



The Practicing Academic



Chairman's Corner

2015 came with a flurry and is now retreating and will soon be a distant memory for all of us. We now get ready to welcome 2016 along with all the possibilities that a new year offers. In recapping 2015, the year that was, I would like to focus on several events that transpired.

On Being President of the AAP Foundation

In 2008 following the initiation of this Department Newsletter, I sent a copy of the same to Sharon Mellor who was then the Executive Director of the AAPF. Sharon sent the newsletter on to the foundation board and I subsequently received an invitation to join the board. The invitation to join the Board was a surprise to me. However, it was the beginning of the journey that led to my becoming the President. To have been the President of the AAPF during its Silver Anniversary (25th) is one of the highlights of my professional career. It is an experience that I will always cherish. In my speech at the AAP Foundation's Signature Event at the Epcot Center on November 16th I said that being part of the AAPF has been a reward for me on my journey so far.

I also got to host the President's Reception in my suite at the Hotel. Oh what a 'suite' time it was!!! It was a great experience for me as I got to renew relationships with several people that I consider to be mentors of mine on this journey of mine. IU Periodontics residents got to hang out in the suite for several days and also meet and talked to several of the 'big names' in Periodontics.

The AAPF plays a big role in the present as well as in planning for the future of our specialty through its stellar support of our Educational Mission among other things. If you are not involved with the AAPF, I would encourage you to consider doing so.

[Inside]

In this issue of the newsletter, we are focusing on the talents of several faculty members, staff and our alumni.

Drs. Shin and Hamada, along with **Professor. Lisa Maxwell** have all written articles. In addition, **Kay Rossok** and her husband, **Eric Rossok**, have contributed an article. Finally, **Dr. Carlos Zapata** has written an article that I am sure you will find interesting. In addition, we have featured **new faculty members** and you also get introduced to **the residents in the first year of our program**.

The newsletter also includes 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.

As we get ready to sign off on 2015, I want to make sure you know that the Department functions through all your efforts and generosity. I wish all of you a Happy Holiday Season. A Merry Christmas and a Happy New Year to all of you! I am looking forward to a happy, joyful, focused, reflective and peaceful 2016. Be well, all of you.

On Dealing with Disappointment

I mentioned in a previous newsletter that I was submitting my dossier for consideration to be promoted to Full Professor. After what was a very detailed process, I was asked to wait a bit more and not move forward with the process this year. To say I am disappointed would be to understate my emotions. The sensation I experienced was like running into a brick wall that I did not know was present. I am slowly but surely recovering from the physical impact of that recommendation.

However, as a leader and as a person, one's ability to deal with disappointment is as important as one's ability at dealing with success. An aura of negativity in my position as Department Chair serves no good purpose to anyone, most of all to me. Life goes on!! As the saying goes, 'Deal with it'. I am.dealing with it!!!!

The Board of Trustees

In my role as the President of the AAPF, I got to experience what it was like to serve on the Board of Trustees (BOT) albeit as a non-voting member. Members of the BOT do a lot of work on behalf of the AAP. However, one thing that I observed is that a voice on behalf of education is missing. Accordingly, I have put my hat in the ring for consideration to be elected to the BOT. If elected to serve, I will bring to the BOT a perspective on the challenges that we

face in academia with regards to the specialty of Periodontics. I also will bring a perspective on the ground reality of the changes that are taking place in academic institutions in general.

'Value Added' Information for the Residents

In a previous message I addressed the topic of 'value added' experiences for the residents during their three year stay in the Department. Accordingly, we have increased the number of lunch time presentations that deal with practice management, failure conferences, dealing with clinical failures, sessions on instrument sterilization with the assistants among other several other ideas. Residents are also being encouraged to attend sessions on 'insurance coding' that is put on by the AAP. In addition, the residents will have sessions from alumni that include a January 8th visit with Dr. Page Barden who will discuss his experiences in clinical practice. Finally, I want to revisit the mentoring plan I put in place in 2011. I am again encouraging our alumni who have been assigned to serve as 'external mentors' to participate fully with our residents. This is a great idea that becomes a greater reality when everyone participates. So I am asking for your assistance in making our residency the best that it can be. Thank you.

Department Workshop Facilitated by Martie Adler

Vanchit John, DDS, MSD

I organized a Department Workshop on December 11th titled, 'Where are we as a Department? Where do we think we are going?' I felt it was very timely for the Department as a whole as well as for me as the Chairman of the Department. I feel strongly that after 8 years at the helm of the Department, 2016 will mark the beginning of the second half of my tenure in this position. I feel a sense of urgency to make sure that the second half of my tenure is focused more intensely on pushing everyone in the Department to achieving more. We set the tone in our Mission and Vision statements in 2010 where we indicated that we wanted to be a premier Department and a Department of Excellence. The time has come for all us to walk the walk considering we have talked the talk. This will require everyone playing their part and everyone taking responsibility for making this vision a reality. In this regard, I was fortunate to engage the expertise of Ms. Martie Adler who serves as an organizational consultant for Indiana University. Martie led us through a series of exercises as we worked on establishing thoughts and ideas as we move forward. I will follow-up with Martie and plan additional workshops in the near future. For the Department as whole, for us to become a center of excellence, today is the first day of the rest of our mission and vision statements. Let us make sure 'we say what we mean and definitely mean what we say'. As Department Chair my expectations are spelt out using the word, PERIODONTICS.



Professionalism – We commit to being on time at work, we interact with each other while at work, we participate, and we are 'present' in the moments that we are here at school.

Engage – We engage in scholarly activity, we inspire each other through our actions, we inspire our students and we do the best work for our patients.

Research – We commit to increasing our research activities. This means coming up with ideas, finding funding sources, sharing information and making sure we publish our work and present our work at different venues, locally, regionally, nationally and internationally. Always making sure we represent our Department and our School in the best way possible.

Ideas – workable ideas, innovative ideas, and creative ideas, are the foundation of any Department that claims to want to be 'excellent' and 'premier'. I have told the residents that I am willing to offer an award to residents who come up with creative and new ideas in the areas of surgery and other treatment situations.

Outstanding customer service – Our customers are our students, our residents, our patients. Let make sure we stand for and provide outstanding service to all these 3 interest groups of ours.

Dedication to Quality – plans come and plans go. Ideas come and ideas go. Thoughts come and thoughts go. People come and people go. We commit to being dedicated to excellence so that a culture of excellence is created for the future. I strongly believe in transition planning and I want to make sure that I leave the Department in the best shape possible for my replacement when the time comes. So should all of you!!

Outside the box thinking – This is very cliché but we have an opportunity to create our very own 'island or sliver of land of excellence' which is the 4th floor of the dental school. Let us make it happen!! Tomorrow is the beginning of this journey. 2016 will be the continuation of this journey.

New ways of doing business – let us all start with a smile as we greet each other. Then let's try new ideas in our teaching, our clinical work, and how we participate in the service component of our agenda.

Teaching – Classroom teaching is a performance art!! How effective are we in our performances. Practice in front of a mirror. Seek out peers to come and critically grade your performances. Yes, they have to be passionate performances. When the lights come on and the director yells, Camera!!! You begin the action. Can you do it? Watch a TED talk to help you in this regard. I do all the time. www.ted.com/talks

Inter disciplinary care and Inspiring actions - we seek to work with our three divisions first, periodontics, dental hygiene and dental assisting. We then seek to improve our interactions with other department in the school. In addition, we are teachers and by the very nature of that title we have to inspire. Be inspiring!!

Can do Attitude – There is nothing more inspiring for me than to deal with people who have a positive and can do attitude. It would be refreshing for us all to work on and develop our own attitudes into a 'can do' one.

Scientific and evidence based work – Dentistry in general is both an art and a science. However, it is no longer acceptable to insist on treatments and teaching that indicates that 'this works because I tell you it does'. Let us work on developing our knowledge base. Read more!!!



Should a Pay-for-Performance System Be Implemented in a Graduate Residency Program?

