“Meet me for a drink before dinner” he said. “It’s time for you to consider what it means to serve at the next level in this organization.” Well, I was thirsty and there was time, so … “Sure Ira, I’ll listen. But I am pretty happy with my level of involvement right now.” It had never occurred to me that this sometimes awkward and often uncertain person he wanted to talk to would be a good fit, let alone qualified, to be a Trustee … and certainly not an officer in the AAOMS.

At that time, I could not have imagined the challenges that life had in store. But Mr. Speaker, Delegates, Alternates, Past Presidents, Board of Trustees, Colleagues, Family, Friends, and Guests, as I stand before you today, I am filled with gratitude for the opportunity you have given me this year to serve as your President. It has been a true blessing to be a part of the greatness that defines this Board of Trustees.

Last September, my year as President began with another phone call; “Hey Lou, can you meet me downstairs to talk for a few minutes?” This time, the voice belonged to Bob Rinaldi. “This is very hard for me,” he began (never a good start to any conversation). As it turned out, this conversation was about Bob’s decision to retire and move to New Mexico, where the weather is more inviting and new challenges awaited. So much for easing into my responsibilities.

I am happy to report that 6 months into the “post Rinaldi era”, Scott Farrell, our new executive director, has settled in and is putting his own stamp on the way things are done in Rosemont. Of all that we have had to address this year, finding a new executive director was at or near the top of the list. After a thorough search inside and outside the organization, we identified Scott as the best candidate and were quite pleased when he accepted the position.

Looking back on the past year, I am proud of what we this Board and organization has accomplished.

What makes this Board and organization special as much as anything is its’ culture. A culture exists when a group of people are in consensus or near consensus about how and why things get done and about the purpose and goals they share. The bonds that connect those in the group and define the culture are further strengthened when there is a need to communicate that mission to the outside world. This is the way it is for the AAOMS Board of Trustees, the Senior Management Team and, in fact, the entire staff.

In general, people get better at doing things when they do them in the company of others who lead and push by their example, with everyone improving in the process, each inadvertently enriching the learning environment for the others, keeping the cycle going forward in the best of ways. Together, we are a culture, and each of us enriches the environment of all of us. Some call this dynamic the social multiplier effect and it, as much an anything else, has worked to sharpen our collective edge and give voice and action to our specialty.

When I stood before you last year, I suggested that our major strategic themes should be to:

1) Collect data,
2) Tell our story,
3) Build liaisons,
4) **Constantly re-examine our efforts**, recognizing that we all have blind spots and need to be open to changing how and what we do in order to fulfill our promise and meet our goals.

In the year since, we have accomplished some of our goals while others remain works in progress. Given the ever-changing world we live in, unfinished is the nature of our work.

While I will not take up your time reviewing everything that has transpired in the year past, it does seem appropriate to touch upon a few highlights along the road we travelled.

We have made significant inroads in our efforts to collect relevant, evidence-based data that supports our scope of practice and our surgical outcomes.

Our registry project continues to mature. We encourage each of you to join the OMSQOR so that we may grow our database and provide the real-world evidence we need for the procedures we perform and the outcomes we achieve.

In support of this project, the Board has approved offering OMSQOR as a member benefit its first three years.

The Practice Based Research Network, or PBRN, completed its first study based on data collected from private practitioners. To help disseminate the results, the Board approved the development of an abstract and two JOMS manuscripts on the results of the prospective outcomes of management of third molar extractions. We look forward to supporting additional PBRN projects on topics relevant to our members and the way they practice. As we all know, data is not enough. In the effort to define and distinguish ourselves as the recognized leaders in surgery of the face, mouth, and jaws, we have to do more than collect data points. We must tell a compelling story in a way that focuses on the Value of our unique and comprehensive training, the Value of the services we provide, and the Value of the way we provide those services.

The ways in which we tell our story to our communities of interest are direct, relatable, and verifiable. Let’s look at some of the areas we have addressed this year.

If you attend our reference committee updates this afternoon, you will learn that we are facing challenges on many fronts when it comes to the administration of deep sedation and general anesthesia. Most of these challenges are the result of others not understanding what we do, how we do it, or how we are trained. Often we are lumped in with others who have less expertise or demonstrated safety record.

In response, the AAOMS recently adopted a new White Paper on Anesthesia. We have asked the Committee on Anesthesia to further develop talking points that may be used to our model of anesthesia in media interviews, discussions with legislators and state regulatory agencies, and with third party and insurance companies.

The Board also authorized a special committee to organize an Anesthesia Patient Safety Conference, which will be held at the American Society of Anesthesiology headquarters in April of 2017.

The Basic Emergency Airway Management, or BEAM, simulation project has passed the testing phase and we look forward to making it available to our membership in the near future. It is a clear signal to all concerned parties that our specialty is committed to a culture of safety.

All these activities will fit in nicely with our media strategy that highlights in all appropriate AAOMS communications our exemplary record of patient safety, our intensive training in anesthesia and the benefits of the OMS team model.

