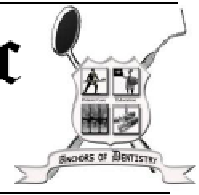


The Practicing Academic

The Department of Periodontics and Allied Dental Programs
(DPADP)



The Alumni Issue-2

April 2010



Chairman's Corner:

The ADEA meeting in Washington DC marked my graduation ceremony from the 'Leadership Training Institute'.

A total of 21 fellows from about 19-20 different dental schools participated. This was the 10th graduating class and currently there are about 210-215 fellows who have completed their training. Almost all the fellows have assumed leadership roles including Division Directors, Department Chairs, Associate Deans and Deans of Dental Schools. I commend ADEA for having the foresight to begin such a program and for keeping it going. The next class has 24 fellows who have been chosen to participate. It is a privilege to be part of such a great network of current and future leaders of dental education.

We have advertised two of the three faculty positions that are available in the Periodontics Division. We have already filled one position (*see information later*) and hope to fill the other by July 2010. The advertisements can be viewed at www.perio.org in the members section. We are pleased with the quality of the applicants and I am confident we will have the two positions filled soon. We will soon be advertising for the position of Pre-Doctoral Director of Periodontics. Keep your eyes open and let me know if you know of candidates

who should be considered for the position.

Our clinics have stayed busy for several months now. This continues to be positive for us as a Department and also for the learning experiences we are able to provide our residents during their training.

The school is moving forward with plans to develop and staff an implant center. Plans call for this center to be located on the third floor with support for the project being provided by at least 4 different implant companies. We hope that with the right publicity and the diligent work of our faculty and staff we will reach a point within 5 years where the center is self sustaining and support for the center is provided through patient treatment and research funding.

In a previous newsletter (Oct 2009), I made mention of the need for us to form an Alumni Association (AA). I am pleased to note that Drs. Scott Reef, Joanne Gaydos and Greg Phillips are making plans to make this a reality. Dr. Jim Sarbinoff has agreed to serve as the faculty liaison for the alumni association. The AA will serve several important roles associated with the graduate program. I am really excited about this development. I urge all our alumni to contact Scott, Joanne and Greg and offer them your support and encouragement as they work toward getting the 'AA' off the ground.

This issue of our newsletter is titled the “The Alumni Issue-2”. I am very glad that 3 of our alumni, Bashar Bakdash, Scott Reef and Leyvee Cabanilla have contributed excellent articles that you will find very interesting.

Dr. Bakdash (MSD 1974) is one of our alumni that have assumed legendary status in the field of Periodontal Education.

Quiz- Who else from the Class of 1974 is a legend in Periodontal Education?

Answer at the end of the Newsletter

Periodontal Education: Opportunities and Challenges



Dr. Bashar Bakdash, BCB, DDS, MPH, MSD

A great deal has been written describing the Current impending shortage of dental faculty, the learning styles of the new generation of students, as well as the impact of the current economic downturn on the present and future financial health of dental schools.

Although the field of Periodontology continues to be in the forefront of clinical dentistry, both as a dental discipline, and as a specialty, it is certainly not immune to forces that are impacting dental education in particular, and the practice of dentistry in general.

This short essay will provide you, with my insights relevant to periodontal education in terms of opportunities and challenges. Such insights are based on my experiences as a

periodontist and dental educator who has had the opportunity to be very involved and connected to periodontics, dental education, public health, organized dentistry, the Academic world within the University of Minnesota Academic Health Center, and the University at large.

First, the field of Periodontology is rapidly changing and evolving from controlling and managing local factors to emphasizing the role of periodontal inflammation on systemic health. Other factors to consider are tobacco dependence Treatment, tissue regeneration, implant and periodontal esthetics procedures. The teaching of Periodontics to dental students continues to emphasize the diagnosis of periodontal diseases and non-surgical therapy. The need to expose dental students to the present day periodontics is not only essential, but is a must. Periodontal graduate students are an excellent resource. They can mentor and assist dental students in managing their cases that require specialty care.

Second, since dental hygienists deliver the bulk of the non-surgical periodontal therapy, in practice, it is imperative that dental hygiene students are exposed to the same/similar periodontal curriculum as the dental students. Even better is to have both dental and dental hygiene students take the same periodontal didactic courses, together and have working relationship in the clinic. The benefits of such joint education is not only to foster such joint education between the two group of students, but to expose the dental hygiene students to what they can accomplish in a dental practice.

Third, as more and more dental schools are moving to the “generalist clinical teaching model” having the periodontal faculty as an integral part of such a model is essential for the best teaching of students, and appropriate and well co-ordinated clinical services of our patients. Having the ability to “give and take” in such a setting is fundamental for a successful relationship.

Fourth, the availability of sufficient number of patients with periodontal diseases to meet the

educational needs of dental and dental hygiene students continues to be challenging. The reduction of the financial support in many state governments to provide dental care to the economically disadvantaged public has reduced patient availability at a time when dental students need to increase clinical revenue. This is a lost opportunity for both the students and the patients needing dental care. The outreach clinical activities however are helping both students and patients achieve their goals. The question is for how long? Many states are financially recovering very slowly and looking to further cut public assistant programs.

