

## IU School of Dentistry

MAY-JUNE 1982

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THE SCHOOL OF DENTISTRY will play a role in the National Sports Festival to be held July 23-31, 1982, at various sites in and around Indianapolis, including particularly the new athletic facility (natatorium, track stadium, softball field, etc.) just south of the Medical Center. The Sports Festival will draw some 3,000 athletes to the area and will serve as a precursor to the 1984 Olympics. The Dental School has been assigned to coordinate the treatment of dental emergencies experienced by participants in the week-long series of events. The sports competition will actually take place at 19 sites around the area, including the Carmel Ice Stadium, Eagle Creek Park, and the new Velodrome under construction on the northwestside.

Particularly active in the plans for emergency care are the Department of Oral and Maxillofacial Surgery, the General Practice Residency Program, the Riley Hospital Pedodontic Clinic, and the Department of Oral Diagnosis/Oral Medicine. Dr. Jack E. Schaaf, Assistant Professor of OD/OM and Dental Radiology, is coordinating plans for providing emergency treatment in campus facilities. Dr. Don Arens, Associate Professor of Endodontics, and Dr. Dale Lentz will work through the Indianapolis District Dental Society to obtain volunteers who will provide similar services at other sites in the metropolitan region.

A NEW PAMPHLET ENTITLED "Becoming a Patient at the I.U. School of Dentistry" has been published by the Sub-Committee for Dental Patient Procurement. It is designed to answer many of the questions commonly received about the procedures for becoming a patient at the School. It discusses services available, what happens at the first appointment, emergency treatment, children's dental care, hours of School operation, the parking situation, payment for services and responsibilities of the patient. The pamphlet also contains a map of the campus which will aid the patient in locating the reception area. Patients and students alike will find this convenient pamphlet invaluable for information and referral purposes. Copies may be obtained at the front desk in the reception area (main lobby).

DR. HARVEY C. CHONG of Hilo, Hawaii will present a seminar on dentistry in China from 12 noon to 1 p.m. Tuesday, May 18, in Room S116. Faculty, students, and staff are invited.

DR. DONALD R. THARP, Chairman and Professor of Dental Practice Administration, has been appointed by Governor Robert Orr to a 19-member committee to evaluate present and projected financial problems faced by local governments in Indiana. Dr. Tharp is a member of the Town Board in Danville.

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FOR ANYONE WHO HAS EVER BEEN IN THE NAVY, had a relative in the service, or even eaten a piece of salt water taffy, the following account of boot camp dentistry may ring a (ship's) bell. It was written by Dr. Mark Thurber, graduate student in Periodontics, who was there.

There are boot camps for dentists! An alternative to setting up a private practice upon graduation from dental school, would be to choose a tour of duty with the military. For those who choose the Navy, one of the first assignments may be at a boot camp (officially designated as "recruit depot"—the more common term comes from the canvas leggings, or "boots," that recruits were formerly required to wear). In this article, I will describe a few of my experiences as a junior dental officer in a Navy boot camp.

After graduating from the University of Nebraska College of Dentistry in 1978, I began a three-year tour of duty at Great Lakes, Illinois, as a Lieutenant in the Dental Corps. Great Lakes is located approximately forty miles north of downtown Chicago and is one of the Navy's major recruit processing and training facilities.

Work began at 7:30 AM each day with an informal roll call of the 30 to 40 junior and senior dental officers present. This was followed by announcement of the Plan of the Day, including the number of companies that would be treated that day, changes in clinical assignments and information on upcoming events. Since there are approximately 90 recruits in a company, the announcement of a 3- or 4-company day usually brought a few groans. A 2-company day was considered average. Summer and fall usually meant several 3- and 4-company days a week as this was a popular time of year for high school graduates to enlist. Another busy time was January, after the holiday season. The meeting usually concluded with a few brief announcements from one or more of the other dental officers. These comments were often in the form of goodbyes from the officers that were leaving the service or being transferred, or a "welcome aboard" for the new arrivals. The morning meetings usually lasted only 10 to 15 minutes, and during this period the recruits were being directed to the appropriate department for treatment that day.

