Chairman’s Corner:

So what do you do when you turn 50? How long can a mid-life crisis extend? Well for me I am giving ‘mindfulness meditation’ and yoga a try! An academic position is not without its trials and tribulations. A leadership position in academia at the Department Chair level can be especially challenging. Hence the above mentioned need for meditation! Life is too short to spend time worrying about people who don’t Matter! ‘Focus on those who do matter to you’ will be my mantra from now on. The idea of offering ‘mindfulness meditation’ sessions for faculty, students and staff is intriguing and one that bears merit for future discussions. One of the side benefits of my sessions has been getting to listen to some fabulous recitation of words and poems. One that has resonated so well with me is Portia Nelson’s ‘Autobiography in Five Chapters’. I encourage all of you to look this poem up and reflect on it.

The Specialty of Periodontics

On a different note, why is there so much doom and gloom about the specialty of Periodontics?! The AAP’s member forum has become a rather depressing place to visit and read messages posted. I recently posted a comment as I felt that the faculty was conveniently being blamed for many of the perceived problems. My suggestion to all of you not involved with teaching is to consider volunteering your time and helping out the Periodontics Department in the school that is close enough to you. This will definitely be good service if you are willing to help. Speaking for myself and our department, our faculty are working extremely hard to make sure that the students are exposed to all aspects of our specialty including when to refer patients to periodontists.

The ‘golden age of dentistry’ when you could hang up your shingle while not being saddled with so much debt is definitely gone. The new reality is that everything is more challenging now. It costs more to go to dental school and if you choose to specialize there are additional costs. Once you are out in the ‘real world’ then it is more difficult to find your ‘perfect practice’. If you choose to join a residency in Periodontics then it is understood that you should focus on learning about science and technique but also plan on thinking about your next step, which, is where you want to be in 3 years! This should be the residents focus right from the beginning. Residency programs have to include sessions on career building and planning. This is going to be essential to allow our residents to be successful. While private practice has become more challenging,
academic careers are no different! Academic institutions are doing more with less. Faculty are required to multi-task and be more flexible and willing to adapt to the ever changing requirements that are expected of them. However, to call this a crisis maybe a bit extreme. There are very few professions left where a bed of roses welcomes you, once you start your working careers. Having said all that, dentistry as a whole is still a very desirable profession. If you follow the US World and News rankings, then dentistry is considered to be the top profession in the USA. Dentistry, the specialty of Periodontics, and the Allied Dental Programs continue to offer the potential for long and rewarding careers. We continue to be fortunate to be part of these wonderful career options that we have chosen for ourselves.

Finally I continue to ask for your financial support as this is what helps us accomplish many of the non-supported activities of the Department. Your support helps organize events, pay for some of the supplies, and also helps some of the research that is in need of funding. By presenting you with the information through the newsletter and other email messages that I send, I am making sure to keep you informed and aware that we are a vibrant and high functioning department. Your support in this regard is invaluable. Thank you!

This issue of the newsletter has a broad range of articles of interest hence the title ‘The Everything Issue’. I asked Dr. Greg Phillips and Dr. Tom Kepic to write pieces titled IMO or in ‘In My Opinion’. They have focused on writing about their views of the Specialty of Periodontics. I think you will find that they have a lot of uplifting information for us. In addition, Dr. Shin has highlighted his experiences on the ‘In Service Exam Committee’. He offers great advice to the residents on how to prepare for the In Service Exams. In addition, I asked Dr. Yusuke Hamada and Dr. Bindu Dukka to write about their journeys to IUSD! Finally Dr. William Gillette reflects on 47 years of academic involvement. I know you will enjoy reading what all of them have written.

The newsletter also includes other pieces of information that you have come to see on a regular basis. I continue to hope you enjoy reading the newsletter as much as I enjoy putting all this information together.

IMO

Dr. Gregory Phillips, DDS, MSD

Periodontics today and tomorrow…or, Boy, I hate change…

“I’m a man and I can change. If I have to, I guess.” Some of you may recognize this as the Man’s Prayer from the Canadian television program the Red Green Show. When Dr. John asked me opine on the state of periodontics one word came to mind: change; and being male. Boy I hate change!

“General dentists have soft tissue management programs and don’t refer perio cases”; “General dentists are placing implants”; “General dentists don’t know when to refer for pocket surgery”; “Endodontists and prosthodontists are placing implants”; blah, blah, blah! There certainly is a lot of whining going on in our profession, just read the AAP’s open forum try not to take Prozac - I dare you.

What a terrible time to be a periodontist! Or is it? Remember how excited everyone got when the CDC announced that half of America had periodontitis? What happened, did these 64.7
million people call their GPs and enroll in soft tissue management programs?

GPs are placing implants – so?? Recent iData using 2011 Census estimates show that on average, the typical adult, that has seen a dentist within 2 years, under age 64, is missing just over 3 teeth; seniors, 65 and over average just over 9 missing teeth per patient. Do the math and this works out to over half a billion (that’s billion with a “B”) opportunities to place implants in the United States. However, only slightly over two million implants were placed in 2011 – that’s a 0.35% utilization rate! The United States ranks 9th in the world in the number of implants placed per 10,000 population.

There certainly appears to be plenty of missing teeth and pyorrhea to keep everyone busy; so what’s the problem? The problem is us, not just your average OCD periodontist, but people in general. We want things to stay the same, we hate change; but, as we all know, change is the only constant. And periodontics is changing and has changed: when was the last time you performed a “push-back technique”? How many gingivectomies did you do last year? How many free gingival grafts did you perform last year compared to connective tissue or allografts? As a former, and still recovering, general dentist, I thought the best thing about being a periodontist was that I would never have to do another root canal, only extract periodontally hopeless teeth and almost never see a child in my practice. My orthodontist has become a wonderful referral - I expose impacted canines for him weekly. Almost a day does not go by that I do not extract a tooth with very little loss of periodontal attachment in preparation for placement of an implant. At least I haven’t done one root canal in over 25 years!

What else has changed in the exciting world of periodontics? How about regeneration? Maybe Gore-tex didn’t live up to all that it promised, but how about incorporating biologic response modifiers in our surgery? Enamel matrix derivative (Emdogain™), undifferentiated human mesenchymal stem cells (Osteocel™), recombinant platelet-derived Growth Factor (Gem 21™), recombinant bone morphogenetic protein (Infuse™), human amniotic products (BioXclude™) or using the patient’s own platelets (PRP, PRGF, PRF); these are just a few, I am sure there are many more. Who would have imagined only a few years ago that these “biologics” would be part of our everyday practice? How about the procedures we do? When I started my residency, I never imagined I would go into a patient’s sinus on purpose! And how predictable do these biologics make regenerating lost alveolar ridges or sinus floors?

What about digital technology? I am amazed that I can see a new patient, take a 3-dimensional radiograph in my office, obtain a digital impression, plan the implants on my computer (while I eat a turkey sandwich at lunch) and within 2 weeks place an implant using a surgical guide that was made without a model using a 3-D printer! What a great time to be alive and practicing periodontics!