Fifth, considering the large number of “age maturing” dental faculty throughout the United States and the harsh reality of declining state support to universities, it becomes very clear that many retired faculty positions will not be filled. Such actions will certainly lead to the increase of the teaching load of the remaining faculty. This can either be very discouraging or increase the drive to innovations and thinking “outside the box”. The use of digital technology to deliver courses combined with face to face review sessions become necessary to meet student’s digital learning desires and resolving a portion of the faculty shortage. Of course the need for faculty for pre-clinical and clinical instruction will continue to be strong and outreach clinical activities will need to utilize dentists as clinical faculty mentors. Such a shift will necessitate education of the outreach faculty mentors to make sure that all involved are well informed and calibrated.

Sixth, in general the pool of applicants to many of Our Periodontology graduate programs continue to Be Excellent. However, the lack of a significant Scholarship Support for many students and the ever increasing tuition costs continue to impact our profession.

In closing it is my hope that this short essay will shed some light about opportunities and challenges that are facing periodontal education. For further information and available resources from our Periodontology program, please go to: <http://www1.umn.edu/perio/index.html>

Dr. Bashar Bakdash, is a 1974 graduate of our program. He is presently serving as a Professor and Director of the Division of Periodontology, School of Dentistry, University of Minnesota.

His detailed biography can be found at:

http://www.dentistry.umn.edu/facultystaff/faculty_bios/a-d/Bakdash,_Bashar/home.html

Challenges of Full-Time Teaching and Part-Time Private Practice

Dr. Leyvee Cabanilla



It is hard to believe that it has been 10 years since I joined the University of Detroit Mercy School of Dentistry faculty. Although I am no stranger to the academic life and quite familiar with the sense of fulfillment and satisfaction one experiences in an academic setting (my father has been teaching at the University of the Philippines for close to 40 years now), I have to admit that teaching full-time was not my primary goal while going through dental school. When I decided to pursue a career in dentistry, I envisioned owning a practice, establishing

lifelong relationships with patients, and perhaps teach part-time. But like many other academicians, somewhere along the way, I was bit by the “teaching bug”.

The practice of dentistry is a rather complex endeavor involving the application of a broad array of knowledge, skills, craftsmanship and attitudes to the promotion of oral health. I am sure we all can appreciate the amount of motivation and hard-work necessary to become the best practitioner we could be. Now imagine what it takes to teach this complex profession to the next generation of oral health care providers and at the same time to try to grow professionally as an academician and clinician. I think this scenario summarizes the challenges involved in being a full-time faculty member with a part-time private practice.

Full-time academics involve a myriad of responsibilities that go beyond clinic and classroom teaching. Time management is a skill that needs to be acquired and mastered rather quickly in order to effectively manage the different roles that a full-time faculty member plays. One almost has to be a Jack (or Jill) of all trades, especially in a smaller institution where faculty members are expected to teach a full course load, assist in patient care and participate in research activities in addition to some administrative duties. It is easy to become overwhelmed juggling teaching, research, administrative work, extending services to various committees and organizations,

mentoring and being a clinician. I think the best way to describe the time management challenge, is to provide a glimpse of a typical day at the school.

The other day, I planned on finishing the following tasks: 1) write questions for the Midterm exams scheduled in about a week, 2) finish reviewing an article and send my comments to the editor, 3) make a list of information our IT support staff needs to develop a program that will be used in a study I will conduct with other colleagues and a graduate resident, 4) review and update my lectures for two classes scheduled within the week 5) grade the “short answer” portion of the quiz I gave to the second year dental students and first year hygiene students and 6) finish the manuscript that needs to be submitted as soon as possible. I had hoped to get as much done before interviewing a candidate for the Accelerated DDS program who was arriving at 9 AM and continue working in between the morning and afternoon sessions of the graduate periodontic clinic (otherwise known as “lunchtime”). I got halfway through completing the questions for the Midterm exam when the candidate arrived. By the time the interview was over, I had to cover the Graduate Perio Clinic. One resident was performing a sinus lift, another placing multiple implants, and the rest were conducting examinations and consultations. Teaching the residents, interacting with their patients and overseeing how the

students coordinate treatment with other colleagues involved in patient management is very exciting and rewarding, but it can also be challenging when subconsciously thinking of the other tasks that have yet to be completed.(for example, task numbers 2-6 listed above). At lunchtime, while I was attempting to finish the set tasks, a group of dental hygiene students dropped by my office and politely asked when they could meet with me to discuss the project I was helping them with. I told them to come back at 6:30 pm after my “after- school” elective course. And so the day ended at around 7:30 pm, I felt I had accomplished a lot, but the rest of the tasks had to be dealt with on another day.

I imagine this is what other full-time faculty members experience on a regular basis. This constant cycle of “things-to-do” on top of trying to be a good teacher and role-model is what makes this career both challenging and rewarding.

