



The Practicing Academic

The Department of Periodontics and Allied Dental Programs
(DPADP)



“The Allied Issue”

October

2014



Chairman's Corner:

The AAP celebrated its 100th anniversary with a very successful meeting in San Francisco. John Forbes, the Executive Director, indicated that this was the best attended meeting ever with more 4300 Periodontists in attendance along with members of the Allied Profession and the AAP staff and exhibitors for a total of over 5500 who attended the meeting. Happy 100 years to you AAP.

Let us reflect on that for a moment. The AAP that is the parent organization of the specialty of Periodontics is celebrating 100 years. That is quite an achievement for any organization. As a member of this organization, I am as responsible for the success of my organization as is the next person who is a member. I participate, I attend, I support the AAP! I appreciate the role that the AAP has played in my professional life. Happy Birthday to you AAP! Here's to another 100 years of success.

The meeting was a busy one for me. I took over as the President of the philanthropic arm of the AAP by becoming the President of the AAP Foundation. I sometimes wonder how I got there. However just like getting to Carnegie Hall, I think I must have ‘practiced, practiced, practiced’. This is a great honor for me

personally as it represents recognition of a long journey. I take this role as seriously as I have taken every other role and opportunity that has presented itself to me. Jack Caton has been a big influence on me on the foundation. I have learned a lot from watching Jack conduct himself during meetings and in leading the foundation. The AAPF has now given out about 4.1 million dollars in academic scholarships and fellowships to support young faculty members at various schools across the nation. 95% of all award recipients are still involved with academic periodontics. 4 are Department Chairs, 8 are Post-Doctoral Directors, 5 are Pre-Doctoral Directors and 1 is an Associate Dean. This is most impressive!! Dr. Siva Prakasam and I are recipients of awards and are beneficiaries of the AAPF's vision for periodontal education. The AAPF turns 25 next year. I hope to see you at the meeting in Orlando. I also hope you will consider supporting the foundation in any capacity that you can.

This meeting marked the completion of my journey on the Education Committee. My

experience on the education committee has been very positive. I have had the fortune to learn from the leadership of Brian Mealey, Frank Serio, Thomas Koertge and David Paquette. For the last 4 years, I have been trusted with leading the committee. What a thrill ride it has been!!!

The education committee is made up of incredibly talented and passionate people who are very interested in making sure that our specialty remains strong and is always moving forward. Leena Palomo from Case Western Reserve University took over as the Head of the Committee and I know she will continue to make sure that the committee addresses the needs of the academic side of our specialty.

I had the opportunity to speak at the Pre-Doctoral Workshop on the topic of 'Clinical Calibration' highlighting all the efforts from our Department. I want to take a moment to reflect on the topic of clinical calibration. In 2003, Elizabeth Hughes and I started the calibration journey by organizing our first department wide workshop. Since then we have had multiple calibration sessions. The periodontics division now schedules monthly calibration sessions.

This takes a lot of work for those of us that are involved. This is also taken for granted because we have been doing it this way for ever and a day. The number of positive comments I received at the meeting about our calibration efforts definitely reinforces that we should keep doing it this way.

Both the pre-doctoral and post-doctoral workshops that were planned by the Education Committee were extremely well attended and received.

Finally I am back on the Leadership Development and Qualifications Committee (LDQC). I hope that some of you will consider volunteering to participate on AAP committees and that I will get to speak on your behalf when applications are reviewed.

I do all of this voluntary activity because I feel very strongly about our specialty and our department. Our department has benefited from the leadership of Drs. Swenson, O'Leary and Hancock. I respect the tradition that has been established and have always tried to ensure that we continue that legacy. I have also emphasized the need for more recognition through our

teaching, research and service. Our curriculum continues to evolve and we are always the first Department in line to embrace and create change. Our research activity has increased significantly and our scholarly output through publications and presentations has never been at a higher level than it is currently. Our service involvement is extremely robust at all levels of the school, the university, at a local level with IDDS and the IDA, the regional level with the MSP and nationally with the AAP. Similar participation is evidenced from the dental hygiene and dental assisting divisions. So when I ask you to consider supporting us through your generosity, I want you to know that you are supporting a vibrant and highly productive department. Your support is needed more so now than it has ever been needed. I hope you will consider supporting the department through a donation which can either be designated to one of our funds or you can allow us to make the decision as to where the funds will have their maximum impact. You will likely soon hear from Travis McDearmon from the development

office about opportunities for you to participate with our department's development program.

In this issue of our newsletter, we are focusing on the talents of some of our pre-doctoral students. I asked Olivia Gershman (4th year), Clay Taylor, Zachary Bozic and Erika Wrobel (3rd year students) to write articles for me. I know you will enjoy reading reflections from the four of them and the passion they all feel about giving back.

In addition, Kay Rossok has written a very interesting article on 'Non-Verbal Communication'.

The newsletter also includes the other pieces of information that you have come to see on a regular basis.

