



The Practicing Academic

The Department of Periodontics and Allied Dental Programs
(DPADP)



“The Allied Issue”



Chairman’s Corner:

2014 is now in full swing and the remnants of this never ending winter still remain. It has been a cold year so far. Let us hope that the weather gods will be kind to us for the rest of the year. We have been very busy in the Department as usual. The Mid-West Mid-Winter meeting was exciting for those of us who attended. It is always fun to catch with alumni and colleagues from other schools and share stories. The ADEA meeting in San Antonio was exciting. I was impressed with all that is going on in the field of dental education. Technology is changing the

April

2014

way information is being delivered. We do have some catching up to do at IUSD. However with the talent we have, I am confident that we will continue to make sure we provide our students with the latest and best information to enhance their careers.

The AAP Foundation received the ADEA Gies Award. It was exciting for me to attend the Gies Award Dinner and be part of the event.

Congratulations AAPF!!

I have been thinking about a ‘capstone event’ for the graduating residents for a couple of years now. I am pleased that we have been able to organize such an event on April 11th. The idea is to provide a venue for the 3rd year residents to present a collection of their cases from their residency to a larger audience and show case their talents as well as the talents of the faculty that supervise their work. I hope that many of

you will be able to attend and offer your encouragement and support to our residents.

In this issue of our newsletter, we focus on the talents from the Allied side of the Department. I sought out articles from Profs. Lisa Maxwell, Heather Taylor and Michelle Bissonette that I am sure you will find interesting reading.

In addition, a chance meeting with Dr. Alfredo Fernandez (featured in the alumni section) led me to ask Dr. Gillette to write an article on the history of the VA residency program.

The newsletter also includes the other pieces of information that you have come to see on a regular basis.

I hope you enjoy reading the newsletter as much as I enjoy putting all this information together.

An Update from Dental Hygiene **Lisa Maxwell, Interim Director**



So, Dr. John asked me to write an article for the April instalment of the Periodontics and Allied Dental department newsletter. I thought to myself, "Really, like I don't have enough to do? Grrrrr" However, I realized it was an opportunity to toot the horn of the allied programs for a change, which is nice, because we have a lot to toot our horn about these days. So let me tell you what we are doing in the hygiene program.

A little background for you, I became interim dental hygiene program director last July 1. Since then, we have undergone a task force review of our program including workforce issues in the state. We completed accreditation in September. In January we began a curriculum review of our program with the outcome being a new and improved dental hygiene program that will be a Bachelor degree, accelerated 40 month program, with on-line courses and a reduced class size. Whew! We have an ambitious revamp plan and an ambitious timeline to get the job done. Oh and did I mention we are exploring the possibility of starting a Master's Degree program in 5 years? Are we insane?! (To add to the insanity, at the time of this writing, my family just sold our house and we are looking for a new place to live).

Why are we doing this? Because we love what we do! We believe in making our program one of the best hygiene programs in the country. We already know we are a good program, but we can do better, be better, graduate better qualified practicing hygienists who will be able to assimilate into this new healthcare environment we all are embarking on.

The Dental Hygiene Task Force was led by Hannah Maxey, LDH, PHD(c). She has worked with Karen Yoder on dental public health issues in the past. Her knowledge in this regard was invaluable to the task force. The task force was given the charge of identifying workforce issues in Indiana and identifying best practices in dental hygiene education. With that in mind, we reviewed BSDH and MS programs across the country and came up with a list of program qualities we liked and disliked. During these meetings we came up with a list of elements we wanted to incorporate into the new hygiene program. This became the foundation of our program curriculum review.

The dental hygiene program underwent accreditation last September. We passed review with no recommendations and received a verbal commendation for the "forward thinking" represented by the Dental Hygiene Task Force.

So why a BS program? One, the current trend in the state is to confer Associate degrees at the community college level and Baccalaureate degrees and higher at the four year colleges and universities. The Task Force report data also supported moving to a Bachelor degree in order to improve on the employment opportunities we want our graduates to have. Two, our hygienists graduate with 99 credit hours for an AS degree. That's 21 credit hours shy of a BS degree. Three, we are trying to save the students money. How is that possible? By shuffling some courses around to take advantage of the summer tuition break, and by following the new degree maps mandated by the state legislature, we keep students on schedule to complete prerequisites in one year instead of a year and a half or two years.

Why an accelerated program? Again, to save money; but also to give our graduates an edge over the other hygiene programs to get them to the job market sooner.

Why online courses? Indiana University has a new on-line initiative to create more on-line courses. On-line education is popular among students for its convenience. While dental hygiene instruction can't be given 100% on-line, we can convert live didactic courses into on-line courses, making our program more desirable to potential students because of the flexibility inherent in on-line programming.

Why decrease class size? Based on our dental hygiene task force report findings, we have too many hygienists in Indiana. We also wanted a smaller cohort for our new program. We may reevaluate and increase the class size if future data suggests the job market in Indiana changes.

Why a Master's program? Because we are Indiana University School of Dentistry! Because we are leaders in this state, not followers! Because we graduate professionals, not clinicians! It's time to demonstrate our leadership to the Indiana dental community by becoming the first MS degree for dental hygienists in Indiana.

So this is us, a group of dedicated professionals who are passionate about our program. You'll hear more from us in the upcoming months as the buzz continues to grow.

Dental Assisting: My Life and My Passion



Michelle Bissonette Priest, CDA, EFDA, BS IUSD Dental Assisting Clinical Director

I can hear my mother, Karen Bissonette, laughing as she reads the title of this article. Ten years ago she would have never guessed that I would be writing an article about my dental assisting career. In all honesty, I would never have guessed this either! My mother retired as a dental assistant several years ago, after over thirty years of service to the IU School of Dentistry (IUSD). She taught me what it means to be a professional and how to be an optimist. As a child, I can remember watching in awe as she scurried around the IUSD Graduate Endodontic Clinic making sure everything ran smoothly. She went above and beyond for patients, residents, faculty, staff and pre-doctoral students. I didn't appreciate what I was observing at the time. After dentistry became a bigger part of me, I realized how my mother had truly inspired me.