As periodontists, we became experts in a specific field by going through additional post-graduate training. We acquired the knowledge and skills that entitled us to be called “specialists”. There is an expectation that full-time faculty members should be experts in the field of education. To become an expert in education, just like any other field, additional training and skill development are needed. This would require more time, which is already a precious commodity. Unfortunately, due to

time constraints, a full-time faculty member in a dental school may find himself/herself choosing between 1) sacrificing private practice time to pursue further training to become a dental educator or 2) continue the road of self-teaching, modeling, improvising, reacting and adjusting as needed. Although one may find a balance between the two options, it is not without difficulty.

Another challenge that I think full-time academicians with part-time practice face is the lure of full-time private practice. According to the most recent ADA *Survey of Dental Practice*, the average net income for an independent private practitioner who owned all or part of his or her practice in 2007 was \$205,960 for a general practitioner and \$353,280 for a specialist.¹ In contrast, the mean guaranteed annual salary of a full-time Assistant Professor (2006-07) in a Clinical Science department, based on the most recent ADEA (American Dental Educators Association) Faculty Salary Survey Summary Report was \$78,835.²

Although this does not include non-salary benefits, such as health benefits and pension plans nor does it include any monetary compensation such as intramural practice income, incentives, or bonuses, the noticeable difference can affect the decision to teach or practice. As a full-time faculty member, I consider the income I receive from extramural private practice as supplemental, which in combination with the additional benefits from

teaching, can support a comfortable lifestyle. However, to be perfectly candid and honest, there are days when I wonder whether it would be better to practice full-time, reap more financial benefits and maybe later on teach (part-time or full-time). I believe this is not an uncommon thought among full-time academicians, not only in the field of dentistry but other professions where there may be a significant income differential between academics and practice, such as medicine and veterinary medicine. The results of a survey of full-time faculty members from United States dental schools revealed that low salary was considered as one of the negative aspects of the work environment.³ Fortunately, organizations such as the AAP are actively making contributions to address this issue by providing various scholarships and fellowships to full-time faculty members.

In addition to financial frustration, a series of negative themes were consistently identified when 110 faculty members at ten different dental schools were interviewed by dental students. The negative themes included: bureaucracy/administrative burdens and barriers, time commitment, political frustration, lack of mentorship, required research emphasis, lack of teaching skills development, lack of student engagement, isolation, and funding uncertainty.⁴

I do realize that full-time private practice presents a unique set of challenges. As a clinician who practices part-time, I can only imagine the stress involved in running a practice. However, I can share some difficulties associated with a full-time teaching career with a part-time private practice. Part-time practice does not mean part time commitment to patient care. The dedication required to achieve excellence in clinical practice is no less when practicing part-time. Unfortunately, the time available to achieve continuous growth of a part-time practice is limited when you have a demanding full-time faculty appointment. For example, it would be very difficult to find the time to develop and implement ways of increasing patient referrals while fulfilling the responsibilities in school.

So why do both full-time teaching and private practice? Teaching provides me with great opportunities for scholarship, intellectual challenge and lifelong learning. It allows me to have constant access to new ideas from both students and fellow faculty members. I am convinced that these opportunities help me to continuously improve as a clinician. Similarly, private practice provides me with valuable experience that I can share with my students in hopes of helping them to prepare for their career. It is both challenging and extremely rewarding to engage in full-time academics and private practice. The constant and continued

quest to grow and develop both in academia and in practice is what feeds my passion for the profession.

References:

¹American Dental Association. 2008 *Survey of Dental Practice—Income from the Private Practice of Dentistry* from <http://www.ada.org/ada/prod/survey/faq.asp> (available as free download to ADA members)

²ADEA (American Dental Education Association) *Faculty Salary Survey Summary Report 2006-2007*. (report available from ADEA: publications@adea.org)

³Froeschle ML, Sinkford JC. *Full-time dental faculty perceptions of satisfaction with the academic work environment*. J Dent Educ. 2009;73(10):1153-70.

⁴[Rogér JM](#), [Wehmeyer MM](#), [Milliner MS](#). *Reflections on academic careers by current dental school faculty*. J Dent Educ. 2008;72(4):448-57.

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My Travels to Different Parts of the World

Dr. Scott Reef, DDS, MSD



One of the advantages of being a partner in a private practice is the ability to travel while your partner keeps the office open. I've been fortunate enough to visit many different countries because of this. Most trips were not dental related, however, in 2005 I was supposed to meet with Dr. Piyanuj (Noot) Permpanich, who finished the Periodontics MSD program in 1998, to visit the dental school where she is a faculty member in Chang Mai, Thailand. Unfortunately, this reunion had to be cancelled because Noot was called to Phuket to identify tsunami victims.

Last fall I was invited to join a delegation of dentists from the United States with the People to People organization. People to People Ambassador Programs send delegates all over the world for cultural exchange programs. This program was designed specifically for dentists to interact with our colleagues from St. Petersburg, Russia and Warsaw, Poland. The delegation consisted of 6 general dentists, one pediatric dentist, one public health dentist and me, representing 7 different states and the District of Columbia.

