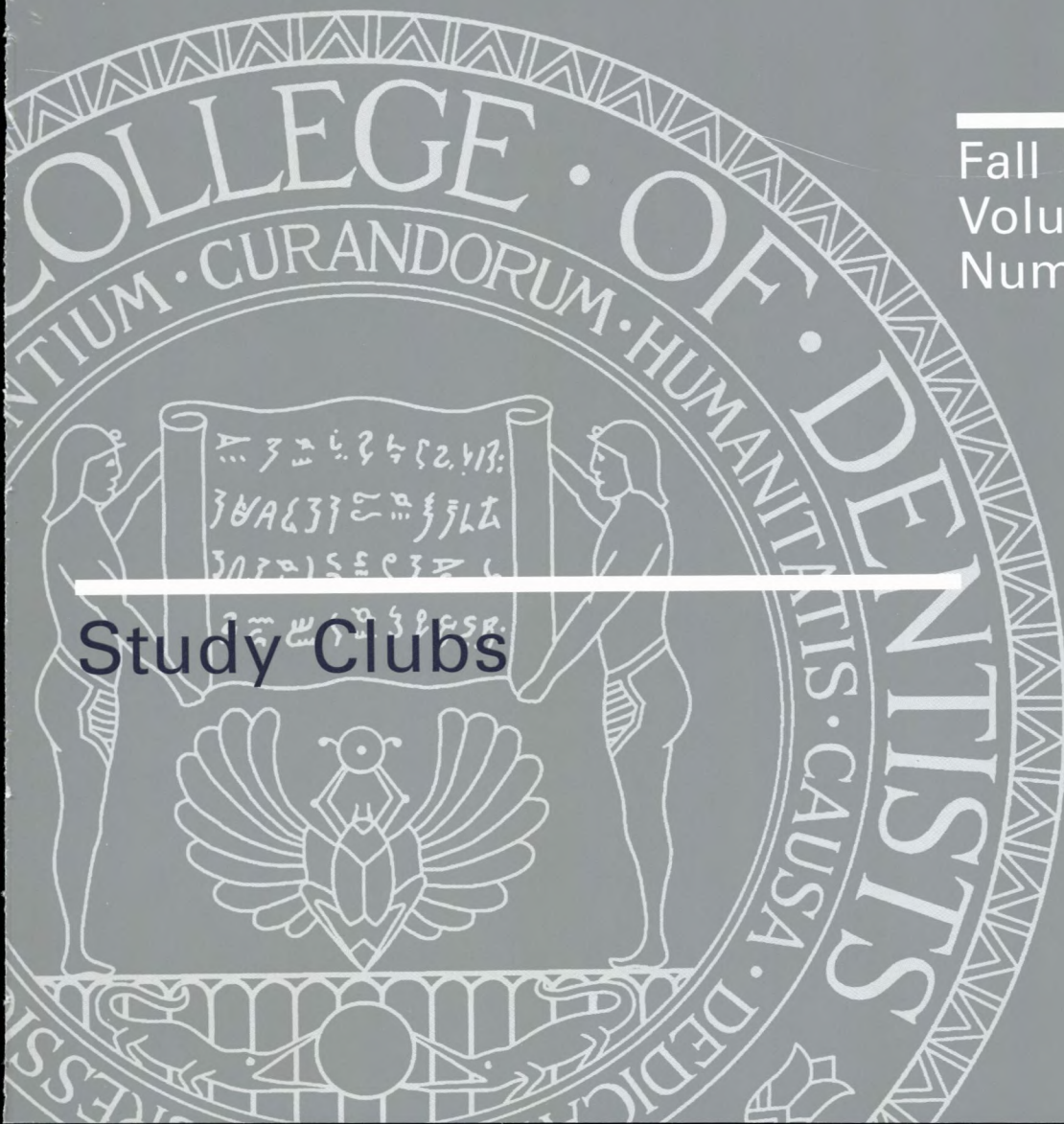


Journal *of the* American College *of* Dentists

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Study Clubs



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A Publication Presenting Ideas, Advancements, and Opinions in Dentistry

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Mission

THE *JOURNAL OF THE AMERICAN COLLEGE OF DENTISTS* shall identify and place before the Fellows, the profession, and other parties of interest those issues that affect dentistry and oral health. All readers should be challenged by the *Journal* to remain informed, inquire actively, and participate in the formulation of public policy and personal leadership to advance the purposes and objectives of the College. The *Journal* is not a political vehicle and does not intentionally promote specific views at the expense of others. The views and opinions expressed herein do not necessarily represent those of the American College of Dentists or its Fellows.

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THE AMERICAN COLLEGE OF DENTISTS, in order to promote the highest ideals in health care, advance the standards and efficiency of dentistry, develop good human relations and understanding, and extend the benefits of dental health to the greatest number, declares and adopts the following principles and ideals as ways and means for the attainment of these goals.

- A. To urge the extension and improvement of measures for the control and prevention of oral disorders;
- B. To encourage qualified persons to consider a career in dentistry so that dental health services will be available to all and to urge broad preparation for such a career at all educational levels;
- C. To encourage graduate studies and continuing educational efforts by dentists and auxiliaries;
- D. To encourage, stimulate and promote research;
- E. To improve the public understanding and appreciation of oral health service and its importance to the optimum health of the patient;
- F. To encourage the free exchange of ideas and experiences in the interest of better service to the patient;
- G. To cooperate with other groups for the advancement of interprofessional relationships in the interest of the public;
- H. To make visible to professional persons the extent of their responsibilities to the community as well as to the field of health service and to urge the acceptance of them;
- I. To encourage individuals to further these objectives, and to recognize meritorious achievements and the potentials for contributions to dental science, art, education, literature, human relations or other areas which contribute to human welfare—by conferring Fellowship in the College on those persons properly selected for such honor.

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2002 ACD Annual Meeting

4 *Call to Duty*

(President-elect's Address)

.....Roger W. Triftshauser

8 *Clearing the Bureaucracy to Promote Compassionate Care (Convocation Address)*

.....Tommy G. Thompson, Secretary of Health and Human Services

11 *2002 Fellowship Class*

16 *Profiles in Professionalism: 2002 ACD Awardees*

Study Clubs

19 *Striving for Excellence*

.....Fred Bremner, DMD, FACD

22 *My Growing Involvement in Dental Study Groups*

.....Frank M. Spear, DDS

25 *The Carl O. Boucher Prosthodontic Conference Spans Four Decades*

.....Robert B. Stevenson, DDS, MS, MA

28 *The Smallest Study Club*

.....Earl Sauget, DDS, MSD

29 *The Jackson Dental Study Group*

.....Michael Nash, DDS, FACD

32 *The First Honor Society for Dentists*

.....Vartan Ghugasian

Issues in Dental Ethics

35 *Thinking About Things Not Thought of: Why It Is Important To Volunteer and Thank Those Who Do*

.....Robert D. Miner, DDS

Departments

2 From the Editor

38 Leadership

43 2002 Reviewers

45 Index

Incompetence Insurance

Work

The Manuscript Referee Process

By Article and Author for 2002

FROM THE EDITOR

Incompetence Insurance

I am annoyed by incompetence. It wrinkles my days and erodes my confidence in those I have to depend on. Although I believe I am a net creditor to society in this regard, my own incompetence is especially irksome.

I experience a chemical change in my body when I hear "I'm sorry you had to drive all the way out here. Someone

Under these circumstances, wouldn't it be grand if one were able to purchase incompetence insurance. Think of it; for a low monthly premium, you could be paid cold, hard cash for other people's goofs. I imagine this is how it would work. My riding lawnmower dies of undiagnosable causes after twenty hours of use. The steak I sent back because it

mium check has been credited to another David Chambers, and since my account is not current, my claim cannot be honored.

Albert Einstein understood this sort of thing pretty well. He pointed out that we cannot solve problems with more of the kind of thinking that got us into those problems in the first place.

It has long been recognized that the fatal flaw in insurance schemes is a principal called adverse selection. It works like this. One hundred people are insured against a common risk. The premium is set to compensate for the average risk in the pool of one hundred individuals, with a little bit left over for the trouble of running the scheme. Because risk is broadly distributed in the pool but set based on an average, some individuals will be paying too much and some too little. Before long, the word gets out, and the low risk individuals look for alterna-

Some of the work I do on Friday was caused by solutions I picked on Monday. A lot of my problems are caused by someone else trying to solve theirs.

must have forgotten to tell you the meeting was canceled." "I don't have the authority to authorize that. You'll have to go down the hall and get a waiver form." Some of the work I do on Friday was caused by solutions I picked on Monday. A lot of my problems are caused by someone else trying to solve theirs.

The right way to go about this thing is to reduce the general level of incompetence in our society. There is an excellent literature on this topic, generally called performance excellence. The American Society for Quality in Milwaukee will sign you up for a few bucks per year. But the evidence is overwhelming that most people are immune to this kind of medicine.

was dangerous undercooked reappears as an unrecognizable char. The guy who was supposed to help me write the report, gets an irresistible urge to go to Las Vegas. I have clearly exceeded my deductible in my incompetence insurance

The ethical part of the problem of adverse selection is that low risk individuals, (competent ones) always subsidized high-risk individuals (incompetent ones).

policy. Gleefully, I submit my claim and wait. And after more waiting, I phone and deafly navigate through a twenty-seven-branch automated phone system and two days later discover that my pre-

tive protection, including self-insurance. The high-risk individuals, tell their friends to join the plan. The premiums must go up or the benefits must be reduced. The potential for adverse selection is one rea-

son why closed panel schemes that lock in low-risk participants have lower premiums.

The ethical part of the problem of adverse selection is that low risk individuals, (competent ones) always subsidized high-risk individuals (incompetent ones). A certain amount of subsidy can be rationalized based on the value of being part of a healthy society or the costs of finding an alternative. But the rule remains, insurance is a system for transferring resources from the competent to the incompetent.

In decision science this is known as the Nash Bargaining Solution. Generally it states that the greater one's resources, the greater the cost of participating in collaborative activities. Put another way, and in the extreme, those who have nothing to lose, won't. Lawyers know Nash's Rule by the name of "deep pockets."

There ought to be a law. Now, there's an idea that could make a difference. Every time something happens we don't like, we can put some regulations in place.

This system won't work either. We cannot legislate ourselves to where we want to be by regulating what we do not want. There's just too much moral weakness, stupidity, and too many random untoward outcomes to ever get to excellence by saying what other people should not do.

Regulations are basically a form of closed panel insurance scheme. Underwritten by taxes or organizational over-

the books. Righteousness is immaculate; enforcement is messy, and for politicians, cleanliness is next to being re-elected.

The cost of maintaining the public's confidence in the dental profession falls disproportionately to the most ethical dentists. It is also borne by the public at large in the form of taxes to support enforcement.

head, adverse selection works as powerfully in rules and regulations as it does in insurance. Some OSHA regulations, dental materials fact sheets, and proposed methods for continuous competency evaluation of practitioners are all cases where the cost of compliance is highest for the most ethical practitioner and too low or non-existent for the least ethical. The cost of maintaining the public's confidence in the dental profession falls disproportionately to the most ethical dentists. It is also borne by the public at large in the form of taxes to support enforcement.

For years, my wife served on the legislative watchdog committee of the California Bankers Association. She was repeatedly struck by how much proposed legislation underestimated the collateral damage it would cause. Another surprise was how often purposed legislation duplicated what was already on

Of course we need laws, regulations, and insurance. But their goal is to keep society as a whole running effectively and not to address incompetence. The first kind of mistake we make when faced with unwanted situations is neglecting diagnosis of the root causes and fixing the systems that produce the mistakes. This can be especially painful when we are the owners of those systems. The second mistake is to think we can or should control all outcomes. What we want, in the long run, is the best pattern of outcomes we can achieve by working together. Punching the tar babies won't improve their behavior or our character. In the end, there is only one corrective for incompetence—replace it with competence.



David W. Chambers, EdM, MBA, PhD, FACD
Editor

Call to Duty

ACD President-elect's Address

October 18, 2002

New Orleans, Louisiana

Roger W. Triftshauser, DDS, MS, FACD

President Ken, American College Officers, Regents, Fellows, new Fellows, spouses, friends all.

As the incoming President, I stand before you humbled by this distinguished assignment, yet a bit uneasy because so many of you could be standing here in my place. The opportunity does not afford itself often to address esteemed colleagues of the dental profession who have been honored, or will be honored today, for their commitment to excellence as Fellows in the American College.

Mentors

I can state emphatically, no one ever gets to this position without mentors who have been the bedrock foundation of our careers. I had many in dentistry, too many to mention this morning, but I'd be remiss if I didn't highlight a few.

It was back in 1954, in undergraduate school at the University of Buffalo, that I met Dr. Jerome T. Scholl and his girlfriend, and now wife of forty-five years, Betty, while pledging Theta Chi fraternity. Jerry guided me into dentistry, since I didn't know what a dentist was, coming off the farm. He's being inducted as a Fellow today. Betty and their children are here beaming with pride.

Western New York Fellow and dental school instructor, Dr. Richard Powell, a Guadacanal Marine survivor, demanded exactness, forthrightness, honesty, and integrity. How I love to get letters from him. He's my "Mondays with

Morrie." I challenge all dental classes to have the percentage turnout at their alumni reunions, and financial commitments to their dental schools that our Class of '61 has had. We have an esprit d'corps and a love for each other that has been never ending. Perhaps our class motto is a factor. "You can be young once, and immature forever."

For those who know me well, you know the Navy Dental Corps has premiered my dental career. Again, Jerry Scholl first directed me to Naval Recruiting in Buffalo. Two Navy Fellows mentored my American College days, the late Captain Richard Pixley of Batavia, New York, who nominated me for Fellowship, and the late Admiral Bob Elliott, vibrant Chief of the Navy Dental Corps, Past President of the College, and William John Gies recipient, who inspired my ever increasing American College involvement as Regent and then through the chairs to President.

There is another Admiral here today, George "Satch" Selfridge, graduate of Buffalo, former dean of Washington St. Louis School of Dentistry and an emeritus of the International College of Dentists. Satch, you too have been a motivation, a counselor—one I could "go to" when needed most. Above all, you and Ruthie are best friends.

Loma Linda School of Dentistry provided me an "ever best" orthodontic education for my busy-ness, since 1970. Drs. Roland Walters and Alden Chase expertly guided my graduate school

days, for which my appreciation is everlasting.

And of course I salute my Western New York Section and Regency I Fellows for their support and confidence in me.

Naval Enrichment

Returning to my Navy days, with an ever-escalating regimen which was to span thirty-three years, leadership, always with the desire to seek command duties and increasing job responsibilities, was a driving force of mine.

It was on January 5, 1990, in the Reston, Virginia, hospital berthing room, holding in admiration our first grandchild Connor Greissing, when a telephone call came to the room from the then, Chief of the Navy Dental Corps and American College Fellow, Rear Admiral Milt Clegg, congratulating me on being selected for Admiral in the Naval Reserve Dental Corps.

What a humbling, exhilarating experience. I nearly dropped my grandson. It was the beginning of five years of an unparalleled lifetime of experiences,



Dr. Triftshauser practices orthodontics at 5A Genesee Country Mall in Batavia, New York, 14020.

starting with an avalanche of congratulatory messages. The Navy also sent me to "charm school." Sometimes called "knife and fork school," it was intended to reinforce our manners and sense of protocol. I don't know whether I passed or failed. However, I made known a new motto for the Navy Dental Corps. "You can't fight if you can't bite!"

My Navy days were steeped in leadership training, strategic planning, studies at the Army, Naval, and National War Colleges, and participation in Desert Storm, to mention a few.

Traveling throughout my entire Navy career concluded in a "grand finale" fashion during the fiftieth year celebration after WWII, in 1994 and 1995, journeying to Japan (Hiroshima and Peace Museum), Okinawa, Guam, Pearl Harbor (the Arizona), and then to Italy, France, England, and Germany. Tom Brokaw captured it best when he called it "The greatest generation." The Secretary of Defense was a fellow by the name of Dick Cheney. The Chairman of the Joint Chiefs of Staff was General Colin Powell. Today, we're very fortunate to have them as Vice President and Secretary of State of this country.

tain, but here in the sandpile at Sunday School. These are the things you learned:

- Share everything
- Play fair
- Don't hit people
- Put things back where you found them
- Clean up your own mess
- Don't take things that aren't yours
- Take a nap every afternoon (wouldn't that be nice)
- Flush

Reflecting on these virtues gives pause to ponder that these are the very formative, early-on building blocks of ethics and ethical behavior.

Ethics and Ethical Behavior

As Executive Director Steve Ralls has so eloquently reminded us, the Mission of the College is to promote excellence, ethics, and professionalism in dentistry, and the Vision is to be the leader in the promotion of excellence, ethics, and professionalism in dentistry.

Ethics is defined as being just, righteous, virtuous, caring, trustworthy, moral, having integrity, principled, decent, guided by principles of right and good conduct.

