

ALUMNI BULLETIN

NS Volume 4, Number 1
Fall 1989



Indiana University
School of Dentistry

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On the Cover

Heading IUSD's new Facilitator Program is Dr. Donald R. Tharp, associate dean for clinical affairs (image at left in mirror), posing here with fourth-year class president Owen Forbes. In this issue of the *Alumni Bulletin* Dr. Tharp talks to us about the dental school's new approach to helping students meet their clinical requirements. Each of the school's 12 facilitators and several students offer their views on the program as well. Story begins on page 2.

To prepare the cover of this issue, IUSD photographer Mike Halloran solicited help from Linda Nunley, an employee in the office of clinical affairs. For the first photo, Linda held an oversized mouth mirror that Mike received years ago in a dental photography kit. A second photo was snapped of Dr. Tharp and Mr. Forbes through a wall mirror in Dr. Tharp's office, which reversed their images. IUPUI graphic designer Diane Alfonso then cut a circular patch from photo #2 and dropped it into the mouth mirror in photo #1.



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Alumni Bulletin
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24 Helping Hands

SUSAN CRUM

Finishing "on time."

As phrases at the Indiana University dental school go, this one gets more mileage than most. It refers to completing clinical requirements by graduation day.

For incoming dental students, the significance of finishing on time hasn't yet sunk in—under the weight of a gargantuan didactic load, they barely have time to bone up for tomorrow's biochem exam, let alone contemplate something as remote as graduation. The clinics remain, for the time being, an inviting, intriguing mystery.

By the end of their second year, however, dental students have had a taste of the clinics, and most are trying the phrase on for size. The voice of inexperience is full of confidence: "I've got it planned so that I'll be out of here in May of my senior year for sure."

Third-year students, by now up to their face masks in clinical cases, have been privy to enough hard-luck stories filtered down from upper classmen to realize finishing on time is not always a bird in the hand. When they speak of getting done by graduation, their words are often accompanied by the soft rapping of knuckles on wood.

With good reason. Because every January, year after year, despite everyone's best intentions, a disheartening scenario plays out at the dental school for more than a few fourth-year students: they return from holiday break, pull out the calendar to count the number of weeks left in their program, and watch as their hopes of completing clinical requirements in time for graduation dwindle—then vanish completely. It is a lesson in exasperation not only for these students, who will not add three letters behind their names on graduation day, but also for the faculty members who have worked with them for the last two years.

The fact is, finishing clinical requirements by commencement is perhaps the biggest bear nearly every

dental student wrestles during the four-year predoctoral program.

A few months after members of the dental school's Planning Committee asked themselves how they could help dental students accomplish clinical goals in a timely manner, they received the go-ahead from the Faculty Council to initiate a program that reaches out to Indiana University dental students as never before. Helping hands were extended in the fall of 1988—12 pairs, to be precise.

Under the guidance of Dr. Donald R. Tharp, former chairman of dental practice administration and director of TEAM Clinic, a dozen clinically oriented professors were chosen from the full-time faculty to serve as clinical facilitators for all third- and fourth-year students.

"We view the Facilitator Program as an effort on the part of the faculty to assist dental students in managing and treating their patients, and learning clinical dentistry," says Dr. Tharp, who was appointed associate dean for clinical affairs this year. "From there, you can broaden the definition umpteen different ways. Rather than sending students out there by themselves to learn one of the most vital lessons about dentistry—working with people—we intend to be there for them along the way."

Assisting Dr. Tharp with duties in the office of clinical affairs is Linda M. Nunley, instructor in dental practice administration and former faculty member in TEAM Clinic. Pamela J. Elliott, who used to work on the Fort Wayne campus in the office of program development and extramural programs, serves as Dr. Tharp's administrative assistant for the extramural programs.

When Dr. H. William Gilmore, dean of the IU dental school, and Mr. James R. Levens, IUSD director of administrative and financial affairs, visited the University of Tennessee's dental school in 1987, they observed a model Facilitator Program in action. In that system dental students work in their own operatories under the supervision of one clinical faculty member,

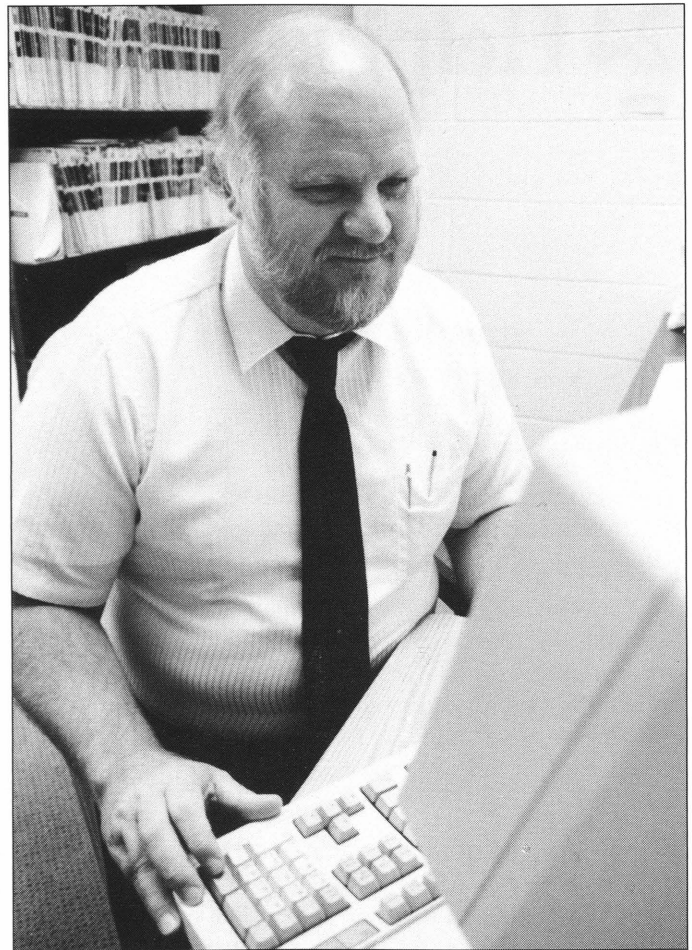
Former teammates in TEAM Clinic, Linda M. Nunley and Dr. Donald R. Tharp now share responsibilities in the Office of Clinical Affairs, where the Facilitator Program is supervised.

who is responsible for looking after a small number of students for the entire year. "Tennessee's method is successful," says Dr. Tharp. "And when our Planning Committee heard about it, we agreed the system would be ideal for us—it eliminated the necessity of students having to move from clinic to clinic. Before long, however, we realized that such a system would not be possible at IU—the number of students we have, the number of dental units, and the physical layout of our building prevent it, at least for now. So we began to look at alternative solutions, and finally came up with a program we believed would work for us."

To select 12 facilitators from a full-time faculty pool of more than 100 teachers, Dr. Tharp says that he and Dr. Gilmore searched for clinicians who had demonstrated a serious interest in the welfare of students. "We weren't looking for any certain personality type—you can tell that from the cross section included in the group. We just wanted people who we felt really cared about students, people who could develop mentor relationships. We also tried to make sure most clinical areas were represented."

Potential facilitators were offered no perks to take the job, although every person asked to participate said yes. They receive no financial compensation for the extra hours they devote to counseling—estimated by some to be about a half-day each week—nor any reduction in their clinical duties. "Facilitating is squeezed in on top of all their other tasks as faculty members," Dr. Tharp says. "We are asking a lot from them, and they sometimes get frustrated because they don't have time to deal with everything as they'd like. But when I asked each of them to stay on for a second year, they all agreed. I think that says something about the kind of people involved in the program."

In essence, the Facilitator Program is a highly structured, streamlined version of the school's longtime counseling system, which pairs full-time faculty members and dental students. (That system remains in effect for first- and second-year students.) "All of us involved with the counseling program over the years have been well aware that it has not been as



Dr. Michael Stropes searches his computer file to match dental students in need of graduation requirements with patients in need of dental care.

effective as it could be," says Dr. Tharp. "As you might expect, when it's left up to busy students and busy faculty members to find the time to get together, that rarely happens! Another problem was that students often were assigned to a faculty member who was not a dentist or whose background was nonclinical."

Each third- and fourth-year student is assigned to a facilitator, but participation in the program is not mandatory. Guidelines provided to facilitators are very general. "We ask the facilitators to focus on students' clinical progress and have otherwise given them free rein to go about their jobs as they see fit," says Dr. Tharp. "After all, most of these faculty members have been dealing with students for a long, long time. Dr. John L. Nurnberger, distinguished professor emeritus of psychiatry at the IU School of Medicine, has addressed the group twice. We are careful not to venture into students' personal problems. None of us is qualified to counsel individuals who are emotionally disturbed and in need of professional help. There is a referral service on the IUPUI campus should a student require psychiatric help."

Assigning of facilitators has been intentionally timed to coincide with the students' first major plunge

into the clinics at the beginning of the third year. For the 1989-1990 academic year, the program includes second-year students as well. "At the recommendation of both students and facilitators, I've put the sophomores into the program on a limited basis," says Dr. Tharp. "Each facilitator is assigned about 12 students, with the exception of Dr. Glen Sagraves, who is now responsible for the entire second-year class. He can manage the whole group because clinical requirements are so few at this point. While these students keep their regular counselors, Dr. Sagraves is helping them get their feet wet, clinically speaking, by explaining clinical requirements, department schedules, etc."

The Facilitator Program represents another example of the dental school's efforts in recent years to fine-tune a predoctoral program designed to introduce students to the clinics as soon as possible and expose them to a broad range of clinical experiences. In 1986, a policy for mandatory clinical attendance was implemented that now requires third-year students to use the clinics 67% of their available time, and fourth-year students 70% of available time. "Those percentages are not excessive," says Dr. Tharp. "If you don't do any better than that in practice, you've got a real problem. And once requirements have been met, mandatory attendance drops to 50%; students then have time for other pursuits, such as looking into practice opportunities."

The school has been gravitating, albeit gradually, toward a comprehensive patient care system that enables student/patient relationships to more closely parallel the dentist/patient relationship found in actual dental offices. Whenever feasible, students are responsible for total treatment of all patients until graduation. They are expected to see each of their patients at least once every two weeks. Third-year students, still enrolled in a considerable amount of didactic course work, are allowed to have about 18 active patients, and fourth-year students see a maximum of 22 or so.

Like any other set of rules and regulations, on paper these appear to be reasonable, easy enough to comply with, clearly "black and white." Add an ele-

ment of human frailty to this picture, however—the foibles of students, faculty, staff, and patients—and the canvas is soon awash in a thousand shades of gray.

"Mastering clinical skills is not a problem for students," says Dr. Tharp. "Where they run into trouble is in the management of their patients. The facilitators are there to try to help students become good managers of their time and their patients."

To fully comprehend the counseling challenge facing each facilitator, multiply 12 students times, say, 15 active patients, and you'll begin to get the idea. To be effective in their new roles, the facilitators clearly needed some help of their own. It comes to them, monthly, in the form of a Clinical Achievement Report. The computer-generated printout, which is also issued to the student, contains a blow-by-blow account of virtually every clinical activity the student has had a hand in since coming to the dental school. The report leaves little to the imagination: it lists every required dental procedure, every patient assigned to the student, the student's progress in each area, and the class average in same. If a patient has not been seen for 30 days, facilitators are tipped off by an asterisk appearing behind the patient's name.

The Clinical Achievement Record is an impressive outcome of the school's longtime effort to computerize patient records and cash operations, a multi-faceted project spearheaded by Mr. Donald O. Booth, IUSD fiscal officer for clinics/student services. Students are credited for their work—and graded—when procedure numbers written on their transaction tickets are punched into the computer cash register. Errors are relatively few, thanks to a first-rate staff of dental school cashiers supervised by Mrs. Evelyn R. Ritter—and mistakes are quickly caught and corrected, since the computer sheets are mailed out once a month. With the new system in place, students hot-footing it to Associate Dean Bogan's office with panicky questions on the Friday afternoon before commencement weekend (i.e., "*What do you mean I'm not cleared in endo?? I've been finished up there for almost a year!!*") should be a thing of the past.

Procedural codes that the cashiers plug into their machines tell virtually the whole story. They produce a monthly attendance report that red-flags any student who has not been putting in the required amount of time in the clinics. "If patients fail to show for appointments," Linda Nunley says, "we have a list of places where the students can go during that period so that they don't lose credit for clinical attendance—for instance, they can assist in perio or endo surgery, and turn in clinical attendance credit for that experience."

According to Dr. Tharp, the computer soon will be able to blow the whistle on yet another longtime problem at the school: double-booking. "The computer will cross-check appointments throughout the school," he says, "and kick out the names of students making double appointments. This has been a trouble spot, especially in prosthodontics, for years. That clinic runs at about a 50% cancel/failure rate—perhaps 20% of these appointments are legitimate, and the rest are students who never had a patient to begin with. We are hoping the computer will help us to eliminate multiple sign-ups."

In addition to providing dental students with minute detail regarding their progress, records issued from the office of clinical affairs serve as the meat and potatoes for discussions between students and facilitators. Instead of rallying behind students with abstract pep talks or dressing them down with vague admonishments, facilitators are able to offer pertinent comments that focus on the individual students and their cases: "*I see that you haven't had John Doe in for an appointment for more than a month.*"—or, "*You've made quite a bit of headway in prosthodontics since last month—nice job. How did the delivery of Mrs. Smith's partial go?*"

Matchmaker, Matchmaker

Down the hallway from Dr. Tharp's office, other busy computers are humming away these days. Dr. Michael Stropes, director of patient assignment and admissions, spends his days matching students with

patients. There are 137 students altogether in the third- and fourth-year classes. On the day of our visit, Dr. Stropes has 858 people in his patient pool who are ready to be assigned. The office is hopping, in part because of a computer program created by Dr. Stropes a year and a half ago that permits students to come in at their convenience and place requests for new patients by typing their "order" onto a computer screen.

Dr. Stropes, who was formerly a faculty member in prosthodontics, views the system as quick, efficient, and equitable. "When I first took this job," he says, "a student might come in here requesting a gold foil patient, for instance. Typically, we didn't have one since there is often a shortage of these patients. The way the system was set up at that time, the student would have to keep coming back to check with us day after day on the availability of the patient. Then, if another student also in search of a gold foil happened to show up on the day one became available, he'd get it, even though the other student had been asking for weeks. It was totally unfair. Now, with requests stored in the computer, the student whose name is on top of the list always gets the next available patient. Except for busy periods, like now, with fall semester starting up, we usually can fulfill a request within a day or two." Dr. Stropes makes initial assignments at the beginning of the students' third year; thereafter, he assigns only what students request for themselves.

The system has been working well, but it isn't perfect. A patient's general dental needs are now determined during a very brief preliminary screening exam conducted by faculty members. The information that is entered into the computer sometimes changes by the time radiographs are made and the student conducts a treatment plan; a partial denture may actually wind up being a full denture, for example. "The preliminary appointment gives us a ball-park idea of what is needed," Dr. Stropes says. "If a patient's actual treatment plan turns out to be radically different from what it was originally thought to be, students can return the chart to me."



Pamela J. Elliott provides administrative assistance in the Office of Clinical Affairs.

With the new emphasis on comprehensive patient care, students often wind up providing additional treatment that was not included in the computer listing. If the new information is not reported to Dr. Stropes, he has no way of arriving at an accurate picture of what the student really needs to be assigned.

Dr. Stropes works hard to keep the system as fair as possible for all students by making all assignments a pure 'luck of the computer draw.' "Students are always in search of what they perceive as 'perfect' patients, but I'm doing the best I can to remove them from the patient selection process. It is no longer possible for students to transfer charts to other students—a graduating student can't pass on a nearly completed case to a friend in the third-year class for the delivery—and relatively easy credit. Of course, there will always be these kinds of cases needing to be reassigned after a student graduates—I just want to be sure that they get reassigned through the computer on a first-come, first-served basis."

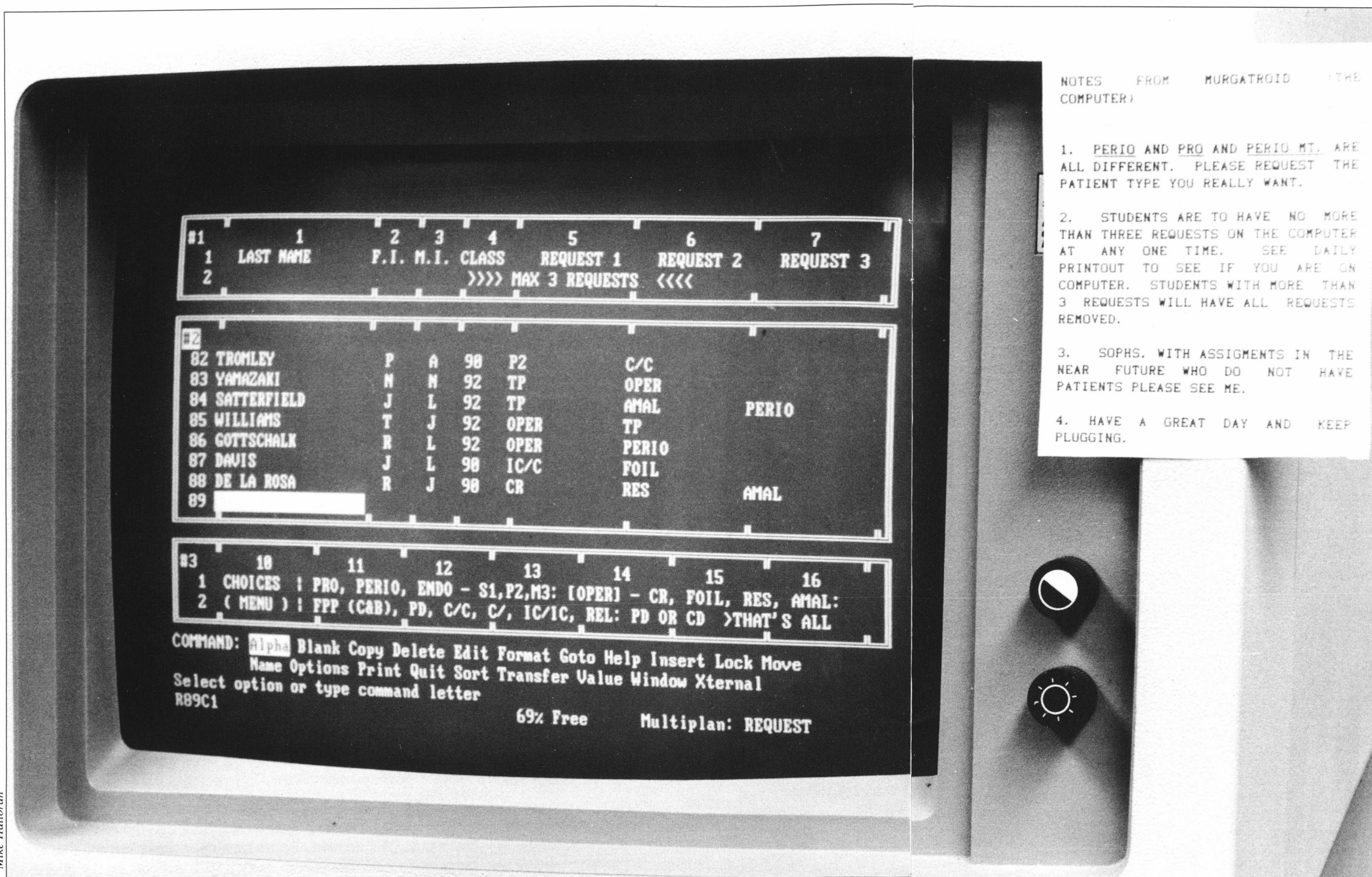
Students who wish to treat family members and friends may still do so, as long as they remember that comprehensive care is the rule of the road for all patients. "I tell them, 'Don't bring Aunt Hattie in for an appointment unless you intend to do all of her work, even if it turns out that she needs perio and crown and bridge and a partial, and you've already been assigned four partials,'" Dr. Stropes says. "It's fine for students to treat their relatives, but they must remain obligated to all of their other patients, too, seeing them at least once every two weeks."

