDS, MD

Background
When complications persist and do not respond to routine therapies, it is incumbent on the OMS to consider alternative and less common diagnoses. When appropriate, referral to a tertiary care center for consultation should be considered. This case illustrates how seemingly routine cases can become malpractice allegations.

Case Discussion
The patient was a 53-year-old female who presented to her general dentist, Dr. M, for treatment of pain in the upper left quadrant. The medical history was only significant for a permanent work-related partial disability. The social history revealed a 1 PPD smoking history and 3-6 drink per day alcohol history.

After examination, Dr. M scheduled the patient one week later for extraction of teeth 14 and 15 and prescribed Cephalexin and Darvocet in the interim. The patient returned for that appointment and had the two teeth extracted without incident.

Seven weeks later the patient went back to Dr. M with the complaint of pain and thermal sensitivity in the area of the surgery. X-rays showed no obvious abnormal findings. Thermal testing showed the remaining maxillary dentition in the upper left quadrant was vital and Dr. M diagnosed a likely maxillary sinusitis. He then referred the patient to her primary care physician, Dr. B, for management.

The primary care provider, Dr. B, saw the patient the same day and prescribed Cefit and analgesics. After two weeks the patient felt no better. She followed up with Dr. B who prescribed a 10-day course of Ciprofloxacin and obtained a CT scan of her sinuses, which revealed no abnormalities. Another eleven days passed before Dr. M referred the patient to Dr. J, our insured oral and maxillofacial surgeon, who examined the patient, reviewed the CT scans and felt that there was no acute odontogenic infection that required treatment. Dr. J prescribed chlorhexidine and advised the patient to improve her daily oral hygiene. Of note, the patient verbally requested another systemic antibiotic prescription because she was “afraid of getting an infection.” Dr. J explained that she had just come off the 10-day course of Ciprofloxacin and that he felt a further course of empirical systemic antibiotics was not advised.

The patient returned to Dr. M three days later with left sided facial tenderness, pain and swelling. He diagnosed an acute abscess, prescribed Clindamycin, Zofran (for an undocumented reason but presumably for antibiotic-related nausea) and analgesics. Importantly, no surgical management was undertaken at that time. The patient was not seen by Dr. J for another four days, at which time she was found to have stable, continued facial swelling but was subjectively feeling worse. Dr. J then extracted tooth 16 due to new, acute apical periodontitis. Two more days elapsed and the patient again returned to Dr. M who noted continued swelling and sent the patient back to Dr. J.

Dr. J saw the patient that day and took an x-ray. Although he noted no purulence, Dr. J extracted
tooth 13 for unknown reasons, debrided the extraction site of 14 and prescribed azithromycin and analgesics. The following day the patient was seen by Dr. J and seemed slightly improved on physical exam. She was scheduled one day later for follow-up with Dr. J, but requested to skip a day and presented two days later. On exam there was decreased facial swelling and pain but she now showed some intraoral breakdown of the wound and bone exposure with granulation tissue. Dr. J’s notes stated “...very inflamed. Pt is getting better, additional surgery not indicated now”. There was no note of the patient being febrile, having chills, or other systemic signs. Nevertheless, she was prescribed clindamycin, chlorhexidine and nystatin. Although she was scheduled for follow-up four days later, due to a national holiday, a family member of the patient called Dr. J to cancel the patient’s appointment because she was having GI issues and mental confusion. She was rescheduled for another appointment four days later but unfortunately, later that same day she was hospitalized for sepsis and endocarditis.

The patient subsequently had multiple strokes, underwent mitral valve replacement and suffered permanent cognitive and physical disabilities. Dr. J was sued for failure to diagnose and properly manage an infection which led to the complications. The patient questioned why she had not been admitted to the hospital for intravenous antibiotics. It is unknown if Dr. J had hospital and admitting privileges at an inpatient hospital.

**Risk Management Considerations**

*Robert A. Strauss, DDS, MD*

*Bridget Murphy, JD*

Given the significant and permanent nature of the patient’s injury, this is the type of case that may likely result in a malpractice suit. In defending a medical malpractice case, two critical elements are (1) that the physician practiced in full compliance with the standard of care, and (2) that this compliance can be proven. In trials of any type, the jury does not necessarily decide the case based on the facts; rather they decide the case based on the evidence presented to them. As a result, the written narrative of the patient’s treatment experience (as contained in the patient’s health record) is invaluable.

In this case, no cultures were taken to guide the delivered therapy, which led to the use of at least five different antibiotics. After one course of empirical antibiotics, culture and sensitivity testing should have been considered and documented in the patient’s chart. Deviations from what could normally be considered the standard of care should be documented in the patient’s chart along with a clear explanation of the doctor’s reasoning.

Next, a case that is medically defensible can sometimes become indefensible due to a poorly documented chart. In this case, more often than not the notes in the patient’s chart did not explain why some of these procedures and therapies were utilized; it is imperative to document both the actions being taken and the reason for the actions. Failure to do so can make defending most cases extremely difficult.

Additionally, there were multiple surgical procedures that did not seem to match the original patient complaint. Progressive, serial extractions of teeth not in the original plan due to continuing patient complaints should be a red flag to the surgeon. In situations like these, the surgeon should be extra cautious and documentation of changes to the patient’s complaint, or a change in a course of treatment, is vital.

Finally, it became unclear to all involved which provider was responsible for managing the care
and treatment of the patient. It is important that complications are followed and managed by the oral and maxillofacial surgeon. Instead, in this case, the patient continued to follow-up with her primary care provider, Dr. B., which ultimately delayed follow-up and management by Dr. J and allowed for miscommunication and potentially competing treatment therapies (e.g. the use of bacteriostatic and bacteriocidal antibiotics at the same time).

**Conclusions**

Consider turning your ‘SOAP’ note into a ‘SOARP’ note. The acronym becomes subjective, objective, assessment, REASONING, and plan. Oral and maxillofacial surgery will never be risk free, but taking reasonable steps to minimize your risk can help you practice with confidence. The more your chart can stand on its own, the better.

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Discover America’s Native Spirit

October 19-20, 2019 | Lexington & Louisville, KY

Chaired by Dr. Deepak Krishnan, this two-day Lifestyle Series course features an academic program of esteemed educators from the University of Kentucky and the University of Louisville paired with a day of tours and tastings along the Kentucky Bourbon Trail®. Register by August 19 to take advantage of discount pricing.

Begin the weekend in Lexington at the University of Kentucky with a morning of updates on oral cancer, orthognathic surgery, and all-on-four implants. Attendees will then board a shuttle to experience the following:

- Woodford Reserve Distillery
- Four Roses Distillery
- Jeptha Creed Distillery
- Old Stone Inn & Tavern (three-course dinner and tasting)

Spend Saturday night in Louisville, then begin Sunday morning at the University of Louisville with a presentation on dental implant complications, followed by a fifty year retrospective on the field of oral and maxillofacial surgery.

Lodging & Transportation
Registration includes a shuttle between all meeting venues. Participants are REQUIRED to ride the shuttle, unless accompanied by a designated driver. Rooms are available for discounted rates for those needing accommodations in Lexington & Louisville. See website for details.

The ACOMS Lifestyle Series was created to further our two-fold mission: to enhance surgical excellence through education and promote fellowship amongst oral and maxillofacial surgeons. This activity is approved for 6 hours of Continuing Dental Education (CDE) credit and 6 AMA PRA Category 1 Credits™.

REGISTER