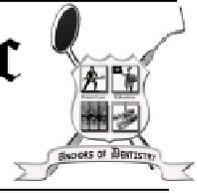




# The Practicing Academic

The Department of Periodontics and Allied Dental Programs  
(DPADP)



Graduate Clinic Issue

October 2008



## Chairman's Corner:

This issue of our newsletter is dedicated to our new graduate clinical facility and is titled "*The Graduate Clinic Issue*".

This has been a long time coming. In fact the previous clinical facility had been used for over 30 years. While it served us well, we were long overdue for the new facility. We are really proud of the new clinical facility especially since we were able to raise the needed funds through the contribution of our generous alumni. The clinical facility is going to serve our residents and other students well. It is also going to serve as a model for what can be achieved when a dedicated core of faculty are working for the betterment of the school and the profession. The many generous donations will also serve as an example of a faculty working together with a dedicated group of alumni who value the lessons they learned while in the Department.

We would like to thank Dean Goldblatt and our CFO Deb Ferguson for making available 'bridge funding' to allow the process to go forward. As I have mentioned before **the 'ribbon cutting ceremony' for the new clinical facility is scheduled for October 25<sup>th</sup>**. You

have all received notification about this. I hope that many of you will attend and appreciate what we achieved for our residents and our school.

We are featuring again in this issue of the newsletter, 'faculty and staff profiles'. We have 2 articles of interest written by Dr. Michael Gossweiler and Dr. Brady Hancock along with an article of historical interest.

On a different topic, some of you know that I have been into 'running' in 2008. If all goes as planned I will have competed in 3-4 mini marathons with numerous competitive runs of 5k, 10k, and 15k throughout the year. The main reason for embarking on this new exercise regimen was to alter my blood chemistry; in particular my cholesterol, blood sugar, and blood pressure. As our faculty and staff continue to mature and get wiser, it is important that we take care of ourselves physically. I would like to encourage the department together with all of the staff and fellow alumni to become more exercise minded. One way to do this is by taking advantage of all of the different organized running and walking opportunities that are available around town. Fitness anyone?

## Welcome to Our New Clinical Facility

The following images serve as a brief snap shot of our superb new clinical facility. We have a total of 14 open operatories with 2 enclosed surgical suites. We will be utilizing digital radiography throughout the entire clinic with direct digital capabilities in the surgical suites. With this technology and the soon to be introduced 'cone beam CT unit' on the first floor, we will be offering state of the art treatment to our patients. The multi use clinical facility will also proudly be utilized by the hygiene and assisting students.

## Our New Reception Area and Non-Surgical Side



## One of the Spacious Surgical Suites

## The partition between the surgical and non-surgical sides





**Brand New Chairs- This will evoke memories that all our alumni share about the use of rubber bands to hold our units together**

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**Faculty Positions**

At the end of this academic year we will have two positions to fill in the department of periodontics. One position will be as result of Dr. Newell's retirement effective end of June 2009. The second position will be for the Pre-Doctoral Director of Periodontics which will be vacated by Dr John. If you are interested or know of anyone who might be interested and would be a good fit in our department, please let them know about these positions.

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**My View: Challenges and New Opportunities in Periodontics**

Michael Gossweiler, D.D.S.



*We cannot expect to meet today's challenges with yesterday's tools and be in business tomorrow. -Unknown*

What do you see as our challenges in periodontics? For each of us the answer will often be influenced by our subjective experiences and may not be based on an

accurate assessment of reality. However, a reality-based answer is important in determining the skill and knowledge set necessary to succeed. At the request of our interim chairperson, I am putting forth my views on this topic in the hope that the readers of this newsletter will do likewise and provide us with useful feedback that will help this department not only survive but thrive.

***Increasing numbers of periodontists are finding it more difficult to maintain a high rate of referrals and case acceptance due, in part, to the current trends in declining dental insurance coverage by employers, increased cost shifting onto the backs of patients, and decreasing average disposable patient income. On the implant side of our practices there is increasing competition by oral surgeons, prosthodontists and general dentists to provide the same implant surgical services that we provide for our patients.***

If we wish to have more and better referrals we need to give both referring dentists and patients a compelling reason to do so. Patient assessment and treatment planning are definitely two of our professional strengths. We have an opportunity to build on these strengths courtesy of the new research that has provided us with a great deal of information that links periodontal disease with a host of medically-defined conditions. My view is that periodontists have the opportunity to become the internists of the dental community and that IU could lead the way. Our faculty is engaged in research that is looking at other metabolic defects that may well affect how we diagnose and treat periodontal disease in the future. In order to do this, we need to overcome technical challenges and address a couple of conceptual problems.