In St. Petersburg, we visited the Pavlov Medical University. Dental education in Russia is a five year program and is actually part of the medical school. For the first two years, all students take didactic courses in science and anatomy. After the second year, students may choose to specialize in dentistry for their final three years.

We met some of the dental students and faculty, but were not able to tour the school. The students we met all had parents or relatives who were dentists. There was a 3:1 female/male ratio in each dental class. Students are admitted based on secondary school grades and a national entrance exam. If the student scores high enough on the exam, they are able to attend school for free. Other students must pay tuition. Supposedly, only the entrance committee knows who is paying and who is not.

One of the private clinics we visited was on Nevsky Prospekt, similar to Park Avenue in New York. This was an exclusive clinic, offering not only dental cosmetic procedures, but plastic surgery services, such as face lifts and liposuction. Their equipment was very modern. They used the Straumann implant system. I was able to discuss implant procedures with a staff prosthodontist, who showed me some cases he was working on. Oral surgeons place implants in Russia, periodontists do mostly nonsurgical treatment and are sometimes referred to as Oral Hygiene Specialists. The clinic also has an onsite, fully staffed lab. We were not able to visit a public clinic, which would have been interesting.

In Warsaw, Poland, we were guests of the Medical University of Warsaw Institute of Dentistry. Didactic courses are given at the University, patient clinics are located in a different part of the city. Class composition is about 50/50 male/female, class size is around 50. As in Russia, the first two years of school are in the medical program, then students have the option of studying dentistry the remaining three years. At this school, we met several faculty members and some students and were given a tour of the clinics and faculty practice. One of our faculty guides was a periodontist and one was a restorative dentist. Both were also working for NobelBiocare, trying to get implant programs set up in Eastern Europe.

We visited an upscale private office, a state clinic and a private group practice. All clinics have equipment similar to what we have in the

United States. Most dentists that practice in the state clinics also have private practices. Poland has national health care for dentistry, but services are limited. Some practitioners may see a patient in the public clinic, but provide treatment in their private office if the patient wishes to upgrade the service. The dentists in both Russia and Poland were not very complimentary of their respective nationalized dental services. Most of our non-clinical questions were about this issue, as national health care is in the spotlight here.

The delegation met with officers of the Polish Chamber of Physicians and Dentists, their version of the ADA. We heard a presentation on the composition of the Chamber, much like the ADA, with delegates from each state and a national president and officers.

This trip was a great experience, learning not only about the dental systems in these countries but exchanging ideas with European colleagues and those from my own country. I still keep in touch with most of the delegation and am looking forward to another trip. If you have the opportunity to travel with this group, I would highly recommend it. More information about People to People can be found at www.peopletopeople.com

Meet Our Residents

I am introducing a new section in this newsletter. The idea of learning more about our residents was based on some reflection on my part about how little most of us know about each other's lives outside the school. I am hoping this way we get to know them better by learning about their backgrounds and their stories.

Jason Au Yeung- First Year Resident



I'm a first year resident and joined the IU perio program this past July 09. I'm from Toronto Ontario Canada, where I was born and raised. My immediate family consists of my mother, father, an older and a younger sister. They currently live and work in Toronto and I will most likely return there after graduation where I plan on working in private practice and teaching at the University of Toronto.

I completed my bachelor's degree in life science at Queen's University at Kingston Ontario with a focus in pharmacology. My research there consisted of investigating opioid tolerance in neuropathic pain. I then went on to complete my dental training at the University of Detroit Mercy and graduated in May of 09. Many of my faculty members at UDM are IUSD alumni, and I chose IU because of the great experiences my mentors and instructors have had here.

In my spare time I enjoy getting outside whenever I can. I am an avid snowboarder and try to get out a few times every season. I also enjoy rock climbing and white water rafting but unfortunately I have discovered that Indiana is flat and land-locked so I'm 0 for 3. I am however currently training for my first ½ marathon that I plan on racing in Chicago this summer with my cousin.

My work experience has been pretty varied, and my previous jobs include working as a lifeguard, swim instructor, and a science demonstrator at the Ontario Science Center. I also performed in an orchestra playing the

violin. All of these experiences have been a lot of fun.

I also enjoy travelling and my dream job would be to host the TV show 'The Amazing Race'. Recently I had the opportunity to go overseas for the first time to Hong Kong and Beijing with my father in 2008 right before the Olympics. A couple of interesting places I visited while I was there was the bird's nest Olympic stadium and the great wall. I hope to be able to travel more in the future, and a few of the places on my list I'd like to visit are New Zealand, Spain, and Kenya.

So far I'm enjoying perio residency, and look forward to travelling to Hawaii for the 2010 AAP meeting.

Amit Patel- Third Year Resident



Brief education background

I was raised in Bloomfield Hills, MI and went to Andover High School. I then went to the University of Michigan – Ann Arbor for both my undergraduate and dental degrees before coming to Indiana University for my periodontal training.