I hope you enjoy reading the newsletter as much as I enjoy putting all this information together.

The Need to Give Back **Olivia Gershman, 4th Year** **Dental Student**



One of the most incredible aspects of the field of dentistry is possessing and mastering a unique skillset, a rare art form, which continues to grow and evolve day after day. It is arguable that those of us who have worked hard to acquire this specialized skill have a duty to share it with those not fortunate enough to seek out our care themselves. Dentists are gifted in that they can relieve people of their pain, and we have the obligation to care for those who are in need of our help. I was very privileged, early in my career, to be presented with the opportunity to travel to Guatemala for a service-learning trip. The experiences that I had during this week-long trip to Central America have impressed on me the importance of making volunteer work a staple in my career in dentistry.

Upon our arrival to Guatemala, our group of five students set up our portable dental

equipment at an inner city after school program called Open Windows. At this location children of all ages, including young adults, waited in line to have their teeth checked. Most of these children came to us looking for a solution to their dental pain. Looking in their mouths, we found gross decay and utter absence of oral hygiene. With the allotted time, we were able to do extractions and sedative fillings, along with applications of fluoride varnish. We did our best to relieve these children of their pain and prevent further discomfort, but ultimately this first day of our trip opened my eyes to the importance of the work we were doing, and the dire need for volunteer dentists to continue to help these children in need.



Dental Students working at Open Windows in Antigua, Guatemala

The next location we traveled to was Hogar Rafael Ayau, an orphanage outside of Guatemala City. This was a newly built orphanage situated right on a breathtaking lake

surrounded by three volcanoes. There were forty children residing here, some of whom were orphans, and some whose parents were absent from their lives for various reasons. The orphanage was under the care of several nuns, who were nurturing yet strict. The children at the orphanage, ranging from very young to teenaged, warmed our hearts from the moment we arrived. They were sweet and kind, eager to welcome us into their home and show us their lifestyle. Our experience at the orphanage was incredibly rewarding, though it was very different than what we experienced in Antigua. The children in the orphanage had their teeth cared for once a year, usually by students on a service-learning trip. Most of our dental work here consisted of prophylaxis, sealant placement, and fluoride application. They were excited to receive goody bags filled with tooth brushes, fun shaped flossers, and other treats to help them care for their teeth. Our group stayed at the orphanage for several days, caring for and living with the children there. We were all moved and deeply touched when, on the day of our departure, the children sang us a song and gave us gifts to remember them by. They thanked us for traveling from far away to take care of their teeth, when I felt I should be thanking them for teaching me a lesson I will never forget: the importance of helping those in need.



Students caring for a child at Hogar Rafael Ayau

My volunteer trip to Guatemala was unique because I was able to see two very different views of what a service trip could be like, and how regular volunteer work can impact peoples' lives. At our location in Antigua, nearly every child was in pain, and we did as much as we could with our allotted time to help them feel better. We knew, of course, that all we were doing was not enough to restore their damaged oral health. The children of the orphanage, who are fortunate enough to host dental volunteers annually, were equipped with the tools they needed to maintain their oral health and avoid emergency situations. This, to me, was evidence that volunteers in dentistry can make a substantial difference in the lives of those they choose to help. Whether I travel across the world, or drive across my city, I plan to devote a portion of my time during my career to helping those in need. I learned through this heartwarming trip how important it is for a

dentist to use his or her skills to better the lives of others, and it is my hope that we all put forth a fraction of our time to fulfill our duty to provide for those who need our help.



Our group of student volunteers and faculty supervisor, overlooking the view from our clinic at Hogar Rafael Ayau

The Things I have learnt Along the Way

Erika Anna Wrobel 3rd Year Dental Student



As a first generation American and the first member of my family to graduate from college, I am thankful for the opportunity to pursue my dream of becoming a dentist and be the first professional school graduate in my family. My Polish heritage has and will continue to influence me as a person and I know it will also have a great impact on me as a professional in the future.

My mother moved to the Chicago, Illinois, from Poland when she was 18, leaving behind all of her family and friends in search of better opportunities. She had to work to support herself, her parents, and her siblings that were left behind in Poland. I owe my resilient work ethic to my mother, whom I watched work so hard to support herself, her family in Poland, and our family. Both of my parents spent their lives working to give me the privileged life they could only dream of having, and their persistence has always been my strongest driving force.

Every summer beginning at the age of 9, I was lucky enough to have my parents send me to Poland to visit my grandmother for three

months. I had the opportunity to travel all over the country to different regions, visiting relatives that were scattered all around the country.

During my time in Poland, I observed the willingness to give and selflessness of the Polish people to those in need. It is not uncommon for many different people to give their time, money, or services to those who really need it. This belief is something I hold very dear to me. The Polish culture is a very giving and generous culture and I try to replicate these beliefs throughout my daily life.

