

# AP NEWSLETTER

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## Living a Life Prepared by Rileys

By Sreenivas Koka

The 85th Annual Meeting of the Academy of Prosthodontics kicked off in fine fashion with a warm welcome from current President Gary Rogoff and Founding Father Ben Franklin who promised us a fine time in Beantown. Some promises can be hard to keep, but Cliff Van Blarcom's scientific program was scintillating, and the quality of the social experiences was so high that a new saying has been added to the Glossary... "Keeping up with the Rileys".

Fellowship was also a highlight of the Boston meeting as we renewed friendships with joy at the Louis Blatterfein Welcome Reception and Dinner. We were privileged to have four of our esteemed Academy family, Doug and Minnie Atwood along with Al and Lee Yurkstas, on hand to honor us with their presence.

From the first to the last scientific session, every presentation seemed to mix intellect, style and audio-visual wizardry to the point that it seemed that the next session could not possibly be as good as the one from the day before; and yet it was. If one of the Academy's goals is to have a meeting where scientific inquiry and clinical practice merge to offer us a vision of discoveries and tomorrow's therapies, then the Boston meeting will go down as one of the most successful yet. Friday morning began with Dr. Michael Attas presenting thought-provoking perspective on ethics in healthcare. Following on, Dr. Ben Wu showed us exciting applications from his work in bioengineering before Dr. Glenn Wolfinger, Associate Fellow Carlo Marinello and Dr. Donna Hecker presented implant-focused presentations. At the beginning of Saturday's session we returned to bioengineering with presentations from Dr. Dianne Rekow and Dr. Van Thompson before we were mesmerized by the wisdom and insight of Dr. Sigmund Socransky. A tough set of acts to follow, but Dr. Stefan Neeser and Fellow Ken Malament rose to the challenge admirably. Sunday morning showcased a blend of present-day and futuristic topics. Dr. Kendra Schaefer discussed taste perception with complete dentures, Fellow Tom McGarry explained implant placement by prosthodontists and Fellow Steve Parel described use of milled titanium frameworks along with review presentations by Fellow Dan Nathanson and Fellow Bob Kelly on resins and zirconia



Photo by Bob Kelly

ceramics respectively. The presentations made by Dr. Leila Jahangiri and Dr. Tak Ogawa gave us a glimpse of a future with molecular biology-based treatment, before Dr. Radek Mounajjed described his experiences as a prosthodontist in his native Czech Republic. On Monday morning we had the opportunity to evaluate potential Academy Fellows and experts in their fields. Presentations were made by Dr. Lily Garcia, Dr. Thomas Salinas, Dr. Gary Solnit, Dr. Ahmad Maalhigh-Fard and Dr. David Gelb, Dr. Thomas Vergo and Academy Fellows David Eggleston and Lyndon Cooper. Following, Fellow Ron Jarvis whetted our appetite for next year's meeting with a preview slide show.

The social events were tremendous and showcased Boston in a variety of different ways. Whether it was Pre-meeting golf, a City Tour, a Boston Harbor Cruise (with "Police Escort"), a trip to the Museum of Fine Arts, a visit to the USS Constitution, a tour and dinner at the John F. Kennedy Library (with an Irish dancing upgrade), a journey through Filene's basement, a wonderful Installation Banquet or the Post-meeting outing to The Boston Pops, there was something for everyone to enjoy. A standing ovation at the Installation Banquet was well-deserved for Ted and Marguerite Riley, our Local Arrangement Chairs. And so we now look forward to the 86th Annual Meeting in Niagara Falls with the anticipation of rekindling the embers we left aglow in Boston.

## Who Steers the Ship?

**A**s a prosthodontist I find myself as a member of a dental team. When other specialists and I work for a patient I end up as the quarterback. We all know the reasons for this. We make the prosthesis that the patient seeks, everyone else is simply helping us get to that point. In addition we have to manage the lion's share of the appointments and the final result of our care is obvious to the patient while the final result from the endodontist, periodontist, orthodontist or oral surgeon is obscured by hard and soft tissue.

Given this responsibility as team leader makes me think about leadership in other aspects of professional life. Recently I've been wondering about the direction that the specialty of prosthodontics is moving. I wonder who it is that's steering the ship? Certainly there are a number of potential captains, each with certain assets and debits that either enhance or diminish their ability to move the specialty. Let's look at a few.

