

"The Practicing Academic"

The Department of Periodontics and Allied Dental Programs (DPADP)

The Student Issue

Newsletter

July 2008



Chairman's Corner:

I recently attended two conferences that I found to be of significance. The first conference was the 3i Global Symposium in Chicago and the second was the ADA sponsored 'Evidence Based Dentistry (EBD)' Conference also in Chicago. These two conferences were a week apart and this really got me thinking. As faculty members we are viewed as being current and up to date on the latest information available. However since we usually find ourselves dealing with situations where we are short staffed, a major focus for most of us is how we survive the day, the week and the month. This deals with having an adequate number of faculty members to staff the clinics, cover the seminars, present the lectures and then treatment plan cases with the pre-doctoral students and the residents. If we get this done, it is usually an accomplishment. When this is our reality, the task of attending conferences, keeping up with all the changes that are taking place and staying current is in some ways 'mission impossible'. How are we going to be in a position that our faculty can afford to attend various CE programs? What about our curriculum is it current, is it tailored to today's dental student? With this as our reality we must consider the

following options or risk being left behind.

1. **Establish a travel fund for the department** that allows us to attend multiple conferences and meetings. Dean Goldblatt has made a good start by making available, funds for the full-time faculty to offset some travel costs. However, we will most likely have to look at all available options to establish a travel fund for our faculty.
2. We will need to **revisit our teaching curriculum** with regards to the information that we are providing to our dental students. Here is where the EBD concept comes into play.
3. **Make sure that we are being efficient** and that our faculty is being utilized in ways that emphasizes their strengths.
4. **Involve our part-time faculty** with mentoring our resident presentations and treatment planning seminars.

The days when dental schools were considered sites of excellence may be lost if we do not change the current trends in dental education.

This issue of the newsletter is titled "**The Student Issue**". I have sought opinions about academics from two recently graduated dental students along

with an article from a current periodontal resident.

We are featuring again in this issue of the newsletter, 'faculty and staff profiles'.

A 'Shout Out to' Dr. Tom Kepic

I would like to take the opportunity to recognize and acknowledge Dr. Tom Kepic for the annual presentations that he has been making to the residents. Tom has been doing this since I was a resident in 1992 and maybe earlier. Tom has never asked for anything apart from the chance to make the presentations. Our department is a special place because of our faculty and our generous alumni like Tom Kepic. Thank you Tom, we really appreciate your generosity and your fine presentations.

Periodontics Clinic Renovation Update

Our clinic renovation project is now officially underway. Dr. Seok Jin Kim and Diana Yates must be recognized for all their efforts in checking the details and making sure the plans are in place from our end. ***Great job Jin and Diana.*** We are hoping that this project is complete in August in time for the fall semester. ***We plan to have a clinic opening ceremony and hope that all of you who have contributed and made this possible will be able to attend and appreciate all the changes that have taken place with our clinical facility.*** We will combine this with our 'alumni day' and make it a day of exciting clinical presentations combined with our ribbon cutting ceremony followed by a nice lunch. We are all looking forward to this day.



The clinics have been gutted in preparation for the renovation



Farewell to the current clinical facility.



Thank you for the memories

A Firm Foundation for Dental Education: A Graduating Dental Student's Perspective
Christina Popoviciu



Few would argue that when building a home, the most important factor in the structure's strength and longevity is in building on a reliable foundation. I believe the same is true of the dental profession. Dental education is the foundation on which the very profession of dentistry is sustained. The elements that are the building blocks of dental education are found in instilling, first of all, a system of ethics coupled with the knowledge of the sciences, challenging students to think critically and engage in problem-solving strategies within the context of patient care. These are the bricks on which our profession rests and which are all established and developed while in the years of dental school.

Just as the seal of the Indiana University School of Dentistry portrays "Teaching" at its pinnacle, so should we as the newest members of the dental profession be adamant that education should remain one of our greatest concerns even as we exit the walls of the dental school as students.

Reasons for considering a full-time academic teaching position fall roughly into the two categories of the practical and the idealistic.

For practical reasons, I must consider financial compensation, a competitive benefits package, and advantages to not owning one's own practice. On the other hand, the more idealistic reasons involve measures to "leave a legacy" for the next generation of dentists in the realms of education, research and service.

Financial concerns are amongst those that weigh heaviest on my mind as a graduating dental student. I am overwhelmed by at the thought of the literal mountain of debt that will soon be coming due. As a potential dental faculty member, I would greatly consider a full-time teaching position if there were a way to better compensate new graduates with competitive salaries and assistance to manage or alleviate the tremendous burden of debt we incur.