What does the future hold in store for periodontics? Who knows; if you can imagine it, it can happen. I know periodontists that are routinely preforming auto-transplantation of teeth. What a wonderful service for a child that has hopelessly fractured a central incisor - to remove a developing mandibular premolar and transplant it into the incisor position. It very likely will maintain its vitality and with enamel-plasty be virtually identical to the natural tooth. Plus it will develop with the child so that they do not have to wait until they stop growing to have a dental implant. The next step in this technique is to grow replacement teeth in a petri dish and use them to replace missing teeth. This is not science fiction and is currently being researched; I suspect that many of our residents will at least be preforming auto-transplantation in their practices, if not transplanting lab generated teeth. Who better to pioneer this than the dental specialty that developed the hard and soft tissue regeneration techniques we all employ every day?
Peri-implantitis is on the rise; we need to embrace this and become the go-to specialty for treatment. I believe this will be a major part of the future periodontal office and we need to become proficient at recognizing and treating these ailing and failing implants by utilizing some of the amazing materials and techniques mentioned above.

We all know that periodontics is a referral based profession and the business of referral is changing; the days of sending out a pre-made newsletter every other month, along with a referral pad, and waiting for telephone to ring are over. We have to be pro-active; everyone nowadays has a website, and maybe an office Facebook page but how about U-tube videos? This is probably the most cost effective PR thing you can do.

The relationship between us and our referrals is changing and we need to realize this. Periodontics is about relationships – between us and our office team, between our office team and our referral's office team, between us and our patients and between us and our referring doctors. One thing I have implemented this year are team (FYI – “staff” is an infection) happy hours. Once or twice a month my team meets a referring office team for some wine and appetizers. It is important for their receptionist to know who she is speaking to at my office and vice versa. We all know that dental hygienists in many GP offices actually make the referrals, so why not meet and get to know them? I typically show up at the start just to say hi but this is a team member event and I quickly leave telling them to feel free to talk nice about their bosses.

I meet team members by offering “Lunch and Learns” – we have sandwiches or pizza catered to their office and give a 40 minute presentation on something very basic, such as “Why Implants?” Most receptionists, and even dental assistants, do not know much about periodontics or implants and I would like them to be able to answer a patient’s question if they are referred to our office. As we know, many patients are embarrassed to ask questions to the doctor but will ask a team member – don’t assume the GP is educating them, we need to help them.

We need to let our referrals know what we do and that we can do it better than they can. How do we do this? Study clubs are an excellent venue; I don’t teach them how to do a ridge augmentation but help them treatment plan an edentulous area with a ridge defect to include GBR. I’ll show them a before and after of pneumatized sinuses and what I can offer their patients. Before and afters of soft tissue grafts, esthetic crown lengthening, site development procedures (ridge augs or sinus grafts) are great for lunch and learns, also.

What about GPs placing implants – embrace it! Face it, general dentists are going to place implants; they already are. This doesn’t scare me nearly as much as the “implant misadventures” I have had to correct. Endodontic treatment on a maxillary lateral incisor isn’t the same as root canal therapy on a maxillary 2nd molar. We need to mentor them and let them know that a single implant in the #8 position in a patient with a thin phenotype and high smile line is not the same as a single implant in the #19 position with adequate alveolar bone and gingiva. We are specialists and leaders in our community and we need to act like it! I truly believe this will come back to us in spades.

Another thing study clubs can do is educate us on new restorative techniques and materials. Just as the GP needs to learn what we have to offer, we need to learn up to date restorative procedures. Many GPs look to us for help with their restorative treatment plans. I meet often with GPs to help them treatment plan a case that has little or no periodontal procedures. My hygienist and I make a point to discuss with maintenance patients the advantage of having a crown on a tooth with a large amalgam and then refer the patient to their GP for this procedure. Hearing that a tooth would benefit from a crown from someone that has no financial interest in the treatment is a very powerful motivator. Again, it comes back to relationships, this time
between us and our patients. Plus it has the advantage of helping out our referral base - if you don’t want them to place implants, make them busy doing restorative and they will refer the perio and implants to you. So why all the periodontal whining about not being busy? Periodontics is hard work; I used to work cement construction in college – that was physically hard work not to mention good motivation to study hard. Periodontics is not physically hard but we need to be involved 24/7. Not only do we need to stay current with rapidly advancing techniques and materials, we have to “get out there” and have face time not only with new dentists but with our current referrals. Relationships again, we need to develop new ones but cannot neglect established ones either!

This isn’t a 9 to 5 job - my thought is that if you are not busy, it is your fault, not the AAP’s or the GP that takes a weekend course on soft tissue management.

To quote the great Bob Dylan, “The Times They Are A Changing”, and we need to stretch our comfort zone and embrace change. Think outside the box – I met a periodontist at a Pankey course with a unique practice model: if there was a GP in his area that never referred periodontal cases, he would mentor them, along with their hygienist, on root planing techniques and the importance of the reevaluation. He, the periodontist, would see the patient for an initial exam and diagnosis then send the patient back to the GP’s office for initial therapy. The periodontist would then perform the re-evaluation and any needed surgical care. All maintenance procedures were performed by the hygienist in the GP’s practice but the periodontist would see them annually for a periodontal charting. Isn’t it better to perform some treatment than none? Plus the patient received the benefit of at least being seen by a specialist and having the needed care completed. There also is a mutual responsibility for the patient’s oral health. This seems to be win-win-win for everyone concerned. Although this may not fit with everyone’s practice philosophy, it certainly is thinking outside the box.

Don’t be afraid of change, change is exciting. Periodontics is exciting - we are on the cutting edge and I am thrilled to be part of it. To quote another modern day philosopher, Barbara MacDonald of Timbuk3, “The Future’s So Bright, I Gotta Wear Shades”. I hope you share my enthusiasm for our great profession and see the glass as half full.

IMO

Dr. Thomas Kepic, DDS, MSD

Many of you know that I’m quite active in organized dentistry. I travel a lot and am always around periodontists and other dental professionals. Dr. Vanchit John recently asked me to write an article on the state of periodontics in 2015. My immediate answer was yes. Once I gave this some thought I felt maybe I shouldn’t have agreed to this assignment because of all the comments I’ve been hearing. How much is positive and how much is negative? Most of what I hear is negative and sad. Practicing and spending the great majority of my time in California and specifically Southern California I can speak to this geographic area first and then to what I’ve been told about the rest of the United States. The first problem is we have too many general dentists, specialists, and dental hygienists. Dental schools are popping up in areas where we never thought
there was a need. Second, corporate dentistry is closing in on us. Third, insurance companies are reimbursing at a lower rate. Fourth, continuing education programs are offered everywhere, and every speaker is an authority. Fifth, many restorative dentists are now super dentists; they have the expertise to treat most situations. Supplies cost more, rent is higher, and the staff feels undercompensated. Sixth, if we’ve invested in a permanent office location, many of us a million dollars plus, and have cultivated dentists to have a trusting relationship, we’re dealing with travelling periodontists right next door. A friend of mine practiced in Beverly Hills and worked many years with a dentist who practiced right across the street, their front doors actually matched up. The restorative dentist brought in a travelling periodontist because he said the patients didn’t want to leave his practice. And then, at the end of the day, whatever time that is, we go home to be a loving husband / wife and caring parent. I started out talking about Southern California but I’ve found this to be the case in most places, except perhaps Wyoming. Any equestrians out there? I’ve been in private practice at the same address for almost thirty-eight years. So is everything I’ve said true or am I just complaining like the rest of you? It’s absolutely true. But, I’m not complaining, I’m just stating the facts.