I visited Poland every year for 10 consecutive years and gained more life experiences in those summer months than I probably did during the school year. One experience I will never forget is the day I witnessed what true poverty looked like at a very young age. While out shopping one day, I observed three children that were my age sitting outside a store begging for food. As I walked through the store, I could not stop thinking about them and their misfortune, while I was the American child with a purse full of cash. I bought all the best possible treats and

gave them to the children as I left. They started crying tears of joy and couldn't believe their own eyes. This day was a monumental and life changing day, because it was the day I realized that not everyone had the same opportunities as me. I quickly learned to appreciate and be thankful for my life back home.

In the Chicago area, there are many Polish Immigrants who do not receive regular dental care due to their lack of financial stability, access to care, and knowledge of preventative care. It is my goal as a future graduate of IUSD to help educate the Polish community about the importance of oral health and regularly scheduled preventative care. I will donate my time and resources to give back to culture that has taught and given me so much.

My Polish heritage has been very influential throughout my early life and my dental school career. It has guided me by having the perseverance to complete the goals I set. In addition, seeing my mother work so hard her entire life, the struggles of poverty in Poland, and the perseverance of their spirit have reinforced my resolve to work hard and succeed.

I am able to be appreciative of all the opportunities presented to me. My mother has told me that hard work always pays off and with this guidance I continue to have the drive to set and achieve my goals. Similarly, my grandmother told me to always make sure that I remember where I came from and never lose sight of where I want to be. In the future I would like to be able to help out the Polish community in the Chicago-land area when I graduate, especially the immigrants with no access to dental care. I feel it is the least that I can do to try and pay it forward.



**Using the Gift of Dentistry to
Give Back**
**Zach Bozic, 3rd Year Dental
Student**

“The meaning of life is to find your gift.

The purpose of life is to give it away.” William

Shakespeare's words really hit home as I start the third year in my Dental School journey.

Coming from a family of dentists who walked the halls of IUSD twenty, thirty and forty years ago, I knew before my first year that school would require tireless effort and that my studies were to be the paramount priority. I set aside my desire to volunteer and find time to give back and refocused my life around studies and books. There was little time to do anything else.

I was assigned to a study group during the first few of weeks of D1 summer anatomy and was grateful to have a small group of individuals committed to the same rigorous review of material that I was. I found out that these students were capable of much more than just having stellar study skills. Every Saturday, they volunteered at IU's Dental Student Outreach Clinic. I thought they were insane to give up Saturdays—a key day for studying without the interruption of classes. But, after months of coaxing, my small group convinced me to come check out the Student Outreach Clinic, and I haven't stopped volunteering since

then. It provides me with the fulfillment for which I had been searching.

The Indiana University School of Dentistry Student Outreach Clinic (IUSD SOC) at People's Health and Dental Center gives access to oral health services in the underserved near eastside inner-city Indianapolis community and develops an environment that encourages learning for students, faculty, and community members. While the clinic focuses on the patients' dental needs, the overarching Indiana University SOC participates in collaborative work with other student outreach clinics in the fields of medicine, pharmacy, law, business, and social work, with the ultimate goal of providing multidisciplinary learning, student teaching, and, most importantly, patient care. Every first and third Saturday of the month, IUSD's SOC provides an opportunity for twenty-two patients to receive various dental treatments ranging from simple prophylaxis to a full-mouth extraction at People's Health Center. Completing this monumental task requires a cohesive team of thirty volunteers, including DDS candidates, dental hygiene students, an

executive board running the behind-the-scenes operations, and the guidance of multiple dental faculty and community practitioners. Planning for a Saturday SOC session begins well before patients are seated at 10 AM. After the executive committee meets to discuss a plan for that week, board members coordinate schedules, recruit faculty, confirm patients, purchase supplies, and effectively organize the team of students necessary to execute the day's patient schedule. Dental students from every level are encouraged to help at the SOC in any way possible, from the first year charting an appointment to a team of fourth years working through a complex extraction. The process allows for vertical learning between classes and disciplines—something that is not always possible at school because of the full schedules and prior commitments of the various dental classes. While the students maintain the day-to-day operations at the SOC, the faculty and volunteer dentists provide the foundation for learning.

As the SOC's Chair of Faculty Volunteerism, it is my responsibility to recruit

talented IUSD faculty and dentists from the community to offer their support in facilitating student learning. The goal of faculty and community dentist involvement is to encourage critical thinking and problem solving skills and to bridge the gap between learning about the materials and ethical principles in the classroom and applying and training on these principles in the clinical environment. Whether it is once a month or just once a year, dentists are always welcome at the SOC. Because of the SOC's success, we have even been able to see a few volunteers start off as a volunteer assistant during their first year then serve as an upperclassmen board member and end up as a faculty member, teaching others what they gained in their time at the SOC.

The SOC has given me much more than I have put into it. It has been an ever-giving gift and I feel as if I am already fulfilling the purpose which drove me into this field, extending my help to those who need it the most. It is my hope that I can continue serving at the SOC throughout the rest of my tenure at IUSD and many years thereafter. I also hope

that my fellow classmates and future colleagues will be able to find the time to give back to those less fortunate in some way or another, whether that is helping at the SOC a few Saturdays a year as a community dentist volunteer or finding a dental clinic in their own community where they can serve that population in a similar fashion. We have so many individuals right there in our communities that need *your* help.