One of the largest draws in considering a full-time faculty position also lies in the emphasis of being able to practice dentistry (i.e. in a faculty practice setting) without start-up costs or costs of entering and maintaining an associate ship/partnership. Considering that the new teaching faculty would not be increasing their debt, one could argue this would also assist in minimizing the graduates' educational debt, therefore, making it more manageable. Along the same vein, a comprehensive benefits package would be enticing especially if it were more favorable than the typical benefits offered through an associate ship or otherwise in private practice. This would be a positive point of emphasis for encouraging faculty to enter teaching positions at state-sponsored dental schools, such as the Indiana University School of Dentistry.

However, I would simply say that for those who would teach, there must be more attraction than monetary compensation or securing great benefits. Teaching is indeed a calling and, truly, to teach is to learn supremely. For me, one of the primary reasons I would consider a full time teaching position would be in wishing to mentor to students as I have been mentored in the past by several faculty members and practicing dentists. The dental school faculty members not only help students in achieving excellence in didactic and clinical skills, but also instill a sense of compassion and joy in practicing dentistry. I have always learned best from people who have obviously enjoyed what they

do. Faculty must be eager to develop rapport with students and encourage them to love what they are learning in dentistry. Through the avenue of academics, one also has a great occasion to expand clinical expertise coupled with voluntary research and service learning opportunities. These are attractive offers for dentists seeking to remain at the cutting edge of dentistry.

In addressing the issues of dwindling full-time dental school faculty, there must be a definite consideration of engaging young dentists who have had private practice experience and who are genuinely interested in both the practical and ideological aspects of academic dentistry. There must also be consideration on the part of dental schools to raise awareness amongst alumni and sponsors who are pivotal in raising funds for expanding dental school faculty positions and actively supporting present faculty. In its various forms, we need to work together in renewing shared values, discussing strategies and re-energizing the mission of securing a firm and stable foundation for the dental profession of the present and of the future.

Comments for Dr. Popoviciu

You can contact her at cepopoviciu@gmail.com

Why I Prefer to Practice Dentistry, Not Teach It **Rita Patel**



At the beginning of my fourth year of dental school there were many questions to be answered about my future. I had several options, do a residency, go into teaching or become an associate. It was also around that time that I started looking at just how much

financial damage I had done by putting myself through dental school. I am not going to lie, before this time I was more concerned about pursuing my education than how much money I had borrowed. I figured I would be able to pay my loans back in the future. **If I started getting concerned about the actual cost of attendance, I might have gone in to a state of panic and never finished the program. I was shocked when I finally faced reality and saw what I actually owed Sallie Mae!** Based on the financial burden that I put on myself, the option of teaching did not seem like a very lucrative one to get myself out of the debt that I had incurred. Steering my future plans in to a private practice setting would allow me to quickly obtain the financial freedom that I desired.

Despite the cost of my education, I had at one point in time thought about teaching. There was one teacher that almost convinced me to go in to teaching as my future profession. Her name was Mrs. Larson and she made teaching look effortless. She motivated me to want to do my best and learn all that I could in the year that I had with her. I thought that I found my calling but I soon learned that it was not exactly what I had envisioned it to be. As I looked around in my classes growing up I noticed a pattern, there were students that strived to be the best in the class, there were ones that fell in the middle and there were a handful that just wanted to get by. As a student I was annoyed by the kids that just wanted to get by, I would not have the patience to put up with such things in my own classroom. I believe that the true test of teaching lies in being able to motivate those that want to slide by and inspire them to do their best. I have a great appreciation for the teachers that do their job well and are able to accomplish this outcome. If I were to go in to teaching I would want to be among the greats, I myself am not one to slide by. Mrs. Larson was different in that she truly had a gift for teaching and to put it simply I did not.

As I got older and gained experiences that led me to dentistry my vision of what I strived to accomplish within the field became clear. I want to have my own family dental practice. I look forward to being able to start my own practice and build the office of my dreams. My family owns a small business and I know the satisfaction that can be gained when you dedicate yourself to making a successful business. An additional benefit with being your own boss means that you also have the advantage of making your own schedule which is valuable when raising a family. Having my own practice would also allow me to have my name out in the community and build a good reputation so that I could be a leader in health care.

One of the main reasons I went in to dentistry was because of the patient interaction and the ability to provide dental care directly. This desire only got stronger as I started the clinical portion of dental school. I loved being able to work on my patients and be the person that completed their treatment plans. I value the personal connection and bond that is established with patients in a clinical setting. Patients come from all walks of life and all ages I am afraid that if I were to go in to teaching I would miss the opportunity to build those interpersonal relationships with patients.

I also enjoy the technical aspects of dentistry such as fillings, crowns, partials, etc.

