



# The Practicing Academic

The Department of Periodontics and Allied Dental Programs  
(DPADP)



## “The New Faculty Issue”

July

2012



### **Chairman’s Corner:**

#### **Time for a Change**

In July, Dr. Daniel Shin will take over from me as the Pre-Doctoral Director. I am very glad and excited that Dan is coming back to IUSD to play such a vital role in the future of the school and of our Department. For me it is a bittersweet moment and I want to spend a couple of lines reflecting on my own journey. When I completed my residency in 1995 and then completed my dental training (to get a DDS from this country) in 1998, my role as an educator was a given. I never wanted to be a full time private practitioner. Taking over from Jon Gray and then having to essentially revamp the Pre-Doctoral program due to curricular changes meant that the following week I was giving lectures in blocks of four hours. That was quite an interesting period for me. However, I always immersed myself fully and completely in providing the dental students with the best possible exposure to our specialty. The relationships that I have built with over 1,300 students now and counting is not something I take lightly. They have valued their experiences at IUSD as have I in playing a role in their journeys. I will always cherish this part of my

role as the Pre-Doctoral Director. I have so many more wonderful memories about the experience. However after 13 years in the position, it is definitely time for a change. It has been and is always important for me that I leave any position with a transition plan. Dan Shin will be an asset to the School and to our Department and I look forward to working with him and serving as a mentor. Now for the past 5 years, I have also served as the Chair of the Department. I hope to have some additional time to focus on my role as the Chair and bring added innovation and ideas to the mission of our school.

### **AAP and AAPF Matters**

This past year, I served as the Head of the AAP’s Education Committee. We have been busy planning the Pre and the Post-Doctoral Workshops for the LA meeting. The Pre-Doctoral Workshop is titled, “*Vertical Integration of Periodontics throughout the Four Year Curriculum*” and the Post-Doctoral workshop is titled, “*Innovations and Resource Sharing in Graduate Periodontal Education*”. It has been exciting getting these workshops planned. In addition, we have submitted a proposal to ADEA for a symposium that we hope to be able to present at the meeting in Seattle. We have also submitted for Board review a proposal to conduct a retreat for the Graduate Program Directors to meet and review the state of periodontal education in the country. We are hopeful that this will meet with Board approval.

At the Leadership, Development and Qualifications Committee meeting in Chicago earlier in June of this year, it was noted that

only 18 active members of the AAP had submitted 'volunteer forms' indicating a willingness to serve on committees. That did seem to be a very small number. However, I am glad that two of our alumni, Cecil White (*MSD, 1988*) and Greg Phillips (*MSD, 1992*) were nominated for committee appointments. Cecil will serve on the 'Continuing Education Oversight Committee' and Greg will serve on the 'ADA Liaison committee'. Both appointments will require board approval. I hope we see more of our IU Alumni serving on committees for the AAP.

In Los Angeles, I will become Secretary/Treasurer of the AAP Foundation Board. This puts me in line to become President of the Board two years following this appointment. One of the plans that I am helping to co-ordinate along with Mia Geisinger at the University of Alabama, is to help form a 'young organization' of the AAPF. This will tentatively be called the 'New Century Committee of the AAPF'. This will consist of foundation award winners. It is exciting to get young AAP members become more involved with the organization and with the foundation.

### **The Annual AAP Meeting- Alumni Meeting**

The next annual meeting, in Los Angeles will be coming up soon (9/29-10/2). As I mentioned in the last issue of the newsletter, for the LA meeting, our goal is to provide our residents with \$1,000 to help defray their costs. We really need your help. Please consider stepping forward and making a contribution to help us achieve this goal.

***The IUPAA meeting is scheduled to be held on Monday, October 1<sup>st</sup> from 6:30-8:00 PM at the JW Marriott.*** We hope to see many of you there. Look for more details about the meeting in future mailings.

This issue of our newsletter is titled the "The New Faculty Issue". We have articles by Daniel Shin, Liz Ramos and Siva Prakasam. I have also featured our two newest residents who will be part of the incoming group of residents.

I know you will enjoy reading these articles and all the other information included in the newsletter.

### **Save the Date**



### **Dr. Scott Reef, DDS, MSD President, IU Periodontics Alumni Association**

Hello to all Alumni! Summer has started and before you know it we will be getting together at the AAP meeting in Los Angeles. What a great time we had last year in Miami, a very successful reception for our program. We celebrated Brady Hancock's award for AAP Educator of the Year and also Sivaraman Prakasam's win of the Orban Prize. It was a great time to catch up with old (and I use that term literally) friends, meet new members of our Association and, of course, mingle with our residents.

In Los Angeles, the 2012 Alumni reception will tentatively be held at the JW Marriott on Monday, October 1 from 6:30 to approximately 8 pm. Please mark this on your calendars.

As always, this is a perfect opportunity to visit with friends you don't get to see very often and also meet new alumni and the residents. A fantastic evening is always in store as Vanchit informs us about updates in the Department, Steve Blanchard gives us the status of the Graduate program, and we fill in the residents on our "war stories" of our time at IUSD.

Last year, we also started a slide show of our department, past and present. This will be on view again and we would like to also keep it current. Please send Liz Ramos

([edramos@iupui.edu](mailto:edramos@iupui.edu)) any photos you would like to have included.

Have a great summer. I hope to see you all in LA!