First, we need an improved periodontitis etiological model. The Host Modulation Model (Page and Kornman, 1997) was a big step forward because of its recognition of environmental and host genetic factors but it left the other foot planted firmly in the "Koch's

postulates past” by implying that pathogenic bacteria are the starting point of disease. There is no doubt that certain pathogens are *associated* with periodontitis but to say they are the *origin* would be unfounded. Because of this “bacteria-centered model” some corners of the periodontal research community have been hard at work on proving how “clever and insidious” periodontal pathogens such as *P. gingivalis* are. All bacteria have survival strategies; it’s why they are still around. But, compared to a healthy human immune system they not hardy and have very specific growth requirements in order to thrive. For many years now we have understood that in periodontitis there is an abnormal immune response that allows these pathogens to thrive and, at the same time, harm the host. The question has been, “Where does the abnormality (or defect) originate?” Immunogenetics is now the hot area of research in periodontics, but again, there appears to be an effort to “prove the model”. Periodontal disease is related to medical conditions such as type II diabetes, pre-eclampsia, coronary heart disease, rheumatoid arthritis, pancreatic and lung cancer just to name a few. On the surface, these are seemingly unrelated conditions. However, on closer examination we see the common threads that link these conditions are an immunologic TH2 dominance and chronic inflammation. (See the AAP 2008 Workshop on Inflammation). We need to take the diverse pieces of research information and put it together in a model that rests on the research and not our previous assumptions.

Second, we need better diagnostic tests for assessing active periodontitis. To paraphrase Dr. Kim, the periodontal probe is a tool of 1908, not 2008. I think that most periodontists understand that pocket depths do not define active disease; they only tell us what has already transpired. Hence, how can we assure a patient that eliminating pockets through osseous reduction surgery or regeneration will ensure that future attachment loss will be prevented? We need to be asking, “Why and

when did this occur?” and “What will prevent it from happening in the future?” Plaque control alone does not provide the answer. We need to define active attachment loss at the molecular level and be able to measure it with an easy, economical test, preferably one that provides in-office results. Such a test or tests may be at hand, but again, we are awaiting the results of ongoing research.

Third, if we are going to continue examining the periodontal-medicine connections and have the results be meaningful, we need to define systemic health on our own terms and not follow the medical community. Despite the research advances at understanding the causes of chronic health diseases such as heart disease, obesity and diabetes (all related to periodontitis) medicine in the U.S. has failed to control them. In fact, they have all grown at epidemic proportions. While medicine does an excellent job at rescuing people with acute problems such as a heart attack or a malignant tumor, it does a poor job at preventing the chronic metabolic defects that lead to the development of these acute problems. My own experience in this area has been enlightening. For the past three years, I have requested copies of blood and urine analyses or ordered them for my patients regardless of their diagnosis. What initially shocked me was how many physicians order very limited or no tests at all and then declares the patient to be healthy. From my experience it has also become apparent that within the medical community there are no generally accepted “healthy” laboratory values only normal values. This is not a semantic difference. The laboratory, (not the AMA) defines normal values. Medical blood and urine tests are usually requested by physicians on patients who already have pre-existing health problems. The laboratory then takes the average of all of their measurements for a particular test and sets the high and low boundaries at the first standard deviation (or maybe the second). Is this the way **we** wish to define health? Fortunately, for us, much of the work on healthy

values was done by a research physician/dentist by the name of Emanuel Cheraskin back in the 1970's.

To summarize my demands, I want a new periodontal pathogenesis model, an inexpensive, in-office periodontal disease test and the adoption of healthy values for medical testing in periodontal research. Oh yeah, and can somebody please fix global warming?

