

The Phoenix

HUMC-MLK Oral and Maxillofacial Surgery Alumni Newsletter\

Fall 2015

<http://www.harbor-ucla.org/surgery/education/omfs/>



“WE CAN THRIVE!”

Colonya C. Calhoun DDS, PhD '2004
Oral and Maxillofacial Surgery
Program Director

Top: James Habashy, Veronica Gonzalez, Jessica Koh, Aaron Campbell, Jean-Pierre Rwigema, Kenneth Brown, Jacob Agatstein, Mark Wood, Bottom: Reginald Gowans, Colonya Calhoun, Richard Leathers and Jettie Uvayne

For several years we have been in survival mode but now we can thrive!” was the charge given to me by my predecessor Richard Leathers, now Dental Director. The transition from Martin Luther King-Charles R. Drew to Harbor-UCLA Medical Center’s (HUMC) sponsorship of our “small but mighty” programs (GPR and OMS) was an arduous one led by Drs. Joseph McQuirter, Richard D. Leathers and Lynnette Jackson. The growing pains of our transition were mostly felt by the attending staff and those residents who saw the previous MLK OMS program but were now experiencing the “after”. Despite those difficulties everyone tried to take each step with stride, being thankful that we had an alternative rather than losing our legacy.

Now I have accepted the mandate to thrive by objectively assessing our program and using that information to make the necessary changes to push forward. During our initial years at HUMC the OMS resident’s surgical rotations were in plastics, surgical ICU, neurosurgery and ENT. After several years we started to notice a lapse in our resident’s trauma knowledge and experience measured mainly by performance during rounds, conference and OMSITES. As a result we decided to send out a survey via Survey Monkey to the MLK and HUMC alumni as well as the current residents who had completed their surgery rotations. There were only three questions: 1. Of the General Surgery Rotations you had, which one did you find least beneficial? 2. Of the General Surgery Rotations you had which one did you find most beneficial? 3. If you had a choice of a surgery rotation that you didn’t have what would it be? (Tables 1-3 on page).

As a result of the survey, we decreased the ENT and neurosurgery rotations to accommodate a 4 week trauma block rotation with will start July 2015. We are all excited about this change and hope to see a corollary improvement in their trauma performance. We are truly grateful for the alumni participation in the survey. Your input demonstrates your continued commitment to your alma mater and the future graduates of this program!

The faculty would like to give a special thanks to the residents that were a part of the transfer of sponsorship from MLK-Charles R. Drew to Harbor-UCLA: Juan F. Luque, Thomas Phan, Joseph Ducksworth, Mirwais Hussainy, Tyler Wilson, Ali Karimi, Pedram Marhabi, Edmund Watkins, Roland Williams and Ameet Chopra.

“Our goal is to have a broad knowledge base, have excellent surgical skills and be a leader in the OMS community... the ultimate triple threat!”

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RED FUND

The Residents Educational Fund ("RED" Fund) is a depository for those monies remitted or donated for the purpose of promoting the education, academic enrichment, and professional development of Oral and Maxillofacial Surgery Division which includes the General Practice Residency programs. These monies are used to sponsor the 3rd year residents, in good standing, attendance to one review course each during that academic year and both chief residents attendance to the AAOMS Annual Meeting. This year **Veronica Gonzalez** and **Aaron Campbell** (seen below) attended the 96th Annual AAOMS Meeting in Honolulu, HI.

In the past we were able to provide travel, accommodations and registration for the review course and AAOMS but over the past few years donations have gone down substantially. So now we provide funds for registration and airfare to the review course and airfare to the annual AAOMS meeting. In order for us to continue this level of support, we are encouraging you to continue to contribute to the RED fund which will help us to sustain a formal tradition supplementing the education of our future Oral and Maxillofacial Surgeons. To continue your support, please make check payable to LA Biomed (the educational fund depository for the Harbor-UCLA Medical Center) and add account # 200324-00-00 to the memo line to designate the OMFS program and mail to 1000 W. Carson St. mailbox #19, Torrance, California 90509, in c/o Gloria Cruse or Dr. Jettie Uyanne, Alumni Support Coordinator.