So how does a periodontist today cope, let alone make a living. Is it possible to eke out a living, do fairly well, or be incredibly successful? Step back and ask this question of any other profession or business in today’s world and you will find the competition is just as fierce. Go into a Verizon store, an automotive dealership, an upscale restaurant or hotel. Compare Costco to a fine dining restaurant. They both add value in their own way. Compare Hyundai to Mercedes Benz. Which brand offers a better value? It’s open to discussion because each dealer is branding into its own niche.

People have been telling me for years that I lack balance. The March 13, 2015 Wall Street Journal had an interesting article on Jim Harbaugh, the new football coach of the Michigan Wolverines. Mr. Harbaugh works from 5:45AM until midnight. Tell me, does this guy have balance? There is a sentence in the article that really struck me; “His father Jack used to tell his kids, as he handed them their lunches in the morning to ‘attack every day with an enthusiasm unknown to mankind’. Jim got the message.”

Steven Covey, the famous author of *The 7 Habits of Highly Effective People*, said to begin with the end in mind. Imagine yourself at the end of your career and then look toward the beginning of your career. Write your life’s plan. Did God give Jim Harbaugh a body and mind different from what he gave you? What has made Jim and his brother John, the coach of the Baltimore Ravens so successful? Was it luck? Many of you know that Dr. Peter Drucker, the father of modern management, was my patient for over twenty-five years. A few of his quotes were “Look out the window and not in the mirror. See what’s visible but not yet seen. Trying to predict the future is like trying to drive down a country road at night with no lights while looking out the back window. The best way to predict your future is to create it. Nothing great can be accomplished if one is negative.” I had Drucker on a two-month periodontal supportive maintenance. He actually needed two months but he really didn’t need the one-hour I blocked off for him. It took me twenty minutes to clean his teeth and then I talked with him for the next forty minutes. I wouldn’t let him out!

Many years ago I had a patient who was a major league baseball executive. My son Michael and I had the opportunity to watch games from his private box. Luminaries from the business, entertainment, and sports world would visit. Once, the team psychiatrist showed up and we engaged in a conversation regarding success. He asked me to study the players and tell him what distinguished one from another. I told him that one is playing infield and another outfield. He said no, critically look at the player himself. I said one is 6 feet and the other is 6 feet two inches. The other is 185 pounds and the other is 210 pounds. One is 23 years old and the other is 26 years old. The bottom line is that the physical appearance varied only slightly. And
this was comparing both teams! The psychiatrist told me that the game is played in the mind, much more than physically. That has always stuck with me.

Use this analogy the next time you are at a periodontics meeting. How different are these people? How successful is one versus another? Please don’t define success in financial terms because there are so many other ways that one is successful. Peter Drucker wore old clothes, old shoes, and the same old sweater every winter. And, he drove an economy car, I think a Pinto. I asked Dr. Drucker every question that came to mind. I asked him why he didn’t drive a big new Mercedes. He looked me in the eye and quickly answered, “The upkeep is too much”.

This is the same guy who was a consultant for world class major corporations including Toyota. And, the top brass would consult in his living room. He didn’t have to go to Japan. Thirty-five years ago he was charging $4,000/hour. And he lived in a very simple home. What was important to him and what is important to you?

By now, I think you know where I’m going with this.

The opportunities in periodontics are staggering. This is the best time ever to be a periodontist. Compared to the very limited number of procedures we had when I graduated in 1977, the things we do are just amazing. And now you have two camps to hang your hat, you can either be in the “teeth-in business” or the “teeth-out business”.

I will wrap this up by sharing some things I’ve learned along the way. Make sure your mind and body are the healthiest they can possibly be at all times. Have solid personal relationships with your spouse and your children. Believe in a higher being and make that your focal point. Be a selfless leader to your surrounding dentists, your staff, and your patients. Don’t ever do a procedure for money, do it because the patient needs it. And, give much more of yourself than you promised. There is so much money in this world, there is plenty earmarked for you. Don’t worry about it.

The private practice model is changing however it will never go away. There will always be those people that will seek out a private practice periodontist. I believe more so now than ever. The group corporate practices are helping me out. They are so transparent and money driven that the average person can identify this very early. It makes my practice model look like a haven. You’ve invested eleven years and $400,000-500,000 in higher education. Either your parents paid for it or you have loans. Going into this, did you ever in vision working for a corporation? Are you kidding me? My mother and father worked two jobs to help pay for my education. Imagine the sacrifice. When the tires on our car were completely bald, my dad went to a used tire store to buy less bald ones.

Periodontists are their own worst enemies. One example is that we teach technique courses that took us three years of advanced training to learn. This gives one the sense of being able to do the same procedures that periodontists do. Imagine how little biology goes into that and one believes they know how to do a procedure and how little benefit the unsuspecting public receives. Imagine how much sacrifice the program director at your university put into your studies. Why should anyone go into perio when they can learn technique at the Embassy Suite? Have you heard - “We’re saving our patient money”. Who wins and who loses? But, what I just said wasn’t the last issue. The last issue is the traveling periodontist. This is the worst thing to ever happen to periodontics. Who is finding you patients? It’s not referring, it’s finding. How much say do you have in treatment planning? How comfortable are you working in someone else’s office? How involved are you in making staff decisions? Are you compensated for your driving? Why is it when a periodontist has their own practice and decides to travel, they travel such a long way? How well do you get to know these patients before you do surgery on them? How far will you drive to do root planing on a patient? I’ve been told that over 50% of the general dentists in Orange County California have a travel periodontist. And when he/she leave, they go out and find another travel periodontist.

Imagine you’re the periodontist on the corner
who just invested a million dollars into your facility and the travel periodontist is working next door. How far and how long do you travel before you wake up and figure out that only one person wins. What’s your follow up with these patients? You lose because you are not establishing any goodwill in your own practice. You have only so many years to practice and every day of doing this is wasting one more day. Periodontists are leaders and decision makers. Get a business plan. Your patient is truly the one who has lost the most. My mistake, it’s not your patient; it’s the patient of the practice you are working in. Did you complete eleven years of education to carry your implant motor in your trunk? Where are your values for yourself and the profession? Periodontics offers us so much. Drucker said you can’t accomplish anything meaningful while being negative. Stay away from negative people and keep negative thoughts from your mind. You and your family have invested so much into your education. Whether you are 28 or 68, believe. Believe, because you have so much to offer. You are the captain of your ship. Patients will see it and if financially able, they will accept your recommendations. The United States population on July 4, 2014 was: 318,881,992. Please consider a private solo or private group practice. Keeping it a boutique practice is best; it doesn’t need to be large. Find locations where the numbers are in your favor. It’s the best time ever for periodontics, just believe!

Please visit w sperio.org and read my quarterly article on Leadership and Management in the digital edition of the Gum Line. Special thanks to our retiring professors who have shared so much with us: Dr. Hancock, Dr. Newell and Dr. Gillette.

The American Academy of Periodontology In-Service Examination: My Experiences on the Test Construction Committee and Advice to Residents Preparing for the Exam

Dr. Daniel Shin, DDS, MSD

See if you can answer the questions listed in the table below.
These are just a sample of questions that were posed to periodontal residents on the 2014 AAP In-Service Examination.