I appreciate the opportunity to present my views and ideas. I realize that some of them will be considered heretical and create new questions and controversy. Good. But I think it speaks well of our current interim chairperson who encourages debate and the reexamination of commonly held assumptions about what we do. ***Remember, the only difference between a rut and a grave is their dimensions.***

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## **A Career in Academics: A Former Chair's Perspective**

**EB. Hancock**



I suspect that very few of us entered dental school with the goal of making academics our career choice. We may have had many sound reasons, such as an altruistic goal of providing health care for those in need, a security goal of providing an income for ourselves and families, or a social goal of joining a profession that was held in some esteem by the community. It probably wasn't until later that other seemingly small, needs began to be noted. These emergent needs continued to grow and coalesce until the only way that they could be satisfied was through a commitment to academics. These emergent needs, these desires, these driving forces I've divided into three areas that I'll now explore.

The first area is the need for currency or the need to have knowledge and to practice in accord with the most current understanding of our profession. Our personal and professional lives are so full and demanding that it is far too easy to begin to fall behind and rely on our prior knowledge to "get us through". The rapidity of developments in the biologic sciences is so great that our knowledge base rapidly becomes eroded unless we continuously update that base. I

vividly remember my first two years on the faculty at the Navy Graduate Dental School in Bethesda, MD when I was literally only a couple hours ahead of my students (and even then I may not have been where I thought that I was!). I had completed my training six years earlier, but had to review, read, and learn many new topics the night before classes in order to update my knowledge base. Remaining in an academic setting has made it possible to continue to evaluate and assimilate that continuing outpouring of knowledge so that I do have the basis to make informed decisions in the best interests of both students and patients.

I remember an episode that my mentor, Dr. T.J. O'Leary, related to me. We had recently returned from a national meeting and he indicated that one of his former students from the US Air Force had met with him there. He related that the former student, who had been in practice for about 20 years, had proudly told him, "Dr. O'Leary, I'm still doing everything exactly as you told me." He was deeply depressed about this statement as he said that it indicated that this person had not grown or developed in any way since he completed his training. It's very easy to become complacent with our knowledge and training, but without ongoing growth and development we are doomed to extinction. Spending time in academics, either full time or part time, has compelled me to maintain that currency and to continue endeavors on that front.

The second area of need is to "pay back" to our profession for what we have been given. None of us could have attained our present status without the combined efforts of all our

predecessors. How can we every repay the debt that we owe for the encouragement, the support, and the guidance that we have received, either directly or indirectly. Peyton Manning, the great Colts quarterback, has founded the “PeyBack Foundation” that provides support to the youth of the community. He has recognized that his success is linked closely to the success of the community and that one way he can show his support is to assist the youth of the community. Likewise, we owe a tremendous debt to our community for our success. One of the ways to reduce that debt is through support of ongoing education and participation in academic activities. Only by returning to our profession, are we able to maintain its vigor and growth.

Finally, and what would seem to many the most obvious, a career in academics allows us to invest in the future. Today, and our accomplishments of today, will soon pass. Tomorrow brings new challenges, new opportunities and new directions. I won’t have to deal with them nor will many of you. But those that we prepare for tomorrow will successfully meet these challenges and demands and provide the new directions for our profession. Those persons that we prepare today will either succeed or fail, partly based upon how we help prepare them. It has been said many times that the future of our profession is the student of today. If that is true, and I sincerely believe that it is, then what greater participation in our profession can there be than an academic career?

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## A Historical Perspective



Dr. Edith Davis

**A Pioneer in Periodontics.** When it was mentioned in the August issue of *Coming Up* that **Alice Harvie Duden** was hired in 1908 as the Indiana Dental College’s first female faculty member, Dr. **William Gillette**, a volunteer professor of periodontics, reminded us that Dr. **Edith Davis**, like Ms. Duden, holds a place of distinction in dental education in the Hoosier state. Hired in 1945, Davis was the first woman to serve on the faculty after the Indiana Dental College became the Indiana University School of Dentistry.

Besides that, Davis was also one of the few female periodontists in the country at the outset

of her career, and was very likely IU’s first faculty member to have received an advanced education specifically in the field of periodontics. After graduating from the Indiana Dental College in 1912, she practiced in Jamestown, Ind., for three years before obtaining advanced periodontics training in Chicago and then setting up practice in Indianapolis. (The American Academy of Periodontology, originally the American Academy of Oral Prophylaxis and Periodontology, was founded in 1914.)