Until I went through the dental school curriculum I did not realize how much I enjoyed working with my hands. Dentistry truly does combine art and science and although it is a great challenge to be able to work in the oral cavity, with it comes a great sense of achievement. I have not used a hand piece for several weeks now and I am genuinely beginning to miss it. This to me is a true sign that I have become defined by my profession. I feel a great sense of accomplishment when I am able to perform dental work that makes a patient want to look in the mirror and whole heartedly smile because of my work.

Being straight out of dental school I recognize that I have a great deal of learning ahead of me. The things that we are taught in dental school are the fundamentals but what exists in the real world is different. I would like to experience this before teaching it to others. One day when I feel that I have enough to contribute to other dental students I would consider teaching part time in a clinical setting, just not at this time. **In the end it comes down to a personal choice. I want to do 'hands-on' dental work and not to be in a classroom teaching dentistry.**

Comments for Dr. Patel

You can contact her at rgpatel@iupui.edu or rgpatel@alumni.iu.edu

Academics From A Residents Perspective Peter Smith (Third Year Resident)



College academics and a university environment have been a part of my life for as long as I can remember. My father spent 35 years in college academics, 15 of which were as a director of a graduate program. This fall I will begin my 12th (and hopefully final) year as a college student. Throughout this 12 year journey I have frequently contemplated the possibility of academics following my formal education. During my residency at IUSD I have thoroughly enjoyed teaching in the clinics, interacting

with the dental students, and helping them apply their acquired knowledge when treating patients. **Is a career in academics even an option for me following my residency?**

In contemplating this question the first thing that comes to mind is my educational debt. Not only are academic qualifications important but so are financial planning and education. **Can I repay my accrued debt if I choose academics?** Before I began dental school I took an informal poll of the dentists that I shadowed and it seemed that after 5 years of practicing dentistry their student loans were either paid off or significantly reduced and their last payment was not too far away. **I have come to realize that while educational debt is relative and comes in many forms and sizes, the bottom line is that dentists entering the field today are borrowing more money and accruing more educational debt than in any time in history.** Unfortunately this trend appears to be rising with no end in sight.

According to information made available by the American Dental Education Association (ADEA), the average debt among all graduating dental students in 2006 was \$174,241 (Table 1).¹ If these same individuals had loans from undergraduate education their total debt increased to almost \$200,000. That is an increase of 300% over the same group that graduated in 1990. This trend shows that individuals that graduated 5, 10, or 15 years ago had significantly less debt than those individuals graduating today. **Today the dental school leading the charge of increased tuition is the University of Southern California School of Dentistry. The 2008-2009 estimated cost of attendance including tuition and fees for one year at USC is \$103,000.00 with an estimated increase of 5-6% per year thereafter.² This is astounding.**

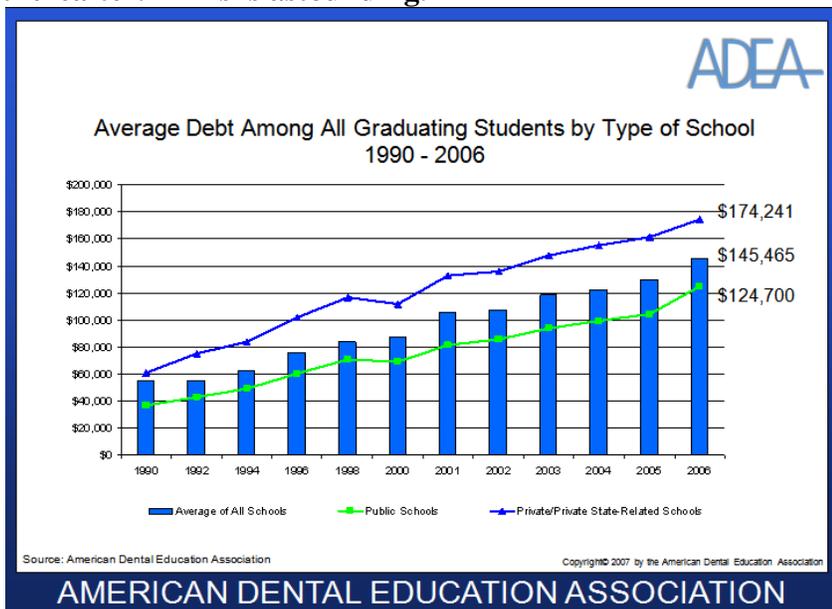


Table 1¹

What about income potential for today's graduating dentist? Table 2 shows that while the average income in 2004 increased 117% from the average educational debt for the same time period increased almost 300%.¹ I believe this increasing discrepancy between debt to income ratio has forced graduating dentists out of academics and into the private sector where income potential is greater. Or is it?