It's ethical to serve organized dentistry. Thank the Lord so many of you are willing to take the time at the local, state, and national levels and make the extra effort to preserve dentistry: health care that works"

Chief of Naval Operations Admiral Mike Boorda implored: "Good leadership is caring for your people and taking care of them; that's what good leadership really is."

Vice Admiral James Zimble, then the Navy Surgeon General, set my vision in perspective when he sent me a congratulatory book entitled *All I Ever Learned, I Learned in Kindergarten* by Robert Fulgrim. This book emphasizes that all you really need to know about how to live, what to do, and how to be, you learn in kindergarten. Wisdom was not at the top of the graduate school moun-

Going back to my early days of dental school, Jerry Scholl can attest that my ethics and antics were suspect.

Ethics has oftentimes been a "hard to sell" commitment of the College because people often ask "What else does the College do?" I'm happy to respond we undertake many other endeavors, but we are steeped in ethics and proudly so.

It is my hope to broaden our thought process, citing examples which may engage and expand our thinking of the term ethics.

Let me begin with the American Dental Association Code of Ethics. It is a dynamic, living guide for our everyday practices, our allied health professionals, our patients and the public in general.

During my Regent days, I had the pleasure of visiting Dalhousie University, School of Dentistry in Halifax, Nova Scotia. At that time, Dr. Nuella Kenny, a physician and a nun who headed the university's Bioethics Department, brilliantly articulated ethics by calling it "the right stuff."

At the Naval Academy, The Center for the Study of Professional Military Ethics has an ambitious mission to promote and enhance the ethical development of current and future military leaders through education, research, and reflection. The center's founders, sponsors, and leadership clearly intended for it to be "a beacon" for ethics, pointing the way for midshipmen, officers, and enlisted personnel.

Then there is corporate ethics. How timely!! Enron, WorldCom, Adelphia, Tyco executives, "taking the fifth" before Congress, with the nation looking on. Employees retirements impaired. My ability to retire and perhaps yours has been dramatically impacted by corporate activities with unscrupulous ethics.

How about the work ethic—a desire to work. From my over thirty years as a dentist, hard work has been an every day happening. It has not always been easy. Golfer Gary Player states the harder he works, the luckier he gets. It's been a truism with me. Our Convocation speaker Secretary Tommy Thompson's "Welfare to Work Program" was the model promoting a work ethic for all states when he was governor in Wisconsin.

It's ethical to serve organized dentistry. Thank the Lord so many of you are willing to take the time at the local, state, and national levels and make the extra effort to preserve dentistry: health care that works.

"Promise for America" is an ethical process promoted by Colin Powell for kids focusing on family, faith, parenting, mentoring, volunteerism, and building leaders, not jails.

World renown leaders have espoused a "serving mankind ethic." Dag Hammarskjöld, former Secretary General of the United Nations said "You have

I am so very glad Congressman Charlie Norwood, an American College Fellow, has the burning desire to serve in the political arena.

I am a true believer and a strong advocate of community service and public service, attempting to do my best to listen to people, thoughtfully deliberating issues and concerns, and decision-making for the common good.

not done enough, you have never done enough so long as it is possible that you have something to contribute." President John Kennedy said "Ask not what your country can do for you, but what you can do for your country."

The Ethics of Public Service

This may be considered shaky ground. However, one of my most gratifying pursuits has been in the political arena, serving on the City of Batavia Board of Education for four years, then on the Genesee County Legislature for nineteen years, my last six as Chairman, and presently working as Governor George Pataki's Special Assistant for Intercounty Affairs, Office of Regional Affairs.

Democracy is the art of compromise, however compromise is tough in ethics. I am a true believer and a strong advocate of community service and public service, attempting to do my best to listen to people, thoughtfully deliberating issues and concerns, and decision-making for the common good.

Successful ventures arouse and invigorate the army of volunteers whose combined efforts make our communities better places to work and live. Elected officials are driven by legacy ventures which take extraordinary undertaking. Relentless pursuit, perseverance, intestinal fortitude, and a never, never give up demeanor are absolutely necessary. Policy-making and projects of enormous magnitudes are most rewarding for they can impact positively citizens for generations.

A patriotic ethic, in the aftermath of 9-11, painted our communities with red, white, and blue, heroes and volunteers constituting the greatest outpouring New York City ever knew. Governor Pataki and Mayor Giuliani immediately responded over and above to "the call," leading with compassion, caring, duty, honor, and country.

On September 8, 2002, over 70,000 excited tailgate-feasting fans, some who had camped out for days, many loud, some bordering on the obnoxious, awaited Drew Bledsoe's Bills' debut against the New York Jets at Ralph Wilson Stadium in Buffalo, New York. At game time they stood and sang the Star Spangled Banner, witnessing on the field the unfolding of Old Glory, surrounded by 9-11 police and firemen from Ground Zero. As the final strains of the "the land of the free and the home of the brave" were sung, President Bush

portunity of what it means to be an American. This was followed by the Navy Band in Washington, D.C. accompanying the Navy Sea Chanters in a moving rendition of "America the Beautiful." A thunderous conclusion was provided by four F-16s streaking in salute, the skies filled with rockets red glare.

As I looked around and hugged my son, it was awe-inspiring to see the 70,000 proudly shedding buckets of patriot tears, honoring America, the good 'ole USA.

Family Ethics

This is an area I and perhaps many of you take for granted. Our work, personal, organized dentistry, community, military and public service, as well as social times seem to get in the way of our quality family relationships.

For the past forty-three years of our marriage, I have been the culprit. I have had the endless support of my wife who, if I mention her name, would never forgive me, so I'll spell. It's J-O-A-N-N. She has been a five-star mom, who brought up our four children, seven Rotary exchange students, and me. As I stated previously, I am one of those guys who was "young once, but immature forever." During my six years of active duty in the Navy, I left J-O-A-N-N with the kids for periods of six months at a time.

But we beam with pride and pleasure when we see our three daughters

Ethics is here to stay, and together we can promote it by partnering with the ADA, our specialty, our honorary college, and allied healthcare organizations for the common good of our chosen profession.

appeared on the jumbo teletron at the southern end of the stadium. He welcomed the fans to the forty-second season of NFL football, heralded the players for their professional prowess, memorialized 9-11, thanked Americans from all walks of life for rallying together to fight terrorism, seizing the op-

and one son in action, over and above their successful workday employments. Gretchen Greissing lives in Hudson, Ohio. Observing her conduct annual fundraisers for the Haddie-Larlham Foundation to raise hundreds and thousands of dollars so that the severely handicapped youngsters and their fami-

lies can enjoy a better quality of life is a thrill! Kristen Foote is in Baldwinsville, New York. She won the Senior High Counselor Award for the entire Syracuse area in 2002. One of Kristen's students addressed the award ceremony with these words, "Mrs. Foote is one of those rare, selfless educators; always has time for her students in school and after school; making the extra effort to talk to her students; even when on maternity leave she'd keep in constant contact with her students." Teachers have an enduring, thankless task today. Erin Welling lives in Columbus, Ohio, and raises funds for children stricken with cancer by running twenty-six-mile marathons annually. Erin most recently gave little Mollie Flaherty and Nicole Summers something to smile about. Our son Erik is a new father and a poet (see sidebar).

Ethics is here to stay, and together we can promote it by partnering with the ADA, our specialty, our honorary college, and allied healthcare organizations for the common good of our chosen profession. That will be one of my preachings as I eagerly look forward to my Regency and Section visits with you.

In theatrical terms, my presidency is:

- "An impossible dream"
- Dad and Mom, "If you could see me now"
- It would be, "Just as you like it"
- With so many mentors and people helping me, "I did it my way"
- And now President Follmar, it's time to "Go on with the show!"

God bless you all and God bless America!

My Father and Me

And I tell you something, Hagan,
I'm finding true each day
I'm more and more like my father
In each and every way.

Though I may not do things the same way;
I'll do things good and bad.
If there's one thing you take from me
It's to say, "I love you Dad."

We didn't always do this,
But as you will soon see
We do every time now,
My father and me.

Excerpts from a poem written by our son Erik, to his newborn son, Hagan; Fathers' Day 2001.

Clearing the Bureaucracy to Promote Compassionate Care

Convocation Address
October 18, 2002
New Orleans, Louisiana

Secretary Tommy G. Thompson
U.S. Department of Health and Human Services

It's good to be here with you in New Orleans today, American College of Dentists. I'd like to congratulate the newly inducted Fellows who have received their certificates today and the four award winners as well. I particularly want to acknowledge and con-

to my dentist. I mean, when was the last time you saw someone get a job as a cabinet secretary who didn't have a nice smile?

As Secretary of Health and Human Services, quality, affordable dental care for every American is a priority for me

there just last month. It's a tremendous national center of learning for the next generation of dentists.

As you know better than I, the field of dentistry is being transformed. New treatments and procedures are fundamentally changing the way oral health care is practiced and delivered. For example, the National Institute of Dental and Craniofacial Research, a branch of our National Institutes of Health, recently funded research into Van der Woude Syndrome, the most common cleft lip and cleft palate syndrome in infants. And now, scientists performing the research have discovered the gene that causes this syndrome to occur. The researchers tell us that the discovery could very possibly direct them to genes involved in "non-syndromic" cleft lip and palate, one of the most common birth defects in the world. Just think of what this could mean for tens of thousands of children worldwide. With appropriate intervention, they could lead lives without the pain and stigma of mal-

The American College of Dentists represents all that the health care industry can accomplish through hard work, dedication, passion, compassion, and practice based on principles and ethics!

gratulate my good friend, Dr. Prem Sharma, winner of the William J. Gies Award. Prem and I go back a long ways, and I've always valued his good counsel and professional expertise. So, it's good to see him receive some well deserved recognition from his peers. He is the best. He epitomizes the conscience of dentistry.

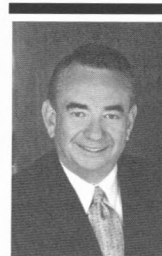
The American College of Dentists represents all that the health care professions can accomplish through hard work, dedication, passion, compassion, and practice based on principles and ethics! You are truly the conscience of dentistry.

Some people ask me how I went from being governor of Wisconsin to being Secretary of Health and Human Services, and I have to give some credit

as we work to fulfill President Bush's charge to ensure the best possible health care for all Americans.

The work that you do at the American College of Dentists makes us partners in the effort to achieve this goal. Your recognition of excellence in leadership, both in your professional fields and in your communities, promotes the kind of responsible health care that values the interests of the patient above all else. For this, I applaud your fine work.

I also understand the important need we have for more dentists today. That's why, while I was governor of Wisconsin, I was committed to arranging the funding for construction of the new Marquette University School of Dentistry in Milwaukee, and I'm happy to say that we dedicated the new building



Tommy G. Thompson is Secretary of U.S. Department of Health and Human Services.

formed mouths and palates. More work needs to be done, but this is a tremendous step.

And, as you also know, advances in dental care mean that more Americans are keeping more of their teeth for a longer period than at any time in history. So, you have much to be proud of as you consider the achievements of dentistry in recent decades.

At the same time, there are serious issues confronting the broad spectrum of American medicine. In many ways, American health care is on the right track. Our medical services and research are tremendous. We're pouring billions of dollars into developing all manner of treatments, pharmaceuticals, and medical devices.

Our dentists, our physicians and surgeons, our nurses, and health care professionals—indeed, our entire health care system—are the best in the world, bar none.

But the way we provide the high-quality care we now have is clumsy and inefficient, to the point of becoming archaic. Let me offer two examples that illustrate what I mean. First, let me describe the patient of today. There's much that this patient can be thankful for, especially the many advances in medicine that improve the quality and longevity of life and access to the finest medical system in the world. Yet serious needs hamper us as we provide care.

I'm talking about renewal and transformation, about a system of care that allows men and women like those here today to practice dentistry as it should be practiced—with compassion, personal attention, focussed on knowledge, practiced expertise, limited paperwork, and streamlined regulations.

Today's patient almost always needs to see a primary care physician before getting advanced treatment and has to deal with multiple referral forms and other paperwork, as does her doctor and his staff. Coordination and communication of care frequently are poor. The

patient has to go to multiple specialists, handle multiple bills for overlapping care and sometimes gets the wrong prescription. And we all know that some doctors could use a good course in penmanship.

Today's patient is given care to remedy existing illness and disease but is rarely given the kind of preventive care that averts illness and disease to begin with. The patient often sees different

As you know better than I, the field of dentistry is being transformed. New treatments and procedures are fundamentally changing the way oral health care is practiced and delivered.

doctors each time she goes in for an appointment. The patient's records are kept in manila envelopes that are often inconvenient to store and use. And, if the patient gets sick in another city, it's nearly impossible to get his or her records forwarded in a timely way.

That's how the patients of today are treated. We have wonderful therapeutic options, but the fact is some grocery stores have better technology than our hospitals and clinics. The bottom line is that our system of health care delivery has not matured at the same pace as our technology, and the patient suffers because of it.

That brings me to the second example: the patient of the not too distant future—a future that depends on the creativity and expertise you will bring to it. Patients of tomorrow will be treated on the basis of advanced preventive and genetic strategies. Patients will be cared

for through a home-based system and will routinely contact their physician or dentist through the use of telemedicine, the Internet, and other electronic technologies.

If admitted to the hospital, the patient of tomorrow will not be required to fill out elaborate forms. The use of telemedicine will allow one's whole medical record to be sent from one part of America to another within seconds.

And everything, including billing, will be processed at the time of care. Patients will know the costs and will be satisfied with the quality of care you provide but won't face mountains of confusing paperwork.

In the future, a coordinated team of physicians, dentists, nurses, and allied health professionals will work together through a paperless system to provide care to the patient, independent of where they are cared for. The Surgeon General's report, *Oral Health in America*, showed us that dental and oral health is critically interconnected with other areas of health—so doesn't it make sense to electronically connect all the health professionals in charge of caring for a patient?

That is the dream. The challenge for us, the challenge for all of you, is to do what it takes to make that dream real.

To make this kind of future real, we will have to bring systemic change to our health care system. I'm not talking about tinkering at the edges. I'm talking about renewal and transformation, about a system of care that allows men and women like those here today to practice dentistry as it should be practiced—with compassion, personal attention, focussed on knowledge, practiced expertise, limited paperwork, and streamlined regulations.

We will have to fundamentally change the current health care delivery system in our country. The myriad rules, regulations, and restrictions that make obtaining good health care I've just outlined difficult, if not impossible, have to be reviewed carefully; and, when necessary, junked like the deadwood that they are.

At the Department of Health and Human Services, we are already taking some significant steps in this direction. I have established a regulatory reform task force to ferret out cumbersome, unnecessary rules and regulations. We're pushing ahead with our comprehensive effort to modernize and improve Medicare. And we're working to extend quality, affordable care to the nearly forty million Americans who still lack health insurance.

We've also launched a preventive health care campaign to encourage people to participate in moderate but consistent exercise—to eat right, includ-

ing five fruits and vegetables a day—and to quit smoking, not to use drugs, and not to abuse alcohol.

Part of the prevention campaign relates directly to dental health. It's our "milk matters" campaign. Only about half of children five years and under get enough calcium in their diets. Teenage girls are at particular risk: More than 85% of all girls ages twelve to nineteen do not get the recommended amount of calcium. In fact, teen girls average only about 740 milligrams of calcium a day, well below the recommended 1,300 milligrams needed for normal growth. Getting too little calcium may lead to health problems later in life, such as osteoporosis and fragile bones.

The milk matters campaign is part of our nationwide preventive health agenda. Teeth and bones are truly the superstructure of the body. And without a strong superstructure, the rest of the building cannot remain healthy for the long term.

So, I'm committed to doing my part, but I still need the advice and counsel of people like you — the dedicated health care professionals who work within the current system. Ultimately, the job we have at the Department of Health and Human Services is a lot like yours. It isn't about politics. It's about doing the right thing to fix the problems facing us and helping all Americans live better, healthier lives. And that's why I'm so very proud and pleased to be with all of you today.

So, let me leave you with the words of a woman I admire so very much, one of the great individuals of the twentieth century, Mother Theresa. "We shall never know," she said, "all the good that a simple smile can do."

Isn't that true? A small thing like a warm smile can mean so very much. And you here today are helping to ensure that all Americans can offer warm smiles and caring hearts to everyone.

May God bless you, and may God bless the United States of America.

2002 Fellowship Class

The Fellows of the American College of Dentists are the leaders in dentistry and in their communities. They represent the creative force of today and the promise of tomorrow. We proudly welcome the 2002 class of Fellows ...