Davis was a popular teacher who served on the IU faculty for more than two decades. “She was a delightful person and well-liked by the students,” recalls Gillette, whose first years as an IU periodontics teacher crossed with Davis’s final years here. They taught together in the periodontics clinic. “I remember her as a pert lady who communicated well with students,” says Gillette. “She was efficient and highly professional, earning and commanding everyone’s respect. We had many conversations about her early days in dentistry, and the many changes that had occurred.”

Davis practiced for 65 years before retiring in 1977, at the age of 87, and moving to Missouri. She died in Independence at the age of 94.

*This article was reproduced from the IUSD September 2008 Calendar, 'Coming Up'. Thank you to Sue Crum for allowing us to reproduce the article.*

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## Feature Section

We are featuring **Tisha Kinley** in our Staff Member Profile and **Professor Elizabeth Hughes** in our Faculty Profile.

### Staff Member Profile- Tisha Kinley



#### **Education**

I went to All Saints catholic school, Fulton Junior High, and graduated from Ben Davis High School in 2002. I attended Kaplan College for Dental Assisting.

#### **Position**

I am a CDA in the Graduate Periodontics Division

#### **Family**

I have the absolute best family. I have 3 sons, Jalen David 8 years old, Jaron Scott 3 years old (next month), and our newest addition Jordan Matthew 2months old on Sept 11<sup>th</sup>. And the best for last, my God-sent husband Matt. Matt and I have been married only a little over 2 years but have dated since our Junior year of high-school at 17 years old. He is my soulmate.

#### **Things I wish I never did**

I only have one regret in school and that is not to have gotten in a fist fight at the school dance. I was suspended and it really hurt my grades that semester. You live and learn.

#### **Hobbies**

My hobbies ALL revolve around 3 little men and soccer. I am a first class soccer mom. I drive all week to practices, wash uniforms, pack team snacks, attend out-of-town tournaments, cheer, take pictures, and love every minute of it.

#### **Hidden talents**

I do not hide my talents. That would be a waste.

#### **Other Professions**

If I wasn't involved in the field of dentistry I would probably still be working in health care preferably with children, or teaching. I love public service and enjoy being needed and making a difference.

#### **Pet Peeves**

My biggest pet peeve is disorganization.

#### **Likes**

I like children, being outdoors, sports, dogs, Halloween, music, dancing, shopping, reading, reality TV, taking pictures, and taking care of my family.

#### **Dislikes**

I don't like lying, disorganization, sausage, heights, feeling useless

## Faculty Profile- Professor Elizabeth Hughes



### **Brief education background:**

Bachelor Degree Education  
Indiana University

Masters Degree, Adult Education  
Indiana University

### **Position if the Department:**

Part-time faculty IUSD 1997-2000  
Full time faculty IUSD 2000 – present

Second-year DH student Clinic Director  
Director of two courses  
Co-Director one course

### **Family:**

Married  
3 sons  
1 dog

### **Things you did in college you wish you never did:**

I could not in good conscience disclose things done in college that I wish I had never done.

### **Things you did not do in college that you wish you had:**

I wish I had studied in another country, taken more literature classes and joined the Peace Corps.

**Hobbies:** reading, bridge, hanging with my sons, carousing with my friends; just recently enrolled in a black and white photography class and I'm trying to learn to write a good short story.

### **Hidden Talents:**

Nothing hidden, what you see is what you get.

### **Had I not gone into dentistry:**

I would have been the Queen of England or first chair in a world renowned orchestra or a regular contributor to the New Yorker.

**Pet Peeves:** poor grammar, cell phones, rudeness (goes with cell phones).

**Likes:** my family (I'm hopelessly in love with my sons), my friends, my co-workers, music, red wine, (1 white wine), tea, old movies, a really good story, a really good sentence and to laugh out loud everyday.

**Dislikes:** lies, people who hurt other people, people who believe they are better than others.

**Teaching:** I truly do love my job. It is a perfect match with my personality and abilities. The only unfortunate thing is that I found teaching during a mid life crisis. I wish I had known the joy of teaching earlier. Every year and with every group of students I am amazed at how much I enjoy their humor, cleverness and intelligence. I thank all of them for the memories. It doesn't matter if you are teaching rocket science, brain surgery, plumbing or dentistry; teaching is the best job ever. Someday I hope to be good at it.