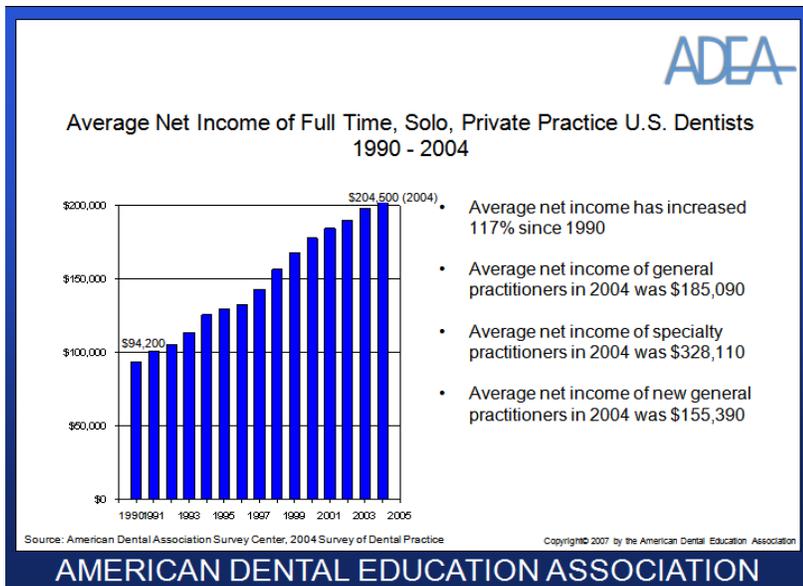


Table 2¹

Of the nearly 400 available academic dental positions available today, ADEA estimates that only 8-10% are in the field of periodontics (table 3).¹ This equates to 25-40 positions available today in academic periodontics. So what is the earning potential within these positions?

Primary Discipline of Vacant Positions, 2005 - 06

Primary Discipline	Number/Percent of Reported Vacant Positions							
	2002		2003		2004		2005	
General, Operative, Restorative	40	14%	55	19%	55	19%	70	18%
Pediatric Dentistry	28	10%	26	9%	26	9%	41	10%
Prosthodontics	24	8%	23	8%	23	8%	40	10%
Periodontics	25	8%	33	11%	33	11%	35	9%
Orthodontics	18	6%	18	6%	18	6%	34	9%
Basic Science	8	3%	11	4%	11	4%	27	7%
Oral Maxillofacial Surgery	37	12%	22	8%	22	8%	22	6%
Endodontics	25	8%	20	7%	20	7%	22	6%
Oral Biology	13	4%	10	3%	10	3%	19	5%
Community Dentistry/Public Health	10	3%	10	3%	10	3%	16	4%
Oral Medicine, DX, TX Planning	11	4%	12	4%	12	4%	11	3%
Oral Pathology	9	3%	4	1%	4	1%	7	2%
Biomaterials	5	2%	6	2%	6	2%	7	2%
GPR/AEGD	4	1%	6	2%	6	2%	7	2%
Radiology	5	2%	8	3%	8	3%	6	2%
Allied Dental	7	2%	3	1%	3	1%	6	2%
Genetics/ Growth and Development	2	1%	3	1%	3	1%	4	1%
Other or Not Reported	25	8%	21	7%	22	8%	21	5%

Source: American Dental Education Association, 2005
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Table 3¹

According to ADEA, clinical faculty averaged nearly \$161,000 in 2003 which included the fringe benefits, faculty practice income, as well as incentives (table 4).¹ This was just slightly lower than the average income of private practitioners for the same year. So what about compensation as a specialist? Table 2 indicates that according to the ADEA the average income for a specialist in 2004 was 77% higher than that of a general dentist. A report published in April 2008 by the American Dental Association (ADA) reported on a 2006 survey of dental practices and showed that in 2005 GPs earned an average net income of \$198,350 while specialists' average net income was \$304,020 for that same year.³