June 2014 – May 2015

RED Fund Donors

Joseph McQuirter, DDS
 Stanley, Koh, DDS
 Richard Meekins, Jr., DDS
 Richard Leathers, DDS
 Ashraf Sedhom, BDS, MD

42nd Annual Graduation Celebration

By Reginald E. Gowans DDS' 1993 & Gloria Cruse

As another academic year came to a close, we were honored to celebrate the academic



achievements of our residents, Jacob Agatstein, DMD and James Habashy, DDS, who will now join our group of elite graduates.

The event was held on June 21, 2014 at Ports O' Call Waterfront Dining in San Pedro, California. All residents, attending staff, administrative staff, nursing staff and dental assistants were in attendance. A few of our Alumni were also in attendance which included, Dr. Michael Belton, Dr. Roland Williams and Dr. Joseph McQuirter. Reginald Gowans, DDS served as Master of Ceremony. Dr. Jettie Uyanne introduced our guest speaker, our own Anh D. Le, DDS, PhD, Chair and Norman Vine Endowed Professor in the

Department of Oral and Maxillofacial Surgery, Penn Dental Medicine at the University of Pennsylvania. Dr. Le gave a powerful and informative speech which was well received by all. The program included distributing certificates, awards, special acknowledgements and the introduction of our new 2014-2015 incoming residents. The 2014 Edward E. Black, DDS Resident of the Year award recipient was Veronica Gonzalez, DDS, 3rd year resident. The residents' choice for Faculty of the Year went to Colonya C. Calhoun DDS, PhD. Dr. Richard Leathers formally announced Dr. Calhoun would be the new OMFS Program Director beginning July 2014 to start the new academic year.

The evening was enjoyed by all and ended with dancing to music by Shades band.

Reginald Gowans (6/1/59 – 11/2/15) gave many years of service to our department. He will truly be missed by all!



Being a Woman in Oral and Maxillofacial Surgery ...My Story

By DIANA LOIS DDS '2002

Some of the greatest times in my life were spent in Los Angeles while completing my OMS training I have to confess... I applied several times to obtain a position as a resident, and knowing how competitive it was, I was extremely happy to find out I was selected for position at MLK/Drew Medical Center.



Before residency I had been in other programs as a fellow in Chicago and Atlanta but when I got to know the faculty and residents at MLK, I was extremely pleased, there was such camaraderie, we learned in an environment that made us all grow, although there were stressful situations, it was like learning with family!! There were situations that made me grow as a specialist and as an individual. I never looked at people the same way after my training, the most valuable lesson was to learn how fragile humans are and that life can end in a split second, with no rehearsals, no time to prepare... As many of you know, injuries due to violent crimes were the main source of our patients, and sadly, that does not discriminate age, gender or social status... While on trauma, we spent many nights in the trauma bay trying to save lives, sometimes we were successful, and sometimes we were not. While I was at MLK I was fortunate enough to learn more about Dr. Martin Luther King's life and his legacy... He always fought peacefully for human rights and equality.

As women, we are clinically and mentally equal to our male colleagues, but sometimes we have to put our biologic clock on hold, or it tears our hearts to try to figure out how to be a good doctor and a good mom. Now, I am happy to see that our specialty has more female surgeons and that we are deciding to train in this fascinating field. As woman, I feel like we are an asset to the specialty and that we are uniquely able to give our "motherly" love to our patients as well as our colleagues... A MLK, I always felt welcome as one of the few female residents and I hope to inspire other women to serve the community in the capacity of an oral and maxillofacial surgeon.

Oral and Maxillofacial Surgery Research Update



This spring Dr. Jettie Uyanne ('2003) submitted a Multicenter Study titled "Predictors of BRONJ in Cancer Patients on IV Bisphosphonate Chemotherapy" for IRB approval. This study is currently underway at USC and University of Pennsylvania.

This project is supported by Intramural Funding (CTSI & Zumberge Award) NIH/NIDCR 019932. Dr. Uyanne will be the PI for this site; Dr. Anh D. Le is the head PI for the entire study. Anh D. Le DDS, PhD, Chair and Norman Vine Endowed Professor of Oral Rehabilitation Department of Oral & Maxillofacial Surgery/Pharmacology at Penn Dental Medicine.

HISTORICAL!