### **Meet the New Director of Pre-Doctoral Periodontics- Dr. Daniel Shin, DDS, MSD**



1. **Brief education background.** I attended Johns Hopkins University and graduated in 2000 with a B.A. in History. Then, I was accepted into the dental program at the State University of New York (SUNY) at Buffalo and received a D.D.S. with fellow IU alumnus, Dr. Issa Dkeidek, M.S.D. '10. Finally, I escaped from the cold, snowy confines of Buffalo, NY and fled to balmy Indianapolis, IN to undergo training at the IU grad perio program. I obtained my M.S.D. and specialty certificate in periodontics in 2009.
2. **Position in the department-** Director, Predoctoral Periodontics
3. **Family-** Both my parents are physicians in Amherst, New York. My sister is currently in a combined 5-year neurology/pediatric residency program at the Children's Hospital of Buffalo. She is currently engaged and has

scheduled her wedding date sometime in September 2012.

4. **Things you did in school/college that you wish you never did.** I spent my undergrad freshman and sophomore years taking tons of pre-law courses. At the time, I was heavily influenced by the show "Law and Order" so I aspired to become a ruthless Executive Assistant District Attorney for the Southern District of New York who "takes down the bad guys" and busts drug/prostitution rings. After interning at the Maryland State Attorney General's office for several weeks, I realized that the Law and Order's "ripped-from-the-headlines" format was not an accurate portrayal of the legal profession. So, during my last two years of undergrad, I had to play a lot of catching up in pre-med courses to be able to graduate with my classmates.
5. **Things you did not do in school/college that you wish you did.** My undergrad has a legendary NCAA Division I men's lacrosse team. I wish I was involved with the team. It would have been a good thing to put on my boring resume and it would have probably been a great conversation starter.
6. **Your hobbies.** I enjoy working out nowadays. At first, working out was a pain, but now it's one of the things I look forward to when I get up in the morning. In a way, it's become part of my daily routine... just like brushing my teeth twice a day.
7. **Hidden talents.** I can't think of any hidden talents. People can read me a mile away.
8. **What would you have become (professionally/personally) had you not gone into dentistry**

I think I would have enjoyed being an “Iron Chef” Judge. These guys get to sit back, watch, eat, and judge food. How great is that!!!!!! Plus, I think they get paid for eating!!!

9. **Pet Peeves.** Stormy days.... Because days like this always messes up my hair and interferes with my DirectTV satellite service.

10. **Like/Dislikes.** WOW! This questionnaire is like registering for an on-line dating site.

**Likes-** strolls on the beach, warm sunny days, stopping to smell the roses, relaxing in front of a roaring fire, etc..... **Dislikes:** roadkill, bluegrass music, horror movies, burnt meat, all four Boston professional sports teams, and polka.

### **Learning to Master the Art of Teaching: A Never-Ending Quest-** **Dr. Daniel Shin, DDS, MSD**

**SEPTEMBER 30, 2009-** “Finally, this day has come!” I exclaim as I pump both fists in the air.

For three long, grueling years, I, along with my resident colleagues-- Drs. Cope, Cruz, Smith, and Swaminathan-- toiled away as “*professional students*” having our mental and physical stamina tested to the maximum. Countless hours were spent rigorously preparing for case defenses, studying for in-service examinations, organizing treatment plan seminar presentations, and diligently reading and writing our weekly Classic Literature and Recent Advances abstracts. On top of this, there was always the unnerving (and sometimes mind-boggling) challenge of applying our theoretical knowledge into clinical situations.

So, when a day like this arrives, it marks the height of one of the greatest accomplishments for any resident who has completed an advanced specialty program. Finally, I, and my co-residents, have earned the coveted right to call ourselves “*periodontist.*”

Yet, in spite of finally mastering the physical and mental training of a rigorous residency program, I still have to learn how to personally cope with another exciting challenge that I am about to embark on: *teaching.*

**JANUARY 11, 2010-** “Dr. Shin, could I have you come do a perio consult?” A shy University of Missouri-Kansas City second year student dentist’s voice quivers from underneath her examining mask.

“Okie dokie, lead the way!” is my mid-western folksy, if not corny, response.

Today is my rookie day as an attending faculty member. More importantly, this is also the first day of clinic for the second year student dentists.

As I follow the second year student dentist through the vast clinic, I spot students and faculty members sprinting from one dental operatory to another; intense beams of laser-like, blinding lights radiating from dozens of head lamps and overhead lighting concentrated within a windowless student dental clinic; flickering flames from Bunsen burners/Hanau torches casting shadows against the operatory walls; and shiny dental instruments, dental

materials, surveyors, and semi-adjustable articulators haphazardly strewn over bracket trays. The sprawling clinic linoleum floors appear unusually lustrous and polished (no doubt, in preparation for an upcoming CODA-site accreditation visit.) Various sounds and voices bounce off the clinic walls, so with over 30 student dentists, 30 patients, and a dozen faculty members talking simultaneously, one can only imagine that the quiet moments are few and far between.

I confidently approach the chair and see a sweet and innocuously looking 9-year old African-American girl. Nearby, sitting in the back corner of the operatory, is the concerned mother leaning forward and eyeing every move I make.

“Candice, this is Dr. Shin. He’s the *gum* doctor,” the second year student dentist mumbles from underneath her mask.

“A **DUMB** doctor? A **DUMB** doctor? Did you say he’s a **DUMB** doctor?” Candice throws her head back and bellows out with hysterical laughter. The mother shoots her daughter a scolding look, then apologizes for the inane outburst.

The awkwardness and the suddenness of this remark stuns me and leaves me speechless and flabbergasted for a few seconds. Meanwhile, the student dentist appears to be on the precipice of experiencing a vaso-vagal episode.

“No, no, no...ummm,” I stammer as I valiantly try to recover and regain some degree

of authority and dignity, “I’m a periodontist. We examine and treat the GUMS.... G- U-M-S,” pointing to my own gums for emphasis and trying to appear as professional as I can.

I strategically switch gears and instruct the student dentist to review the patient’s medical/dental history and explain the reason for the consultation.

“Ummm.....ok.....hold on Dr. Shin..... ok.... ummmm” the second year stumbles to her computer and nervously flips through the patient’s chart and radiographs.