Commentary by Dr. Daniel Shin and Dr. Yusuke Hamada

As recent graduates of the IUSD Graduate Periodontics program, we fully recognize the tremendous impact that Dr. Vanchit John and Dr. Steven Blanchard have made in fostering a clinical training environment that give our residents immense opportunities to address cases in depth, engage in reflection, be thorough, spend more time with patients, and participate in discussions with their mentors. For all their hard labor and immeasurable efforts, we are entirely grateful. Yet, the educational mission of our residency program is under siege as a recurring question continues to plague graduate training: namely, aside from instituting more-and-more graduate competencies or implementing a points/requirements system, *what additional measures can we introduce that further incentivizes a resident provider to increase his/her clinical production/output?* This is a weighty matter since any change in clinic revenue could potentially affect the operational efficiency and the operational maintenance of our Graduate Periodontics division. (Disclaimer: neither of us are privy to the operational costs of maintaining a graduate specialty program. However, if it is anything like maintaining the pre-doctoral periodontal division, we can only assume that it is just as costly, if not more.)

In several periodontal programs, such as the University of Alabama at Birmingham and the University of Missouri-Kansas City, a pay-for-performance system has been implemented to incentivize residents to bump up their clinic production. Essentially, a resident provider is rewarded according to attaining a predetermined level of performance. To paint a picture of what this entails, the following hypothetical pay-for-performance scenario is offered as an example:

RESIDENT PRODUCTION	RESIDENT FINANCIAL REWARD
1% of clinical production	\$1,000
2% of clinical production	\$2,000
3% of clinical production	\$3,000
4% of clinical production	\$4,000

Three assumptions underpin the pay-for-performance model: 1) that the use of financial incentives motivates the resident provider to achieve clinical quality and clinical efficiency; 2) that the use of this mechanism will make it more possible for individual specialty programs to become more self-reliant (rather than relying on the general revenue pot that the entire dental school taps into) by keeping patent a flowing stream of revenue that is constantly replenished by its own clinic production; and 3) that the use of this model will encourage the resident provider to accept more patient cases. As a result, the pay-for-performance system creates a win-win situation akin to a casino game where all players involved--the program, the resident provider, and the patient--win: the program wins by implementing a system that ensures a positive inflow of revenue; the resident wins by being motivated to treat more-and-more cases so as to accrue greater financial compensation; and the patient wins by receiving treatment from a resident provider whose treatment costs are substantially less expensive compared to a private practitioner.

On it exterior, then, the pay-for-performance system would appear to be a simple and highly effective model that incentivizes clinic production and rewards residents for their hard work. It also would appear to be a fair mechanism which allows for a distribution of profits garnered from clinic

production between the resident provider and the department. Nevertheless, in spite of these purported advantages, both Dr. Hamada and I disagree with the entire premise of a pay-for-performance system. Instead, we feel that system creates an artificial solution to a recurring problem which can lead to several unintended negative consequences that could yield disappointing results. First, while a pay-for performance system provides a mechanism that financially compensates the resident provider for services provided, it fails to define the resident provider's financial reward/compensation *according to the outcome of the surgery*- which, in most cases, can only be assessed several months after the surgery. To put it in another way, rather than being rewarded for a six-month *post-surgical* outcome of, say, a GTR procedure, the pay-for-performance system is a front-loaded scheme and *only* incentivizes the resident provider for services rendered *without providing any extra incentive* for the resident to ensure a successful post-operative outcome. As a result, a resident provider has very little to gain in scheduling follow-up appointments and/or periodontal maintenance appointments, but has much to gain in filling his/her appointment book with more lucrative and rewarding surgeries. Thus, by its very nature, the pay-for-performance mechanism rewards the resident provider for the quantity (the number) of surgeries he/she has performed, but places very little emphasis on the quality of treatment he/she has rendered.

Second, a pay-for-performance system does much to perpetuate the unfortunate and misguided resident-driven mentality known as "Maximum Resident Benefit" (MRB) which runs counter to our obligation to put the patient's needs ahead of our own. Yet, with a pay-for-performance system, the resident provider may be driven to push for unnecessary procedures that he/she wants to perform for the sake of MRB (for example, lateral wall sinus lift over osteotome sinus lift in a case where there is at least 9 mm of apico-coronal height between the alveolar crest and the sinus floor; connective tissue graft over coronally positioned flap to cover up 1 mm of exposed root surface; regenerative therapy over osseous surgery in a shallow two-walled intrabony defect), rather than formulating a treatment plan that puts the patient's best interest foremost or a treatment plan that is based off of sound scientific principles which have an equally good, if not better, means of

achieving a successful and predictable result. When something like this occurs, a specialty program deviates from its original purpose of providing an educational environment where residents are given vital, scientific and clinical educational experiences, and, instead, becomes a fruitless exercise in mere technical training.

"...a resident provider who needs to accrue as much financial compensation to pay off his/her educational debt may clash with an attending faculty who may have a more conservative approach to treatment."

A third concern- albeit somewhat similar to the second issue- is that the clinical situations in pay-for-performance system could potentially unfold into full-fledged conflict between the resident providers and the attending faculty. For example a resident provider who needs to accrue as much financial compensation to pay off his/her educational debt may clash with an attending faculty who may have a more conservative approach to treatment. This could result in a fractured and damaged relationship between the faculty and the resident. But perhaps more calamitous is that this same feeling of animosity and ill-will may spread and trigger resentment and jealousy between residents who are, by nature, competitive and have Type-A personalities. An individual resident, for instance, may become disgruntled after finding out that a co-resident has been rewarded more financial compensation for his/her performance in clinic. This could eventually cause a collapse in resident cohesion and a breakdown in resident morale. Ultimately, the Graduate Program Director and Department Chairman would have the unpleasant and uncomfortable task of cleaning up the mess. Alas, we can only imagine the frustration that all parties would experience in negotiating an agreeable and amenable solution.

In closing, we realize that our program already has its own pile of "real" problems and inherent challenges. We certainly don't need to add to the pile by introducing a less-than-perfect system that could potentially backfire and entangle us in the unintended mire of a pay-for-performance scheme.

FOOD FOR THOUGHT



Vanchit John, DDS, MSD

Graduate training and running a residency program has become more challenging for a multitude of reasons. From a resident's perspective, the overriding consideration is cost of the program and the cost associated with committing to 3 additional years of living in debt and adding to what is already considerable debt from their pre-doctoral and/or additional education. It has become a very expensive proposition to attend dental school and IUSD is no exception. The cost of our residency program is shown below. These costs mirror the costs associated with that of getting a dental degree. Accordingly, many students are already carrying a very heavy debt burden when they apply to our residency program. Applicants are almost always very concerned about the thought of incurring so much additional debt. Our program offers a \$10,000 yearly stipend. However, this is directly put into their accounts to off-set some tuition.

In addition, we have not been able to increase this stipend that we are able to offer the residents. To put it in perspective, this was the same amount of stipend that was given to me when I was a resident in the class that entered the program in 1992. That was the first year that the stipend was offered to all the incoming residents. I have very real concerns in that our ability to attract the best possible residents to our program may be hindered if the current trends continue. It is important that we are proactive with regards to financial implications associated with the education that we offer. Any way that is available to offset costs during the residency should be explored. This might be an increase in the stipend, a production based incentive plan, and/or resident scholarships among other options. In addition, we should consider increasing the funds we make available to the residents to attend our annual meetings. The IUPAA has done a good job in helping with offsetting some of the travel costs of attending the meeting. This has helped out the residents. In addition, the newly announced Dr. Marshall Manne Legacy Gift (see information in the alumni spotlight section) will help offset costs for the first year residents to attend future annual meetings. However, if we do not find tangible solutions soon for the ever increasing expense of attending the residency program, I am very concerned about our ability to continue to attract the best and the brightest to our program.