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Rancho Cordova, CA

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Spring Hill, FL

Dr. Arif R. Alvi
Karachi, Pakistan

Dr. Gary C. Anderson
Minneapolis, MN

Dr. Renee M. Arace
West Orange, NJ

Dr. John C. Arguelles
Santa Barbara, CA

Dr. Rickland G. Asai
Portland, OR

Dr. Bernard J. Asdell
South Bend, IN

Dr. Bruce E. Ashendorf
Atlanta, GA

Dr. Bruce K. Barr
Virginia Beach, VA

Dr. J. Mark Barry
Charleston, SC

Dr. Gary H. Bauman
Lutherville, MD

Dr. William Lee Beasley
Oklahoma City, OK

Dr. John R. Beattie
Orlando, FL

Dr. Karyl J. Beauchamp
Clarksville, TN

Dr. Robert C. Beaver
Wichita, KS

Dr. Sherill L. Behnke
East Lansing, MI

Dr. Cheryl L. Biber
Newark, NJ

Dr. Lesley H. Binkley
Memphis, TN

Dr. Douglas Edgar Black
Kelowna, British Columbia

Dr. Everett W. Bowling
Pineville, WV

Dr. Steven J. Bowman
Portage, MI

Dr. Anne E. Bowman
Chula Vista, CA

Dr. Thomas V. Brady
Westbrook, CT

Dr. Cynthia K. Brattesani
San Francisco, CA

Dr. Fred A. Bremner
Milwaukee, OR

Dr. Byron A. Brill
Stephens City, VA

Dr. Wendy Anne Brown
Simpsonville, MD

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Scranton, PA

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Albany, NY

Dr. Bridget E. Byrne
Richmond, VA

Dr. Joseph V. Calderone
DeBary, FL

Dr. Dory Calev
New York, NY

Dr. James L. Carazola
Clearwater, FL

Dr. Timothy J. Carlson
Indianapolis, IN

Dr. Michael J. Cerminaro
Muskegon, MI

Dr. Russell E.K. Chang
Los Alamitos, CA

Dr. Joseph E. Chasteen
Seattle, WA

Dr. Gary T. Chiodo
Portland, OR

Dr. Lloyd F. Church, Jr.
Little Rock, AR

Dr. Robert J. Clarke
West Vancouver, British Columbia

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New York, NY

Dr. Stephen D. Cochran
Jacksonville, FL

Dr. D. Edward Collins
Charleston, SC

Dr. James B. Congleton
New Bern, NC

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Sacramento, CA

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Washington, DC

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Montreal, Quebec

Dr. Harold T. Daniel
Lexington, KY

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Tucson, AZ

Dr. James A. Day
Pontiac, IL

Dr. William J. De Vizio
Piscataway, NJ

Dr. Johann de Vries
Winnipeg, Manitoba

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Downey, CA

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Spokane, WA

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Brick, NJ

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Milton, MA

Dr. Dawood F. Harunani
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Woodbury, NY

Dr. Robert Mark Hinrichs
Lincoln, NE

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Ft. Lauderdale, FL

Dr. Anderson T. Huang
Flushing, NY

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Jacksonville, FL

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Dr. James F. Jenkins
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Pensacola, FL

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West Orange, NJ

Dr. Dennis M. Kalebjian
Fresno, CA

Dr. James F. Kane
Natick, MA

Dr. Vasiliki Karlis
New York, NY

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Beverly Hills, CA

Dr. Donald Kepron
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Dr. Robert H. Klein
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Petal, MS

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Brigham City, UT

Dr. Charles D. Kolb
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Seoul, Korea

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Long Beach, CA

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Dr. Rochelle G. Lindemeyer
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New York, NY

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St. Paul, MN

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Hattiesburg, MS

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Chapel Hill, NC

Dr. David Craig Lurye
Winter Park, CO

Dr. Philip B. Maldonado
Covina, CA

Dr. Paul Franklin Maness, Jr.
Raleigh, NC

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Scarsdale, NY

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Sheridan, MI

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New Orleans, LA

Dr. Thomas Matanzo
Wintersville, OH

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Jackson, MS

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Schenectady, NY

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Springfield, IL

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Chapel Hill, NC

Dr. Mary E. McNally
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Dr. John J. Meade
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<i>Williston, ND</i> |
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<i>Jacksonville, NC</i> |
| Dr. Charles Wyck Neely
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<i>Bathurst, New Brunswick</i> |
| Dr. Dean P. Nicholas
<i>Villa Park, IL</i> | Dr. William R. Redmond
<i>Laguna Niguel, CA</i> | Dr. Steven E. Smith
<i>Eugene, OR</i> |
| Dr. Renzo C. Nylander
<i>Williamsville, NY</i> | Dr. Ronald L. Rhea
<i>Houston, TX</i> | Dr. Randolph A. Snyder
<i>Yuma, AZ</i> |

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Dr. Barry H. Stevens
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Los Angeles, CA

Dr. Karyn L. Stockwell
Kennesaw, GA

Dr. Robert E. Stokes
Indianapolis, IN

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Fort Wayne, IN

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Dallas, TX

Dr. Daryl Styner
New York City, NY

Dr. Rodger L. Suchman
Independence, MO

Dr. Andrew J. Sullivan
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Dr. Martin R. Szakaly
South Bend, IN

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Dollard des Ormeaux, Quebec

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Dr. Bryan D. Tompson
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Dr. Bruce G. Toy
Stockton, CA

Dr. W. Peter Trainor
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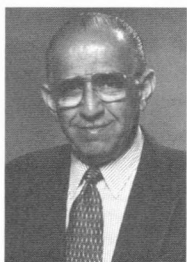
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Vancouver, British Columbia

Dr. Gary L. Zoutendam
Battle Creek, MI

Profiles in Professionalism: 2002 ACD Awardees

William John Gies Award

The William John Gies Award was established by the American College of Dentists in 1939 to recognize Fellows for outstanding service to dentistry and its allied fields. This award embodies the highest levels of professionalism, and it is the highest honor the College confers on its members.



The highest honor the College can bestow upon a Fellow is the William John Gies Award. This award recognizes Fellows who have made exceptional contributions to advancing the profession and society. This year's recipient is **Prem S. Sharma, DDS, MS.**

Dr. Sharma was born in Mandalay, Burma and at the age of ten fled with his family to India, walking through the jungles and over the mountains between Burma and India. Growing up in northern India, he joined a militant youth group that was fighting for the nation's freedom from British rule. It was at that time that he met and was greatly influenced by Mahatma Gandhi, and his teachings of compassion and nonviolence.

Dr. Sharma received dental degrees from India and Scotland, and he practiced dentistry in Burma and England before coming to the United States in 1961. At Marquette University he earned dental and Master of Science degrees and was appointed a member of the faculty. Dr. Sharma directed the graduate program in pediatric dentistry and served as a mentor to forty graduate students. He was the recipient of several awards for excellence in teaching at the School of Dentistry. Dr. Sharma was chairman of the Department of Pediatric Dentistry and Oral Rehabilitation as well as director of the Dental Auxiliary Utilization Program. He served as Professor and Assistant Dean for Curriculum and then as the Associate Dean for Alumni Affairs and Academic Affairs. He held this position at Marquette for twelve years until his retirement in 1994.

Dr. Sharma has served as a consultant the U.S. Public Health Service in Region 5, and as a curriculum consultant to the American Dental Association's Council on Dental Education. He served on the editorial boards of two national journals and has authored numerous scientific articles and several educational manuals.

Dr. Sharma was president of state chapters of three dental professional organizations and the Dental Alumni Association

of Marquette University. Nationally, he was president of the American Society of Dentistry for Children and the American College of Dentists.

He received the American Society of Dentistry for Children's national award of excellence and the first George Teuscher ASDC Great Award. Marquette University honored him with its 2001 National Merit Award. Dr. Sharma has also received over thirty awards from other dental professional organizations as well as three citations from the governor of Wisconsin.

Dr. Sharma has also served as a delegation leader for People to People International; eight terms as president of the Milwaukee Ethnic Council; member of the Board of Directors of the International Institute of Wisconsin; chairman of the Wisconsin Governors Council on Asian Affairs; secretary of the Governors Advisory Committee on Minority Affairs; and recently the U.S. Presidential Advisory Council on HIV/AIDS. Dr. Sharma is also involved with the Free Burma Coalition.

Recently, Dr. Sharma has authored the acclaimed historical novel, *Mandalay's Child*. He has also helped raise over \$100,000 for the September 11th Fund and he is currently chair of the civic group that has presented a bronze statue of Mahatma Gandhi to Milwaukee County.

Honorary Fellowship

The ACD confers Honorary Fellowship upon persons who are not members of the dental profession, but have made outstanding contributions to the advancement of the profession and its service to the public. These contributions may be in education, research, administration, public service, public health, medicine, and many other areas.



Honorary Fellowship is awarded to individuals who do not hold a dental degree, but have significantly advanced the profession or oral health and have shown exceptional leadership in areas such as education, research, public health, administration, public service, or related fields of health care. This is the highest honor the College bestows on non-dentists. This year's recipient is **John A. Molinari, Ph.D.**

Dr. Molinari received a Bachelor of Arts degree from St. Vincent College and a Ph.D. in microbiology from the University of Pittsburgh, School of Dental Medicine. He is currently professor and chairman of the Department of Biomedical Sciences at the University of Detroit Mercy, School of Dentistry.

Dr. Molinari has published over two hundred scientific articles, textbook chapters, and abstracts in the areas of microbiology and immunology. He is the co-author of the textbook, *Practical Infection Control in Dentistry*, and he has lectured nationally and internationally on topics dealing with infectious diseases and asepsis. Dr. Molinari is a consultant to hospitals in the Detroit area; consultant to the ADA Council on Scientific Affairs; project coordinator for the governmental Health Resources and Services Administration Task Force on AIDS and Dental Education; and chairman of the American Dental Education Association Curriculum Advisory Committee on bloodborne infectious diseases. He is also a consultant to the CDC in the areas of infectious disease and infection control.

Dr. Molinari is a past chairman of Organization for Safety and Asepsis Procedures and current board member of the OSAP Foundation. He is currently the editor of the Infection Control Section of *The Compendium of Continuing Education in Dentistry* and also a member of the editorial board for the *Journal of the American Dental Association*. Dr. Molinari has also served as chairman of the State of Michigan Governor's Risk Reduction and AIDS Policy Commission.

Among many honors and awards, Dr. Molinari has been inducted as an honorary member of the Michigan Dental Association and the International College of Dentists. Dr. Molinari is a clear leader in the fields of microbiology and infection control.

Award of Merit

The supporting services of dentistry are vital to the profession, providing key elements which enhance the effectiveness of dental care delivery and the growth of the profession. The ACD's Award of Merit was established by the Board of Regents in 1959 to recognize unusual contributions in dentistry and its service to humanity by persons who are not Fellows of the College.



The Award of Merit recognizes outstanding efforts of non-dentists in roles that support the dental profession and enhance the profession's mission and service to society. This year's recipient is **Geraldine M. Cherney, CAE**.

Ms. Cherney is recognized for over forty years of continuous service in support of the dental profession. Ms. Cherney was first

employed by the Michigan Dental Association in 1958 as a clerk typist. Rising quickly through the ranks, by 1972 she had assumed the role as a coordinator for Health Education Activities, and in 1976 she was named director of administration. Eight years later, Ms. Cherney had risen to the position of assistant executive director. In 1990 she was named executive director of the Michigan Dental Association.

Ms. Cherney is a charter member of Meeting Planners International and served on their board for fourteen years from 1976 to 1990. She has also served as secretary of the Michigan Dental Insurance and Financial Group since 1990; secretary of Michigan Dental Companies, Incorporated, since 1991; secretary of the Michigan Dental Association Services Group from 1994; Executive Director's Advisory Committee of the American Dental Association since 1999; treasurer of the American Society of Constituent Dental Executives; and secretary of the Michigan Dental Foundation since 1999. She is also a member of the National Foundation of Dentistry for the Handicapped and was instrumental in bringing Donated Dental Services to Michigan.

Ms. Cherney's contributions extend well into her community. She is especially concerned with the prevention of child abuse and neglect. Ms. Cherney is highly involved at the local and state level with the Lansing Child Abuse Prevention Services and Prevent Abuse and Neglect Through Dental Awareness program through the Delta Dental Foundation.

Ms. Cherney is the recipient of a number of honors and awards, including honorary fellowship in the International College of Dentists in 1996.

Service Award

This award is presented to recognize outstanding efforts of a Fellow of the American College of Dentists for exceptional and distinguished service to the College or to humanity through his or her professional service.



The Service Award recognizes exceptional support of the College, the profession, oral health, or community service. This year's recipient is **Jeffrey R. Burkes, DDS**.

A graduate of City College in 1970, Dr. Burkes received his DDS degree in 1975 from New York University College of Dentistry where he was class president. After completing a residency in oral and maxillofacial surgery at Bellevue Hospital, he entered private practice in midtown Manhattan. From 1975 to 1991, Dr. Burkes was assistant clinical professor in the Department of Oral and Maxillofacial Surgery. Dr. Burkes is responsible for certifying the undergraduates at NYU and Columbia University dental schools in child abuse reporting. He is a faculty member at Columbia

University School of Dentistry and directs the forensic dentistry elective there.

Dr. Burkes is founder and chief of the New York City Dental Mass Disaster Team, organized in 1980. He holds a teaching appointment in the Department of Pathology, NYU College of Medicine, where he is a clinical assistant professor, and is a lecturer in the homicide investigation course at the New York City Police Department Detective Bureau and criminal investigation course. Dr. Burkes is a member of the Board of Directors of the New York County Dental Society, serving as president in 1998. He is the senior ADA delegate from the society and serves as a governor to the New York State Dental Association.

Dr. Burkes is recognized for his tireless efforts surrounding the events of September 11, 2001. He is an oral and maxillo-facial surgeon who serves as the chief forensic dentist in the

Office of Chief Medical Examiner of the City of New York. In that capacity, Dr. Burkes is director of the Dental Identification Unit that has recently identified victims of the World Trade Center disaster of September 11th, as well as victims of American Airlines flight 587 that crashed in Queens on October 12 of last year. His responsibilities have included supervising one hundred and fifty to two hundred dentists and auxiliaries at the unit. The Dental Identification Unit has aided in collecting dental remains at the scene; identifying dental remains; documenting remains with photographs, radiographs, and charting; collecting antemortem dental records; standardizing the information format and entering this information into a database; comparing antemortem and postmortem records to obtain matches; discussing dental identification process with victims' families as needed; and confirming identification of remains before they are released to the families.

Striving for Excellence

Fred Bremner, DMD, FACD

Abstract

The mentored, small-group, patient-based participation study club has been the classical means for instilling a sense of excellence and improving the practical skills of dentists after they begin practice. This tradition has been especially strong in Oregon. The personal experiences and observations of a longtime participant and mentor in such study clubs is described.

The profession of dentistry in the United States sets the standards of quality for dental treatment in the world. The evolution of this high quality of dental treatment can be traced to the processes of continuing education, specifically participatory study clubs.

Historically, the barber/dentist tradesman evolved to the professional level with the advent of dental colleges to teach the expanding knowledge and clinical expertise. Institutional dental edu-

Upon graduation, dentists are equipped with basic clinical skills that allow them to embark on a lifelong journey to professional maturity. Many different venues are available for those individuals who are aware of their needs for continuing education, which will take them to that desired level of clinical excellence. The best of these venues is the small group participation environment (study club). Under the direction of a mentor, participants perform new or less than perfected treatment on patients.

It is a highly motivated, unique individual who can subject his or her every decision and procedure to the watchful eyes of the small group of colleagues and a mentor. It can create anxiety at first to have one's every move open to view by peers and be ready to answer their question, "why did you do it that way?" Or when the outcome does not reach your anticipations, it requires some courage to discuss why it turned out the way it did. Egos have to be left at the door in this learning environment. Real learn-

are traditions (history and personalities) and mentorship. The keystone in this arch of a great profession is the individual, prepared with an open, inquisitive, and teachable mind. When opportunity and preparedness meet, exceptional learning will occur. The mentored participation study club environment provides the best opportunity for this to happen.

Oregon's Tradition of Study Clubs

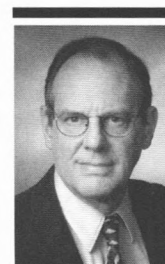
Dentists in Oregon have a long history of bringing groups together to advance the profession. The first dentist to practice in Oregon was Dr. Sacket, who opened his practice in Oregon City in 1846. In just twenty-seven years there were enough dentists throughout the state who felt the need to organize for the mutual benefit of association. In 1873 the Oregon State Dental Society formed. This might be considered the first study group in Oregon because the main emphasis was on presentations of papers and clinical demonstrations relating to the practice of dentistry. This organization only lasted three years.

It is a highly motivated, unique individual who can subject their every decision and procedure to the watchful eyes of the small group of colleagues and a mentor.

cation in Oregon began in 1898 with the founding of the Oregon College of Dentistry, which through time and name changes became today's OHSU School of Dentistry.

ing in the decision making process and advancement of technical skills is the goal.

Two pillars that support the dental profession's high standard of excellence



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Study Clubs

In 1893 the Oregon State Dental Association was chartered and eventually became the Oregon Dental Association we know today. The early records of OSDA show that in 1894 Dr. E. G. Clark presented a paper on amalgam restorations. Many small groups formed

group and the beginning of an organization that would leave a significant mark on the dental profession. In 1962 six members from Oregon out of twenty-two nationally were among the first class in the new Fellowship Program of the AGD. The high quality of dental care in

thought process to motor skills of excellence.