“Ok, she’s systemically healthy and she’s not taking any meds, but I found all this black stuff on her gums and I think this might be oral cancer.”

“Black stuff?..... Oral cancer?....Huh?” I ask the second year for clarification while scratching my head. At the same time, I make a mental note to take her aside in the near-future and correct her patient presentation skills.

“Yup,” the second year responds matter-of-factly. I look at the 9-year old who seems oblivious to the entire conversation. The mother, however, strains to listen in and tries deciphering all the dental jargon inundating her auditory cortex.

“Are you sure?” I ask incredulously.

“Ummmm,.....” the second year hesitates with a ‘dear-in-the-headlights’-expression on her face, “No....Not really.” Clearly, if “yup” made me second guess her

initial response, then “no” must be the correct answer.

I sit down in the cubicle and talk to the mother and Candice. After chatting with them, I rule out the systemic pathologic conditions associated with discolorations of the gingiva.

Then, I perform a clinical examination while running a quick oral pathology mental check-list: “Ok... generalized, diffuse dark patches on the buccal gingiva of the maxilla and mandible; no erythroplakic or leukoplakic lesions; no non-healing ulcerations; no complaints of pain or paresthesia; no history of smoking; soft palate, roof of the mouth, floor of the mouth, buccal mucosa, and lateral borders of the tongue look fine; no amalgam restorations.... Nothing abnormal on the radiographs either....”

I look up and pull my mask down, then turn to the concerned mother. “I really doubt this is oral cancer. These generalized dark, patchy spots on her gums are not a characteristic sign of cancer of the mouth.” The mother breathes a sigh of relief upon hearing this.

“This is more likely something we call ‘physiologic pigmentation’ otherwise known as ‘racial pigmentation,’” I continue.

I look back at the student dentist who has a puzzled expression on her face. Attempting to turn this into a “teaching moment,” I ask the second year to explain the etiology of physiologic pigmentation.

The student dentist shakes her head and mutters sheepishly “I think it’s only seen in African-Americans and other minorities.” She then cranes her neck up to the ceiling and closes her eyes as if she is searching her memory banks for a better answer.

“Can you further elaborate on this?” I ask exasperatingly.

The blank expression on her face suggests to me that she either does not understand the question or does not remember her periodontology and oral pathology lessons. She stalls for time, and it is starting to aggravate me.

“Ok,” I butt in, “Physiologic pigmentation is-- as the name suggests-- just physiologic. Consequently, no treatment is necessary. Even if you wanted to surgically excise it for cosmetic purposes, it will simply reappear after removal. Now, the cause of this is a normal number of melanocytes in the stratum basale of the epidermis producing excessive amounts of melanin. Got it?” I quiz the student dentist.

“Yes,” she replies and nods decisively.

“Are you sure?” I ask still unconvinced.

“Ummm.... No.” she responds honestly this time.

I try to simplify my explanation and remind myself that what may be very basic and very fundamental to me may be difficult to comprehend for a second year student dentist

just beginning the clinical phase of her education.

“Well,” I turn around to face the mother, “You’ve got these cells in the bottom layer of the skin called melanocytes which produce dark pigment. If these cells are hyperactive, you’re going to have an unusually large amount of dark pigment produced. That’s why you see a lot of darkish spots all over her gums.”

The mother appears to be satisfied with the explanation, but the student dentist continues to look baffled.

I deeply exhale, tilt my head down, cinch my nose bridge, and take a moment to collect my thoughts as I muster up all my remaining patience. Then, I try thinking of another simpler way of explaining this ‘new’ concept to a second year student dentist.

**IN THE FINAL ANALYSIS-** On my rookie day, I had the opportunity to finally experience a teaching episode from the standpoint of the academician, rather than the student. It was certainly an eye-opener because it dawned on me that my teaching ability was going to require a lot more patience, a lot more practice, a lot more experience, and a lot more ‘on-the-job’ training before I made much sense to listen to. To be frank, even today, I struggle to breakdown periodontal concepts to a level that a student dentist can comprehend. Nevertheless, challenging teaching situations like this prove to be valuable learning experiences for me: each

time I come up with a more effective and simpler way of conveying my thoughts to a student dentist, I feel like I am making a positive contribution to my growth and development as a teacher.

At the same time, I continue to wonder how I, as a second-year dental student on my first day of clinic, would have responded if one of my SUNY Buffalo periodontal instructors interrogated me with the same set of questions. Looking back at this incident, I, too, probably would have been stumped and responded in the same way.

On a personal level, I still find myself extremely humbled by this episode. Without this incident, I might not have been forced to think about the challenges of teaching and realize that *the art of teaching is an enduring, life-long path of gradual development, maturation, and progress.*



**The Next Step in the Journey  
Elizabeth D. Ramos, D.D.S., M.S.D.**

My first exposure to teaching dental students was as a 1<sup>st</sup> year periodontics resident

at the Indianapolis VA Med Center. I recall being assigned to Comp Care Clinics ABC with one of the periodontics division's full-time faculty members who just so happen to be the Pre-doctoral Program Director. At that point, we had covered a few topics in our periodontics seminars- Advanced Periodontics I, Classic Lit and Current Lit. The idea of being the "perio faculty" on the floor seemed daunting. What surprised me was, in addition to overseeing non-surgical periodontal therapy, I quickly found myself working with the students and faculty from other disciplines in developing treatment plans. I was now "the specialist," and my few years of experience as a general dentist helped me fulfill my role in teaching students the collaborative approach to dental treatment. I was sad to have my stint as an instructor come to an end as the schedule of a VA resident did not allow us to teach at the dental school more than two semesters.