When the facilitators are asked what they see as the most typical mistake students make in the clinics, the answer comes as a very pleasant surprise. IU dental students often get behind in their clinical work, we are

told, not because they care too little about their patients—but because they care too much.

"These students do not look at their patients simply as requirements," says Dr. Tharp, and we detect more than a little pride in his voice. "We tell them time and time again that they can turn in patients who are uncooperative about keeping appointments, for example; but more often than not they won't give them up because they have gotten attached to them during the course of treatment. The good side of this, of course, is that individuals with a caring attitude are already on their way to becoming fine dentists. The bad side is that the clock keeps ticking—and students can't get finished on time if they don't see their patients. We have to remember that every student who has been accepted into dental school compiled an excellent academic record in order to get here. The students who succeed in this environment are the ones who can learn to manage their affairs."

Sometimes, it is just one small hurdle that prevents a student from proceeding into the clinics as planned. Some facilitators have learned that a few students dread calling their patients on the phone. "Every negative piece of news I've ever received came to me over a telephone," is the way one young student explains it to his facilitator. "Others fear rejection," says Dr. Tharp. "We're already seeing it develop this year in the sophomores." With her extensive background in TEAM Clinic patient management, Linda Nunley is a valuable resource to students in this area. "When one student came to me with problems he was having talking to his patients on the phone," she says, "it became apparent to me that he was being too 'nice'—I tried to show him that he could exercise firmness with his patients and still be pleasant to them at the same time."



Dr. Tharp's comprehensive records system in student affairs keeps traffic in that office low. "Students don't come in to see us unless they have a problem," Linda says. "Most often it's simply a matter of a ticket error, maybe the correct procedure number didn't get recorded on a ticket." If students are looking for a sympathetic ear, Linda willingly provides one. "I've worked at the dental school for a number of years," she says. "I know a lot of people in the building and I'm familiar with the ways that most of the clinics conduct business. I think I have a pretty calm personality when students come in feeling ragged about something. They

have a lot going on in their lives—I try, with little things, to make it as easy for them as I can."

In measuring the Facilitator Program's success, by all accounts the jury is still out, and will remain out until the Class of 1990—the first group to have had two full years under the new system—goes through commencement exercises on May 13. Informally, at least, most people are giving the program a thumbs up. "The Class of 1989 experienced problems that no other class has ever had or probably ever will have," Dr. Tharp says. The new philosophy of comprehensive patient

care was invoked in the middle of their training program, as were the mandatory clinical attendance requirements. And fees for summer session following their fourth year skyrocketed. "When the administration spoke to this graduating class, members were disgruntled about a lot of things and voiced many frustrations," Dr. Tharp adds. "But, to a person, they spoke highly of the Facilitator Program."

Dr. Tharp seems comfortable in his new appointment as associate dean for clinical affairs. "I pursued this position because clinical affairs and student activi-

Students request the cases they need by typing the information into a computer located in Patient Assignment and Admissions. The system ensures that cases are assigned randomly—on a first-come, first-served basis.

ties are what I've always been extremely interested in. All through the TEAM years we had a close relationship with our students and I enjoyed that. I know the facilitators often feel there isn't enough time for them to do the job right. But I tell them to keep doing everything they can because what they are doing for students now is so much more than anything that was done in the past. I've had tremendous feedback from students."

Early results are promising. As of September, the average fourth-year student had 54% of clinic requirements completed, an increase of 12% over the same

time last year. "In the past," Dr. Tharp says, "students were allowed to slip along until December of their fourth year, when we finally said: 'You are in serious trouble.' Now we're able to recognize trouble in December of a student's third year. Identifying problems earlier is an important key to the program."

Listening to Dr. Tharp speak about dental students in general, we get the impression that the dental school found the right person to head the Facilitator Program. "You can't stereotype students," he says firmly. "The fact that they are very different from one another is what makes them interesting—and it's also what makes some of them more successful than others. I think people come into dentistry for the most part because they are interested in having an impact on other people's lives. IU's dental students are really nice people—they are ethical, good-hearted, and they have good intentions. Those are the qualities that I see they have in common with one another."

Perhaps most important of all, the Facilitator Program draws faculty and students closer together. While Dr. Suteera Hovijitra, one of the facilitators, is being interviewed for this article, there is a hesitant tap on her door. In steps a young man, face beaming. He gives his facilitator a birthday card—and thanks her for all the help she gave him with a case he had finally delivered after months of hard work. On the wall behind Dr. Hovijitra's desk hang other words of thanks from students, some written on cards, others on scraps of paper. It's the kind of exchange that would meet with Dr. Tharp's hearty approval. It's the kind of exchange that he believes will make the difference when graduation rolls around next May.

Some Student Views

"I have a very nice relationship with my facilitator—I call him Mr. Memo because every two or three weeks I get an update from him in my mail box. I'm in a comfortable position right now—about 2% above the class average in clinical attendance; but if I were behind, I think I'd still like going in to see my facilitator.

It seems like for the most part everybody is getting what they are requesting on the new computer system. We all have our individual game plans—I want to be at 40% or above by the end of spring semester. The minimum is 33%. That way, in my senior year, I can do more of what I'd like to be doing to gear myself toward the practice I'll be entering when I graduate.

I have one partial in the works. The crowns are already in place, so it's basically what we refer to as a "drop in." All I need to do is adjust a couple of guide planes on crowns she already has and fabricate the denture. I've got friends with cases that are much more involved. But we all got "blind draws" from the computer—I happened to get extremely lucky with that particular patient. And she's a very nice lady, too!

The monthly computer sheets are usually accurate, except that amalgams don't show up until they are polished. So I have to remember that while 5 are credited to me, I've got 10 more in one patient's mouth that I'll be polishing next week. You tend to think, 'Get the work done first and worry about the credit later.' "

3rd Year Student

"We jokingly call the monthly computer report 'The Motivator.' Actually, it's been very helpful. My facilitator is very strict—she checks on us at least every other week. When I got a little behind in my junior year, she had me report in every Friday. I'll admit that for a while, I felt like saying, "Leave me alone!" Now that I'm catching up, though, I'm really glad she was there for me.

The computer system works pretty well for requesting patients. The only problem is that, since the school went to the total patient care system, there seems always to be other assorted things you need to do for a patient in addition to what you requested. For as much as I use the clinics, I sometimes feel like I'm not getting that much accomplished. At this

point, for instance, I'm finding that I've done nearly twice what I needed to do in endo. That's fine, because you want to get as much experience as you can, but not at the expense of time in the clinics where you haven't yet finished your requirements.

If students don't get finished by graduation in my class, I don't think anybody can honestly say it's because nobody cared about their progress. If you don't make your percentages in clinic, they definitely let you know about it. I don't think anybody can claim that they slipped through the cracks. That just can't happen anymore."

4th Year Student

"I've got no problems with the Facilitator Program, but I've got a big beef with the way the clinical system is run. They talk about the importance of total patient care, and yet they continue to hold us to the "numbers game" for graduation. The two systems can't co-exist.

I'm not having problems with clinical attendance—I've been in the clinics almost every day since last January. I'm not having problems with patient management, either—I rarely get a failure. But here's an

example of what I'm talking about.

I've been working with one of my removable partial denture patients since November of 1988. We've been through periodontics, periodontal surgery for crown lengthening, endodontics on three teeth in preparation for post & cores and crowns, operative clinic—all in preparation for crown and bridge credit. I've probably had 15 or 20 appointments with her. A few days ago, I found out that she also needs TMJ splint therapy, which will necessitate her wearing a splint for roughly 6 months. That means, in effect, that I'm getting her ready for some other student to deliver next summer—and get the RPD credit for. I lose the opportunity to deliver the C&B on this patient, and valuable clinic time during which I could have been delivering units for credit.

The maddening thing is, I care about this patient very much! I myself prefer the total treatment concept, and I don't intend to turn her chart in. Placing the splint is a great opportunity for me and it's excellent therapy for her. But if students strive to take total care of their patients from day one until graduation, they should receive some credit—there should be a way to award

credit to students who undertake cases that are truly comprehensive in nature. Those 24 units of crown and bridge shouldn't be chiseled in stone. And this isn't an isolated case. I know other students in the same boat. About half of my prosthodontics patients are requiring comprehensive care.

Come May, I'll bet there's going to be a lot of people in my class who aren't finished with what they have planned—students with high clinical attendance, too. Those monthly printouts are handy for people who like to look at numbers. But patients aren't numbers to me."

4th Year Student

"I think the Facilitator Program has helped out a lot. The strength of the program, in my opinion, depends upon who your facilitator is. Mine has us check in every month when the computer reports come out. She goes over them with us, saying things like "You're doing really well here—congratulations," or "You're not keeping up with this." If we haven't seen a patient in a few weeks, she harps on us. I'm getting to know her on a friend-type basis, too. Our relationship isn't structured with that "I'm the professor and you

have to respect me" stuff. She lets me do my own thing and only hassles me when I need it. I think I'm lucky to have her as a facilitator. I've got a friend who was concerned about his progress last year; but his facilitator didn't seem to take him seriously since the student was a junior at the time. The facilitator said that he had his seniors to worry about first. It might be a good idea to conduct student evaluations of the facilitators from time to time.

Facilitators can be a great help to us if we need letters of recommendation for a graduate program—they've been following our progress from month to month and they know us well.

Some students avoid their facilitators—it's like they're running from the cops! They've fooled around all summer, working on their tan; they know they haven't got their clinic percentages but they don't want to hear it from their facilitator. If they don't have to hear someone say they're behind, they can kid themselves into thinking they aren't."

4th Year Student

Dr. Suteera T. Hovijitra
*Associate Professor
of Prosthodontics*

"If you shoot for the stars, you'll get the mountain. If you don't shoot at all, you'll get nothing."

That's what I tell my students, and in their terms that translates to, "If you are asked for 50% clinical attendance, use the clinics

memos, and I know they don't read most of their mail anyway. It doesn't matter to me when and where we talk; they are on my mind all the time. That's good, I think. Together we get the communication going. Not all of my students come to me often enough, though. Three of the 12 assigned to me I am concerned about right now. I think 12 students would be too many to handle if more

before you get a response, that's another clue. I know right away to expect problems.

On the other side of the coin, there's the case of a new junior who dropped by recently and said to me, "Monday will be my first appointment in crown and bridge. What do you expect of me?" I'm delighted that he came up ahead of time to

The Facilitators Speak

To get an idea of how the facilitators feel about their new role within the dental school, we visited each one separately with tape recorder in tow. Some of what they had to say follows.



Dr. Hovijitra discusses a prosthodontics case with fourth-year student Behzad Azimi.

75% of the time instead."

Some of the students call me Mother (*pointing to a cluster of notes and cards from students hanging on one of her cabinets*). Students who work with me know that I really care for them. But because I also demand a high quality of work, that probably scares off some of the others. I used to tell Dr. Dykema, former chairman of the department, that if I can bring up the standards for 10 students in each class, then I'm happy.

I'm accessible to students. They come to me and talk about their patients' problems. I see them in the clinic, in the hallway—even in the restroom! I don't have time to sit down and write

than three or four needed constant guidance.

When students speak of their bad luck in being assigned a large number of patients who don't work out, it makes me wonder. Some students have bad luck once in a while, of course, but I don't think any one student gets all the problem patients. I think problems are created by the way those students send messages to their patients.

I have learned to look for other signs of trouble. If students are late for appointments or never show up, those are good signs that they will have trouble finishing the program. If you place a message in a student mail box and it takes two weeks

get prepared. Next Monday, we'll be ready to work in the clinic—together.

We facilitators feel good about what we are doing for students, and students feel good about us. I wish there was more participation from other faculty members who are not official facilitators.

It is a challenge for me each year to accomplish my mission, making sure that seniors graduate on time. I don't see myself burning out on the job any time soon. It only takes one or two students coming back and saying "If it weren't for you, I wouldn't have made it," to keep me motivated.

Dr. Glen O. Sagraves
*Assistant Dean
for Clinical Affairs, and
Professor of Dental
Diagnostic Sciences*

I have an interest in students because I remember so well when I was a student and the things that could have been done to make it a little bit easier for us back then. I try to do those things now.

I think the Facilitator Program is a tremendous asset to the school. My role is to see that students assigned to me know where they stand at all times. They are encouraged in every way possible to complete their work within the amount of time they have available. The way patients are assigned sometimes makes this a frustrating task. Many patients are assigned to students without a firm treatment plan; once the treatment plan has been established, there is no incentive for the student to make sure that the plan is put into the computer so the facilitators know precisely what the student has been assigned. And the same is true for cases in which the treatment plan is changed later on.

In my opinion, comprehensive patient care and clinical requirements are two incompatible systems. I think we should look more

carefully at the problem. Requirements are necessary, of course, but must they be so strict? Why not let some students do 23 units of crown and bridge and 4 partials? A disadvantage of clinical requirements is that it forces the students to look at patients as clinic credits rather than as people.

I am responsible for all second-year students, whose clinical requirements are very limited, as well as the special students and some of the third- and fourth-year students. I am enjoying participating in the program and working with Don Tharp, and I can see that communications with students are beginning to improve greatly.

It is true that some students could get through dental school without all of the rules and regulations that are placed on them here. But students need to realize that all of life is a system of rewards, and the dental school has its system like any other organization. The policies are there to provide proper education for all students and proper care for all patients.

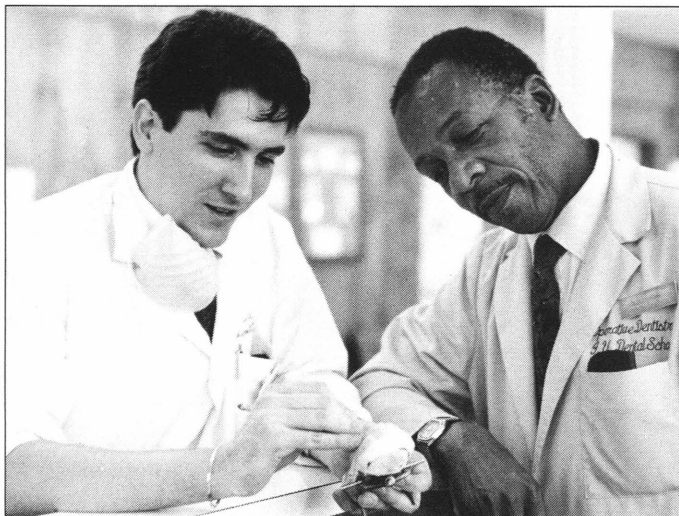
I have 57 pages of notes to students stored in my computer! I send them my analyses of what I think they need to do. Most of the time they don't even come in to see me, which is frustrating. However, by the next month, I notice a change in their

achievement on the printout. So it seems to be working, and I have recently learned that all of my new fourth-year students are now above the class average. I feel good about that.

Students should try to forget about clinical requirements and concentrate instead on becoming the best dentists they can be by getting as much clinical experience as possible. If they do that, they're going to find themselves way above the class average and well on their way to finishing the program on time.



Dr. Sagraves



Dr. Norris L. Richmond
*Professor
of Operative Dentistry*

If students come to dental school with the idea that they want to get out in four years, they will.

The Facilitator Program pinpoints the students who are having problems. Sometimes students are having a problem, but don't realize it. It's easy to rationalize. They know they've got to get a certain number of things done in each department and they are reassured by the fact that they've got four long months to get it done. But—patients begin to break appointments. Then, the student comes down with the flu and has to cancel a few more. Maybe the student finds out that a patient scheduled for an amalgam must first have some endo done. Now, the perio department is telling the student that another tooth he planned to fill needs to be pulled instead. That, of

Dr. Richmond (right) with fourth-year student Armando Blardonis in the operative dentistry clinic

course, is going to mess up his crown and bridge appointments because of the healing period. Before long, those four long months have evaporated and very little got done.

On the other hand, some students, in their naivete', try to take on too much at one time. Yesterday, a new student wanted to treat three teeth in one appointment. You want students to have a certain amount of confidence, so I didn't discourage her. I said, "I'll give you enough anesthetic for three teeth, but let's start on just one." You know, she barely finished the first one, and I had to help her with it. At the end of the appointment she said, "You're not going to say, 'I told you so'?" Well, I didn't have to. She learned her lesson on her own.

Sometimes, it is the facilitator who learns the lesson. I had been working quite a bit with a very bashful student. One day he asked me to look at some of his work while I was very busy with students in another section of the clinic. I told him to see the instructor in charge of his section because I was busy with my own. After that, I noticed over the next couple of months that he was distant. Finally I asked,

"Why haven't I seen you?" He replied, "Because the last time I was in here I wanted to show you a patient that I thought I had done some nice work on, but you were too busy." I felt terrible! There I had been trying for months to build up this young man's pride, and when he finally was proud of something, I was too busy to look at it. I always keep that in mind when students approach me now.

As we head into the second year of the program, I'd like to see some part-time faculty get involved as facilitators. In a way, the students can identify with the part-timers better than they can with us. Sometimes I think they see me as the guy they've got to get around to get through the clinic.

When I graduated in 1963, we didn't have counselors. Back then, we were scared of instructors. If you asked "Why?" the likely answer would be, "Because I said so." I wish I had had a counselor. I was out there on my own—fresh out of the service, married, and older than my classmates. I felt that nobody cared. I knew I had to be cool, and I was. But I was frustrated, too. That's what's good about the Facilitator Program today. I do think the students know that they can come to you and talk. I hope our system is better, but I guess there aren't any guarantees.

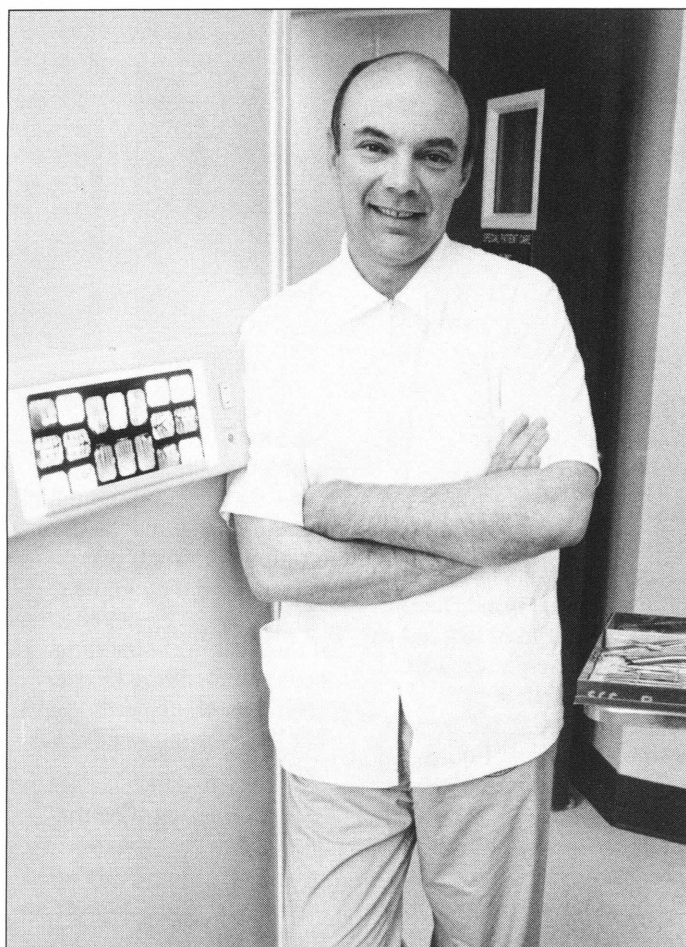
Dr. Jack E. Schaaf
*Associate Professor of
Dental Diagnostic Sciences,
and Director, Section of
Special Patient Care Services*

I agreed to be a facilitator because of my empathy for the students and because I think that I can help them. My group of students has included everyone from the gunners to those who didn't graduate on time. I see the facilitator program as a combined effort by the faculty member and the student to ensure that the student completes his or her clinical work on time.