To find out more about volunteering at IUSD's Student Outreach Clinic, you can email me (Zach Bozic) at zbozic@iupui.edu.

Serving Others: A Lesson in Human Interaction
Robert Clay Taylor- 3rd Year Dental Student



When interacting with patients, things do not always go according to plan. Solving problems, thinking on your feet, and being able

to communicate effectively are crucial skills any oral health care provider must develop. Some people would say that one must read the literature, practice in the lab, and study pertinent concepts in order to hone these skills. While these methods have their place, I have found that my interactions with people day-in and day-out are vitally important to my development as a clinician. This learning experience is ongoing, and has been happening my whole life. There is one period of time in my life standing out to me as a more intense educational time with respect to understanding people.

I was fortunate enough to experience a four-year crash course in communicating with others, thinking quickly, and problem solving. I served tables in between my undergraduate studies and dental school. After graduating from DePauw University in 2008 with a degree in English Literature, I decided I wanted to become a dentist. In order to accomplish this goal, I needed to find a place to work that would afford me the flexibility to complete my prerequisite courses and earn money at the same time. Serving tables was the perfect fit. What I

did not expect, however, was that serving tables would also help prepare me for my third and fourth years of dental school—the clinical years.

My position as a server required me to keep an upbeat attitude even when things were not going smoothly. In order to make certain my patrons had the most pleasant experience possible, I took it as my responsibility to deliver the delicious food and drink they wanted with knowledgeable tidbits accompanying the meal. Sometimes I would encounter an angry patron whom I could not please or satisfy. Sometimes I would encounter a chef who was ready to chew me out for a mistake I made. Sometimes the angry customer and furious chef would occur simultaneously—this is the true test. Of course I messed up an order from time to time. When this would happen, there are two main options: own the mistake and fix it knowing you may take a cut in your tip, or blame it on the kitchen staff. I always found that owning my mistakes was the best route. The patrons respected me for being honest and normally did not mind, and my coworkers respected me more because I did not throw them under the bus.

Sometimes you can turn a person's day around by remembering their preferences. There was a lady who brought her mother in for lunch every other Tuesday, and I would make sure to have two glasses of chardonnay waiting at their table when they arrived. They would each have a half tuna salad sandwich and a cup of soup with “chips off the top of the bag.” Remembering the little details made the customers feel wanted and welcome, and they knew our staff genuinely cared for them.

On a few occasions situations arose where I could not make a diner happy. It was difficult to keep a smile on my face during these interactions, but I found that the best way to help was to listen. Most people just want to know that their concerns are heard. Even if I could not make them happy, at least they would know that I actually cared what they had to say. Learning through experience to navigate challenges like these shaped my interactions with patients, with fellow students, and with faculty members.

At the most basic level, the oral health care provider is a server. Our goal is to

improve the condition of each patient who walks in the door. Of course we are taught the technical skills to make this happen, but the education other people can provide just through everyday interaction is just as important as the bookwork and lab work. Sometimes the best treatment we can provide is not at all related to the actual tooth in the mouth, but rather it is to improve mindset of the patient we treat.



What Did You Really Say? How Non-verbal Communication Can Lead to Misinterpretation of Messages Kay Rossok, LDH

I slowly walked up to the front of the classroom filled with dental professionals to give my final presentation for my “Methods of Teaching Health Occupations Education” course. We had been instructed to dress business-professional for this speech. I chose to wear a long sweater, stirrup pants (this was the early 90s), bobby socks, and tennis shoes. I breathed a big sigh and mumbled, without looking at the

*audience, “I am here to teach you how to floss.” Quiet groans and rolling eyes were the immediate responses received. Then, I asked my audience what I had said. They all frowned and answered that I was going to demonstrate how to floss. **Wrong!** I told them that what I really “said” that I was unprofessional, not concerned about my appearance for this presentation, and, most of all, that I was bored with the subject. My classmates looked at me like I was crazy. Then I shared the real topic of my presentation...NON-VERBAL COMMUNICATION.*

The following is a summary of lessons I have learned from many years of experience. Throughout my careers as a dental hygienist, an EMT, and an administrative assistant, I have seen numerous examples of communication breakdown due to body language and perceived messages. What you “say” with your hand gestures, eye contact, tone of voice, and facial expressions, will have more impact on the message than your actual words.

Three years ago, I participated in training provided by IUPUI that covered this topic. Seven non-verbal codes were identified: Proxemics (space), Touch, Eye Gaze, Facial Expression, Kinesics (movements), Vocalics, and Physical Appearance.¹ “Only a small percentage of communication involves actual words: 7%, to be exact. In fact, 55% of communication is visual (body language, eye contact) and 38% is vocal (pitch, speed, volume, tone of voice).² People need to take these into consideration when attempting to converse.