For the first time in the history of our program, our 2015-2016 residents are both **Female**. Brittany Barrow graduated from Boston University by way of Harlem Hospital and Francesca Verratti from NYU by way of University of Miami.



Brittany Barrow DMD



Francesca Verratti DDS

Anesthesia Update

Richard D. Leathers DDS '1982

Morbidity and mortality in outpatient anesthesia has not really changed significantly in the last 25 years. As practitioners we should be striving to decrease morbidity/mortality in our practices. Even our alumni and some of the giants in OMS have incurred morbidity/mortality in their offices. Patient selection and evaluation, the use of a practice improvement plan and rehearsing the team approach are essential in preventing catastrophic office events. Below we will discuss several medical conditions that have anesthetic implications in the outpatient setting.

OBSTRUCTIVE SLEEP APNEA (OSA)

Patients with diagnosed or undiagnosed OSA are at an increased risk of dying during procedural sedations. Even if discharged without event OSA patients can be at risk during sleep when sedatives and opioids continue to have their central nervous system depressing effects. A quick screening tool that can be used by the OMS for undiagnosed OSA patient is the Stop Bang questionnaire (table 1). In the case of an already diagnosed OSA patient severity is graded by the Apnea Hypopnea Index (AHI). The values for severity range from mild (5-15/h), moderate (15-30/h) and severe (>30/h). In patient that score high in the STOP-BANG questionnaire or have a moderate to severe AHI the OMS should consider management strategies to decrease intraoperative and postoperative events. It is also important to recognize that patients with severe OSA may or may not be obese but because of the numerous apneic periods during sleep secondary to relaxation of the pharyngeal soft tissues, their oxygen saturation can drop to life-threatening levels in conjunction with elevated CO₂. The arousal system that normally awakes the patient, if blunted by our sedative armamentarium, can be lethal due to lack of respiratory drive. In addition, retained CO₂ accumulated during these apneic episodes can also have general anesthetic properties.

MANAGEMENT/STRATEGIES: OSA patients are unusually sensitive to all CNS depressants, particularly opioids. Opioids should be used sparingly and some cases probably should be avoided. Postop narcotic pain pills can also cause apnea secondarily to accumulation of drugs in the fat stores. If the patient is has CPAP available, it should be utilized preoperatively. Some would recommend having your patient bring their CPAP machine for use during initial recovery.

OBESITY

According to the National Health and Nutrition Examination Survey 2007–08 data, the prevalence of overweight and obese adults was 68%. In the past 30 years, childhood obesity has more than doubled among ages 2-5, tripled among ages 6-11, and more than tripled in ages 12-19. In most of our offices, we see this trend as well. It is critical that we objectively evaluate and educate our patients. In regards to anesthetic management, we must determine our BMI threshold for outpatient general anesthesia as well as light sedation (eg. BMI >35 are not usually considered good candidates).

RECREATIONAL DRUG USE/LEGALIZED DRUGS: MARIJUANA

Attitudes towards the use of marijuana have changed over the past few years. Marijuana has been legalized for medicinal use in California and as a recreational drug in Alaska, Washington, Colorado, Washington D.C. and Oregon. "In 2013, an estimated 24.6 million Americans aged 12 or older were current (past month) illicit drug users. This represents 9.4 percent of the population aged 12 or older. Marijuana was the most commonly used illicit drug, with 19.8 million current users aged 12 or older (7.5 percent). Although patients may not consider marijuana an illicit drug, it does have effects on our anesthetic management. For example, they may have an atypical reaction to the medications, more reactive airway, and it can potentiate tachycardia causing medications. This must be considered when determining your preoperative patient evaluation including recommending cessation for at least 48 hours prior to the anesthetic. Other drugs to be aware during preoperative evaluation are bath salts/designer drugs/diet drugs.