	Year 1	Year 2	Year 3
In-state Residents	\$32,116.97	\$32,116.97	\$ 339.01 per credit hour
Non-residents	\$68,347.54	\$68,347.54	\$ 957.70 per credit hour
Repair and Rehabilitation Fee	\$325.20	\$325.20	\$325.20
Instrument Purchase	\$1,290.67		
Instrument Rental	\$2,961.44	\$2,961.44	\$2,961.44
Computer	\$1,229.00 (estimate)		
Camera	\$1,500.00 (estimate)		

Lifestyles of the First Responders

Kay and Eric Rossok

The lifestyles of first responders are much different from the lifestyles of the rich and famous, but we would not change a thing. The stresses of being a firefighter, EMT or paramedic, are by far outweighed by the personal satisfaction of knowing that you helped someone in their time of need. We have witnessed both the joys of childbirth and the agonies of death. Learning to deal with seeing some of life's most tragic moments is one of the hardest things to do. One must be able to remain calm, yet in-tune to the pain.

Life as an EMS responder or a firefighter is not as it is portrayed in the movies. Let's start with the schedule. They work in either 12 or 24 hour shifts that vary each week. Most fire departments work a 24/48 schedule: 24 hours on duty, 48 hours off. These schedules result in missed holidays, anniversaries, birthdays, little league games, and school activities. Our oldest son's first birthday was celebrated at the fire station, visiting dad. Normal weekend activities are relegated to other days of the week. The work cycle requires a spouse to be alone every third day. Imagine trying to go to bed after viewing the news, knowing your spouse is battling a two alarm fire with an outside temperature of -10 degrees. While this schedule could appear to be negative, it has several benefits. Eric was able to be a "room dad" while our kids were in elementary school. Another positive to this schedule: the grocery store is not very busy at 10 am on Tuesday, and getting our kids to doctor appointments was accomplished without missing work. Families learn to adapt to absences and appreciate the time spent together which many others take for granted.

On this same subject, others not involved in EMS or fire service, often do not understand the schedule demands and that you cannot just take time off whenever you wish. Most time-off must be scheduled far in advance. Vacations are often scheduled at least a year out.

Firefighters and EMS personnel have long been referred to as big families. This is very true. When we rode the ambulance at Putnam County Operation Life, we formed lifelong friendships. You are with these people for extended periods of time. You share living quarters, meals, and fellowship. You watch each other's backs and protect each other. In the 80s, when we rode the ambulance together, pranks were a common thing. These would be highly frowned upon now by HR, but back then, they built camaraderie and were a good way to blow-off steam.



About the authors:

Eric Rossok, is currently in his 33rd year in emergency services and 30th year as an Indianapolis Firefighter. He is a Captain at IFD Station 13, located at the corner of West and Ohio Streets in Indianapolis.

Kay Rossok is currently Assistant to the Chair for Periodontics and Allied Dental Programs and is a former EMT. They met 33 years ago while volunteering at Putnam County Operation Life

Caring for a patient in the back of an ambulance or fighting a fire is very demanding, both physically and emotionally. There is a lot of sleep deprivation, broken sleep cycles, interrupted meals or not having time to eat anything for very long stretches of time. Imagine being awakened at 2:00 AM, dressed, out the door and on your way, expected to be totally alert, within a matter of a few minutes. Once the run is over, you crawl back in bed, only to be called out 3 more times that night. Nights like these often cause the next day's planned activity to be postponed.

As previously stated, life as an EMT or firefighter is not as it is portrayed on TV. The majority of runs responded to are not "life or death" situations. Not every fire has explosives. Not every car crash has leaking fuel with people trapped inside. Not every cardiac patient requires defibrillation. However, unfortunately, some do. The calls run the extremes from someone with a broken toe to "that fire" with entrapment, requiring a rescue and resuscitation. First responders spend their shifts in a heightened state of awareness knowing that within minutes they can be dealing with a life threatening emergency. One of the best preventive measures we take to combat these stressors is physical fitness. This carries over into our family life, as we enjoy physical activities such as hiking, bike riding and swimming.

Human curiosity from others has often brought the question, "What is the worst thing we have seen?" That is a very difficult question to answer. One can Google *grotesque car crash* and get a visual idea. The emotional aspects of telling a spouse of 60 years that her husband has passed, treating hurt children, performing CPR on someone you know, and a long list of other calls are what haunt us. The worst call we experienced was one that neither of us were on. Twenty-three years ago two Indianapolis firefighters lost their lives battling a fire at the Athletic Club. The next day, we kissed good-bye and Eric went to work the same job that killed two firefighters. We tried to explain to our 7 year old son why daddy goes to work. Our son couldn't understand why dad would work where he could get killed. We have seen a lot. What we have felt emotionally, is the worst aspect of a being first responder.

Another question that we field is, "What is the most exciting call you have been on?" We've resuscitated people in cardiac arrest that have been revived and continued on with their life. Eric has

found and pulled people out of burning structures. Building collapses, witnessed explosions, cars crashing while we are tending to victims of a crash, rope rescues, hazardous materials releases have all been pretty exciting. The better question to us is, "What was the most rewarding call?" The answer is the heartfelt thank you from someone when they needed help and counted on us to help them. Whether a fire has been extinguished, a child pulled out of a precarious situation, asthma treated, or multiple other times that someone in need is helped, this is the driving motivating factor in this line of work.

Through the years, we have witnessed the best of

"The calls run the extremes, from someone with a broken toe to "that fire" with entrapment, requiring a rescue and resuscitation. First responders spend their shifts in a heightened state of awareness knowing that within minutes they can be dealing with a life threatening emergency."

humanity and the worst of humanity. We have remained calm as we are hit, bitten, spat upon, cursed at, had things thrown at us, and been threatened, for doing our job. In contrast, we have seen strangers step-up and help assist with crowd control, offering a kind, calming word to a victim, or just manpower for lifting, when needed. These people restore all your faith in humanity.

We close this article with one request. We sincerely hope that you never have the need to use emergency services, but if you do and cannot understand why the EMTs and firefighter seem so calm and take "so long" to get there, please remember that they have a job to do, just like yours. In most cases, they arrive within minutes of the call, but it seems like eternity when you are the victim. They must remain calm and process the emergency, while treating the patient. They need to assess the entire situation immediately, often with limited information. The vast majority of these emergency responders, love their professions and offer the best care humanly possible. Very few would exchange their lifestyles for those of the rich and famous.

E501 Applied Dental Hygiene Instrumentation Technique Pilot

Professor Lisa Maxwell
Director, Dental Hygiene Division



July was a pretty exciting month in the Dental Hygiene division. We piloted a summer elective course for the second year dental students (D2) in which 20 D2 students signed up to participate in a 4 week course designed to provide in-depth instruction on hygiene instrumentation technique and ergonomics during patient care. Based on the course evaluations from the students who participated, I would say it was a success!



The elective came about after a conversation between a dental hygiene faculty member and a D2 student in 2014 at the Student Outreach Clinic (SOC). At the SOC a second year dental hygiene student (DH2) is paired with a dental student for dental prophylaxis and nonsurgical periodontal therapy procedures on patients. This faculty member and student agreed that pairing hygiene students with the dental students during patient care at the SOC was an invaluable learning experience for both groups of students. Often the hygiene student was guiding the dental student with helpful suggestions on how to better adapt instruments during patient treatment to produce more effective calculus removal strokes. Feedback from students who have participated at the SOC indicate that both dental hygiene and dental students that have participated have appreciated the learning experiences they have shared there.

From that conversation grew the idea to work on a pilot that would allow the D2 students to gain more experience with instrumentation before they began patient care. After receiving support for the idea from Dr. John, we began working on

the pilot proposal. The pilot proposal was sent to the Curriculum Assessment Committee (CAC) where it received approval in January, 2015. The original plan was to incorporate DH students into this elective to add an intra-professional aspect like they do at SOC; however with the upcoming renovation of the 4th floor clinic I decided to forgo the hygiene students this time due to space constraints and focus on D2s. The timing worked out to schedule this pilot in July, a couple months after the D2 students participated in Dr. John's D521 Periodontics module in the spring semester. We essentially picked up where D521 left off, focusing on the practical application of what they learned in D521 and applying it to patient care. The challenges encountered with this pilot had to do with the fact that these students had no clinical patient experience, with the exception of performing a prophylaxis on each other, and no AxiUm computer experience. The intent was not to make them hygienists, but better clinicians so it was important to find a balance between how much information they needed in order to provide patient care, without endangering or neglecting the patient, with the intent to provide an educational experience where they would be able to focus on instrumentation and ergonomics.