¹ Kuhn, Marilyn H. “Essential Communication, Listening and Non-verbal Communication.” Administrative Support Professional Series. IUPUI Human Resources Administration, Indianapolis. December 1, 2011.

² Gallo, Carmine. “Body Language: A Key to Success in the Workplace.” Bloomberg Businessweek. February 13, 2007.

http://finance.yahoo.com/news/pf_article_10245.html.

As we know all too well, dentistry, unfortunately, has a tendency to be looked upon as something to be feared. We dental professionals must work diligently to rid our profession of this unwarranted stigma. A gesture as simple as an understanding smile or soft voice may calm the apprehensive patient. In contrast, gruff, loud, condescending body language can cause irreversible damage to the rapport between practitioner and patient. The same applies in the work environment. The seven codes listed above are integral to the success of patient, practitioner, and peer relationships.

Proxemics (space)

Physical barriers, as well as, personal space should always be considered when conversing with someone. Do not stand too close to that person or it may cause discomfort. Keep in mind your own preferences for “personal space” when determining the amount of space to allow. Cultural background may also influence this space. Watch for body language that gives clues to uneasiness.

In addition, physical barriers can affect interpretation of a message. One of the methods that I use is to come around from behind my desk and speak with the person. I also remain seated, unless the person is already standing, so as to be at eye level. This shows that I am not trying to convey “power” by standing or remaining behind a desk. At times, you may need to relay the message that you hold an authoritative position, but this can be accomplished without conveying a threatening persona.

Touch

Touch can be a very powerful communication method, both positively and negatively. Hand-shakes are one of the first forms of tactile communication between two people. Extending your hand is a sign of welcoming that person. A firm hand-shake reflects confidence and poise. This can put a person immediately at ease. It can also indicate compromise or acceptance in a difficult situation. In contrast, if you have a

weak, feeble hand-shake, it may be interpreted as doubt, uncertainty, or disinterest.

Always be careful touching hands, arms, shoulders or elsewhere, when trying to convey empathy. These gestures can easily be misinterpreted. It is best to err on the side of caution.

Eye Gaze

Maintaining eye contact is a primary way of relaying the message that the person with whom you are speaking is of prime importance to you.³ To me, there is nothing more irritating than to try and talk to someone and that person is looking at his or her watch, looking past you, or otherwise engaged. It is rude and relays the message that the conversation is not important. However, do not stare. This can be as disconcerting as looking away.

Facial Expression

In my opinion, facial expression is an immediate “give-away” of true feelings. Maintaining a neutral expression during intense situations and exchanges is a very difficult skill to master. Calm demeanor and appearance can keep a potentially volatile situation under control.

One good example of need for self-control is in an emergency situation. Remaining calm with a reassuring smile will not only help the patient or person experiencing the emergency, but will aid in maintaining a more composed atmosphere.

Kinesics (movement)

Be sure to move in easy, smooth motion. “Flighty, quick” movements can not only frighten a patient or co-worker, but can also be interpreted as fretting or uneasiness. In an emergency situation, this can cause unnecessary despair for all participants. Conversely, do not

³ Gallo, Carmine. “Body Language: A Key to Success in the Workplace.” Bloomberg Businessweek. February 13, 2007.

http://finance.yahoo.com/news/pf_article_10245.html.

try to be so quiet that it is interpreted as “sneaking up” on someone. In my first practice, I attempted to be “quiet as a mouse”, peaking around the corner, then announcing to my boss that my patient was ready to be checked. More than once, I was so quiet, that when I spoke, I made my boss jump...obviously, not good for a dentist who had his hands and instruments in a patient’s mouth!

Vocalics

Tone of voice, inflection, and volume will say more than any words that are spoken. Take the example of the word, “Fine”. Such a simple word can be interpreted a number of different ways.

- 1) “FINE!” - generally used by me when I am upset and do not want to talk about something; just ask my husband.
 - 2) “*fine*” – acceptance of a decision, but not necessarily agreement
 - 3) “Fine” – as in, I am fine, thank you.
- Be aware of how you sound when you speak. You might just be conveying a different message than you intend.

Physical Appearance

If you will remember in the introduction of this article, I referred to wearing less than ideal attire for my class speech. The way that I dressed was conceived as unsuitable and unprofessional for a health care presentation. Only after the real topic was revealed, did my clothing choice become appropriate.

Likewise, appearance can influence the perception of a message. A patient may have a difficult time accepting your professional consultation, if you present yourself as slovenly or disheveled. The same concept is important when interviewing someone or being interviewed for a position. People should present themselves well for important conversations.

Physical appearance does not only include attire. Posture can have a negative effect on communication. Standing upright, shoulders back, arms relaxed, without leaning against something conveys interest and confidence in the conversation. A gesture as simple crossing

your arms can portray a negative feeling toward the speaker.