Which Year in your training

This is my third and final year in the Graduate Periodontics program.

Family

My family includes my father Mahesh, who is a physician and my mother Daya, who is a homemaker. My father was born and raised in India and my mother in Nairobi, Kenya. I also have younger

twin sisters Seema and Neema, who are an accountant for the Department of Defense and a physician, respectively. They all currently live in Bloomfield Hills, MI.

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

This could take some time and is probably a topic to discuss over some drinks!

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

I had an amazing college experience but I regret not joining the synchronized swimming team at the University of Michigan. I feel that I can hold my breath longer than the average person and that I have very attractive legs. I couldn't even bring myself to watch the event when it was televised during the Olympics because I would've kept thinking, "What could have been."

Your hobbies

My hobbies include: traveling as much as possible, soccer, tennis, cooking, and following all sports very intensely.

Hidden talents

I played the violin for about 9 years.

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

Business ventures have always fascinated me so I would have gone in that direction (and still may do in the future). Being a professional sports gambler would be a dream career but of course, is not a practical one!

Like/Dislikes

Likes: Honest people who help others and enjoy life

Dislikes: Shady, selfish individuals

Why did you choose IU's Periodontics Residency Training Program

Out of all my interviews that I attended, I felt most comfortable with the faculty I interviewed with at this school.

Everyone was welcoming, pleasant to talk to, and the atmosphere seemed much more relaxed rather than schools where residents are constantly yelled at or belittled. There seemed to be a mutual respect between the faculty and the residents. I felt that our program also offered a very strong clinical aspect which was important to me as I want to eventually go into private practice.

Another big reason was that the Director of our program, Dr. Blanchard, was a Michigan graduate so I knew I had an ally in my corner and someone to talk Michigan football with!

Future Plans

After graduation, I plan on joining a private practice as an associate and hopefully working part-time at a dental school close to where I will be practicing. I also plan on getting my MBA in the next couple years. The location of where I'll end up is still to be determined!

Faculty Feature Section

We are featuring *Professor Pam Ford* in our Faculty Profile.

Faculty Member Profile

Pam Ford



My education began at I.U. Bloomington. The following year, I transferred to the IUSD dental assisting program. After working a year at Riley Hospital Dental Clinic, I moved to Evansville, IN and attended Indiana State University- Evansville (now USI) where I earned an AS degree in Dental Hygiene. I also earned a BS degree in Dental Hygiene Education and a Masters degree in Social Work at USI.

My position in the department is Director of Dental Assisting and I direct the campus dental assisting program.

My husband, Dave, and I just celebrated our 31st anniversary. We have two wonderful children; Michelle is the oldest, she is married with a family of her own and David is still at home. David is our full time musician, both of our children are musically inclined but David is the only one working in the music industry. He is an awesome bass player. We couldn't ask for a better son-in-law, Shawn, and a wonderful grandson, Brock, with another grandchild on the way in October. My mother, who is 90, also lives with us.

If I could change anything that I did in college, I would not wait so long to finish my BS degree and I would have moved on to my MSW sooner. It's much harder to go to school when you have a family, but I think this helps me understand our students better.

Things you did not do in school/college that you wish you did.
See above.

I enjoy dabbling in areas of art when I have free time for hobbies: ceramics, sewing, photography, scrapbooking, spinning wool and a little bit of knitting but the spinning is actually more fun. Lately I have been

taking jewelry classes and I want to learn how to electro plate objects. My husband and I also enjoy traveling, but it usually seems that we keep going to Florida. I have two siblings in Florida and we usually combine our vacations with spending time with them. Dave and I definitely need to expand our destination horizons, there are several things I want to see and do and they are not in Florida.

Hidden talents... I showed Saddlebred horses when I was younger and we bred and raised one Saddlebred horse and one Thoroughbred horse before I traded in the horses for a swimming pool for our children. Our daughter has a lot of allergies and horses are one of her problems, so the pool seemed like a good clean activity and sport.

If I had not gone into dentistry, I probably would have gone into social work or another area of health care. With the good psychomotor hand skills, dentistry is such a good fit for me.

Pet peeves of mine are irresponsible dog owners. They give responsible dog owners a bad name and they contribute to a bad name for certain breeds of dogs. And I am also totally against puppy mills.

My likes and dislikes ...I like the challenge of snapping the photo of a wild animal or bird and finding interesting flowers to photograph. I like learning new things and developing new skills. My dislikes are mostly food items like liver, venison and fishy tasting fish.

Happening in the Department

Dr. Towns is the man



Dr. John presented Dr. Stephen B. Towns with a
2010 Educator Award from the AAP

National Dental Assistants Week

Dental Assistants in the Periodontics Division
were recognized during the Dental Assistants
Week. Thank you for what you do.



Division Pitch-In

We decided to have a pitch-in lunch on March 11th. Having some time for the faculty, staff and residents to sit down and eat some different foods and may be relax a bit is nothing but positive. We assembled a crack team of blue ribbon experts to judge the various food offerings. Jim Sarbinoff and Judy Doyle evaluated the food and judged the salad that Samira Toloue made was the best among the best. Diana's cheese dish was a close runner-up.