The dental clinic was housed in a two-story rectangular building similar to most of the other buildings at boot camp. On each floor two long corridors, running the length of the building, were connected by a common hallway at each end and again by a wide hallway in the center of the building.

On the outboard side of the long corridors was a long row of doors spaced 8 to 10 feet apart. Behind each door was a dental operatory designed for a specific phase of dentistry. Lining the inboard wall (or "bulkhead," in Navy talk) of the corridors were green and orange plastic chairs faced towards the outside wall. By 7:45 each morning the corridors would be filled up with recruits sitting in the chairs facing the operatories. It took a while to get used to seeing the

A GROUP OF NINE SPANISH DENTISTS (Drs. Juan Feyto Fidalgo, Juan Manuel de Luque Fernandez, Jesus Lopez Collantes de Teran, Luis Caceres Marquez, Pedro Bullon Fernandez, Fernando Vidal Nadal, Candido Rivero Gonzalez, Anibal Gonzalez Serrano and Agustin Luis Amaro Vazquez) visited the Dental School recently to participate in a special two-week program of "Professional Improvement in Selected Areas of Dentistry." The first eight are from the city of Seville, and are associated with the newly created School of Stomatology there. Dr. Amaro Vazquez is from Tenerife, Canary Islands.

The group became acquainted with the quality of teaching characteristic of the Indiana University School of Dentistry through courses given by Drs. Arden Christen and Simon Katz, the latter during his sabbatical leave in Spain.

One member of the group, Dr. Anibal Gonzalez, who was instrumental in obtaining the first fluoridation plant of all Spain, spent two and one-half months at IUSD between September and December 1981, and came back for additional learning.

The visitors had a very concentrated educational program, which included presentations by Drs. Ralph W. Phillips, B. Keith Moore, C. William Hanke, James L. McDonald, Jr., Bruce E. Matis, Michael A. Cochran, Samuel S Patterson, Carl W. Newton, Robert J. Beck-Coon, Melvin L. Lund, Alberto Velasco, Carlos Carrillo, Simon Katz, and Prof. Charles Palenik. In addition to the learning opportunities provided at the School, the visitors were able to observe the fluoridation operation of the Indianapolis Water Co. at the firm's White River Treatment Plant. They visited the Eli Lilly Company and a Spanish class at North Central High School, where they toured the school. During their stay the visitors were also luncheon guests of Dean Ralph E. McDonald.

In an interview with the Newsletter, Dr. Anibal Gonzalez said the main purpose of the visit was to learn more about dentistry so that the visitors can more effectively fulfill their responsibilities as dental teachers. They were especially interested in the organization of clinics at our School. Dr. Gonzalez said the visitors at first had the impression that they would be "spoon-fed," but they soon realized that they would be very busy and would have plenty of homework to do. Asked about the most memorable aspects of his visit, Dr. Gonzalez said it was the kind and hospitable treatment that the group received.

We are very pleased to have had this group, and proud that the prestige of our school has reached Seville and resulted in this visit.

SEVERAL FACULTY MEMBERS of the Indiana University School of Dentistry recently returned from a three-week trip to China, where they visited Guangzhon (Canton), Beijing (Peking), Shanghai, and Hangzhon. During the tour members of the IUSD delegation presented lectures and demonstrations to dental groups in the major cities. The travelers included Dean Ralph E. McDonald and Drs. Henry Swenson, Melvin Lund, Lloyd Phillips, Jeffrey Rhoades, Maurice Lord, Ben Fisher, and George Simpson.

The professional programs were presented under the auspices of CAST (China Association for Science and Technology), and on the lighter side the visitors attended two Chinese operas, a ping pong tournament, and an acrobatic demonstration. Despite the predictable problem of jet lag, members of the group praised the facilities and services aboard the aircraft of Singapore Airlines, which provided the trans-Pacific transportation.