I don't write monthly 'reminder' memos to my students. I've told them that they know where I'm at, and that I'll keep track of them if they keep track of themselves. With the monthly progress reports, we can tell pretty quickly if a student is using the clinic.

There are a variety of factors that keep students from producing. Some aren't motivated to get their patients in; others are manipulated by patient excuses. I was a late starter myself. I listened to a lot of "I can't come in" excuses from patients in the beginning. One patient, a guard at the women's prison, had the best legitimate excuse I ever heard: "I can't come in today," she said. "We're having a riot!"

Some students discover that they dislike talking to patients on the phone. With dentistry, it's like being an auto mechanic: you've got to please people. If it's the first time you call a patient, you fear the unknown. Later, when you see messages to call a patient back, you think you've messed up and you wonder how you're going to handle it over the phone. Basically, it doesn't take long to learn that you aren't going



Dr. Schaaf in the special care clinic

to be talking to patients a whole lot on the phone unless something is wrong. After all, how many students get calls from patients who just want to say, "Hey, thanks a lot! That was a great injection you gave me today!" So, the student calls the patient back. The temp came off? It's 6 at night. The student thinks, "What am I going to do? I've got a chair for another patient in endo in the morning that I've been trying to get for a long time!" Well, as a student, you know that you are responsible for treating the emergency patient regardless of what else is scheduled for the next day. So now you are faced with making yet another phone call, to reschedule your endo patient—and you don't know how he's going to react. It's difficult to develop the art of these kinds of telephone conversations.

The sooner students get started in the clinics, the sooner they get their mistakes out of the way. They learn the paper work, the instructors. I don't think any one faculty member in this school is a lot better or worse than any other—but some people just work better together. So students should be figuring out early on with whom they like to work. Then, when the load gets hot and heavy, and they are called upon to produce gold crowns and porcelain crowns and dentures and partials, they'll already know which instructors they are comfortable with.

It seems that the students who have a lot of other responsibilities outside of dental school are the ones who have the least trouble finishing on time. Students I've worked with who have

jobs on campus and aren't sleeping much at night are the ones getting the most done here. In my own dental class, the highest clinical achievers were the married students who had two or three children. They knew they had to get done because of their other obligations.

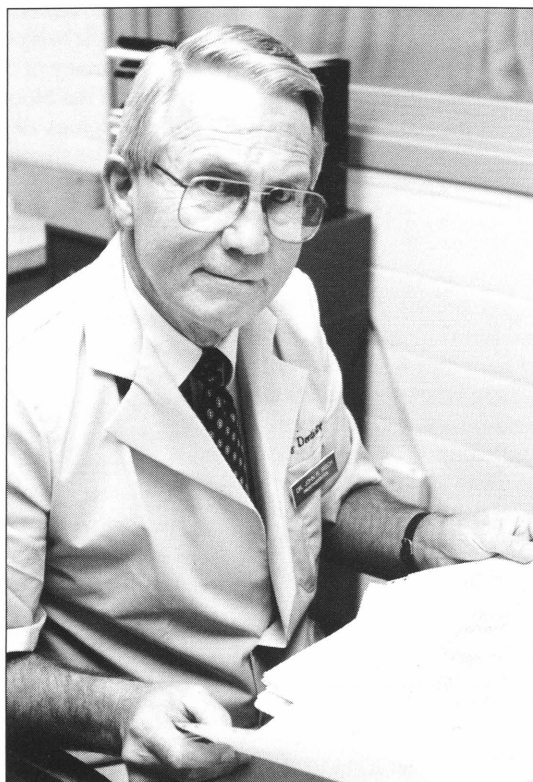
By the time the end of your senior year rolls around, you have invested a lot of time and money in your education. There are no guarantees for the boards, no matter how good an operator you may perceive yourself to be. So if you don't finish on time and you have to take the October boards, there's a chance you could fail. That means you would be out of dentistry for an entire year, getting rustier at your craft as the days go by. All this time, of course, the clock is ticking on your student loans.

What do I like best about students? I think it's their eagerness to learn, and I like the students who can teach *me* something, such as the people with backgrounds in pharmacy or those who work in the blood gas lab or the radiology department across the street.

My first year in the Facilitator Program has worked out pretty well. Students have come back and thanked me for helping them. And the new students most recently assigned to me stopped by, one by one, to introduce themselves before I had a chance to get to *them*; so it seems that students are aware that they now have a person to whom they can turn for more specific direction, if they want it.

Dr. John R. Risch
*Associate Professor
of Prosthodontics*

I've had four of my children go through the age range of dental students and all four turned out different. As a parent I tried to bend to see how my children were thinking. With dental students, I try to put myself in their position. I think, "If this were me, what would I want someone to do to help?" Students have to be approached in different ways. Some want you to give them an idea of what they have to do. Others already know what they have to do—they



just want to talk to someone. Students sometimes have problems at home to sort out—they don't mind telling me things that maybe they wouldn't tell their classmates. And they know it isn't going to go beyond me if they tell me something. I'd never do anything to interfere. I'm not a psychologist, but if they want to talk, I'll listen.

No matter how the facilitators try, however, they can't bring everybody up to the middle of the class from the bottom.

We didn't have counselors in my years as a student, but I remember that Rush Bailey helped me a lot in operative dentistry and later talked me into coming out to the dental school as a teacher.

As a clinical teacher, I feel that I am the consumer advocate—the "Golden Rule" person. Students will say, "This denture is almost good enough—why don't you let it slip by?" I reply, "If someone made this denture for a relative of yours, would you be satisfied?" Of course, you don't get very popular by telling them to make it over. But quite a few of the students in the third-year class are children of students I taught in the beginning. I taught the parents well, and I know I

wouldn't be doing anybody a favor if I were to lower my standards now.

I think it's important for students to finish the program in the time allotted. They shouldn't fragment their education, trying to deal with just one part at a time. If they drag on past graduation, they may forget some of the other stuff they have learned, and I wonder if they don't begin to lose some of their interest in the profession itself.

My advice to students? Don't go into a clinic cold. It won't work for you to see patients in private practice without first preparing yourself. It wouldn't even hurt to rehearse some of your presentations to your patients. After all, you're going to be doing some teaching as a practitioner—you'll be teaching patients how to motivate themselves to practice good oral hygiene, how to wear a denture, how to psych themselves up for a surgical procedure.

I am very proud I was chosen as one of the facilitators. I will give it my best shot, but you can't solve everyone's problems.

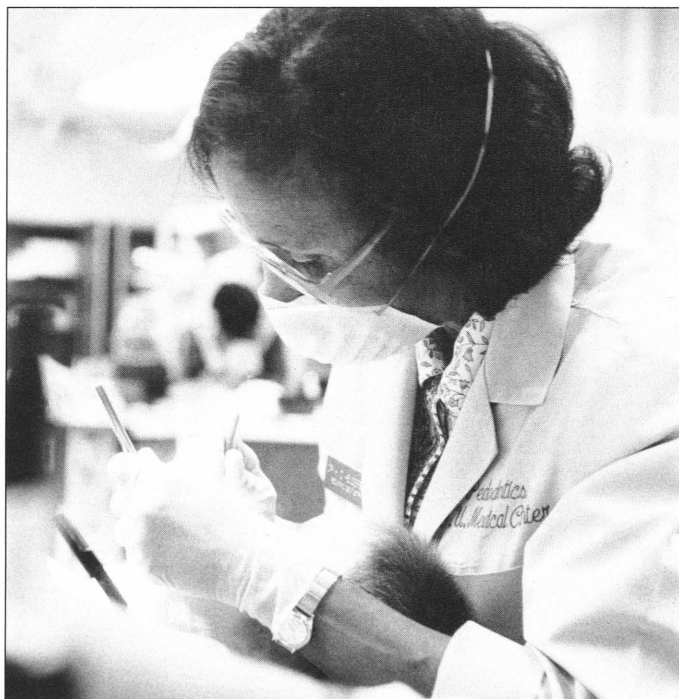
Dr. Risch

Dr. Hala Z. Henderson
*Professor of Pediatric
Dentistry, and Chairman of
Undergraduate Pediatric
Dentistry*

I don't know if I'm a good counselor, but I do know that I like being one. I try to be there for students, even if it's just to let them rant. Yesterday I heard a student say, "I want to quit dental school. I hate this place and don't ever want to come back." Sometimes all I can do is offer my box of Kleenex—and listen.

The students and faculty are in this together. At freshman orientation I tell students that they are our colleagues. I'm paid by the state to help them place a DDS behind their name within four years, and that is the only essential difference between us. I still expect them to return the respect that I show them. They will find that I can be tough in class.

When students walk in the dental school door each morning, they are put in a position of following instructions and fulfilling requests on their time, their minds, their bodies. When they walk out the door, *they* are in charge. They have families, jobs, rent, groceries to pay for. Some of them manage very well while others find the role reversal difficult to deal with. I send



Dr. Henderson checks a student's clinical work in pediatric dentistry.

notes to my students when they are first assigned to me. If they don't come, I don't give up. I send another note, or page them. I want to see their faces and know them. And I do know my students well. I can tell you if they are married, when they got married, if they have youngsters, what their spouses do, and what they want to do when they graduate.

I think we also are role models whether we want to be or not. That's part of the reason I often invite students to my home. I want them to recognize the fact that faculty in most ways are just like students; they have to go to the grocery store and cook and take care of a house and family, too. Inviting them into my home is recognizing them as equal professionals. They meet my husband and I meet their spouses. I usually fix Indian food and keep it informal. We try not to talk too much about school; I want them to interact with each other.

Dental school is tough. When I came into the advanced standing program at IU I had a two-year-old child to take care of. There I was having to make dentures and I hadn't seen an edentulous mouth for 12 years! We all have to go through stressful times, but I keep telling students that good schools have got to be tough. Indiana University is a school we can say with pride that we graduated from.

To do the job of facilitating well, we need to spend time on it. It's not something I can reserve on my calendar as "two half-days of counseling." I believe in the open door policy, and I've told my students I'm willing to come in at 7 in the morning, or stay after 5.

Students are very optimistic. They all project finishing on time, even if they are so far behind that there aren't enough hours in the day to get done. There will probably always be a couple who won't get to

graduate on time, but I think the Facilitator Program gives us a chance to recognize at an early stage the students who are behind so that we can provide the guidance they need to work ahead. I really believe that all students who are admitted to dental school can do the work. It seems that personal problems unrelated to school account for most of the cases of students getting behind in their work.

I happened to work for a time with a student (not one of my counselees) who was doing poorly in one area. He came in to talk to me after he finally began to get ahead. He was proud of his achievement and wanted to tell me about it. Well, I must have been having a bad day when he walked in the door. He was waiting for me to give him some strokes and tell him I was proud of what he had done. Instead, I said, "Well, you should have been doing that in the first place." As soon as I saw his crestfallen face, I thought to myself, "What a thing to say to somebody who has really made an attempt to do better work." I apologized right away. Students need to know that we care about them as human beings. I guess I never know for sure if we are helping them. But I can tell you that by the time graduation day arrives, it's like watching your own kids go out into the world.

Dr. Melvin R. Lund
*Professor
of Operative Dentistry*

"You've got so much sand to shovel. You might as well start shoveling it."

That's the most practical advice I have for students beginning their clinical program at the dental school. Often students delay their entry into some clinics.



need. Unfortunately, the best students get victimized.

Most students are concerned about what they are going to do when they graduate. The cost of a dental education is staggering. Practices are no longer readily available. You can't just walk out and set up on any street corner like you could 25 years ago.

Generally, I think students would do just fine if they would get all components of their clinical education rolling as quickly as possible. But it's up to them.

Dr. Lund observing student in the operative dentistry clinic

Well, every day that you go into the clinics, you gain something of value. Every day you avoid the clinics is a loss to you. Don't procrastinate. Treat your clinical obligations as you would if you were in private practice. In practice you've got to be there every day. You get as much advance information as you can before you treat your patients. If something comes up, you don't wait till the end of the work day to deal with it—and you shouldn't wait until your senior year to get cracking in *all* of the clinics.

I've played student advocate in some sense all of my academic career, including my years at Loma Linda. Students have so far to go in

such a short amount of time. I'm obligated to open as many doors as I can and make it as interesting for them as I know how. I don't bat 100%, but I try.

Admittedly, I feel more in tune with students who are eager to learn. I have a harder time with those at the lower end of the class. Before the Facilitator Program, counselors didn't

have access to much information. Mostly, you found yourself trying to put out fires that were already blazing. Now, we have information early on that we can use when we see the smoke.

For me to be helpful, I need the attention of the students. I don't always get it. I try to throw a few questions at them whenever I run into them. My constant reminders seem to be accepted good naturedly.

We have to play the averages where rules and policies are concerned. Certainly those at the top of the class are going to feel put upon by processes they don't

Dr. Ray K. Maesaka
Professor of Prosthodontics

I know I have had a reputation as a teacher who is stern and unbending in his standards, but I think when students get to know me, they find me very approachable. Especially in recent years I think that students feel as though they can come and talk to me. I love confrontational and philosophical discussions. I like listening to problems and trying to help solve them. Basically, I just like people, and it's a challenge to inspire students to obtain their full potential.

To facilitate means to try to make it easier. I have a laissez faire attitude if a student doesn't want to come see me. I try always to think in terms of what's in the best interest of the student. If they are doing well, then I'm wasting their time by routinely calling them up. In these cases, a quick "how ya doing?" as you pass in the hall will suffice. I don't push myself on them. I *do* try to get much more actively involved with those who are having problems. It's gotten to the point where sometimes I have to just chase them down and drag them into my office to talk to them. I hate to do that, but I do what I feel is necessary. If they aren't progressing because they are afraid of something, they need to get familiar with it so that they will lose the fear.

Any time there is change, students get uptight and apprehensive, and many times for good reason since they are the ones who have to adjust. I have found that students don't seem to mind teachers who are very demanding *providing* they also are consistent in their demands. If students know how you operate, then they are comfortable with you.

There may be some truth to the idea that the luck of the patient draw can impede a student's progress, but I think the burden still lies with the students, who must develop patient management skills and work hard in the clinics. I remember a student who lost seven prosthodontics patients and still finished his requirements 2 1/2 months before graduation. How did he do it? By working in the clinics about 75% of the available time. Finishing the program on time goes back to something very basic: discipline. It happens that I have had fairly serious illnesses in the past, and sometimes I have needed surgery at the most inopportune times. But—I expect my physicians to be able to do their best work no matter how tired they may be. If there is an emergency, they need to be able to perform. This is what being a real professional is all about. If the dental school program is designed to be completed in four years, then students need to organize their time accordingly. Learning to meet obligations is just as important a lesson in dental education as is

learning a technical procedure.

I look at requirements as a guarantee for the student. To cut requirements, as some students would like to see done, is to reduce the guarantee. What we are doing with requirements is promising students they will get at least this much experience—and their money's worth of a dental education.

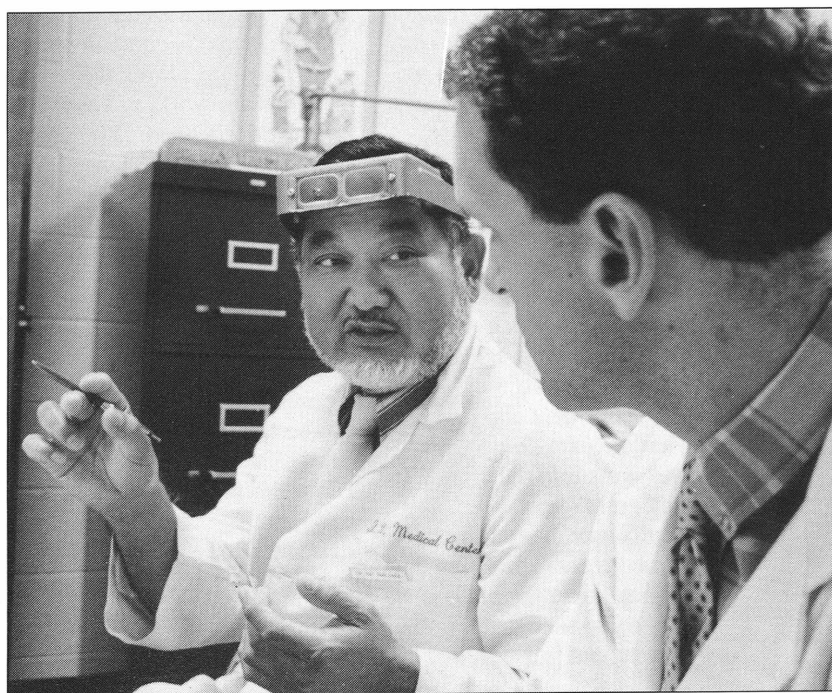
I've entertained quite a few students in my home and attended plays and movies with them. Sometimes we spend the entire evening talking dental school and dentistry. During basketball season, of course, we talk about IU basketball. Other times I hear very personal things that I keep confidential, but that give me perspective. Students know they can criticize me—in fact, I'd prefer it face to face. I don't take it personally.

Teaching has helped me learn to deal with my kids, and dealing with my kids has helped me learn to teach. I hate to be too judgmental, although at times I am. I try not to tell them

what to do—instead, I pose a lot of questions to help them reach a conclusion. I often play devil's advocate, giving a wrong response just to see if they will change their minds to agree with me. I expect them to defend their answers.

One student I am counseling I have seen go from very low activity to using the clinics virtually every day. I don't know if I'm the one who influenced him, even though we've talked quite a bit. I've been kidding him recently that he should have his name plate added to a lab bench in our area—I'll see him there at 8 am and again at 8:30 pm. He's gone from about 35% clinical usage to 95%. It was a sudden change that I did not expect.

I think the new Facilitator Program is a success because of Dr. Tharp. He has tremendous organizational talent, he follows up, and he instills great pride in the people who are involved. We also are kept better informed about student progress than ever before.



Dr. Maesaka (left) offers third-year student Jeffery Spilman some clinical guidance on one of his prosthodontics cases.

ships, children, spouses who they feel are expecting too much of them.

The students doing well come right in to see me; with others, it's like pulling teeth without anesthetic to draw them in. I don't know what kind of fears they have—maybe they see us as authority figures. One of our big problems with counseling in the past was that we didn't

facilitators must look for and pick up on quickly. The way we handle it is very important to the ego of that student. If you lambast him, you destroy him. It happened to me when I was a student. Maybe that's why I was attracted to teaching. I wanted to keep that from happening to others.