Good job everyone on participating and contributing to the pitch-in.





The food was great

Resident Case of the Month

Ridge Augmentation with Osteocel®



Sung-En Huang (3rd Year)

Patient KT is a 33 year-old Asian Male. He was referred from the Graduate Prosthodontic Clinic to evaluate the possibility of implant placement over the lower posterior edentulous area. Patient presented in Graduate Periodontic Clinic for consultation on 4/24/09. Tooth #30 and 18 were extracted in Nov, 2008. No socket preservation was done at the time of extraction. #19 was extracted about 20 years ago due to decay. Patient's chief complaint was "I want to restore my teeth".

The edentulous ridge over the #19 and 18 area was about 3 mm wide bucco-lingually at the most coronal portion and became wider about 3 mm apically. The mesio-distal width was 16 mm at the CEJ from #17-20 area and about 12 mm at the occlusal area. Edentulous ridge over #29 and 30 was about 20 mm mesio-distally and about 2 mm bucco-lingually at the coronal part and started to flare about 6 mm apically. The plan was GBR with Osteocel® which is a newer ridge augmentation material.

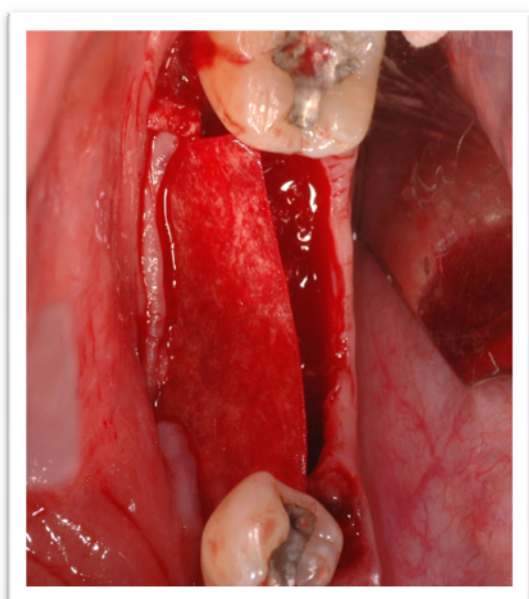
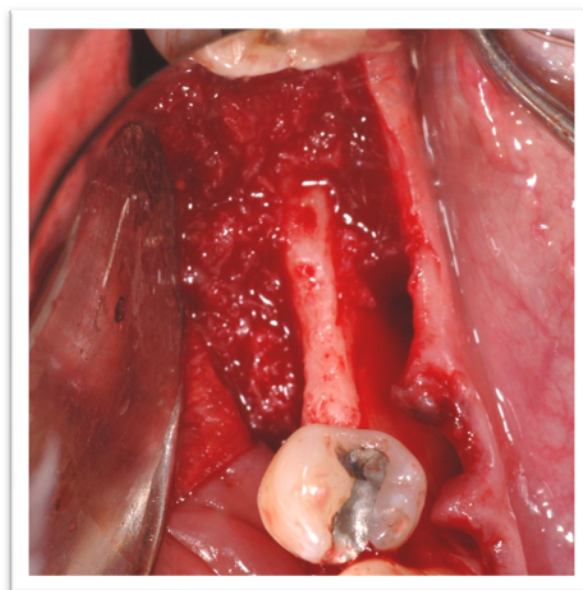
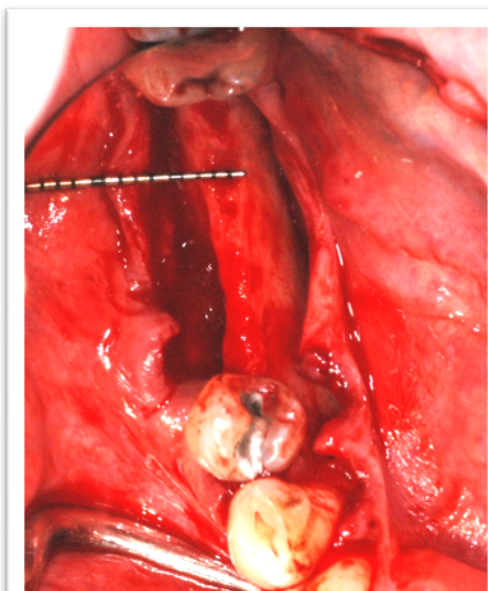
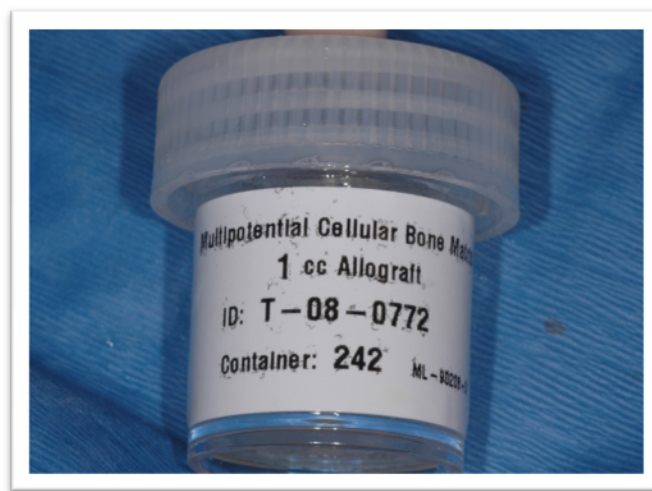
Osteocel is an allograft cellular bone matrix retaining native mesenchymal stem cells (MSCs) and osteoprogenitor cells
Osteocel® (multipotential cellular bone matrix)

