AVERY'S NOTES

There have been two major administrative structural changes this year that have had a direct impact on our advanced educational program. First, Dr. Lawrence I. Goldblatt was appointed Dean of IUSD effective January 1, 1997. Dean Goldblatt is working diligently to build all of our school’s programs to their maximum potential. We had already gotten a good start in this direction under Acting Dean Dr. George K. Stookey. We are currently recruiting for one new pediatric dentistry faculty member to assist in this effort. This is a noteworthy forward step during a time when higher education is feeling great economic pressure to downsize. Additionally, Dr. Jeffery Dean has rejoined our active faculty after a two-year leave of absence to complete his formal orthodontic education; he now spends most of his teaching time with our pediatric dentistry residents. We agree with the opinion of the American Academy of Pediatric Dentistry that we need to increase the number of residents in our training programs to keep our specialty strong in the next century; with our new and strongly supportive dental school leadership, we are excited about our potential to grow.

The second major change affecting our program was the consolidation of IU Hospitals and Methodist Hospital to form the Clarian Health Partners, Inc. Much of this year has been devoted to numerous selection committees working to identify the individuals to lead and manage this new large health care organization. Dr. Gary Miller was recently appointed the Director of Pediatric Services and represents our direct link to the Clarian administration for support services and staff. Dr. Richard Schreiner, Chairman of the Department of Pediatrics and Physician-in-Chief at Riley Hospital for the past ten years, was recently named the Medical Director for Clarian Children’s Services. We will also be working closely with these individuals to strengthen and improve our training program and our service to children.
WE’RE NUMBER ONE!

Very recently the American Board of Pediatric Dentistry published its first comprehensive Directory of Diplomates. I was very pleased to see this publication because it provided access to information heretofore unavailable from any other source. I was able to confirm what I had long suspected, that Indiana University pediatric dentistry graduates lead our specialty as measured by the number of our graduates who are Diplomates of the American Board of Pediatric Dentistry. I recognize that there are many criteria to consider when evaluating the quality of an educational program and its graduates. Ranking programs by the number of its graduates who are Diplomates, is only one indicator. Never-the-less the information below causes me to be extremely proud of our program, our graduates, our sponsoring institution, our faculty, and our support staff. We should also keep in mind that regular certification of significant numbers of Diplomates is an important criterion used by the American Dental Association to justify the existence of a specialty.

AMERICAN BOARD OF PEDICATRIC DENTISTRY
MEMBERSHIP STATISTICS
FROM ITS FORMATION IN 1940 TO JUNE 30, 1995

During the period noted above (55 years), 1048 Diplomates have been certified by the American Board of Pediatric Dentistry (There are 1041 active, retired, life, or deceased members currently listed as members or former members in good standing; 7 previous Diplomates have dropped their membership sometime during the 55-year period and are not included in the following data.)

TOP FIVE ADVANCED EDUCATIONAL PROGRAMS IN PEDIATRIC DENTISTRY WHEN MEASURED BY THE NUMBER OF PROGRAM GRADUATES CERTIFIED BY THE AMERICAN BOARD OF PEDIATRIC DENTISTRY

1. INDIANA UNIVERSITY= 82 Graduates
2. PROGRAMS 2 and 3 TIED FOR SECOND PLACE= 44 Graduates each
3. ONE PROGRAM IN THIRD PLACE= 43 Graduates
4. ONE PROGRAM IN FOURTH PLACE= 35 Graduates

DIRECTORS 1940 - PRESENT

Since its formation the American Board of Pediatric Dentistry has had 51 Directors (formerly Examiners). In addition to certifying Diplomates, the Directors are responsible for conducting other Board business and approving the business to be implemented by its Central Office. The Directors are elected by the voting members of the American Academy of Pediatric Dentistry (composed of Diplomates and non-Diplomates) via written secret ballot voting during an annual general assembly business meeting. It is safe to say that the Directors are among our most highly respected peers in Pediatric Dentistry.

TOP FIVE ADVANCED EDUCATIONAL PROGRAMS IN PEDIATRIC DENTISTRY WHEN MEASURED BY THE NUMBER OF PROGRAM GRADUATES ELECTED TO SERVE AS DIRECTORS OF THE AMERICAN BOARD OF PEDIATRIC DENTISTRY

1. INDIANA UNIVERSITY= 12 Graduates
2. SECOND PLACE PROGRAM= 7 Graduates
3. THIRD PLACE PROGRAM= 5 Graduates
1997 GRADUATES

Dr. Bradley Fulkerson will be joining Dr. David Miller’s practice in Newburgh, Indiana.