I spent many hours at IUSD as a child and in some ways feel as though I was raised in this building! At a young age, I came to the IUSD Pediatric Clinic for dental treatment. Around ten or eleven years of age, I became a patient of the IUSD Graduate Orthodontic Clinic and spent over 8 years coming to monthly appointments in this clinic. I had class III malocclusion and delayed exfoliation of my deciduous teeth. When I was 8 years old, I still had all of my deciduous teeth. Around that time, teeth D-G, O and P were extracted. The extractions took several hours because the teeth

still had intact roots. It was one and a half years before teeth 7-10, 24 and 25 would replace the extracted teeth. I became extremely self-conscious about my smile. Kids at this age can be incredibly cruel and my toothless smile caused some problems for me at school. I had multiple, minor, surgical procedures to uncover my stubborn permanent teeth, bond buttons and bring them into my dentition with braces. I had many dental appointments and I became much attached to the dental assistants at IUSD because they were so kind and helped me through my appointments. In hindsight, a part of me was always learning about dental assisting with each dental appointment! As the years went by, my teeth became straighter and I dreamed about many potential careers such as, hair stylist, counselor, veterinarian, lawyer and physician. The thought of working in dentistry never crossed my mind! Throughout my youth, I was immersed in dentistry through my own treatments and my mother's work. Dentistry was the obvious career choice that I never considered.

After high school, I continued my orthodontic treatment and began studying psychology at IUPUI. Over the holiday break in my freshman year, I had maxillary Le Fort jaw surgery. The care I received was excellent and I will never forget the kind, quality treatment. This surgery was a turning point in my life because it changed my face, functionality of my jaws and my self-confidence. I was fascinated how this surgery could change my smile so much and I began to consider careers in health care. Dentistry was still not on my radar of choices. As a sophomore at IUPUI, I moved into my first apartment with a roommate. Becoming a responsible, independent adult took me a little longer than I like to admit. Although I was a great student, I lost my way when I decided psychology was not the major for me. Suddenly I found myself skipping classes, which was not like me at all. I chose to withdraw from IUPUI and take some time away from college. During this time, I found out that I did not want to wait tables for the rest of my life! In those days I still had a land line telephone and an answering machine. Things

were a little rocky between my mother and me during this time and I ignored many of her calls. One day she talked to my answering machine until it cut her off and then proceeded to call back three additional times, leaving me a total of four messages. The moral of her story was that I was too smart to give up on education and that I should “get a skill” so that I could be marketable in the workforce while continuing my education. She mentioned the IUSD Dental Assisting Program and on a whim, I applied. I was thinking it would be easy because it was only nine months of school. I was in for a big surprise when I began the program as a full-time student in August 2001. The program was not easy at all. In fact, the science based curriculum was difficult and I had to study more than I expected. I did well in the program, participated as a class officer and slowly but surely began to internalize the professional qualities that my mother had always demonstrated. The memories of watching my mother help people and of the times I was helped as a patient at IUSD drove me to become a skilled, compassionate dental assistant. I wanted to make my mother proud as I followed in her footsteps!

After graduating with my certificates in dental assisting and expanded restorative functions, I took a full-time, dental assisting position in an endodontic practice. By this time, I had completed over 60 credit hours at IUPUI, including 34 credit hours in dental assisting, and I wanted to pursue a bachelor’s degree. I struggled to choose a major because I wanted to pick a program that would count most of my 34 credits in dental assisting toward a degree. The dental assisting credit hours are so specific that most did not count toward other degrees at the time. I decided to continue my education in the Bachelor of Science Health Sciences Education Program. This degree was designed for working health professionals interested in teaching in their prospective fields. My classmates were occupational therapists, respiratory therapists, medical assistants, dental hygienists, etc. I was immediately motivated by the wealth of knowledge everyone brought to class. I excelled in the courses and found myself to be a

much more serious student than I was prior to dental assisting school. However, my motto during these years became, “I am getting a teaching degree, but I do not want to teach.” I enjoyed learning about teaching health care, but did not feel like it was the career for me. I thought that someday I would move on from chairside dental assisting and work for a dental sales company. In order to graduate, it was required for me to student teach in dental assisting for at least one semester. I dreaded my student teaching assignment from the moment I began the Health Sciences Education Program!

I was fortunate to obtain an adjunct faculty position in the dental assisting program at Ivy Tech in Anderson, IN. This position allowed me to complete my student teaching assignment and was the beginning of my career as an educator. I am an extremely extroverted, social, outgoing person with no anxieties about public speaking. I had been on stage many times in my youth through theatre and acting classes. My personality, education and experiences laid the perfect foundation for teaching. How could I never have considered this ever exciting career choice? I immediately fell in love with teaching! At Ivy Tech, I taught Preventive Dentistry, Diet and Nutrition and was co-lab instructor for Radiology, Clinical Science and Dental Materials. Every day was a new challenge and I loved teaching students about oral health, helping them recognize their potential and hone their skills as dental assistants. It was a great year and a half teaching part-time at Ivy Tech and working part-time as a dental assistant in private practice. The daily changes kept me on my toes, but I yearned for more in academia. In 2007, I learned that IUSD’s Dental Assisting Program was hiring a full-time faculty position, Clinical Director. Although I had only been teaching for 18 months, I knew I had to apply for this position. I was elated when I was offered the position and accepted right away.

As full-time faculty at IUSD, I have many opportunities for professional development. Although I came to IUSD with a background in education, I attend many courses and workshops that IUPUI offers to further

develop my teaching skills. Coming to work for IUSD felt full circle to me, I felt like I was coming home! The inspirations from my mother, my education, experience and influence from colleagues have molded me into the dental assisting educator that I am today. I will continue to grow as an educator and offer my best to IUSD. In my role as Dental Assisting Clinic Director, I am the course director for Clinical Science and schedule all clinical rotations for the campus dental assisting students. I take pride in my own journey in dental assisting and strive to instill that same pride in my students. It has been incredibly rewarding helping students achieve their goals and become the best dental assistants in Indiana! Every day I learn new things about dentistry from the amazing people at IUSD. My career is a revolving door of knowledge, information and ideas. As a dental assistant, I make every effort to help the doctors and patients that I work with. I take pride in my own skills as a chairside assistant and with patient-centered care. As a dental assisting educator, I bring my education, experience, skills, positivity, enthusiasm and compassion to class, lab and clinic each day to help students at IUSD. Ten years ago I would have laughed at anyone predicting a career for me in dental assisting education. Now that I have been happily teaching since 2006, I laugh at myself for saying that I would never teach. Dentistry has always been in my life, but now it is my life and my true passion!