A frequent gripe of some students is that they

a viable candidate for grad school! Well, he listened, and then decided to continue struggling through—he achieved his goal and is an orthodontist today.

A lot of students who think our system is tough haven't been exposed much to life yet. When they come back after being out in the world for a while, they say, "I wish I was back here. Now I understand what you meant." One grad, now in the Navy, visited recently. He said, "Boy, this place was like a cloister for us."

Dr. Kasle (right) with third-year student Sam Corey in dental diagnostic sciences



Dr. Myron J. Kasle
*Howard Riley Raper
Professor of Radiology, and
Chairman, Section of
Radiology in Dental
Diagnostic Sciences*

I'm not surprised that I was selected as a facilitator because I work well with students and I'm always straightforward with them. I sometimes tell students that I'm a graduate of the College of Hard Knocks. Experience teaches us the most.

I think the Facilitator Program is probably the best thing that has happened at this institution in many years. It makes students feel that we really are interested in them, and—selfishly—it has done a lot for me, too. It has opened up the ways I think about and work with students. We talk about everything: relation-

write things down. I document everything now, even phone conversations, and I send copies to Dr. Tharp. My notes aren't just reminders of what they need to do. Students also hear from me when they get on the dean's list or do something else worthy of praise or congratulations.

There is a certain amount of aggressiveness you want to see in a student—not the cock-sure "I'm invincible" kind, but I do advise them that they've got to be confident and know what they are doing when they walk into the clinic. If they go in unprepared, any faculty member will notice it immediately. They give out vibes all over the place if they try to fake it. Timidness in a student is a sign that

feel they are treated like children while they are in dental school. I've always had the policy of talking to students like a Dutch uncle. When students come in and say they don't think the hassles are worth it, I say: "The door's open. You can leave anytime you want." Well, 99% never take the bait. They stay, they finish, and I hope that all of them are out there being successful. One frustrated student told me years ago that he didn't want any part of general dentistry. He wanted to be an orthodontist. I told him, "You've got a problem. In order to get from point A to point C, you've got no choice except to go through point B—dental school—and, what's more, you've got to do well in it in order to be

I feel strongly that students need a go-between while they are here, an ombudsman. I was dismayed when the dental school's Nominating Committee recently decided, for whatever reason, that the Student Affairs Advisory Committee was no longer necessary, and I let my opinions be known.

My advice to students is, "Take your responsibilities seriously and keep a sense of humor about you. I'll help you if I can, but you're the one who ultimately has to do the work." The other day a student came in and said, "I'm finished, Dr. Kasle. And I want to thank you for everything you've done for me." I told him, "You need to realize something, young man. *You're* the one who did it. The credit belongs to you."

Dr. Mark E. Mallatt
*Associate Professor
of Preventive
and Community Dentistry*

When I first found out about the Facilitator Program, I told Don Tharp that I'd be glad to help with it. I was surprised and very pleased when he told me that I was one of the faculty that he had already planned on asking to become a facilitator because of the way he had seen me work with students in the clinics.

As a graduate of the '70s, I'm not that far removed from the students, and I do have empathy for them. Also, working over here at the Oral Health Research Institute, I'm a little more distant and therefore maybe less threatening. I teach as a guest lecturer, so they know I'm not a guy who is going to fail them in perio or operative. I enjoy the students and still go to their parties if invited. Like most dental students, I struggled to get through school, too. Now that I've visited some other universities in my work, I know that the dental student lament is pretty much the same everywhere. Right or wrong, there is a lot of harassment in dental school. It may not be intentional—I think it's ingrained in the system. Students feel the pressure.

I meet with my students in a group initially. Periodically I put out a letter announcing my availability in the basement lounge of the school from 3:30-5:30 for individual meetings. I usually get an excellent turnout. Because of my sometimes unusual schedule at the OHRI, I have no problem accommodating students with appointments after hours.

With the Facilitator Program in place, I don't see

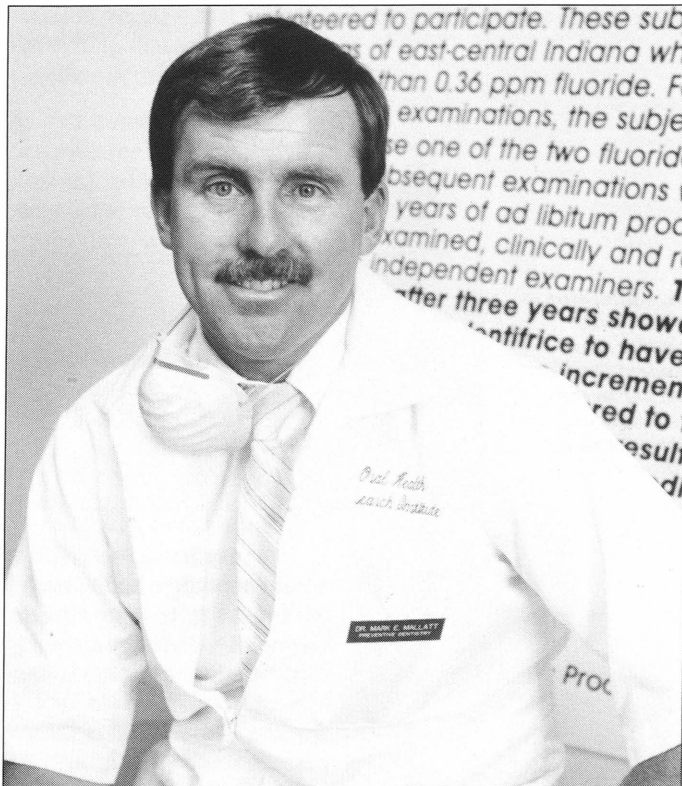
any reason why just about everybody can't get finished on time. Clinical productivity is monitored so closely now that students aren't going to be able to avoid certain clinics until the last few months before graduation.

Of course, some students are going to be manipulators. You try to get through dental school as best and as quickly as you can. That hasn't changed in generations—in Drexel Boyd's day I'll bet there were some wheelers and dealers in the classes, too. It's not a big problem, just something we must live with.

As you work with students you have to ensure that they are ethically and morally responsible individuals as well as technically proficient. When they graduate they are products of the IU School of Dentistry. They leave here very well educated, an important factor since today's dentist is going to have to be very versatile to succeed.

To get students acclimated to dental school, it would be great if I could let first-year students tag behind me in my clinical research studies to see how we deal with patients and how we talk to them. My advice: Do well in your basic science classes—but get ready to handle some stress. As you get into laboratory technique and other areas, you're probably not going to be very good at first. An excellent science accumbent doesn't do much for you when it's time to wax a crown. You're going to get frustrated and discouraged—I recall hating to wax that first crown. It was a chore for me, for all of us—and it probably looked like hell, too! Clinical work will be a challenge—working in a small, wet area where

your view isn't always the greatest. The patient is there because he knows he has to be, and he may resent it. But don't let any of that get you down. If you try, you're going to get through. And remember, you're capable. Don't forget to have some fun along the way.



Dr. Mallatt in his office at the Oral Health Research Institute

Dr. Kenneth K. Kaneshiro
Associate Professor of Periodontics, and Director of Undergraduate Periodontics

Sometimes you want to tell your students what to do. Instead, I listen, then ask them what *they* would do to remedy a situation. It's amazing how well they are able to think things out on their own.

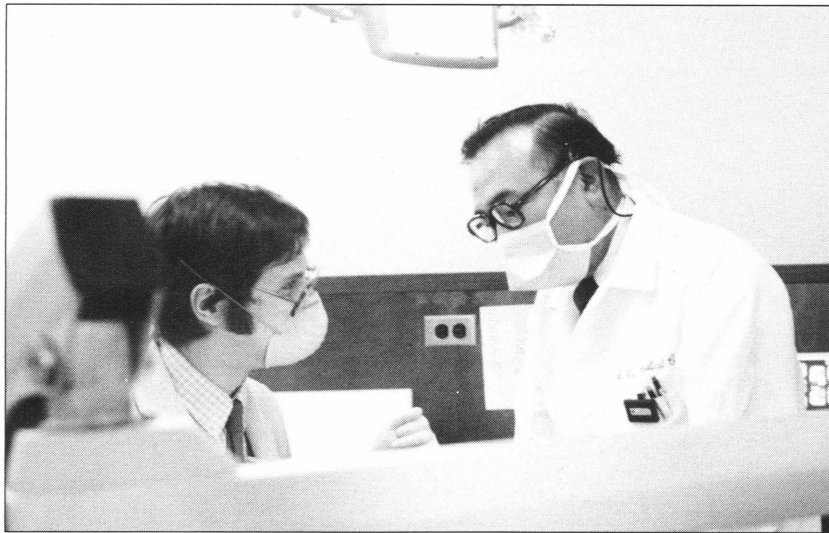
when I am teaching them in the clinic.

I regret that I don't have more time to give the program. It is important to make time for a student when he or she needs you, and for me that is the frustrating part. It seems that when they really need to talk to you, you are tied up with meetings, clinics, lectures.

true that 20 years from now it will not matter that you finished late. No one else will remember. But you will.

Last spring I noticed some people in the first-year class who seemed to be lacking confidence in their work. When I asked them what they planned to do in the summer, they said they had to get jobs. I suggested that it would be better to come to school and do some clinic work to build up their confidence with patients. Taking on a job full-time in the summer months doesn't make much sense if it means not getting finished by graduation time. At least two students changed their mind, and they told me at the end of the summer that it was one of the best decisions they had made. Not only had they gained confidence in themselves, they also completed all of the periodontics appointments that would be required of them for the entire second year!

You just have to give students some encouragement. Leave your door open. Listen. And that's about all you can do.



Dr. Kaneshiro (right) with postdoctoral student Dr. Carl Lerner in the graduate periodontics clinic

I may not do so well talking to a huge audience, but I feel I'm very strong one on one. I've been counseling students since my days in the service. In the service I worked with several enlisted personnel who had little interest in a college education. Over the years four of the men who were my dental assistants went on to college and today they are practicing dentists.

As facilitators we are teachers, friends, and guides. I am very sincere in my desire to go all out to help students. It has to be a two-way street, though. The hardest thing for me is to figure out when I should stop—some students do very well without your help and it is unwise to try to change that. I don't stereotype my 12 students. I try to treat each one individually when I am counseling, just as I do

This system allows us to become closer to the students. In just four years they will be our colleagues and they are the future leaders of our profession.

Patient management is strictly a matter of how a student trains himself to regard people. If as a student you view your patients as requirements instead of human beings, you will carry that trait with you into private practice, except that in practice you'll begin to regard them as money. Then, you'll wonder why you failed as a practitioner. It's because patients pick up on this kind of treatment. So, my advice is to be caring and understanding with your patients at dental school and that trait will carry with you when you leave.

Students also should work hard to complete their requirements on time. It's

Dr. Robert L. Lockhart
*Assistant Professor
of Periodontics*

I see the student as a resource instead of a liability. And I see myself as a cheerleader. I'm responsible for giving the students some sense of success.

I keep track of their achievement and let them know how they are doing. Unfortunately, some of that involves trying to figure out why somebody is not achieving and then helping them gain some understanding of that. The biggest strength in the Facilitator Program so far is that it's becoming more and more viewed by students as an attempt on our part to be helpful rather than viewing us as watchdogs and keepers of the gate. I would like to see us involved with the students a lot earlier than we currently are.

A glaring weakness of the program is that facilitators do not have much opportunity to communicate with one another. We aren't able to devote time to strategizing how to help each student be successful with other members of the faculty who are interacting with that student on a day-to-day basis.

I think I have too many students to facilitate for the amount of time that is available now. I write success notes to the students who are doing really well, but the majority of my time is occupied by the people who are having problems. I am assigned the most outstanding achiever in the junior class, as well as a student who is ranked near the bottom of the class—one who is really struggling and one who is knocking the socks off the place. But the differences are not night and day between these individuals. I think it has to do with

attitude. The student who is struggling has a lot more fear about things going wrong. The guy at the other end takes more of a "What can I learn out of this?" approach.

It has been my experience that the high achievers' view of their participation in the Facilitator Program is, "What for?" They seem to regard the facilitator as someone you see only if you are having difficulties. If the program matures as it goes along, maybe those students will come to realize that there is something for them to gain from getting to know us. They should be thinking of it as establishing a relationship with a colleague.

I'm hopeful that from the Facilitator Program a system will evolve that will let us provide a continuity of care and at the same time ensure that students get all the procedures they need. Right now, our emphasis is more on "numbers" than it is on providing comprehensive care to patients.

A lot of students have an intense desire to help their patients. They want to please them. Sometimes this leads to the patients making an inordinate amount of time

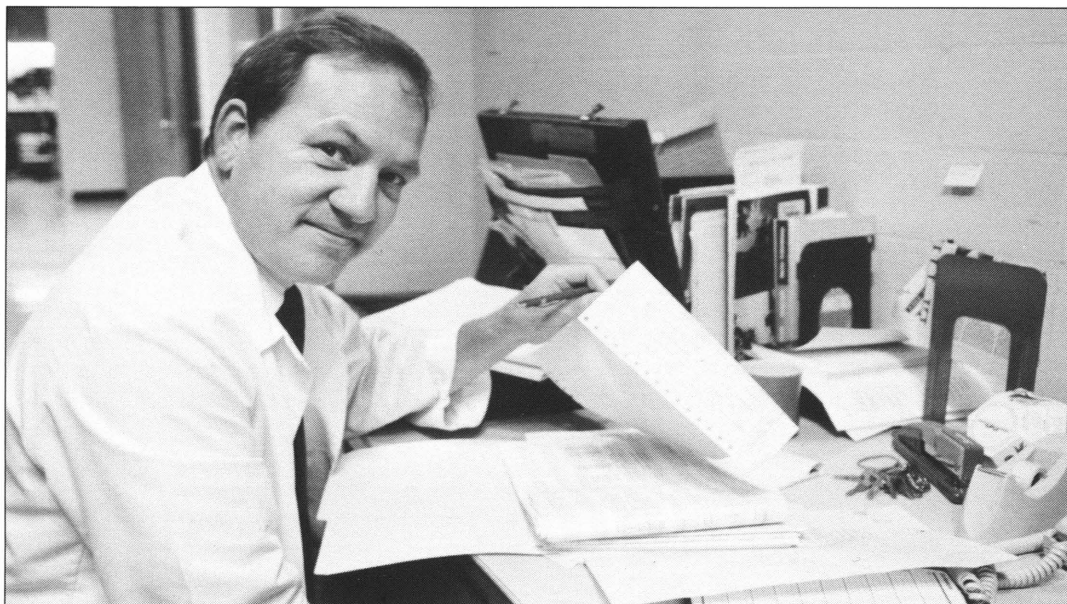
demands on the student. The student doesn't really understand what is going on and doesn't know how to manage it. Before they know it, a whole semester is gone and the treatment still hasn't been completed because of missed appointments, lack of money, or whatever. They have to find the balance in patient management. You would never want students to lose their sense of caring and mission because that is the only thing that will hold them together in their career.

I think my students perceive me as fair, straightforward, and intuitive about them—I think it sometimes scares them a little bit that I can understand exactly what's going on with them. They don't stop to think that I, like everyone else in the Facilitator Program, was exactly in their place at one point. I understand because I've been there already.

I had a junior student who wasn't anywhere near getting a bridge done by the end of his first semester in prosthodontics. He was struggling enormously over this. He visited with me on several occasions and we worked out a game plan. Finally, he cemented his first

bridge. A couple of months later he told me he was going to switch facilitators and get someone in prosthodontics because he saw that department as the hurdle he needed to get over. I lost him as a student, but he really had figured out what he needed to do to be a success, so I considered that a success for me, too. He's still a friend. Sometimes being a good facilitator means sending students in other directions.

Dr. Lockhart



Alumni Close-up

Dr. Michael E. Mann *DDS Class of 1969*

Contemplating ways to recognize the 20th anniversary of Indiana University-Purdue University at Indianapolis, we combed the student records in Associate Dean Bogan's office to see if a graduate in the Class of '69 had the distinction of being the parent of a graduate in the Class of '89. We found the match we were looking for in Doctors Michael and Brett Mann. Mike is a busy pediatric dentist on the southside of Indianapolis. Fresh out of dental school, Brett has undertaken a two-year pediatric dentistry residency at Children's Hospital Medical Center in Cincinnati. Father and son, interviewed separately in Indianapolis and Cincinnati, respectively, talk about life, dentistry, and each other—eds.

While tape rolled steadily through Dr. Mike Mann's video camera during the dental school's Honors Day program last May, memories rolled swiftly through his mind.

"I don't know what Honors Day meant to Brett, at his young age, but for me it was a very emotional time," Mike tells us when we visited him at his office on Shelby Street a few weeks after Brett's graduation. "I went away to dental school knowing nothing about dentistry—my own experience was limited to getting a few teeth filled by Dr. Richard Young while I was growing up in Kokomo. I didn't win any awards when I graduated—in fact, I don't even remember my honors day program. But Brett won two awards at his, and that made me very proud. I have to admit there were several times during the program when my vision got pretty blurry behind the lens of that camera."

"It was nice to be recognized in front of my colleagues and family," says Brett. We caught up with him in Cincinnati, where he is pursuing a 24-

Dr. Brett E. Mann *DDS Class of 1989*

month pediatric dentistry training program at Children's Hospital Medical Center. "What made graduation even more rewarding for me was knowing that my father, having been a dental student himself, could fully appreciate what I had just been through. I'm sure he was proud on Honors Day."

Mike Mann's first brush with the health professions came about in the 1950s, when he happily tagged along on house calls with his grandfather, a physician in Kokomo for 51 years. Mike later ventured off to Indiana University at Bloomington, returning to Kokomo during the summer months to work as a hospital orderly. In his sophomore year at IU he married Pamela Hite. Brett was born in 1962. After earning his bachelor's degree Mike took two years of postgraduate work in education before heading to dental school.

He credits family support for paving the way to the dental degree he earned in 1969. "My grandfather is the one who sent me to dental school," he says. "Pam worked all the way through my undergraduate studies. Our daughter, Deborah, came along when I was a junior in dental school. If I had not had a supportive and understanding family, dental school could easily have been a disaster."

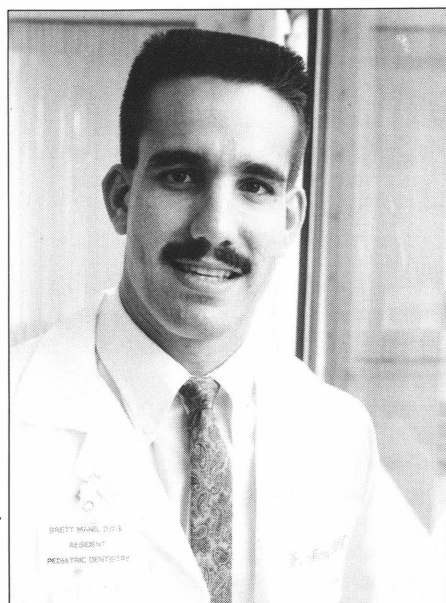
Reflecting on his years at IUPUI, Mike describes a campus that his son would have trouble recognizing.

"University Hospital was nothing more than a great big hole in the ground in the '60s! My friend Jim Campi and I made a whopping \$2.85 per hour working construction jobs at the hospital the summer before we entered dental school. I recall that student parking was plentiful for dental students, behind the building and on the west side of it (*the*

dental school's final addition didn't go up until 1972—eds.) The Delt house, where I was a fraternity brother, was way out on Fall Creek Boulevard. Off-campus hangouts included the Working Man's Friend, and of course there were some great fries and cheeseburgers to be had right next door to the dental school at Bea's. Her place played a big role in dental student camaraderie."