In summary, a professional should always put his/her best foot forward and try to make a positive impression. It is difficult to change a negative first impression. In all situations, be cognizant of what you are REALLY saying both verbally and non-verbally.

Faculty Spotlight

Did you know we had a ‘Master Gardener’ in our midst?



The Purdue Master Gardener Program provides a learning framework for participants to increase their knowledge on a wide variety of horticultural subjects. In turn, participants volunteer and help others grow by sharing knowledge while providing leadership and service in educational gardening activities within their communities.

A Master Gardener Intern completes 35 educational hours and 35 hours of community service to your community. When you have passed your exam and completed your volunteer commitment, you will be certified as a Purdue Extension Master Gardener. You will be required to complete 12 hours of volunteer service and receive 6 hours of educational training annually to maintain your Master Gardener status once you are certified.

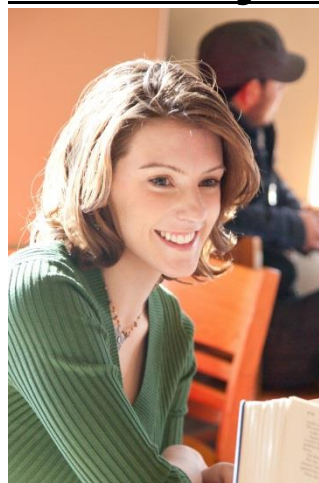
My level is an Advanced Master Gardener because I have 152 volunteer hours with 72 education hours. The next level for me is Bronze (200 volunteer and 60 education hours). I should be able to reach that level next year.

I do my volunteer hours at a variety of places in Hamilton County. One of them is Janus Developmental Center in Noblesville. Janus Developmental Center is a place for residents with mental and/or physical disabilities. We made raised beds for the residents in wheelchairs to be able to help us with gardening. We developed a butterfly garden and a native garden to bring in birds for them to see from their bedroom windows.

My plan is to do even more volunteering when I retire. Gardening is very rewarding and relaxing for me.



Heather Taylor has been busy!



Publications in last 2-3 months

a. *Indiana University School of Dentistry Student Outreach Clinic –A clinical environment of growth, respect, and learning entirely organized and managed by students.* – Accepted for Publication in January 2014
American Dental Hygiene Association Access Magazine.

2. Notable achievements in 2014

a. I was one of 40 applicants accepted to the annual American Dental Hygiene Association Unleashing Your Potential Workshop in Chicago Illinois. A description is below:

Unleashing Your Potential Workshop

Date: November 21 - 23, 2014

Place: Chicago, IL

Each year, 40 applicants are chosen to attend ADHA's Unleashing Your Potential weekend held every November in Chicago, IL. ADHA receives applications from many deserving individuals across the country. The Leadership Development Committee reviews each application carefully to determine which candidates will derive the greatest benefit from this opportunity to further develop their leadership skills. Those chosen mingle with fellow ADHA leaders and absorb the great deal of information regarding leadership skills, collaborative leadership and fiduciary responsibility shared this exciting weekend.

b. I completed my Masters in Public Health – Health Policy and Management in May 2014

3. Exciting family events that you would like to share

a. My husband was recently hired by Eli Lilly as their first Serialization Engineer. I am so proud of him.

b. We put an offer on a house and we should close in October!

Department News

Department Publications

1. Developing Anterior Esthetics with Implant Supported Restorative Treatment- A Review of Existing Information and Case Report Series. Vanchit John, DDS, MSD, Ranjitha Krishna DMD, MSD, MPH **Santiago Ocampo Rodriguez, DDS, (MSD) Daniel Shin DDS, MSD- Accepted for Publication in the Journal of the Indiana Dental Association**
2. Indiana University School of Dentistry Student Outreach Clinic –A clinical environment of growth, respect, and learning entirely organized and managed by students. – Accepted for Publication in January 2014 American Dental Hygiene Association Access Magazine

3. An Assessment of the Calibration of Periodontal Diagnosis and Treatment Planning among Dental Students at Three Dental Schools, **Lane. B,** Luepke. P, Chaves. E, Maupome. G, Eckert. GJ, Blanchard. S, John.V. **Accepted for publication in the Journal of Dental Education.**
4. Rheumatoid arthritis and periodontal disease: An update. **Venkatraman A. Accepted for publication to the New York State Dental Journal**
5. Diabetes and Periodontal Disease. The Bi-Directional link. John V, **De Bedout T. Dimensions of dental hygiene.** Vol 12 (3); March 2014
6. Dental Implant safety checklist: A Delphi Study, **A. Christman, S. Schrader, V. John, S. Zunt, G. Maupome, & S. Prakasam. The Journal of the American Dental Association** 145.2 (2014): 131-140
7. Consensus Training: An Effective Tool to Minimize Variations in Periodontal Diagnosis and Treatment Planning Among Dental Faculty and Students. John V, **Lee SJ,** Prakasam. S, Eckert GJ, Maupome G. **Journal of Dental Education,** Volume 77, No 8, 1022-1032, 2013.
8. Complications Associated with the Placement and Restoration of Dental Implants- A Case Report Series. John V, **Lane B,** Chu G. **Journal of the Indiana Dental Association,** Summer 2013, 92 (3)
9. **Khaled M, Shibani NA,** Labban N, Baterseh G, Song F, Ruby J, Windsor LJ. The Effects of Resolvin D1 on Human Gingival Fibroblasts Cell

Survival and Cytokine Expression. **J Periodontol.** 2013 Feb 11.