1) Patients who regularly take non-steroidal anti-inflammatory drugs may develop:
   a. gingival enlargement
   b. lichenoid type reactions
   c. increased alveolar bone loss
   d. increased gingival pigmentation

2) According to Booker and Loughlin (1985), what was the average distance from the CEJ to the maxillary first premolar’s furcation entrance?
   a. 4.9 mm
   b. 5.9 mm
   c. 6.9 mm
   d. 7.9 mm

3) Which artery is most likely to be encountered when performing a lateral window approach to the maxillary sinus lift?
   a. Facial
   b. Infraorbital
   c. Sphenopalatine
   d. Posterior superior alveolar

Answers: 1) b; 2) d; 3) d
For those who are unfamiliar with the exam, the In-Service Examination is a single-session, comprehensive multiple choice exam that consists of approximately 400 questions. The examination assesses the candidate’s knowledge in fundamental basic science elements, such as anatomy and microbiology, and in clinical science elements, such as periodontal therapy and oral pathology. While there is no defined “passing score” for the In-Service Examination, it functions as a vital component in post-graduation education for several reasons: 1) it evaluates the individual resident's level of knowledge relative to other residents' knowledge at the same level of training; 2) it identifies areas of deficiency in a resident's surgical education; 3) it tracks a resident's progress from year to year; 4) it assists the Graduate Program Director in evaluating the strengths and deficiencies of his/her training program; and 5) it serves as a blueprint for a resident’s future preparation for the American Board of Periodontology’s Qualifying Examination. What the In-Service Examination is NOT intended to be is an assessment tool for which promotion and advancement is based upon.

Having experienced this examination both as an examinee (during my residency from 2006-2009) and as current member of the committee that constructs the exam (2014-present), I have gained a unique perspective and a deep appreciation of how much work is put forth in creating a large, objective, standardized examination. I hope that my experiences with the In-Service Examination Committee will help our current and future residents better appreciate what the examination represents and enable them to better prepare for the examination.

**TEST DEVELOPMENT AND CONSTRUCTION**

Development of the exam is under the purview of the AAP In-Service Examination Committee. The committee is tasked with annually evaluating and revising the In-Service Examination as necessary to ensure that it reflects current, approved periodontal practices, concepts, and techniques. Currently, the committee is composed of 11 members with diverse educational backgrounds, experiences, and expertise in academia.

Exam construction is a complex, multiple-staged process that takes 7-8 months to complete (from August to the following March/April). In its initial stages, all committee members undergo extensive calibration and training in exam question writing. Afterwards, each committee member is assigned to a specific topic- such as the “Biochemistry” section or the “Periodontal Treatment Planning and Prognosis” section- and tasked with constructing 50-75 questions from their assigned category. In addition to writing our own exam questions, committee members are tasked with examining the validity of previously administered questions and newly created questions submitted from external sources, usually from individual postgraduate programs. All questions- whether they were previously administered questions or are newly submitted ones- are rigorously screened, revised, and reformatted by the en banc committee. This rigorous review process often enlivens passionate debate, especially when committee members unabashedly challenge and painstakingly dissect the semantics, syntax, and minutest details of every question. Next, all questions that have passed muster with the en banc committee are again scrutinized by a select subcommittee panel that re-confirms and re-validates the questions before they are released to be administered on this year’s In-Service exam. As a result, a question that is submitted this year may be ready to go for the following year’s examination OR may take several years from inception to appearance on examination as a validated question. After the examination is administered, the last stage- which takes place after the examination has been administered (sometime in late March or April) - occurs. This stage involves reviewing the candidates’ responses to individual questions. Each question is statistically analyzed by a different subcommittee to determine if a specific exam question should be re-used (albeit with different semantics and syntax used in the question stem
and/or answer choices), if it should be revised and edited for future use, or if it should be “discarded” from ever being used on the examination. In the end, our intention is to construct questions that give rise to an objective, standardized exam composed of questions that have been rigorously screened and vetted by committee experts.

**MY ADVICE TO RESIDENTS**

A common question that was asked back when I was a resident is “Why should I take this examination seriously?” or “What’s in it for me to spend so much time preparing?” I hear these same questions being echoed by the current crop of residents. From a resident’s perspective, these questions are valid as they reflect the frustrations many residents feel about an examination that has no bearing on their promotion or advancement in a graduate program. Having asked myself these same questions as a resident, I think I have gained a better understanding to answer these questions. First, there is the **financial incentive** that should motivate residents to prepare well for the exam. At IUSD, residents are required to pay for their own registration fee. If a resident exceeds a scoring threshold (set forth by the Graduate Director), the resident will have his/her registration fee fully reimbursed. As a resident, the prospect of having my registration fee fully reimbursed by the department was one of the many factors that spurred me to go gung-ho in my preparation for the examination. Second, if a resident performs well on the In-Service examination, that resident may be given an **exemption** from taking the grueling and taxing Oral and Written Qualifying Examinations. Obtaining such a convenient exception should be a no-brainer and really needs no explanation to motivate residents to prepare for the In-Service. Lastly, residents should put forth maximum effort because the In-Service Examination is a dry run for the **American Board of Periodontology’s Qualifying Examination**. Our medical colleagues use their In-Service Examination to prepare their residents for the eventual board certification process. For example, Emergency Medicine, Dermatology, Neurology, Urology, Internal Medicine, and other medical specialties require their residents to sit for their respective specialty’s In-Service Exams. Based off of medical education studies, a medical resident’s performance on an In-Service Exam **directly correlates** with a medical resident’s performance on the specialty board examination.

Another question that was asked back then and is still asked today is “How do I prepare for this exam?” This, too, is a valid question since some previously released In-Service Exam questions are too specific, too recent, too old, too esoteric, too wordy, or irrelevant in today’s practice of periodontology. The In-Service Examination Committee does its best to weed out these types of questions. Yet, selecting test questions is beyond the control of a resident. So, rather than asking why such a question is being asked on the In-Service Exam, residents should try to focus his/her exam preparation on things that are **within his/her ability to control**, namely, **time management, discipline, and attitude**. In other words, residents still need to put the time and effort into learning and applying their knowledge. The odds, then, are in the resident’s favor that he/she will do well on the In-Service. One of the best ways I prepared for the exam was by setting a realistic schedule for study and for preparation. This was completely in my power to control. I dedicated 1-2 hours/day all throughout February (one month prior to the examination) to study and prepare for the exam. I read and reviewed all the AAP-Commissioned Papers, went through the AAP’s Periodontal Literature Review Book, and studied from released In-Service Exams. For literature-based questions, I spent more time reviewing the classic articles while spending less time reading up on articles written within the last 3 years. This may seem counter-intuitive since previously released In-Service Examinations used questions from “recently” published studies. However, nowadays, the committee is much more selective with selecting questions from recently published articles as some of them have questionable validity or have suspect clinical relevance to current periodontal theory and
practice. Instead, the entire committee strives to construct literature-based questions that revolve around proven, well-established conceptual concepts and/or classic literature resources that have been substantiated by other studies. On a side-note, one additional reference that may help the resident in preparing for the In-Service Examination literature-based questions is the updated Periodontal Literature Review: The Next Generation (http://www.perio.org/plr). A second useful tip that I implemented while preparing for the exam was keeping a positive attitude and steering clear of negative influences that distracted me during exam preparation. For me, the In-Service Examination was much like a marathon in that I needed to tap into my reserves of energy, determination, and concentration. And all the sacrifices that I put forth to excel on the In-Service Exam shaped my professional growth and development, especially as it assisted me to challenge the American Board of Periodontology examination later on. In all, the level of preparation and dedication I committed myself for this examination gave me insight into my personality and aspects of my life that ultimately assisted me in my own career growth and advancement. I firmly believe that our current residents share this ambition and desire.