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corridors lined by young men with shaved heads, new work shirts and dungarees, and shiny black leather shoes.

One day I overheard a junior dental officer announce to the anxious recruits that those in the orange chairs would receive extractions and those in the green chairs would have their teeth cleaned. This encouraged a rather large number of recruits to stand up. After a brief moment the dental officer confessed that he was color blind and really couldn't tell which chairs were orange or green and this brought everyone to their feet. He proceeded to announce that while he had their attention and knew how much they wanted to keep their teeth, he would tell them how they could do just that. He followed by giving them a ten-minute lesson in brushing and flossing.

Since most of the operatories were used for routine operative dentistry, there was a particular cycle that started each morning and continued throughout the day. At 7:45 AM the long row of doors would open and a head would pop out and announce a name. A recruit would enter the room. After about 5 minutes the halls would fill with the shrill of a high speed handpiece. Several minutes later the lower pitch of slow speed could be heard. This was followed by a period of silence while the restorations were being placed. The patient would then leave the operatory and within a few minutes the whole routine would start again.

This cyclic routine is known by many who have served their time on the "amalgam line." The quality of restorations seems to improve greatly as the junior dental officer develops his technique. Senior dental officers that have become truly master of the material inspire the younger officers toward perfection. In years past the goal seems to have been to produce large numbers of restorations. Today the goal is quality. The feeling is that a well placed restoration will last much longer than a poorly placed restoration that may require replacement much sooner. There was rarely a feeling of monotony as one continued to improve his skills. But we were all thankful when our time on the amalgam line was up after a few months because that meant a rotation in one of the other departments. Everyone that I knew felt that the rotations they had received at boot camp were among the most professionally rewarding experiences that they could imagine.

The rotations varied in length from 1 to 4 months depending on the department. This length of time not only allowed one to develop a measure of competence, but also gave us a kind of refresher course in the various disciplines we had been exposed to in dental school.

Since the head of each department had received advanced training in that discipline, it permitted the young dentist to receive one-to-one working experience with some of the finest clinicians in that field.

During an average month in Oral Surgery it was not uncommon to experience extracting 400 to 500 teeth. Initially the junior dental officer became skilled in "routine" extractions, then proceeded to developing skills in extracting impacted teeth. This was a giant step for most of us just out of dental school.

The periodontal rotation in boot camp was limited due to the number of times a patient must be recalled for proper periodontal therapy. While minor periodontal surgeries were done, most of the time on the "rock pile" was spent cavitroning, scaling and giving oral hygiene instructions.

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With the philosophy of retaining as many teeth as possible, the endodontic department kept the junior dental officer busy. The biggest gripe was from new "rotaters" who developed blisters on their fingers from filing canals; however, this problem was soon solved as calluses formed. Again, after developing adequate skills in routine endodontic procedures, the young dental officers were challenged by treating large pulpal abscesses and performing apicoectomies with retrograde fillings.

Most of the junior dental officers found the prosthetic rotation most helpful. It is important for the recruits to graduate from boot camp with a big smile, so a considerable number of anterior removable flipper partials were completed. Since the prosthetic rotation was 4 months long, there was also a tremendous opportunity to develop skills in the preparation of single unit crowns and multiple unit bridges, along with the preparation, design, and delivery of partial dentures.

The one-month emergency room rotation ranged from treating the bizarre to performing a routine dental examination. There were usually enough emergencies in that one month to develop a thorough knowledge of pain and pain control.

As the day came to a close there would often be a gathering in the locker room where experiences during that day were shared. Since most of the junior dental officers were at the same clinical level of achievement, sharing of "trade secrets" became an exciting learning experience.

Aside from the everyday work schedule, there were several other opportunities for continuing education. One of the more enjoyable activities was the monthly meeting of the Great Lakes Dental Society: a club organized and directed by the junior dental officers. Topics were selected by the group and guest lecturers were then invited to speak on a given subject. Most of the speakers had outstanding credentials and were generous in sharing their experiences.