Our Role as Educators in Shaping Civic-Minded Dental Professional Graduates

Heather Taylor



According to the IUPUI Center for Service and Learning, a “Civic-Minded Graduate is skillfully trained through formal education (bachelor’s degree or equivalent), and has the capacity and desire to work with others to achieve collective public good.”¹ To be civic-minded means “having, showing, or actively carrying out one’s concern for the condition and affairs of one’s community; public-spirited.”² For educators to produce a civic-minded graduate, a student’s formal and informal education must instill a desire to actively care for their community. Hood suggests that education for professional degrees

consider the foundational concept of John Dewey (1859-1952), who believed “that education...should be concerned with developing students’ long-term commitment and ability to contribute to society and also with the development of students as individuals.”³ Even the public demands that higher education inculcate in graduates a “strong sense of social responsibility and personal accountability.”⁴ Dental education has “a special obligation to the public because of its responsibility to provide professionals to serve the health care needs of its citizens.”⁴ According to Habibian et al., “preparing dental professionals who accept civic responsibility to provide care for underserved populations is increasingly seen as one of the duties of dental schools.”⁵ While it is important for dental, hygiene, and assisting students to be clinically adept and trained, it is just as important to produce a graduate who understands health issues in the community and demonstrates ethical and social responsibility.⁶ Granted, the role, duty, and privilege to instill these core philosophies into students lies heavily within the hands of faculty and mentors. The

in-school experience of dental graduates appears to correlate with how comfortable they are in treating the most underserved populations.⁷⁻⁹ In a study by Carreon et al., findings suggested that “schools can promote altruism in their students by creating a positive culture and environment for diverse populations.”¹⁰

Research has suggested that a shift in the curriculum to include more community-based dental education results in graduates with the increased skills and knowledge to care for large numbers of patients. These graduates are able to treat a “more diverse group of patients...and are made aware of larger societal and professional problems of providing care to low-income populations.”¹¹ It is recommended that dental educators consider exposing students to underserved populations in didactic courses, clinical training, and community service activities to craft future providers who will adequately care for the community. Smith et al. challenges dental schools to “consider new strategies such as exposing more dental students and residents to community health centers, including more public health material in dental

school curricula, and strengthening ties between inner-city or rural practices and academic health centers.”¹² Dental students who have a comprehensive understanding of patients’ economic, social, educational, and cultural pedigrees, as well as their personal barriers to dental care, become graduates who can effectively interact with their patients, perform patient-centered care, and meet the main goals of the public community.¹³

Ironically, it may be the dental education institutions themselves that dissuade a graduate to think with compassion towards their community. Colleges are often networked with other institutions that herald the American culture, and thus become “both a symptom and a cause of the problem of community fractured by materialism, individualism, and competitiveness.”¹⁴ In other words, higher education can sometimes promote the very problems a community is trying to find civic-minded professionals to resolve. While moral reasoning among dental students is adaptable through pre- and post-doctoral curricula, research shows a “tendency for stasis or decline

of student moral attitudes” after completion of their education.¹⁵⁻¹⁷ In fact, medical students were found to be “less humanitarian, more cynical, and more focused on career goals” as they progressed through their education and training.¹⁸ Similar findings are seen among dental students. At the University of Southern California, a study was conducted on dental students’ attitudes toward the underserved population across their four years of dental school. Positive attitudes towards the underserved populations actually declined among dental students as they progressed from their first year of dental school to their fourth. The study indicated that 4th year students had “less idealism than first-year students.”⁵ These findings by Habibian, Seirawan, and Muligan are consistent with other research on medical students who became more distrustful and less inclined to treat the indigent populations in their community as they advanced through their years of education.^{16, 17, 19}

In addition, Gallagher studied the motivation of dental students in their choice of professional career. The findings suggested that

students were motivated to become dentists because of the “professional status, financial rewards, quality of life, job security, and flexibility” of the occupation. Apparently the students’ motivation to help others was not a dominant reason for choosing the dental profession.²⁰

With so many factors driving students in the direction of becoming a self-centered professional rather than a civic-minded one, we must evaluate the focus of education and training at dental schools.

Does Indiana University School of Dentistry promote civic responsibility in their students? Does education at this school empower a graduate to continue on in their professional future with the community as a focus in their moral compass?

Educating students on ethics, professionalism, and cultural competence, does not actively equate to a civic-minded professional. By definition, a civic-minded professional would actively carry out work for the public good. If students are aware of issues with underserved populations, but feel no

responsibility to do anything about these community issues, then a true civic-minded professional may not have been born. If any societal change is to be made, the improvement must first be made in the dental schools through action and education, and changes to curricula to make a lasting impact. Faculty may not be aware that their example is being closely watched by students who are influenced by actions more than by words, the hidden curriculum. There are many selfless faculty members who repeatedly volunteer during community events throughout the year. Yet, do our students know this about us as educators? Do they understand how service is integral to our academic careers and profession?

Granted, one of the biggest issues preventing most students from providing service to the community is the idea of their school loans. Upon graduation, dental students find themselves with thousands of dollars of debt. Perhaps they are interested in helping others who are underserved, but in reality they are in bad financial situations themselves. Debt is

such a major concern for students that it can overpower a graduates' desire to help others.

There are no easy ways to create a civic-minded professional graduate in dental education. To see any dramatic change in professionalism and accountability to the public, the number of dental providers who "role-model professional virtue at every stage of [dental] education" must increase dramatically.²¹ Faculty need to show, by example and by word to students, that they are in fact very active in the community. Here at IUSD, there are faculty members who are energetic in their community and practices, unbeknown to the student body. We should encourage and promote service discussions with students. Letting students know the importance of service to the underserved populations in our community might lead to a transformation in the students' perception of professional priorities. Faculty must also create changes in the curricula that not only educate the students on populations in the community but also instill in the students a life-long desire to actually treat and help underserved populations. The minimal required

amount of service in the community must be "significantly larger for students to view [it] as integral to the culture of [dental] education, rather than an unconnected add on."²¹ As educators of IUSD, we should reflect on how our opinions, casual comments and treatment of others, especially patients, may influence the malleable minds of tomorrow's health professionals. These actions may be in class, in conversation or in electronic media but have a lasting effect on our students often unbeknown by us.

