



Courtesy of Dr. Craig Thiessen

# Healey's Comments

INDIANA UNIVERSITY SCHOOL OF  
DENTISTRY—ENDODONTIC ALUMNI

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## Featured Article: Dr. Carl Newton Receives AAE Award

Mychel M. Vail



Dr. Carl Newton received the Edgar D. Coolidge Award at the last AAE meeting in San Diego, CA. This prestigious award is given to an individual who has displayed leadership and exemplary dedication to dentistry and endodontics. Carl was recognized for his continuous service on the AAE, AAE Foundation, ABE and College of Diplomates for the past 23 years!

Carl's extensive involvement with the AAE includes being past president for our association from 1998-1999. During his tenure, his significant contribution was the evidenced

based endodontics initiative. He became the chair of the first Endodontics Based Endodontics Standing Committee which subsequently resulted in a requirement in the CODA Advanced Specialty Education Guidelines in Endodontics and CONSORT writing policy of the Journal of Endodontics.

*"I am very proud to be an IU Graduate. It is humbling to have an opportunity to repay my debt to the past and invest in my future at the same time by serving these organizations, and suddenly find myself next in line for an award!"*

Dr. Newton also served on the ABE as secretary from 2003—2006 and as ABE President in 2009. During his time, four significant changes were instituted:

- Eliminating the 4-year identity requirement to prevent any delay following graduation. This allows completion of all three exams so one can become board certified within one year and several have achieved this.
- Allowing residents to take the written examination in the last year of their training program and utilization of multi-day and multi-site testing centers for the electronic administration of the written examination.
- Enabling the seasoned clinician to initiate the certification process by submitting their case portfolio first (Track II), extension of eligibility to permit the

re-establishment of eligibility to two times for qualified candidates who may have timed-out and lost eligibility.

- Eliminating the 1-year recall requirement for the categories of DIAG and MED COMP in the case portfolio.

Dr. Newton has been approved by the ABE to continue as a counselor for another year to consult at their Board Meetings and as an alternate examiner for the oral exam, if needed. He has extended his expertise in advising our Indiana Endodontic Alumni who are in the process of board certification.

Indiana has been and continues to be a contributor to the AAE Foundation due to Carl's efforts as a trustee. In addition, he also has served on the Journal of Endodontics Advisory Panel and is an official spokesperson for the AAE.

Locally, Dr. Newton has served as Chairman of the Endodontic Department and continues to be an active part-time faculty member. Carl lectures to the predoctoral students and teaches an Advanced Endodontic Seminar to our graduate endodontic residents.

Carl is very driven to volunteer his time and talents and we, as endodontists, have benefited greatly from this. Please congratulate and thank Dr. Newton for all his efforts in helping our profession!

### Inside This Issue

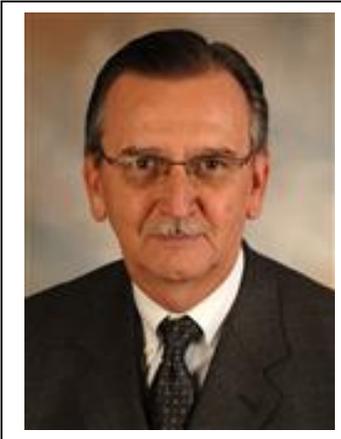
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Dr. Newton and his family enjoyed celebrating Edgar D. Coolidge Award at the Harry Healey Reception in San Diego, CA

## Do We Need to be Concerned About Implants???

Kenneth J. Spolnik



This is a question that our residents in endodontics are asking as they pursue their endodontic specialty degree. One of the reasons they are asking this relevant question is that there appears to be a "crisis in confidence" related to root canal therapy. We see this attitude in many dental schools, particularly on the undergraduate level where routine endodontic cases are not endodontically treated, but extracted.

Part of the problem is that inaccurate information is being taught by other departments in the schools relative to success rates and longevity of endodontically treated teeth. Implant lecturers and manufacturers are telling students and general dentists that root canals fail more often than implants. They are also being told that endodontically treated teeth will ultimately be replaced by implants, so why not do implants from the beginning instead of endodontic treatment? Because of these misconceptions,

there is a decrease in the number of endodontic procedures being performed especially on teeth with periapical pathoses.