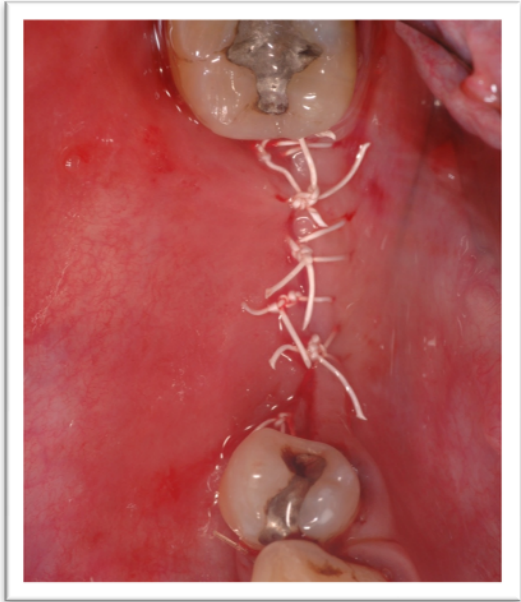
- Bone graft material prepared from cadaver within 24 hours of death.
- Cortical bone is separated and processed into de-mineralized bone particles
- Cell contained cluster differentiation (CD) 45 was removed from the cell-rich cancellous bone
- Fluorescence-activated cell sorting (FACS) testing to confirm all remaining cells are positive for cluster



differentiation CD105 and 166.

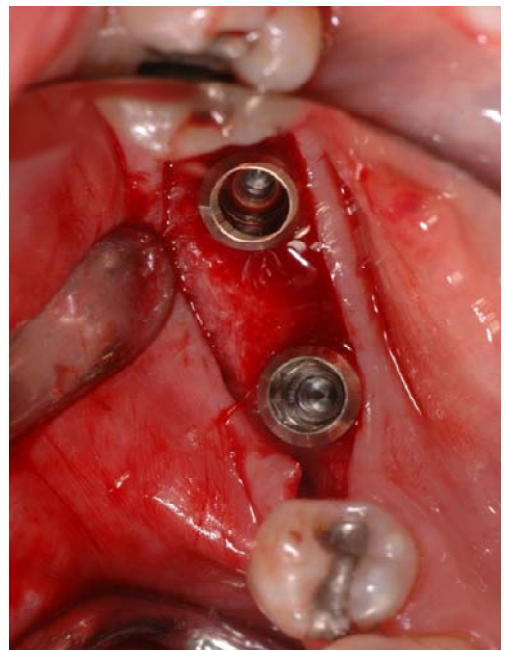
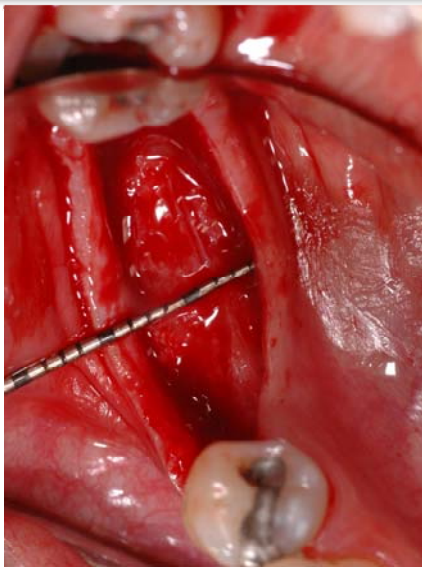






The bone density was in between Type I and Type II density. Thick cortical bone was noted for the first 3-4 mm. Straumann implants were placed.

Dr. Huang and Dr. Prakasam along with their faculty mentors are planning on writing up a case series on the use of mesenchymal stem cell augmentation material. Look out for this article in the near future.



Faculty Member Profile- Dr. James Sarbinoff, DDS, MSD, FACD



In the July 2009 issue of the newsletter, I had introduced Jim Sarbinoff as our newest full time faculty member. Jim was appointed at that time as 'Visiting Clinical Assistant Professor'. Following a second series of interviews, Dr. Sarbinoff was offered and since has accepted the opportunity to become a permanent member of the Full Time Faculty. Jim is a Clinical Assistant Professor in the Department. Congratulations Jim. You are doing a wonderful job and we all look forward to working with you for a long time.