Change is inevitable in everyone’s life. It sometimes can be a positive, sometimes it might be a negative. I was born in 1981 in Kitakyushu-city in Japan, a place as it is rural, a place that is as advanced as it is behind the times. When I looked back at my life, there have been a lot of changes in my life. The most important of the changes have been, choosing dentistry as my career, getting married, coming to the US for Periodontal training. Interestingly, I’ve met very influential people at every single turning point of my life. I am fortunate to have people that have surrounded me and guided until now. In this essay, I’d like to share with all of you my story of how I came here and what I faced so far.

When I was 20 years old, and in 2nd year of dental school (In Japan, we go to a dental school 6 years immediately after high school), my aunt asked me to visit Dr. Eiji Funakoshi’s office (Who had been faculty member at IU perio, currently in Japan) where she used to work. To be honest, during dental school, my mind was locked in on enjoying school life while playing my guitar and drums in a couple of bands.

The Road I Have Travelled

Yusuke Hamada
DDS, (MSD), 3rd Year Resident

The Rock and Roll God

I was not ready to be responsible yet!!! It was too early for me to see someone for job-hunting. My aunt finally took me to the Dr. Funakoshi’s office to attend his lecture course. He was lecturing on a basic science topic and while also emphasizing the clinical components of periodontics based on current evidence. During the presentation, he shared a lot of stories about Dr. O’Leary and his life in Indianapolis back in
Those stories were absolutely fascinating, gradually made me to about coming to the USA for Periodontal training. Actually, I believed and knew that I would be in a Periodontics program at some point. However, I was still focused on enjoying myself during dental school.

One year prior to graduation, I had the chance to meet Dr. Funakoshi again to discuss possible opportunities for Periodontal training in the USA. He gave me the contact information of some Japanese dentists in Boston MA. On the contact note, there are two offices, “Yamamoto & Associate”, and “S&K Dental Group”. I visited them for summer vacation with the girl who later became my wife “Mei”. Drs. Yamamoto (Husband: Prosthodontist, Wife: Periodontist), Drs. Kamachi (Both are prosthodontist) showed me around Tufts University and Boston University, and gave me a lot of suggestions regarding the pathway of “ROAD TO the USA”. Without any exceptions, they told me that the residency program was extremely tough to keep up with no matter of where the programs might be located. In addition to that, Dr. Yamamoto (Periodontist) who recommended me to get enough clinical experience before coming to the US otherwise I would waste a lot of time because English was my second language. Her point was if I have basic surgical skills and clinical knowledge, it would compensate for the language barriers.

Right after I came back to Japan from Boston, I applied and got into a 1-2 years oral surgery training program at my school to get basic surgical skill. The OS training program was at a University Hospital.

One of the assistant professor trained me a lot. I spend more amount of time with him for animal research, surgical training sessions, playing golf etc. than the time I was with my wife. The guy told me this one day “Hey Hama, you have to have at least 10 mentors in your life because no one is perfect. Try to absorb from each individual little by little whatever you think is good. If so, in the future, you will be better than any of those 10 people!! It was great advice. I still believe this and this became my life philosophy. The chairperson of OS gave me a chance to go to a different hospital for general anesthesiology training. I thought that it would be a great chance, because I would be doing periodontal surgical procedures with medically compromised patients. The life I had was the very challenging. I spent hours and hours at the general hospital. I needed to deal with not only head and neck surgery, also open heart, brain, stomach, gut, orthopedic and trauma surgery as an anesthesiologist. When I was the only anesthesiologist in the operation room, I kept thinking “I came to the wrong place, I came to the wrong place, I came to the wrong place…” Of course, dental school did not teach me anything about what I was seeing at the time. Some faculty members made me cry because I did not know anything. However, putting my maximum effort into learning with other medical residents gave me confidence gradually. This experience from outside of my field not only gave me knowledge, but also taught me that there were no short cuts to learning. After spending a couple of years at another hospital to
learn general practice, expanding my knowledge and skills about surgical procedure and anesthesia, I thought that I was ready to come to the USA for periodontal training. However, I forgot to learn “ENGLISH”. I was overconfident with my English abilities and underestimated how difficult it was to learn another language. I headed to Boston to learn English.

All Grown Up

My English score to apply to periodontal programs in the US was way behind the standard……. However, since I knew “There were no short cuts to learning, I kept practicing until I was able to achieve the score to apply to IU Periodontal program. It took me almost 2 years to accomplish the acceptance to IU periodontics. The two years were very long for me both physically and mentally. A lot of friends of mine in Japan started talking about their offices, their net income. On the other hand, I was even not a resident yet. It was really difficult to express my feeling at the time!! It was kind of miserable, tiring, and I felt like I was at the end of the world. However, I was just not willing to give up my dream. I had said that I would come to the USA for periodontal training since I was 20 years old. I was determined!!

In July, 2012, my dream came true and I started my residency program at IU. My feelings were a mixture of nervousness, excitement, and being less confident. After starting the program, I faced many obstacles every day, every week, every month for first year not only academic knowledge, but also a language barrier. Since I had enough clinical experience, it was not too hard to catch up the clinical session at the beginning, but in the classroom, I was probably only able to absorb 20-30% of the discussions that took place. According to my wife, I kept saying at home every day during the first 3 months of the program that “I came to the wrong place, I want to go home.” However, I did not want to be a quitter. I did not want to waste my effort, my family’s support, and Dr.Funakoshi’s help. I just kept doing whatever I had to do every day and gradually my confidence began to grow. I have continued to maximize my sincere efforts and my attitude for my life as a resident has been to enjoy and appreciate every single moment. This I have done for almost 3 years. I have enjoyed my life here as a resident. I strongly believe that I can face any difficulties if I set my mind to it.

The Big Kid with his Little Kid

Writing about my pathway for this newsletter has reminded me again how important it has been to meet people who have guided me and how much I have learned by listening to what they have told me. One day, I hope that I will be a person who can change someone’s life positively like many people have done for me.
My Journey to IU Graduate Periodontics

Dr. Bindu Dukka, BDS, MPH, (MSD)
3rd Year Resident

My interest in human anatomy led to a focus in biology for pre university education, and my desire to work with people led to my dental studies at R.V. Dental College and Hospital, India. However, I sought to get a broader perspective of diseases at a community level following my experience working at numerous dental camps in the rural and backward areas in India. As a result, I continued my studies at Indiana University (IU) School of Public Health to earn a Masters of Public Health (MPH) with a major in Epidemiology and minor in Biostatistics.

My educational experience began with a two-year pre-university program after high school, where I earned a degree in biology. Upon completion of my pre-university education, I earned a Bachelor’s in Dental Surgery (BDS). The pathology and microbiology classes were instrumental in sparking my interest in research by introducing me to the world of diseases and microorganisms. Especially while in dental school, I participated in the World Health Organization's collaboration with R.V. Dental College in India and the project was called CAMHADD/WHO Consultation Workshop on “Preventive and Promotive Oral Health through Schools” in addition to the volunteer experience working in free dental camps providing dental care and health education in various parts of India. Furthermore as an epidemiology student at IU’s MPH Program, I gained skills in evaluating disease patterns, incidence, prevalence, causal relationships, confounding factors, and different study designs that provide an ability to look at diseases from an epidemiologic perspective.