"Bea?" Brett Mann knits a youthful brow when asked about Bea Gordon, the College Inn's manager who served—in her own words—"Plain food at low prices" to dental students from the time the school was built in 1933 until the Inn was torn down in 1974. As a dental student of the 1980s, Brett never sipped a cup of java or chowed down at Bea's, but he did have a number of other dining options around campus—from yogurt shops to pizza parlors—not to mention a cafeteria in the dental school itself. And Brett's class could work off calories by jogging a short distance down the street to use facilities such as a world-class natatorium and the National Institute for Fitness and Sport.

From what Brett has told his dad about dental school in the '80s, Mike, who was senior class president, regards his own training as fairly regimented by comparison. "In the '60s we attended lectures straight through our senior year," he says. "There was no such thing as a notetaker, let alone a notetaker *paid* by the class! The dress code dictated shirts and ties for lectures, and white or light-colored shirts with ties and clinic jackets for patient appointments. As far as students' rights in my era, well, we had very few. We considered ourselves to be under "the regime" and we did as we were told. That was that. But after it was all said



Dr Brett E. Mann

and done, I think everyone was pretty satisfied with the system back then. In my senior year the school got a new dean—Dr. Ralph McDonald stepped into the position when Dr. Maynard Hine became chancellor of the newly established IUPUI campus. I remember it as a smooth transition. Being class president wasn't as demanding then as it is today. Students are much more organized now, and they know how to exercise their rights."

A dental student while the country was involved in war overseas, Mike was drafted into the Army shortly after graduation. He moved his family to Fort Hood, Texas. "It was the largest Army post in the United States during the Viet Nam era," Mike says. "There were two armored divisions at Fort Hood—60,000 men and their dependents. My dental classmates Ron Care, Dick Ellison, and Bill Decker were stationed there, too. Unlike anyone else in my class, I was sent directly from dental school to my duty station, skipping basic training altogether. For 24 months I sweated out the possibility that any day I might get orders to go to Viet Nam. Just last year it was finally explained to me that you can't be sent to a combat zone if you haven't had basic training!"

At Fort Hood Mike was assigned to a clinic for dependents, where he worked under the direction of a pedodontist for one year. "Although the seeds were probably planted much earlier by men such as Paul Starkey,

Francis McCormick, and Dave Avery," Mike says, "it began to sink in that I really liked working with kids. With them I felt I was able to let my hair down—and my guard, somewhat. You can't always do that with adults." After his stint in the Army, he brought his family back to Indiana and re-enrolled at IU as a pediatric dentistry resident at Riley Hospital. He finished the certificate program in 1973.

"I can remember my dad when he was a dental student," Brett says. "His classmate Jim Campi had a son, Todd, who was my age. We were best friends and had a good time rummaging through our dads' lab work! My dad was a big role model for me. When I was a kid and we'd go out into public together, people recognized him. I'd hear kids in the grocery store whisper to their mom, 'That's Dr. Mann, my dentist!' I was impressed."



I U P U I 20 YEARS

As a teenager Brett took a job cleaning his father's dental office. When Mike went in on weekends to do lab work, he gradually noticed that his son was watching him. And asking questions. Before long, housekeeping chores gave way to lab procedures. "I didn't want to push him in the direction of dentistry," Mike says. "I wanted him to make up his own mind."

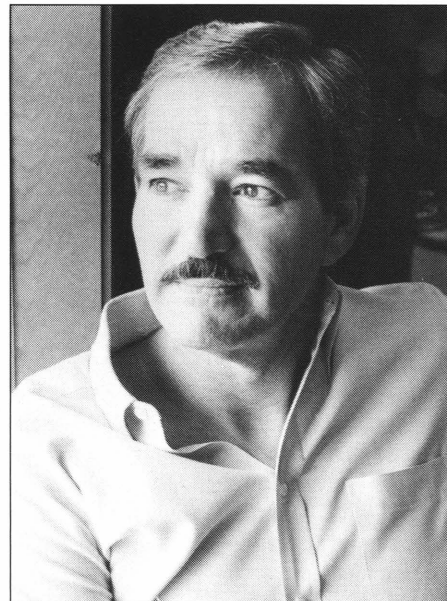
Brett was doing precisely that. "Dad wasn't pushy," he says. "He encouraged me to find what I liked to do, and then do it. For a while, when I was very interested in veterinary science, Dad was all for it. Even though he kidded me a lot about it being a Purdue program, he also gave me some good advice. 'To get into any grad school,' he told me, 'you're going to have to prove yourself in undergrad. You need good grades, and once you get

accepted, it's going to be a difficult road to stay in a program. Grad school takes time and commitment. You need to be prepared.'"

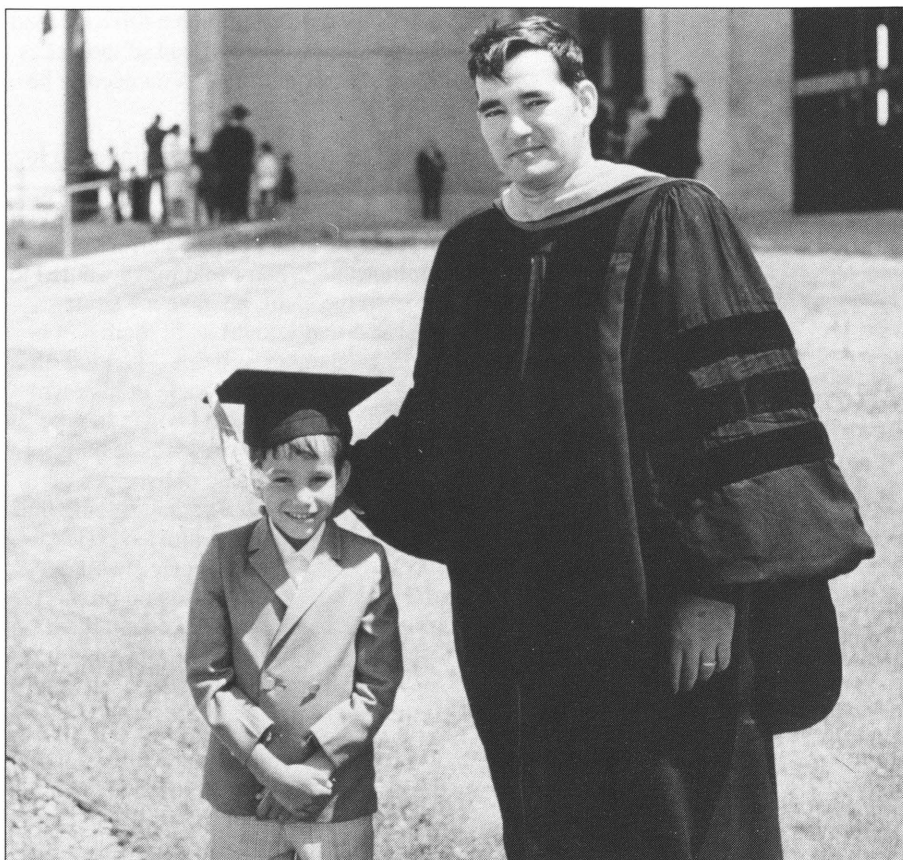
Meanwhile, Brett continued to log hours in his father's practice. "Dad coached me on wire bending and showed me how to make various appliances. When I told him I wanted to assist at the chair, he gave me some books so that I could learn tooth surfaces, number systems—he kind of gave me a chairside course of his own. At some point, I guess I began to take pride in the appliances I was making. I enjoyed watching Dad deliver one of "my" appliances to a patient, seeing that it fit well, and hearing him say, 'Hey, Brett! Nice job!' His early encouragement made a good impression on me. When I started assisting I found that, like him, I enjoyed working with kids. Dentistry began to look fun to me, and gratifying."

Once Brett had made up his own mind about a career choice, Mike admits that he was very pleased by his son's decision. "Brett has many qualities that will make him a good dentist," Dad says proudly. "He's a good artist. He's sensitive to people's feelings. And he's a great "idea" person—I think he's more creative than I am, or ever was."

After two years of college in Bloomington, Brett married Karen Talley and transferred to IUPUI, where he took a degree in biology before entering dental school. In the midst of the notoriously frenetic second year of



Dr Michael E. Mann



Six-year-old Brett will eventually follow in his father's footsteps. On graduation day 20 years ago, however, he seems sheepishly proud just to borrow Dad's cap. Commencement ceremonies for dental students were still held in Bloomington in 1969.

dental school, Brett became a father himself. "Megan arrived one day before my finals were to begin," he says with a smile. "I hadn't studied as much as I should, but I managed to get through them all and do O.K."

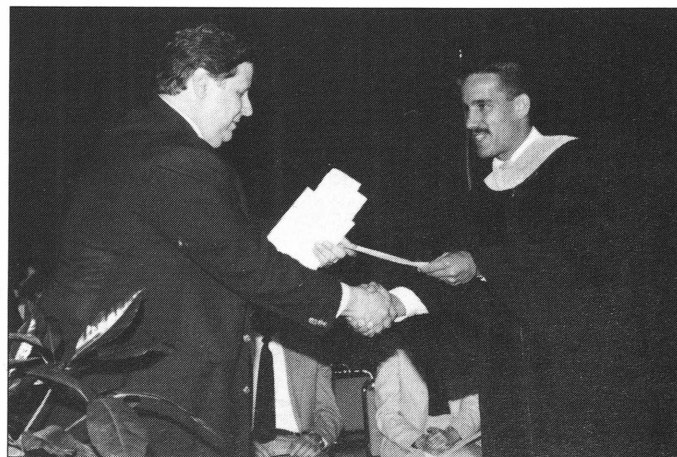
Brett, like his father, doesn't take family support for granted. "A lot of people have asked me how I managed to juggle my roles as student, husband, and father," says Brett. "Before Karen and I got married, we talked about the dental school's reputation for being time consuming—we went into our marriage knowing there would be limited hours together for a while. Karen has very strong supportive qualities that I credit for making dental school much less stressful. It helped that Karen was employed as a dental assistant in the pediatric dentistry department. She is knowledgeable about dentistry, and she could see from her job that all other students were going through the same things I was. We really didn't have any difficulty adjusting to the lifestyle."

Today, they are adjusting nicely to their new life in Cincinnati. All of the

faces in Brett's new program are not new: IU dental school classmate Dr. Steve Pilipovich is also a first-year resident, and IU grad Dr. Mark Kahn ('88) is in his second year of the program.

On the day of our visit, Brett is quick to offer a tour of the hospital's pediatric dentistry department. "Choosing between Cincinnati's program and IU's was difficult," says Brett, who was accepted into both. "Each is outstanding in its own way. But I definitely plan

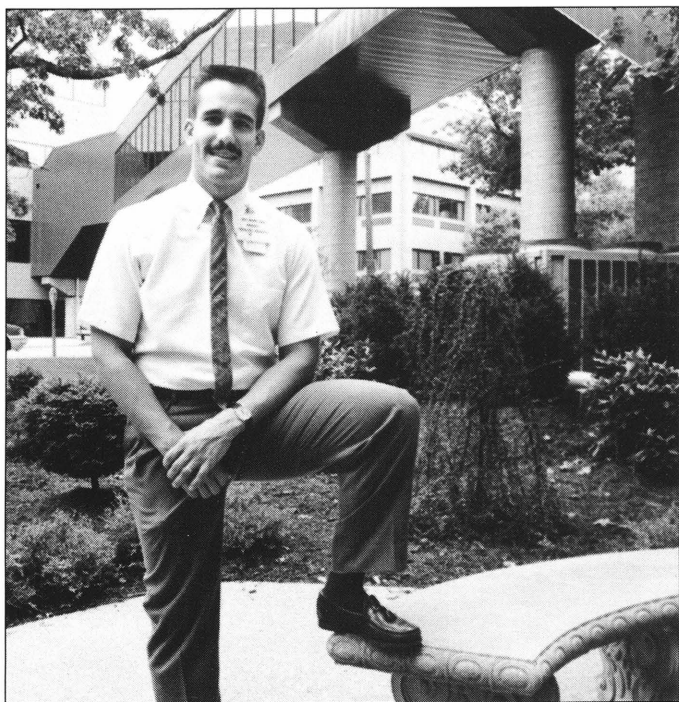
Professor Charles Palenik presents an award to Dr. Brett Mann during the 1989 Honors Day Program for his table clinic entitled, "Unilateral Space Maintenance Using Single Sitting Band and Arm." Brett also received an award from the Indiana Society of Pediatric Dentistry.



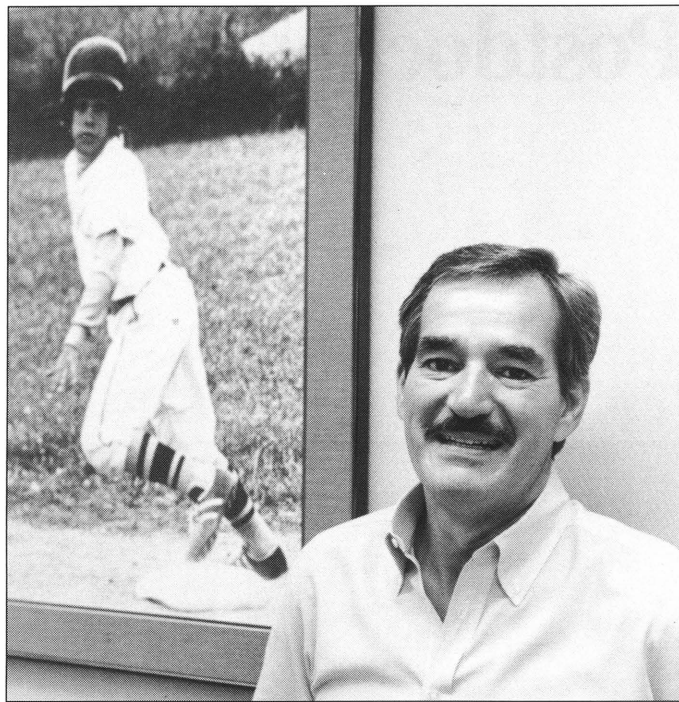
to join my dad when I'm finished here, and I had to take into account what I wanted to bring into our future practice. I think one dental practice that has two dentists with postgraduate backgrounds from two excellent training programs will offer patients a wider range of treatment modalities and philosophies."

He leans enthusiastically into a discussion of Cincinnati's residency program, displaying all the signs of a young man who realizes his latest career decision is the best one for him: "I think I got a very thorough education at Indiana University. Steve and I were able to jump into this program and start doing more right off the bat. Some of the articles we were given as reading assignments were brush-up stuff for us. I'm really pleased with the program and my expectations are being met. There is a completely different patient pool here from what you find in Indianapolis. Cincinnati is fluoridated, but there are surrounding communities and some in Kentucky we draw patients from that aren't. You wouldn't believe the amount of decay that I'm seeing here—nursing bottle caries involving nearly every tooth in the mouth. It's incredible. Many of these patients are difficult to treat in the customary dental setting. They need to be sedated or treated in an operating room. There is more exposure in Cincinnati to that type of treatment, and I'm looking forward to getting extensive experience with O.R. and sedation patients so that I can bring those treatment components to my father's practice."

The excitement Brett feels as a newcomer to pediatric dentistry complements the way his father, now in his 16th year of practice, feels about the profession. "It has been very rewarding,



Dr. Brett Mann at Children's Hospital Medical Center in Cincinnati. The building behind the walkway houses the pediatric dentistry clinic.



The walls of Dr. Mike Mann's dental office are covered with poster-size photos that he snapped of Brett and his sister, Debbie, during various stages in their childhood. This baseball shot of Brett was taken by a family friend.

and I'm still excited about dentistry," Mike says. "I've been branching out into some orthopedic/orthodontic treatment that gives me a great deal of satisfaction, as well as a break in the routine 'drilling and filling.' My practice is preventive oriented. I see infants and toddlers—my youngest patient so far has been an eight-day old with a tooth that needed to be removed. I see some mentally handicapped patients whom I first treated as a resident at Riley. They followed me to my practice and are now pushing 40 years of age."

"Dad is very concerned about the kids in his practice," Brett says emphatically. "He takes a lot of time thinking about treatment situations, looking for the best way to go about it. With his didactic background he is well prepared in the diagnosis and treatment of children. Now that I'm through dental school myself I can see that he also is a very good operator."

Looking down the road a bit, father and son share an optimistic view of the profession. "If there were a vaccine tomorrow that totally wiped out decay," says Mike, "there's still so much out there to be done. We're going to see a tremendous change in the methods of restoring teeth, and in the materials. I think pediatric dentists also

will be getting more involved with TMJ."

"The opportunities awaiting me are different from those my father had when he started," says Brett. "With the advent of fluoridated water and sealants, there is less decay and a shift toward esthetic and preventive dentistry. Pediatric dentistry is a fascinating profession—it's going to be around a long time."

Dentistry aside, the Manns have a time-tested, sure-fire method of 'getting away from it all.'

"For many years the family has been lighting out annually to Canada for a solid week of fishing," Mike says. "We fly in to an outpost cabin to spend time in the wilderness. It's tremendously relaxing, going one-on-one with nature."

Brett agrees. "Those trips are the best family memories I have—leaving behind the stress of dental school in my case, and the stress of practice in his. It's nice to sit back and have nothing to do except get up in the morning. Dad and I both enjoy nature and not having a lot of people around."

Like any father and son, the two men have had their differences, especially during Brett's teenage years when

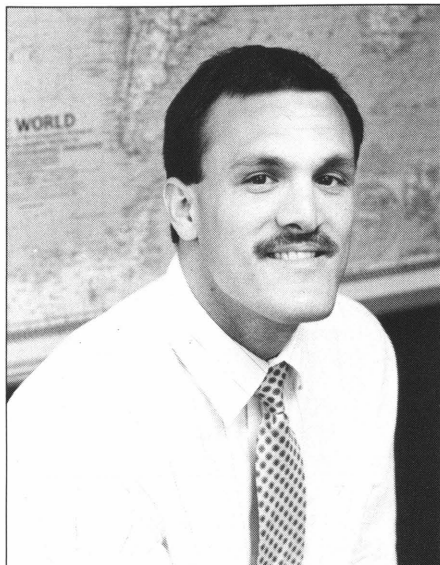
subjects like curfew came up. "When Dad gets upset with me," says Brett, laughing, "it is my viewpoint that he doesn't listen well enough. Oh, he'll give you your time to talk, all right, but sometimes I don't think he *listens*. The odd thing is that, for some reason, people who know me well tend to accuse me of the same!"

Twenty years from now, Brett pictures himself practicing in Indianapolis and teaching part-time at the dental school. Most of his dreams, however, center around the family.

"I plan on spending a lot of time with my kids—Karen and I want to have four—going to their games, taking them camping and fishing. I want to be available to them if there is a problem and I want them to feel comfortable coming to me to talk about it. I want to be a friend as well as a parent."

Sounds like something Mike Mann would say.