I finished the residency program in 2005 and joined three periodontists in a group practice. For decades, at least one of the practitioners had a presence at the Ohio State University, College of Dentistry (on Tuesdays) and I was expected to do the same. I enjoyed working with the pre-doctoral students; when I left the group and established my own practice, I designed my practice schedule around Tuesdays because that was my "OSU day." At the end of each term, we were given copies of our student evaluations. I clearly remember reading a student's comment stating that what I taught in clinic will be taken to private practice.

Because of comments like this, I began to reflect on my experiences: my PGY-1 year, my hospital-based periodontics program, being an associate in general dentistry, joining a periodontal group, the entrepreneurial spirit of owning my own practice, the collaborative approach to patient care, my part-time clinical faculty position, the business networking groups, the marketing opportunities, community involvement... I realized the lessons learned from the experiences I had since graduating from dental school in 1997 were equally

important as the education I gained from my formal pre-doc and post-doc training. I began to search in earnest for academic positions. I shared my thoughts and aspirations with mentors I engaged professionally, as well as from my dental school and residencies. To some, joining the academic world in my forties may seem like a "new career"... but, in reality, this has been the next adventure in my fantastic journey in dentistry!

I have reached the 1-year anniversary of my full-time academic career. Here are the **top 5 reasons** "It's a great time for me to be on faculty at IU School of Dentistry":

#### 5. **The Campus**

This year's Best Colleges ranking by US News & World Report has named IUPUI #3 as an "Up-and-comer." The location of the dental school on the IUPUI campus and the proximity to the hospitals provide an excellent environment for collaboration with other healthcare disciplines in patient care as well as in research. Thanks to Dr. Michael Kowolik, who has included me in a pilot study with a colleague from the School of Medicine, I am in a position to build relationships to uphold this part of the IUSD mission.

In addition, as an educator, the campus support has been exceptional. During my first attempt as module director for a dental student course, I was impressed by the responsiveness of the professionals from the IUPUI Center for Teaching and Learning. I have also made contacts with peers outside the dental school walls by participation in the Leadership in Academic Medicine Program through the IU School of Medicine.

#### 4. **The vision for IUSD to be "one of the best dental schools of the 21<sup>st</sup> century"**

In contemplating the move to Indianapolis for this position, I determined my values aligned with the

mission and vision of IUSD. Since arriving here a year ago, I have heard Dean John Williams passionately articulate that vision on multiple occasions. How can I be anything but enthusiastic to be a part of this chapter in the history of IU School of Dentistry?

My colleagues and I had the pleasure of teaching scaling and root planning to the DDS Class of 2014 in the new simulation lab last summer. We will have the joy of observing the results when they enter the clinic this summer.

Plans for additional improvements and the expansion of the school's facilities have been outlined. Not only will this help IUSD attract students to the DDS program, our division will mirror the same positive effect in the recruitment of residents.

I also have joined a burgeoning division. I am one of three full-time faculty members who is a new educator. Under the leadership of Dr. Vanchit John, our experiences and interests will be cultivated to support the ongoing evolution of the Division of Periodontics and to help move IUSD in a forward trajectory.

### **3. Professional development opportunities**

The School of Dentistry provides numerous opportunities for development through faculty enrichment sessions, speakers sponsored by the Indiana section of the AADR and other presentations. There have been team-building exercises both departmental and school-wide to facilitate a collegial environment within the dental school.

In a short amount of time, ADEA has been instrumental for me as I develop my skills as an educator. It has been a venue to interact with colleagues from other institutions and to brainstorm regarding challenges that dental education may be facing across the board.

### **2. To have a positive impact on the future of our profession**

The entering class of 2011 was 50% female; and this year's entering class is 56%. When I graduated from dental school 15 years ago, my class was more than 2/3 male. Initially as a dental student and later as a professional, Dr. Ruth Paulson and Ms. Cheryl DeVore were two of the amazing women faculty at Ohio State who I held in high regard. During my residency, I met Drs. Susan Zunt and Dominique Galli; now, as faculty, I find myself surrounded by additional women such as Drs. Chris Guba, Joan Kowolik, and Theresa Gonzalez. All are wonderful examples of the strength of character I strive to emulate as a dental educator.

### **1. The students**

Over the past year, the conversations and interactions I have had with students have reaffirmed my commitment to dental education, the graduates of IUSD and to our profession.

I have fond memories of the teachers and mentors who influenced my professional development. If you are currently involved with IUSD or your nearest dental school, I am sure the students appreciate your dedication. If you have the opportunity to teach in any capacity, I highly recommend it. I can attest that it is a fantastic way to share your time and talent. Through interacting with the pre-doctoral students and the periodontics residents, we can play a key role in promoting and preserving the integrity of our specialty.

Lastly, I wanted to leave you with my suggested summer reading list that provides a little background in the Areas of Excellence in academics:

**SERVICE** (to students):

Tuesdays with Morrie (Mitch Albom, 1997 Broadway Books)

**TEACHING** (knowing your learner):  
Not Everyone gets a Trophy: How to  
Manage Generation Y (Bruce Tulgan,  
2009 Jossey-Bass)

**RESEARCH** (human subjects):  
Immortal Life of Henrietta Lacks  
(Rebecca Skloot, 2011 Broadway  
Paperbacks)

A career in dentistry is a journey. The experiences we have and the people we meet along the route provide us with the credentials to be the teacher, the role model, the mentor. This has been a rewarding and exciting first year as a Clinical Assistant Professor at the IU School of Dentistry. I look forward to where this adventure will lead me!