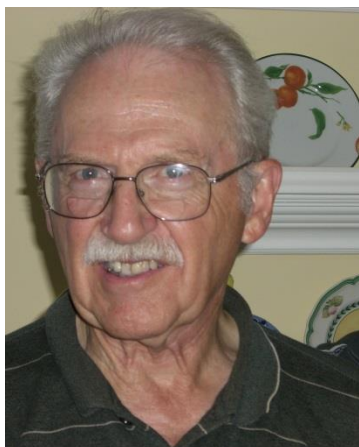
REFERENCES:

1. The Civic-Minded Graduate. 2002. "<http://csl.iupui.edu/assessment/CMG.cfm>". Accessed August 24 2011.
2. LoveToKnow C Civic-Minded. 1996-2011. "<http://www.yourdictionary.com/civic-minded>". Accessed August 24 2011.
3. Hood JG. Service-learning in dental education: meeting needs and challenges. *J Dent Educ* 2009;73(4):454-63.
4. Davis EL, Stewart DC, Guelmann M, et al. Serving the public good: challenges of dental education in the twenty-first century. *J Dent Educ* 2007;71(8):1009-19.
5. Habibian M, Seirawan H, Mulligan R. Dental students' attitudes toward underserved populations across four years of dental school. *J Dent Educ* 2011;75(8):1020-9.
6. Mofidi M, Strauss R, Pitner LL, Sandler ES. Dental students' reflections on their

- community-based experiences: the use of critical incidents. *J Dent Educ* 2003;67(5):515-23.
7. Hood JG. Reflections on the dental Pipeline program's efforts regarding community-based dental education. *J Dent Educ* 2010;74(10 Suppl):S62-66.
 8. McQuistan MR, Kuthy RA, Heller KE, Qian F, Riniker KJ. Dentists' comfort in treating underserved populations after participating in community-based clinical experiences as a student. *J Dent Educ* 2008;72(4):422-30.
 9. McQuistan MR, Kuthy RA, Qian F, Riniker-Pins KJ, Heller KE. Dentists' treatment of underserved populations following participation in community-based clinical rotations as dental students. *J Public Health Dent* 2010;70(4):276-84.
 10. Carreon D, Davidson P, Andersen R, Nakazono T. Altruism in dental students. *J Health Care Poor Underserved* 2011;22(1):56-70.
 11. Bailit HL. Organization and management of community-based dental education programs: an overview from the dental Pipeline program. *J Dent Educ* 2010;74(10 Suppl):S9-16.
 12. Smith CS, Ester TV, Inglehart MR. Dental education and care for underserved patients: an analysis of students' intentions and alumni behavior. *J Dent Educ* 2006;70(4):398-408.
 13. Strauss RP, Stein MB, Edwards J, Nies KC. The impact of community-based dental education on students. *J Dent Educ* 2010;74(10 Suppl):S42-55.
 14. Speck BW. Why Service-Learning? *New Directions for Higher Education* 2001;114:3-13.
 15. Masella RS. Renewing professionalism in dental education: overcoming the market environment. *J Dent Educ* 2007;71(2):205-16.
 16. Masson N, Lester H. The attitudes of medical students towards homeless people: does medical school make a difference? *Med Educ* 2003;37(10):869-72.
 17. Crandall SJ, Volk RJ, Cacy D. A longitudinal investigation of medical student attitudes toward the medically indigent. *Teach Learn Med* 1997;9(4):254-60.
 18. Habibian M, Elizondo L, Mulligan R. Dental students' attitudes toward homeless people while providing oral health care. *J Dent Educ* 2010;74(11):1190-6.
 19. Crandall SJ, Volk RJ, Loemker V. Medical students' attitudes toward providing care for the underserved. Are we training socially responsible physicians? *JAMA* 1993;269(19):2519-23.
 20. Gallagher JE, Patel R, Donaldson N, Wilson NH. The emerging dental workforce: why dentistry? A quantitative study of final year dental students' views on their professional career. *BMC Oral Health* 2007;7:7.
 21. Coulehan J. Viewpoint: today's professionalism: engaging the mind but not the heart. *Acad Med* 2005;80(10):892-8.
- Heather has been busy with some of her civic minded efforts which can be checked out at:
1. Website article. "*IUSD revamps its Give Kids a Smile Program*," Indiana Dental Association News, February 2013, Indianapolis, IN. Retrieved at <http://www.indental.org/News/Revamping-Give-Kids-a-Smile>
 2. Website article. "*IUSD Students United for America's Toothfairy Chapter Continues to Grow*," May 2013, Retrieved from <http://www.ncohf.org/blog/2013/05/15/iUSD-students-united-for-americas-125846>

THE INDIANAPOLIS VA PERIODONTICS RESIDENCY

William Gillette



The Indianapolis VA Periodontics Residency is based in the Dental Clinic at the Indianapolis VA Hospital (VAH). This VAH is a general medicine and surgery hospital, closely affiliated with the IU Medical and Dental Schools, located at the corner of Porto Alegre and Tenth Streets where it forms the northwest corner of the Indianapolis IU medical campus. In keeping with modern practice, and because of its widespread capabilities and teaching functions, it is formally called a Department of Veterans Affairs Medical Center. Just three of the 151 VA Medical Centers, Indianapolis, New York and Los Angeles, have their own Periodontics Residencies. However, several other VAMC's provide training facilities for dental school graduate Periodontics programs.

The VA Dental Service has both full-time and part time dentists, some generalists and others specialists. Its auxiliary staff consists of dental assistants, a dental hygienist, and dental laboratory technicians. The Service conducts its own residency programs in Periodontics, Endodontics, and General Dentistry; it has been affiliated with the Indiana University School of Dentistry (IUSD) for as long as anyone can remember. The IU Oral and Maxillofacial residency program utilizes the VA for clinical training. Many of the VA dentists have appointments at IUSD and several members of the IUSD faculty are Consultants or Attendings

at the VA. Residents in the affiliated training programs, Periodontics and Endodontics, go from one institution to the other on a daily basis, seeing patients or attending meetings at the VA whenever they are not in class at IU.