The end result included an all-day orientation prior to patient contact that included information on infection control, medical history, patient management, intra and extra-oral assessment, and probing. The D2 students were given a pre-elective survey and a hands on skill-assessment to gauge what they remembered from D521 and a post-skill assessment and post-survey on the last day of the elective. The intent was for them to see up to 4 patients in clinic, focusing on easier patient cases, ideally prophylaxis patients not scaling and root planning. The reason for this was to allow them clinic time to instrument a patient to completion and not spend it with an involved periodontal assessment that would take away from the focus of the pilot which was instrumentation. Thanks to my amazing clinic coordinator Yvonne Baynham, she was able to fill their schedules with enough patients so that each student saw 2-4 patients each. She really deserves a lot of credit for the amount of work

she put into scheduling all the patients for these 20 students. Without her buy-in, this pilot would have never succeeded. Thank you Yo!

The group of 20 was divided in half. Group A saw patient's on Monday and Group B saw patients on Wednesday. They were supervised by two dental hygiene faculty and a dentist. After the first week's sessions were over, I sat in my office and thought to myself, "What the heck did I get myself into? This was a mistake. They remembered essentially nothing from D521.

How will this work?" I underestimated the time involved not just with AxiUm training but the whole process. The faculty had to do most of the AxiUm entries, explain how to take a thorough medical history, how to write a treatment note, how to use the periodontal charting form, and entering of procedure codes; all of which was covered in the orientation but actually doing it within the context of a patient appointment was completely different. The next week was better. The students were fast learners. They were more comfortable with the flow of the appointment and with patient communication. By the end of the four weeks they were doing an amazing job. You could really see how much their skills had developed in such a short period of time. The faculty were able to spend some one on one time with the students on instrumentation and ergonomics. The students loved the one on one attention they received. By the end of week 4, they were more comfortable with instrument selection and their ability to remove calculus. They were more comfortable with patient/operator positioning. All of this they will be able to use during patient care in the future.

At the end of the elective they completed the post-elective survey and skill assessment and a

reflection paper on the experience. I told them to give me some honest feedback about the elective. Should we do it again? What could I do better next time? I really appreciated the time and effort they put into the comments. They gave me great ideas moving forward with the elective next summer. The student evaluations and post-skills assessments demonstrated that the goals for the course were met.

I love the relationships I have developed with this group. Now I see these students in the hallway and they say "Prof. Maxwell, I did a prophylaxis on a patient the other day"! I see their eyes light up as they describe their appointment to me. They remind me why I do what I do and why this has been such an incredibly rewarding experience for me. Every year I take the second year dental hygiene students to Chicago to tour the Hu-Friedy factory. I invited my D2 group to come with us. If their schedules permit they plan to come with us.

The next step with this elective is to incorporate the suggestions from students to make improvements in next year's course. It has been suggested that I expand the class size, or even turn it into an actual course, not an elective. Maybe in the future that will happen, maybe not. I think this year's pilot was so successful because the students who attended the elective wanted to be there. In fact all 20 students in this year's elective signed up within the first 20 minutes the course became available to them. They wanted to learn about hygiene instrumentation. So the interest is definitely there for this elective to continue and grow in the future. We are very fortunate to have our dental hygiene program located within the dental school so that we are able to offer more opportunities like this to our students.





Dr. Hawra AlQallaf, BMedSc, BDM

I was born and raised in a little country down in the Middle East called Kuwait. For the past twenty-six years all I have known was Kuwait. I went to a British school for my primary and secondary education. Following high school, I joined Kuwait University and got my Bachelor's degree in Medical Sciences (BMedSc). After that, I joined the School of Dentistry at Kuwait University and got my Bachelor's in Dental Medicine (BDM), which is equivalent to a DDS. I worked for the government's ministry of health as a general dentist for three years. Whilst I was working I applied for the graduate periodontics program here at IU and fortunately enough, here I am, a first year resident!

For a person that has only known how to live in Kuwait and nowhere else, the first couple of months moving into Indianapolis were a little tough, from having to move and relocate thousands of miles away from home to actually being fully responsible for every living necessity and not just depending on your parents. The hardest part was missing my family back home. I have an amazing dad, a strong mother, three beautiful sisters and a younger brother. Both my parents are high school teachers. My older sister is a pharmacist, then the one younger than her is a high school biology teacher for the deaf, then me the middle child, then my younger sister is an administrative coordinator in the ministry of information, and last but not least my

youngest brother is doing his architectural engineering degree in Philadelphia.

One of my favorite things to do when I had spare time is to visit my local bookstore back at home and see what good books they have for me to devour. And before actually coming to Indianapolis, September 2014, I started a 100 books challenge with two of my best friends we were actually challenging ourselves to read 100 books in one year. I have to admit, I couldn't complete it, I reached up until book 77 last June, and then graduate school happened. But kudos for both of my friends, they read the 100 books in one year. If, however, now I'd start a challenge of who reads the most journal articles, I think I'd win gloriously. A currently new hobby of mine is hiking. I've been to a couple of parks here in Indiana and I'm hooked. I have been going every other weekend to a different park and hitting the trails. See this is something you can never do back in Kuwait: one, the weather doesn't help you'd be a boiled egg by the time you walk 10 minutes out in the burning sun, two, the only place you can hike in is the desert where you'll also be a boiled egg with a side of bacon.

When I come and think to myself what would I have been if I weren't a dentist, I would have said a lawyer. There's just something about lawyers that always fascinated me. Other than that, I would stick to being a dentist and hopefully after completing this program, a periodontist.



Dr. Jennifer Chang, DDS

I was born in Illinois where my parents got their PhD and moved back to Taiwan before I could remember. I got my DDS from Kaohsiung Medical University and finished two years of advanced general dentistry residency in Taipei Veterans General Hospital in Taiwan before I came here.

During my residency in Taiwan, I set my heart on pursuing higher education in Periodontics because it is a perfect combination of health care and art, two important fundamental elements in my life.

I enjoy living a healthy life so I like to learn how to cook new healthy dishes every now and then, to brush my teeth after every meal, and to maintain regular exercise every week. The art of music, painting, and laughter also play important roles in my life and they help me to

face obstacles in life with a smile and confidence.

I gain self-confidence and strength to face difficulties from the warmth of my family. I'm very close with my two younger brothers and my parents. We share not only happiness but also sadness and we support each other.

Because I always set goals and think twice before taking action, I enjoy accomplishments and do not regret what I have done in the past. However, I'm still thinking how to use my hobby and my talent to clean my room and organize my stuff into a more practical benefit in the future.

I'm really looking forward to learning from our knowledgeable faculty along with lovely colleagues in this happy IUSD Grad Perio family.'

Dr. Kelly Hill, DDS

I went to high school in northern Indiana at New Prairie High School. I attended college at Mars Hill University, formerly Mars Hill College, in western North Carolina, where I was on both volleyball and academic scholarships. I majored in Biology with a concentration in Lab Science and minored in Chemistry, Pre-Professional Studies and Bio Natural History. I attended dental school at Indiana University School of Dentistry, graduating in 2015. I am a first year resident in the Graduate Periodontics program. In January of 2015, I married an engineer and we are expecting our first son in February 2016. We have two cats and a golden retriever. I was raised on a produce farm, my dad was an engineer and now runs the farm, and my mom is an elementary school teacher.

I have two brothers, one is a chiropractor, and the other is a carpenter. One thing I wish I was able to do in undergrad was travel abroad, but with my volleyball and class schedule, just wasn't able to give up a semester. However, in dental school, I was able to participate in an international service learning project where I traveled to Ecuador with several of my classmates, treating people in remote villages. I enjoy being active, hiking and fishing, cooking and baking, spending time with my family and friends, and have recently taken up painting when I can find some free time.