### **Relevance of Scientific Research in the Context of Periodontics Education**



**Dr. Sivaraman Prakasam, BDS,  
MSD, PhD**

***“Two roads diverged in a yellow wood”***

So begins Robert Frost’s poem ‘the road not taken’. Today as members of an esteemed profession - dentistry, we stand at one such fork, a familiar choice that faced our forefathers almost a century back. History, in all of its inimitable glory is repeating itself, as it surely must. The forked choice that faces us now is, ***should we relegate dentistry to a trade or should we strive to keep it as an exalted profession*** that it has become thanks to the vision and efforts of those who blazed a new

path. Varying forces have brought this germane dilemma forth.

Our lawmakers with their infinite wisdom and in the name of access to care are increasingly trying to make professional dental training irrelevant and want to replace them with trade schools, all with good intentions. The advent of a business model of education has led to the emergence of “for-profit” dental institutions, some of which are in essence pushing a trade school model albeit an expensive one. Unwitting participants in this are our aspiring dentists and future specialists who clamor for a practical education as opposed to useless scholarship activities. Their clamor in part arises from the growing gnawing feeling that is otherwise called as student loans. ‘*Teach me what I need to do and teach me how to efficiently to do it. I need to pay my loans*’, desperate pleas that are increasingly being heard with empathy by dental academicians.

So what is the big deal? Trade or profession what is the difference? Why worry? The answer in part lies in the differences between the two. Trade in this context specifically means a line of skilled manual or mechanical work, which is a necessary, vital and integral part of any society. Profession on the other hand is a vocation that requires intricate knowledge of a field in most cases a field of science. Thus, the key distinction between a trade and a learned profession is that the latter requires scholarship, which is a form of “basic intellectual rigor based on hard to define scientific method” (Bertolami 2002). Donoff describes this distinction, in practice of medicine & dentistry, as the body of knowledge that science provides that goes beyond simple training and that which show students ways of understanding and making sense of the complexity of experience of patient care” (Donoff 2001). Thus as Bertolami points out professional education is about “learning to cultivate more sophisticated tastes and more nuanced satisfactions”. In other words, there is more to dentistry as a profession than just the skill of making a perfect restoration or placing perfectly aligned dental implants or doing beautiful connective tissue grafts.

Recognizing this, and as Bertolami describes, more than a century ago dental leaders took the audacious and deliberate decision to align themselves with the finest institutions of higher learning in the world and thus successfully “transformed a respectable craft into a legitimate profession”(Bertolami 2002). Bertolami further points out that this led to 45 the top 150 institution of higher learning in the US to have a dental school under their auspices (Bertolami 2002). These 45 institutions are for the most primarily research-intensive schools. This of course does not guarantee that the co-located dental schools are centers of excellent scholarship but at the very minimum has guaranteed such a potential. While there are no doubts are questions on the value of research in advancement of patient care, public health and science, the question that does remain what is the necessity of promoting research as part of the dental curriculum? In an interesting and refreshingly candid article a then aspiring dental student from Virginia commonwealth, Mr. Edmunds enumerate some of the values of research integration (Edmunds 2005). He points out that

- It develops critical thinking;
- provides opportunities of one on one mentorship to students
- furthers the research mission of the school and the field;
- allows students to expand knowledge in an area of interest;
- allows students to consider a research career and thus preserving a future pipeline of dental researchers and
- Somewhat less loftier but more practical advantages such as students getting faculty

contacts/recommendations and of course financial compensation

To this comprehensive list, I would add the joys of discovery and problem solving, the ability to understand the scientific method and thus the ability to verify the value and integrate new products and inventions into patient care. Without research I personally would not had the opportunity to do what do I now as an academician or would not have discovered my passion for the field of periodontics.

On the flip side as Mr. Edmunds points out, some students intent on private practice raise this provocative question ‘all that is well and good but research is boring, daunting and is far removed from real dentistry (Edmunds 2005). How do you counter this argument? The easy way out is removing the research integration. That to me is a race to the bottom. With all the respect due to the fabulous car mechanics that make sure I can drive to work every day, removing research would reduce our profession to a craft or a trade. Although there is nothing wrong with that it will/may not work for dentistry as we look forward to amazing leaps in biotechnology that are in the threshold of defying the popular “moore’s law” of computer hardware. Human genome sequencing costs have dropped to the threshold of less than \$1000 and will continue to become more cost effective. Stem cell based organ regeneration is moving forward in leaps and bounds; just this month a lab grown hepatic vein was successfully transplanted in a young patient.

My lunch time ritual involves listening to fascinating talks both at ted.com and tedmed.com. From these talks I am learning about cutting edge advancements in the world of science and medicine. The advancements in medicine are coming at mindboggling pace that many of these leading researchers, engineers and doctors are calling for re-vamp of medical education. In a talk that I heard recently one of the speakers was advocating rethink of organ based diagnosis/treatment to more networks (as in signaling networks) based diagnosis and treatment. The thinking behind that is disruption of normal signaling network leads to

manifestation of disease processes in different organs. One geriatric's researcher made an audacious claim that the first human being to live a 1000 years has already been born. The argument he makes is based on projection of advancements in biotechnology that will enable us to replace organs and body parts when they fail with artificial lab grown ones, or enable us to take advantage of biochemical modification of the body to age slower etc.

If all we learn in dental school or residencies is how to cut and how to prescribe, in twenty years or so when these revolutions come we are going to be left behind. Let's think back twenty years and see how many things have revolutionized dentistry. The biggest change harbinger has been implants. Thanks to implants we have newer biological materials we can use like BMPs, PRP, PDGF mesenchymal stem cell based materials etc. How about restorative materials? Would anybody twenty years back have imagined it?