Dr. Vickie Hemann is establishing her practice in central Illinois.

Dr. Edward Sammons will begin his formal orthodontic program at IUSD as the third student accepted in the joint pediatric dentistry and orthodontic program.

IU RESIDENTS IN PEDIATRIC DENTISTRY FOR 1997-98

Dr. Julie Collins, promoted to senior resident

Dr. Robert Harrison, promoted to senior resident

Dr. Roland Buyama, new first-year resident, a graduate of Indiana University

Dr. John Wells, new first-year resident, a graduate of University of Louisville with 13 years of private practice experience

Dr. Adam Pollock, new first-year resident, a graduate of the Ohio State University

WANTED!!!!

Many of you are probably not aware of a bothersome problem we have had for many years. As you know, IUPDAA hosts a hospitality suite each year during the AAPD annual meeting. Having the suite provides our members and our friends a great place to meet, renew friendships, and acquire new ones. To keep everyone at the meeting informed of our suite’s location in the meeting hotel, we post an attractive sign with the suite’s room number in the AAPD’s registration area. Our problem is that the signs mysteriously disappear. The perpetrator(s) have always been considerate enough to wait until the end of the AAPD meeting before making off with them but it happens every year
without fail. An undercover informant recently supplied me with a photograph (see photo) that may prove useful in helping us crack this case wide open. The picture suggests that a band (mob) of operatives may be involved. You can see by their facial expressions that they are very clever and devious if not dangerous. One individual (arrow) even resembles one of our loyal members! Unfortunately, the quality of the picture prevents me from making any positive I.D.s. Our undercover agent hopes to obtain better evidence in the future. In the meantime, any information you may have that could lead to apprehension of the culprit(s) would be appreciated. We want to bring this perplexing case to a close.

A TREASURE OF RESEARCH IN YOUR OWN PRIVATE PRACTICE FILES
by Douglas H. Barton

Wouldn’t you really like to know what is happening in your practice and in other practices like yours? Wouldn’t you really like to know what has worked for you over the last five, ten or twenty years? I maintain that this information is readily available to you in your practice files and that sharing it with other practitioners is a worthy and rewarding undertaking.

The November/December 1996 Volume 18, No. 7 issue of Pediatric Dentistry offers some interesting research articles:

Inhibition of Pure Cultures of Oral Bacteria by Root Canal Filling Materials

Factors Affecting Cyclosporin Induced Gingival Overgrowth in Pediatric Renal Transplant Patients

The Oral Manifestations of Intestinal Lymphangiectasia: A Case Report

Oral Manifestations Seen in Association With a Case of Trisomy for the Short Arm of Chromosome Nine

While these are all interesting additions to the literature, I maintain that there is an additional treasure of research right in your own patient files that would be very useful to those of us in private practice and the information can be tapped into very easily.

Over the years, most dental practitioners who have produced and published research from their private practice records maintain that it was a wonderful exercise that kept them
sharp and kept them thinking. The doctors who take the time and effort to add research into their private practice mix tell me that they have a feeling of accomplishment to be able to add something meaningful to the dental literature.

So what are some of the possibilities? In this age of computers, one has only to think creatively to realize the kinds of information that could be pulled out of your patient files. For example, recently I wanted to get a sense of the success of placing posterior composites restorations over the past five years. I simply asked that a scan of all of our records be done under the code of posterior composites. By the end of the day, I had a computer printout of every patient who received a posterior composite restorations. Now it is simply a matter of following up on this information by having all of those charts pulled and investigating what kind of composite material was used. What teeth was the composite site used on, whether or not the composite had to be replaced at any time since the tooth was initially restored, and any comments relative to those procedures used to place those composites. Getting information like this not only tells you what makes sense in your own practice, but when it is published, others in private practice can relate their experience to your data and a useful transfer of information has been accomplished.

This kind of procedure can be done under any code. For instance, ask for the code on sealants in your office and see how many sealants had to be a) replaced with a new sealant or b) replaced with some other kind of restorative material. How man of those replaced sealants were in children with a high caries rate? Or a low caries rate? Was there any difference between the two? Did you notice any difference between the types of sealants or changes in procedures used over the years?