My personal motivation for excellence in my dental practice probably started as a young boy who looked up at his uncle dentist as he worked in my mouth filling cavities. He was a man of integrity and my role model for life in general. He was part of the motivation for me to become a dentist. He was also my gold foil instructor in dental school. Becoming proficient in gold foil helps one along the way toward that attitude of excellence.

When I left dental school I realized I had a solid foundation in the basics of being a dentist. I also left with a strong motivation to become like many of the faculty members who modeled excellence themselves as they brought me to that point of birthing new life into the profession they cherished. Many of these faculty members were mentors of study clubs.

I met Dr. Bartels as my sophomore lab instructor in crown and bridge. He taught me to construct porcelain class V inlays and jacket crowns. Inspiration came from observing his laboratory techniques of milling the precision attachments in gold crowns and pontics and tapping screw holes to fix the assembled pieces of the bridge in the mouth.

There is nothing else that creates a higher standard of excellence in dentistry than to demonstrate to your peers in study club what and how you are learning.

in the early 1900s with a master clinician as mentor to direct participation study groups. In 1927, Dr. Paul Kunkel was directed to organize the existing study clubs into groups. The plan was to keep the majority of the membership busy in serious effort for individual improvement so that they might give their patients a better type of service.

In 1951 The Oregon Association for Dental Research, Inc. was formed by a number of Portland area study clubs to provide a well equipped meeting place for the various study clubs and to foster a community of interest among all study groups. Clubs of various disciplines of dentistry were formed and mentored by leading clinicians in their specific fields of expertise. This gave the study club movement an organized look.

Dr. John Bartels was the first mentor of a study club that initially met in this continuing education facility in the Dekum Building. A void was left in this group when in the mid-fifties Dr. Bartels took a leave of absence because of his involvement in the Restorative Academy. Later this group moved to the CE clinic directed by Dr. Vince Weber located at the new dental school on Marquam Hill.

Under the leadership of Dr. Dan Haselness, a search was mounted to find a new mentor. After a trip to Chicago to evaluate a new organization, he led this group to become one of the first to join the newly forming national organization call the Academy of General Dentistry (AGD). This new organization, with emphasis on continuing education, was the answer to the need of direction for this

our country has its roots in small study groups. We all owe a lot to the individuals who conceptualized and brought this study club format to the success level it has achieved.

Personal Involvement

My first memory of a study club is from the mid-1950s as a demonstration patient for my uncle Dr. Ray Davis. He was instructing a small group in the evening at the old North Pacific Dental College clinic on how to place a rubber dam. Little did I know then that I would someday become a dentist and mentor of a participation study group myself. For the past thirty years I have been the mentor for Columbia Periodontal Research Study Group. I have seen first-

I remember wondering if I would ever be able to do that quality of dentistry. These faculty members and study club mentors started my thinking about the traditions of excellence they helped establish and that I was able to observe even as a dental student.

hand the learning value of one-to-one instruction; hang nails in the saliva, participation study club experience. There is nothing else that creates a higher standard of excellence in dentistry than to demonstrate to your peers in a study club what and how you are learning. Dry fingered lecture groups stimulate ideas but seldom is there a transfer of the

I know many of my classmates were inspired just as I was by looking at Dr. John Kuratli's gold restorations displayed in the sophomore crown and bridge lab. I remember wondering if I would ever be able to do that quality of dentistry. These faculty members and study club mentors started my thinking about the traditions of excellence they helped es-

establish and that I was able to observe even as a dental student.

One of the big challenges for the average dentist in a rural location is the long distance travel required for participation in mentored study club. In an attempt to overcome this problem, the AGD has designed the Protocol Course style of study for participation groups. This style of course starts with a few days of lecture and then treatment is carried out in the participant's own dental office. During the course of treatment, an accurate history is kept and photographic slides are taken and then used at a later time to do case presentation to the mentor and fellow group members.

A large part of the success in continuing education in Oregon has been as result of the AGD Awards program. The Fellowship award is given after five hundred hours of qualified continuing education. After receiving the Fellowship Award an individual can begin working toward the Masters Award. This requires an additional six hundred hours of course work, with four hundred hours in participation courses. These awards are the catalyst that drives the profession toward excellence. In Oregon approximately 50% of the general dentists are AGD members. This is the highest participation percentage in the nation. Between 20% and 25% of the AGD members in Oregon are active in small participation groups.

Observations of a Mentor

I have watched Dr. Barry Evans' path of development from his first days in my perio study club to become today a

mentor of his own restorative group. He has a special desire for excellence in his patient treatment as demonstrated by belonging to the Tucker study club in Seattle Washington for the past twenty-four years. His unique motivation moved him to find each month a cooperative patient who would accompany him on a four hundred miles round trip drive from Portland to Seattle and sit through the learning experience of a study club

in their practices but seem to have no immediate solution. The typical dentist who is not involved in a participation study club is cloistered in the office, evaluated only personally, and has no support group to consult with for solutions to difficult problems that we all have faced in our practices from time to time.

I have spoken a great deal about the individual members of the participation study clubs and how they have helped

Mentors are driven to higher levels of excellence, as they are challenge by the need to answer the difficult questions asked by their students.

treatment session. He said of that experience, "It turned my career around, it opened doors, I met famous dentists around the world, and was invited to join groups I would not been privy to otherwise."

As a study club mentor I have a couple of observations I feel are important about mentoring. At first, not everyone is comfortable in bringing patients into the small group setting to have peers observe the learning experience. If allowed to progress at a rate that is comfortable to them, many participants eventually bring patients and begin the important mentor guided process of developing new clinical skills. Part of the change of attitude comes from observing a group spirit of learning and feeling of support from other club members. This feeling of camaraderie develops a group dynamic that encourages members to bring question that they confront

advance the level of excellence in the dental profession. I think I can speak for most of the mentors of the study clubs when I say that the individual members of these groups provide a great deal stimulation and motivation back to the mentors themselves. Mentors are driven to higher levels of excellence as they are challenge by the need to answer the difficult questions asked by their students.

To me there is no greater joy than watching the growth of individuals as they challenge themselves to become more skilled and better equipped to provide the best possible treatment available for their patients. The highest accomplishment and reward a teacher can receive is to see the student become more than the instructor. A great future is ahead for the profession of dentistry because of the positive attitude I see in the dentists that are involved in participation study clubs

My Growing Involvement in Dental Study Groups

Frank M. Spear, DDS

Abstract

The lessons from managing a successful study club are learned over a life-time of practice, just a dentistry is. The author, who has taught numerous participation continuing education courses using the study club model and mentored many study clubs identifies these criteria for success: a respected mentor, open feedback, multiple points of view, a clear mission and structure, and attention to the changing needs of the participants over time. A study club that has renewed itself effectively over a twenty-year period is described as a possible model.

My study club experience started in the 1970s as a first year dental student at the University of Washington. We didn't call it that at the time, but retrospectively it was a study club. Our name for it was a vertical group, consisting of a faculty advisor, hygiene student, and first-, second-, third- and fourth-year dental students. We met every other week to discuss the issues of dental school life and to review patient treatment plans and treatment. That group had what I have come to see are the essentials for an effective study club. A mentor or leader, in my case Dr. Roland Wills, our faculty advisor, always made it clear that dentistry was about helping people first. Such groups benefitted from having an inspirational clinician whom all the members of the

group respected and hoped to emulate. Usually such a person is also a mentor. In my case, as a first-year dental student, my inspirational clinician was the senior dental student in the group. Most would

ings and finally to bring patients to treat in the study club setting. This included going to dinner where the mentor and other members critiqued each operator's work. In this setting I learned another es-

Failure to give and take feedback constructively leads to resentment and often to a total failure to communicate at all and finally to either the group breaking up or members leaving.

wonder how a senior student could fill that role, but I was truly blessed. My senior student was Richard Tucker, Jr., an incredible clinician and very gentle and nurturing human being. Dick Jr. took me under his wing and truly influenced my desire to do exceptional dentistry, and he of course had one of the great mentors in dentistry, his father Richard Tucker, Sr. Finally our dental student group had another essential element, committed members. The one thing our group didn't have was longevity. We lost a member each year, who then was replaced by a new one, and nobody was a member more than four years.

Learning About Learning While Practicing

My first exposure to a formal study club also occurred in dental school. As a third-year student, several of the part-time restorative faculty members belonged to gold foil or inlay study groups. They invited me to observe their meet-

ing and finally to bring patients to treat in the study club setting. This included going to dinner where the mentor and other members critiqued each operator's work. In this setting I learned another essential element of an effective study club. Members have to park their egos at the door and be open to feedback. Equally essential, those delivering the feedback must also park their egos at the door and deliver information respectfully as a point of view, not an indictment. As I discovered later in other clubs, failure to give and take feedback constructively leads to resentment and often to a total failure to communicate at all and finally to either the group breaking up or members leaving.

My next study club experience wasn't called that, just as the first one wasn't. It was called graduate school. Following



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dental school I entered the periodontal prosthodontics program at the University of Washington. We only took two students into each class, and the program was designed to be three years in length. That meant there were typically six of us studying together, basically living and breathing dentistry all day, all week, for thirty-six months. I learned several more essential elements about effective study clubs during my graduate student era. First, it was important to hear several points of view. Dr. Ralph Yuodelis was the director (mentor) of my program, and Dr. Robert Faucher was his primary faculty member. But because the program involved both periodontics and prosthodontics, we also had Drs. Saul Schluger and William Ammons as mentors. I discovered they would rarely all agree on how to do each phase of treatment, but they would almost always agree on what the diagnosis was for the patients' conditions. This contradiction of some agreement and some disagreement became a real asset later when I became a mentor and educator myself. It taught me that what Dr. Morton Amsterdam said was true "There is only one correct diagnosis, but there can be multiple correct treatment plans." Being open and not threatened by different approaches is essential for all study club members and educators as well. After hearing all sides, each person can decide which approach is most appropriate.

Another powerful lesson I learned in graduate school is that to be effective, any study clubs time must be organized and structured. For us, this meant having a specific outline to follow for all our seminars and group meetings. We commonly held seminars with the graduate students in periodontics, and this meant twelve to sixteen residents in a room at once. If those sessions were not structured, the people in the room start to lose focus, drift off, and the meetings become dull and lifeless. That need for structure and organization is something I still follow strictly today in my courses and study clubs.

Finally, I learned in graduate school that diversity in membership can be a very good thing. In dental school, all my

classmates were taught the same thing at the same time. In graduate school my classmate Dr. Jack Love, from Cleveland, Ohio, was the oldest student we had ever taken into the program, having practiced for twenty-two years already. I

tored more groups. We reached a peak of eleven groups in 1987. What the students in these groups probably didn't realize is how much the mentor learns from the students. If the mentor is open, the opportunity for new ideas and new

"There is only one correct diagnosis, but there can be multiple correct treatment plans."—Dr. Morton Amsterdam

was the youngest ever taken at the time, and most of the other students came from dental school outside Washington State. But we all had a commitment to help each other to learn. By being open, we were able to share a diversity of thinking and experiences that were truly life changing.

Putting It to Practice

Following graduate school, I went into practice and I continued to develop what I had learned about study clubs. First, I was asked to present a one-hour program at an annual reunion of Dr. Gerard Schultz study clubs in Seattle. In the audience was the program chairman for the following year's American Academy of Fixed Prosthodontics meeting in Chicago. After the presentation he asked if I would present the same program at the Chicago meeting. And so my national lecture exposure started from a simple study club presentation.

In 1983 I was asked to mentor my first study club by a group of dentists in the Tacoma, Washington, area. There were eight dentists and myself. Their interest was in anterior esthetics. I used the same principles as my graduate school experience of didactic learning followed by clinical application. We met monthly and I presented a few hours of lecture material followed by clinical work by the participants in all phases of esthetic dentistry. The experience was an exceptional learning opportunity for me, and hopefully for them as well. This led to other groups in the Seattle-Tacoma area wanting to do the same, and by 1985 I brought in a partner and we co-men-

applications can make any of us far more effective teachers and better practitioners.

It is for these reasons that I still mentor two study clubs. One in Spokane, Washington, meets five times a year, for one day each time. The other in Missoula, Montana, meets four times a year for two days each time. Mentoring these groups is incredibly rewarding for me. This close work with small groups of dedicated practitioners has made me a much more effective educator for the dentists who come to my institute. It has also allowed me to build some great relationships in the nine years we have been together.

A Successful Model

A special study club story for me concerns the club I have been a member of for twenty years. In 1982 an exceptional dentist in Tacoma, Dr. Ralph O'Connor, recognized that there were many patients in his practice he didn't know how to treat because of their complexity. Ralph decided to create a study group to learn how to treat these more difficult patients. In 1983, he called eight of us together for a meeting. Drs. Vince Kokich (Orthodontist), David Mathews (Periodontist), David Steiner and John West (Endodontists), Robert Dunley (Oral Surgeon), Dan Cook (Pediatric Dentist), myself (Prosthodontist), and Ralph O'Connor (General Dentist). To bring such a diverse group together to form a study club was visionary then, and we decided to give it a try.

The first rule of business is to determine a specific focus, our vision and

mission, critical for any study club. Next we had to determine a frequency, time, location of meetings, and finally, a meeting agenda. The timing and location has to be conducive to everyone because attendance is critical to long-term success of the entire study club. The focus of our meetings initially was quite simple, to increase our treatment planning skills by sharing how each of us approached treatment planning and what each discipline sees when examining patients. We did this by instituting an hour of each meeting to a segment entitled "What do you do with this?" where one member is responsible to bring patient records to present. The records are put in front of the group and then the question is asked, "What do you do with this?" Each member then describes without interruption, what he sees and how he thinks about the patient in question. Finally the group tries to achieve a consensus treatment plan. The key to this is somebody who assumes the role of leader and keeps the group on track. For us, our sergeant at arms has always been Dan Cook. He watches the clock and keeps the group moving.

In addition we all wanted to learn more about the other specialties. So at each session a member does a forty-five minute presentation on a topic of interest in his area of expertise. We also assign a member to do a literature review and present two papers he thinks would be of interest to the group. And finally we assign a member to present a patient who has had treatment completed for at least five years, with before, immediate post-treatment, and follow up records. All these assignments in our group are done alphabetically.

Our group, which we named in 1984 the Northwest Network for Dental Excellence, has been together two full decades, but not without challenges. The original eight members are still involved, but we have added two others in 1984 who left around 1990. We then added two more 1996, Drs. Mark Carlson (Oral Surgeon) and Robert Winter (Prosthodontist).

Managing a Study Club Over the Years

My experience is that most study clubs do not last more than five to six years before they become flat and lifeless. I believe this occurs because, as we age and mature, what was once exciting often becomes routine. So what our group has learned is that every three to five years, we need to reassess and sometimes reinvent our process. We have done this by bringing in outside facilitators and going on retreats for two days with them. We have gone to Alaska, Montana, and British Columbia for fishing trips and while we're away, we have reflected on how we're doing.

Whatever technique you choose, each meeting has to provide something for each member of the group or the interest in the study club will start to die. A simple tool you can use in your study club is the following. On a sheet of paper each person writes down the answers to the following questions. When I first came to this study club I brought? And I got? Now I'm bringing? And I'm getting? And in the future I'd like to bring? And I'd like to get? Each person then shares his or her answers. The purpose is simple, it charts where the group was in the beginning, where members see themselves in the group now, and what they would like for the future. After all this is shared, it is possible to look at the meetings and see how they could be restructured to better meet everyone's needs. Our group has changed its location, meeting times, and added and dropped agenda items following these meetings.

The last issue concerning a long term study club is what happens when members age and retire. All of our group members are well into the second half of their careers. Ralph O'Connor retired three years ago but still comes to the meetings. Others are close to retirement. Rather than adding new members we have decided as a group to take on a

mentoring role to help others create a new group. Drs. Vince Kokich, Dave Mathews, and I started doing three-day courses on interdisciplinary treatment planning through my institute several years ago, and while the primary focus is clinical, we also spend time on how to set up and run a network. We now have similar groups started by others across the U.S., Canada, Europe, and Australia. Finally, here in the Seattle-Tacoma area we mentored our own replacement group. Several of us have brought young practitioners into our offices. We invited them to observe our network meetings for several months, and now they're on the second year of their own group.

Looking back at the role study clubs have played in my life in dentistry, I can only say they have been immensely instrumental. At this stage in my life, my time is split 80/20 as educator/clinician. I give ten, two-and-a-half-day seminars and twenty three-day workshops each year through the Seattle Institute for Advanced Dental Education. The participants comment on the usefulness, organization, and structure of the courses. What they don't realize is that all my programs have been created following the same structured learning processes of a successful study club. We limit the workshops to only twelve dentists and have them sit at a rectangular table rather than classroom style to facilitate communication. We have a clear agenda and handouts. We always do didactic, then clinical, then review, just like a well run study club does. We often get participants who meet at the first workshop then proceed through the rest of them together to get that sense of camaraderie. Finally, I encourage participants to go back to their dental communities and join or form a study club of their own, because as you can tell, study clubs have played a pivotal role in my entire dental career. My network group has been the single biggest learning experience of my life outside of dental school.