### Research

The era of evidence based dentistry is upon us. No meeting passes without someone discussing evidence, science or research. We are told to make our decisions on the basis of scientific knowledge and to forsake the evils of anecdote and clinical experience. Conceptually it all comes around to the search for and use of "truth" which then begs for recognition of the prickly nature

of this concept. As the philosopher Schopenhauer said "All truth passes through three stages. First, it is ridiculed. Second, it is violently opposed. Third, it is accepted as being self-evident."

All sorts of catch phrases apply to the adoption of an evidence based practice. Perhaps the most common and persuasive statement is that "knowledge is power". Frankly, it's hard to imagine anyone taking the opposite stance, suggesting that the goal is to take shots in the dark. But, no matter how much we try to bow to science, there is still art in what we do. Beyond that, our individual skills may dictate one approach over another even though the "evidence" may suggest otherwise.

It does seem that research, science, and evidence are pretty compelling things to embrace as we consider the future of our specialty. We probably should chart a course that follows the evidence but we may find that there are some times when we slip into a blind cove. Likewise there may be stretches where our ship flounders in the stillness of lulls between scientific discovery or lingers in the phase of violent opposition. If that happens, can we sustain ourselves while in the doldrums?

### Clinical Practice

Let's face it, our specialty grew out of common clinical practices used to address patient's needs. Through these practices small groups formed, coalesced into larger groups and

eventually there was enough limitation of practice that a specialty was established. Most of the prosthodontists spend a major portion of their professional lives performing clinical procedures. These procedures continue to define us as prosthodontists in the eyes of our other dental colleagues and the public.

The problem is that we shouldn't be defined exclusively by what we do. Isn't it what we know that is more critical

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# Secretary-Treasurer Notes

By Stephen Campbell

Like two grand dames we came together last spring, a place and an organization sharing an incredible sense of heritage. Boston's roots in American history and the Academy's role in Prosthodontics. We gathered through the efforts of our President, Gary Rogoff, Local Arrangements Chairs, Ted and Marguerite Riley, and our past Secretary-Treasurer, Jonathan Wiens. It was not our first and hopefully won't be our last journey to Boston. Who could forget all of the memorable events such as the Kennedy Library, and the police escort through the streets of Boston on our 10-minute bus ride. How about the incredible Program assembled by Cliff Van Blarcom with such notables as Boston local, Dr. Sigmund Socransky?

We thank Dr. Rogoff as the outgoing President for all that he has brought to the Academy while we welcome Dr. George Murrell as our new President. We also welcome Dr. Steven Eckert as the new Recording Secretary of the Academy and tip our hat to the outgoing Secretary-Treasurer, Dr. Jonathan Wiens, for all he has done. We also thank Doug and Minnie Atwood as well as Al and Adeline Yurkstas for sharing such incredible warmth and welcoming us to their hometown.

The total attendance at the Boston Meeting was 216, including 130 guest dental professionals (18 speakers, 63 graduate students, 49 dentists) and 86 fellows (17 life, 62 active, 6 associate, and 1 honorary). We elected five new

Associate Fellows to the Academy, Drs. Lawrence Green, Donna Hecker, Jamie Kaukinen, Christopher Marchack, and Geoffrey Thompson. Dr. Lisa Lang and Dr. Carlo Marinello were elevated to Active Fellowship. Dr. Richard Grisius and Dr. Edward Plekavich were elevated to Life Fellowship. We also elected Dr. John Frush as an Honorary Fellow of the Academy. There are currently 133 members of the Academy, including 9 Associates, 72 Active Fellows, 49 Life Fellows, and 3 Honorary Fellows.

A new roster was distributed and updated photographs were taken at the meeting for the next edition in 2005. The Academy adopted a resolution opposing the Commission on Dental Accreditations adoption of a policy to accredit programs in new dental educational areas. Individual members signed the resolution and it was sent to the Commission and ADA along with a letter from President Rogoff. Dr. Richard Grisius presented a report on behalf of Dr. David Wands and the AdHoc President's Advisory Committee. They presented the results of a survey of Life Fellows.

The strategic planning process chaired by Dr. Charles Goodacre is well underway for the Academy. We are identifying current aspects of the organization that are crucial while considering new ideas and directions. Each one of you will be contacted by a Strategic Planning Committee member for input as part of the process. We

are inviting cooperation and support as individuals contact you. The Committee will then assemble in the fall to develop a plan. This will be shared with each of you again for feedback prior to next year's annual session. A working plan will then be presented and discussed at the 2004 meeting in Niagara.