This year we have also intensified outreach to dental students. As we have discussed, oral and maxillofacial surgeons do not have a strong presence in our nation’s dental schools. As a result, our influence in many schools has been marginalized. Students are less aware of what we do, how well we do it and the potential for adverse outcomes when someone of lesser training and expertise ventures into the surgical arena.

In cooperation with Dr. James Hupp, the editor of the Journal of Oral and Maxillofacial Surgery, we are nearing completion of an implant guide for dental students. Together with the suture guide published last year, AAOMS has taken significant and effective steps to reach our future referral sources and let them know that oral and maxillofacial surgeons are the experts in the area of implant surgery.

This year, the Committee on Pre-Doctoral Education and Training completed curriculum competencies in OMS, Anesthesia and Pain and Anxiety Control and Management of Medical Emergencies. These will be disseminated to pre-doctoral educators.

In the ongoing effort to tell our story to the public, the Informational Campaign continues to mature and bear fruit. It is worth noting that a Public Service Announcement on Obstructive Sleep Apnea has been added to our public video library – joining our award-winning PSAs on oral cancer. In addition, our educational videos have been dubbed into Spanish to reach a broader audience.
This year the Board authorized the development of pages on LinkedIn, Instagram and Pinterest to augment our public website and Facebook presence and new white papers on Prescription Drug Abuse, Third Molar Management, Anesthesia and Pre-doctoral education were approved.

Our third goal this year was to build and strengthen our relationships with allied groups. AAOMS and its fellows and members share many interests and concerns with other organizations. To that end, we have continued to seek out and partner with these allied groups; keeping in mind that we must always clearly distinguish ourselves from others when necessary.

Examples of some of our collaborative efforts this year include:

1) The Third Molar White Paper, which was endorsed by 10 domestic and international dental specialty organizations. It has already demonstrated its value in the course of media interviews concerning the management of third molars.

2) Engaging other anesthesia provider groups in the development of a Safety Conference on anesthesia, which will be held next April at the ASA headquarters;

3) Working with the OMS Foundation to see if and how we might better coordinate our specialty’s research efforts;

4) Partnering with the Canadian Association as they adopt the JOMS as their official journal;

5) Exploring opportunities with the British and International Associations to enhance future efforts in the areas of education and research;

6) Advocating with the other dental specialties for proper recognition of the value of specialty training; and

7) Continuing to grow our relationship with the ACS.

The Board’s final objective this year was not so much a new initiative as it was a recommitment to the idea that all endeavors must be regularly reviewed and evaluated to assure they are fulfilling their purpose and remain valid. We understand that it is not so much starting or even completing a project that matters. What matters is that every project achieves its intended purpose.

One area that demonstrates how we are actively looking to improve our way of doing business is the arena of education. This year, the Board created the Special Committee on Education and Learning to better coordinate our efforts in the areas of education and training. This new committee includes members from CODA, the RRC, Faculty Section, pre-doctoral educators, and ABOMS.

We also considered opportunities for developing our specialty’s future leaders. As a result, we are collaborating with an outside organization to establish a program that will better provide the education and support for these unique individuals.

For me, it is now time for the most important part of this message, the opportunity to say thank you to a few of the many special people in my life.

First, thank you to this Board of Trustees and Senior Management Team. They are in every way a special group of individuals. While as comfortable to be around as a worn pair of jeans, they are dedicated and tireless in doing good work for this specialty. To a person, I consider them trusted colleagues and more so, friends of the highest level.

From my district, I would like to recognize Ritchie, Ira, Dan, Art and Ed, all of whom saw something in me that I did not see in myself. They have consistently encouraged me and provided wise counsel.

Thanks also to Past President’s Ritchie, Mark, Jay and Lynn who appointed me to positions that helped to expand my experiences and gain exposure to how AAOMS works.

My office staff deserves a loud shout out, in particular Terri Cline and Cindy Sosnowik, who are sitting in the back. Each has been with me for going on three decades. They are in more ways than I can count the reason for the success of my practice.

I would also like to thank Francine Paluch, who brought sunshine into my life in a way I could not have imagined this time last year.

Most of all, I would like to thank my family. I come from a family of four children and we too were a culture, even if we didn’t always act like it. My 92-year-old mother is not able to be here today, but she remains the guiding light for her children. She loved each of us unconditionally and lived the example of how to inspire and support with actions over words.

My life has been blessed by two amazing children. Anyone who has ever seen me present on any topic over the years has watched them grow up through candid photos. Austin is a junior at T.C.U. majoring in sports psychology and is in many ways, the person I would like to be. He is kind, witty,
In conclusion, I would like to say that as long as our purpose remains greater than our challenges, our specialty will be brought through the eye of any needle we may encounter. While AAOMS cannot solve every problem of every member, and while individual storytelling and local and regional efforts are in many ways the most effective dynamic for advancing our specialty, the AAOMS is and will continue to be THE best resource to deal with the issues that threaten us as individuals and as a specialty.

As I prepare to pass the torch of leadership to Dr. Doug Fain, I am confident he will execute the duties of AAOMS president with the same energy, enthusiasm and infallible judgment he has exhibited as an officer of this organization.

Thank You

And oh by the way Ira, next time, drinks are on me …