Postdoctoral Profiles



Mark W. Wilhelm

Hometown:

Buffalo Grove, Illinois

Dental Degree:

DMD, Southern Illinois University, 1985

Postgraduate Program at Indiana University:

Maxillofacial Prosthetics, with minor in Dental Materials

Thesis:

Evaluation of a Microwave Technique for Liquefying Reversible Hydrocolloid to Duplicate Stone Casts

Degree:

MSD, June 1989

Plans after graduation:

Private practice, Minneapolis, Minnesota



Jenny Lou Ison

Hometown:

Flemingsburg, Kentucky

Dental Degree:

DMD, University of Kentucky, 1984

Postgraduate Program at Indiana University:

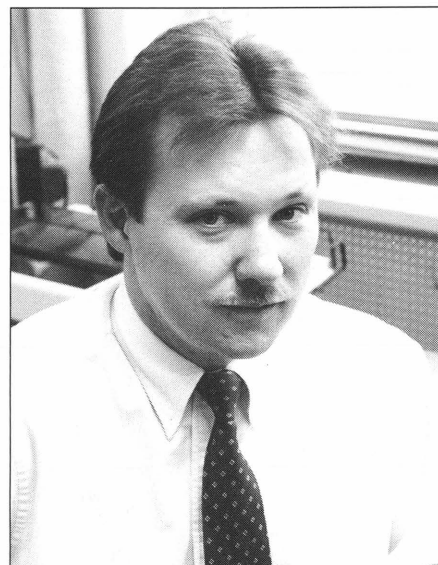
Pediatric Dentistry, with minor in Education

Certificate:

June 30, 1989

Plans after graduation:

Appointed Director, Kosair Children's Hospital Dental Clinic, Louisville, Kentucky; and Assistant Professor, Pediatric Dentistry, University of Kentucky, with joint appointment at University of Louisville



Charles M. Brown

Hometown:

Baytown, Texas

Dental Degree:

DDS, Baylor College of Dentistry, 1986

Postgraduate Program at Indiana University:

Periodontics, with minor in Oral Pathology

Thesis:

A Microbiological Comparison of Young Adults with Generalized Moderate to Severe Periodontitis Based on Relative Amounts of Subgingival Calculus

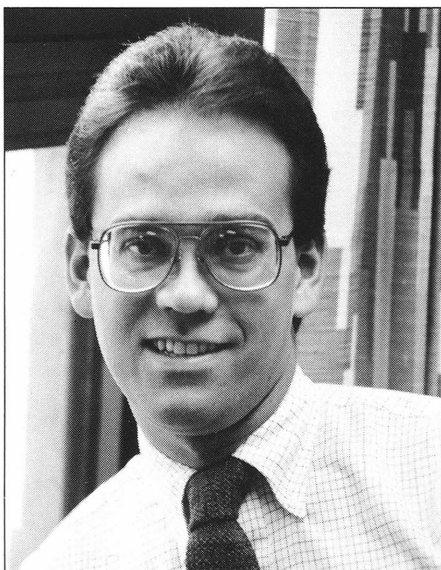
Degree:

MSD, June 1989

Plans after graduation:

Private practice in Pasadena, Texas

Photos by Susan Crum



Thomas J. Wolfe

Hometown:

Lincoln, Nebraska

Dental Degree:

DDS, University of Nebraska Medical Center, 1986

Postgraduate Program at Indiana University:

Periodontics, with minor in Oral Pathology

Thesis:

Toxic Potential of Calculus Retained on Root Surfaces

Degree:

MSD, July 1989

Plans after graduation:

Private practice in the area of Rochester, Minnesota



Bryan Joseph Roy

Hometown:

Fort Wayne, Indiana

Dental Degree:

DDS, Indiana University, 1986

Postgraduate Program at Indiana University:

Periodontics, with minor in Oral Pathology

Thesis:

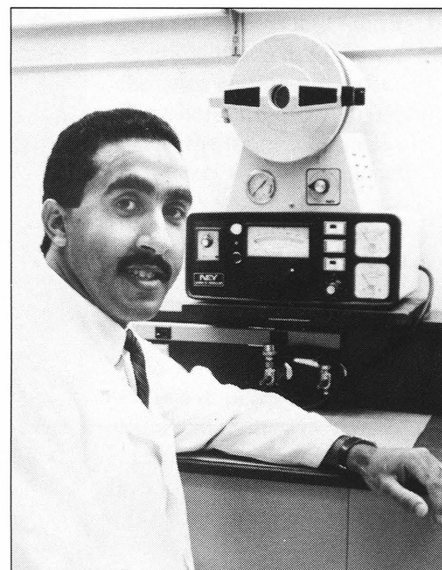
The Antimicrobial Effect of Topically Applied Tetracycline Hydrochloride on Planed Root Surfaces

Degree:

MSD, September 1989

Plans after graduation:

Private practice in Fort Wayne



Mike Halloran

Ernest L. Da Breo

Hometown:

Boston, Massachusetts

Dental Degree:

DDS, Howard University, 1985

Postgraduate Program at Indiana University:

Maxillofacial Prosthetics, with minor in Dental Materials

Thesis:

Evaluation of Light-Polymerized Acrylic Resin for the Fabrication of Maxillary Prosthetic Obturators

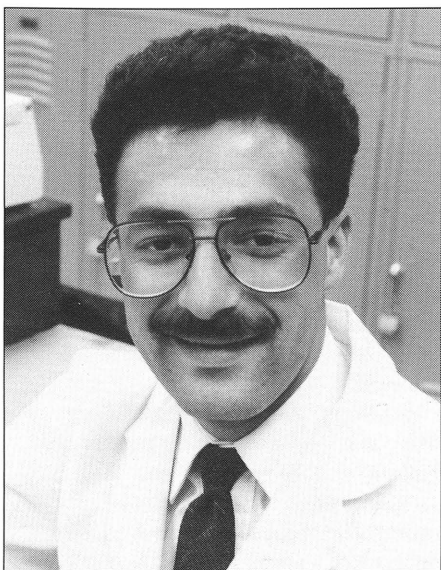
Certificate: 1988

Degree:

MSD, September 1989

Plans after graduation:

Appointed to the faculty of The Ohio State University, Department of Prosthodontics



Ammar C. Louly

Hometown:

Hassake, Syria

Dental Degree:

DDS, Damascus University, 1983

Postgraduate Program at Indiana University:

Prosthodontics, with minor in Dental Materials

Thesis:

Tensile Strength of Preceramic Solder Joints: A Comparison Study of Infrared and Torch Soldering Techniques

Certificate:

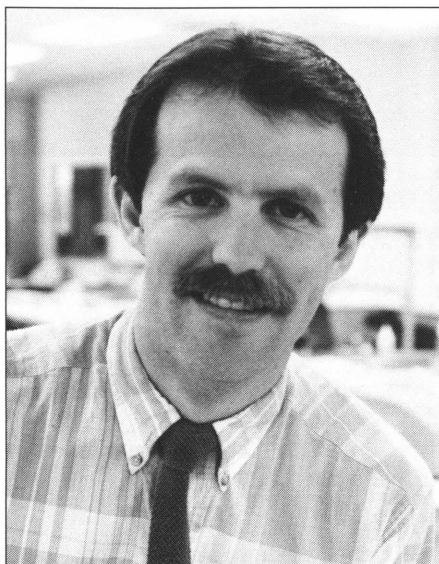
June 1988

Degree:

MSD, September 1989

Plans after graduation:

Currently enrolled in the advanced standing program at IUSD, with anticipated graduation in May 1990. Will go into private practice or associate somewhere in the Midwest after graduation.



Jeffrey D. Shepherd

Hometown:
Ogden, Utah

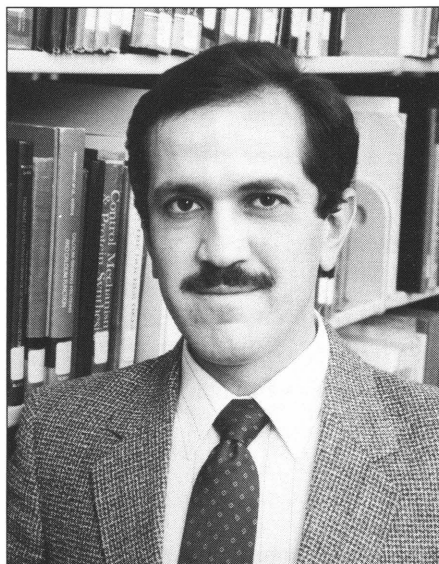
Dental Degree:
DMD, Oregon Health Sciences
University, 1987

**Postgraduate Program at Indiana
University:**
Orthodontics, with minor in Speech
Pathology

Thesis:
Tensile Bond Strength of Light-
Activated Composite for Bonding Metal
and Ceramic Brackets

Degree:
MSD, July 1989

Plans after graduation:
Private practice in Ogden



Mohammed Burhan Alkhatib

Hometown:
Damascus, Syria

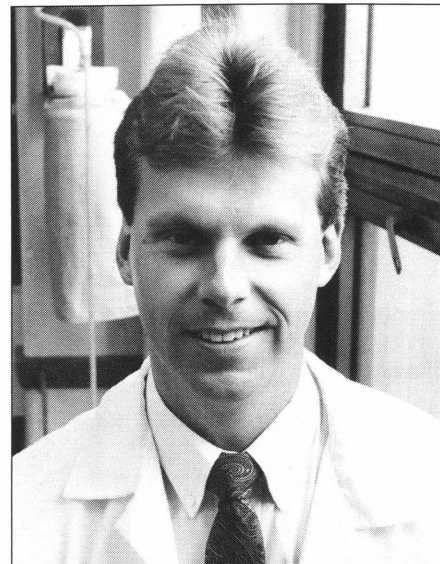
Dental Degree:
DDS, Damascus University, 1979

**Postgraduate Program at Indiana
University:**
Maxillofacial Prosthetics, with minor in
Dental Materials

Thesis:
Microwave Polymerization of Poly
(Methyl Methacrylate) Denture Base
Resin

Degree:
MSD, July 1989

Plans after graduation:
Starting fellowship position at the
Regional Center of Maxillofacial
Prosthetic Rehabilitation at the Eye and
Ear Hospital, University Health Center
of Pittsburgh, Pennsylvania



Rob McDonough

Hometown:
Beech Grove, Indiana

Dental Degree:
DDS, Indiana University, 1986

**Postgraduate Program at Indiana
University:**
Oral and Maxillofacial Surgery, with
minor in Oral Pathology

Certificate:
June 30, 1989

Plans after graduation:
Private practice in Indianapolis with oral
and maxillofacial surgeon Dr. Bob
Sexton ('72)

Notes From the Dean's Desk

While some dental schools are working strenuously to keep their doors open in this period of retrenchment in dental education, there are several signs to indicate that Indiana University continues to have a strong hold on the future. I believe this is so because our faculty and alumni are working hard to meet market demands in a variety of ways. Two important factors lend vigor to IU's dental program: a state-wide recruitment network that attracts outstanding students as well as a curriculum that continually evolves to reflect trends in patient care and services as developed by dental research.

A third component most assuredly is IU's program in graduate studies. With nearly 700 graduates now on our rosters, the program has thrived over the decades, gaining a time-honored, worldwide reputation for excellence along the way.

Under the leadership of Associate Dean Lawrence I. Goldblatt, Graduate and Postgraduate Education at IUSD contributes significantly to the school's overall production. Clinic visits and corresponding income in the graduate area amount to one-fifth of the school's total, and the full-time faculty devote roughly one-third of their time to graduate students and curriculum. The program is seeded not only with top U.S. candidates, but with a sizeable group of outstanding international scholars as well. The program includes

11 areas of study leading to master's and PhD degrees, all of which require the pursuit of an original research project culminating in the preparation of a master's thesis or doctoral dissertation. The future of dental practice depends upon state-of-the-art research programs that will offer timely methods of investigation for broadening dental care services; we consider our program to be a top attraction in the educational community at large.

As dean of the dental school, I recently have undertaken a personal role in expanding our graduate program. In the past year Indiana University School of Dentistry has actively sought to enter into new agreements of friendship and cooperation with highly respected dental schools overseas. The overall goal of such agreements is to promote exchanges of faculty and graduate students so that the institutions may benefit from one another. Our first agreement of friendship, signed with Matsumoto Dental School, Shiojiri, Japan, in 1985, has been highly successful and continues to flourish. With the goal of further enhancing our own graduate and collaborative research programs, we are eager to seek out similar relationships with other notable foreign programs.

In recent months I have personally visited dental schools in Japan, Singapore, Hong Kong, Thailand, and Australia; other representatives from IU have ventured to England and Korea. As reported in the summer issue of the

Alumni Bulletin, we signed a contract with National University of Singapore last winter. I am delighted to announce at this time that we are in the process of finalizing agreements of friendship with a number of other universities abroad.

In upcoming issues of the *Bulletin*, I am confident we will be able to report that several more dental schools have made alliance with Indiana University. During my travels I have observed that all of the schools, in one way or another, have something important to share with us. Perhaps it is a key faculty member, a unique facility, or an invitation for collaboration in a number of scientific areas. Within the coming year faculty exchanges will have us exploring a variety of opportunities in areas such as lasers, implants, and immunology—myriad opportunities that one school alone would find most difficult, if not impossible, to pursue.

We look greatly forward to playing a leading role in this international alliance of dental schools, and to benefiting from an ongoing exchange of knowledge with bright scholars from around the world.

H. William Gilmore

With the Classes...



Mike Halloran

Pediatric Dentistry Alumni Comes Back To IUPUI Campus For Programs, Awards—and Fun

Members of the Indiana University Pediatric Dentistry Alumni Association were offered a well-rounded agenda for their biennial meeting, held this year on the IUPUI campus, June 22-24. More than 50 graduates of IU's certificate and master's degree programs in pediatric dentistry participated in the meeting, which kicked off the Association's pledge drive to raise funds for the Ralph E. McDonald/Pedodontic Fund of the Indiana University Foundation.

Highlights of the affair, held at the IU dental school and at University Place Hotel and Conference Center, included:

- The Ralph E. McDonald Lectureship Series, named for the former chairman of pediatric dentistry and longtime dean of the dental school, featured Dr.

Robert L. Creedon, professor of clinical pediatrics at the University of Cincinnati and director of pediatric dentistry at the Children's Hospital Medical Center in Cincinnati. Dr. Creedon, who is the seventh Ralph E. McDonald Lecturer, spoke on pharmacologic behavior management methods.

- Thirteen table clinics covering a variety of topics (ranging from "The Use of Electrofulguration for Pulpotomies in Primary Teeth" to "Oral Health Care for the Institutionalized Patient") were presented by current residents and graduates of the pediatric dentistry program.

The following awards were announced during the banquet:

- G.R. Baker Fellowship Awards were presented to Dr. Gregory Westman (certificate '88) and Dr. Lawrence Louie (certificate '89). Winners were selected by their classmates and teachers. The award is named for a 1966 graduate of the program and sponsored by graduates Drs. Martin Walshe (MSD '67), Jim Page (MSD '66), Fritz Fischer (MSD '67), Mace Landau (MSD '66), and Burt Horwitz (MSD '66).

- Ralph E. McDonald Research Awards, given for outstanding research papers, went to Dr. Anthony Kamp (MSD '87), whose article, "Neoplastic Diseases in a Pediatric Population: A Survey of the Incidence of Oral Complications," was published in the March '88 issue of *Pediatric*

Dentistry; and to Dr. Gregory Robbins (MSD '88) for research entitled "Effectiveness of the Palatal Orthopedic Appliance in Treatment of the Unilateral Cleft Lip and Palate Patient."

Dr. Jenny Ison (certificate '89) was named the new Ralph E. McDonald Scholar, in recognition of outstanding academic achievement.

Dr. Jerry Udelson (certificate '89) has been awarded a one-year clinical fellowship in pediatric dentistry by the United Cerebral Palsy Research and Educational Foundation.

Gathered in front of University Place Hotel and Conference Center on the IUPUI campus are, seated (left to right): Elizabeth Hatcher, executive secretary, Indiana University Pediatric Dentistry Alumni Association; Ralph Phillips, honorary member; Maynard Hine, honorary member; Robert Creedon, Ralph E. McDonald lecturer and new honorary member; Paul Walker (MSD '72), program chairman; Diane Dilley (certificate '72); Stephen Fehrman (c. '72); Phil Pate (c. '70); Carol Jean Braun (c. '86); Carol McKown (c. '86); Laura Graham (c. '88); Priscilla Johns Bond (c. '85); Ana Vazquez, pediatric dentistry resident; Julie Martinez, pediatric dentistry resident; and Janet Clark (c. '87).

Middle row, left to right: Chuck Kerkhove (MSD '65); Jim Jinks (c. '64), president; Jim Shupe, Sr. (c. '64); Jenny Ison (c. '89); Hala Henderson (MSD '59); Stan Herman (MSD '61); Ralph McDonald (MS '51); Arthur Klein (MSD '58); Fred Swain (c. '72); Mike Mann (c. '73); Keith Roberts (c. '72); Ron Nirschl (MSD '79); Randy Long (c. '71); John Mink (MSD '61); Doug Barton (MSD '71); Keith Ray (c. '81); Dave Hennon (MSD '75); Jay Reynolds (c. '76); Jaime Lemna (c. '85); Phil Sokoloff (MSD '75); and Chet Coccia (MSD '66).

Back row, left to right: Rick Seib (c. '67); Fred Simmons (MSD '76); Rick Martin (c. '67); Paul Starkey, lifetime member; Ron Mack (c. '75), secretary-treasurer; Larry Louie (c. '89); Carl Bell (c. '69); Greg Westman (c. '88); Jerry Rinehart, associate member; Gary Dilley (MSD '73); Chuck Poland (c. '72); Dave Avery (MSD '71); Stephen Kees (c. '83); Gary Hinz, associate member; Ted Lynch (c. '80); Bob Rimstidt (c. '70); Greg Robbins (MSD '88); Jim Fleck (c. '68); Dave Miller (c. '78); Steve Mullin (c. '77); Phil Walter (c. '74); and Jeff Dean (MSD '85).

Huntington Dentist Treats VP Dan Quayle Before Elections

(The following news release was prepared by the Academy of General Dentistry. Dr. John Regan is a 1961 dental graduate of Indiana University—eds.)

During the course of a typical dental career, most dentists probably will see someone who is considered to be a "somebody," a person of importance, a "celebrity." It's fun to treat these types, and more important, it's an honor because they chose you to help them.

And it usually creates a lot of extra confusion and commotion. Take, for example, election days in the office of John Regan, DDS, Huntington, Indiana. That's the day when William Danforth Quayle, the Vice President of the United States, shows up to get his teeth cleaned.

"Dan has a ritual of having his teeth cleaned at 8 am on election day at my office before he goes to the courthouse to vote," said Dr. Regan, who is a bit of a politician himself. He served as president of the Academy of General Dentistry in 1980-81.

The Vice President's visits have not gone unnoticed.

"Dan's visit was covered as a public interest story by the electronic and print media from coast-to-coast," Dr. Regan said, a bit amazed by all the attention. "It could be the most publicized dental visit to occur in this country in a long time."

The media inquiries started after the Associated Press ran the item on its newswire service. "I had telephone interviews with the *Baltimore Sun*, *Washington Post*, and *Toledo Blade*, plus numerous interviews from the Indiana press and reporters following Dan as part of his entourage. I also had a radio talk show interview from Toledo. It was interesting to note the media's perception of his visit. For example, a reporter from the *Washington Post* wanted to know how many teeth he was having pulled."

Dr. Regan's office is located in a converted home in a residential neigh-

borhood of Huntington, a small city of about 18,000 in northeastern Indiana, four hours south of Detroit.