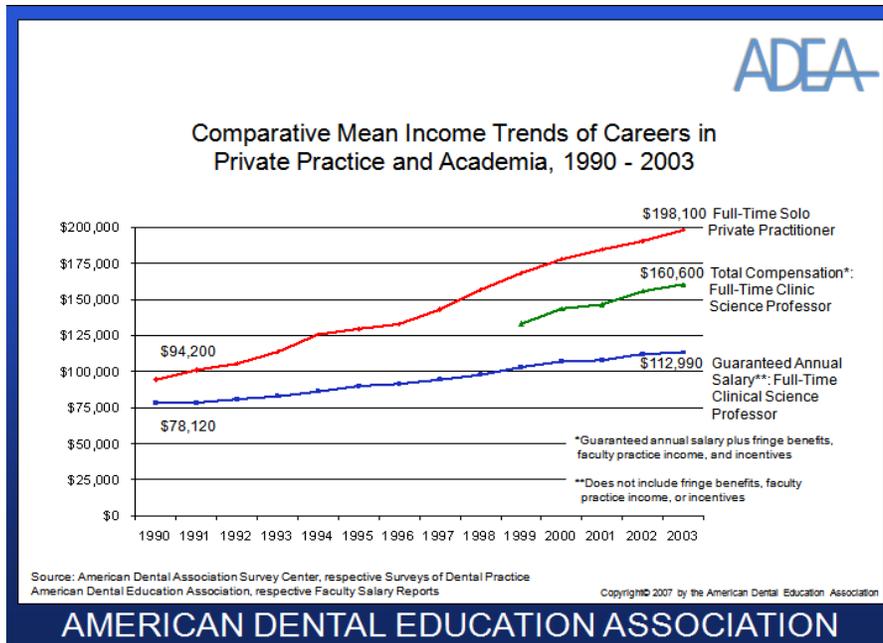


Table 4¹

This report shows an income discrepancy of nearly 54%. According to the ADA and ADEA the average discrepancy between the income of a GP and a specialist is 66%. Table 4 indicates that a GP can earn nearly \$50,000/year in a faculty practice. A 66% increase of \$50,000 indicates that a specialist could make on the average \$83,000/year in a faculty practice. This figure combined with the average base salary of nearly \$113,000 stated on table 4, indicates that a specialist in academics could make nearly \$200,000. While on the average this is 30% less than what a specialist could potentially make in private practice, it is still above the average of a GP's compensation.

Dental schools have often been criticized for emphasizing academic qualifications while turning a blind eye towards financial and business planning. Nevertheless, through faculty practice, various scholarships, and grants, an academic career following my periodontal residency is definitely an option. In the right situation anyone could get enough compensation to have a rewarding academic career and at the same time repay current student loan debt... even if they graduated from USC.

References

1. "ADEA Trends in Dental Education" [Online] Available www.adea.org/tde/, May 15, 2008.
2. "Financial Aid Information" [Online] Available www.usc.edu/hsc/dental/financial_aid/dds.htm, May 15, 2008.
3. "2006 Survey of Dental Practice-Income from the Private Practice of Dentistry (April 2008)" [Online] Available www.ada.org/ada/prod/survey/publications/newreports.asp#incomefacts.htm, May 15, 2008.

Comments for Dr. Smith

You can contact him at pns@iupui.edu

Birthdays and Other Landmarks

Please join us in wishing our colleagues a 'Happy Birthday' as they become one year wiser.

July

Sivaraman Prakasam
Leslie Brooks
Brian Goldstein
Alexander Tzanos
Desiree Alcantara
Norman Stump
Sybil Nieman
Joyce Hudson
Angel Reed
Lorie Coan
Steven Farrar

August

Sharon Baggett
Diana Yates
Henry Swenson
Scott Reef
Greg Phillips
Valerie Edwards
Sally Phillips
Lisa Maxwell
Lizzie Rinehart
Peggy Fabiani

September

Robert Hindman
Tisha Kinley
Sung-En Huang
Wendy Smith
Kate Leach
Jane Blanchard
Hunter Rackley

Department Publications in 2008

Our department continues to be very active in the area of research and teaching publications. Colleagues it is important that we set the standard for the school with our scholarly pursuits.

1. Correlation between Micro-Computed Tomography and Histomorphometry for Assessment of New Bone Formation in a Calvarial Experimental Model. The Journal OF Craniofacial Surgery / Volume 19, Number 2 March 2008. Hey Ri Yeom, Steven Blanchard, Seok Jin Kim, Susan Zunt, Tien-Min G. Chu.

The following articles on House Bill 1172 and the Distance Learning Program in Dental Assisting were written by Professor Patricia Capps from the Dental Assisting Division. Professor Capps is a clinical associate professor and former director of the Dental Assisting program. She is the Director of the Distance Learning Program.



House Bill 1172 (HB1172)

HB 1172 is a law that is changing the way dental assistants and hygienists practice in the state of Indiana. Through a cooperative effort of the Indiana Dental Association, Indiana Dental Assistants Association and Indiana Dental Hygienists Association, the law was passed to allow many more duties and responsibilities of allied dental personnel. First I will discuss the effect on dental assistants. For the first time dental assistants are recognized in the dental practice act with a definition of what a dental assistant is. The law also allows two additional duties that a dental assistant can perform. These are: coronal polishing and application of caries preventive agents. The law also broadens the scope of hygiene practice by allowing more areas for prescriptive care and allowing administration of local anesthesia.