The VA Periodontics Residency program enrolled its first resident (Dr. Robert Sharp) in 1974. With a few exceptions, there has been one resident in each of the forty classes. Prior to about 2000, having completed a general practice residency was a requirement for admission to the program. There are currently three VA Perio Residents, Drs. Patel, Alavanja, and ElMaraghi. Upon satisfactory completion, graduates receive a Certificate of Proficiency from the VA, and most have earned an MSD from IU concurrently. As is expected of a residency program, most graduates go into private solo or group practice. A few have gone into teaching or government service and many teach part time at dental schools. Two, Drs. Koehler and Roy, have private practices in Indianapolis, while Dr. Gabrek has a practice in Ft. Wayne. The other residents have scattered widely, from Florida (Drs. Beverly, Fernandez, Markey, Petroski, Porter, and Van House), to Alaska (Dr. Matthews), and from Massachusetts (Dr. Witzenberger) to Hawaii (Dr. Holguin). Two of the early residents have retired.

While the VA residents attend the same classes and seminars as the IU grad students, they join the VA's other residents and staff dentists in participating in seminars and other meetings at the VA. In most cases they complete a research project in earning their MSD degrees at IU. The residents have weekly conferences with Dr. Barco, the Residency Director, at which they plan and present clinical cases, evaluate how their cases are going, and discuss their research projects. Their clinical work is supervised by Dr. Barco, Dr. Brooks (the Dental Service Chief), and Dr. Blanchard, an IU Consultant. Dr. Hindman consults periodically. Dr. Gillette, who launched the program, retired in 2000, but consults occasionally in a non-clinical capacity. All supervisors are formally trained and

extensively experienced periodontists who hold appointments at both institutions.

While no two specialty training programs are identical, it is generally the case that residency programs concentrate more heavily on clinical practice than do graduate programs. Recently graduated VA residents have each placed over 200 implants and have given comprehensive periodontal treatment, including surgical procedures, to around 100 patients. Last year, the three residents collectively saw over 350 patients. A limitation of the VA patient pool lies in the requirement that all VA patients must be military veterans who are either recently discharged from the service or have a service connected disability. Consequently there are no pediatric patients and fewer women than in the civilian population. Since most of the VA patients have some systemic illness for which they are service connected, the residents must quickly become familiar with these diseases, how they affect individual patients, and their dental ramifications. Thus VA residents receive extensive experience and training in Oral Medicine. Residents also receive extensive exposure to hospital procedures, including operating room experience and communication with the physicians treating their mutual patients.

Residency programs are periodically evaluated by the Council on Dental Accreditation (CODA) to be sure that their residents are receiving the extensive training that CODA requires. While the process is similar to the CODA's evaluation of dental schools, the requirements for residencies vary somewhat due to the residencies' heavy emphasis on clinical training.

The residents have benefitted greatly over the years from the close clinical supervision of outstanding Consultants and Attendings, including Drs. Timothy O'Leary, Everett Hancock, Steven Blanchard, and Stephen Koehler. The program has benefitted from highly-motivated, conscientious residents.

Alumni Spotlight

Alfredo J. Fernandez



Dr. Alfredo J. Fernandez was born in Cuba and grew up in San Juan, Puerto Rico. Dr. Fernandez graduated first in his class from the University of Puerto Rico Dental School in 1982. He continued his education at the Veterans Affairs Medical Center in Dayton, Ohio where he completed his General Practice Residency in Hospital Dentistry in 1983 and cultivated his dedication to serve those who gave so much to this country. Dr. Fernandez enrolled in the combined Periodontics Graduate Program at the Indianapolis VA Medical Center and Indiana University School of Dentistry during the summer of 1983. Under the masterful tutelage and skillful hands of Dr. Tim O'Leary and Dr. Bill Gillette he developed a passion and love for the specialty of Periodontics. He completed his Master of Science Degree and Certificate in Periodontics with a Minor in Oral Pathology in June 1985 (Summa Cum Laude).

In 1985, Dr. Fernandez pursued a VA career as a Staff Periodontist eventually becoming Assistant Chief at the VA Outpatient Clinic in Columbus, Ohio where he established its first Dental Implantology department. He served as Assistant Clinical Professor at The Ohio State University College of Dentistry Community Dentistry Department, Advanced Education in General Dentistry and General Practice Residency Programs facilitating the periodontics training experiences of over 90 residents. He

also served as attending consultant in Periodontics to the VA Medical Center in Chillicothe, Ohio.

In November 1994 in an effort to be closer to his parents and family, he transferred to the West Palm Beach, Florida VA Medical Center as a Staff Periodontist and Dental Services Coordinator for the Extended Care Program. There, he established a two-year General Practice Residency Program, a program that he directed until 1999, receiving central funding and full American Dental Association Accreditation. In 1998, under the direction of Dr. Sigmund Stahl, Dr. Fernandez was appointed to the newly created Postgraduate Periodontics Department at NOVA Southeastern University in Ft. Lauderdale, Florida, where he guided and assisted in the training of multiple generations of periodontists. Shortly thereafter, Dr. Fernandez was promoted to VA Chief of Dental Section, a position he maintained until June 2001. Other accomplishments at the VA included: Acting Chief of Clinical and Rehabilitation Service (Dental, HBO, Prosthetics, Speech Pathology, Audiology, Chronic Pain); Graduate, VISN 8 Leadership Program (2000); Expert in Periodontics, VA VISN 8 District; Member, National VA DRM dental software development group.