REHEARSING TEAM APPROACH IN MANAGING RARE CATASTROPHIC OFFICE EVENTS

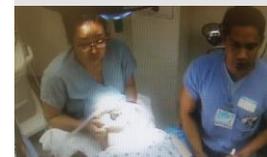
In addition to patient evaluation, screening and selection, other strategies used to decrease morbidity and mortality should include establishing a practice improvement plan aimed at preventing low-probability-high consequence anesthesia in office misadventures. Some of the essential parts of this plan should include periodic office drills using the most current AAOMS office anesthesia evaluation manual, The Safety Checklist for Office-Based Procedural Sedation and Anesthesia template (available at several websites) and having OMS assistants obtain AAOMS/ CALAMOS sponsored (DANCE) training and utilize in office anesthesia related recourses from your malpractice carrier (see table 1. JOMS 72:1441-1443, 2014). A new and exciting adjunct is the use of high-fidelity simulators. Simulation is a major part of the recertification process to maintain American Board of Anesthesiology (ABA) Board Certification. "Sim" wars have been a part of the AAOMS meeting for many years therefore we felt that this simulation lab experience would be an important training tool. In April of 2015, our program utilized the Charles R. Drew Simulation lab under the direction of Drs. Arciaga and Lewis, both anesthesiology faculty members. During this simulation, we had two teams lead by the chief residents. Each team was assigned a typical office emergency such as airway obstruction or hypertensive emergency in both adult and pediatric patients. At the end of each simulation, we engaged in a debriefing which proved to be very productive since the team members were able to critique one another and their own performance. Both teams as well as the faculty felt that this exercise gave them a more realistic exposure to managing these types of emergencies in the office setting. Our plan is to use the simulation lab at least once a year to augment resident training as well as to prepare our ancillary staff. References on page...



STOP-BANG

- Snoring
- Tiredness
- Observed you stop breathing
- Blood Pressure
- BMI > 35
- Age > 50
- Neck circumference > 40 cm
- Gender male

High risk = yes to ≥ 3 items needs to be referred for sleep testing
Table 1.



Interview with Monty Wilson DDS '1998

... By Jessica Koh DDS '2017 (2nd year resident)

Dr. Monty C. Wilson is a distinguished alumnus based in Orange and Santa Ana, CA. He is currently serving as President of CALAOMS. Dr. Wilson has a full scope teaches at UCLA School of Dentistry. I had the privileged opportunity to be able to talk to him about life inside and outside of OMFS:



- J:** How do you feel our residency prepared you for your future?
DR. W: It prepared me for having large cases and being able to manage tissue injuries.
- J:** What was it like when you first began your career outside of residency? How did you start your career?
DR. W: I started out working in the VA system and worked for several dental clinics. From there I transitioned into private practice - I looked around at different practices for sale and the areas they were in and decided where I wanted to live. I asked myself "Did I want to live there?" and "How long would it take me to get to the office and go home after work?"
- J:** What has been unique to your practice of OMFS?
DR. W: Definitely having a full scope OMFS practice; most people don't have one. I do all kinds of surgery - a lot of orthognathic surgery - upper jaws, lower jaws, chin implants. Cosmetic surgery - face lifts, eyes, liposuction, laser resurfacing. TMJ surgery- washing out joints, arthroscopic procedures. Also typical in-office stuff - putting people to sleep, taking out wisdom teeth, doing bone grafts, sinus lifts, implants. We have a pretty good pathology practice and some cleft lift and palate cases as well. We harvest grafts - hip grafts, calvarial grafts. Even Le Fort IIIs sometimes. We really do have a full-scope practice, which is nice and hard to come by these days.
- J:** What drew you to organized OMFS and how did you get involved?
DR. W: I got into it by being involved with committees in CALAOMS. Once I was on committees, the board noticed me and recruited me to be on the board. I am finishing up being on the board for seven years. I am president now, and will be past president next year and after that I will be done. Being on committees, being involved, trying to make a difference, continuing to flourish and protect the profession we have - that's what has driven me all these years.
- J:** What do you feel was your greatest contribution during your time as president of CALAOMS?
DR. W: One of the better projects we have right now is to change our name from CALAOMS to Oral and Facial Surgeons of California. There are a large number of people who like it and a small number who do not like the name change. Our ultimate goal right now is have the mother of a 16-year-old patient who has wisdom tooth pain to think of seeing an oral surgeon. We want her to know to call an oral surgeon and not to go see a dentist. We've hired a PR firm who did a lot of work for the Reagan administration to help us with this change. The ultimate goal is to have someone who has an oral surgery problem to think of an oral surgeon first. Just like a mother of a teenager with crooked teeth knows to go see an orthodontist, we want it to click with the public that for implants or for wisdom teeth extractions they should consult an oral surgeon and not just go to a general dentist. We want oral surgery out there in the forefront so people know of who we are, what we do, and when to ask for our help.
- J:** Where do you see OMFS headed?
DR. W: I can only echo the thoughts of Eric Geist, our past president of AAOMS, when he said, "We will have to work harder and make less". I think the good ol' days of oral surgery are gone but I don't think there's an oral surgeon in the country who would give up their profession for another specialty in dentistry or for a specialty in medicine, for that matter. I still think with all hands down that we are by far the luckiest people. We have one of the greatest professions. We have the ability to dance on the dental side and dance on the medical side - nobody can do that but us. We bill medical and we bill dental; we do a lot of work in the office with dentistry, implants, bone grafts and taking out wisdom teeth, and putting people to sleep but we still have the ability to go to the operating room and do facial traumas, TMJ surgery, orthognathic surgery - we are very lucky in our profession. Where are we headed? Everyone says it is changing but no one can put their finger on which direction it's going. We are all just out there trying to have open minds, trying to do things to make our practices better. If you work on an endeavor and your practice doesn't get better, then you make a change. We are all changing and evolving and trying to feel our way into the next ten to twenty years; I don't think any of us knows what the future will bring.
- J:** So what I hear your saying is that it is helpful to be diverse in our practice?
DR. W: Yes, but that is hard to pull off these days. With the Affordable Care Act it has changed a number of things: we have new ICD-10 codes coming out and we are moving towards electronic records. We have to justify our treatment - in the old days we used say we are doing four impacted wisdom teeth under general anesthesia and you would send a form and get paid for it. Those days are over - now we're going to get to the point where we have to send an insurance request form as well as a pre-op note, anesthesia note and surgery note just to prove that we did a procedure...and they would still come and audit your office. Insurance has changed dramatically - they have more rights and privileges than the average practitioner has and that makes it more difficult to practice.