Consider our own IU role models like Dr. Kepic, Dr. Funakoshi, and Dr. Philips, or the late Dr. Sarbinoff to name just a few that I know of, if they hadn't been trained with emphasis on scholarship and research would they be such great clinicians and leaders of dentistry? Some pioneering clinical research that are considered classics of the field were done here at IU by graduate students under the leadership of great academicians like Dr. Swenson, Dr O'Leary and Dr. Hancock. I have never met Dr. Jones, Dr. Tagge or Dr. Nishimine but I know of them through their research, I have the fortune of knowing Dr. Kepic and Dr. Sarbinoff whose names were familiar even before I met them for the first time. Apart from all the noble and practical reasons I discussed above, isn't there something cool about this tradition of scholarship and research that continues to resonate around the world many years after one has toiled as lowly graduate student or Dental student?

In writing this, I have meandered off the road into the meadows and over the hills, hopefully, showing you the wonders and vast expansive beauty of research. Coming back to the road not taken, in researching for writing

this I learnt a little bit more about the Frost poem. Turns out that Frost in his poem does not advocate taking the road less travelled by and as critics have pointed out, he romanticizes his choice and imagines that he would claim in the future that it was the road less travelled. In some ways maybe that is what I am doing here, I have taken this path of academic research and hence maybe I am claiming that this is better of two, because "it was grassy and wanted wear".

It may very well turn out research will not be part of future dental curriculum. In addition, it might turn out that dentistry continues, despite that or because of that (I doubt it), to flourish as an exalted profession well into the 22<sup>nd</sup> century and beyond. I have to consider the possibility as a person of science. Nevertheless, one cannot deny, that scholarship has to be a part of any dental curriculum. If there are better roads than research towards that goal, so be it. However, I stand by my belief that research as part of dental education is the road less traveled by, and it will have made all the difference and what a great positive difference it will have made. That is my story and I am sticking with it!

#### **References:**

- Bertolami, C. N. (2002). "The role and importance of research and scholarship in dental education and practice." J Dent Educ **66**(8): 918-924; discussion 925-916.
- Donoff, R. B. (2001). "Commentary on Bertolami article." J Dent Educ **65**: 739-741.
- Edmunds, R. K. (2005). "Strategies for making research more accessible to dental students." J Dent Educ **69**(8): 861-863.

### **Department Recognitions**

#### **IUSD Research Day, April, 16<sup>th</sup>, 2012**

Our Department had a great showing at the Research Day. The following people were recognized for their work

**Prof. Lorie Coan and Prof. Pam Rettig received Trustee Teaching Awards.**

### **Shofu Graduate Student Award**

#### **Mohamed KHALED**

Master's Degree Student, Periodontics  
Poster #32: *Resolvin-DI Blocks the Effects of Porphyromonas gingivalis on Human Gingival Fibroblasts*

Primary Faculty Mentor: Dr. L. Jack Windsor,  
Oral Biology

### **Maynard K. Hine Award for Excellence in Dental Research**

(for Best Research Manuscript)

#### **Samira TOLOUE**

Graduate of Periodontics Master's Degree Program, 2011  
Manuscript: *Clinical and Histomorphometric Study of Calcium Sulfate Compared to Freeze - Dried Bone Allograft for Alveolar Ridge Preservation*

Manuscript accepted by: *Journal of Periodontology*

Primary Faculty Mentor: Dr. Steven Blanchard,

**In addition, Dr. Michael Kowolik served as a faculty mentor for Hani Ahdab (Sophomore Dental Student) who won First place in a poster competition.**

### **IN THE DENTAL HYGIENE STUDENT CATEGORY**

#### **Elizabeth A. Hughes Dental Hygiene Case Report Award**

**Melanie DAVENPORT and Matti LYNN**  
Class of 2012

Clinical Case #CC8: *Non-Surgical Therapy on a Patient with Advanced Periodontitis*

Mentor: Prof. Melinda Meadows, Division of Dental Hygiene

### **ADEA ITL**

Dr. Ramos and Dr. Prakasam received scholarships from the American Academy of Periodontology (AAP) Foundation to allow them to participate in the ADEA ITL (see message below). The scholarship award of \$4,950 helps covers the costs of tuition for the ITL.

### **HE IS A HUMANITARIAN**

Dr. Blanchard will receive the AAP's Humanitarian Award at the annual meeting in Los Angeles. Dr. Blanchard was nominated for the award by Dr. Hancock. Congratulations Steve.

Professor Michelle Bissonette (Dental Assisting Division) presented a CE course at the AAE conference in Boston in April, titled "The Art of Assisting - Delivery and Organization"



#### **Elizabeth Ann Hughes**

On August 11<sup>th</sup>, 2011, Elizabeth Hughes passed away. Earlier this year, her son Chris and his wife had a baby girl and named her in honor of his mother. The Queen lives on.

### **Two New Incoming Residents**

In April, Chris Cummings informed us that he would not be joining the incoming class of residents. Accordingly, we set out to add to our incoming group and were very fortunate to land Dr. Navid Rashidi and Dr. Rana Shahi who will be part of the group of 5 new residents. In this issue we get to meet Dr. Rashidi and Dr. Shahi.



**Navid Rashidi**

**1. Brief education background**

I originally did engineering, attended Wichita State University (yes! It is in Kansas, Go Jayhawks!!!) for my masters in Mechanical engineering after getting my B.S. in the same field from my home country. Most recently graduated from University of Michigan with my DDS and will be attending IU for Periodontics.

**2. Which Year in your training**

First year Perio...so take it easy on me

**3. Family**

Mother and father still live back in Tehran, they both come and visit often, have a younger sister that is applying to Dental school this year, I warned her but she doesn't listen

**4. Things you did in school/college that you wish you never did**

Oh boy...I am going to need my lawyer for this

**5. Things you did not do in school/college that you wish you did**

Well...if we are splitting hair, maybe and only maybe I could have studied a little harder for my didactic courses, okay maybe much harder

**6. Your hobbies**

Music: Rap to be specific but also ALL the cheesy super girly hits...you will hear me sing

Hiking

Off-roading...I want to get into racing, used to race back in the old country  
Also hanging out with my dog

**7. Hidden talents**

Still looking to find them...they are very well hidden

**8. What would you have become (professionally/personally) had you not gone into dentistry**

Always wanted to be a F1 driver; Ayrton Senna has been my hero for a long time...

