Reflections on the Jacksonville University Comprehensive Oral Implantology Program

"Education is not the filling of a pail, but the lighting of a fire."

— William Butler Yeats

When I began my journey into implant dentistry, I was searching for knowledge and purpose—a direction that would guide me toward making a lasting impact in my patients' lives. The Jacksonville University Comprehensive Oral Implantology Program did far more than provide technical training; it ignited a passion for excellence, empathy, and lifelong learning that will continue to shape every aspect of my career. As a graduate of the program's inaugural class, I am honored to share my experience and to celebrate a model of education that I believe will transform the future of implant dentistry.

As I graduate from the inaugural class of the Jacksonville University Comprehensive Oral Implantology Program, I find myself at a moment of profound reflection—an ending that marks a new beginning. These past 3 years have not only shaped me as a clinician but also deepened my commitment to the field of implant dentistry. I write this editorial to share my journey and shed light on the program that transformed my career.

After earning my dental degree in 2020, I felt a strong pull toward oral implantology. I was captivated by the life-changing impact implants can have on patients—restoring both function and confidence with fixed, esthetic solutions. Yet, despite my passion, I struggled to find a structured, comprehensive pathway to truly master this discipline. I pursued countless hours of continuing education across multiple continents. Still, weekend courses, though informative, fell short of the depth and continuity I needed to provide the level of care I aspired to.

That all changed when I discovered the newly launched Jacksonville University Comprehensive Oral Implantology Program. The brainchild of the late Dr Hilt Tatum—a pioneer whose contributions to implantology are immeasurable—the program was designed for clinicians like myself: those seeking to achieve excellence in all aspects of implant dentistry, surgical, and prosthetics. While traditional specialty programs often divide these components, Dr Tatum envisioned a new kind of training—holistic, patient-centered, and deeply rooted in the principles of NIRISAB (Natural Implant Restoration in Stable Alveolar Bone).

Graduates of this program are equipped to manage patients at any stage of dental handicap, providing them with life-like, esthetic restorations in a safe, efficient, and predictable manner. From initial medical evaluation to final prosthetic delivery, the program emphasizes conservative, multidisciplinary treatment planning tailored to each patient's health, goals, and circumstances. We are trained to educate—rather than persuade—patients, enabling them to make informed decisions they feel confident in. The curriculum also stresses the importance of preserving natural dentition whenever possible and integrating implants to harmonize with the patient's existing oral structures.

An essential aspect of our training includes IV sedation and emergency preparedness, ensuring we can safely and comfortably treat even the most anxious patients. The didactic component is delivered online and encompasses the full spectrum of implantology—medical evaluation, periodontics, prosthodontics, robotics, remote anchorage, business management, and litigation. Lectures are led by world-renowned implantologists deeply committed to the program's mission. Each week includes 4 to 5 lectures, reading assignments, and quizzes, culminating in a highlight: the weekly roundtable discussion with Program Director Dr James Rutkowski, whose tireless dedication ensures each student's success.

Clinically, each resident is placed at a partner site, which may be located anywhere in the world. I had the privilege of training at the Brighter Way Institute in Phoenix, Arizona—a nonprofit clinic serving underserved populations, including veterans, those experiencing homelessness, and individuals recovering from addiction. The clinic has state-of-the-art equipment, including intraoral scanners, photogrammetry, a 5-axis mill, and 3D printers. Under the guidance of my clinical director, Dr Todd Erickson, I placed and restored nearly 1000 implants. I became proficient in guided and freehand surgeries, advanced bone and soft tissue grafting techniques, sinus lifts, and full-arch rehabilitations using milled PMMA and 3D-printed resin prostheses.

A unique feature of my clinical experience was the opportunity to design and fabricate both provisional and final prosthetics. This hands-on approach kept care cost-effective for our patients and sharpened my skills in esthetics, occlusion, and digital design. Perhaps most significantly, every treatment plan was personalized—not a cookie-cutter protocol, but a carefully considered response to each patient's needs.

One patient in particular will always stay with me. He arrived recently released from incarceration, morbidly obese, addicted to cigarettes and soda, and with an extremely high HbA1C. He hoped for dental implants but was far from a suitable surgical candidate. Through patient education and compassionate care, we supported him in making dramatic lifestyle changes. He quit smoking and soda, lost over 100 pounds, and significantly improved his diabetic control. After his transformation, we provided him with a full-arch, screw-retained FP1 prosthesis on the upper and fixed bridges on the lower arch—restoring his smile

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while preserving his anterior dentition. Upon receiving his final prosthesis, he tearfully told me, *"My doctor said I only had a few years to live at the rate I was going. You saved my life, Dr Rosen."*

This moment encapsulated the deeper purpose of implant dentistry. Beyond restoring teeth, we restore dignity, confidence, and a renewed lease on life.

