Mock Board Examination Question:
What Do You Get When you Mix Prosthodontics with Camaraderie?

by Sree Koka

Now I grant you that this is not a question likely to be asked by a Board examiner anytime soon, but just in case it was asked, one answer might be “The Academy of Prosthodontics Annual Meeting in 2002 held in Portland, Oregon”. Unfortunately, should the examiner offer any or all of these follow-up questions, you might have to give the same answer: “Has Prosthodontics ever entered The Twilight Zone”; “When was the last time a professional organization chose the best day (weather-wise) of its annual meeting for its outing?”; and/or “Can you give an example of a meeting at which Dick Grisius presides that was entertaining, educational and jovial?”. If the examiner demands references, I am afraid you are out of luck and it might be time to try the old “verbal communication” ruse. Regardless, repeat the examiner’s questions out loud, don’t forget to take as long as possible to reply to each question, talk slowly when you do answer, and every now and then pull out the “I’m sorry, can you repeat the question” line. In this way, the one hour exam should be over after about…7 questions.

I had never been to Portland until May 2002. Lots of people I knew had been there or thereabouts, my pre-travel reading reinforced all of the stereotypical images of a large city in the Pacific Northwest, and my love of seafood meant the trip was likely to be a huge success on the food-front. I knew the Academy meeting itself would be great, it always is. I would see people whom I respected and whom I admired, I would be able to spend quality time with them, I would hear good presentations, and at the Business Meeting I would watch while the membership spent more time on the issue of meeting location than on any other subject. These are, after all, the fait accomplis of Academy Meetings.

At the traditional Welcome Dinner, we reacquainted and were provided with an overview of the days to come by President

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I must admit that I haven’t actually seen any of the Austin Powers movies but neither have I been lucky enough to escape those ads that feature the skinhead arch villain, Dr. Evil, with a miniaturized version of himself as a sidekick named ‘Mini Me’. Little did I realize that the leadership of the American Dental Association would take this movie as inspiration for the establishment of mini-specialties.

You see, the August 19, 2002 issue of the ADA News reports a “New process for accreditation” in which areas with special knowledge can establish board certification. Sounds great doesn’t it? We can soon imagine the American Board of____ fill in the blank with special phrases like Laminates for Laterals or Maxillary Premolar to Premolar Rehabilitation. A while ago in this column I described a series of ridiculous, fictional societies in an attempt to provide a little laughter to the readers. Little did I realize that these frivolous suggestions could come to be following the recent ADA edict.

Oh, I understand where this comes from. The ADA seems to have fallen to pressure from special interest groups who, unable to demonstrate a body of knowledge sufficient to become a specialty, opened a back door wide enough to allow themselves to claim board certification in something less than a specialty. Does anyone believe that the public will be able to differentiate these board certified non-specialists from real specialists? I doubt it!

Perhaps the best example is that offered by our medical colleagues. Pick up any major city magazine and you’ll find page after page of advertisements for surgeons who are board certified in some cosmetic and/or reconstructive specialty. The fascinating part is that no two surgeons are certified by the same board and it is frighteningly clear that the reader has no idea which boards are legitimate and which ones are mini-specialties.

All of this should make us ask why we have specialties? My understanding is that specialties in dentistry exist because undergraduate dental education is unable to teach all there is to know about every discipline in dentistry during the four-year curriculum. The understanding is that there is a body of knowledge in specific areas of dentistry that cannot be fully grasped during our general dental education. In addition it is distinctly possible that not every student will have the ability to master every skill in every discipline at the same rate. Differing levels of dexterity may make it impossible for an individual to become adept in one area while still being fully capable of mastering another.

So specialties are here to address a level of knowledge that is above and beyond the entry level. Why then, must every specialty require at least 24 months of training? Can’t someone have a special skill that only takes 52 weeks to accomplish? And if such a situation exists, why shouldn’t that individual be able to be recognized in this area? To me, this is where the questions get tough and the answers might get tougher. Thinking about it this may be the reason that the ADA caved in to the pressure rather than taking a stance on this important issue.