As noted by Dr. Wiens three-years ago, the highlight of my summer was when I

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## AP Foundation

Contributions and  
Memorials should be made  
to the

## Academy of Prosthodontics Foundation

and sent to:

Dr. John R. Agar  
Secretary/Treasurer  
AP Foundation  
4 Penwood Rd.  
Bloomfield, CT 06200

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to our specialty? Beyond that, clinical practice is very concrete, very practical. We might not want to admit it but, for most of us we do what works in our hands and will continue to do it that way until the proof of something else being better is so overwhelming that it cannot be ignored. Although this may be a very sound business decision it probably isn't the ideal decision to guide our ship into its' next port.

### **Education**

Without a fundamental body of knowledge we have no specialty. This knowledge needs to be conveyed to our future prosthodontists in an organized and comprehensive way. The Commission on Dental Accreditation provides us with educational standards that ensure that every prosthodontic graduate program meets basic standards. It is a system that works well.

The educational standards are developed through the efforts of many different groups. CoDA may call for standards review at periodic intervals defined as no more than the program length plus three years. Communities of interest could call for standards review at any time that they see a need. Usually this occurs when educators or specialty societies see a need for review and convene groups to undertake the review process. Any changes are brought before the commission and the communities of interests for discussion and possible modification before they are ultimately enacted. You may remember that prosthodontics did this

for the inclusion of implants into its standards in the early 1990's and it remains as the only specialty to increase program length specifically for the inclusion of this topic in its curriculum.

Historically the educational standards in prosthodontics focused on things that we do. The standards have been quite prescriptive and, one may argue, dogmatic. In contrast to some of the other specialties, prosthodontics has created long laundry lists of didactic and clinical goals that must be achieved to maintain accreditation. Other specialties have addressed standards by mandating management of specific diagnoses rather than requiring these lists of required technical achievements. This basic philosophic difference may have contributed to increases in program length that diagnostically based standards could have avoided.

So, educational standards assure us of a quality end product, i.e. prosthodontist, but they may not be able to direct the specialty. First of all, standards only change when there is a call for change and secondly there is no perfect way to craft standards. If the activities of the specialty mandate a fundamental change in direction, the standards will achieve this only if the prescriptive, dogmatic approach is used. As previously noted this approach mandates more and more training, eventually resulting in increased program length. Perhaps education as a steering force for the specialty follows the plight of Passavant's pad in that the standards may be too low and the reaction time too slow to lead the process.

### **Specialty Societies**

Before there were specialties there were societies that had special interests. A case in point is the AP. These types of special interest groups formed all the specialties as we now know them.

Specialties in dentistry exist because dentistry, through the ADA, allows them to exist. Maybe that statement is wrong, maybe they exist because the ADA recognizes that they must exist in order to serve the patients well! At this point in time we have not witnessed the folding of any specialty flags but this doesn't mean that it will never happen. As science advances there will be new and different ways for care to be rendered. The patient is the focal point and as such we need to recognize that no specialty is so 'special' that it should continue regardless of the needs of the patient.

Specialty societies, by their very nature, have a self-preservation instinct. As different techniques develop it is possible that distinct boundaries between specialties may blur. It has already happened in pediatric dentistry as it moves more towards orthodontic management of malocclusion in the mixed dentition. In periodontics the surgical management of periodontal disease has gradually diminished, being replaced by an increasing number of implant surgical procedures. Does this move the specialties of periodontics and oral surgery closer together? The AP has presented both sides of the implant placement by prosthodontists argument. This is an approach that moves this specialty closer to surgical intervention

than it has been in the past. Many of these examples came about as specialty societies opined that the future of their specialty depended on a fundamental shift in the mix of specialty offerings. Clearly, if the patient benefits, the approach is justified but if there is no benefit to the patient or, worse yet, if the patient suffers, then the ship has been steered in the wrong direction.

### **Organized dentistry**

The majority of dentists in the United States are involved in general practice. Despite the fact that most dentists have not undertaken specialty training it is clear, by walking through the yellow pages, that many profess to have unique skills beyond those of a general dentist. The ADA has a code of conduct but it is rare that anyone ever is called to task for making claims that have no actual meaning.

Organized dentistry, as previously stated, either allows or acquiesces to the need for specialties. It is unlikely that the majority will help the specialties prosper unless there is a mutual benefit for those in the majority. At this point in time this seems to be the case but specialties cannot depend on such beneficence forever.

### **Who Steers?**

In the final assessment it is difficult to determine who actually steers the ship. Looking at the options there is no clear cut winner although, using the needs of the patient as the standard, we probably could suggest that the ship needs to steer towards the evidence of successful treatment. Having said this however we need to understand that

the evidence is blind, having no loyalty towards or against the specialty.