Special Thanks to our Alumni from our 2015 Graduates



VERONICA GONZALEZ DDS

Dr. Veronica Gonzalez graduated from UC Irvine with a BS degree in Biology with a concentration in neuroscience in June 2004 and UCLA School of Dentistry in 2010. She then entered a one year General Practice Residency program at Harbor UCLA, where she solidified her passion for oral surgery. In 2011 she began the Harbor UCLA Oral and Maxillofacial Surgery Residency program. After graduation, Dr. Gonzalez plans on entering private practice and continue to provide the full scope of oral and maxillofacial surgery. She would also like to return to Harbor UCLA as an attending.

Dr. Gonzalez would like to thank all of her attendings and staff (GPR and OMFS) for helping her reach her goals as an oral and maxillofacial surgeon. She would also like to thank the alumni for providing financial support to the resident fund. This fund allowed her to attend the OMFS review course in Louisiana (2013) and the annual AAMOS meeting in Hawaii (2014).

Dr. Gonzalez's Scholarly Activity: Southern California Academy of Pathology presenter.

AARON CAMPBELL DMD

Dr. Aaron Campbell graduated from The Ohio State University in 2004 with a BS and Microbiology and the University Of Florida College Of Dentistry in 2010 with a DMD degree. He also completed a one-year Oral Surgery internship at John Peter Smith Hospital in Fort Worth, Texas. Dr. Campbell has accepted an offer to join a group practice, Orlando Oral and Facial Surgery, in Orlando Florida - and will begin his career there later this summer.

Dr. Campbell would like to thank the alumni for providing financial support to the resident fund, which allowed him to attend an OMFS board review course in Denver (2013) as well as the annual AAOMS meeting in Hawaii (2014).

Dr. Campbell's scholarly activity: "Virtual Surgical Planning for Correction of Facial Asymmetry." CALAOMS Residents' Night presentation, September 2014.



2014 Graduates Update



Jacob Agatstein, DMD is in private practice in multiple locations around in the greater Los Angeles area as Agatstein Oral Surgery. I'm also finalizing the credentialing at HUMC (giving back), and is continuing to practice the full scope of Oral and Maxillofacial Surgery, including dental implants, bone grafting, IV anesthesia, corrective jaw surgery, facial trauma, pathology, and dental extractions. When not working, Agatstein enjoys spending time with his wife and three children, as well as playing basketball, golf, traveling, and cooking.