10. **Nozrati E**, Eckert GE, Kowolik MJ, Ho JG, Schamberger MS, Kowolik JE. 2013 Gingival evaluation of the pediatric cardiac patient. **Pediatric Dentistry** 35:456-62
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Resident Case Reports

Dr. Rana Shahi (3rd Year Resident)



33 y/o Caucasian female with a noncontributory health history referred to IUPUI Graduate Periodontics clinic by her general dentist for treatment of "Periodontal Disease."

CC: "I was told I have periodontal disease and I would like to replace my missing teeth with implants."

PMH: Unremarkable

PSH: Unremarkable

Medications: Daily Vitamin

Allergies: NKDA

SH: Former smoker (1 pack/week for 10 years)

EOE: WNL

- ❖ No pathology
- ❖ No Gross deformities or asymmetries
- ❖ Lymph nodes were non-tender to palpation
- ❖ There was no palpable or auditory clicking of the temporomandibular joints
- ❖ No tenderness of the joint musculature

IOE: WNL

- ❖ Patient's lips, oropharynx, vestibules, frenums, and floor of mouth appear within normal limits.
- ❖ No clinical signs of oral cancer evident on lateral borders of tongue, floor of mouth, and buccal mucosa.
- ❖ Bilateral mandibular tori (4x4mm)
- ❖ Missing teeth #8,12,32
- ❖ O'Leary plaque score at initial visit = 74%
- ❖ Bleeding score = 29%

Treatment:

Following initial therapy the patient was treatment planned for extraction of questionable and hopeless teeth #s 1, 15, 16, 17, 18, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30 with implants in sites #s 8, 12, 21, 22, 27, 28, 30. Extraction of teeth #s 1, 15, 16, 17, 18 were completed at time of nonsurgical therapy. Teeth #28, 29, 30 were extracted and sites preserved for implants #28, 30. Guided bone regeneration was performed with Platelet-Rich Plasma (PRP) and Platelet-Rich Fibrin (PRF) at time of extraction of teeth #22-27.



Figure 1: Pre-Op facial view displaying attachment loss and gingival recession, especially in the areas of the mandibular anterior teeth.

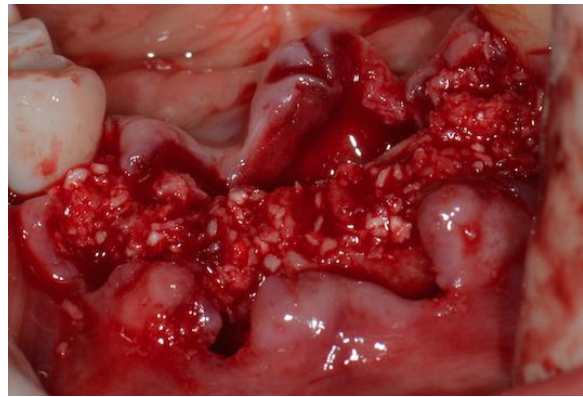


Figure 4: PRP+FDBA grafted in extraction sockets

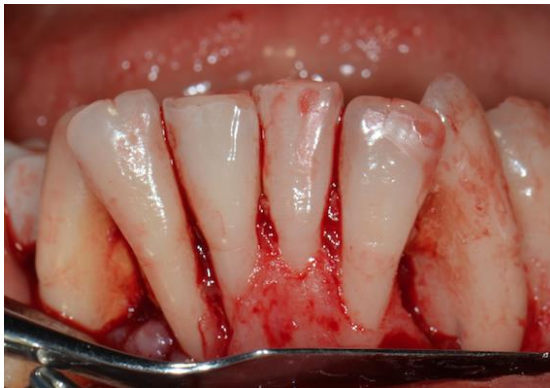


Figure 2: Full thickness mucoperiosteal flap reflected.