Since 2001, Dr. Fernandez has maintained a part-time private practice in North Palm Beach, where he enjoys delivering necessary periodontal therapy to his patients. He has contributed to the Florida Boards for Dental Licensure for over fifteen years as an examiner and supervisor. In recent years, with the advent of ADEX licensure examination, Dr. Fernandez has taken roles of increasing leadership with the Northeast Regional Board of Dental Examiners (NERB) serving as Chief and Assistant Chief at board examinations nationwide. Most recently, Dr. Fernandez led one of the examining teams at Indiana University where he had the pleasure of spending time with his former mentor and friend, Dr. Bill Gillette. Walking the hallways of the Postgraduate Periodontics department, he reminisced on the hours spent thirty years

earlier with influential educators such as Dr. O'Leary, Dr. Shafer, and Dr. Kafrawy.

Dr. Fernandez is a Colonel in the U.S. Army Reserve with over 28 years of service, a veteran of Operation Desert Storm in 1991, Operation Iraqi Freedom in 2004, and an honors graduate of the U.S. Army Command and General Staff College (two-year program). Colonel Fernandez is a consultant and guest speaker at the U.S. Army Periodontics Postgraduate Program in Ft. Gordon, Georgia. He currently covers ten states in his present position as Chief, Dental Services for the U.S. Army's South-East Medical Region (SE-MARSG). Dr. Fernandez particularly cherishes the opportunity to travel with the military in humanitarian missions to countries in Central and South America (Honduras, Paraguay, Panama, Ecuador) offering the needy native population oral surgery therapy to alleviate their dental conditions.

Dr. Fernandez lives in Jupiter, Florida and is married to Dr. Ivelisse S. Fernandez (retired general dentist). Both Drs. Fernandez enjoy international travel, the culinary arts, volunteering in the community, and the Florida beaches. They have two children, Alfredo Gabriel (an aerospace engineer and attorney practicing in Hartford, CT, specializing in international trade law) and Patricia Ivelisse (an attorney specializing in employment law and serving as Corporate Counsel for a national company headquartered in West Palm Beach, FL).

Since graduation in 1985, Dr. Fernandez has demonstrated a strong sense of loyalty and pride for his Hoosiers credentials and credits much of his success to the education he received at IUSD.

Faculty Spotlight

Heather Taylor



I grew up in New Jersey, but finished my high school years in Indiana. Receiving the Bank One Meritorious Scholarship, I attended Indiana University Northwest to obtain my Associates in the Science of Dental Hygiene free of cost. I enrolled in my first class one month after I graduated from Kankakee Valley High School, at 17 years of age. Three years later, at age 20, I had my license and the great excitement of starting my first professional job.

In August of my graduating year (2006), I received a call from an office in Lafayette, Indiana. The previous hygienist who worked there wanted to retire and I was to replace her. For five years, I worked in this office four days a week. While at this office, I was asked to teach as Adjunct Faculty at the Ivy Tech Community College Dental Assisting Program. It wasn't long after I started teaching, that I realized I needed to return to school to obtain my Bachelors.

I enrolled at Indiana University School of Dentistry part-time to complete my Bachelors Degree and quickly realized I loved community and public health ventures. So I applied to the IUPUI School of Public Health and I am currently only a few months away (May 2014) of obtaining my Masters in Public Health with

my concentration being Health Policy and Management.

Today, I am currently serving as a Visiting Lecturer in the Division of Dental Hygiene and specifically, I handle all the dental hygiene courses related to Radiology. I feel so blessed to teach this subject because it was my favorite as an Associate degree student. Now it is my great passion to teach this discipline to others.

You might be surprised to find out that I am a first-generation college graduate. My parents and grandparents on both sides of my family did not attend college. In fact, education beyond high school is strongly discouraged due to my family's religious beliefs. I am the first in my family to receive a Bachelors degree and the first to pursue a Masters degree.

As one of five children, I grew up in a large, loving, loud family. We were always doing everything together and hardly ever apart. We would often play large Canasta games at my grandparent's house late into the evening. I have many fond memories of my childhood. Today, I have a "Family Game Night" with my own family (my husband, my seven year old step-son, and my 19-month old baby boy). We enjoy playing *Candyland*, *Lego Creationary*, or *Risk* together on Friday nights after work and school. I hope that these family traditions make a lasting impact on my boys as they did for me while I was growing up.

It can be very difficult to balance school, work, and being a mother, but I have to thank my husband for my current state of sanity. Without him, I am certain I would have a serious case of alopecia and I would probably be mumbling to myself in the hallways of the dental school. He supports me 100% and does all the "motherly duties" I sometimes fail to do because I am so busy (laundry, dishes, dirty diapers, etc.). I cannot imagine life without him. You should ask me sometime how we met – it's a good story – perhaps I should sell the movie rights to our story someday. Just kidding!

It is easy to wonder sometimes where I would be if I had taken a different path once I completed high school and to be honest, I wish I would have pursued my first love – Pediatrics. I love the idea of working with children and caring for the needs of new parents and little ones. I always thought I would make a great doctor, but I failed to pursue that degree for a lot of personal reasons. At the time, my family was already upset that I was not going to be a missionary. The idea of me going to school for longer than 2 years after high school was absolutely unheard of and I was the “black sheep” in my family for my decision to pursue higher education. Spoiler alert: I still am the “black sheep” in my family!

Looking back, although I regret not pursuing Pediatrics, I feel overwhelmingly blessed to have pursued a career in dentistry. I enjoy treating patients. Building a rapport with so many of them over my years in private dental practice has brought me great joy. Several patients even attended my wedding in 2011. It was amazing to have them celebrate that special day with me. Being a healthcare provider is more than just treatment planning and patient care. You really get to know your patients, their likes/dislikes, their personalities, their families, their lives! They become part of you! Being in this profession has had such a profound impact on my love for others and my compassion for the underserved communities here in Indiana.

I hate to disappoint, but I am doubtful I have any hidden talents. I am pigeon-toed, but all that means is that occasionally I trip myself, no uneven pavement required. I enjoy singing, but fear crowds too much to ever sing solo in front of others. I love to dance, but my husband says I try and “lead” too much and I don’t “follow” well at all. I dabble in art occasionally but find that these days it is very difficult for me to justify spending a few hours on a painting when I see do many chores to do around the house. I do play a mean “steering wheel drum” but I doubt any of you will ever see that!

Mostly, I enjoy my family, a good glass of wine, the Jazz Kitchen (Best Night Club in Indianapolis), and laughing. I love to kid around with anyone who will humor me and I try my best to put others at ease by teasing myself. If you take yourself too seriously, what fun can you have?