All of the changes require an educational component and IUSD will be on the forefront in that area. Professor Joyce Hudson and Dr. Rusty Neal are developing the local anesthesia education component, while Professor Patricia Capps is developing the coronal polishing and fluoride application education components. All of the new responsibilities will be incorporated into the curriculum of the programs and there will be continuing education courses for the practicing assistants and hygienists to take to perform the new duties.

Distance-Learning Dental Assisting Program

Fall of 2007 the distance-learning dental assisting program began its first class. Twelve students were accepted and two students transferred into the program from the campus program. Even though the distance-learning program had been in years of development, it didn't start without a hitch. Our first problem was with technology. The original Oncourse became Oncourse CL in the fall semester and as we all know that was not a seamless transition. The distance-learning program had the additional complications from this transition of having all of its didactic materials online through Oncourse CL. Unfortunately, this meant that deadlines needed to be extended for assignments, online quizzes needed to be opened past the original close dates and students had to be communicated to through a variety of ways to get pass the technology problems. Well, most of the technology problems were solved about half way through the semester. Our second problem was the Saturday laboratory sessions. I tried to accomplish too much in too short of a lab session. Also, I expected the students to come to lab better prepared by having reviewed competencies and videos of procedures we would be working with that session.

Those are the negatives of the new program, but there are several positives as well. We have students from all over the state-Lafayette, Kokomo, Terre Haute, Fort Wayne, Batesville, Lebanon, Lapel and Indianapolis area. This is one of the main reasons for starting the distance-

learning program was to make dental assisting education accessible to rural areas and areas where there was not a dental assisting program. Another positive has been the clinical experiences of the students. The students came into the program with a sponsoring dentist. That dental office is where most of the clinical experience is obtained. The students do chair side procedures, sterilization, business office procedures and radiographs on patients in the dental office. Well the students have gotten great experience in the offices and the offices have had a very good experience with the students as well. All of the dental offices have said they would participate again in the program. As a matter of fact, one office is having a student for the class that starts fall 2008. Several of the offices are going to employ the student they had after graduation. I would have to say I am very pleased by that good clinical experience by both the student and dental office, because that was one of my major concerns starting the program. We are used to using the dental clinics at IUSD and not using private offices for clinical rotations, so we know what to expect from the clinical rotation. By using dental offices it was an unknown and has turned into a very good experience.

That is just a bit of information about the distance-learning program. I would be more than pleased to discuss the program with any of you individually, so feel free to contact me at: paacapps@iupui.edu

Mock Job Interviews- A Collaborative Effort

Sheri Alderson, CDA, EFDA, BS



Each spring the dental assisting program conducts mock interviews as part of the A162

Written and Oral Communications class. This experience is beneficial to the dental assisting students and to the dental student interviewers. It provides them with valuable experience in the interview process.

This year, mock interviews became a collaborative effort of the Periodontal and Allied Health Department. Course director, Sheri Alderson, utilized the help of individuals in the department to participate. Dr. Diksha Katwal and Dr. Amit Patel, 1st year periodontal residents, acted as interviewers. Judy Doyle, Assistant to the Chair, and Diana Yates, Clinic Coordinator Graduate Periodontics, acted as facilitators. Kay Rossok, Dental Assisting Program Secretary, offered administrative support.

A special thank you, from the dental assisting program, extends to each of these individuals. Without the support of our facilitators, dental students and administration this valuable experience could not be achieved.

Feature Section

We are featuring *Kay Rossok* in our Staff Member Profile and *Dr. James Oldham* in our Faculty Profile.

Staff Member Profile- Kay Rossok



Brief education background

I graduated from Switzerland County High School (Vevay, IN) in 1975 and attended DePauw University from 1975-1977. After being accepted to dental hygiene school in Fort Wayne, I transferred to IPFW. In May 1979, I graduated with an Associate's Degree in Dental Hygiene and practiced as a

licensed dental hygienist for 16 years. Medical conditions and a thirst for a career change, lead me to apply for a position at the dental school. I have continued to attend classes off and on throughout the 29 years since obtaining my Associates Degree. I will complete my Bachelors in General Studies in June. Woo-hoo!

Position in the Department

I have been the Senior Administrative Secretary for the Dental Assisting Program since April 2001 and I love my job!

Family

My husband, Eric, is a firefighter-paramedic for the Indianapolis Fire Department. We have been married for almost 24 years and have two wonderful sons, Nathan and Ben.

Things you did in school/college that you wish you never did

I was a real nerdy student, so I really did not get into that much trouble in college...however, after college is another story!

Things you did not do in school/college that you wish you did

I wish that I had relaxed, enjoyed time with my dorm-mates more and enjoyed the college atmosphere.