But realistically probably was going to do engineering if it wasn't for Dentistry.

**9. Like/Dislikes**

Like: sense of humor, life is too short...also Manchester United

Dislikes: Kim Kardashian

**10. Why did you choose IU's Periodontics Residency Training Program**

IU offers a great mix of clinical and research experience, also I happen to really like all the faculty and students during my visit to IU, plus a good friend of mine graduated from IU and he has lots of praise for the program

**11. Plans upon graduation**

Only if I knew...it is private practice for now, but again it may change if you ask me next month



**Dr. Rana Shahi**

**1. Brief education background.**

I was born and raised in Los Angeles, California. I earned my BA degree in Psychology in 2004 and MS degree in Oral Biology in 2006 from UCLA. I completed dental school at the University of Illinois at Chicago- College of Dentistry in 2011. After dental school I completed a one year General Practice Residency program at Loyola University Medical Center.

**2. Which Year in your training**

1<sup>st</sup> year resident

**3. Family**

My mother is a Periodontist and practices full-time in California. My father is a retired engineer who spends most of his time helping my mother with her practices. I have an older brother and younger sister, both of whom live in New York. My brother is a director at a hedge fund and my sister is currently earning her master’s degree at NYU in Speech Pathology.

**4. Things you did in school/college that you wish you never did**

Nothing. I don’t have any regret

**5. Things you did not do in school/college that you wish you did**

I wish I had studied abroad

**6. Your hobbies**

Traveling, Reading, Biking, Volleyball, Skiing

**7. Hidden talents**

I am an amateur makeup artist

**8. What would you have become (professionally/personally) had you not gone into dentistry?**

If I wasn’t a dentist, I would most probably become a Psychologist.

**9. Like/Dislikes**

Likes: Food, Sleep, Music  
Dislikes: Bad drivers, traffic

**10. Why did you choose IU’s Periodontics Residency Training Program?**

I had the privilege of interviewing at IU for a position in the Periodontics program after the 2012 application process was completed. I heard of an opening for the 2012 class and jumped at the opportunity. I am excited to work alongside and learn from so many talented Periodontics faculty and residents.

I am also happy to stay in the Midwest. I have really enjoyed living in Chicago and am excited that I will have to opportunity live in Indiana for the next three years.

**11. Plans upon graduation**

I plan on moving back to California to work closely with my mother in private practice. I also plan to teach at a university setting part-time.

**He is a Speaker**

Dr. Tom Kepic spoke to our residents on May 24<sup>th</sup> on the topic of private practice and the challenges facing the practitioner. Thank you Dr. Kepic for always being so giving of your time, you rock.



**Tom Kepic or Don Corleone!!! You decide.**

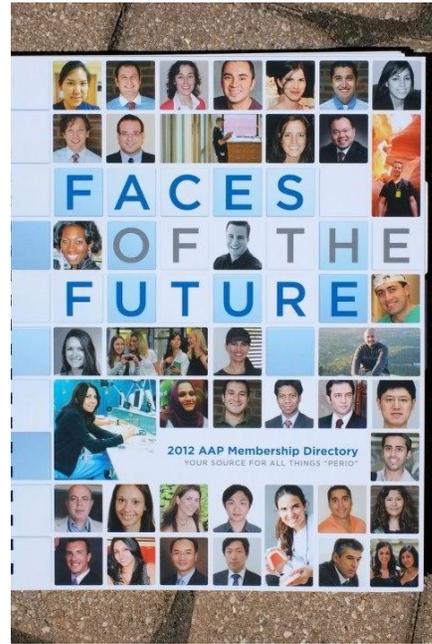


Dr. Kecip with some of the residents

**Indiana Society of Periodontists,** held its annual meeting on June 6<sup>th</sup>, 2012. Dr. Christian Coachman, spoke on “The Pink Hybrid Restoration”. It was a two day event with a Lecture and a hands-on Workshop. Some of the Attendees at the Meeting



## **Faces of the Future- They are our Future**



The 2012 AAP Member Directory was titled ‘Faces of the Future’. It featured 5 current and immediate former residents from our program. They included: Dr. Enrique Cruz, (Perio/Ortho, MSD 2012), Dr. Brittany Lane (2<sup>nd</sup> year resident), Dr. Mahogany Miles (2<sup>nd</sup> year resident), Dr. Mohamed Khaled (MSD 2012) and Dr. Matt Rowe (3<sup>rd</sup> year resident). It is wonderful to see that our program is so well represented among the faces of the future.

## **Oh Baby**

We have had several births in the past month. Congratulations to all.

***Dr. Steve Blanchard and Jane Blanchard*** became grand- parents when James Patrick Blanchard was born on Thursday, June 7, 2012. He is 8 lbs 1 oz.

*Nicole Johnson*, staff member in the Periodontics Division became a grand-mother. Her grandson, Jonathan was born on Wednesday, June 6, 2012, 7 lbs 3 oz

*Dr. Sayij Makkattil* (Second year resident) and wife Sheethu's son, Devajith, was born Monday, May 28, 2012

*Dr. Yusuke Hamada* (Incoming First Year Resident) and his wife had a son on June 10th

*Dr. Krithika Rajkumar* (Incoming First Year Resident) and her husband, Senthil, were blessed with a baby girl born on 6/4/2012. They named her SRISHTI (meaning Creation)

### **Please Call Them Diplomates**

Congratulations to Dr. Samira Toloue (MSD 2011) and Dr. Erez Nosrati (MSD, 2011) who are now Diplomates of the ABP. This is wonderful news!