I think that the real issue is one of protecting the public. Organized dentistry has a responsibility to the public to ensure that their safety is protected. Can it pretend to protect the public from the dental mini-specialist who is board certified in some piece of a larger specialty? How does the public begin to understand that such and such mini-specialty is just a little piece of a larger pie and that larger pie holds more of the answers to the problems that the patient is experiencing? I think the answer is that the public will never know. The public will see that Dr. X is certified is
~It doesn’t rain in Portland ~ ... well, at least not during our annual meeting, but thanks for the nice umbrella anyway. The social events kept everyone busy with fishing, golfing, brewery-pub crawl, dessert, mountain climbing, chair lift to Mt. Hood, dessert, shopping, oriental garden tour, hiking, bus journey and of course more dessert. The educational program in Portland was well planned by Scientific Program Chair Murrell and his committee. It is also important to note the corporate sponsors supporting our educational efforts including the AP Foundation, Implant Innovations, Ivoclar Vivadent, Nobel Biocare, Philips Oral Health Care, 3M ESPE and Straumann, making the meeting a success. During the Annual Meeting President Grisius took the helm with great confidence and piloted us clear of any difficulties. During his watch he ran a tight ship and noted that the Academy still has much to do in promoting prosthodontics. While he now becomes our Immediate Past-President, he will surely be sought after for his counsel.

The membership had voted at the last Annual Business Meeting to modify the weekday schedule for 2004 Niagara meeting. The Niagara is being scheduled for May 4-8, a Tuesday to Saturday format, to avoid Mother’s Day. The membership has voted to go to Scottsdale in 2005, San Francisco in 2006 and Charleston in 2007. I would like to thank the General Arrangement Chairs John Agar, Bob Gillis and Lisa Lang for their efforts in investigating each location. Each venue is being reviewed relative to their accommodations, meeting space and potential social events. Subsequently, we will have to determine the most suitable meeting timeframe and then refine the hotel contracts.

We applaud our new Active Fellows Antonio Bello, Lawrence Brecht, Ana Diaz-Arnold, Robert Kelly, Tom McGarry and Clark Stanford. We also welcome our new Associate Fellows Tom Barco, Jeffrey Rubenstein and Steve Sadowsky. These talented individuals will become the leaders of the Academy in the not too distant future.

The Executive Council will meet on Sunday, November 17, 2002 in Chicago to further address the needs of the Academy and to organize the activities for the upcoming year. Your suggestions or queries are always encouraged for the good of the Academy and the fellowship.

Lastly, we will be mailing requests for any changes in membership information and dues statements in November. It is important that you inform us of address or e-mail changes as soon as possible. Fellowship Nomination forms are available from the Secretary-Treasurer.
Grisius. After dinner, Gerry Barrack led us on a nature slide tour of his local haunt in New Jersey, and we were enthralled by voices “A Capella” from Seattle. We began our scientific sessions with some sobering words regarding addiction. Drs. William Hooker and John Sealy gave us a professional perspective, while Dr. Curtis Vixie’s personal confession of drug addiction added weight to the seriousness of this problem. The morning continued with Dr. Antonio Bello’s discussion of ceramic implant abutments, Dr. Diaz-Arnold’s overview of the impact of saliva on patient care, Dr. McGarry’s description of a diagnostic classification system of partial edentulism, Lt. Col. Taylor’s research on the effect of growth factors on osteoclastic resorption of various graft materials, and Dr. Christian Stohler’s techno-wizardry as he described the pathogenesis of orofacial pain. During the scientific session, the spouses enjoyed a tour of the classical Chinese and Japanese gardens, and the evening brought the opportunity to sample some of Portland’s ales and atmosphere for those who participated in the “Brewery Tour”. I can assure you that Bob Kelly’s photos of this event are going to be well worth the wait for next year’s Welcome Dinner slide show.