Your hobbies

I love to travel, read, bicycle, camp, hike, golf, and go to the casino!

Hidden talents

My hidden talent is that I can find travel bargains and little known places to explore.

What would you have become (professionally/personally) had you not gone into dentistry/ dental hygiene/dental assisting

I would have either done genetic research or been a travel agent...now those are two completely opposite things, aren't they?

Pet Peeves

Negativism
People not cleaning up after themselves

Like/Dislikes

I love people, furry animals, nature, spring, summer, and fall. I dislike lizards (snakes with legs) or any other reptilian thing. I tolerate turtles. I detest winter weather AFTER New Year's Day. Until January 1, it puts me in the holiday spirit. Here's a fun fact that only a few people know: I was a volunteer Emergency Medical Technician for 6 years in Greencastle, Indiana with Putnam County Operation Life. I did this on the weekends while I lived and worked as a hygienist in Bloomington and Ellettsville. That's how I met my husband. I really loved helping people in that way. I quit riding the ambulance when I was pregnant with Nathan.

Faculty Profile- Dr. James Oldham



Education

Bachelor of Arts degree- Biology, Indiana University, Bloomington
Master of Science degree- Microbiology, Indiana State University, Terre Haute
Doctor of Dental Surgery, Indiana University School of Dentistry

Position

Clinical Assistant Professor, Department of Periodontics and Allied Dental Programs
Colonel, United States Army Reserve Dental Corps

Family

Married to Mary Ann Oldham 28 years and have two sons, Alex 15 and Adam 13

Things I wish I never did

When I was a first semester freshman in college a counselor convinced me to take 18 credits hours. Five hours of calculus, five hours of chemistry, a five hour French class, and a three hour writing class. The course load just about killed me and I learned to take what the counselor said with some trepidation.

Things I did not do in college I wish I had

I did not take advantage of the opportunities to listen to world class music program at IU or to try out for the Singing Hoosiers.

Hobbies

My hobbies include sporting activities with my sons, scuba diving, scout leader and singing in the church choir.

Hidden Talents

Outdoor camping and thanks to the military fairly good survival skills.

Other Professions

I could see myself attending medical school and doing emergency medicine if I had not gone into dentistry.

Pet Peeves

Being late to appointments and getting stuck in traffic.

Likes

I enjoy spending time with my family, teaching, traveling, and exploring the great outdoors.

Current Resident Research

We will have a new feature that includes a brief summary of the research work being done by our residents. This newsletter will include work that is being done by *Dr. Daniel Shin (3rd year resident)*

Role of Growth Factors in Enhancing Ridge Augmentation

It has been well-established that a functional association exists between tooth and alveolar bone. This is highlighted by Wolff's Law: the remodeling rate of alveolar bone is directly dependent to the amount of applied force. This "applied force" is key to maintaining normal bone density and architecture. However, if a tooth is extracted, there is no transmissible force to the underlying bone, and, therefore, there is no stimulus to the bone to maintain its architecture and density. As a result, there is loss of bone height, bone width, and bone volume. Various surgical modalities have been advocated in reconstructing atrophic sites: barrier membrane techniques, particulate graft techniques, block graft techniques, ridge splitting techniques, distraction osteogenesis, etc. Countless studies have proven that conventional regenerative procedures are highly predictable in the treatment of horizontal ridge defects. However, in the surgical reconstruction of *supracrestal/vertical ridge defects*, the aforementioned conventional regenerative procedures have proven to be very unpredictable and challenging.

Newer biological concepts have been proposed to suggest that supracrestal ridge defects may be more amenable to regeneration if biologic mediators, such as BMPs, were applied. **Thus, the purpose of my case study is to ascertain the role of growth factors in enhancing ridge augmentation, especially ridge augmentation in the rat tibia.** Rat tibia will be surgically exposed and decorticated. Subsequently, a titanium "cup-shaped" barrier coated with osteogenic stimulating mediators, such as BMP, will be placed on top of the bone. Following six weeks, the subject animals will be sacrificed and the amount of vertical bone growth will be measured. The objective of this study is to

establish a proof of concept that predictable vertical bone growth can occur by applying a space-providing membrane coated with biologic mediators.

Faculty Member(s) in the News

Dr. Seok Jin Kim, Clinical Assistant Professor was awarded a **2008 Educator Award** by the **AAP** in Recognition of Outstanding Teaching and Mentoring in Periodontics

Dr. Steven Blanchard, Assistant Professor was promoted to rank of **Associate Professor with tenure**. The promotion will take effect in July 2008 with tenure taking effect in July 2009

Professor Elizabeth Hughes was awarded **IUSD Alumni Association's Distinguished Faculty Award for Teaching**. Professor Hughes is a Clinical Associate Professor of Dental Hygiene. She joined IUSD as a part-time faculty member in 1994 and accepted a full-time appointment in 2001.