The Carl O. Boucher Prosthodontic Conference Spans Four Decades

Robert B. Stevenson, DDS, MS, MA

Abstract

Dr. Carl O. Boucher was a giant in prosthodontics in the middle of last century. To honor his quest for excellence, the Ohio State University School of Dentistry established an annual conference bearing his name in 1966. This article describes the inaugural conference, the structure of the annual conference, and expanding plans to promote continuous improvement in prosthetic dentistry.

The thirty-seventh annual meeting of the Carl O. Boucher Prosthodontic Conference was held April 19 and 20, 2002 in Columbus, Ohio, the same city as all thirty-six prior meetings. The conference endures for many reasons, including the quality and diversity of the program, the caliber of speakers, its clinical orientation, the camaraderie, the regular scheduling, and the consistent program pattern.

According to its charter, the conference was "established to provide continuing education in the art, science, and practice of prosthodontics. It is dedicated as a living tribute to Dr. Carl O. Boucher, (1904-1975), who devoted himself to the advancement of prosthodontics and the teaching of all who desire to advance their knowledge in this discipline of dentistry."

A Living Tribute

Dr. Boucher graduated from Ohio State dental school in 1927 and entered private

practice with Dr. Harvey V. D. Cotrell and Dr. H. S. Shumway in downtown Columbus. He soon began teaching part-time at the OSU dental school, and in 1935 he limited his practice to removable prosthodontics. In 1940 he was promoted to associate professor and chairman, Division of Prosthodontics, and held the chair for thirty years. Throughout his career he divided his time equally between teaching and private practice. He held fellowships in the American College of Dentists and the Academy of Denture Prosthetics.

In 1950 the Academy of Denture Prosthetics joined with the American Prosthodontic Society and the Pacific Coast Society of Prosthodontics to publish *The Journal of Prosthetic Dentistry*. Dr. Boucher was founding editor in 1951 and served twenty-five years. Presently the *JPD* has thirty-one sponsoring organizations, including the Boucher Conference, whose members all subscribe to the journal.

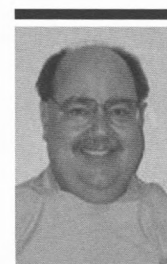
Dr. Boucher edited several editions of *Swenson's Complete Dentures* which was later named for Boucher, and *Clinical Dental Terminology*. He has been called, "The man who wrote the book," about complete denture prosthodontics. The *JPD* and Dr. Boucher's textbooks can be found in dental schools around the world. The first Boucher Conference was organized by Drs. Alexander L. Martone, chairman, Julian B. Woelfel, and Judson C. Hickey, along with help from six other dentists. Lectures were given in the Ohio State University School of Law Auditorium, on April 11 and

12, 1966, and the banquet held at nearby Stouffer's Inn.

The one hundred and sixty-seven charter sponsors included a widespread, diverse collection of dentists from as far away as England, Sweden, and Singapore. Twenty-six U.S. states were represented, and five Canadian provinces. More than fifty academic dentists represented nineteen dental schools. Fourteen charter sponsors were in active military service.

The 1966 conference began with greetings from Ohio State University President Novice G. Fawcett and College of Dentistry Dean John R. Wilson. Dr. Earl Pound of Los Angeles, California, lectured the first day, his topics including, "The Immediate Denture Challenge," "Mandibular Movements of Speech," and "A Consultation Approach to Your Prospective Patients."

That evening the banquet master of ceremonies was Dean Wilson and the guest speaker was Dr. Linden F. Edwards, renowned anatomist and frequent co-author with Dr. Boucher. The next morning were lectures by Dr. Clyde H. Schuyler of Montclair, New Jersey, ("Occlusion and Its Relation to Esthetics



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and Function”) and Dr. Victor L. Steffel, Columbus, Ohio, (“Current Concepts in Removable Partial Denture Service”). After lunch and a brief business meeting, Dr. Boucher presented, “Current Concepts in Complete Denture Service.” The conference concluded with a

ADA approved prosthodontic training program are invited to attend at no charge and are encouraged to present.

The Friday luncheon tradition is highlighted by the Carl O. Boucher Senior Student Award, recognizing the graduating Ohio State student exhibiting the

The conference attendance normally includes many general dentists and specialists, dental faculty, private practitioners, retired dentists, young students and residents, lab technicians, staff, and guests.

panel session titled, “Quiz Your Teachers,” moderated by Dr. Hickey. Six dentists and Dr. Edwards answered questions on the subjects of complete dentures, partial dentures, dental materials, anatomy, and periodontics.

A Format for Learning

All thirty-six annual Boucher Conferences held since have followed the same program format as the first meeting, with only minor changes. The meeting site location moved occasionally to different Columbus hotels. Starting in 1969, the conference has always been held on a Friday and Saturday. The second day afternoon panel was dropped long ago when members reported difficulty making evening travel connections.

Additions to the conference format include a president’s reception held on Thursday evening before the Conference, and since 1995, a golf outing is held on Thursday afternoon, usually at the Ohio State Scarlet course. Dr. Boucher often played golf there and once made a hole in one. The course was designed by Dr. Alister Mackenzie of Augusta fame and is ranked among the top one hundred American golf courses.

Another program addition is inviting graduate prosthodontic residents from Ohio State and other schools to attend. During the conference, short oral case presentations are given by senior residents and table clinics by junior residents. All prosthodontic residents from any

most outstanding prosthodontic skills. Introduction of officers and recognition of past presidents round out the program. All OSU senior students and dental laboratory technicians are invited to attend the conference at no charge. Another change is the Friday evening banquet speaker being replaced with live musical entertainment.

The conference attendance normally includes many general dentists and specialists, dental faculty, private practitioners, retired dentists, young students and residents, lab technicians, staff, and guests. For OSU alumni located out of state or in other countries, the conference offers a reunion opportunity that many look forward to, even if they cannot attend

able prosthetics, bridgework, implants, esthetics, maxillofacial prosthetics or dental materials, plus occasional speakers on HIV updates, infection control regulations, and ethics. Three recent conferences included physician essayists.

Demographics of the present membership reflect the original group of sponsors. There are currently 157 members; three honorary, 26 life members, 115 active, and 13 corresponding members. They represent nine foreign countries, 23 states, and 32 Ohio cities and towns. The widespread membership base offers wide networking possibilities and exchange of ideas between practitioners with common interests. There is probably as much “continuing education” going on in the hallways and refreshment breaks as during the lectures and open discussions periods.

Consistency of program format and content attract many members to attend often, if not always. When the State Dental Board of Ohio began requiring continued education for license renewal in 1987, the conference received board recognition as an approved CE provider. The Boucher Conference is also approved by the Ohio Section of the Academy of General Dentistry.

Reasonably low costs allow young dentists to join the conference and attend meetings. Annual membership dues of

The widespread membership base offers wide networking possibilities and exchange of ideas between practitioners with common interests.

every year. Some charter sponsors have attended all thirty-seven conferences, others came every year until they died.

The typical program features five or six speakers on the first day and three or four more the next morning, plus graduate students. The president-elect serves as program chairman, and chooses speakers based on qualifications and reputation, attempting to provide a variety of prosthodontic and dental related subjects. For example, conferences usually have speakers on topics such as remov-

\$135 include a subscription to *JPD*, which is less than the cost on an individual subscription. Members attend the conference for \$65 (\$70 at the door), and receive eleven hours of continuing education. Tuition for guests is \$100. Saturday only registration is available, \$40 for four hours CE.

Costs of the conference are partially defrayed by commercial sponsors and exhibitors, which vary from year to year. Many essayists decline honoraria or travel expenses, and local arrangements

are coordinated by volunteer members of the conference, with secretarial help provided by staff from the Ohio State University dental school.

The annual catalog of CE courses offered by the OSU dental school mentions the Boucher Conference dates and location, but course registration is handled by the conference. Dues statements go out in the fall, and the annual newsletter containing program and registration information is mailed in November. The Boucher Conference is registered as a nonprofit organization.

Expanding Our Influence

Around 1990 the conference began a fundraising effort to sponsor a memorial room located in the OSU dental school. A committee of fifteen was assembled and eventually more than fifty dentists made donations, as well as the Ohio State University Dental Alumni Society and The Academy of Prosthodontics. The Carl O. Boucher Memorial Conference Room is now located on the west end of the third floor of the dental school.

Some former laboratory space was remodeled to include tables, chairs, carpet, wallpaper, and bookcases with a complete set of JPDs, assorted dental textbooks, and audiovisual equipment, to accommodate more than seventy individuals. The room was dedicated April 12, 1996, during the thirty-first conference, with more than one hundred colleagues, former students, friends, and admirers attending.

Beginning in 1997, the conference has held an annual open house in the Me-

morial Room every February, inviting all faculty, students, and staff, as well as Ohio members of the conference to learn about speakers for the upcoming conference and meet with members. Re-

the costs of membership dues and meeting tuition.

Longtime member Doug V. Chaytor of Dalhousie University in Halifax, Nova Scotia, speaks for many when ex-

There is probably as much "continuing education" going on in the hallways and refreshment breaks as during the lectures and open discussions periods.

freshments are provided, and a one-year JPD subscription is raffled. In February 2002, an American flag was hung in the Boucher Memorial Room as part of the National Flag Foundation school program.

Until recently, conference meeting announcements were sent to dental publications, such as the Columbus Dental Society, OSU Dental Alumni Society magazine, and *ADA News*. In 2002 the conference experimented with placing a small, paid advertisement in the Ohio Dental Association newsletter. The response was encouraging, and resulted in many requests for information and some new members. Similar announcements are scheduled.

A new source of communication is the upcoming web site, the JPD.com. Although still under construction, eventually it will contain links to individual web sites of sponsoring JPD organizations, including the Boucher Conference. This will enable the conference and other sponsoring organizations to have Internet presence without the high cost of web page management, and keep down

plaining why he always attends. "The positive way we were treated as students and alumni of OSU and for us old guys the profound influence Carl Boucher had on our professional and indeed on our personal lives. Carl did not preach, he inculcated a sense of mission and a sense of right by providing the example and prodding us to think. Thanks for giving me a chance to comment."

For more information about the Boucher Conference, contact:

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The Smallest Study Club

Earl Sauget, DDS, MSD

Abstract

A specialist on Guam describes a study club of specialists on the island. Although the number of participants is small in absolute terms, the group's monthly meetings centered around cases serves the functions of stimulating currency and self learning and enhances coordination of complex treatment cases.

It may be the smallest study club in all of dentistry. At the moment there are only three of us: a periodontist, an oral surgeon, and myself, an orthodontist. We used to have a prosthodontist. He moved away because of the weak economy, not because of the acronym made up from the first letters of our specialties.

Looked at from a different perspective, we are a very large study club. There are only fifty-two civilian dentists on the island of Guam, so until recently 8% of the practitioners and about one-third of the specialists have been actively engaged in our group.

Guam is a U.S. territory, seven hours flying time east of Hawaii. There are a hundred and forty thousand inhabitants, and the economy is heavily dependent on the military and on Asian tourism. There is a sense of self sufficiency in the island. The Guam Dental Society has a continuing education requirement of sixty-five hours every two years for licensure renewal, and one can imagine that attendance is high at the annual meeting. The island's specialists carry a

significant load for providing continuing education and experts from the mainland also help.

The needs for continued professional growth among the specialists has been

involved surgery, orthodontics, and reconstructive prosthodontics. Another example was a fourteen-year-old boy with a cleft palate who was treated orthodontically and surgically.

Rather than fragmenting care by sending patients around the island, we meet to discuss these cases.

the stimulus behind our group. Hours for relicensure are not the issue—building skills and coordinating patient care.

Knowing that there is an opportunity to share cases with colleagues promotes a self critical attitude toward practice. It is also a strong encouragement to taking excellent records and detailed documentation. Realizing that one's colleagues will have questions about the work I am doing keeps me sharp in my practice. The opportunity to discuss complex cases and share treatment outcomes with others who are similarly interested in improving their skills creates an effective learning environment.

A particular impetus for the study club, and perhaps its most useful function, is the coordination of complex cases. Rather than fragmenting care by sending patients around the island, we meet to discuss these cases. The depth of analysis possible with multiple specialists going over the records simultaneously is impressive.

Recently a woman required a mandibularrectomy as a result of a tumor. Our group worked together in treatment planning this case, which in-

The study club is in its sixth year. We meet once a month for dinner and discussion. Management of officers, political, and social aspects typical of study clubs are easily handled—we have none.

We are feeling expansive at the moment. We are looking of one additional member. Because of our concern for coordination of patient care, and because there are currently no prosthodontists on the island, we may add a generalist. That would, however, be only a minor improvement in our acronym.

Dr. Sauget is an orthodontist and a founder of the POOP study club. He can be reached by email: islandbraces@yahoo.com.

The Jackson Dental Study Group

Michael Nash, DDS, FACD

Abstract

The Jackson (Mississippi) Dental Study Group has grown over twenty-seven years into one of the strongest such groups in the state. Over this period the group evolved through a rather formal structure with a strong emphasis on education to one including more social elements, and eventually into a balanced organization serving the professional needs of dentistry in the Jackson area. Throughout its history, the JDSG has maintained a healthy inclusive orientation.

As of 2002, the (JDSG), with its forty-nine active members, was the largest study group or club recognized in the state of Mississippi. Our group began inauspiciously in 1975 after eight young local dentists tried to join or simply visit the only other established study club in Jackson at the time but were all strongly discouraged. It seemed that this other, older and more exclusive club was not accepting new applicants. In fact, someone actually had to die before another prospect would be contemplated. Therefore, these eight local dentists met to form their own study group. This meeting was held on a whim and none of the original eight can remember exactly when or even where this first meeting was actually held. As a matter of fact, for several years we thought JDSG had begun in 1974. At our September 2002 meeting, the original eight hashed out the exact year, but

could not agree on the month. How is that for an informal beginning?

Our Origins and Initial Structure

The original eight were four general dentists and four dental specialists. This 50% ratio has remained consistent throughout our twenty-seven year history. Membership grew in seven years to approximately thirty-two dentists from Jackson and other area cities. Requirements for membership were written in our Constitution and By Laws drawn early in the group's history. ADA membership was essential and each member was required to attend at least six of the eight regularly scheduled meetings during the year. These meetings are held at 7:00 P.M. on the second Thursday of the months January through May and September through November. June, July, and August are not included since all members have families and savored this free time while children were vacationing from school. December, with Christmas, was also excluded from monthly meetings.

I joined the JDSG on my first visit in September 1977. Having just graduated from the University of Tennessee College of Dentistry three months earlier, I was anxious to meet other general dentists and develop a rapport with all the area dental specialties. One of the group's members had invited me to the September meeting being held in the Board Room of the Mississippi Dental Association located in Jackson. Upon ar-

rival, I found twenty-four area dentists laughing and enjoying an obvious camaraderie reminiscent of my senior class in dental school. My host for the evening introduced me to the group immediately. Before the evening ended I knew everyone in the room and was voted into membership unanimously. Dues were \$25 per year (and have remained at that level), and I paid in cash before leaving for home.

In late 1983 I was elected secretary/treasurer of the JDSG. I was at the meeting, so it wasn't one of those "you missed the meeting and guess what happened" things. The JDSG has had three officers from its inception: president, vice president, and secretary/treasurer. Officers are elected to serve as the secretary/treasurer for one year, then this person moves to vice president the next calendar year, and finally into the presidency. The secretary/treasurer has the obvious responsibilities of money management and record keeping. The vice president is solely responsible for arranging a summer outing if the membership so determined its necessity during the first five months of the year. These summer sessions have been intermittent over the



Dr. Nash is a long-time leader of the Jackson Dental Study Group and editor of the Mississippi Dental Association. He can be reached at editor@msdental.org.

years and happenings during these outings could easily fill an article of their own. The president was originally responsible for arranging every monthly meeting. This responsibility was awesome. Eight times each year the president was responsible for a program, which included topic selection and speaker. Our programs are two hours in length. This may not seem unusual but until the mid 1990s the Mississippi State Board of Dental Examiners had no yearly requirements for dental continuing education. The JDSG became AGD-certified early in its existence because several of our members were candidates for AGD Fellowship. Additionally, we needed guidance in creation and management of our continuing education.

Ironically, after the original eight members had each served as president, which required arranging every single month's program for that calendar year, the membership voted to change the program assignments to a more equitable format. Eight names were drawn from a hat in November each year for the following year's monthly assignments. In 1984, as secretary/treasurer, I was responsible for my first program as a member. Some members up until this point chose to organize and deliver their own lectures to the group on a topic of their interest. After 1984 it seemed that most members opted to find an outside speaker. This method of program selection continued until the late '80s.