I will always be grateful to the individuals who guided me through this journey: Dr Erickson, Dr Rutkowski, Dr Andy McConnell, Dr Duke Heller, and all the dedicated faculty who contributed to my education. I am especially thankful to my father, Dr Rosen Sr, whose encouragement led me to pursue this program and whose innovations continue to shape the field. To my wife, Daniella—thank you for your unwavering support throughout my residency journey and career. Your love and belief in me made it possible to achieve my goals. And to Dr Hilt Tatum—your vision gave birth to this program, and I only wish you could be here to see the graduation of its inaugural class. As I embark on the next career phase, I carry the skills, values, and relationships forged through this extraordinary program.

I look forward to building upon this foundation, staying engaged with the international implant community, and continuing to learn and grow as a lifelong student of this remarkable field.

The following photos represent 2 cases I completed while in the program.

Case 1

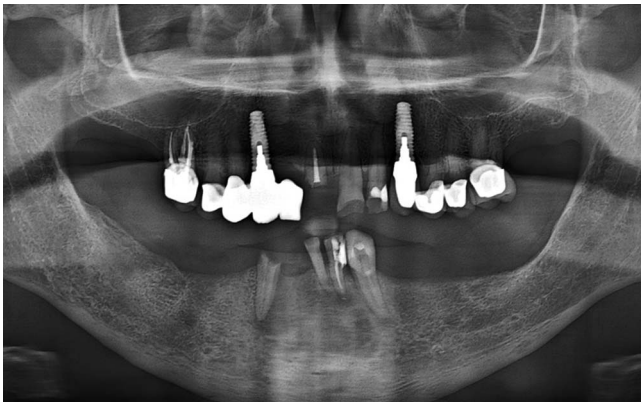

Figure 1.1. Preoperative panoramic radiograph demonstrating terminal dentition in the maxilla and mandible. The patient presents with multiple failing restorations, root canal-treated teeth with poor prognoses, and previously placed implants.

Figure 1.2. Preoperative digital intraoral scan of the maxillary arch. This scan was used for virtual treatment planning, prosthetic design, and to evaluate spatial relationships before full-arch extraction and implant placement.

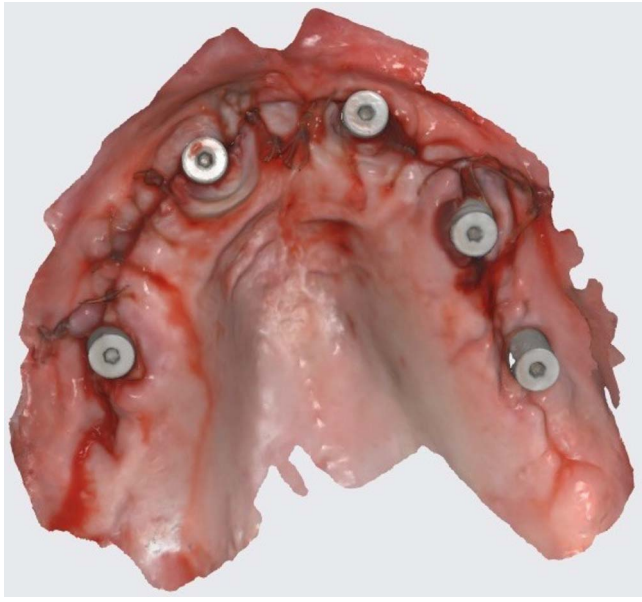

Figure 1.3. Immediate postoperative intraoral scan of the maxilla following full-arch extractions, freehand placement of 5 MegaGen AnyRidge implants, and multiunit abutments with abutment-level scan bodies.

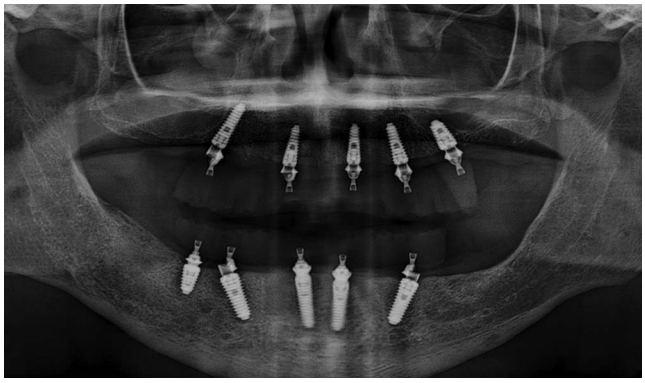

Figure 1.4. A postoperative panoramic radiograph shows full-arch rehabilitation with 10 MegaGen AnyRidge implants—5 maxillary and 5 mandibular. Implant distribution was optimized to support immediate, full-arch, screw-retained provisional prostheses.

Figure 1.5. The final prosthetic result showcases the aesthetic and functional outcome of the maxillary and mandibular full-arch prostheses. Screw-retained, 3D-printed resin provisionals were delivered 24 hours following surgery.

Case 2

Figure 2.1. Preoperative intraoral photograph showing failing restorations and compromised esthetics. The dentition was deemed structurally and functionally terminal.