Pull the code for a fracture repair. How many class I, II and III fractures have you had in your practice? How many fractures have you repaired in the last five/ten years had to be replaced? What materials were used when they were be replaced? How many of those teeth needed pulp therapy? Can you note from your records that pulp therapy was needed more on tooth #7 or #8? What differences do you see between the male or female trauma patients in your practice? How do those data break down by age? Perhaps after looking at these data, you might question whether or not you have been recommending the use of mouthguards on a routine enough basis. Furthermore, have you seen any trauma and fractures on any children for whom you prescribed a mouthguard and who were actually using a mouthguard at the time of the trauma?

There is a wealth of this kind of information out there. Recently, there have been some interesting articles about full spectrum lighting. If you are involved in cosmetic dentistry, you realize the importance of full spectrum lighting on color selections and there are probably 30-40 years of research on full spectrum lighting related to staff turnover, patient cooperation, etc. Just recently, I read an article relating a two-year study in Alberta, Canada by the Department of Education that showed that children who attended school with full spectrum classroom lighting had less tooth decay (1/17/96 Journal of Educational Research). Wouldn't it be interesting to check out your local schools to see if any of the schools are using full spectrum lighting and then pull the charts of those
children who attend those specific schools to see if their dental caries rates differ in any substantial way from the caries rate you see in the overall population of your practice? This is interesting research, interesting data and it would provide interesting application to not only your practice, but other practices as well.

There is also information available that purports an inverse relationship between decayed, missing and filled teeth in grade school children and their academic performance in school. With the help of a local neighborhood school, this could be an interesting piece of research. Pull your own charts on those children or visit your local grade schools and do a DMFT study of all fourth graders and then relate it to their academic performance.

Do six month preventive examinations translate to a decrease in caries? Some controversy exists over this. So, have the computer identify those children who have returned to your office faithfully every 6-8 months over the last five years and record their caries rate. Then have the computer identify those children who have only been seen once a year over the past five years and compare their caries rate.

How many ectopically erupting maxillary first permanent molars have you seen in the last 5-10 years? What percentage did you correct with Kesling springs or with “donuts”? What percentage of primary molars did you extract and use a distalizing appliance? What percentage self-corrected? What were the results and what are your conclusions relative to those numbers seen in your practice? Those finding could easily be shared with other practitioners.

How many ankylosed primary molars have you seen over the years? How long did you watch them? Pull the charts. When did you decide to treat? What number did you extract? What number did you leave to exfoliate on their own? What was the length of time from the first time you noted ankylosis on one of your examination sheets to the time when the problem was actually resolved? What was the effect on the eruption of the underlying premolar? Was it early, on time, or late? Did you note in your chart and can you see on follow-up radiographs any change in alveolar bone height? Once again, by pulling your charts and examining these data, you might have interesting and valuable information to share with other pediatric dental practitioners.

There are also studies that could be done in your practice that don’t necessarily deal with the information contained in your charts but might deal with areas of brand new research. There are a number of people now talking about using caries detectors as part of a standard operating procedure. Wouldn’t it be interesting to see two independent investigators evaluate the use of caries detectors versus clinical judgment.

Some of you might be using air abrasion for pediatric restorative procedures. How about developing a study on the types of applications that work in your office? How does the time per procedure compare with these of a local anesthetic with or without nitrous oxide? What reactions did you get from your patients? How is this new technology integrated into your pediatric dental practice?
As you can see, the possibilities for meaningful research originating in a private practice are limitless. I hope this article stimulates some thought about topics you might consider researching in your practice and sharing with others.

PUBLICATIONS


Alumni Achievements

♦ Dr. Roy V. Green and Ft. Myers County Health Director Dr. Judith Hartner were the primary proponents of fluoridation that convinced the county commissioners to vote unanimously to provide fluoridation to 90,000 residences of Lee County, Florida.

Dr. Green’s testimony “I see decay everyday, the way things were 30 years ago” helped influence the commissioners to approve fluoridation.

♦ Dr. Charles Poland III, exhibited at the American Academy of Pediatrics in Boston on October 26, 1996 answering many questions regarding children’s oral health care.

♦ Dr. Jim Page sent the following e-mail: “I am contacting you to let you know that it is an interesting time in the United Kingdom since the General Dental Council, which is responsible for licensing in this country, is in the middle of considering the registration of specialist titles—something which it has not entertained until the last three or four years. I have been on a working group which has put forward proposals for the recognition of the specialty and we have high expectations that these will be accepted.”

♦ Liam Convery has been elected President of the Irish Mountaineering Club.