After serving as president of the JDSG in 1986, I felt compelled to ask for permanent assignment as secretary/treasurer of this group. I wished to hold this position and not climb the chairs again. The need for a permanent secretary/treasurer became apparent after my name was drawn from the hat for a monthly program four years in a row. (Thirty-two programs for thirty-two months from thirty-two members and my name came up four times!) Upon the group's accepting the concept of a permanent secretary/treasurer, we divided the members into eight committees of four members each. These four practitioners work together to prepare for their monthly program assignment.

It was soon decided by each of the eight committees that each member would have the program one time in four years.

The vice president still had any arrangements for the summer session if we desired one. The president then be-

hours of continuing education, and we resumed electing a person to secretary/treasurer each and every year. My permanent position was changed to that of clerk. I was no longer responsible for member program assignments, but

Great care had to be exerted to keep our monthly JDSG sessions from becoming simply a social gathering and not the professional continuing education forum it had originally been designed to be.

came the monthly meeting moderator. The duties that were once delegated to just one individual, the president, were now distributed among all thirty-two members equally.

Reorganization for Broader Service

This plan continued in operation until the membership decided that we had outgrown the Board Room of the Mississippi Dental Association. In the late '80s, we began regularly having our monthly meetings at area restaurants. This involved much more planning, so the second member of each committee was delegated their month's responsibility for arranging all activities at an area eating establishment. The membership did not wish to meet at the same eatery every month, so we began trying them all.

Monthly meetings became more social than ever. Great care had to be exerted to keep our monthly JDSG sessions from becoming simply a social gathering and not the professional continuing education forum it had originally been designed to be. At this point, the Mississippi State Board of Dental Examiners still did not require individual dentists in our state to have any continuing education. Our group was slowly losing its original focus.

Several members voiced their disapproval with developments, so in 1992 we regrouped. Our Constitution and By Laws were revised, meeting requirements were altered to ensure two full

solely in charge of our finances and contacting the membership by phone for each month's meeting. We also established my personal mailing address as the permanent mailing address for the Jackson Dental Study Group. If a question or concern about the JDSG came up during the year, then the member knew exactly who to contact.

My duties as clerk take approximately two hours per month. I spend the majority of these two hours calling the member dentists' receptionists. During these calls, I relay the monthly plans and information about RSVPs. I usually fax a copy of the membership to the eating arrangement chairman for the month and his or her office handles all the return calls from member dentists. This has worked without a major hitch for almost ten years.

In the mid-1990s, the Mississippi State Board of Dental Examiners began requiring dental continuing education at forty clock hours accumulated over two years. They audit approximately 5% of the 1400 dentists in the state every year. A name is not removed from consideration after being audited; he or she is eligible for an audit every year. This new requirement was the direct cause for our membership's expansion from the thirty-two it had held at for over a decade (1983-95) to the forty-nine we now enjoy in 2002.

Our meetings are usually three hours in length with two hours exclusively used for our continuing education. We have had lectures over the years in the follow-

ing and many other aspects of dentistry: topics of interest from the faculty of the University of Mississippi School of Dentistry, dental product manufacturers, dental laboratories, lawyers, insurance

the ADA and the AGD for dental continuing education. These are also readily accepted by our state board.

In 1995, I was elected editor of the Mississippi Dental Association and in

enced in 1975 when they first contacted the now dissolved established group, our approach has been inclusive. Non-ADA members have been accepted over the years, but they generally join organized dentistry. All our members attend regularly, but we do not expel anyone for failing to maintain a certain number of yearly meetings. There is huge power in informal conversations among valued colleagues.

Our oldest JDSG member is well into his eighth decade and our youngest just graduated from dental school. Our oldest studied under Dr. Charles Bass at Tulane and our youngest is very adept with computers and computer software. Our group, a professional association with a personal camaraderie unique among caring professional men and women, offers something of interest for the both of them and all of us in between.

The Jackson Dental Study Group is the strongest study club in Mississippi. We are now stridently focused on meeting the dental continuing education needs of our membership each year. Most of our members exceed the minimum CE requirements several times over each year, so what is the secret to our success? Is it our organizational skills? I think not. Is it our close ties and friendship? Possibly. Mostly, I believe that our members chose to become dentists, healers for those afflicted with dental and medical disease, and each dentist realized early in his or her formal education that the learning curve in dentistry never arches downward. Our careers and our lives are entwined within a perpetual journey. This passage, like all arduous voyages, will succeed if we strive together, intimately cooperating, and sharing for a lifetime.

Each practitioner realized early in his or her formal education that the learning curve in dentistry never arches downward.

companies, business management, law enforcement, representatives of every dental specialty on numerous occasions, CPR certification renewal, physical therapists, psychologists and psychiatrists, drug addicts, health food activists, dental microscopes, dental lasers, medically compromised patients, drug interactions, medical emergencies, dental implants, ceramics, dentists in drug rehabilitation, economics, politicians, computer dental software, digital radiography and cameras, electronic record keeping and insurance claim submissions, representatives from every aspect of organized dentistry, and tobacco use cessation experts.

In twenty-five years I can count the monthly meetings that I have missed on the fingers of my two hands. Several in our group have missed fewer meetings than I have. Not only are we able to acquire sixteen-plus hours of CE by attending our eight monthly meetings each year, we are able to stay abreast of all the newest techniques and ideas in dentistry. We have studied HIV and the AIDS epidemic, OSHA regulations, EPA edicts, water line safety and backflow prevention requirements, the HIPPA regulations, and now once again, the amalgam hullabaloo. Topics for our monthly sessions are usually accepted by

that capacity I have many contacts in the dental product community. In the past seven years, I have handled a dozen JDSG programs and suggested speakers for a dozen others. Members needing suggestions for programs call and I have a list of advertising dental products, labs, and others chomping at the bit to offer their services to dental study groups. This has become a widely used secondary benefit of my serving as editor for our state association.

A Professional Success

The JDSG has evolved into an impressive dental organization in its own right over the past twenty-seven years. Our group has gone from a very humble gathering of study club outcasts to become the strongest dental study group in our state. My most precious friends and colleagues in dentistry are to be found in this group. They were my first professional contacts upon graduating from dental school and have remained faithful to our group and to me for over a quarter century. They are my mentors, my critics, my spiritual and moral support, and most of all my closest friends.

Perhaps because of the bitter taste left by the contact our founders experi-

The First Honor Society for Dentists

Vartan Ghugasian, DMD

Abstract

The American Academy of Dental Science was founded in 1986 as a society to promote professionalism and high ideals in the emerging discipline of dentistry. Throughout its history it has welcomed fellows who have been seminal figures in the field and has taken positions on the important issues of the times.

In 1867, the Civil War had been over only two years. The country was at peace but in a state of economic and political chaos. President Andrew Johnson was being threatened with impeachment.

As far as dentistry was concerned, the profession was in its infancy, such that Oliver Wendell Holmes described dentistry as "that infant offspring now cutting its first teeth." The first dental school in the world was established in Baltimore only about a quarter century earlier. Dentistry was striving desperately for growth and direction. However, the shadow of the charlatan still cast a dark image over the emerging profession. President Charles Eliot of Harvard University noted that "thousands of rude, ignorant men had entered the profession following the Civil War." There were no rules, no regulations, no educational requirements for practice and little ethical precedent.

These were the conditions, then, when a group of highly respected, soundly educated and ethically motivated practitioners, seeking to elevate

dentistry to its highest potential, formed the American Academy of Dental Science.

Among the honorary fellows who included the dental leaders of the time were Dr. John McQuillen, dean of the Philadelphia Dental College, and Dr.

and proven dignity. At a time when dentistry was in its founding stages, the academy, for the first time, stimulated and recognized the exemplary professional life. It required more of fellowship than being a dental practitioner alone. Demanded were high ethical per-

From the first, the academy's range of interest was wide and lofty and encompassed the liberal arts.

Ferdinand Gorgas, dean of the Baltimore Dental College. Dr. Henry Bigelow, the brilliant surgeon who was present at the Massachusetts General Hospital twenty-one years before when Morton first demonstrated ether anesthesia to the world, and a clergyman from Cambridge, Reverend James Walker, were present. To cap this distinguished list were Dr. Oliver Wendell Holmes—poet, writer, teacher, and physician—who had an avid interest in dentistry and who later taught at Harvard Dental School. From the first, the academy's range of interest was wide and lofty and encompassed the liberal arts.

Early Force for Professional Excellence

One wonders if these pioneers realized the far-reaching impact of their actions. They had founded the first dental honor society and organization in any country to grant the privilege and honor of fellowship only to practitioners of marked

formance and unselfish commitment and dedication to professional life and evidence of singular contributions to the advancement of dentistry. The academy helped take dentistry out of the market place and positioned it among the noble healing arts.

The immediate and primary interest of the American Academy of Dental Science was in the elevation of dentistry through education. Hardly a month had passed since its founding when a committee was delegated to confer with the overseers and faculty of Harvard University in relation to matters connected with the proposed Dental Department of the university. A similar committee,



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in January 1869, had a role in the development of the Boston Dental College, the forerunner of Tufts University School of Dental Medicine. The acad-

ture than a mercenary one and especially commended more gratuitous operations in relief of the suffering poor in 1877; in 1897 took a firm stand against all un-

The academy helped take dentistry out of the market place and place it among the noble healing arts.

emy has always fostered a strong interest in dental education and until comparatively recent times drew the majority of its fellows from dental educators.

With the passing of time, the direction of the academy's concern for education turned toward amalgamating dental and medical education. In 1876, the academy passed the following resolution: "Whereas dentistry is a specialty of the science of medicine, Resolved: That a thorough medical education is essential to the most successful practice of it; Resolved: That we deem it expedient and to the best interest of the practice of dentistry that existing medical schools enlarge their courses of instruction so as to include efficient instruction in the specialty of dentistry in order that it might be placed on equality with other specialties of medicine."

In the same year, 1876, the centennial year of the founding of the United States, the academy prepared a book entitled *A History of Dental and Oral Science in America* in conjunction with Samuel S. White of Philadelphia, and gave it as "a free gift to the profession."

Responsible Positions

It has been characteristic of the academy to exhibit a general rather than a local interest in dentistry. The academy used to send delegates to the American Dental Association conventions. It took a stand on all the important issues affecting dentistry: It opposed the patenting of vulcanite; in 1872 urged that advertising in dental journals be governed by professional dignity; made an appeal for an effort to enhance the nobility of the profession by acting from a higher na-

professional ways, tendencies and teachings; and was against splitting fees as early as 1907. The concept of professional dignity and nobility is repeatedly and indelibly inscribed in the records of the American Academy of Dental Science.

The subject matter of the addresses before the academy has been on the wide scale. They have not only included every phase of dentistry, but much more. In 1878, President Charles Eliot of Harvard University addressed the academy. In 1883, Dr. Norman Kingsley spoke on "Women." In 1890, Reverend Peter McQueen spoke on "The Late War With Spain." In 1914, Dr. Ernest Hooten spoke on "Anthropology." In 1920, Dr. Robert Clark spoke on "Bolshevism." In 1921, Professor Walter Everett spoke on "Some Phases of the Twentieth Century Conscience." From the very beginning, the most outstanding of these papers were reprinted for distribution and were published in the *International Dental Journal* until 1906 when it ceased publication.

On the occasion of the academy's centennial meeting held at the Rooftop Ballroom of the Parker House in Boston on October 19, 1967, the program featured Dr. Harold Hillenbrand, who spoke on "The Past and Present of Dentistry," Dr. Paul Dudley White, the eminent cardiologist, represented the medical profession, and Dr. P. O. Pederson, president of the Royal Dental College of Denmark and immediate past president of the Federation Dentaire International, spoke on "International Dentistry." In the afternoon, a symposium was held on "The Future of Dentistry" with Dr. John W. Hein serving as moderator. Panelists and partici-

pants included Drs. William W. Garrett, Maynard K. Hine, Hamilton B. G. Robinson. Invited guests included Massachusetts Governor John A. Volpe, Mayor John F. Collins, and the deans of the dental schools of Boston, as well as distinguished representatives of all of the dental organizations. It proved to be one of the memorable milestones in the academy's proud history and was a fitting tribute to the venerable organization.

Fellowship

In years past, the membership of the academy was on a more global as well as national level, with fellows hailing from Canada, Australia, Paris, France, London and Cambridge England, as well as Philadelphia, Chicago, New York and New Orleans, and all of New England. Today, with the proliferation of later, national and international groups with similar credos and concepts, the academy assumes a more regional role with an active membership of approximately one hundred and twenty fellows and hosts three annual scientific sessions and a gala social evening. The scientific sessions have an annual theme such as "Dentistry at the Crossroads" or this current year's theme "Critical Treatment Planning Sessions" and features outstanding clinicians and authorities on various timely subjects and disciplines.

A candidate for active fellowship in the American Academy of Dental Science must be proposed jointly by three fellows by means of a confidential letter of recommendation from each. The applicant must have graduated at least five years prior and possess distinct professional attainments, as shown by the reading or publication of original papers of professional merit, or by the introduction of a valuable technique, or other notable professional attainments. Usually, the candidate holds a faculty appointment at one of the local universities and has served the dental community and general public as well. The application is submitted to the membership and credentials committee for evaluation. If reviewed favorably, the applicant is posted for a future business meeting for

discussion and subsequently for a vote by the membership. If three quarters of the members present vote favorably, the application will be accepted and the applicant notified and requested to be present at the next meeting.

Active fellows, shall, upon election, sign "The Book," a one hundred and thirty-five year old leather bound volume containing the first constitution and

Riggs, and many others of more recent vintage. The Book is housed in the vault at the Harvard Club, where the academy's meetings are held. The academy reflects and embodies its rich history and the Boston tradition both in the site of its meetings as well as in the form of the traditional formal attire required of officers at all meetings. Yet the most advanced and state of the art subjects

The academy reflects and embodies its rich history and the Boston tradition both in the site of its meetings as well as in the form of the traditional formal attire required of officers at all meetings.

by laws of the academy recorded entirely in longhand using a beautiful cursive script and containing the signatures of every fellow inducted since 1867. The Book is a treasure and relic of the illustrious history of the academy and a tribute to the members listed in it. Present members are invited to view this precious property of the academy and look for familiar famous names such as E. T. Wilson, Oliver Wendell Holmes, Charles Gomes, G. V. Black, Thomas A. Forsyth, Varaztad Kazanjian, John M.

are the feature of the scientific sessions and the mix of fellows reflect the vibrancy and resiliency of this historic organization that has endured, survived, and flourished through three centuries by meeting the basic needs of the profession.

A Professional Tradition

The spirit of the American Academy of Dental Science was best described by Dr. Elisha T. Wilson, the first president, speaking at the first annual meeting in

1868: "We meet for the interchange of personal courtesies, for the expression of personal good wishes, and for the renewal of old friendships. We meet also to render to the venerable leaders of the profession our congratulations upon its steady and brilliant advancement. We meet also to snatch an hour from the work of the laboratory and the weariness of the office and by a short relaxation of the mind and recreation of the body to gather strength for the duties and trials which are before us."

Moreover, the academy has served as the model for others to follow and has helped mold, inspire, and instill a spirit of fellowship, pride, dignity, and professionalism into dentistry over the years. This spirit was best encapsulated and preserved in the preamble to the academy's constitution as it was originally written. "To promote the cultivation of the science and art of dentistry, sustain and elevate the professional character of dentists, and encourage mutual improvement, social intercourse, and good feeling."

The academy has earned a place of respect and honor in history and may contribute even more to the future of our profession in the years to come.

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Thinking About Things Not Thought of: Why It Is Important to Volunteer and Thank Those Who Do

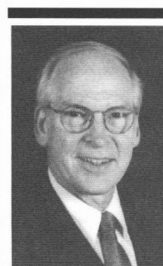
Robert D. Miner, DDS

Abstract

The director of the dental ethics program at Columbia University School of Dental and Oral Surgery reflects on 9-11. Thinking about the sacrifices of volunteers on the Dental ID Team and the ethics program underscores how dependent our society is on the quiet efforts of a few who volunteer on numerous fronts to support and protect many of the values we hold dear. We, as a society, need to be more cognizant of the importance of these efforts and to give thanks, even where none is expected.

Although some thought had been given to the prospect of using an airplane as a guided missile almost from the time of the first flight at Kitty Hawk, little thought had been given to the potential magnitude and consequences of an airline missile striking the World Trade Center as occurred on September 11, 2001. On that day, as director of the dental ethics program at Columbia University School of Dental and Oral Surgery, I was at the Hammer Health Sciences Center heading a team of volunteers from the New York Academy of Dentistry (many of whom are also fellows of the American

College of Dentists) who were donating their time and expertise as facilitators in the ethics seminars for the dental students.



Dr. Robert Dwight Miner is director of the dental ethics program and associate clinical professor of dentistry in the Department of Prosthodontics, Columbia University School of Dental and Oral Surgery, and a past president of the New York Academy of Dentistry.