James Habashy, DDS is in practice in multiple locations as well as with Eric Crum '2012 in Arizona. He is also operating at Banner Hospital also in Arizona. Besides preparing for his ABOMS, Habashy is submitting a case report to the Journal of Oral and Maxillofacial Surgery. On a personal note, Habashy's wife, Sarah, is graduating from USC Dental School, on the dean's list and will begin general dental practice in Orange County.



Introducing Incoming Chiefs Residents

Mark Wood DDS graduated from the University Of Detroit School Of Dentistry, also completed AEGD from the University of California, Los Angeles and an OMFS internship at the University Of Detroit Mercy Hospital.

Jean-Pierre Rwigema DDS graduated from the University of Southern California and completed a general practice residency at Bronx Lebanon Hospital Center.



Alumni Profile

By Michael Sheppard DDS '2004



Antwan Treadway DDS '1999

Dr. Antwan L. Treadway, DMD was born and raised in St. Petersburg Fl. His interest in biological sciences started at early age. He began attending course work on ecology in the 5th grade. Upon graduation from high school he entered the University of Florida in the summer of 1984. He obtained a degree in microbiology and cell science from the university and applied for dental school. He attended Howard University for his first year of dental school and then completed his DMD degree at the University of Florida. While at the University of Florida's dental school he was elected president of the local and subsequently national executive committees of the Student National Dental Association.

During his tenure as President the organization established a large membership base and brought serious reforms to the organization and procedural structure. He then accepted a position as a General Practice Resident at the Bronx Lebanon Hospital in New York City. Antwan remained there a second year, as chief resident for the hospital dental service and an interest in Oral and Maxillofacial Surgery was piqued. Dr. Treadway then left New York City for an Oral and Maxillofacial Surgery residency at Martin Luther King/Charles R. Drew University's Medical Center in Los Angeles, California. Continuing his activity in organizations he was elected President of the Joint Council of Interns and Residents. This organization was responsible for representing over 1500 medical and dental residents for all of Los Angeles County.

In the past 16 years since graduating from King-Drew Oral and Maxillofacial Surgery Program Dr. Treadway has been blessed to have the fortune of doing some interesting work within oral surgery and his local community in the state of Georgia. He was the first African American faculty hired in the Department of Oral and Maxillofacial Surgery at the Medical College of Georgia. During his tenure at the school he was fortunate to have been on the admissions committee and to take over didactic and clinical training of the OMFS residents and the sophomore, junior and senior dental classes at the Medical College of Georgia. He was a part of the Deans search committee in 2000-2001 and was an integral part of the educational programs at the University for continuing education in conscious sedation and general Oral and Maxillofacial Surgery techniques. Dr. Treadway directed the endosseous implants for the resident program and presided over the oral surgery section of the national board prep for the rising senior dental students.

After leaving MCG in 2002 Dr. Treadway has done a number of activities while maintaining a private oral surgery practice.

- Executive committee of the Northwestern District of the Georgia Dental Association (2003-2007)
- Board Certified by the American Board of Oral and Maxillofacial Surgery (2004) and recertified in 2012 through 2024
- Board certified by the National Society of Dental Anesthesia
- Executive Committee of the Georgia Society of Oral and Maxillofacial Surgery
- Partner in the Largest Oral and Maxillofacial Surgery Group in the country-Atlanta Oral and Facial Surgery (one of two African American Partners) Three offices Austell, Douglasville and Cartersville Georgia
- Formed a multidisciplinary Study Group-Georgia Dental Collaborative
- Became the first African American President in the history of the Georgia Society of Oral and Maxillofacial Surgery
- Directed the Georgia Society of Oral and Maxillofacial Surgery program for anesthesia re-evaluation (2006-present)
- Direct the Political Action Committee (PAC) of the North Georgia Dental Society
- Treasurer of the Georgia Dental Society
- Treasurer of the Benchmark –Oral and Maxillofacial Surgery Study Group
- Appointed to the Committee on Anesthesia for the AAOMS
- Appointed as the AAOMS liaison between the ADA and AAOMS on the ADA /CDEL Committee on anesthesia
- Appointed onto the Georgia Board of Dentistry by governor Nathan Deal
- On the Georgia Board of dentistry committees for
 - o Sedation and General Anesthesia
 - o Maxillofacial Injectables Committee
 - o Licensure Overview Committee
- Examiner for the CRDTS (Central Regional Dental Testing Service)
- Executive Committee of the Chris Draft –Team Draft foundation to fight lung cancer
- Authored a chapter in "Current Therapy in Oral and Maxillofacial Surgery" on sinus lifts