During my MPH studies, I actively sought opportunities in research. Initially, I volunteered as a student researcher at the IU Department of Preventive and Community Dentistry. I worked on a project entitled Diagnosis of Fluorosis using Quantitative Light Fluorescence. I then sought and obtained employment as a research assistant on a clinical trial of women’s health. This research position provided me with skills regarding the proper conduct of a clinical trial, data collection, recruiting patients to the study by screening and interviewing them, reporting procedures, IRB protocols, and patient confidentiality through HIPPA regulations and informed consent. I also
shadowed physicians to get a better understanding of patient care, patient-doctor interactions, and in-depth knowledge of the subject. I also successfully obtained an internship at the Indiana Violence Injury Prevention Partnership, which involved collecting data from various hospitals in Marion County and the Indianapolis Metropolitan Police Department on gunshot incidents, generating summary reports, creating databases, validating, recoding, transposing, running statistical tests and matching data sets using Microsoft Access, Excel and SAS. In this role, I learned the significance of handling sensitive data. I then transitioned into a full time clinical research assistant in the Department of Obstetrics and Gynecology, Division of Maternal and Fetal Medicine at IU School of Medicine after graduating from my Master’s program. I was part of a nationwide multicenter randomized clinical study aimed at evaluating the underlying, interrelated mechanisms of several common adverse pregnancy outcomes, which can be unpredictable in women who have little or no pregnancy history. My master’s education has not only steered my career towards research but also has made me realize how much I missed clinical practice and patient care. I wanted to enjoy patient interaction and the gratification of treating them. That brought me to IUSD Graduate Periodontics. It has been an amazing experience so far and I am looking forward to what the future holds for me!

**Department News**

**Faculty Changes**

**What do you do when you lose the combined teaching experience of about 150 years?**

Well this is what happened when Dr. Hancock, Dr. Newell and Dr. Gillette decided to finally pack it in. What can you say aside from, **THANK YOU, THANK YOU, THANK YOU!!** To the three of you, ‘your legacies are set in stone’. You have the gratitude of so many of us. We all hope that you enjoy your retirement. Reflect back on a job well done!

**Dr. E. Brady Hancock**
A Reflection of My Years in IU Periodontics and Before

By William Gillette, DDS

Professor Emeritus of Periodontics

Upon announcing my retirement from IU recently, after 47 years there, I was asked by Dr. John if I’d write an account of my time in the Periodontics Department. What follows is based on my recollections.

Having just completed my residency in New York, I joined the Periodontics faculty in 1967 as a Lecturer, the lowest rank. Dean Maynard Hine interviewed me for the job and gave me a tour of the building. He was a very accomplished man, quite persuasive and highly respected by all.

The Periodontics Department was small then, with just two one-half time professors, Drs. Swenson and Hansen, in addition to several one-half day local practitioners who staffed the undergraduate clinic. Henry Swenson was Chair of the department and Niles Hansen conducted the Graduate program. Each grad class had just 2 or 3 students almost all of whom were Indiana residents before and after their training. Upon joining the faculty, I supervised undergrad students one-half day each week and taught grad
students a second half day, including teaching
the new literature review course. The rest of my
time was spent at the VA Hospital.

A few years after I arrived, Dr. Timothy
O’Leary came to IU. He had just retired from
the US Air Force where he had made a name for
himself through hard work and several
innovations in Periodontal research and clinical
practice. After a year he became the
department’s Chairman. Gradually, as time
passed, he was able to increase the size of the
Periodontics faculty and of the grad classes. As
the IU program increased in stature due to Dr.
O’Leary, students began to come from many
foreign countries. Dr. O’Leary was active in the
American Academy of Periodontology (AAP)
too, being its President, Chair of the American
Board of Periodontology, and Editor of the
Journal of Periodontology, all at the same time.
He was a pleasure to work for, and with. He saw
to it that hard working faculty members were
rewarded with recognition and promotions.
During his tenure I was given several
promotions, including one to full Professor.

When Dr. O’Leary stepped down, in 1987, one
of our former IU Grad students, Dr. Everett
(Brady) Hancock became Chairman. He had just
retired from a full career in the Navy. Dr.
Hancock made several positive changes in the
department, including suitable office space
arrangements for full time faculty, and enlarging
the department to include the Dental Hygiene
and Dental Assisting departments. With the
enlarged department came additional
administrative responsibilities. Nonetheless, Dr.
Hancock maintained close ties with faculty,
students and the AAP. He served on the
American Board as well. The department did
well under his leadership. I continued to teach
the Classic Literature course, but was less
involved in other activities of the department
than I had been during Dr. O’Leary’s
chairmanship.

In 2007, after twenty years as Chairman, Dr.
Hancock stepped down. At that time, Dr.
Vanchit John, a former IU Perio grad student,
became Chairman of the Department of
Periodontics and Allied Dental Programs. Dr.
John has made positive changes and additions,
materially strengthening the department and its
teaching programs. Somehow, in addition to his
duties at IUSD and several important activities
in the AAP, he’s able to maintain a private
practice.

My dental career, from the attaining of my
DDS in 1957, has been generally rewarding and
pleasant. After receiving a DDS at Ohio State, I
had a hitch in the Army, and then tried private
practice as a general dentist in a small town. My
wife and I were not happy living in a small
town, so joined the VA which provided me a
Periodontics residency at NYU and the nearby
VA Hospital. Upon completion I owed the VA
several years, and it moved us to Indianapolis
where I was to start a Periodontics hospital
residency program in affiliation with IU. I
eventually accomplished that and by then we
enjoyed Indianapolis, so we decided to stick
around. Writing some articles and passing the
Perio boards were necessary to advance my
career, so they were done. I was also active in
the AAP, giving lectures on computers and
presiding over the AAP’s Federal section. VA
Perio residents began arriving in the 1970’s.
Most were a pleasure to teach, being mature,
highly motivated, self-starters who fit in well
and made their deadlines without prompting.
I’ve enjoyed occasional contacts with former
students over the years, and hope to have
more. I have also been blessed through my
career with outstanding dental assistants; that
makes daily practice much more pleasant. Most
of my bosses have been supportive and
agreeable too, which keeps stress to a minimum.
[I’m especially grateful to Dr. Leslie Brooks].

So, in my early 80’s, I’ve decided to hang it up,
with pleasant memories and no regrets. I
consider dentistry to be an excellent choice of
careers and am glad that I was steered in that
direction, and later steered toward periodontics.
I hope that all who read this reflection will have
as rewarding a career in dentistry as I’ve had.
My experiences at IUSD enriched my professional experience.

I can be reached at: Wmgillet@aol.com (two l’s, two t’s and an e on the end, otherwise messages don’t reach me) and would enjoy hearing from you. Best wishes.

**Faculty Spotlight**

**Faculty in National Leadership and Committee Positions**

A vibrant department has its faculty involved at the national level in addition to all the work done at school and on campus. We are vibrant!!