The Tragedy

These volunteers were among the many academy fellows trained by the American College of Dentists who have given their time and expertise during the past ten years at three of the New York area dental schools. When the seminar discussion was interrupted to inform us that a plane had struck the World Trade Center, my first thought was of a small aircraft in a tragic accident, so we continued. But with more interruptions, the unimaginable became evident, and we were left to wonder "What could we do?"

This question was answered for me two days later when I was delivering dental records and forensic material of a victim, patient, and friend to the Office of the Chief Medical Examiner of the City of New York. I asked if the dental forensic team could use some assistance, and because I was acquainted with a number of key forensic dentists and had some forensic training, I received an urgent call a few days later.

The Dental ID Team is comprised of mostly volunteer dentists who work with the Medical Examiner in the identification of remains. Dental records, not DNA as might be commonly perceived, have proven to be the quickest, most accurate means of identification in human-made catastrophes and natural disasters. This, once again, was the case with the World Trade Center attack. Information from a patient's dental records (antemortem) and forensic material (postmortem) is put into a computer software program (WINID) and

by twenty-one tour commanders (volunteers, but with more advanced special forensic training or extensive forensic experience). All worked under Dr. Jeffrey Burkes, the Chief Forensic Dental Consultant for the city's medical examiner. (Dr. Burkes is the 2002 recipient of the service award for the American College of Dentists.) Additional support came

response to the events of September 11. Many dentists made sacrifices at the expense of other obligations and the needs of their own families in order to benefit others unknown to them. And I wonder, "Why did they do it?"

I do not expect to answer this question, for I know it is complex, varied, and personal. When people ask me why

Since DNA results at WTC did not become available for about seven months, the use of dental records was more beneficial over the first six months and still remains the principal source of identification.

from Public Health Services and the Disaster Mortuary Operational Team (DMORT), a federal agency composed of dentists, morticians, and computer specialists deployed from all over the country who mobilize immediately in the event of a disaster.

Rapid and accurate identification of a deceased person can help to bring closure for the family and friends of the victim. It is unfortunate that many professionals and the public remain unaware of the importance of maintaining complete and current dental records that could be essential for identification in a catastrophic event. Since DNA results at WTC did not become available for about seven months, the use of dental records was more beneficial over the first six months and still remains the principal source of identification.

I have volunteered to teach for over thirty years, I generally avoid confronting this conundrum by joking that it is due to some brain lesion. We know that becoming a professional includes accepting some measure of sacrifice for the sake of the people the profession serves. We know that our professional commitment as dentists is not fulfilled if we attend only to the needs of the patients in our operatories. The ADA Principles of Ethics and Code of Professional Conduct articulates this obligation under the heading of "Beneficence (doing good)" in these words: "Dentists have an obligation to use their skills, knowledge, and experience for the improvement of the dental health of the public and are encouraged to be leaders in their communities" (ADA, 3.A). Dentists live out this aspect of their professionalism concretely through many different kinds of volunteer work in many different venues, most of them much less dramatic than the 9-11 morgue. It is a central obligation of the dental profession to employ its expertise for the benefit of the community. This is why Ozar and Sokol identify the relationship between dentistry and the larger community as one of the principal categories of professional obligation in Chapter Three of *Dental Ethics at Chairsides*. Rule and Veatch, in *Ethical Questions in Dentistry*, list gratitude among the guiding principles such as veracity and fidelity. Some may view this as "pay back" over and above any

We know that our professional commitment as dentists is not fulfilled if we attend only to the needs of the patients in our operatories.

searched to achieve matches. The volunteers at the medical examiner's office crunched the data for about 2,500 WTC cases.

During the days following the WTC disaster, the volunteers were supervised

Reflection

Now, a year later, as I solicit volunteers to teach the dental ethics course, I find myself reflecting on my experiences over the last year while working in various capacities with the numerous unsung heroes who contributed so much in re-

good that will come to us for the many privileges we, as professionals, receive from society.

Perhaps it is less important to understand the "why" of what motivates each of us to act than to assess what enhances the outcomes, the benefits gained, and the harms avoided. We need to have greater appreciation for just how dependent we are on those who so willingly volunteer to make the sacrifices needed to achieve some basic values that benefit us all—to promote the greater good. Ozar and Sokol, in Chapter six of their text underscore that conflicting professional obligations will rarely be resolved by identifying the relative priority of competing personal and professional obligations. We need to be grateful for those who manage to resolve those issues and make the sacrifices for whatever reason.

What motivated the tour commanders of the dental ID team, the hundreds of dental volunteers from the greater New York area, and the members of DMORT from throughout the country to be part of the Herculean effort that was responsible for the identification of

the majority of the remains recovered from the World Trade Center disaster? It was not the desire for recognition. In fact, despite volunteering collectively more than 25,000 hours, little recognition has been extended to the dental volunteers for their meticulous and stressful work and the help they have given in aiding the families of the victims and heroes to find comfort and closure.

Recognition

However in March, the New York Academy of Dentistry did recognize the need to thank the volunteers for their humanitarian efforts in helping the families and friends of the victims and our larger grieving society. The academy board of directors bestowed its coveted Humanitarian Award upon Dr. Jeffrey Burkes; upon the twenty-one tour commanders; upon one DMORT member; and to the seventeen fellows of the New York Academy of Dentistry who volunteered for this very compassionate endeavor. Not surprisingly, many of the award recipients are also volunteer facilitators for the ethics program and Fellows of the American College of Dentists.

While those honored would be the first to protest that no expression of thanks was expected or sought, it is as impossible to describe the appreciation expressed by the recipients for this award as it is to account for why people volunteer. I suspect it is another one of those brain lesion things. Or perhaps it's not a brain lesion, but the many common threads of values that bind us together. However, it is important for all of us to remain cognizant of the importance of volunteerism, self sacrifice, and heroics, especially during less dramatic, more ordinary times. For such volunteerism is an expression of some of the core values of society that we hold so dear, and which can be taken for granted but must be preserved. For the same reason, it is essential that we not allow "thank you" to be one of the things not thought of.

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Work

David W. Chambers, EdM, MBA, PhD, FACD

Abstract

The very nature of work is changing because of rapid social change, a culture of abundance, and the ability to substitute information for equipment, inventory, and other material aspects of value creation. In America, we are experiencing an erosion of the concept of a "job," a dramatic shift to service and information as the basis for value added, market commercialism, and the importance of the self-managed career. In some of these areas, dentistry has been consistent with the patterns of innovation—even being a model in some cases. There are also areas where dentistry is moving in contrary directions.

Work isn't what it used to be. We do it in different ways, at different places, and for different reasons than we did in generations before. The way dentistry is practiced has changed, but perhaps not as much as the difference we now see in work patterns in America generally. When we look closely at it, we will find that dentistry is changing in harmony with the evolution in work patterns generally, and in some cases, not changing at all or moving in a contrary direction.

When I came to San Francisco in 1971, I visited a business acquaintance of my grandfather's. It was an enjoyable evening of light conversation as this older man and his wife shared their experiences with a kid just out of school.

He summarized his life in these terms, "After high school I went with Grace." He was referring to Grace Shipping Lines, and he wanted me to understand that everything that had happen to him since late adolescence was a result of that

standardization and a mass labor force introduced by mechanization in the late 1700s, workers became associated with bundles of tasks that were repetitive, and the term came to stand for opportunity and obligation to do a particular class of

Dentists have been way ahead of the curve in the process of dejobbing work.

decision. Grace determined where he lived, where he traveled and vacationed, what he did each day of the week, how much he earned, the way he dressed, his friends, and even his outlook on life. His wife went with her husband, and there is nothing more to say about that.

There are still examples of such men and women, but they are a dwindling minority. Today, the typical American will have three careers (not jobs), and that does not include the half who have already worked momentarily in the fast food industry. One hundred and fifty years ago, 47% of Americans worked on farms and 2% were professionals. Today, 1% are in agriculture and the proportion of professionals is one in five.

Dejobbing

Jobs are a creation of the Industrial Revolution. In the middle ages, the word was "gob," and it meant roughly a lump or pile of stuff that had to be handled. "The horse left a job in the driveway." Gradually, job came to refer to the doing of specific tasks, "Cleaning up that mess will be a job." With the need for

work. Workers now "had" jobs instead of "doing" them, compensation shifted from outcomes to time available, and people's identities became defined in terms of the jobs they held.

Certainly at the beginning of the Industrial Revolution, privileged gentleman abhorred jobs. Even when one was quite good at something, it was preferable to style oneself as an amateur and to avoid being characterized by what work one did. Being called a professional was anything but a compliment. Benjamin Franklin, for example would have bristled if he had been complimented as a scientist. He was a natural philosopher.

But mass manufacturing is withering, and so is the concept of a job. Union membership is approximately one quarter of what it was fifty years ago. Machines are now doing many of the jobs and others have been exported. Who knows how to shoe a horse, repair a television set with vacuum tubes, or pick cotton? At my high school reunion a number of years ago, I scanned the lists of work my classmates listed. At least half of the jobs (environmental engineer,



computer programmer, personal trainer) didn't even exist when we graduated from high school.

Dentists have been way ahead of the curve in the process of dejobbing work. Although dentists take great pride in crowns that fit perfectly and surgeries that heal as they are expected to, all of

of what they sell you in the box is about 15%, something tangible you could drop on your toe and the rest is design, marketing, service support, reputation, access to software and other hardware, and repairs.

Americans add value to their lives through service and information because

Americans add value to their lives through service and information because the essentials of life (food, shelter, security) exist in abundance and because information in particular is not dependent on time and location in the same way material things are.

dentistry is custom work and "putting the patient first" means that dentistry will always be more than a collection of jobs. Management gurus are telling companies in America today that the future involves selective outsourcing and mass customization. Dentistry, with its patterns of patient centered care and referral to specialists, has been doing this for decades.

Information and Service

Some work is pure service, such as waiting tables or being a prison guard. Some is pure information, such as newspaper careers or computer programmers. Some—such as education, entertainment, and many aspects of health care—are combinations of both. Counting the service and mixed categories together, 70% of every dollar in the American economy is spent on services, and the number is heading for 80%. Taking the information perspective and including pure and mixed information components of our economy also shows that 70% and perhaps soon 80% of the economy is engaged in the information business. There just is not very much agriculture or manufacturing left. And much of what is thought of as manufacturing is really service and information. IBM doesn't really make computers, and neither does Compaq. The "manufacturing" is largely a matter of gluing a brand label on the equipment that is made by someone else. The value

the essentials of life (food, shelter, security) exist in abundance and because information in particular is not dependent on time and location in the same way material things are. Businesses keep inventory costs low by substituting much cheaper information about market demand, inventory levels, and availability. Customization requires a more educated workforce, but it means that modularization and flexibility reduce dependence on costly equipment, bricks and mortar, and materials in inventory. As former Citicorp Chairman Walter Wriston noted, "Information about money is more valuable than money itself."

Dentistry has followed the trend of substituting service and information for material things and this has proven to be

Dentistry has followed the trend of substituting service and information for material things and this has proven to be a major driver for value.

a major driver for value. In 1960, dentists spent about three quarters of their time in the manufacturing end of practice, doing crowns, bridges, dentures, and amalgam and gold foil restorations. Today, these procedures account for less than half of a typical dentist's productivity, and dentists are spending less time at chair side. They are doing more diagno-

sis, prevention, management of the team of auxiliaries, claims and other paperwork, and even marketing. They are using more skilled help, especially in orthodontic offices, and are actively involved in insurance. As a result of substituting information and service for some portion of the manufacturing functions of dentistry, practitioners have significantly improved productivity and have been rewarded with incomes that have increased consistently beyond the cost of living.

Although service and information are increasingly important in dentistry, the change has not been as complete or as enthusiastic as it has been in other parts of the American economy. The potential for adding value through information is limited by the size of the organization. This is why group practices are becoming more popular in dentistry and why the larger practices enjoy the greatest profits. Dentists' traditional sense of pride in their handwork is also a limiting factor. The compensation structure of billing by procedure that dentist originally chose and insurance companies have now locked the profession into further limits the capacity of dentists to use service and information to add value. The non-insurance practices are the ones most capable of charging a fair price for comprehensive diagnosis, long term management of patients' health, and personal service. The difference in popularity among practitioners between

caries management and large aesthetic cases—both of which depend heavily on information and personal relationships—is largely a matter of fee structure rather than value added.

Career Complexity

Because of the pace of change in society, the freeing of work from intensive



manufacturing, a culture of abundance, and the importance of information that can be sold simultaneously to multiple customers, the nature of the work one does over a lifetime has become more complex. Americans now change their work to “get ahead” or “find fulfillment” rather than sticking with what they have for the sake of security. Re-entry education is now an important part of the curriculum at every college. The part time MBA—an outlet for under-challenged people early in their careers and a common base for switching careers—is still the cash cow at most universities. Americans are also working more “jobs” simultaneously. It used to be that moonlighting was term with a faint odor. It was a signal that your current employment was insufficient for your economic needs. Now, multiple simultaneous jobs are badges that one’s expertise is widely appreciated, that one is engaged in career growth, and that economic risk is being diversified.

Dentists are typical of part of this trend toward career complexity and untypical of other parts. There are small numbers of second career individuals entering dental schools, but dentistry is unique among career paths in that it is

On the other hand, dentists do engage in multiple careers. They are active

employees, and the story was pretty well known. Loyalty and long term employ-

The average American is fifteen times as likely to voluntarily change careers than is a dentist.

in organized dentistry, they give continuing education programs, teach in dental schools, consult for insurance companies, and make golf clubs and sell real estate. This branching out in dentistry is due in part to the intensity of practice and the ability of dentists to earn a substantial income in fewer than five days week. (The average dentist now works thirty-seven hours each week. This is a reduction at a time when the typical American workload is increasing.)

Multi-jobbing is common at the end of dental careers, and may involve exploration of work related to hobbies or life-long interests, investing, and other secondary interests remote from dentistry. It is also very common at the beginning of dentists’ careers. Counting associateship, working as an employee in a dental office, owning one’s own practice, teaching, and working entirely out of the profession as different forms of

ment were meaningful concepts and companies took responsibility for employee training as a form of investment. Companies bought and sold to the public and other companies, but the relationship between the company and employees was more in the nature of long-term contract.

What we have begun to see is a market relationship within organizations. Does it make sense for a company to have its own security staff, food service, or maintenance? Increasingly, such services are being outsourced. So why not outsource computer services, accounting, or even strategic planning? Once the concept of outsourcing is recognized, each function within the organization can be priced in terms of the best available outsourcing alternative. Once internal markets have been established, the unit of work shifts from the job to the project. Number of hours worked per employee in each category becomes less important than whether needed projects were completed on time and to quality standards. Managers are less often asking how can I keep the employees gainfully employed and more often asking how can I produce the results I need for my customers in a timely and cost-efficient fashion while keeping my overhead commitment as low as possible.

The rapid pace of change and the decreasing costs of transportation and information are making market flexibility a way of business. Approximately 20% of workers in America are now classified as temporary, and this is increasingly a career choice rather than an economic inconvenience. The shift to market valuation of work based on projects rather than effort has created whole new industries. The Internet is an example in two ways. Massive amounts of information are now available to ev-

Once the concept of outsourcing is recognized, each function within the organization can be priced in terms of the best available outsourcing alternative.

chosen by many during high school rather than college. Orthodontists work with young people at a very impressionable time in their lives. Although dentists claim in large numbers that if they had known everything about it they would have never chosen dentistry, their behavior proves this is just a gripe. (They can’t complain about their boss.) Aside from the obvious benefits of economic return, independence, and satisfying work, dentists have large investments in capital and patient rapport. The average American is fifteen times as likely to voluntarily change careers than is a dentist.

employment, graduates of the dental school where I work hold an average 1.7 different jobs six years after graduation. Twelve years after graduation, they have focused intensely on private practice, with 94% of them owning their own practices.

Market Commercialism

The way work is packaged, managed, and priced is beginning to shift. The employee has always been the unit of analysis in the past, but that is gradually changing. So many products per hour, so many dollars per hour, so many em-



everyone, not just those whose years of career experience in a focused area built up expertise. The architecture of the Internet also demonstrates new practices of working by project and not by job. Standardization of terminology, coding, and transmitting, make it possible to operate in very small units that are reassembled in flexible ways for multiple specific purposes. Headhunters, personal coaches, trainers, and even personal public relations specialists are rapidly growing industries. Tom Peters recently published a book with a subtitle, *Brand You*, where he suggests that the new economic heroes don't run companies they are the company. He offers as the new model for success Martha Stewart, Dr. Phil, professional athletes and supermodels, and any of the headliners at the ADA Convention.

Dentists tend to be ahead of the curve in this aspect of the emerging approach to work. Although practices are self contained businesses, dentists focus intensely on those areas where they can add the most value to their patients. Accounting, hygiene, front desk operations, supply ordering, infection control, and computers are contracted out, typically on a project basis rather than by hiring

categories of employees. A balance has to be maintained in order to avoid the fragmentation that is plaguing medicine, but additional profits could be taken by dentists if they send patients to independent radiography laboratories or independent hygiene practitioners or otherwise engage the patient in underwriting part of their own care. Where dentists do their own computer or laboratory work, it is usually out of a sense of personal enjoyment in these activities rather than an economic decision.