The Navy also provided a 3 to 4 day cost-free continuing education course at Bethesda, Maryland or Walter Reed Army Hospital in Washington, D.C. The courses were given on a broad range of topics and the course selection was left up to the individual.

The disadvantages of working on a boot camp population are few. The main disadvantage that I found was an inability to recall the patients as often as I would have liked. Because of the relatively short stay of the recruits in boot camp and the large number of mandatory training hours, there was little opportunity to follow up on the treatment rendered. This seems to be a problem that will remain as long as boot camp dentistry is provided.

In looking back over this article, I see that it falls considerably short in describing the camaraderie that is felt among the dental officers. A great unity is developed in making this large "dental factory" work and certainly a lot of pride that comes from knowing that you have given your best effort toward achieving dental health for so many. There is no question that a Navy boot camp is a great place to begin a dental career.

IN THE THIRD ANNUAL AMBULANCE CHASE 5 mile race between students, staff, and faculty of the dental, medical, and law schools held at Eagle Creek on April 3, the dental school's "Team Floss" emerged victorious with the overall team title. The dental school participants and their finishing positions were as follows: J. Beagle, 2nd; G. Medler, 4th; L. G. Painter, 5th; T. Derloshon, 7th; M. O'Boyle, 8th; D. Faulk, 9th; R. Lucas, 11th; M. Gleixner, 12th; J. Buttrum, 15th; Dr. J. McDonald, 18th; C. Brown, 20th; P. Roach, 21st; L. Howell, 22nd; A. Hoaglund, 26th; and Dr. K. C. Park, 37th. There were a total of 54 finishers in the race which was marked by snow flurries and wind gusts of up to 55 miles per hour. Individual trophies for dental participants were won by J. Beagle, M. O'Boyle, and Dr. J. McDonald, This was the first victory for the dental school team which had finished third and second, respectively, the previous two years.

FROM THE LIBRARIAN'S DESK

## DOES NOT CIRCULATE

## Books on Stress and Burnout

Are you burned out? Have you been under stress or tension lately? Would you like to learn ways to cope and relax? The following books should be of interest to you:

Backache, stress and tension. Hans Kraus. 1965 (WE 720 K91b 1965)

Body time. Gay Gaer Luce. 1971 (QT 162.58 L935b 1971)

The effects of training children to cope with stress. Earl Stewart Nielsen. 1979 (WU 480 N414e 1979)

Handbook on stress and anxiety. Irwin L. Kutash. 1980 (WM 172 H236 1980)

1st Annual report on stress. Hans Selye. 1951 (QZ 140 S469p 1951)

Managing stress. Leon J. Warshaw. 1979 (WM 172 W296m 1979)

Psychosocial sources of stress in dental education. Jerry Donald Hoyle. 1980 (WU 18 H867p 1980)

Staff burnout. Cary Cherniss. 1980 (WM 30.5 C521s 1980)

Stress and decision-making in dental practice. James M. Dyce. 1973 (WU 100 D994s 1973)

Stress and disease. Harold George Wolff. 1962 (WM 90 W855s 1968)

Stress and relaxation: application to dentistry. Donald R. Morse. 1978 (WU 61 M885s)

Stress and tension control, edited by F. J. McGuigan. 1979 (WM 172 I61s 1979)

Stress, change, and related pains. J. E. Dunlap. 1981 (WU 61 D921sa 1981)

Stress for success: a holistic approach to stress and its management.
Donald R. Morse. 1979 (WM 172 M884s 1979)

Stress management for health care professionals. Steven H. Appelbaum. 1981 (WM 172 A646s 1981)

The stress of life. Hans Selye. 1976 (QZ 160 S469s 1976)

Surviving in dentistry: the sources of stress. Joe Everett Dunlap. 1977 (WU 61 D921s 1977)

Tension management & relaxation. Ray Mulry. 1981

(MEDIA WM 172 M961t 1981)