**Dr. Michael Kowolik**
1. AADR Ethics Committee Chair 2015 - 2017

**Dr. Steven Blanchard**
1. Director, American Board of Periodontology

**Dr. Daniel Shin**
1. In Service Exam Committee, AAP

**Dr. Liz Ramos**
1. ADEA Special Interest Group on Career Development for the New Educator
2. Chair, Chair-elect, and Secretary, one-year term in each office in succession
3. ADEA Commission on Change and Innovation in Dental Education Campus Liaison
4. 2012-present AAWD Member Benefits and Values Committee, Member

**Dr. Vanchit John**
1. President of the AAP Foundation
2. Member of the AAP’s Leadership Qualifications and Development Committee

**Prof. Patsy Capps**
1. Councilor of Dental Assisting Education Section for her second term.
2. Part of the Reviewers for student posters at ADEA annual session

**Prof. Lisa Maxwell**
1. CDCA (formally NERB) consultant examiners
2. Member ADEA DHCAS (Dental Hygiene Centralized Application Service) Task Force
3. Delegate to the ADEA Council of Allied Dental Program Directors

**Prof. Hunter Rackley**
1. CDCA (formally NERB) consultant examiners

**This Guy Can Teach!!**

Dr. Shin has been recognized and honored for his exemplary teaching by the graduating senior dental students. A faculty member with a non-stop enthusiasm and passion for teaching!! Our department is fortunate to have Dr. Shin as one of our faculty. We appreciate you Dr. Shin!!

**Dr. Carol Walters Receives an AAP Educator Award**

I was very pleased to present to Dr. Walters with an Educator Award from the AAP. The award is in recognition of Outstanding Teaching and Mentoring in Periodontics. Congratulations
Dr. Walters. We appreciate all that you do for us. Dr. Walters joined our faculty in July, 2010

**Resident Spotlight**
Dr. Bindu Dukka was one of the 3 finalists at the Mid-West Society of Periodontology Graduate Student Research Forum. Dr. Dukka represented our Department very creditably. We are very proud of you Dr. Dukka. The title of her presentation was "Role of Peptidoglycan Recognition Proteins in the Pathogenesis of Periodontitis and Pre-eclampsia"

**Dr. Eros Chaves Makes a Presentation**
Dr. Eros Chaves, Chairman of Periodontics at the University of Oklahoma made a presentation on April 10th. The topics of his presentation were “Dental Implantology: Crown Design for Long Term Success” and “Creating Marketing Strategies in Periodontics”.

**Dr. Chaves and Dr. John**
Thank you Dr. Chaves for 2 great presentations!! All of us enjoyed them very much.
Dr. Chaves’s visit was supported by a Charles W. Finley Grant from the AAP Foundation. Thank you AAPF.

**Resident Appreciation Event**
Following Dr. Chaves presentation we held the 2nd Annual Resident Appreciation Event. This event was organized to appreciate the 3rd year residents and thank them for spending 3 years with us in the Department.
Drs. Hamada, Dukka and Shahi made very impressive presentations. A collection of the cases from three years of training formed the basis of their presentations. These were stellar presentations by stellar individuals. We are all very proud of them.
IUSD Research Day
IUSD’s Annual Research Day was held on April 13th. Our Department has always been very active at the IUSD research day. This year was no exception.

Periodontics Division Presentations

Hygiene Division Presentations
19 pairs of DH2 students presented case study posters at research day.

Posters Mentored by Prof. Heather Taylor


**Posters Mentored by Prof. Pam Rettig**

Angela Melcher, Crystal Heath, P. Rettig. Effectively Communicating and Educating Anti-Fluoride Patients

Mandi Cobb, Cassandra House, P. Rettig. Dental Anxiety: The Effects on Oral Health and Dental Treatment

Kayla Islon, Melissa Helwig, P. Rettig. The Effects of Poor Dental Knowledge on Oral Health

Erica Stanton, Sara Gudgel, P. Rettig. Modification of Dental Hygiene Care in a Breast Cancer Patient

Lindsey Jone, Carlee Minett, P. Rettig. Maintaining Oral Health with a Parkinson’s Patient

Rachel Ames, Stephanie Rudicel, P. Rettig. Effects of Dilantin on the Oral Cavity

---

**Staff Member Service Recognition**

Kay Rossok, Assistant to the Chair was honored twice this past month. Firstly, for 20 years of service to the school! Thanks you Kay for 20 years of Service!!! Secondly, Kay was also honored with a ‘Staff Excellence Award’. Dean Williams was very kind to take Kay out for lunch as a token of his appreciation. Thank you Kay for all that you do for the Department and for the school. You are an asset and we value you.

Tuwana Ivy from the Division of Dental Hygiene was recognized for 15 years of service. Thank you Tuwana! Your service is greatly appreciated.
Kay Rossok Gets Involved with the Indy Honor Flight

Saturday, April 4, I had the honor of escorting two WWII veterans to Washington DC for a day of visiting the WWII, the Korean, the Vietnam and the Lincoln Memorials followed by a visit to Arlington National Cemetery as part of the Indy Honor Flight. We were privileged to have “front row seats” to witness the changing of the guard at the Tomb of the Unknown Soldier. This particular flight (IHF#10) carried 200 WWII, Korean, and Vietnam veterans to visit THEIR memorials. Dr. Fred Robbins, Adjunct Faculty Member, and his family also volunteered with this organization by serving the veterans and their “guardians” dinner the evening before the flight. In addition, several faculty and staff members within IUSD sent thank you notes that were distributed to each veteran during “mail call” on the return flight. I want to express my appreciation to all who supported my veterans and me with their presence and cards. Kay

Alumni in the News

Dr. Ranjitha Krishna (MSD 2008) was recently promoted to Clinical Associate Professor at the Georgia Regents University School of Dentistry, Department of Periodontics in Augusta, GA. Congratulations Dr. Krishna. We are very proud of you!!!


**Inter-Professional Education**

Oral Health/Primary Care Integration Pilot Project (March 27, 2015)

Four collaborative teams comprised of a family medicine resident, dental hygiene student, faculty dentist preceptor and two hygiene faculty members, Lisa Maxwell and Heather Taylor, performed oral health risk assessments, evaluations, preventive interventions, patient education, and, when needed, referral for dental treatment. The teams provided services for 10 pediatric patients (ages ranging from 3 to 12 years) that presented for a well-child visit. All patients were Indiana Medicaid recipients. Of the 10 children seen during the pilot, 8 presented with active dental caries. Dental abscesses were observed in of these 2 children, one of which had early childhood caries and required immediate attention.

Poster “Developing Team Communication Skills in a Fast-Paced Inter-professional Learning Activity”. This will be presented at the 2015 NAP Forum, National Academy of Practice in Medicine (NAP) April 17-18.

*Authors- Laura Romito, DDS, MS; Richard Jackson, DMD; Lisa Maxwell, LDH, BS, MSM; Carol Clark, RN, DNP, FNP-BC; Susan Hendricks, EdD, MSN, RN; Beth Townsend, MSN, RN; Mary Mueller, PhD; Julie A. Poore, RN, DNP; Heather A. McCabe, JD, MSW; Gaylen Kelton, MD*

*The authors are faculty from the Schools of Dentistry, Nursing, Social Work and Physician Assistant Studies.

**ADEA Workshop**

Dr. Liz Ramos presented a workshop at the 2015 ADEA Annual Session & Exhibition in Boston in March. The workshop was titled ‘Documenting What You Do: An Educator's Guide for Academic Advancement’
Resident Case Reports

Dr. Tsuyoshi Tanaka (2nd Year Resident)

Patient name: C.B
Sex: Female
Age: 76
Race: Caucasian
Medical history:
  - Hx of Hypothyroidism
  - Hx of Torn meniscus (left knee 2009)
  - Hx of Melanoma (left arm, removed surgically 2010)
  - Hx of being a Hep B carrier, no longer a carrier.

Medication List
- Aspirin 81mg
- Zetia (for cholesterol)
- Levothyroxine (for hypothyroidism)
- Ciprofloxacin for UTI for 1 week
- Ca and multivitamin

CC: I want to save my teeth as much as I can.