Figure 2.2. A preoperative panoramic radiograph showed generalized advanced dental decay and retained root fragments. Due to widespread structural compromise, the prognosis of the remaining dentition is poor.

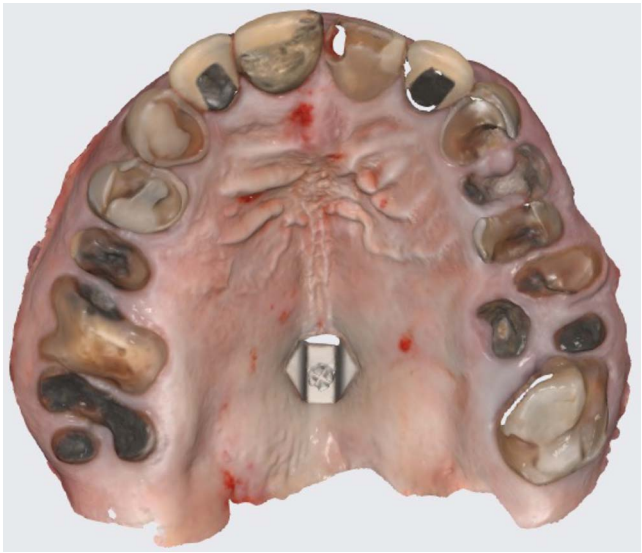

Figure 2.3. A digital intraoral scan captured the maxillary arch prior to full-arch extraction. A Digital Arches arch tracer was placed as a reference point to facilitate photogrammetry and digital workflow integration.

Figure 2.4. An intraoral image was obtained immediately following maxillary full-arch extractions and guided placement of 5 MegaGen AnyRidge implants. Scan bodies for the iCam photogrammetry unit were placed and scanned, allowing for precise spatial registration of implant positions.

Figure 2.5. An immediate maxillary provisional prosthesis was delivered on the day of surgery. The restoration was designed digitally and 3D printed in resin chairside, restoring form, function, and esthetics.

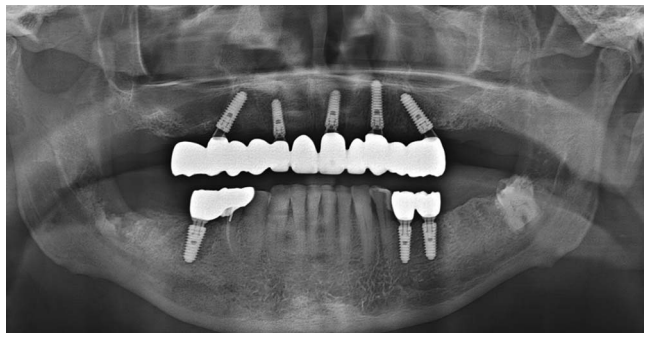

Figure 2.6. A panoramic radiograph was taken 4 months after implant placement at the time of final prosthesis delivery. The image shows 5 maxillary and 3 mandibular MegaGen AnyRidge implants supporting a full-arch zirconia prosthesis in the maxilla and individual zirconia crowns in the mandible.

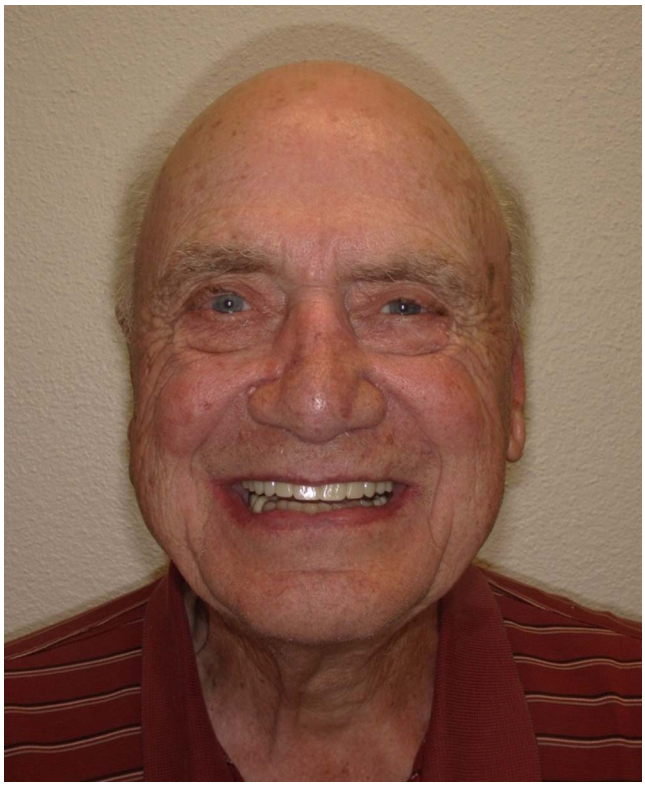

Figure 2.7. This is an extraoral postoperative photograph of the patient's smile after completing full-arch implant therapy. The patient expressed high satisfaction with the treatment's esthetic and functional results.

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