### **Resident Case of the Month**

We are featuring a case submitted by Dr. Dena Khoury, 3<sup>rd</sup> year resident.

#### **Sub-Epithelial Connective tissue graft: CASE REPORT**

In 1980 prior to PD Miller's classification of recession defects, Langer and Calagna discussed the use of a subepithelial graft to treat ridge concavities. It was later in 1985 that Langer and Langer published their classic article detailing the use of a subepithelial connective tissue (SECT) graft to treat root recession. The technique that was highlighted was intended for wide multiple areas of recession with the advantage of providing a more ideal color match than is typically seen with the use of a free gingival graft.

The patient is a 19 year old Caucasian male who presented to the graduate periodontic department post orthodontic therapy with Miller Class II recession on the facial aspect of #24 and 25. Patient's medical history was non-contributory. Patient reported no allergies and denies use of tobacco or alcohol use.

### **INITIAL PRESENTATION:**



### **SURGICAL PROCEDURE:**

Exposed roots were thoroughly root planed prior to incisions

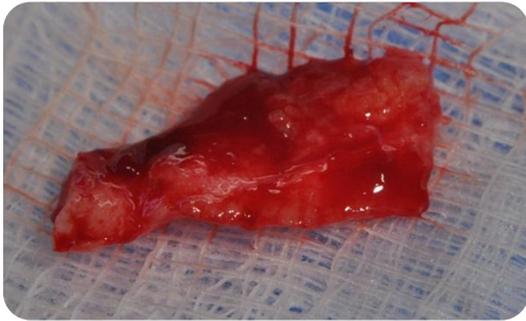
#### **Intrasulcular incisions**



**Split thickness flap reflection** - Upon reflection it became apparent that there was a sufficient amount of hidden recession and substantial amount of prominence to the exposed roots. The prominent roots were reduced with the use of a back action chisel.

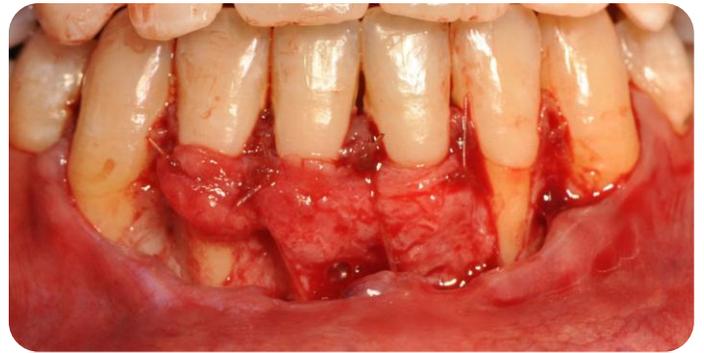


## Donor site and Harvested Connective Tissue Graft



Graft was trimmed to remove adipose deposits and create a uniform thickness to avoid any dead space once placed in recipient site. Hemostasis was achieved at the donor site with pressure and moist gauze. The palate was sutured using 5-0 chromic gut.

**Recipient site:** Connective tissue graft was placed on recipient bed and sutured using chromic gut with both interrupted and periosteal strapping sutures to maintain stability of graft placement. The majority of the graft was placed on the exposed



**Flap closure:** Flap was placed coronally over the graft and sutured using 6-0 polypropylene with a combination of interrupted loop and sling sutures to maintain position of the flap.



## 1 Month Post-Op



## **Graduation Party**

We held the graduation party for our residents on April 28<sup>th</sup> at the Osteria Pronto restaurant at the JW Marriott Hotel in downtown, Indianapolis. Dr. Au-Yeung, Dr. Christman and Dr. Khaled were the three residents graduating from our program. Congratulations to all 3 of them. Dean Williams and his wife Lucy joined us for this celebration. It was a great evening and everyone had a good time.



**Dean Williams spoke**



**Dr. Jason Au-Yeung received the Henry M. Swenson Scholarship for Clinical and Didactic Excellence**



**Dr. Khaled with his wife and parents**



**Dr. Christman and his girlfriend**



**Dr. Young Eun Kim (DDS 2010- Jason's fiancé), Dr. Jason Au-Yeung, Dr. Hancock, Jane and Steve Blanchard**



**Dr. Newell and Dr. Robbins talking to Dean Williams**



**The Food was excellent**

*Thank you Dr. Hancock for the pictures*



**Dr. Blanchard, Dr. Reef, Dr. Abukhalaf and Dr. Lane**



**Jamie Fields and Jane Blanchard**



**Dr. Christman, Dr. Makkatil, Ivy and Dr. Hassan**



**Everyone enjoyed themselves**



**Kay and Eric Rossok and Dr. Prakasam**



**Dr. Michael Kowolik and Dr. Joan Kowolik**

**Upcoming Events**

AAP Meeting, September 29<sup>th</sup>-October 2<sup>nd</sup>, Los Angeles, CA

IUPAA Meeting, October 1<sup>st</sup>, 6:30-8:00 at the JW Marriott in LA

**Emergency Drills**

June 26<sup>th</sup> - Second Year Residents- Syncope and Sudden Cardiac Arrest

July 31<sup>st</sup> - Third Year Residents- Syncope and Stroke

August 28<sup>th</sup> – Faculty- Syncope and Seizure



**Dean Williams and Lucy Williams with Dr. Matt Rowe and his girlfriend**

**September 25<sup>th</sup> – 1<sup>st</sup> Year Residents- Syncope  
and Acute Hypoglycemia**

**Calibration Sessions**

7/17/12- Stephen Towns

8/2/12- Siva Prakasam

9/13/12- Elizabeth Ramos

10/11/12- Steven Blanchard

11/20/12- Carol Walters



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