Lovejoy's Notes

First I have inserted an order form for your convenience in ordering IUPDAA merchandise. Second I wanted you all to know that I am working on a Home Page on the Net for our group. It has under gone a few changes and will continue to go through more I value your input please let me know what you would like to see there. The address is: http://www.angelfire.com/in/PediatricAlumni I hope you will stop by and check it out.

Congratulations to all who won raffle prizes and the race pools in Philadelphia and a very special THANK YOU to all who donated prizes for the raffle and auction!

For those of you flying in to Indy for the June meeting please let me know your flight information if you would like for some one to meet your flight and deliver you to the conference center.
President’s Column
by Phil Miller

By the time you receive this issue of “Our Tree” some of you will have seen Phil in “Philly” and will have a lot of stories to tell about the fun you had visiting the IUPDAA Hospitality Suite. A big thanks goes to those of you who contributed to our cause by helping in the suite activities, donating prizes or purchasing raffle tickets. As we plan to stay out of the red and build our financial position we will continue to need everyone’s help.

One of our hardest (probably the hardest) working members during my presidential term was Bill Keaty. There are three reasons why he was so successful in our social and financial endeavors:

1. He loves The Indiana University Pediatric Dentistry Residency Program.
2. He is a great leader and organizer.
3. I was lucky enough to think to ask for his help.

There are numerous other members capable of bringing our association to greater heights. It is up to our future officers to see our needs and ask our willing and talented members to come to their aid. Thank you Bill for helping me achieve my most important goal for our alumni association.

This edition of Our Tree is the last time I have the privilege of addressing you as President of the IUPDAA. The two years I have served can be characterized by “change” and “teamwork”. There were lots of Georgia prayers that were made on the behalf of filling our executive secretary’s position. We should all be thankful for Dr. Ralph McDonald’s recommendation of Pam Lovejoy for this important position. We are fortunate to have a replacement for Elizabeth Hatcher who also has had experience in the School of Dentistry. She will hopefully serve our alumni association for a number of years.

Plans for our June alumni meeting are going well. I want to thank our committee headed by Chuck Poland for the great job they have done. If you cannot attend our meeting in June, you will miss a wonderful opportunity for learning and fellowship. If you have not registered, make plans to join us and contact Pam Lovejoy now.

Now, I need to pause for a commercial! If you have not sent your $40 dues, please send it now. If not, Pam tells me the 2nd notices will be coming out soon. If you consider what we really received during our Residency training, $40 each year is a very small amount to pay for the benefit of knowing that we maintain a link with our program, current residents and faculty, and fellow alumni members. I challenge you to pick up the phone and call
any (almost any) alumni member and ask for a dental tip and you’ll receive enough value to pay your dues and mine!

In closing, I wish to express thanks to the officers and board members, and a special thanks to Ralph McDonald, Paul Starkey, Dave Avery, Chuck Poland and Bill Keaty for their insight, encouragement, challenge and hard work.

RALPH E. McDONALD ENDOWED PROFESSORSHIP IN PEDIATRIC DENTISTRY

It is with a great deal of excitement, enthusiasm and pleasure that I have the honor to announce to you an agreement to establish the Ralph E. McDonald Endowed Professorship in Pediatric Dentistry. This agreement is between the IUPDAA, the IU School of Dentistry, and the James Whitcomb Riley Memorial Association and will establish a position to support dental and medical education in the division of pediatric dentistry at Riley Children’s Hospital. The IUPDAA gratefully acknowledges lead gifts and pledges to the fund totaling over $30,000. Riley Memorial Association will contribute $200,000 when we reach $300,000. We are in the process of raising additional funds for this endowed professorship which will be the first in Pediatric Dentistry at Indiana University and only the second of its kind in the country. Kick-off events for this important undertaking begin May 31, 1997 and additional information will be distributed at the biennial IUPDAA meeting in Indianapolis, June 26-28, 1997. Through the great preliminary work of Dave Avery and Chuck Poland, this Agreement and a Campaign Committee have already been established. Besides Dave and Chuck, the start-up committee consists of Hala Henderson, James Jones, Pamela Lovejoy (our IUPDAA Executive Secretary), Ralph McDonald, and Phil Pate with myself and Ms. B.J. Isaacson Chaves (BJ is the dental school’s acting director of development) serving as Co-chairs. In today’s environment of decreasing state funding and increasing program costs, this type of support is critical to the long-term advancement and enhancement of our profession, our specialty and our own pediatric dentistry graduate program. The committee members are truly pleased that we have had this opportunity for program development presented to us and we look forward, with your support, to making it a reality.

Jeffrey A. Dean