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Current Resident Research  
We are featuring work that is being done by  
*Dr. Pragtipal Saini (2<sup>nd</sup> year resident)*

**Effects of a herb on MMP activity on human gingival fibroblast mediated collagen degradation and on cytokine/growth factor expression from HGFs**

The herb is a staple topical remedy in homeopathic medicine. It is rich in quercetin, carotenoids, lutein, lycopene, rutin, ubiquinone, xanthophylls, and other highly active tissue-protective anti-oxidants. In vitro studies have

demonstrated its anti-inflammatory effects. Quercetin has been shown to inhibit recombinant human MMP-1 activity and decrease gene expression and production of TNF- $\alpha$ , IL-1 $\beta$ , IL-6 and IL-8 in PMACI - stimulated human mast cells. The **hypothesis** is that this herb will inhibit MMP-1 activity and cell-mediated collagen degradation as well as alter cytokine/growth factor expression in HGFs. We are hoping that this study will provide insights into effects of this herb on HGF mediated collagen degradation directly and indirectly.

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Faculty Member(s) in the News

*Dr. Seok Jin Kim* spoke at the IUSD Alumni Association's 66<sup>th</sup> Fall Dental Alumni Conference in Bloomington. His topic was "Update on Medical Considerations in Dentistry."

**Prof. Jane Blanchard Secures Donation for Dental Wellness Day**

Thanks to a donation from the American Association of Pediatric Dentistry's Healthy Smiles, Healthy Children foundation, families participating in an upcoming dental program at the Trinity Free Clinic in Hamilton County will be given educational materials to help both parents and children learn about the importance of good oral hygiene and routine dental care. The donated materials were obtained by **Prof. Jane Blanchard**, Periodontics and Allied Dental Programs. IUSD's Division of Dental Hygiene has enjoyed an ongoing collaboration with the Trinity Free Clinic, where volunteer health professionals provide free medical and dental support to low-income and uninsured residents of Hamilton County.

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**Professor Lorie Coan-Indiana Dental Hygiene Association Awarded Grant from the Indiana Tobacco Prevention & Cessation Agency (ITPC)**

The IDHA was recently awarded a grant from the Indiana Tobacco Prevention & Cessation Agency (ITPC) that will be used to educate dental healthcare providers across the state in the latest tobacco cessation strategies.

*Professor Lorie Coan* reports, "It was important to us to target key areas in the state where the use of tobacco is at its greatest. We also wanted to partner with the best in the field of tobacco cessation so that an evidence-based approach to cessation is shared with the healthcare providers. Another key component of the continuing education session will be how to establish a cessation protocol in dental practices, especially for those areas of the state where referral sources to other cessation programs may be limited."

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Catching Up

*Janice Kaeley*, first year resident in Periodontics, gave birth to a baby boy, Keerit Kaeley, 6 lbs, 1 oz, 19' long on August 22<sup>nd</sup>. The family is doing well

**Tisha Kinley**, dental assistant in the periodontics division gave birth to a baby boy, Jordan Matthew Kinley, on July 11<sup>th</sup> 2008 at 8:19 am at Clarian West Hospital. He was 7lbs 14oz and 20 inches long.

Where are they now?

**Captain Cecil White (MSD 1990)** went back to US Navy following the residency program at IUSD. Cecil is currently U.S. Navy, Captain, Head, Dental Department, Naval Branch Health Clinic Mayport, Florida. He served in the US Navy Dental Department since 1981. Cecil is a highly decorated officer and is a high in demand speaker at professional events. Cecil and his wife have 2 children Elizabeth Paige White (17 yrs) and Cecil White, III (15 yrs). Cecil can be contacted at [cecil.white@med.navy.mil](mailto:cecil.white@med.navy.mil).