To answer the question, "do we need to be concerned about implants," the answer is no. Implants are not a threat to endodontics. General dentists doing great endodontic therapy are not a threat to endodontics. The real threat to endodontics is the misinformation that is being disseminated

by lecturers and manufacturers about the success rate and longevity of endodontically treated teeth.

Numerous studies<sup>1-3</sup> have shown that the success rate for single-tooth implants is no different than endodontic treatment. However, Hannahan and Eleazer<sup>4</sup> showed that implants had more interventions after placement than teeth that were endodontically treated. Therefore, patients had more time and expense after implant treatment than after endodontic treatment. We are in the business of saving teeth! Implants are a great alternative for patients who are edentulous or have teeth with a poor prognosis. In general, our patients want to save their teeth. Our mandate should be the preservation and rehabilitation of the natural dentition whenever possible. Our department has given numerous presentations to both pre-doctoral and graduate students in other departments on the success rate of well done

endodontically treated teeth. We also feel that endodontists need to be on the "implant treatment planning team" so that patients can be given options regarding their teeth.

The "Principles of Ethics and Code of Professional Conduct" is our promise to society to do what is best for our patients. One key element of this ethical code is the need to involve the patient in the decision making process during treatment planning. Treatment that is not evidenced based and not in the best interest of the patient is unethical! Inappropriate treatment, such as performing endodontics on nonrestorable or periodontally hopeless teeth or placing an implant when the natural tooth could predictably be retained, would be considered unethical.



Implants are osseointegrated with no mobility and inflammation.

As endodontists, we need to strive for "simply the best" in all our treatment procedures in order to maintain our position as the dental specialty to turn to for people who want to keep their natural dentition.

### References

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2. Salehrabi R and Rotstein I. Endodontic treatment outcomes in a large patient population in the USA: an epidemiological study. *J Endod* 2004;30:846-50.
3. Iqbal M and Kim S: Single-tooth implant versus root canal treatment and restoration for compromised teeth: a meta analysis. *Int Oral Maxillo-facial Implants* 2007;21:96-116.
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Implants and NSRCT both have high success rates, but treatment decisions should be based on additional factors such as restorability, costs, esthetics, potential adverse outcomes and ethics.

## Featured Staff - Renée Roberts

Dianne Heid

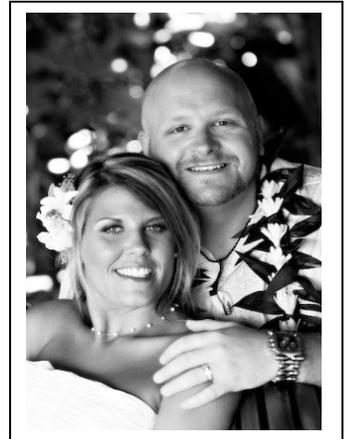


Renée's introduction to IUSD as a temporary assistant required this small-town country girl to move outside her comfort zone and drive to the big city for the first time.

Renée began her career in 1997 as an endodontic assistant advancing to the Pre-Doctoral Endodontic Coordinator position in 2000. One of her main roles is organizing the schedule for all 200 pre-doctoral students and our full and part-time faculty. In addition, she is the master of assuring rules are not broken and keeping the clinic in tip-top shape. She also plays an integral part in assisting Dr. Legan in the Pre-doctoral labs and lectures.

Renée married Brock Roberts on a beach in Hawaii in 2008 and they became homeowners in 2009. Renée enjoys spending time with her husband and their two dogs, Franco and Peyton, swimming in their pool, going to the gym, and shopping until she drops.

Renée says one of the highlights of her job is guiding nervous dental students through their first experience in the Department of Endodontics.



Renée and Brock on their wedding day

## Residents - Class of 2011

Charles F. Hine

The Class of 2011 is unique because it is the first class to spend both years of the graduate program under the leadership of our new director, Dr. Ken Spolnik.

**Dr. Joyce Nazzal** was born and raised in Cairo, Egypt. She moved to Texas in 1999 and attended the University of Texas in Arlington graduating with a BS in Biology. She continued her education at the University of Texas Health Science Center in Houston where she received her DDS. Joyce then entered a one-year GPR at the University of Texas Health Science Center in Houston where she worked with recent graduate, Ben Ricketts. While Joyce has enjoyed living in Indianapolis during her endodontic training at IUSD, she plans to return to Texas following graduation. Her favorite activities include painting, cooking, skiing, running, and traveling around the world.