Dr. Srividya Prabhu, DMD

I've found that many people's first response on hearing that you are a dental student or dentist is to open their mouths wide, and start pointing and asking questions. "What do you think of this silver filling I had done?" "I cracked this tooth in a bar fight, but it's still fixable, right?" No situation is unsuitable for an impromptu exam. I even had a gentleman sitting next to me on an airplane lean over and pull down his lower lip. While these inquiries can be a bit startling, as a new dentist, they are also somewhat flattering. However successful my blossoming career as a trans-Atlantic, in-flight dental consultant may have been, I fortunately traded that in for the comfort of the Graduate Periodontics clinic at IUSD.

I didn't have far to travel to reach Indiana. My family has lived in western Illinois for the past 15 years and, having done my undergraduate and pre-doctoral training nearby, I consider the Midwest to be my home. My father is a physician who has been practicing for more than 30 years, and my mother is a homemaker. I have one younger sister who is a senior in college. As much as she may think otherwise, I believe my sister's "baby of the family" position has been usurped by our slightly rotund miniature dachshund, Lucy (who is keeping me company in Indy).

I received my B.A. at Augustana College, a little liberal arts school in Illinois. During my year off, while I was shadowing local dentists, a periodontist offered me a job as an assistant. The experience I had working in her office was

fascinating and really piqued my interest for dental surgery. When I first began dental school, I wasn't sure if I wanted to specialize; but during my clinical years at Case Western Reserve University, I was re-introduced to the world of periodontics and knew that this was the field that I wanted to pursue.

Though I didn't always know that I wanted to be a dentist and the path to where I am now was a little tortuous, I don't have any regrets about the experiences I've had along the way. I've had the chance to do nerve regeneration research at Georgia Tech and Emory University and volunteered to provide medical assistance to the underserved in Belize. The excitement has carried through to dental school, where I worked in an archeological dig site in Manot, Israel, part of a group hoping to uncover ancient hominid remains.

My latest travels have taken me to Orlando, Florida with my fellow residents for the AAP Annual Meeting this year. Between attending the meeting, performing my first surgeries, and seeing patients, I'm finding life as a first year resident to be exciting and busy. When I am not occupied with reading articles or abstracts, I have fun cooking and trying out new recipes, catching up with TV shows and movies, playing with my dog, and exploring Indianapolis with my co-residents. If a career in healthcare was not possible for me, I think I'd enjoy being a fiction or travel writer. As things stand now, I'm happy and proud to not only be the first dentist in the family, but the first periodontist as well.



INDIANA UNIVERSITY

SCHOOL OF DENTISTRY

Department of Periodontics and
Allied Dental Programs
IUPUI

New Faculty Spotlight

Dr. Krithika Rajkumar joins the Faculty



Dr. Rajkumar joined the faculty in November. She will be part of our full time faculty at a 80% appointment for a period of 1 year.

Dr. Rajkumar's addition to the faculty will help us significantly in accomplishing the clinical teaching mission of the Department. We are looking forward to strong and positive contributions from Dr. Rajkumar.

Brief education background

- BDS - Sri Ramachandra University, India. (2009)
- MSD and Certificate in Periodontics, IU School of Dentistry. (2015)

Position in the department

Visiting Clinical Assistant Professor

Family

- Husband - Senthil V - Project Manager at Roche Diagnostics
- Daughter- Srishti S (3 years old)

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

I could have been a little easy going on the studying part, so I could have enjoyed being a carefree college student.

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

I wish I had the experience of staying in a college housing with friends all through the college years.

Hobbies

Gardening. I start the seeds for my vegetable beds in March and wait patiently until I can transplant them when the weather warms up. It's a great pleasure to see your work blossom and to reap the fruits (veggies!!) of hard labor. My daughter loves to join me in the garden. She now assumes all the vegetables that we eat comes from our garden and does not protest to finish her meal anymore as she thinks she grew them herself. I also love having different varieties of flowers for our front porch. I have recently become a little crazy about hydrangeas and have about eight different ones.

Hidden talents

I am a trained Indian classical singer.

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

I knew I wanted to be in the health care field and would have become a physician. After marathons of Grey's anatomy, I think it would be fun to be an ER doc or a surgeon.

Pet Peeves

Lies and people who make up stories to show that they are better than others.

Likes

Cooking, shopping (Of course!!), feel good movies. I used to read loads of fiction books in school and college but not anymore.

Dislikes

Cleaning up my daughter's toys at the end of the day.

Volpe Prize Research Competition



The Volpe prize is a prestigious a competition held once every two years at The Ohio State University. When I submitted the abstract, little did I know that I would be selected as one of the twelve finalists! The research I presented was about a novel group of pattern recognition receptors called Peptidoglycan Recognition Proteins and how they might influence adverse pregnancy outcomes like Preeclampsia. I was very nervous gearing up to the final competition, which was in July 2015. I was encouraged by our entire faculty especially Drs. John, Blanchard, Shin, Ramos and dear Kay to do my best. On the day of the competition, emotions and nervousness were running high. Thankfully I had Drs. John and Prakasam (now at Oregon Health Sciences University) to help me calm down and focus. I was thankful that my presentation was in the morning and did not have to wait till the end of the day to present my research. The finalists were from all over the country and a couple from Canada. Many were PhD candidates and there were also a couple pre-doctoral students. I was completely floored by all the presentations, which inspired to continue my research and contribute to our specialty. The presentations were followed by the awards dinner where we got to meet the OSU mascot, Brutus and had their marching band perform for us. It was a great evening hosted by Dr. Mariotti. I was honored and humbled to receive an honorable mention and a cash award in the prestigious



New Faculty Spotlight

Professor Michelle Quirke joins the Faculty



This month I celebrate my 15th year as an IUPUI employee. I feel privileged to have worked with brilliant researchers throughout my career (Vickie Champion, Hal Broxmeyer, Stan Spinola, Gabe Filippelli just to name a few). Seeing their passion and commitment to their research inspired me to find a career that I would find fulfilling and also help others live a better life.

Today I am serving in a role I've dreamed of reaching for many years: teaching dental hygiene full-time on a campus I love. My position as visiting clinical assistant professor is the result of several years of serving as a part-time instructor with IUPUI.

I arrived at IUPUI as a first generation student. I found my first year overwhelming. The uncertainty led me to stop pursuing a degree and instead complete a dental assisting certificate in a nearby school. Once I stepped into an operator I knew instantly dentistry was the right choice and I decided to return to finish my pre-requisites for dental hygiene. While taking pre-requisite classes at IUPUI, I held a work study position in the IU School of Nursing Business Office. This position transitioned into a full time appointment in the Center for Nursing Research. Learning grant management opened my eyes to the broad reaching impact this work could have. Successful research can touch the future health of millions. I found a niche in an area that I never even knew existed! My career experiences and transitions have solidified my love for and commitment to work in health care. Fortunately, I had mentors along the way who were generous with their time and wisdom, reading quite a few thesis drafts, and being flexible with my work/class schedule, thereby enabling me to complete my degrees and raise my sons: Gentry, Dustin, and Quintin. I completed both my Bachelor's degree in General Studies and a Master's degree in Adult Education with a concentration in Higher Education

Administration while working at IUPUI. I stepped away from IUPUI to finish my dental hygiene degree at Lake Land College in Mattoon, Illinois. It was something I always wanted to do. One day I realized I needed to make it happen or I would always wonder what might have been.

My children are currently in college. Gentry is pursuing a computer science degree at IUPUI; Dustin is at my dental hygiene alma mater, LLC, finishing his degree in botany; and Quintin is at Purdue in the PharmD program. They have grown up to be wonderful young men who make me proud every day to be their mom.

If I had college to do over I would definitely have had a study abroad experience. I try to make up for that now by traveling a few weeks each summer. My husband, Paul, is a guidance counselor with Avon School Corporation. Fortunately, he has summer months available for us to hit the open road or grab a flight to a new destination. He is my anchor, traveling companion, and best friend. We have two grandsons, Gentry and George. We try to spend as much time as possible with them. Their smiles and laughs make everything right in the world!