Finally, I am certain you are dying to know my pet peeves...either to avoid doing them in front of me or to purposefully torture me with them. I have a few:

1. Cracking your knuckles – I hate the sound!
2. Disorganization – When I see an office with papers piled high to the ceiling, I secretly want to come in after work hours with a label-maker, file folders, and a Sharpie.
3. Lack of eye contact – When I am speaking to someone and they are reading an email, checking Facebook, or just staring off into the distance, it bothers me. I realize I am not the most entertaining person in the world, but I like a decent amount of attention, just like any other normal person.

So in conclusion, I am thrilled to be part of the Periodontics department! I have had such a warm welcome by my peers and colleagues. If I haven’t met you yet, please don’t be a stranger. You will find that my door is always “open” to whomever needs it.

Judy Doyle Says Hi!



I am thoroughly enjoying my retirement. I have listed some of the activities that I am now able to do:

- I sleep in most mornings and watch TV shows late at night which included the Olympics.
- I often spend a couple of hours eating lunch and talking with friends.
- Several people and I volunteer on Wednesdays in the food pantry at St. Vincent de Paul.
- If I'm not able to complete a project on the weekend, stressing out is not part of my style anymore, because I have all week to finish the projects.
- Since our days are getting warmer and most of the snow has melted, I plan to walk again with the walkers of the Indianapolis Hiking Club.
- Several residents and I work on crafts every Tuesday and watch movies twice a month in our clubhouse at Briarstone Villas. I have knitted and crocheted scarfs, dish cloths and hand towels.
- Once a month I join the ladies at Briarstone for lunch at a restaurant.



- A year ago, I thoroughly enjoyed being a nanny for twin baby boys while their mother was teaching.
- Since retiring, Bev and I have camped at Patoka Lake and vacationed in Gatlinburg. We took a trip west and traveled on Route 66 to see the gorgeous Grand Canyon, Petrified Forest, Painted Desert, beautiful Red Rocks of Sedona, New Mexico and the very impressive memorial in Oklahoma City. We flew to Arizona and spent a week with friends. We went sightseeing in Las Vegas, Laughlin, and Hoover Dam. We also spent time at their residence in Apache Junction, Arizona. We also made a day trip to see the Christmas lights and decorations in Chicago.



I truly feel very blessed and very lucky that I have been able to enjoy my retirement, meet all of my retired friends, and participate in all of these wonderful activities.

In my 25 years of working in Periodontics at IU School of Dentistry, I met many great and wonderful people. I have lots of fond memories from the Periodontics Department that I share with my retired friends. I truly wish an enjoyable and long-lasting retirement for each and every one of you.

My email address is jkdoyle183@yahoo.com if you would like to contact me.

Sincerely,
Judy Doyle

Department News



Vanchit John

• **DR. JOHN RECEIVES DIVERSITY IN LEADERSHIP AWARD.** Congratulations to Dr. **Vanchit John**, chair of Periodontics and Allied Dental Programs, who has received the Indiana Dental Association's 2014 Groundbreaker Award for his outstanding contributions to diversity in leadership. The honor was presented during the IDA's Many Faces, Many Facets program at the Skyline Club on Feb. 6. An annual celebration of diversity in Indiana's dental profession, Many Faces, Many Facets was established to honor contemporary leaders in dentistry like Dr. John while also perpetuating the memory of pioneering Hoosier dentists who were the first of their gender, race, or philosophy to demonstrate leadership and advance diversity in the IDA and the dental community at large.



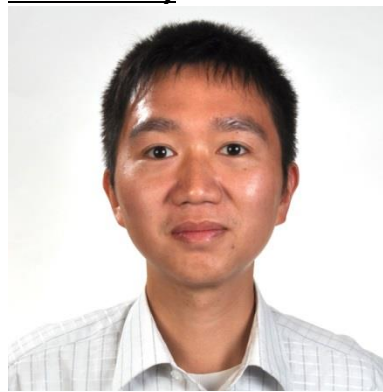
Dr. Shin presented with an AAP Educator Award for outstanding teaching and mentoring in Periodontics

Department Publications

1. Diabetes and Periodontal Disease. The Bi-Directional link. John V, De Bedout T. Dimensions of dental hygiene. Vol 12 (3); March 2014.
2. Designing a safety checklist for dental implant placement. A Delphi study. Adam Christman, Stuart Schrader, Vanchit John, Susan Zunt, Gerardo Maupome, Sivaraman Prakasam. *The Journal of the American Dental Association* 145.2 (2014): 131-140.
3. Rheumatoid arthritis and periodontal disease: An update. Venkatraman A. Accepted for publication to the New York State Dental Journal.

Resident Case Reports

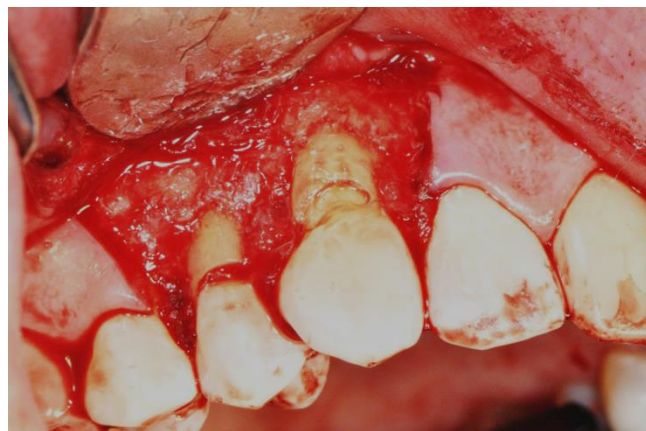
Dr. Weiping Zhang (3rd Year Resident)