**Dr. Haris Iqbal** grew up in Lahore, Pakistan. His family came with him when he moved to the US to attend college. He graduated from Grinnell College in Iowa and then moved to

Indianapolis to attend dental school. After dental school, Haris completed a GPR at Harvard and enjoyed the year he lived in Boston. He loves to travel the world, which is exemplified by his desire to master many languages—currently Urdu/Hindi, Punjabi, Arabic and English. Haris is not sure where the future will lead him, but plans to associate after graduation.

**Dr. Beau Brasseale** is an Indiana native growing up in Evansville. If the name sounds familiar, it is because he is the younger brother of our own Krie Brass-eale who graduated from the endodontic program in 2002. After earning a degree in biology from Wheaton College in Illinois, Beau returned to Indiana to obtain his DDS at IUSD. He completed a GPR at Roudebush VA prior to entering the endodontic program. Beau is currently unsure where he wants to practice after graduation, but admits his decision may be influenced by his girlfriend, Jane, who recently completed her training to be a physical therapist. Beau loves outdoor activities such as camping and running.



Beau Brasseale

Haris Iqbal

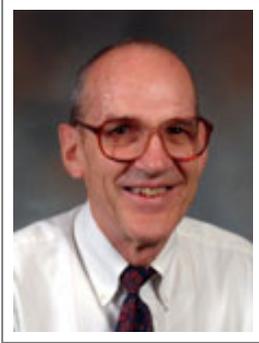
Joyce Nazzal



Our residents on surgery day with Dr. Spolnik

## Pre-doctoral Program Update

Joseph J. Legan



Joseph J. Legan  
Pre-doctoral Director

The Class of 2010 Pre-doctoral Endodontic Program had another successful year. We had a 94% pass rate for those who participated in the NERB this year. I prepare the students for the exam by giving them an overview of the theory of endodontics and this results in a favorable outcome.

I maintain high standards for students, but they have to remember that their experience in their pre-doctoral training is minimal. Graduation requirements for Endodontics have changed from number of teeth to 10 canals. Due to a decrease in availability of patients, I have instituted a "Dexter Simulation Program" where the

students are asked questions regarding a treatment scenario and are required to treat "Dexter" in the Pre-doctoral Clinic using digital imaging and all endodontic conditions as if "Dexter" was a live patient. This allows us to maintain the 10 canal requirement rather than reducing the number of canals required.

The grading criteria are objective and in the event a student falls below 70%, he/she is required to remediate and may not treat patients until the remediation is completed. With the rise of implants we have had more of a presence with the Pre-doctoral students outside of my endodontic course.

Our graduate residents are also an integral part of the pre-doctoral training. They continue to give lectures and now have been a part of *Rounds* for small group endodontic discussions. In addition, Drs. Spolnik and Vail lecture to the seniors prior to graduation on the topic of "Success Rates in Endodontics" and Dr. Beau Brasseale gave a lecture on "Treatment Plan Decisions in Endodontics."

I have taught Pre-doctoral Endodontics for over 20 years and I hope to instill in these students the basics of Endodontics so that they can accomplish uncomplicated root canal treatment in their private practice.



Dr. & Mrs. Legan enjoying the annual Harry Healey Reception in San Diego, CA

## Spotlight on the Alumni - Class of 1999

Dianne Heid

**Dr. James Duncan** (Jamey) practices with Dr. John Slavens at office locations in Nora and Yorktown, Indiana. Dr. Jay Higgins, a former partner in the practice, has retired this year. Jamey is married to Jami (Warner) who is also an IUSD alum.

They have an 8 year old daughter, Haley, a four year old son, Drew, and a French bulldog puppy named Buckley. Jamey enjoys bass fishing and helping the environment by recycling.

While he values the training he received from many mentors, he has a special regard for Dr. Brown's influence. Fond memories of his residency include the camaraderie and golf he shared with his classmate, Dr. John Myers.