"When Dan's motorcade arrived at 8:10 am with six motorcycles and three police cars—all with sirens blaring—the neighbors wondered what was happening. The usual mass of reporters, cameramen, TV crews and microphones were all positioned on my front lawn ready for Dan when he emerged from his car. Together with the Secret Service, it made quite a sight for a quiet neighborhood. The Secret Service surrounded the office; six were in the office at about 7:30 am, and three more were positioned on the front porch. They were pleasant. As the motorcade arrived, one of them told me, 'Boy, what it takes to get some people to the dentist.'"

In truth, Dr. Regan enjoys the attention. The commotion, confusion and extra planning are worth the effort, he says.

And it probably doesn't hurt his practice. After all, he's the VP's GP.

One Swift Kick By Dr. Kirkwood Nets Pizza Pie For Thousands

The following excerpts are from an article by Bruce C. Smith that recently appeared in the Indianapolis Star. Dr. Kirkwood is a 1988 graduate of IUSD with offices in Speedway and Greenfield.

Brian L. Kirkwood got a kick out of the Indianapolis Colts game Sunday, won a year of free pizzas for himself and made 60,110 hungry friends very happy.

However, his sure-footed field goals during a half time promotional stunt are going to cost Pizza Hut restaurants in central Indiana a lot of dough today.

Officials of the pizza chain said they expect their offer will cost \$150,000 in free food.

At each of the three home games played this season, the restaurant chain had promised to give personal-size pizzas to everyone in the Hoosier Dome if a randomly selected spectator could

hit a 30-yard field goal.

The kickers during the first two games missed. In fact, one young man was greeted by a chorus of boos when he disappointed the fans.

Kirkwood said the fact that so many people were watching made him nervous as he teed up the football for the first of his three attempts.

He stepped back three strides for an approach and easily popped the first kick from the goal line to earn a year's supply of pizzas for himself.

The ball was moved out to the 10-yard line, and Kirkwood again lofted a kick through the goal posts to earn everyone in the dome a free soft drink.

And then the ball was spotted on the 20-yard line for Kirkwood's try at the big prize. He stepped off the approach distance, paused and seemed a bit unsteady as he started toward the ball.

He dug a toe into the ball and sent it arching low over the crossbar to the roar of the crowd.

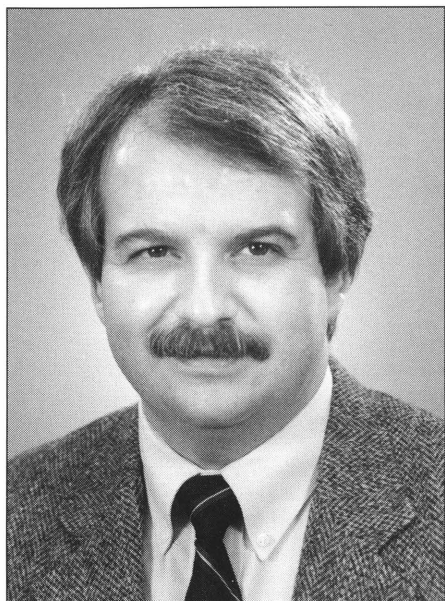
"I was nervous when we were walking out, past those really big guys" from the San Francisco 49ers, who were trotting off the field for half time. "My wife, Charlotte, was there to cheer for me, and I just had a blast..."

Ten years ago in his high school sports career, he was a punter for New Palestine High School. He had another leg up on the challenge of representing all Colts fans in the pizza kick. Dome ticket officials selected Kirkwood a week ago so he would have a week to practice.

Dan Harber, general manager of the Pizza Hut restaurants in the Indianapolis area, predicted 15,000 to 20,000 free pizzas will actually be claimed by the 60,000-plus ticketholders. That estimate is based on similar coupon offers, though he said such a give-away has never been made before by the pizza chain.

"Is it worth it? Sure. It's good publicity," he said.

"After the first couple of weeks, I began to think we had made it too tough, but not now. We figured we will have to pay off a couple of times" this season, he added.



Dr. James E. Jones

Dr. James E. Jones Appointed Chairman At UT Memphis

Dr. James C. Hunt, chancellor of the University of Tennessee, Memphis, and Dr. William F. Slagle, dean of the College of Dentistry, have announced the appointment of Dr. James E. Jones, formerly of the Indiana University faculty, as chairman of the Department of Pediatric Dentistry.

Dr. Jones is a 1978 dental graduate of the University of Louisville who joined the Indiana University faculty in 1983, after earning an MSD degree in pediatric dentistry here. Dr. Jones held a joint appointment as associate professor of pediatric dentistry (School of Dentistry) and associate professor of plastic surgery (School of

Medicine). He was a member of IU's Craniofacial Anomalies Team.

Dr. Jones had been on leave of absence from IU for two years as a Robert Wood Johnson Dental Services Research Scholar at Harvard University. He recently received a certificate in Dental Services Research from the Harvard School of Dental Medicine. Dr. Jones is also a candidate for the Doctor of Education degree in Administration in Higher Education, from the IU Graduate School of Education. In preparation of his dissertation he has been studying factors associated with clinical faculty research productivity in United States and Canadian dental schools.

Dr. Jones is a fellow of the American Academy of Pediatric Dentistry, a member of the American Association of Dental Schools, and an associate editor of *Pediatric Dentistry*.

Family Ties

Indianapolis resident Mrs. Donald K. McCart recently paid a visit to the dental school, bringing with her some interesting bits of family history as well as an antique dental instrument that had belonged to a dentist from the Indiana Dental College Class of 1887.

Mrs. McCart presented a swedge crown former (a block-shaped instrument used in the early days of dentistry to form occlusal surfaces of crowns) to the school on behalf of her cousin, Dr. Kurt R. Bell, an Indiana Dental College graduate residing in New Ulm, Minnesota. Dr. Bell has donated the crown former, which belonged to his father, Dr. Ludwig Bell, to the IUSD archives. Ludwig was enrolled as a dental student at the Indiana Dental College just a few years after it was established in 1879.

According to Mrs. McCart, her great uncle was born in 1864 in Offenbourg, Baden, Germany. He came to America to pursue an education, and graduated from Indiana Dental College in 1887. Afterward he set up practice in New Ulm. Kurt followed in his father's footsteps professionally, earning his Indiana Dental College degree in 1916 and then joining his dad in practice. (The Indiana Dental College was



Dr. Kurt R. Bell (IDC '16) with Mrs. Donald K. (Rosalind) McCart

purchased by Indiana University in 1925.) Ludwig Bell died in 1956.

Dr. Kurt Bell attended his dental class' 50th year reunion in Bloomington in 1966. He is retired and continues to reside in New Ulm.

While she was a guest at the school Mrs. McCart visited with Dean H. William Gilmore, Associate Dean Robert L. Bogan, and Dr. Maynard K. Hine, former dean of the dental school currently serving as the school's archivist.



Dr. Harris (standing beside dentist with patient) observes screening exam at the University of Gottingen.



Dr. and Mrs. Lund (right) stopped over in Wiesbaden to visit a former IU student, Dr. Dale Ruemping, and his wife Carol. A colonel in the U.S. Air Force who practices children's dentistry, Dr. Ruemping earned an MSD degree in operative dentistry from IU in 1977. He also is a graduate of a pediatric dentistry program at the University of Washington. The Ruempings have been living in West Germany for several years.

IU Faculty Members Present Courses In West Germany

Drs. Ronald K. Harris (MSD '73) and Melvin R. Lund, both professors of operative dentistry, traveled to West Germany to participate in a three-day symposium co-sponsored by the American Academy of Gold Foil Operators and the University of Gottingen. About 20 Americans joined in the program, which involved a series of lectures on direct filling golds as well as clinical demonstrations. Dr. Lund

lectured on materials and properties and Dr. Harris discussed practical applications and common uses for gold foil. He also clinically demonstrated the handling, placement, and finishing of two Class I occlusal foils.

According to Dr. Harris, the program, held June 8-10, was well attended and very well received. "Clinical operations were performed on about 15 individuals, including area dentists and dental students from the University of Gottingen who had expressed a desire to have their restorations replaced," he said. "All of the American visitors were impressed by

the facilities and the level of knowledge displayed by the host school's faculty and students. Participants were conversant in English, and we found their enthusiasm refreshing!"

During the next weekend Dr. Harris presented a one-day course in basic direct gold technique at the office of Academy member Dr. Jan Drews, in Uberlingen, which is located in the southern part of the country. Dr. Drews was a participant in the basic and advanced gold foil courses that were held at Indiana University in the summers of 1988 and 1987.

1917

Dr. Edwin T. Foster, Shelburne Falls, Massachusetts, died December 24, 1988.

1921

Dr. Joseph C. Potucek, Sr., died August 27, 1989. He was born in Chicago and had practiced in Michigan City for 55 years before retiring in 1982. He was a member of Elks Lodge 432 and Moose Lodge 980. Dr. Potucek's wife, Harriet, died in 1981. He is survived by two sons—William L. (DDS '60), a dentist in LaPorte, and Joseph, Jr., a veterinarian in Valparaiso; and five grandchildren.

1922

Dr. Walter J. Barkes, Sr., of Mishawaka, died August 26, 1989. He was a practitioner in Mishawaka for 45 years. He was a past member of Mishawaka Lions Club and Mishawaka dental society. In 1924 Dr. Barkes married Hyacinthe Turner, who preceded him in death by four years. He is survived by a daughter, Virginia Kincaid, Greenwood; two sons—Robert D. (DDS '50), Mishawaka, and Walter J., Jr. (DDS '51), Granger; eight grandchildren; and 12 great-grandchildren.

1926

Dr. Hilbert L. Hoffman, Anderson, died July 27, 1989. He retired in 1976 after

practicing in Anderson for 50 years.

Dr. Hoffman was a former president of the Madison County Dental Society and a member of Psi Omega dental fraternity, Anderson Noon Kiwanis Club and Men's Garden Club. He belonged to Mount Moriah Masonic Lodge, Scottish Rite in Indianapolis, and Madison County Scottish Rite Club. He was a life member of the Indiana University Alumni Association and a patron of the Anderson Symphony Orchestra.

Dr. Hoffman is survived by his wife, Marie; sons Donald, Jon and Steven; daughter Carol Alford; 11 grandchildren; and eight great-grandchildren.

Dr. Harold C. Dimmich, West Lafayette, has informed us of the recent death of his classmate, Dr. Maurice P. Lord, who practiced in Lafayette for 53 years, until his retirement in 1979. Dr. Lord ran farms in Tippecanoe and Montgomery counties and was involved in thoroughbred horse racing in Illinois, Kentucky, Ohio, West Virginia and Florida.

Dr. Lord was born in Lafayette and raised in Otterbein. He attended Notre Dame University. In 1933 he married Mary Augustine Bordenet, who died in 1976.

He belonged to Knights of Columbus, Lafayette Country Club, Delta Sigma Delta fraternity, and was a life member of Elks Lodge 143. He was a member of the dental staff at St. Elizabeth Hospital.

Dr. Lord is survived by his son, Maurice P. Lord II (DDS '64), West Lafayette; and grandsons Maurice P., III, and Andrew, both of Santa Barbara, California.

1927

Belated word has reached us on the death of Dr. Harold E. Drake, Lebanon, Ohio, in 1987. Also, we have learned that Dr. Arthur A. Wright, Terre Haute, died May 25, 1989.

1939

We have an address update for:

Dr. John L. Campbell, Sr.
99 S 1 Alpine Lake
Terra Alta, WV 26764

Dr. William W. Gainey, Palm Desert, California, died June 6, 1989. He is survived by his wife, Helen.

1940

Change of address:

Dr. Seymour W. Nadler
PO Box 2357
Arnold, CA 95223

1942

Mr. Alan D. Starcher, of Jacksonville, Florida, reports that his father, Dr.

Sammy M. Starcher, Fort Pierce, Florida, died April 17, 1989.

Dr. Starcher was a native of Buckhannon, West Virginia, and had practiced in Clarksburg, West Virginia, from 1946 to 1983. He attended West Virginia Wesleyan College before dental school, and was in the U.S. Army Dental Corps. He belonged to the Clarksburg Lions Club and was a 32nd degree Mason there. He was a life member of Delta Sigma Delta dental fraternity.

In addition to his son, Alan, Dr. Starcher is survived by his wife, Evelyn, Fort Pierce; son Sammy M. Starcher II, Virginia Beach, Virginia; daughter Leslie I. Hamilton, Fort Pierce; and granddaughter Chera-Lyn Starcher, Virginia Beach.

1944

Dr. Robert V. Brown, Oakland City, died June 10, 1989.

1952

A change of address for:

Dr. William F. Cain
RR 1, Box 505
Northport, MI 49670

1954

We have received notice of the death of Dr. Jose O. Leiva, Guatemala City, Guatemala, in 1988. He was a life member of the Indiana University Alumni Association.

1956

We have had a letter from Dr. W.W. Rogers, Phoenix, Arizona, who reports that his classmate, Dr. John Austin, Paradise Valley, Arizona, died August 17, 1989. Dr. Austin was a Navy veteran of the Korean War. Survivors include his wife, Mary Frances, and son, Jimmy.

1964

Dr. Robert Bogan recently received a letter from Dr. John J. Stropko, who is now in the practice of endodontics at 100 Willow Creek Road, Prescott,

Arizona 86301. He says in part: *I'm finally back in the saddle again. I finished my two years at Boston University in May 1989. We love Prescott—it's a beautiful mountain community with a great climate....*

Ruth Margaret Cassidy Webster (ASDH '64, BS '74), Indianapolis, died September 5, 1989, in St. Vincent Hospice. She was a volunteer at St. Joan of Arc Catholic Church and worked extensively in continuing education in dental hygiene.

Mrs. Webster was the widow of William Lee Webster. She is survived by sons Charles William and Michael Paul; daughters Mary Lynn Webster and Dr. Maureen Vivian Darcy; and two grandchildren.

1969

It was recently reported in the *Journal of the American Dental Association* that Captain M. Thomas Barco, Jr., is the first dentist to be elected class president of the University of Pittsburgh's Management Program for Executives. Classmates voting for him were executives representing major corporations throughout the world.

Dr. Barco is a prosthodontist in the U.S. Navy and a 1978 graduate of the master's degree program in prosthodontics at Indiana University.

The intensive five-week program, held in April and May, was sponsored by the Katz Graduate School of Business at the University of Pittsburgh and offered executives an opportunity to develop skills in such areas as leadership, marketing, and strategic thinking. JADA quoted program director Richard Headley as saying, "Tom Barco took his role as class president more seriously than any of his predecessors. He showed genuine leadership abilities and was one of the reasons the entire class rated the program so highly."

Dr. Ralph W. Phillips, IU research professor of dental materials, recently noted: "Management programs for executives such as this are very selective. I have talked to a number of people who have been through these courses and to be selected class president of such a group is a very distinct honor.

Tom has established a great career in the U.S. Navy and I am not surprised that he was selected. It speaks well for his leadership and for dentistry."

Dr. Barco has now accepted a new assignment as commanding officer of the U.S. Naval Dental Clinic at California's Camp Pendleton.

1975

Dr. M. Elizabeth Johns, 1501 Marigold Way #301, South Bend 46617, is now associating with her brother, Dr. Michael R. Johns ('74, MSD '76), in his practice, South Bend Children's Dentistry, p.c. Elizabeth was chief resident in the UCLA School of Dentistry's pediatric dentistry program before coming to Indiana.

New address for:

Dr. Cleodius Walker
10440 Corporal Way
San Diego, CA 92124-3334

1978

More address updates:

Dr. B. David Breininger
1521 Plantation Lakes Circle
Cheasapeake, Virginia 23320

Dr. David L. Carr
1905 Ridge Road
Leavenworth, KS 66048

1979

Address change:

Dr. William T. Barnes
7319 East 116th St, Suite A
Fishers, IN 46038

1981

Address updates for:

Dr. Juan E. Arocho (MSD)
135 Newportville Road
Croydon, PA 19020

Dr. Richard M. Grassmyer
102 Mahuron Dr
Salem, IN 47167

1984

Address changes:

Dr. Warren H. Blair
Bohrihger Str. 57
D-7000 Stuttgart 40
West Germany

Dr. Michael T. Smith
114 4th St
PO Box 264
Tipton, IN 46072

1986

Associate Dean Robert L. Bogan has had a letter from Dr. David M. Cummins, who reports that he completed his active duty obligation to the U.S. Navy last June and now lives in Portland, Oregon, where his wife is completing the final year of her Internal Medicine residency program. Dr. Cummins is in a group practice in Vancouver, Washington, which is located directly across the Columbia River from Portland. His new addresses are: (home) 805 NE 53rd Ave, Apt A, Portland 97213; (office) 12503 S.E. Mill Plain Blvd, Suite 222, Vancouver 98684.

Other address changes:

Dr. Todd A. Dill
1423 Johnson St
Logansport, IN 46947

Dr. Douglas A. Stanley
204 Yorktown Dr
Goshen, IN 46526

1987

Lt. Gary L. Llewellyn, who serves as a dentist in the Naval Dental Clinic, Guam, recently participated in a goodwill mission to Woleai and Lamotrek, two remote coral islands of Yap, Federated States of Micronesia. He was joined by Lt. Cmdr. Robert Hunter, a physician at the Naval Hospital in Guam.

Guam-based Coast Guard and Navy commands teamed up to make possible the rendering of medical and dental care to the islanders. Drs. Llewellyn and Hunter made the 350-mile trip aboard the Coast Guard cutter Basswood; they were assisted by Basswood corpsmen and crewmember volunteers. Dr. Llewellyn performed 247 oral examinations and extracted 72 teeth during the

five-day mission. When they weren't busy holding public sick call, Drs. Llewellyn and Hunter offered training to local health care providers and hygiene education to the residents. The islands also received medical supplies and educational material donated by several organizations.

Dr. Llewellyn is the son of Dr. Ralph E. Llewellyn, Terre Haute, Class of '52.

1988

New addresses:

Dr. Jeff Golder
411 Roswell Ct
Indianapolis, IN 46234

Dr. David L. Rowland
5922 9th Ave North
St. Petersburg, FL 33710

1989

More changes:

Dr. Burhan Alkhatib (MSD)
669 Elmspring Ct, Apt. 2A
Pittsburgh, PA 15220

Dr. Morris R. Bitzer, Jr.
509 Berry Ct
Evansville, IN 47710

Dr. Bradley S. Trotter
4318 Quail Dr
Beaufort, SC 29902

Michigan Street Memos



Susan Crum

Staffing the new AEGD clinic are (front row, from left) certified dental assistants Karen Widman, Lora Scott, and Kimberly Wilson. Back row, from left, are Dr. Christianne J. Guba, director; Kim Miller, hygienist; and Shirin Rafati-Afshar, who served as receptionist until her recent move to California.

Dr. Chris Guba Heads New AEGD Program

A federal grant recently awarded to Dr. Christianne J. Guba, assistant professor of preventive and community dentistry at Indiana University, has been used to establish a one-year certificate training program in Advanced Education in General Dentistry (AEGD).

The grant of about \$330,000 was awarded by the U.S. Department of Health and Human Services, Division of Associated and Dental Health Professions. Dr. Guba has been appointed director of the AEGD program, which has been designed to provide a broad range of clinical, technical, and practice management experiences to students at the postdoctoral level. Indiana University's hospital-based General Practice Residency Program was phased out two years ago.

Four dentists, all 1989 dental graduates, have been accepted into the program, which began July 1. They are Drs. Kenneth G. Dale, Margaret A. Hibler, and Vineet V. Sohoni, graduates of Indiana University; and Dr. Keith E. Gibson, of the University of Louisville.