In my free time I like to spend time with my friends discovering Indy. It seems each day there is a new art gallery, brewery, or trendy restaurant to review. I've been an Elite Yelp reviewer since 2012. It has been a great motivator to try new things and meet new people.

I enjoy bike riding, walking/hiking, yoga, reading, and chocolate. My dislikes include mean people and salad bar beets. My pet peeve is waiting. I'm usually chomping at the bit for the next hill, answer, or to arrive at my destination.

ALUMNI SPOTLIGHT

Dr. Carlos Zapata, DDS, MSD (1998)

In 1994, nine years after graduating from Universidad Intercontinental Dental School in Mexico City and moving to Cancun to establish my dental practice, Mexico went through a very difficult monetary devaluation. The US dollar went from 3.4 pesos per dollar to 7.2 per dollar. Our economy just plummeted, there was no money around, no patients, and everything doubled in cost overnight. I thought very hard about the situation and decided to try and get into a US dental school for graduate studies. After getting information from many universities, I applied to five of them, University of Illinois in Chicago, Indiana University, Michigan University, Northwestern University and Case Western Reserve University. All of them invited me for an interview. After interviewing with each University I then went through the Match Program which told me Indiana University had chosen me to be a resident. Three very, very hard years went by, but the quality of education I received was amazing. Sometimes it was not appreciated at that moment because the amount of reading, studying, memorizing and preparing was just overwhelming, but looking back, and that happened after only a few weeks of being out of school, reality set in. I was a Periodontist. I was an IUSD "perio" graduate with an MSD, something that seemed unattainable, especially towards the end. While in the program, between all the abstracts, the classes, the case presentations, the lab work, and the academic work, there was clinic time. I intended to take full advantage of all available time in the clinic, even when Dr. Newell would tell me to *"slow down, this is not your private practice!"* After the three years went by, I was lucky enough to have completed more than 150 surgeries and that helped me tremendously upon my return to Mexico, and upon return to my private practice where I formerly practiced

general dentistry. A lot of my Perio classmates were able to start their practices as associates and had a mentor in their "rookie" year. I was going to come back home all alone, I needed lots of experience. Once I got home, I started to call my old patients, to tell them I was back and ready to start my practice again. I never realized it was going to be so difficult. Being a general dentist for almost ten years, in a small town like Cancun, had not prepared me for the "specialist experience." I turned down many patients that wanted me to be their general dentist again. I literally had no work for the first months. I ended up referring every patient out for root canal therapy, for amalgam fillings, for fixed bridges, etc. I was only "cleaning." Little by little, my marketing efforts, mostly internal, started working. People talked about me and about the difference in treatment, but, referrals were so few, dental colleagues are not accustomed to referring, they are general dentists and they can do everything. "We are trained to do everything," that is their answer still today. So my practice has been growing mainly by "word-of-mouth." Patients started to notice that their dentists could not take care of their bleeding gums, of their loose teeth and they started to notice that even after going to other periodontist -- only three in all of Cancun -- that they were still having gum problems. But once they received treatment in my office, those problems would "magically" disappear. There is no magic, it is only bacterial plaque control. I focus most of my energy in teaching



the patient to identify the problem and to control it at home, the periodontal treatment is important but in my philosophy biofilm control receives more attention. Patients notice that even after just one quadrant of scaling and root planing, the mouth starts to change, breath smells better, food tastes better, and bleeding starts to be less and less. In my 17 years as a periodontist, I have focused a lot more on plaque control and scaling than on surgeries.



Only lately, about five years, have implants taken a more important role in my practice. Also, soft tissue procedures, ridge preservation procedures, and PRF techniques have grown more and more, but the bulk of the practice is disease control. We have no hygienists in Mexico, so all of the recall appointments in the practice are done by me, which is also part of the "secret" of patient word of mouth referrals, treatment is personalized here. Cancun, the Mayan Riviera and Isla Mujeres have a very large population of US and Canadian retirees, a lot of which are patients of my practice. They tell me they like coming here because I spend time talking to them, not only treating their mouths. Dental tourism has also been growing. US costs for dental procedures are very high and not everyone can pay for them so they have started coming down here looking for alternatives. Unfortunately for a lot of patients, a lot of Mexican trained general dentist are promising specialized treatment and cannot always deliver, mainly implants.

Being US trained has helped me a lot in this aspect, but, and this is the biggest but I have faced all this time since coming back from IUSD, there are no specialists in restorative dentistry; no prosthodontists, and that does not help the soft tissues. Adequate temporaries and perfectly sealed crowns or margins are a rarity here, and that is not speaking ill of my colleagues, just stating a fact. Thinking back, now that so much time has gone by, I wish I could have started a group practice as soon as I returned from graduate school. I believe working with specialists is the route to take. Going at it alone is just too hard, too difficult, and does not provide patients with optimal care.

My advice to young periodontists is that no matter where they practice, they combine their talents with a prosthodontist or restorative dentist, an endodontist and an orthodontist. Also having a maxillofacial surgeon and a pedodontist close by would be beneficial. Give their patients all the necessary time so they understand that bleeding gums means they are sick. That disease is in their bodies. Always make time for journal reading; words from Dr. Gillette the last day of class, "I hope you never stop reading, always make time to continue reading your journals."



In Memoriam



It is with great sadness that I inform you of the passing of Dr. Jon Gray. Dr. Gray joined the full time faculty in the Department of Periodontics and Allied Dental Program in 1994 and served as the Pre-Doctoral Director till the end of 1998. He then left to become the Graduate Program Director at the University of Florida in Gainesville. He returned to IUSD and worked on a part-time basis in our Department. For those of us who knew Dr. Gray, we remember a very passionate man with an acerbic sense of humor. Dr. Gray was extremely knowledgeable and generous with his information. Dr. Gray was one of the few people who was a Diplomate of the American Board of Periodontology and the American Board of Oral Medicine.

Please remember Jon's wife, Suzanne Gray and their son Charles in your thoughts and prayers. Rest in peace Jon. You were a big part of our lives. Thank you for all the years you spent with us at IUSD.

Dr. Marshall Manne's Gift: Travis McDearmon, IUSD, Development Office



Legacies can come in many different forms. They could be monuments erected in public squares, named honorariums spread throughout a community or simply stories turn legends that continue to be passed down from generation to generation. For the late Dr. Marshall S. Manne (1964), his legacy will live on as new Periodontic residents will gain immediate exposure to the vast community in which they now call home. Recently, Marshall's widow, Deborah Manne, generously provided the Department of Periodontics with a new charitable endowment that will give first year residents funds to attend the American Academy of Periodontology Annual Meeting. "Marshall felt the graduate education he received at IU School of Dentistry was excellent," said Deborah when talking about the endowment. "I am proud to continue his legacy with this endowed project." During his career, Dr. Manne took a particular interest in educating the next generation of periodontists while serving on the faculty at both the Washington University School of Dental Medicine and the Department of Periodontics, Center for Advanced Dental Education (CADE) at Saint Louis University. His commitment will live on as new residents will now be able to see all that periodontics has to offer during their first semester at IUSD. It is the hope that this gift will not only enhance the experience for new residents, but also inspire others to consider their own legacies and continue to support the department into the future.

He is a teacher!

Dr. Shin has been recognized and honored for his exemplary teaching by the class of senior dental students. Dr. Shin will serve as a 'hooder' for the students at their graduation ceremony in May 2016.

A faculty member with non-stop enthusiasm and passion for teaching!! We appreciate you Dr. Shin!!



Dr. Cecil White becomes Head of the AAP's VQAC

Dr. Cecil White (MSD 1990) was appointed to head the Volunteer Qualifications and Awards Committee which was previously known as the Leadership Development and Qualifications Committee (LDQC). The VQAC is responsible for developing and identifying a diverse pool of qualified members who can serve in the Academy's leadership structure. In addition, nominations for the various awards given by the AAP are first reviewed by the VQAC. The VQAC then makes their recommendations to the Board of Trustees.