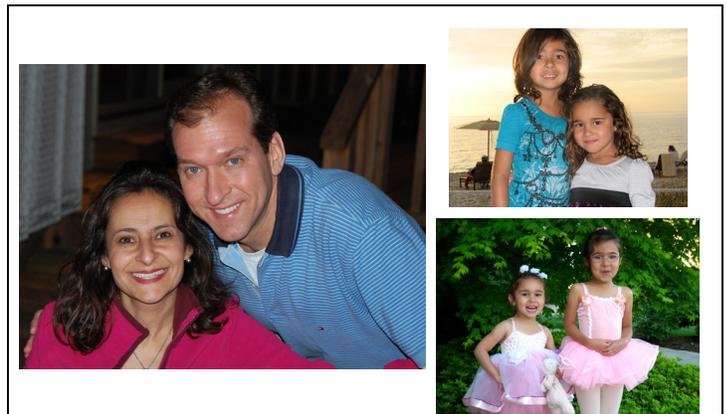
**Dr. John Myers** has had a solo practice in Kettering, Ohio since graduating from the endodontic program. He is married to Arshia, also a DDS graduate from IUSD. They are the

proud parents of two daughters; 8 year old Elise and 5 year old Libby. John enjoys swimming with his family and the occasional game of golf or tennis.

Reflecting upon his residency, he remembers it as the best two years of his life because the classes were geared toward what he wanted to do. He, too, mentioned the camaraderie with Jamey as an added benefit of the program.



Drs. James and Jami Duncan and daughter, Haley (8) and son Drew (4)



Drs. John and Arshia Myers and daughters Elise (8) and Libby (5)

## Brief: Reflections of an Old Director

Cecil E. Brown

In the past three decades, our specialty has enjoyed great success. This has resulted in an abundance of applications for our graduate program. Selections from these candidates, while difficult, are done fairly and with great thought.

Graduate students come to us with a variety of backgrounds and our job is to transfer our knowledge and skills to them. This is a complicated task. Each student is different, but all of them have already demonstrated academic and personal achievements.

The philosophy of teaching has changed through the years. Here are just a few of the things that are stressed in the program.

1. As Carl Newton has said, "Becoming an endodontist involves more than stuffing rubber." While endodontic procedures are technically difficult, learning comes from hands-on experience and might be the easiest to teach. The philosophy of gentle guidance without condemnation is used in stressing the importance of clinical excellence. This philosophy stems from experienced faculty. We've all been *there* and realize that making someone feel bad when teaching is not a fruitful method.

2. A quick transition from the "dental student" mode is needed. Dental school somehow nurtures a detachment from the patient, probably stemming from the hunt for "Requirements" and the stress of early clinical experiences. While some of our graduate students have experienced private practice, the majority of them come to us from GPR programs and have lived within the umbrella of an institution. Stressing to them that the patients they will treat should be considered *their* patients is of great importance. While the faculty is

always available, the responsibility of care belongs to the student

3. Teaching graduate students to *listen* to the patient's complete history is sometimes a challenge. In reviewing a case before starting treatment, a graduate student once told me the patient's history was negative. When I pointed out that the patient had no legs and asked how he lost them, the student realized his assessment was not as complete as it should have been. A patient once told me, "Man, I haven't felt this good since I got out of the hospital for rheumatic fever," just after, as a young dentist, I had extracted five teeth. The patient and I both lived. I was wiser.

4. Researching for information is the responsibility of the graduate student. Interactions of medications and patients' histories should be completely reviewed and researched *before* presenting the case to a faculty member. Only then can the graduate student better understand the advice the faculty will give. Occasionally, I would ask a student, "Which do you think would be a better learning experience, for you to look it up and tell me, or if I look it up and tell you?"

An appropriate response to painful patients has to be taught. In most training programs, painful, unscheduled patients are sent to the endodontist or oral surgeon and management of these patients is passed along. Training graduate students to understand that, as endodontists they will be the *end* of the referral chain is important.

Each patient is different, each infection is different, and the management of these cases is oftentimes complicated. Pain is a serious part of our specialty and must be properly managed. Empathy should be the first ingredient and, some

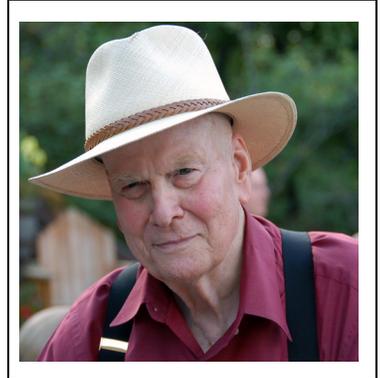
times, is the hardest to teach.