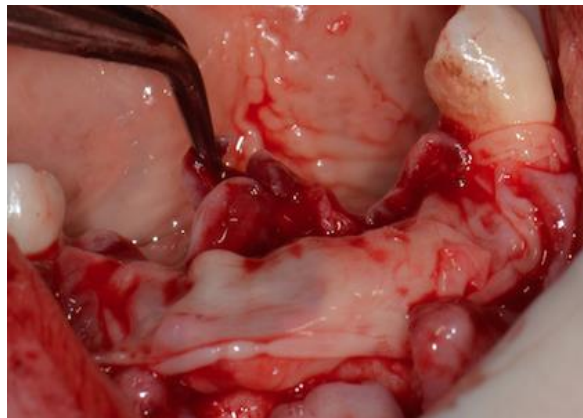


Figure 5: PRF placed over grafted sites

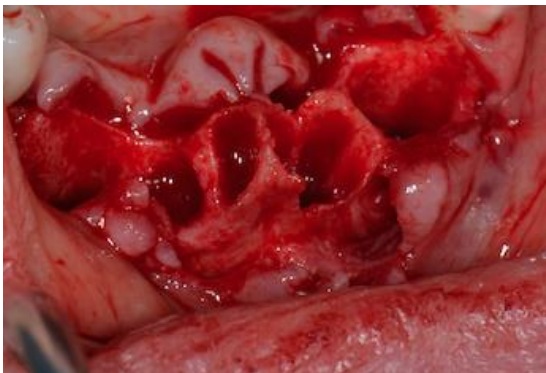


Figure 3: Alveolar bone after extraction of teeth #22, 23, 24, 25, 26, 27

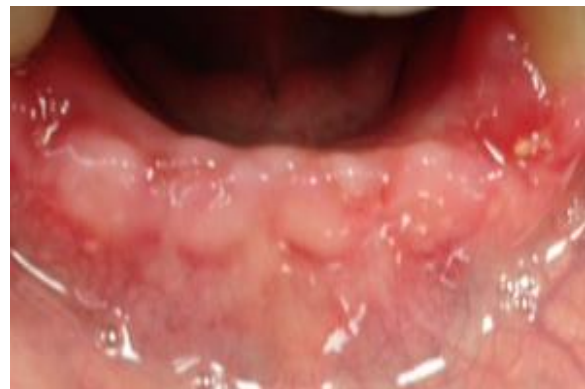


Figure 6: Suture removal at 3 weeks

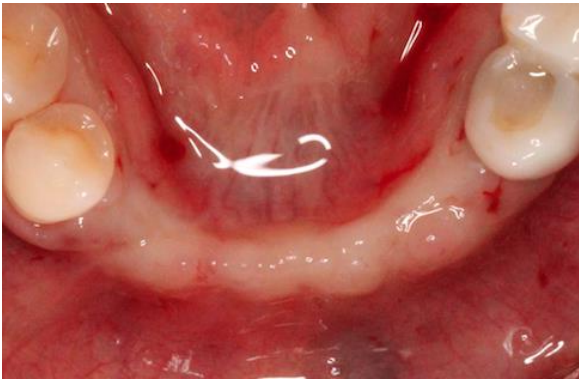


Figure 7: 4 Month POT

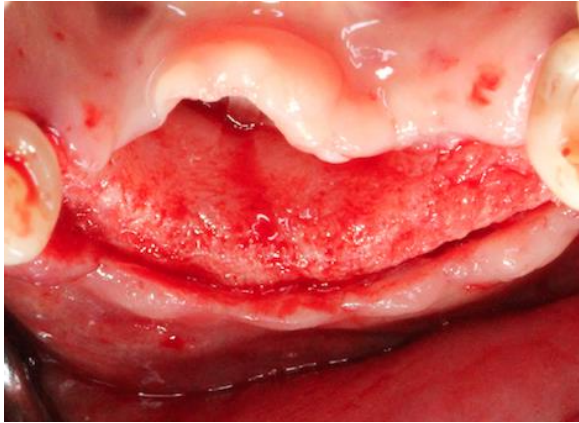


Figure 8: Re-entry at 4 months. Alveolar ridge appears nice and uniform. No undercuts, deficiencies, or irregularities identified at time of re-entry. The patient has subsequently been scheduled for implant placement.

Alumni Spotlight- They don't call him 'Indiana Kepic' for nothing!!

We all knew that Tom Kepic could charm his patients into periodontal submission. But did you know that he could also double as a 'snake charmer'?



Now that the snakes have been charmed, let's try to charm a global audience in India



Rest and Relaxation after a charming day!

Thank you for sharing snippets of your adventurous life with us Dr. Kepic. I would encourage others to consider doing so as well.

Upcoming Events

Emergency Drills **Fall 2014**

September 30th- Third Year Residents-
Syncope and Foreign Body Obstruction

October 28th- First Year Residents- Syncope
and Stroke

November 25th- Faculty- Syncope and
Asthmatic Attack/ Bronchospasm

Calibration Schedule

Friday, September 26: Dr. Shin- Rm 245

Tues, October 21: Dr. Prakasam- Rm 401

Thursday, November 20: Dr. Blanchard
Rm 401

Tuesday, December 16: Dr. John
Rm 401

Thursday, January 22: Dr. Ramos

Tuesday, Feb. 17: Dr. Walters

Other Department Activities

**November 14th Room 114- 1:30- 4:00-
Dr. Diego Velasquez - Implant Supported
Provisional Restorations and the
Management of Soft Tissues in the Aesthetic
Area**

**October 31st - Department Appreciation
Lunch**

**December 12th - Division Holiday Lunch at
the Campus Center**



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