He remains involved in the community as:

- Member of Mount Prospect Baptist Church
- Member of Carrollton Douglasville Alumni Chapter of Kappa Alpha Psi
 - o Where King-Drew Alumni Joseph Ducksworth is the presiding polemarch (president)
- 100 black men of America South Metro Chapter
- Big Jacks (Jack and Jill of America Auxiliary)
- Coach for I9 sports Basketball, Flag Football programs

And the **most important accomplishment of all**-Married 10 years with **two beautiful and challenging kids** that make every day worth getting up for work.

Congratulations!!!!

Professional

Completion of the American Board of Oral and Maxillofacial Surgery Board Certification Maintenance Process for 12/31/2014

- Michael H. Chan
- Antwan Treadway

The Newest American Board of Oral and Maxillofacial Surgery Diplomates!

- Ephraim Aklilu
- Dorothea Berry
- Eric Crum
- Allen Robinson
- Julian Wilson

Personal

- New Parents
 - Drs. Mary and Allen Robinson who are now the proud parents of Avery Robinson.
 - Dr. Veronica Gonzalez who is the proud parent of a baby boy born August 2015.
 - Dr. Richard Meekins who is now the proud father of Rachel Meekins.

Cover story: We Can Thrive! Reference Tables

Of the General Surgery Rotations you had, which one did you find least beneficial?

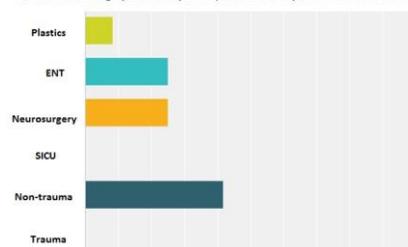


Table 1.

Of the General Surgery Rotations you had, which one did you find most beneficial?

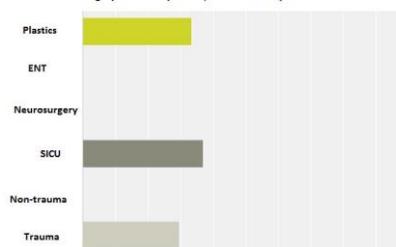


Table 2.

If you had a choice of a Surgery Rotation that you didn't have what would it be?

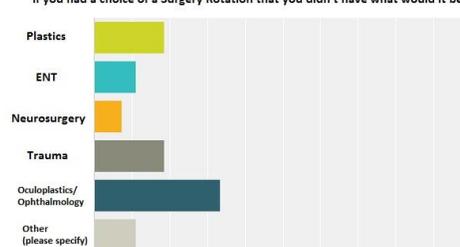


Table 3.

Anesthesia Update continued from page

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Interview with Monty Wilson '1998 continued from page

- **J:** How do you balance life and work?
DR. W: That's a tough blend. My wife is good about pulling me back if I'm doing too many things. I have three young children – I was in the OR all day today and I came home and played catch and baseball outside with them for an hour while I cooked dinner at the same time. You just have to learn to do it and make sure to spend time with your family and make time for them. If oral surgery is at the top of your list of priorities, you should be doing something else with your life – oral surgery is at the bottom of my list of priorities of things by far.
- **J:** Thank you for taking the time for an interview! Just to end on a nostalgic note, what are some of your fondest memories and share some advice...
DR. W: Fondest memories by far are of those of the residents – the residents ahead of and behind me. We spend four years locked arm in arm with these people and that was by far the best part. The attendings were always fun because they would get pissed off and yell at you and it was always kind of fun to one up the attendings. Work as hard as you can, study, don't sleep: you will have the time of your life.

Check out our new website: <http://www.harbor-ucla.org/surgery/education/omfs/>

Please navigate through our department (surgery) under education, faculty and alumni... more to follow!