6. Personal finances and practice management have been addressed in our program in recent years. Ken Spolnik schedules seminars with financial consultants and practice managers to address these issues. Ken is a great resource in this area, too. This is an important part of life and is usually overlooked in teaching programs.

7. More important than financial matters is the family. A specialty practice is complicated and demanding and "The Boss" can easily be consumed by it. We try to imbue the importance of family. We recommend graduates start their practice with a four-day week and devote the other days to the ones who matter. This might be the most important thing we can pass on to our students. As an old man, I could write a book about this subject, but I won't bore you with my mistakes.

8. Having graduate students leave with excellent clinical skills is imperative. Having them leave with confidence and good thoughts about themselves is as important. The purpose of our program is not to graduate a good student, we want to graduate a specialist; we want to graduate a colleague. Teaching is, by far, the richest thing one can do. Twenty-three years in the Air Force and twenty-two years as Graduate Endodontics Program Director at IUSD have given me great rewards.

I haven't always been successful in my goals, nor have I been the perfect mentor, but I will forever enjoy the friendships that have resulted from my efforts. I urge any of you who have the chance to teach, to share your experience and knowledge with others, and I know you will enjoy the rewards I have enjoyed.



Cecil E. Brown  
Director and Chair—1986-2008

***"I urge any of you who have the chance to teach, to share your experience and knowledge with others, and I know you will enjoy the rewards I have enjoyed."***

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Drs. Gideon, Glassley, Binkley, and Risser



Drs. Brian & Misti James and Dr. Theo Aneziris



Dr. & Mrs. Jay (Aileen) Higgins



Mrs. Oldag, Drs. Deardorf, Kajjoka, Brandys, and Oldag



Classmates Drs. Mychel Vail and Cary Orton



Drs. Ed Kaminsky and Scott Norton

Sunny San Diego, CA at the Manchester Hyatt and Convention Center was the 2010 gathering for the Harry Healey Reception. Many of our colleagues were in attendance including Drs. Allen, Aneziris, Arens, Baldassano, Brandys, Christiansen, Deardorf, Gideon, Glassley, Higgins, James, Kajjoka, Kaminsky, Legan, Magura, Min, Newton, Norton, Oldag, Orton, Pfothenauer, Putnam, Risser, Sahni, Sakamoto, Saloum, Spolnik, Vail, Woods, Yee, and of course, our residents, Drs. Barney, Binkley, Brasseale, Iqbal, Nazzal, Ricketts and Thiessen. Dr. Newton was acknowledged for his prestigious AAE Edgar Coolidge Award and was presented

with the Harry J. Healey Endodontic Achievement Award. This year's elected Harry J. Healey Endodontic Study Club President is Paul Ley, Vice-President is Mindy Van, and Secretary/Treasurer is Ken Spolnik. Next year's Harry Healey Reception will be held San Antonio, Texas on April 14, 2011. Letters will be mailed to inform you of details for the gathering.

We greatly appreciate our Endodontic Community. Your generous donations are critical to the quality and level of graduate education that our program is fortunate to maintain. Thank you for your continued support!



Dr. & Mrs. Carl (Linda) Newton

## News and Notes

### Births

- Elizabeth Miller and Stephen Holka welcome twins: Miles and Henry Holka on 04/27/2010
- Curt and Sarah Warren welcome Justin Nader Warren on 7/29/2010

### 2010 Practice Moves

- Steve Binkley opens Binkley Endodontics, located in Louisville, KY
- Jason Barney joins Kathy Stuart in Advanced Endo Care, Indianapolis, IN
- Ben Ricketts joins/establishes practice in Denver, CO
- Craig Thiessen opens Thiessen Endodontics, located in Wausau, WI

### IUSD Welcomes:

- Dean John N. Williams - New Dean of Indiana University School of Dentistry
- Dr. Ygal Ehrlich - Full-time faculty member in the Department of Endodontics

### Retirements

- Drs. Jay Higgins, Paul Mace, and Carl Newton retire from full-time private practice.

### IUSD Website

- Donor Honor Roll 2009-2010 - Thank you for all of your contributions.
- New Case Reports - Drs. Barney, Binkley, and Ricketts. Dr. Binkley receives IDA Best Clinical Case Report Award.
- Thesis Abstracts are posted.



**INDIANA UNIVERSITY**  
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Department of Endodontics

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