Current Resident Research Samira Toloue- 2nd Year Resident



A Clinical and Histomorphometric Study of Calcium Sulfate (*DentoGen*®), compared to Freeze Dried Bone Allograft (FDBA) for Alveolar Socket Preservation.

Adequate ridge height and width are essential in the ideal placement of dental implants in order to attain proper stability, function and esthetics. The placement of dental implants is not completely contraindicated in sites receiving no preservation however the amount of resorption may not be predictable in a case by case basis. There seems to be a general consensus that the use of ridge preservation procedures at the time of extraction provides a more predictable means

of maintaining bone volume for subsequent implant placement compared to extraction alone.

Many materials have been used for preservation of ridge dimensions including allografts, xenografts and alloplasts. Allografts like FDBA have been used safely in humans for regeneration without an adverse antigenic response and it has been found to predictably preserve the ridge dimensions after tooth extraction.

Calcium sulfate had been used in orthopedics and dentistry as a graft material for over 100 years. It is a low cost, well-tolerated, biodegradable bone graft substitute which has been found to be osteoconductive and may accelerate osteogenesis. There have been a number of studies depicting the safety and efficacy of calcium sulfate as well as several human clinical studies showing the applicability of calcium sulfate for use in dentistry.

The purpose of this randomized control clinical study is to clinically and histologically evaluate two treatment modalities, *DentoGen*® (calcium sulfate) and FDBA in the role of preservation of socket dimensions and to evaluate the amount of new bone formation/residual graft material histologically in patients who have non-molar extractions.

It is hypothesized that the use of *DentoGen*® in an extraction site will provide preservation of preoperative ridge dimensions at least as well as FDBA. After three months there will be complete resorption of calcium sulfate material and new bone formation. If this is proved to be the case, both patients and practitioners will benefit. The predictable application of this alloplast material will eliminate any ethical or religious issues associated with using allografts or xenografts as well as provide a significant time and cost savings to the practitioner.

Department Members in the News

Trustees Teaching Awards

The 2010 school wide Trustees Teaching Awards were announced in March.

Professor Lorie Coan and Dr. Vanchit John were recipients of 2 of the awards. Congratulations.

Professor Coan presented a poster at Edward C. Moore Symposium program entitled “*Integration of Tobacco Cessation Efforts for the Dental Team*” on March 4th on the IUPUI campus

Papers Published

1. Introduction of Health Literacy into the Allied Dental Curriculum: First Steps and Plans for the Future Richard D. Jackson, D.M.D.; **Lorinda L. Coan**, L.D.H., M.S.; **Elizabeth Hughes**, L.D.H., M.S.; George J. Eckert, M.A.S. Journal of Dental Education ■ Volume 74, Number 3- 318-324
2. **Ford P, Bissonette M.** Educating Dental Assistants for the Future of the Profession. Dateline Winter 2009; 35(14):14-15

Upcoming Dates and Events

April 19th - Case Defense Week

April 23rd - Graduation Party for the Senior Residents- Bella Vita Restaurant-
www.bellavitaatthamarina.com/

April 28th - Indiana Society of Periodontists Meeting

Date: Wednesday, April 28, 2010

Where Are They Now

Dr. Scott A. Reef (DDS 1991, MSD1996)

After graduating from dental school in 1991, Scott returned to Indiana after serving 2 years in the Indian Health Service in Arizona to begin the Periodontics residency program and upon completion decided to stay. He has been practicing since that time in Lafayette, Indiana, joining the practice of Dr. David Alexander (MSD 1975). Scott has served as President of the Indiana Society of Periodontists and President of West Central Dental Society. He is currently a delegate to the Indiana Dental Association House of Delegates, a board member of the Greater Lafayette Study Club, the director of the Greater Lafayette Hygiene Study Club and serves on the Membership Committee for the Indiana Dental Association. He became a Diplomate of the Board of Periodontology in 2006. Scott also plays a very vital role as Part-Time Faculty in the Department

You can contact Scott at sreef@periodoal.com or visit his website at www.periodoal.com.

The Answer to the Quiz Question

The Class of 1974 also included Dr. E. Brady Hancock. I wonder if Dr. Hancock and Dr. Bakdash knew at the time of their training the profound impact they were going to have on Periodontal Education in the United States and worldwide.

Time: 11:30–12:30 Lunch; 1:00–4:00 Presentation; 4:30–6:00 ISP Business Meeting

Location: Indianapolis Downtown Marriott

Speaker: Dr. Joan Otomo-Corgel

Topic: Osteoporosis/Osteopenia: Clinical Implication in Periodontal and Implant Therapy

Registration: \$75 (ISP member)

This year our program is being held in conjunction with the Indiana Dental Association and, although geared towards periodontists, is open to general dentists and auxiliaries. You will be receiving registration information from the IDA and if you register for the ISP meeting and an IDA course, the IDA will waive their registration fee.

May 8th - Graduation Day for the Dental School- 3:30 at the Convention Center

July- The Incoming Class of Residents arrive



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