Just as internal markets for work are creating a consultant class generally, gurus are becoming a fixture in dentistry. A number of dentists now sell two products, one is dental care to patients and the other is information on how they provide that care. The information, along with the expectation of its benefits, is sold to other dentists. This market is now supported by state dental practice acts that require specific numbers of continuing education credits. It is probable that most dentists spend more on education after they graduate from dental school than they do when earning their professional degrees. This market commercialism is very current and business like. But it is certainly different from

the Hippocratic tradition, whose oath contains these words "To reckon him who taught me this Art equally dear to me as my own parents, to share my substance with him, and relieve his necessities if required; to look upon his offspring on the same footing as my own brothers, and to teach them this Art, if they shall wish to learn it, without fee or stipulation."

Self Managed Careers

A consequence of dejobbing, the role of service and information, complexity and overlap, and market commercialism is a profound shift in who is responsible for workers' careers. When my grandfather's friend said he "went with Grace," he meant that Grace Shipping Lines assumed responsibility for his career. But the values of loyalty and security are being replaced by flexibility and growth. The best way to make certain that you have a job today is to be able to add value in a rapidly changing environment. And responsibility for career growth has to be in the hands of each worker.

All that need be said about responsibility for continuous career growth is that dentistry has set the model which the rest of the workforce should emulate.



Recommended Reading

**Bridges, William (1994). JobShift: How to prosper in a workplace without jobs. Reading, MA: Perseus Books. ISBN 0-201-48933-3; 256 pages; about \$14.*

The job is not going to be part of tomorrow's economic reality. Although there will always be enormous amounts of work to do, this book suggests that the work will not be contained in the familiar envelopes we call jobs. It is a truism that today's careers must be self-managed. Bridges gave up his college teaching job to find work — consulting on dejobbing.

Chambers, David W. (1999) Drive for Equity. Contact Point (Publication of the School of Dentistry, University of the Pacific). 79 (December), 7-9 and Chambers, David W. (2001). The role of dentists in dentistry. Journal of Dental Education, 65, 1430-1440.

The first of these research articles describes the multiple jobs of dentists early in their careers. The second discusses work values over the entire professional career.

Maccoby, M. (1995). Why work: Motivating the new workforce. Alexandria, VA; Miles River Press. Inventories and then critiques traditional theories of motivation in the work environment. Proposes instead that there are five patterns of internal drives: innovator, expert, helper, defender, and self-developer. Effective organizations match tasks with the drivers. Dentists would tend to be "experts" and seek situations where they can demonstrate "mastery."



Recommended Reading

Maister, D. H. (1993). Managing the professional service firm. New York, NY: The Free Press.

Describes how professional service firms such as law offices, accountants, and to some extent, healthcare and educational organizations function by adding value for customers through knowledge, face-to-face interaction, and customized problem solving. Success can come in only two ways: substituting a class of customers who need higher value and by leveraging the ratio of senior to junior professionals. Underdelegation is a killer.

Peltier, B. (2001). The psychology of executive coaching: Theory and application. Ann Arbor, MI: Sheridan Books.

Executive coaching is one-on-one work designed to improve the skills of organizations' leaders on the assumption that improved capability will filter through the organization. The book lays foundations for coaching in alternative psychological theories: psychodynamic, behavioral, person-centered, cognitive, family, hypnotic, social, existential, and others.

**Peters, Tom (1999). Reinventing work: the brand you 50 New York, NY: Alfred A. Knopf. ISBN 0-375-40772-3; 200 pages; about \$16.*

Urges us all to become CEOs of our own companies where we are the only product—brand you. “Begin to think and act like an Independent Contractor. Even if you plan, for the foreseeable future, to stay on someone’s payroll. An Independent Contractor is self-reliant. Dependent on her-his skill ... And the constant upgrading thereof. An Independent Contractor has ... In the end ... ‘Only’ her-his Track Record. I.e.: her-his Projects.” “I am as good as my last-next gig.” A brand is a promise. “Survivors will ‘be’ a product ... And exhibit clear-cut distinction at ... Something.” This is not a book in the traditional sense, but an outline for a book that might be written, with crude language and typographical and stylistic elements added to convey emotion rather than the rational development of thoughts. Fifty very short chapters that are nubs [Peters’ word] of ideas and suggested actions to be taken—many of them with the added exhortation that the action must be taken now. Two paragraphs following show Peters’ typical style. First paragraph in its entirety: “Love that!” Second paragraph: “Master. Growth. Distinction. WOW Projects. Autonomy. Self-control. WHAT I VALUE. These are the staples of Brand You-BrandMe/ Inc./You & Co. (And, again: What a difference from Dilbert-ville!)”

Schön, D. A. (1983). The reflective practitioner: How professionals think in action. New York, NY: Basic Books.

This book started the study of how professionals work and popularized an approach to learning as reflection on how one is performing. Professionals learn by reflecting-in-action (thinking about what they are doing while doing it) as opposed to learning about their subject or reflecting on what they have done. Professionalization means absorbing a template for how to reflect-in-action. Practice is defined as custom problem solving, using professional templates, on a very narrow range of problems.

**Shechtman, Morris R. (1994). Working without a net: How to survive & thrive in today’s high risk business world. Englewood Cliffs, NJ: Prentice Hall. ISBN 0-13-026239-0; 250 pages; about \$22.*

Searching for security in a high risk world is illusory. Tough rules: protecting people destroys them, change is the result of choice not capacity, adequacy is stifling, blend personal and professional life (don’t balance them), our lives should be value-driven and so should our organizations.

Stewart, T. A. (1997). Intellectual Capital: The new wealth of organizations. New York, NY: Doubleday / Currency.

Largely an exploration of the rise of the service and information sectors of the economy, Chapter 12 (Your Career in the Information Age) is filled with practical insights about managing one’s own career. The personal and portable nature of information as a source of value changes the rules and makes it impractical for organizations to conduct traditional employee development along skill lines.

Editor’s Note

Summaries are available for the three recommended readings preceded by asterisks. Each is about four pages and conveys both the tone and content of the original source through extensive quotations. These summaries are designed for busy readers who want the essence of these references in fifteen minutes rather than five hours. Summaries are available from the ACD Executive Offices in Gaithersburg. A donation to the ACD Foundation of \$15 is suggested for the set of summaries on work; a donation of \$50 would bring you summaries for all of the 2002 leadership topics.

The Manuscript Referee Process

Five unsolicited manuscripts were considered for possible publication in the *Journal of the American College of Dentistry* during 2002. One was referred to PEDNET and was subsequently published in the journal in the Issues in Dental Ethics section. Three of the six manuscript undergoing peer review were accepted for publication (50%), one pending revisions.

Twenty-eight reviews were received, 4.7 per manuscript. Seventy-four percent of the reviews that expressed a clear view were consistent with the final decision regarding publication. Cramer's V statistic, a measure of consistency of ratings was .559. A V-value of 0.0 represents random agreement and 1.0 represents perfect concordance. There is no way of comparing the consistency of the reviews for this journal with agreement among other publications because it is not customary for other journals to report these statistics. The College feels that authors are entitled to know the consistency of the review process. The Editor also follows the practice of sharing all reviews among the reviewers as a means of improving calibration.

The Editor is aware of three requests to reprint articles appearing in the Journal and one request to copy articles for educational use or place them on a sponsoring organization's Web site during the year.

In collaboration with the American Association of Dental Editors, the College sponsors a prize for a publication in any format presented in an AADE publication that promotes excellence, ethics, and professionalism in dentistry. There were twelve manuscripts nominated for consideration. The winner this year was Janyce Hamilton for "Dental Implications of the Human Genome Project" which appeared in the *Journal of the California Dental Association*. Twelve reviewers participated in the judging process. Their names are listed among the Journal reviewers below. The Cronbach alpha for consistency among the judges was an extremely high .950.

The College thanks the following professionals for their contributions, sometimes multiple efforts, to the dental literature as reviewers for the *Journal of the American College of Dentists* during 2002.

Frederick E. Aurbach, DDS, FACD
Dallas, TX

Eric K. Curtis, DDS, FACD
Safford, AZ

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Lansdale, PA

Richard E. Bradley, DDS, MS, FACD
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Dennis Engel, DDS
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Joel Strom, DDS, MS
Beverly Hills, CA

Larry Tabak, DDS, PhD
Bethesda, MD

Richard Weaver, DDS
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2002 Articles

- Call to Duty* Number 4
Roger W. Triftshauser
- The Carl O. Boucher Prosthodontic Conference Spans Four Decades*
..... Number 4
Robert B. Stevenson
- The Changing Roles of the Dentist and Dental Laboratory*
..... Number 1
Reynolds Challoner
- Clearing the Bureaucracy to Promote Compassionate Care ...* Number 4
Tommy G. Thompson
- Conducting and Putting Science into Practice: The Future of Oral Health Research, Dental Education, and Dental Practice* Number 3
Lawrance A. Tabak
- The Dental Curriculum n Gies' Time, Now, and in the Future*
..... Number 2
Rowland A. Hutchinson
- The Dental Laboratory Dilemma in America* Number 1
Gordon J. Christensen
- Dental Schools' Relations with Organized Dentistry and Accreditation: The Gies Report Reconsidered* Number 2
Eric Hovland
- The Dentist-Laboratory Relationship: A System for Success*
..... Number 1
Don Warden
- Dentistry and Medicine, Then and Now* Number 2
Allan J. Formicola
- Eighty Years of Dental Education in Canada* Number 2
Gordon Thompson
- Ethical Dentistry: A Time Proven Solution to a Modern Problem* Number 1
James Kelley
- External Forces Impacting U.S. Health Care: Implications for Future of Dental Practice* Number 3
Burton L. Edelstein
- The First Honor Society for Dentists* Number 4
Vartan Ghugasian
- The Future of Dental Practice* Number 3
S. Timothy Rose
- The Future of Dentistry: A Synopsis* Number 3
Leslie W. Seldin and L. Jackson Brown
- The Future of the Dental Profession: Perspective from Oral Health in America: A Report of the Surgeon General* Number 3
Dushanka V. Kleinman
- The Future of the Dental Profession: Research, Education, and Practice in the New Healthcare Environment* Number 3
Ira B. Lamster
- The Gies Report and Research* Number 2
R. Bruce Donoff
- Introduction: Gies Report Redux* Number 2
David W. Chambers
- The Jackson Dental Study Group* Number 4
Michael Nash
- Legal Status of Dentistry and Licensure* Number 2
James R. Cole II
- My Growing Involvement in Dental Study Groups* Number 4
Frank M. Spear
- A New Format for Dental Education* Number 3
Allan J. Formicola
- The Smallest Study Club* Number 4
Earl Sauguet
- Striving for Excellence* Number 4
Fred Bremner

- There is No Standing Still* Number 1
Robert A. Ganley

College Matters:

- Ethics in Journalism* Number 1
David W. Chambers, Eric K. Curtis, James P. Fratzke,
Howard I. Mark, Robert Rosen, Margaret H. Seward

From the Editor (Editorials):

- Identity Theft* Number 2
David W. Chambers
- Incompetence Insurance* Number 4
David W. Chambers
- Picking Your Patients* Number 1
David W. Chambers
- Snowballs in Hell* Number 3
David W. Chambers

Issues in Dental Ethics:

- Dental Ethics for the 21st Century: Learning from the Charter on Medical Professionalism* Number 3
Arthur L. Yeager
- Ethical Issues of Performing Invasive/Irreversible Dental Treatment for Purposes of Licensure* Number 2
Thomas K. Hasegawa, Jr.
- Is It Ethical to Involve Patients in State Board Examinations?*
..... Number 2
Larry E. Jensen
- A Response from the American Association of Dental Examiners*
..... Number 2
James R. Cole II and Ronald Maitland

- Thinking About Things Not Yet Thought of: Why It Is Important to Volunteer and Thank Those Who Do* Number 4
Robert D. Miner

- Use of an Inventory for Ethical Awareness in Dental Hygiene*
..... Number 1
Donna F. Homenko

Leadership:

- Agents* Number 2
David W. Chambers
- Measured Success* Number 3
David W. Chambers
- Why* Number 1
David W. Chambers
- Work* Number 4
David W. Chambers

Manuscript:

- Bridge to Dentistry: One Dental School's Approach to Improving Its Enrollment of Underrepresented Minorities* Number 1
Ernestine S. Brooks, Tamara C. Gravely, Sheryl A. Hornback,
La Chelle P. Cunningham, Ann L. McCann, Jack L. Long
- Challenges and Opportunities for Dental Education, Research, and Service in the 21st Century* Number 3
Eli Schwarz
- What About Dental Care for People with Mental Retardation? A Commentary* Number 2
H. Harry Waldman and Steven P. Perlman

2002 Authors

- Chambers, David W. Number 2
Agents
- Brooks, Ernestine S.; Tamara C. Gravelly; Sheryl A. Hornback;
La Chelle P. Cunningham; Ann L. McCann; Jack L. Long
..... Number 1
*Bridge to Dentistry: One Dental School's Approach to Improving Its
Enrollment of Underrepresented Minorities*
- Triftshauser, Roger W. Number 4
Call to Duty
- Stevenson, Robert B. Number 4
The Carl O. Boucher Prosthodontic Conference Spans Four Decades
- Schwarz, Eli Number 3
*Challenges and Opportunities for Dental Education, Research, and
Service in the 21st Century*
- Challoner, Reynolds Number 1
The Changing Roles of the Dentist and Dental Laboratory
- Thompson, Tommy G. Number 4
Clearing the Bureaucracy to Promote Compassionate Care
- Tabak, Lawrance A. Number 3
*Conducting and Putting Science into Practice: The Future of Oral
Health Research, Dental Education, and Dental Practice*
- Hutchinson, Rowland A. Number 2
The Dental Curriculum n Gies' Time, Now, and in the Future
- Yeager, Arthur L. Number 3
*Dental Ethics for the 21st Century: Learning from the Charter on
Medical*
- Christensen, Gordon J. Number 1
The Dental Laboratory Dilemma in America
- Hovland, Eric Number 2
*Dental Schools' Relations with Organized Dentistry and Accreditation:
The Gies Report Reconsidered*
- Warden, Don Number 1
The Dentist-Laboratory Relationship: A System for Success
- Formicola, Allan J. Number 2
Dentistry and Medicine, Then and Now
- Thompson, Gordon Number 2
Eighty Years of Dental Education in Canada
- Kelley, James Number 1
Ethical Dentistry: A Time Proven Solution to a Modern Problem
- Hasegawa, Jr., Thomas K. Number 2
*Ethical Issues of Performing Invasive/Irreversible Dental Treatment
for Purposes of Licensure*
- Chambers, David W., Eric K. Curtis, James P. Fratzke, Howard
I. Mark, Robert Rosen, Margaret H. Seward Number 1
Ethics in Journalism
- Edelstein, Burton L. Number 3
*External Forces Impacting U.S. Health Care: Implications for Future
of Dental Practice*
- Ghugasian, Vartan Number 4
The First Honor Society for Dentists
- Rose, S. Timothy Number 3
The Future of Dental Practice
- Seldin, Leslie W. and L. Jackson Brown Number 3
The Future of Dentistry: A Synopsis
- Kleinman, Dushanka V. Number 3
*The Future of the Dental Profession: Perspective from Oral Health in
America: A Report of the Surgeon General*
- Lamster, Ira B. Number 3
*The Future of the Dental Profession: Research, Education, and Practice
in the New Healthcare Environment*
- Donoff, R. Bruce Number 2
The Gies Report and Research

- Chambers, David W. Number 2
Identity Theft
- Chambers, David W. Number 4
Incompetence Insurance
- Chambers, David W. Number 2
Introduction: Gies Report Redux
- Jensen, Larry E. Number 2
Is It Ethical to Involve Patients in State Board Examinations?
- Nash, Michael Number 4
The Jackson Dental Study Group
- Cole II, James R. Number 2
Legal Status of Dentistry and Licensure
- Chambers, David W. Number 3
Measured Success
- Spear, Frank M. Number 4
My Growing Involvement in Dental Study Groups
- Formicola, Allan J. Number 3
A New Format for Dental Education
- Chambers, David W. Number 1
Picking Your Patients
- Cole II, James R. and Ronald I Maitland Number 2
A Response from the American Association of Dental Examiners
- Sauget, Earl Number 4
The Smallest Study Club
- Chambers, David W. Number 3
Snowballs in Hell
- Bremner, Fred Number 4
Striving for Excellence
- Ganley, Robert A. Number 1
There is No Standing Still
- Homenko, Donna F. Number 1
Use of an Inventory for Ethical Awareness in Dental Hygiene
- Waldman, H. Harry and Steven P. Perlman Number 2
What About Dental Care for People with Mental Retardation? A Commentary
- Chambers, David W. Number 1
Why
- Chambers, David W. Number 4
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