Congratulations Dr. White. You make us proud!!!



A Birth

On Wednesday November 18th at 10 pm Darrin and Julie Combs welcomed Bridget Lynn Combs into the world and our family. She was 20 inches long and 7 lb 11 oz. In the past month, she has been busy eating and sleeping. Her big brother Benjamin has taken surprisingly well to the new family addition.

It's A
Girl!

Dr. Bindu Dukka joins U of L Faculty

Dr. Bindu Dukka (MSD 2015) accepted a full time faculty position at the University of Louisville School of Dentistry.

We are very proud of you, Dr. Dukka. We wish you lots of success in your academic role!!



Scholarly Activity in 2015

I want to highlight and summarize our scholarly activity done in 2015. I want to congratulate all of you who have been involved with making sure that we meet our mission of scholarly activity for the Department.

1. **Vanchit John, Hawra AlQallaf, Tatiana de Bedout.** Periodontal Disease and Systemic Diseases: An Update for the Clinician. Winter Issue, *J Indiana Dent Assoc* 2016
2. **Yusuke Hamada, Daniel Shin, Vanchit John.** Peri-Implant Disease- A Significant Complication of Dental Implant Supported Treatment. Winter Issue, *J Indiana Dent Assoc* 2016
3. **Daniel Shin, Yusuke Hamada, Vanchit John.** Emerging Therapeutic Strategies and Future Challenges in Clinical Periodontics. Winter Issue, *J Indiana Dent Assoc* 2016
4. **Rowe MJ, Kamocki K, Pankajakshan D, Li D, Bruzzaniti A, Thomas V, Blanchard SB, and Bottino MC.** Dimensionally stable and bioactive membrane for guided bone regeneration: An in vitro study. *J Biomed Mater Res B Appl Biomater* (accepted March 2015)
5. **El Kholy K, Genco RJ, and Van Dyke TE.** Oral infections and cardiovascular disease. *Trends in Endocrinology and Metabolism.* 26:315-321, 2015.
6. **Shahi RG, Albuquerque MTP, Munchow EA, Blanchard SB, Gregory RL, Bottino MC.** Novel bioactive tetracycline-containing fibers as a potential antibacterial dental implant coating. *Odontology* (submitted 8 Aug 2015) (Originally submitted to *J Perio* but not accepted—resubmitted to *Odontology*)
7. **Miles M, Parks T, Eckert G, Blanchard S.** Comparative Evaluation of Mandibular Canal Visibility on Cross-Sectional Cone-Beam Computed Tomography Images: A Retrospective Study. *J Oralmaxillofac Radiol* (accepted 30 Oct 2015)
8. **Lane BA, Luepke P, Chaves E, Maupome G, Eckert GJ, Blanchard S, John V.** Assessment of the calibration of periodontal diagnosis and treatment planning among dental students at three dental schools. *J Dent Educ.* 2015 Jan; 79(1):16-24.
9. **Scheyer ET1, Sanz M, Dibart S, Greenwell H, John V, Kim DM, Langer L, Neiva R, Rasperini G.** Periodontal soft tissue non-root coverage procedures: a consensus report from the AAP Regeneration Workshop. *J Periodontol.* 2015 Feb; 86(2 Suppl): S73-6
10. **Shahi R, Hamada Y, Shin D, Krishna R, John V.** Mucogingival Surgery- A Review of Clinical Procedures and Case Reports. *J Indiana Dent Assoc* Summer 2015; 94 (3), 26-39.
11. **Prakasam S, Rajkumar K, Rieter J.** Differential Expression of Peptidoglycan Recognition Proteins in Trophoblasts in Response to Peptidoglycans and Its Components. *PLOS ONE* (open access) (submitted 9/1/15)
12. **Venkataraman A, Almas K.** Rheumatoid arthritis and periodontal disease: an update. *NY State Dent J.* 2015; 81(5):30-35.
13. **Walker, K, Jackson, R, Maxwell, L.** The Importance of Developing Communication Skills: Perceptions of Dental Hygiene Students, *Journal of Dental Hygiene* (accepted September 2015)

Textbook Chapters

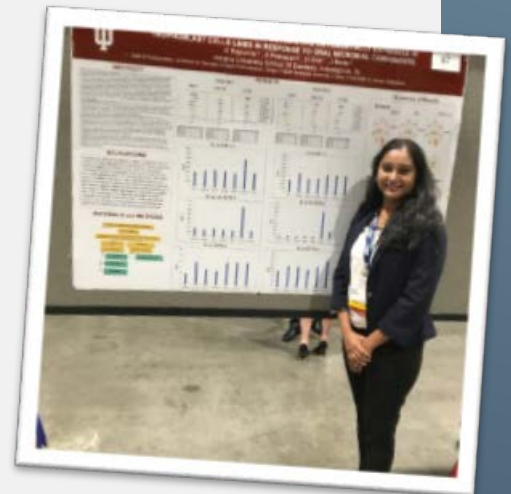
McDonald RE, Avery DR, Weddell JA, **Shin D, John V.** *Gingivitis and Periodontal Disease.* Dean J, Avery DR, McDonald RE. Dentistry for the Child and Adolescent, 10th Edition, Mosby Elsevier, 2015

Oral Presentations

Vanchit John. Developing Anterior Esthetic with Implant Supported Restorations. Japan Implant Practice Society, Tokyo, Japan. June 6, 2015.

Poster Presentations

Peptidoglycan Recognition Proteins Are Differentially Expressed in Trophoblastic Cell Lines In Response to Oral Microbial Components. **K Rajkumar**¹, S Prakasam², D Shin¹, J Reiter³ Indiana University School Of Dentistry, Indianapolis, IN. 1.Dept of Periodontics, IU School of Dentistry 2.Dept of Periodontics, Oregon Health Sciences University 3. Dept of OB-GYN, IU School of Medicine. Presented at the AAP Meeting in Orlando, 11/15/15 at the Research Forum Poster Session



Department Birthdays, A Tradition Continued!!



We have revived a tradition from my days as a resident when we celebrated birthdays and have cake at our division meeting once a month.

Kay Rossok, Dr. Hawra AlQallaf, Dr. Tsuyoshi Tanaka, Dr. Srividya Prabhu with their birthday cake.



Dr. Carol Walters with her birthday cake.

PERIODONTICS DIVISION PITCH-IN LUNCHEON

We had a pitch-in luncheon for the Periodontics Division on 12-10-15. It was a chance for us to spend a little time just relaxing for a change and not having to think about anything else. Good food, good conversation, good time!!!!



Residents lining up for food.



A look of satisfaction!



The Periodontics Division



The Department's Christmas Luncheon

What has now become an annual tradition took place again on December 11th. Our Department held its annual Christmas luncheon for the faculty, residents and staff. It was a chance to relax, eat some good food and share gifts via our gift exchange. Thanks to Dr. Tatiana de Bedout and Dr. Allison Marlow for organizing the games and the gift exchange. A big thank you to Kay Rossok for helping with the organization of the lunch!!



Department Colleagues at the Lunch.



The food was really good. It was a fun time!!



Drs. Marlow and de Bedout helped organize the games and gift exchange



Lots of gifts were exchanged!

Diana got a nice 'foot massager.'



AAPF Events



AAPF Board 2014-2015

Images from the AAPF Signature Event

There was entertainment!



There was champagne!



*Dr. and Mrs. Kepic,
And Dr. Ramos*



*Dr. Ramos,
Dr. Joanne
Gaydos, and
friend.*



*IUSD was
well-
represented.*



*It was a
great
display of
light and
sound at the
Epcot
Center.*

AAPF President's Reception



The first year residents and Dr. Rana Shahi with Dr. John.



Dr. Vincent Iacono, Dr. Tom Kepic and Dr. Kent Palcanis, aka 'The Superstars.'



Dr. Swaminathan and Dr. Shin quite happy with themselves.