Saturday morning brought the opportunity to experience actor/director Steve Eckert’s creativity and actor/producer Rhonda Jacob’s passion for Evidence-Based Dentistry as they led Alan Carr and myself through the process of generating a Twilight Zone episode titled “Three Dentists in Search of a Clue”. We were then fortunate to hear the wisdom of Dr. John Frush as he described the concepts upon which Dentogenics is based. The morning came to an end with presentations from Dr. Chris Marchack on how to prepare state of the art presentations, from Dr. James Clark on recent
developments in digital photography, before Dr. Robert Ahlstrom presented a series of standards for dental informatics. Saturday afternoon and evening were dedicated to the traditional Academy Outing. We began with a bus-ride (Gerry Graser’s favorite part of the meeting) to Mount Hood to experience a feast of desserts and a frigid (and thankfully optional) chairlift ride at Timberline Lodge. We enjoyed sunshine bathing Mount Hood; a far cry from the inches of snow that fell the following day! The Columbia River Gorge Interpretation Center provided the location for our evening meal.

On Sunday morning, we learned more about the University of Toronto experiences of the Implant Prosthodontic Unit in managing partial edentulism. Dr. John Zarb, Dr. Nikolai Attard, Dr. Francine Albert and Dr. Ross Bryant all shared their knowledge with us. The second half of the morning was devoted to additional implant topics: Dr. Lisa Lang summarized key aspects of preload, Dr. Steve Parel described his clinical experiences with the Novum system, Dr. Oded Bahat presented on “Three Dimensional Bone Reconstruction”, and Dr. Clark Stanford discussed the interplay between the body and an implant as they shake biological hands. The Installation Banquet once again saw us in our “Sunday Best” as tuxedos and evening gowns were on display. The new slate of officers was installed and we listened intently to Gary Rogoff’s presidential address.

Monday morning’s schedule was slightly different to that advertised as Dr. Keith Phillips’s had presented prior in the meeting on the topic of treatment planning decisions for structurally compromised teeth. Dr. Ken Malament, seemingly in a perpetual state of giddiness following his election to the American Board of Prosthodontics, discussed the management of alveolar ridge deficiencies, prior to Dr. Geoff Thompson’s presentation describing the merits of a biaxial ring-on-ring laboratory test to simulate clinical conditions in order to investigate failure of dental ceramics. Dr. Lawrence Green followed with his research findings related to major connector design and rigidity, and the scientific sessions came to a close with Dr. Jamie Kaukinen outlining his treatment suggestions for patients with ectodermal dysplasia. Monday afternoon brought the Academy Business meeting and the evening offered the last opportunities to enjoy the fellowship of the Academy.
something or other and that will be good enough for the trusting patient. The patient will present to Dr. X for a treatment that extends outside of the mini-specialty and what will the Dr. X’s do? More importantly, will Dr. X recognize that they don’t know what it is that they don’t know?

Think back to your first week in specialty training. You were probably enthusiastic, confident, and secure. You knew that you were selected for a position because your credentials were superior to those of others who had applied. You were qualified, darn it, and you knew it! Well, how long did that last? How much time passed before it became clear to you that you really weren’t going to be able to show them how much knowledge you came in with, instead you were treading water as the ship of knowledge steamed forward. Oh, with time and experience you learned how to learn all the things that you needed to know but it didn’t happen over night. Did it happen in those first few weeks? Unlikely! Did it happen in the first year? Perhaps, but what would have happened if at the end of that first year the entire specialty training was done? There you had the whole enchilada and there was nothing else on the plate to take in. You were just getting over the first realization that you didn’t know it all and were just becoming comfortable in the notion that you had a lot to learn and here it is, finished.