Dental history
Patient has been on a 3-4 month periodontal maintenance recall for 5 years.
Although patient has high motivation to save her teeth, her OHI has not shown significant improvement especially in the lower anterior area.

Clinical Problem
High Frenal Attachment
No Keratinized tissue in the #24 area

Goal of Procedure
Increase zone of keratinized gingiva

Treatment Plan
1. Free Gingival Graft
2. Recall Visits

Pre-Op Radiograph

Pre-Op Clinical Photo
Following Placement of the Free Gingival Graft

2 Weeks Post-Op

2 Months Post-op-Significant Increase in the Zone of Keratinized Gingiva Noted

Upcoming Events

Emergency Drills in 2015

1. April 28th – Third Year Residents- Allergic Reaction/ Anaphylaxis

2. June 16th - Testing Stations- Faculty
   Oxygen Use- Dr. Ramos
   Emergency Kit Evaluation- Kathy Thompson
   Use of the Epipen- Dr. John
   Use of the Glucometer- Dr. Shin

3. July 28th – Unannounced Scenarios- CVS
   1) Students will not know the scenario prior to being the operator
   2) Faculty will evaluate the responses of the students
   3) One of the students will be the dentist and actually be the one who has the medical issue
   4) We will have handouts for each “victim” describing the signs/symptoms that he/she should exhibit
   5) We will have handouts for all to cover the signs/symptoms and responses needed.

4. August 25th - Second Year Residents- Hypoglycemia

5. September 29th - Presentation by EMT/Paramedic- Eric Rossok

6. October 27th - First Year Residents- Syncope and Stroke

7. November 24th - Final Exam
May 21st- Dr. Tom Kepic visits and helps conduct ‘mock board exams’ with the 3rd year residents in the AM
PM- Dr. Kepic makes a presentation about ‘Prognosis of Teeth’

October 30th 2015-Dr. Chandur Wadhwani
All Day Presentation

In Memoriam
Honoring Dean Emeritus Ralph McDonald, DDS, MS, LLD (Hon)
Pioneer of Pediatric Dentistry

The Indiana University School of Dentistry joins the family of Ralph E. McDonald, DDS, MS, LLD (Hon.), in mourning his passing on Feb. 20, 2015, at age 94.

Considered by many as a pioneer in pediatric dentistry, Dr. McDonald served with great distinction as dean of the Indiana University School of Dentistry from 1968 to 1985.

An internationally renowned pediatric dental educator, Dr. McDonald was pivotal in developing what is now known as the pediatric dentistry graduate program in the department of pediatric dentistry at Riley Children’s Hospital in Indianapolis. He authored or co-authored at least 21 textbooks in addition to his many other published articles. Before and after his retirement, he was editor of the prestigious journal Pediatric Dentistry.

“Dean McDonald’s legacy and incredible contributions to the field of pediatric dentistry will live on through his residents and his groundbreaking textbook,” said Indiana University School of Dentistry Dean John N. Williams. “As Dean, he opened up access to dental care and improved the health of citizens around the state by developing the regional campuses.”

Born in Indianapolis, Dr. McDonald received three degrees from IU: BS 1942, DDS 1944 and MS 1951. During his years as dean, the dental school’s teaching and research facilities greatly expanded. Groundbreaking for the second addition to the building took place in the early 1970s, and the school doubled in size. Dental hygiene, dental assisting or dental laboratory technology programs were added to the regional campuses. He promoted a flexible curriculum that allowed dental students to gain clinical experience before their third year.

After retirement, Dr. McDonald continued as editor of Pediatric Dentistry for a number of years, and until recently, remained as co-author of the textbook Dentistry for the Child and Adolescent, which he created and originally published in 1963 as the textbook Pedodontics. With this year’s 10th edition of the textbook, it continues as the world’s longest-running children’s dentistry textbook.
Sarah Jane, his loving wife of nearly 58 years, preceded Dr. McDonald in death in 2000. Surviving are his children, all graduates of the IU School of Dentistry: Dr. John (Barbie) McDonald, Cincinnati, Ohio; Dr. Scott (Arlene) McDonald, Fishers, Ind.; and Barbara (Jeff) Dean, Indianapolis, along with seven grandchildren, six great-grandchildren and Joanne Muncey, his devoted companion.

Visitation will be held from 4:00-8:00 p.m., Wed., Feb. 25, with a calling at 10 a.m., followed by services at 11:00 a.m., Thurs., Feb. 26, both at Flanner and Buchanan Washington Park North Funeral Center, 2706 Kessler Blvd. West Dr., Indianapolis. Entombment at Crown Hill Cemetery will follow. There will be a celebration of life reception at the Bloomington Meadowood Retirement Center for his Bloomington friends on Sunday, March 1, from 2:00-3:00 p.m.

Dr. McDonald was a lifelong IU supporter and sports enthusiast. In recent months, he received many caring calls and cards from the countless students, faculty and friends he touched in his long and full life.

Memorial contributions may be made to the Indiana University Ralph E. McDonald Professorship in Pediatric Dentistry and mailed to Ms. Pamela Lovejoy, IU Foundation Accounts Manager, IU School of Dentistry, 1121 W. Michigan St., Indianapolis, Ind., 46202.

Dr. Ray Maddox passed away on March 31, 2015, following a brief illness.

Dr. Maddox was an institution in organized dentistry on the local, state and national level. He served as president of the Indiana Dental Association in 1998-99 and also served as IDA Speaker of the House. He continued to serve dentistry as president of the IDA Foundation and secretary of IDPAC until the time of his death. On the national level, Dr. Maddox was a former member of the ADPAC Board of Directors and was a delegate to the American Dental Association for many years. Dr. Maddox was also a fellow of the American College of Dentists, International College of Dentists and Pierre Fauchard Academy.

Dr. Maddox was best known for his network of dentist friends around the country, and for his long-time involvement in state and national politics. At his funeral on April 3, he was eulogized by IDA Past Presidents Mark Thomas and John Roberts, and U.S. Congresswoman Susan Brooks.

Dr. Maddox is survived by his wife of 43 years, Kay, daughter Meredith (Jay) Williamson, son, Dr. Matt (Binnette) Maddox, his parents, Jim and Anne Maddox, and four grandchildren. The Indiana Dental Association extends its deepest sympathy to the Maddox family.

Dr. Ray Maddox was an institution in organized dentistry on the local, state and national level. He served as president of the Indiana Dental Association in 1998-99 and also served as IDA Speaker of the House. He continued to serve dentistry as president of the IDA Foundation and secretary of IDPAC until the time of his death. On the national level, Dr. Maddox was a former member of the ADPAC Board of Directors and was a delegate to the American Dental Association for many years. Dr. Maddox was also a fellow of the American College of Dentists, International College of Dentists and Pierre Fauchard Academy.

Dr. Maddox was best known for his network of dentist friends around the country, and for his long-time involvement in state and national politics. At his funeral on April 3, he was eulogized by IDA Past Presidents Mark Thomas and John Roberts, and U.S. Congresswoman Susan Brooks.

Dr. Maddox is survived by his wife of 43 years, Kay, daughter Meredith (Jay) Williamson, son, Dr. Matt (Binnette) Maddox, his parents, Jim and Anne Maddox, and four grandchildren. The Indiana Dental Association extends its deepest sympathy to the Maddox family.