The School of Dentistry Trustee Teaching Awards were presented to the following faculty members from DPADP in May 2008:

1. Dr. Steven Blanchard
2. Professor. Elizabeth Hughes
3. Professor Lorie Coan

Dr. Henry Swenson, Professor Emeritus, was recognized for being a member of the Indianapolis District Dental Society (IDDS) now for 65 years in April.

Professor Patricia A. Capps was installed as **President of the Indiana Dental Assistants Association (IDAA)** during the organization's annual session in April. Professor Capps is a clinical associate professor and former director of IUSD's Dental Assisting program. She is the Director of the Distance Learning Program. She has served on the IU faculty since 1997. She is a past president of the Indianapolis Dental Assisting Society

Dr. Ranjitha Krishna was selected to the American Dental Education Association Academy for Academic Leadership Institute for

Teaching and Learning (ITL) for the 2008 Class. Dr. Krishna is also an American Academy of Periodontology Foundation scholarship recipient. The AAPF scholarship will help cover the costs associated with the Teaching and Learning experience.

Graduating Class of 2008

We are saying goodbye to three residents this year

Dr. Ranjitha Krishna, who accepted a full time position at the Medical College of Georgia, Augusta, Department of Periodontics

Dr. Kwangwon Lee, who is currently completing his research and looking for possible academic/practice opportunities

Dr. Brian Goldstein, who previously completed his prosthodontic training at Buffalo, completed his periodontal residency at the VA. He has interviewed at several schools and offices and is waiting for the right opportunity

Catching Up

Michael Edwards (DDS 2001, **MSD, 2004**) and his wife Michelle (DDS 2001, MSD 2003, (Pedo)) had their third child. Her name is Lila Michelle Edwards Born 4-23-08 at 7:20 pm 6 lbs 13 oz 19.5 in.

The following alumni recently completed their requirements for Board Certification.

Congratulations Diplomates of the ABP.

Chirdeep Chandrakerthi- Class of 2005

Karim El-Kholy-Class of 2007

Jung Sun Han- Class of 2007

Where are they now?

Gay Derderian (MSD, 1992) is celebrating 20 years as a faculty member of Marquette University School of Dentistry in August. She taught at Marquette in the Periodontics Division for 3 years before attending IUSD's perio program. In 2000, she was appointed a board examiner for the State of Wisconsin and travels

to numerous schools functioning as a CRDTS periodontal examiner. In 2003 she became the director of a Comprehensive Care group within the new building and it's been such fun. She continues to practice in Marquette's Faculty Practice and loves to travel the world with her husband Kai.

Gay has been one of the most generous contributors to our clinical renovation fund and other department funds.

Thank you, Gay, for your generosity

You can contact Gay at

gay.derderian@marquette.edu

Omar Hakki (DDS, 1997, MSD, 2000) moved to Houston, Texas. He is a Part Time Clinical Assistant Professor at the Department of Periodontics at The University of Texas Dental Branch at Houston Texas. Omar is also in private practice in two practices. One of them is with his brother Zaid Hakki (DDS, 1999). In 2003 he also added the title of 'Staff Periodontist' at the Michael E. DeBakey VA Medical Center at Houston. He is involved in treating patients and supervising GPR residents while in rotation at Periodontic clinic. You can contact Omar at: omarhakki@yahoo.com

Monish Bhola (MSD, 2000) went on to complete an accelerated DDS program at the University of Detroit Mercy (UDM). He became a Diplomate of the American Academy of Periodontology in 2002. Since then he has been at UDM as Director of the Graduate Program- Full Time, with a Part Time private practice with Metropolitan Dental Centers. Monish is actively involved with organized Dentistry and Periodontics with the AAP and was a recipient of the Bud and Linda Tarrson Fellowship in 2006. You can contact Monish at: bholamo@udmercy.edu

Upcoming Dates and Events

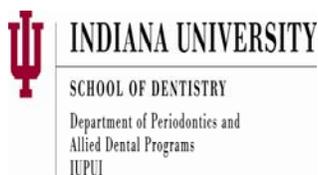
July 1st- New Residents Arrive to begin their journey in our Department

July 2nd-5th- IADR meeting, Toronto, Canada

September 6th-9th- AAP meeting, Seattle, Washington. We hope to see many of you at the IU Alumni reception.

October 25th- Ribbon Cutting Ceremony for our new and fabulous graduate clinical facility.

Mark your calendars and plan to attend.



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