So what does specialty training do? It protects the public. It provides clinicians with a known level of skill that extends to more than a few isolated areas of interest. Ultimately it provides credentials that a patient can comfortably seek when they have a special problem. The patient shouldn’t have to resort to a medical dictionary to determine the exact sub-specialist for their problem, they should be able to easily determine the specialist that they need. Can there be a logical explanation as to how more accrediting boards will make this situation simpler for the patient? And if there is no such explanation, aren’t we simply creating the ‘Mini Me’?

The deadline for submission is November. Please call me if you are not receiving your JPD subscription or if your subscription has lapsed. Keep in mind that if you are a dues-paying member in more than one sponsoring organization you are entitled to a refund directly from Mosby, Inc. of the additional subscription amount.

More information about the Boston meeting will be published in the next AP Newsletter. Be sure to visit our website at: www.academyprosthodontics.org for the latest news.
Another Successful Outreach Program in Alaska

Academy life fellow Dorsey Moore returned to Juneau, Alaska for the sixth straight year to participate in the August 2001 Academy of Prosthodontics Outreach Project. He was accompanied by his dental school classmate Dr. Dayton McDonald, Academy members Tom Taylor and Bob Kelly and University of Connecticut prosthodontic residents Dr. Louis Keys and Rob Schulman.

This outreach project serves members of the Tlingit tribe who live on islands some distance from Juneau and are unable to make repeated trips to town for denture treatment. Since the Academy team used an accelerated technique, the patients were able to come to town once, stay with friends or relatives, and receive care that they would otherwise not be able to have. Twenty-one dental arches were treated in this effort.

The Academy has provided approximately $200,000 in treatment to patients at the Indian Health Service Clinic in Juneau. All six participants paid their own way to Seattle and were supported by the Academy of Prosthodontics Foundation for only the Seattle to Juneau leg. In addition, the Southeast Alaska Regional Health Consortium paid the entire expense of lodging and two rental cars for the week. It was obvious that the Academy efforts on behalf of their patients were greatly appreciated.

If you have frequent flyer miles which you would like to donate to this worthy cause, or you would like to participate in an outreach project please call Outreach Chair Eric Rasmussen.
One on One

...With Thuan Dao

Balance has been defined as the harmonious arrangement or relation of parts or elements within a whole. Balance has been attributed as a key element to numerous success stories and accounts of healthier living. Dr. Thuan Dao is living representation of this enviable characteristic. This equilibrium allows Thuan to exemplify successful professional growth and an enriched personal spirit.

Her Southeast Asian heritage preceded her migration to the North American continent in trail of her siblings. She currently has family located in the eastern Canadian cities of Toronto and Montreal, as well as the western American cities of Seattle and Los Angeles. With a previous Bachelors degree in French Literature from the University of Saigon, Thuan pursued a health sciences career analogous to nearly all her relatives. However, Thuan was different, dentistry was fortunate to gain her dedication and expertise. Her dental degree was conferred from the Faculte de Medecine Dentaire at the Universite de Montreal in 1985 followed by a post doctoral hospital residency at the same University. Thuan migrated west to Toronto for completion of her prosthodontics education in 1991. Her fortitude and ability reaped additional pedigrees of MS in Neuroscience and PhD in Biomedical Sciences from her alma maters.

Accolades began to amass at the conclusion of her formal education and memberships in numerous esteemed international organizations are mounting respondent to her character. Academic and private practice activities have balanced her demonstrated research endeavors. Dr. Dao’s consistent research dossier supports her studies of interest in prosthodontics and neurosciences. She pronounced that pain research is a confirmed interest to her humanitarian trait with the proliferation of individuals living with chronic pain. Thuan has examined psychophysical and outcome assessment measures of pain and its relation to quality of life. Her studies scrutinize a multitude of etiologies for chronic myofascial pain disorders and include a broadened research spectrum of sensory disorders enveloping whiplash, endodontic and surgical implant patient populations. Dr. Dao is an accomplished educator demonstrating teaching and service contributions for the University of Toronto. She actively

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