**Gregory Phillips (DDS, 1984; MSD 1992)** maintains a private practice in Columbus, IN, specializing in periodontics and implantology, and has been a Clinical Assistant Professor of Periodontics at Indiana University School of Dentistry since 1992. Greg became a Diplomate of the American Board of Periodontology and is a member of Omicron Kappa Upsilon. He is active in organized dentistry being a Trustee for the Indiana Dental Association and is part of the 7<sup>th</sup> distinct delegation to the ADA. He has been awarded Fellowships the International Team for

The following alumni recently completed their requirements for Board Certification. Congratulations Diplomate of the ABP.  
**Amjad Almasri- Class of 2006**

Implantology, the International College of Dentists, the American College of Dentists, and the Pierre Fauchard Academy. He attends numerous dental meeting annually, many with his wife of 25 years, Stephanie (dental hygiene, IUSD 1981). Greg and Stephanie have 2 sons, Evan (20 yrs) and Sam (17 yrs) Greg can be contacted at [grgphllps08@gmail.com](mailto:grgphllps08@gmail.com)

**David W. Engen (DDS 1998, MSD 2002)** completed specialty training in both Periodontics & Orthodontics. David completed his board certification in both Periodontics and Orthodontics. David is actively involved in organized dentistry and is the director of the Spokane Study Club. David is a co-founder of the Inland Northwest Dental Hygiene Study Club which holds the title for the largest dental hygiene study club in the nation. David is the husband to Michelle Engen since 1994, and is the father of Kaitlyn (11yrs), Daniel (8yrs), and Carolyn (5 yrs). He likes to water ski, scuba dive, play games/sports with his kids, and travel with his lovely wife. You can contact David at: [david@drdwengen.com](mailto:david@drdwengen.com)

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## Upcoming Dates and Events

**October 25<sup>th</sup> – ‘Ribbon Cutting Ceremony’ for our New Graduate Clinical Facility**

**October 29<sup>th</sup>- Cary Shapoff- Implant Supported Prosthesis- Achieving Excellent Results**

**Course fee: \$95 CE credits: 2 credit hours, Indiana University School of Dentistry, Room S 116 Time- 6:00-9:00 PM**

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# Editorial Board

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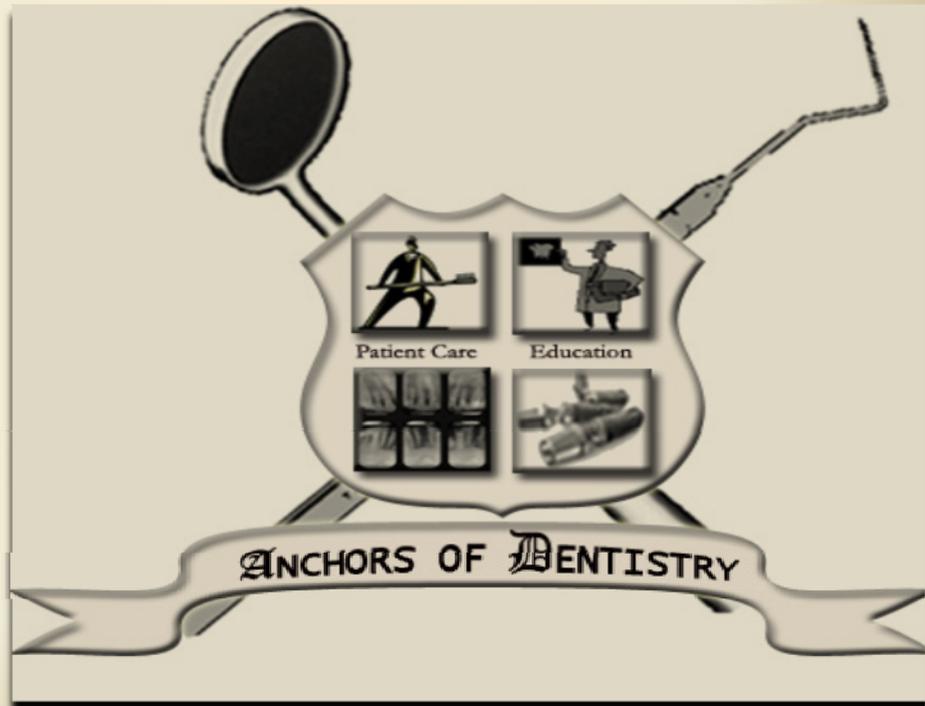
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