The back portion of the fourth-floor dental hygiene clinic (formerly complete denture clinic) is the site of the AEGD program. The newly remodeled facility has a reception area, seven operatories (including one for use by a full-time hygienist), an x-ray unit, and wet laboratory.

"I am delighted by the progress we have made in these first weeks," Dr. Guba says. "We are still in our 'starting up' stages, of course, and getting the bugs worked out of the system. But an excellent staff has been appointed to the

clinic and the residents are doing a wonderful job, too. I'm ecstatic!"

The AEGD patient pool is made up of individuals who are assigned by the Oral Diagnosis Division of Dental Diagnostic Sciences or referred by specialists within the school's departments. "Quite a few people who have heard about us by word-of-mouth are calling in on their own," Dr. Guba says. "Private practitioners also are sending us a number of patients who are not easily treated in the private practice setting, such as those requiring behavioral management or sedation, and medically compromised patients. I am very interested in exposing the residents to a variety of difficult cases."

Other IU faculty members teaching part-time in the AEGD clinic are Dr. Michael Stropes, assistant professor of dental diagnostic sciences; Dr. Jenny Sy, assistant professor of prosthodontics; Dr. Donald H. Newell, assistant professor of periodontics; and Dr. Michael A. Cochran, professor and chairman of operative dentistry.

In addition to their clinical training, the residents participate in 10 hours of seminars each week, which in a year's time will include lectures by as many as 30 faculty members. "The residents will have an opportunity to go into O.R. settings and complete rotations through the dental school's Special Care Clinic," Dr. Guba says. "Each resident is on call one week a month for all of the dental school's active patients, not just the people assigned to our clinic. We're looking forward to providing a thorough education to these young residents!"

CORRECTION

An item appearing in the spring issue of the *Alumni Bulletin* regarding the Guthrie Pullman Carr Academic Achievement Award incorrectly identified the city in which Dr. Carr practiced dentistry. Dr. Carr, who died in 1960, was a 1915 graduate of the Indiana Dental College and a longtime practitioner in Lafayette, Indiana.

We regret the error.



Jarabak lecturer Dr. Birte Melsen and Dr. W. Eugene Roberts, IU chairman of orthodontics

Danish Orthodontist Gives Jarabak Lecture On IUPUI Campus

Drawing on her extensive background in the orthodontic treatment of adults with complex periodontal and restorative problems, Dr. Birte Melsen, a faculty member at the Royal Dental College in Århus, Denmark, presented a one-day course to approximately 150 Indiana orthodontists and other dentists at University Place Conference Center last July.

Dr. W. Eugene Roberts, chairman of orthodontics, invited Dr. Melsen to speak at Indiana University as the 1989 Louise Jarabak Memorial Lecturer. The Jarabak lecture series was named several years ago in memory of the wife of Dr. Joseph R. Jarabak, a Valparaiso dentist and benefactor of the IU Department of Orthodontics who died earlier this year.

Dr. Melsen emphasizes a team approach to dental care in which the orthodontist interacts with other specialists to manage patients who otherwise would be candidates for full or partial dentures. Working in conjunction with periodontal care, she and her colleagues have been successful in using orthodontic repositioning of the dentition to greatly enhance restorative possibilities for these patients.

On the Road With Dr. Park

Returning to his homeland as a lecturer for the first time in 22 years, IUSD faculty member Dr. Kichuel K. Park completed an extensive series on preventive dentistry in The Republic of Korea last summer.

Using "Preventive Dentistry in Action" as his theme, Dr. Park, associate professor of preventive and community dentistry and assistant director for preclinical research at the Oral Health Research Institute, addressed faculty and students at 10 universities in several cities throughout South Korea. During his three-week visit in June and July, Dr. Park presented lectures on 12 subjects related to preventive dentistry. The series was organized by the host dental schools, including Dr. Park's alma mater, Seoul National University School of Dentistry.

Born and raised in Seoul, Dr. Park taught at Seoul National University after earning his dental degree there in 1962. Considered a pioneer in the field of preventive dentistry in Korea, Dr. Park was the country's first teacher of preventive dentistry. In 1967 he wrote a Korean textbook about dentistry for the general public. He left Korea to pursue graduate studies in Canada at the University of Toronto, and has been on the IU faculty since 1969.

The university lecture series represented only one component of Dr. Park's tour of Korea. He also presented a two-day symposium entitled, "Preventive Dentistry in Action: Toothbrush, Dentifrices, Mouthwash, and Diet Modification for Dental Health" to members of the Korean Dental Health Research Institute; a seminar on "Fluoride and Dental Health" to the Korean Academy for Public Health Dentistry; and a lecture on "Quit Smoking Programs in Dental Practice" to the Seoul District Dental Society.

Dr. Park received several plaques and certificates of appreciation from the universities and dental organizations that he visited.

Before returning to Indiana, Dr. and Mrs. Park and their two children spent two days touring the cities of Pusan, Masan, and Kyoungjoo with relatives who live in Korea.

Last Year's Bulletins Catch the Eye Of ICD

The IU School of Dentistry's *Alumni Bulletin* was among dental publications receiving awards in November from the International College of Dentists, U.S.A. Section, presented this year at the annual luncheon of the American Association of Dental Editors in Honolulu, Hawaii.

The Golden Pencil Honorable Mention award went to the *Bulletin* for demonstrating creative and effective use of typography and art in issues published in 1988. The specific articles entered into the competition by editors Jack E. Schaaf and Susan M. Crum were "IUSD Alumni Bulletin: Paging Through the First 50 Years," and "Dr. Willis Answers the Call of the Wild at Indy's New Zoo," both appearing in the fall issue.

Diane S. Alfonso, of IUPUI Publications/Services, is the creative and talented designer of the dental school's quarterly publication.

The publications staff also includes associate editor Ralph W. Phillips, chief photographer Mike Halloran, staff illustrators Mark A. Dirlam and Rolando A. DeCastro, and photographic technician Alana L. Barra.

Two years ago the *Alumni Bulletin* received the Golden Scroll award from the International College of Dentists for showing the most improvement in content and format. The *Bulletin* was redesigned in 1986.

Nicole Broadus (center) shows other NIH award recipients Michelle Adams and Christopher Smith some of the work she was involved with in the Department of Orthodontics' bone research laboratory.

Teenage Researchers Use NIH Grants To Explore Dentistry

Three research-minded Indianapolis teenagers spent eight weeks of their summer vacation getting acquainted with dentistry by delving into laboratory projects at the IU dental school and at the Oral Health Research Institute.

As recipients of research awards granted by the National Institutes of Health, high school seniors Christopher Smith and Nicole Broadus and college-bound Michelle Adams were introduced to some of the research projects currently under way at IU and given ample opportunity for hands-on experience themselves. The grants are aimed at minority high school students and recent graduates.

Chris, a senior at Warren Central High School who intends to pursue a Purdue University program in aeronautical engineering, was assigned to the Department of Preventive and Community Dentistry. He analyzed data from a survey on smokeless tobacco use among junior high school students in Pendleton, Indiana. He also analyzed various smokeless tobacco products for their trace element content. His projects were supervised by Dr. Byron L. Olson, associate professor of preventive and community dentistry; and Dr. James L. McDonald, Jr., professor of preventive and community dentistry.

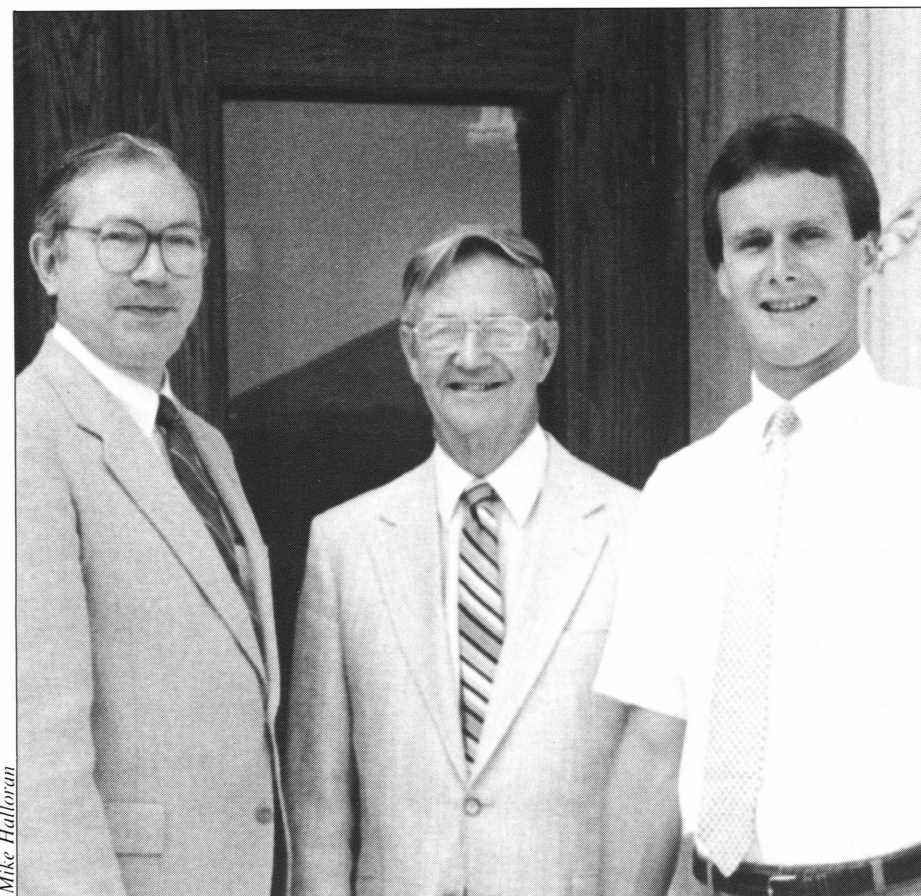
With one year to go at Pike High School, Nicole has made some long-range plans that include studying at the University of North Carolina, Chapel Hill, and eventually becoming an orthodontist. She worked on histologic sectioning of mineralized tissues in the Department of Orthodontics during her involvement in the program. She was supervised by Dr. Lawrence P. Garetto, assistant professor of orthodontics and director of the IUSD bone research laboratory; and Ms. Patsy Dunn, a departmental histotechnologist.

Having recently graduated from George Washington High School, Michelle has her eye on a career in nursing. She has been accepted into the baccalaureate program at DePauw University. Within the Department of Oral Microbiology her goal was to evaluate the effect steam autoclaving has on killing bacterial endospores present on spore strips or on the surfaces of dental needles placed within commercially available sharps containers. Her supervisors were Charles J. Palenik, associate professor of oral microbiology; and Dr. Chris H. Miller, professor and chairman of oral microbiology.

All three students sized up their research experience at Indiana University as a big plus in terms of their personal academic goals. This is the second consecutive year that IUSD has received NIH support for the summer research projects, according to Dr. LaForrest D. Garner, associate dean for minority student services.



Susan Crum



Mike Halloran

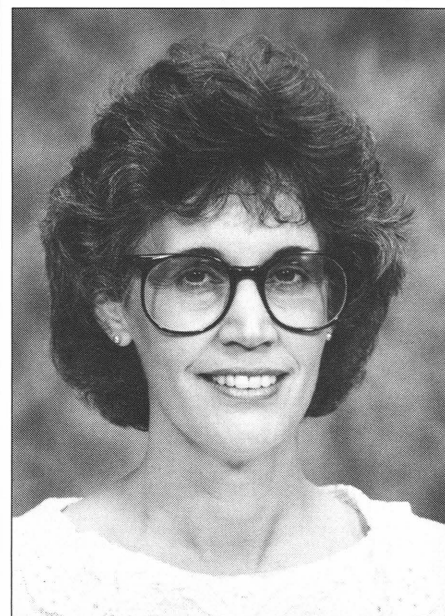
Swenson Scholarship announced. *Dr. Kurt Van Winkle (right), a graduate student in periodontics, is the 1989 recipient of the Henry M. Swenson Periodontics Scholarship. The award was presented during a departmental faculty meeting last summer. Dr. Van Winkle is joined here by Dr. E. Brady Hancock, chairman of periodontics (left); and Dr. Swenson, the periodontics faculty member for whom the award is named. Dr. Van Winkle began his final year in the three-year graduate program in August.*

New Full-time Teachers Appointed To IUSD Faculty

Indiana University School of Dentistry welcomes the following individuals as the newest members of the full-time faculty. They include:

DONNA R. ABRAMS, MS, **clinical assistant professor of dental hygiene.** Professor Abrams is a 1961 graduate of Indiana University's dental hygiene program whose experience in private practice includes five years as a full-time dental hygienist in the Indianapolis office of Drs. John J. Stone ('50) and Craig D. Cooper ('73). She also has served as a part-time teacher for the IUPUI School of Liberal Arts and Indianapolis Public Schools.

Professor Abrams earned a bachelor's degree and a master's degree in health occupations education from Indiana University in 1984 and 1985, respectively. She currently is fulfilling requirements for a doctorate in Higher Education.



Professor Donna R. Abrams



Dr. Gordon R. Arbuckle

GORDON R. ARBUCKLE, DDS, MSD, assistant professor of orthodontics. Dr. Arbuckle joins the full-time faculty after having served as a part-time teacher in orthodontics since 1970. He has two degrees from IU, a DDS ('67) as well as an MSD ('72) in orthodontics. He also has a bachelor's degree in civil engineering from the University of Kansas.

Dr. Arbuckle had been a full-time orthodontist in Indianapolis for 20 years. He served as president of the Indiana Society of Orthodontists in 1981, and currently chairs the admissions committee of the Midwest Component of the Edward H. Angle Society. He is a member of Theta Theta Chapter of Omicron Kappa Upsilon dental honorary fraternity.

YIMING LI, BDS, MSD, PhD, assistant scientist at the Oral Health Research Institute. After graduating from Shanghai Second Medical University School of Dentistry in the People's Republic of China in 1977, Dr. Li taught on the faculty there and also was a researcher at Shanghai Research Institute of Dental Medicine. Dr. Li came to Indiana University in 1982 to pursue graduate training; he earned an MSD degree in dental materials ('84) and a PhD in preventive dentistry ('87). He was a recipient of a Starr Fellowship from IU during his final year in the PhD program. He recently completed a two-year OHRI postdoctoral fellowship.

Dr. Li is the author or co-author of numerous articles, most notably in the area of genetic toxicology. He has presented papers in the United States, Canada, and China. In 1988 he received the first annual Maynard K. Hine Award for Excellence in Research, presented by the Indiana Section of the American Association for Dental Research.



Dr. Yiming Li



Dr. Donald H. Newell

DONALD H. NEWELL, DDS, MS, assistant professor of periodontics. Dr. Newell joined the IU faculty last winter, after serving nine years on the periodontics faculty at the University of Texas Health Science Center, San Antonio. He has degrees from the University of Illinois, Champaign-Urbana (BSD '56), and the University of Illinois, Chicago (DDS '58, MS '64).

Dr. Newell retired from the United States Army with the rank of colonel in 1980. He served with the 122 Medical Detachment as clinic chief and chief of periodontic service, Hansa Alle Dental Clinic, Frankfurt, West Germany, from 1972 to 1976, and as chief of periodontic service at Brooke Army Medical Center at Fort Sam Houston, Texas, from 1976 to 1980. He is the recipient of several awards from the U.S. Army, including the Legion of Merit.

Dr. Newell is a diplomate of the American Board of Periodontology and a member of Mu Nu Chapter of OKU.

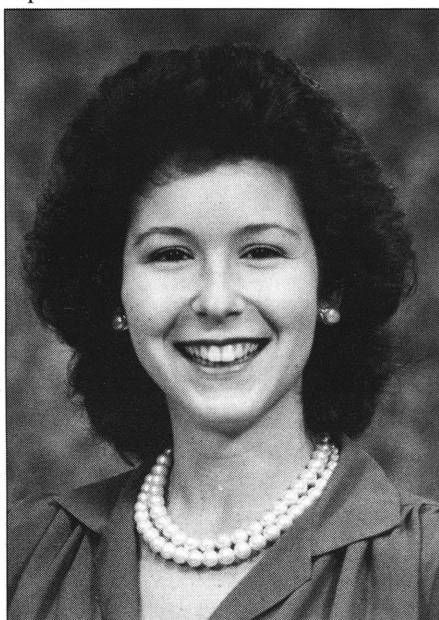


Ms. Sally I. Phillips

SALLY I. PHILLIPS, BS, lecturer in dental hygiene. Ms. Phillips is a graduate of three Indiana University programs: dental assisting (certificate, '74), dental hygiene (associate degree, '80), and health occupations education (bachelor's, '81). She worked for several years in private practice in Indianapolis as a dental assistant and dental hygienist. Her longtime service to the University includes employment in the Riley Hospital dental clinic, the General Practice Residency Program, and TEAM clinic. When TEAM clinic closed last summer, Ms. Phillips became a part-time clinical instructor in dental hygiene and coordinator of the dental school's new patient recall system.

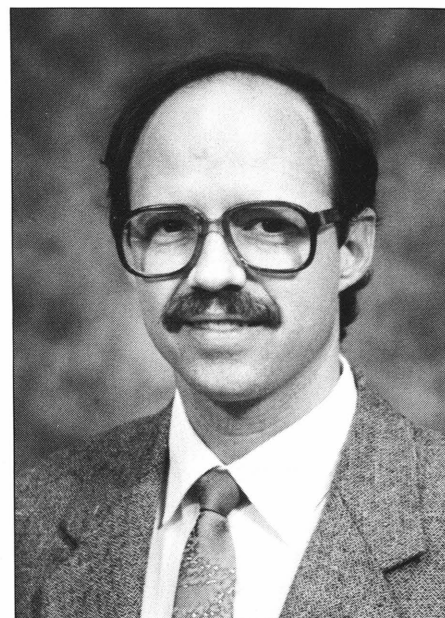
For the last 12 years Ms. Phillips has been an instructor for IU's weekend dental continuing education courses for expanded functions.

MARGIE A. SHELDRAKE, BA, research associate in oral microbiology. She received a Bachelor of Arts degree in microbiology from DePauw University, Greencastle, Indiana, in 1984. She was an administrative assistant for the GTE-MTO telephone company in Westfield, Indiana from 1984 to 1987. Ms. Sheldrake has been employed in the IU Department of Oral Microbiology since 1986, first as a senior research microbiologist and then as laboratory supervisor.



Ms. Margie A. Sheldrake

KIRT E. SIMMONS, DDS, PhD, assistant professor of orthodontics (School of Dentistry) and adjunct assistant professor of pharmacology and toxicology (School of Medicine). After graduating with honors from the baccalaureate program in biology at Austin College, Sherman, Texas, in 1976, Dr. Simmons was appointed teaching assistant in the Department of Pharmacology at The University of Texas Health Science Center, San



Dr. Kirt E. Simmons

Antonio. He was accepted into dental school there in 1981, graduating from the honors program in 1986. He completed the University's PhD program in pharmacology last year.

In 1986 Dr. Simmons enrolled in the orthodontic residency program at The University of North Carolina (Chapel Hill), earning a certificate this year. He was also a Research Fellow, having received an Individual National Research Service Award in 1987 titled, "Retinoic Acid Embryopathy: Role of Cellular Binding Proteins."

Dr. Simmons is a member of Mu Nu Chapter of OKU. In 1988 he participated as the dental staff member in the "Operation Smile Mission" to Manizales, Colombia, where more than 500 children with cleft lip and palate were screened and treated.

Dr. Simmons currently has a patent pending at The University of North Carolina for a device to calculate facial proportions.

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