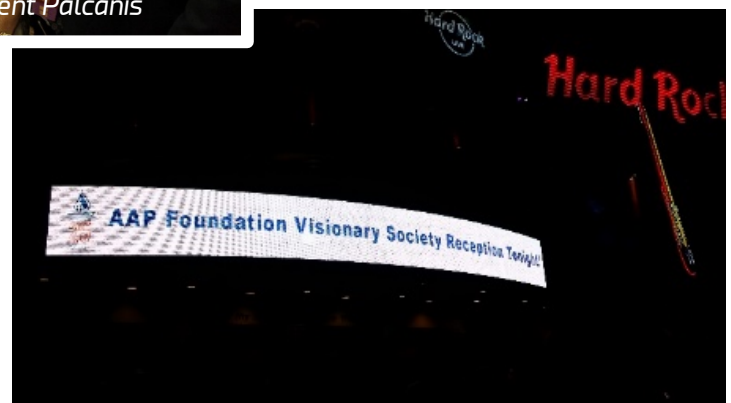
Drs. Shahi and Rowe discuss matters of utmost significance with Dr. John Kwan.



The Kepics with Dr. Kent Palcanis



Dr. Shin and Dr. Ocampo



AAPF Visionary Society Reception at the Hard Rock Café.

Images from the AAP Meeting



Drs. Tanaka, Kishimoto, de Bedout, and Marlow at Epcot



Drs. Hill, Prabhu, AlQallaf, Chang and T-rex



Drs. de Bedout, Marlow and Hamada



Drs. Chang, Hill, Prabhu, and AlQallaf at Universal Studios



Drs. Marlow, de Bedout, Tanaka, Kishimoto and Hamada



Drs. Tanaka, Hamada, Kishimoto, and de Bedout



Dr. Hill, Prabhu, and AlQallaf as pirates



Dr. AlQallaf and Dr. Prabhu at the Orlando Eye



Hamming it up at the Geistlich Reception



Drs. Kishimoto, Marlow and de Bedout at the Geistlich Reception



A Collection of Periodontology's Finest!!!

Dr. Matt Rowe, Dr. Brian Goldstein, Dr. Ranjitha Krishna, Dr. Shin, Dr. Hamada, Dr. Tanaka, Dr. Kishimoto, Dr. de Bedout, Dr. Marlow, Dr. Peter Smith, Dr. Vanchit John, Dr. Krithika Rajkumar, and Dr. Rana Shahi

The IU Alumni Reception

*Mentor and Mentoree:
Dr. Kopic and Dr. Hill*



Dr. Blanchard with our Current Residents



Some of our current residents with Drs. Shin and Swaminathan



The first year residents



Drs. Kishimoto, Prabhu, and AlQallaf

AGE: 55 years old
SEX: Female
ETHNICITY: Caucasian

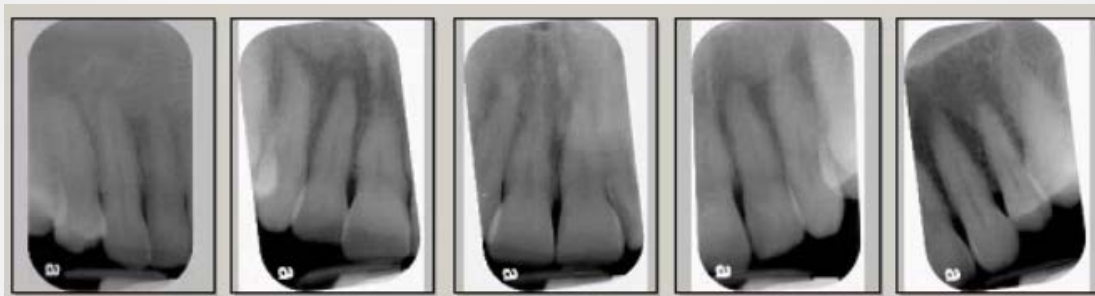
CHIEF COMPLAINT:

"I don't like the way my gum looks like on a couple of my teeth."

Patient referred from IUSD Clinic A on 11/18/2014 due to gingival recessions on teeth #8 and #11.

MEDICAL HISTORY

- Patient with Hx of bronchitis.
- Past Hx of low grade ovarian cancer with surgical Hx of hysterectomy on her early 30s.
- Past Hx of Melanoma on her back surgically removed in 1999.
- No Hx of radio or chemotherapy.
- No allergies.
- No smoker.
- No alcohol.
- No illicit/prescribed drugs abuse.
- BP: 110/76 mmHg (01/16/2015)
- P: 64 bpm (01/16/2015)
- Taking Spironolactone 50mg/day
- ASA II



PERIODONTAL DIAGNOSIS

- II. Chronic Periodontitis
 - A. Localized Mild Chronic Periodontitis
Teeth #3,14,17,30,31,32
- VIII. Developmental or Acquired Deformities and Conditions
 - B. Mucogingival deformities and conditions around teeth
 - 1. Gingival/soft tissue recession
 - a. Facial or lingual surfaces
Teeth #3,8,11,14,15,22,30

Gingival Recession Miller Class I on #8 and #11

Primary factors

- Bacterial plaque
- Bacterial byproducts
- Susceptible host response
- Traumatic tooth brushing

Contributing factors

- Deficient oral hygiene habits

TREATMENT PLAN

Systemic Phase

Reviewed medical history, social history, family history, and dental history. 01/16/2015

Corrective Phase

Periodontal consultation 01/16/2015
Root coverage via coronally positioned flap +
Alloderm on #8 and #11 was done on 03/05/2015

2 weeks POT 03/19/2015
1 month POT 04/02/2015
6 weeks POT 04/14/2015
8 weeks POT 04/30/2015
3 months POT 05/26/2015
4 months POT 07/09/2015

Supportive Periodontal Therapy

Periodontal Maintenance 11/18/2014 - Private practice

SURGICAL PROCEDURE IMAGES

Materials used: Alloderm (Allograft), and 6.0 Polypropylene non-resorbable suture.
Surgical technique: Tunneling + Coronally Advanced Flap.



SURGICAL PROCEDURE IMAGES (CONTINUED)

4 MONTHS POT

Before



After



Presentations of Note in 2015

I would like to highlight two presentations of note in 2015. It is important that we provide as many opportunities as possible for our faculty and residents to upgrade our knowledge base.

April 10th 2015

AM: Dr. Eros Chaves, Chairman, Oklahoma University School of Dentistry

PM: Resident Appreciation Session

October 30th, 2015

Dr. Chandur Wadhvani, All Day Presentation

Upcoming Events in 2016

January 8th

Dr. Page Barden visits

April 8th

Tentative date planned for Resident Appreciation Event

May 7th

Graduation Party for the 3rd year residents

Emergency Drills - 2016 Schedule

DATE	TOPIC	ASSIGNMENTS
JANUARY 26 TH	Syncope and Asthmatic Attack/ Bronchospasm	First Year Residents
FEBRUARY 23 RD	Review of IV Sedation Techniques and Medications	Dr. Blanchard and Dr. Gossweiler
MARCH 29 TH	Syncope and Foreign Body Obstruction	Second Year Residents Faculty Mentor – Dr. Hamada
APRIL 26 TH	Allergic Reaction/ Anaphylaxis	Third Year Residents Faculty Mentor – Dr. Shin
JUNE 26 TH	Testing Stations	Oxygen Use - Dr. Ramos Emergency Kit Evaluation - Kathy Thompson Use of the EpiPen - Dr. Hamada Use of the Glucometer- Dr. Shin
JULY 26 TH	Myocardial Infarction	Third Year Residents Faculty Mentor – Dr. Ramos
AUGUST 30 TH	Syncope, Hypoglycemia	Second Year Residents Faculty Mentor – Dr. John
SEPTEMBER 27 TH	Emergencies from the Staff's Perspective	
OCTOBER 25 TH	Syncope and Stroke	First Year Residents Faculty Mentor – Dr. Blanchard
NOVEMBER 29 TH	Final Exam	



INDIANA UNIVERSITY

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Happy holidays!