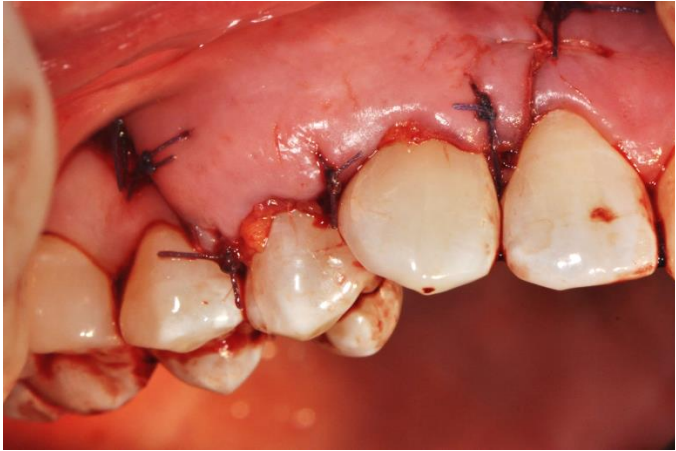
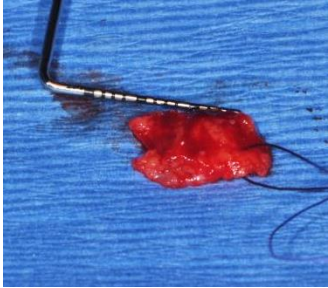
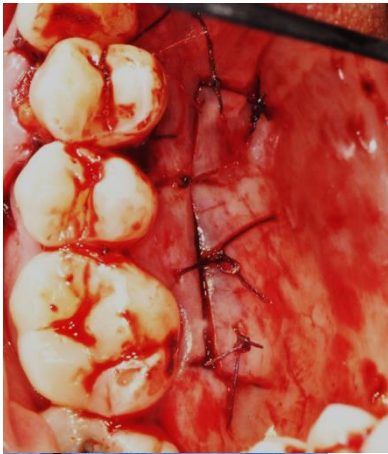
50 year old white female presented with a complaint of tooth sensitivity in the right upper canine area. Pt stated that she has the history of hypertension and GERD.

At initial exam BP: 120/85 mm Hg.

Current medications included, Metoprolol, multivitamin, baby aspirin, fish oil. Pt denied any allergy. Pt reported that she quit smoking about 5 years ago. Oral exam showed that gingiva was pink and firm. PD ranged 1-4 mm. 1-3-1 mm gingival recession was noted in facial of #6 and a composite resin in facial cervical of #6, 1 mm recession was noted in Mid-F of #5.



Sub-epithelial connective tissue graft with coronally position flap was performed around #5-#6 area. Resin on #6 was removed during surgery and root surfaces were treated with tetracycline.



One week POT, healing was WNL and Pt reported minimal pain.



2 weeks POT



4 weeks POT



2 months POT (Pt reported sensitivity disappeared)



6 months POT



18 months POT (Pt reported no more sensitivity around UR and she was well satisfied with the result)



Saying Good Bye to the Graduating Residents in 2014

We were fortunate to have an exceptional class of residents who joined us in 2011. Drs. Brittany Lane, Mahogany Miles, Sayij Makkattil and Weiping Zhang in the IU residency and Drs. Anand Patel and Branko Alavajna at the VA residency enhanced the level of our residency programs through all their hard work and clinical achievements.

Dr. Brittany Lane



Dr. Lane joined the IU residency after completing her dental training at the Marquette University School of Dentistry. She plans to go into private practice and is looking for the right opportunity either in Indiana or in Chicago, IL.

Dr. Mahogany Miles



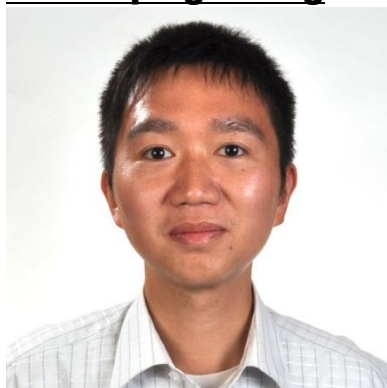
Dr. Mahogany Miles joined the IU residency following her dental training at Boston University School of Dentistry. She plans to go into private practice in New York State.

Dr. Sayij Makkattil



Dr. Makkattil joined the IU residency after completing his dental and prosthodontic training in India. He then spent some time in the UK at which time we decided he was just right for the Periodontics residency at IU. He is looking for private practice opportunities in Texas.

Dr. Weiping Zhang



Dr. Zhang completed dental training and residency in Oral Pathology in China. He then completed his PhD at IU in Dental Sciences upon which he joined our residency program. Dr. Zhang is looking for private practice opportunities in the Mid-West.

Dr. Anand Patel



Dr. Patel joined the VA residency program after completing his dental training at IUSD. As for his future he says ‘Nothing certain as of yet but hope to be full-time private practice with a part-time academic appointment.

Dr. Branko Alavajna



Dr. Alavajna joined the VA residency program after completing his dental training at IUSD. He plans to go into private practice in the North West Indiana or Chicago area.

You will find that our graduating class of residents is quite an exceptional group of young talented periodontists. They are looking for opportunities to practice in the near future. I would encourage our alumni to take an active role in helping them find the right opportunities for them. I have talked about trying to create a ‘jobs bank’ for our graduating residents. Please let them know of opportunities that might be available. VJ

Upcoming Events

Continuing Education

April 11th – Indiana Society of Periodontists Meeting
Featured Speaker- Dr. Paul Rosen
Location- IDA Building

April 11th
Capstone Presentations by the 3rd year residents following the ISP meeting

April 29th

**Mock Oral and Written Board
Exams for the 3rd year residents**



INDIANA UNIVERSITY

SCHOOL OF DENTISTRY

Department of Periodontics and

Allied Dental Programs

IUPUI

May 10th

IUSD Graduation Ceremony

May 11th

IUPUI Graduation Ceremony

**Graduation Brunch for the
Graduating Resident Class of 2014
at the Conrad Hotel, Downtown
Indianapolis**

Emergency Drills

Spring/Fall 2014

March 25th- Case Scenarios and treatment of
the emergencies

April 15th – First Year Residents- Seizure and
Vomiting

June 24th- Emergencies from the Staff's
perspective

July 29th- IV Sedation Emergencies- Dr.
Michael Gossweiler

August 26th- Second Year Residents-
Hypoglycemia

September 30th- Third Year Residents-
Syncope and Foreign Body Obstruction

October 28th- First Year Residents- Syncope
and Stroke

November 25th- Faculty- Syncope and
Asthmatic Attack/ Bronchospasm