This brings us back to the original question: Who steers this ship? Perhaps the more fundamental question is how we determine where the ship is going? Full steam ahead is a nice concept until we encounter a titanic impediment. Avoidance of such icebergs is our task.

As you read this, the Academy of Prosthodontics is working on its strategic plans. Over the years the AP has been pretty successful but the waters are a little different today than they were in the not too distant past. Mapping our course and navigating along that course requires that we all work together. Let's help to define the destination and then we may look forward to the journey.

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### **Secretary-Treasurer Notes Continued from page 3**

welcomed the 25 boxes that he passed on to me as the new Secretary-Treasurer. I couldn't help but notice his Newsletter report from the fall of 2000 when he reported receiving 17 boxes as he assumed the position three years ago from Dr. Rogoff. Does anyone want the 8 extra boxes? The Dues statements and changes in membership information will go out in November. We are exploring the possibility of accepting credit cards for dues and meeting registration. Committee charges and communications have gone out. As a voluntary organization, we are dependent on the commitment to service of our membership. Fellowship

nomination forms are available through me and must be submitted no later than November.

The 2004 meeting will be held at the Hilton Niagara Falls and will run from Wednesday, May 4 through Saturday, May 8. The room rate is set at \$139.00 per night in Canadian Dollars. The welcome dinner will be Tuesday night, the second business meeting will be on Friday afternoon, and the meeting will be over by noon on Saturday. Please do not plan your departure from the hotel before noon on Saturday. It is very important that we be there for the last session scheduled for Saturday morning. Future meetings sites will be 2005 – Scottsdale, 2006 San Francisco, 2007 – New York, and 2008 - Houston/St. Louis. The contracts for the 2005 and 2006 sites have been signed. We will explore the 2007 and 2008 locations during the year and provide a final report at our annual scientific session.

I look forward to serving you as Secretary-Treasurer for the next three-years and deeply appreciate the trust you have placed in me.

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## One-on-One Continued from page 8

Attendance at a 1986 Academy Meeting infused her desire to be a member of the organization demonstrating the unmatched qualities of camaraderie and collegiality our group savors. Fellowship in the Academy offers Carol a profound sense of accomplishment and sentiment of an extended family.

Carol's immediate family, her two children Patrick and Caitlin, were coincidentally born at the time of Academy meetings. Parenthood has been a grounding experience, putting life into its true perspective. Carol describes her children's smiling faces as emotional liberators from any day's troubles. Her husband Kevin, a pharmacist, finds great reward in their children. Sharing

an enjoyment of travel, they hope to instill a sense of adventure and love of travel in their son and daughter. Kevin found relocation to Augusta fitting to hone his golf skills, while offering outdoor adventures of hunting and fishing. Shortly after arriving in Augusta, Carol discovered quilting, a creative outlet while preparing for the American Board of Prosthodontics, and it remains her "therapy" today, presumably after the 4 and 2 year olds go to bed!

Dr. Carol Lefebvre expresses the diversity of her responsibilities as a challenge, never offering a dull moment. The outstanding character of her colleagues at the Medical College of Georgia, the Editorial Council and Journal of Prosthetic Dentistry offer a rich working environment. With some sense of humility and a great deal of honor, Carol envisions bearing the torch

of Editorship in the renowned footsteps of her predecessors. Her desire is to maintain the Journal as a flagship publication and information resource to prosthetic and restorative dentistry. In addition, she has already and expects to continually improve the media quality, electronic manuscript review process and clinical relevancy of future publications.

Organization, communication and work ethic are only a portion of the skill sets fueling Carol's career, yet important attributes to the continuing successes she will have in her profession. As Academy and founding Journal members, we can be confident in the direction the Journal will be guided. Dr. Lefebvre's stalwart professional and personal motivation offer great optimism for the Academy, Journal, her development and that of her family.

## Jonathan and Maxine Ferencz Advanced Education Program in Prosthodontics

Earlier this year, Dr. Michael Alfano, Dean of NYU's College of Dentistry announced the naming of the Jonathan and Maxine Ferencz Advanced Education Program in Prosthodontics in recognition of a \$1 million pledge to fund the program from Academy Fellow Jonathan Ferencz and his wife, Maxine. Dr. Ferencz has served and continues to serve prosthodontics in numerous ways. Dr. Ferencz recently finished his term as President of the American College of Prosthodontists. Dr. Ferencz said "I envision a future in which NYU's Advanced Education Program in Prosthodontics reaches new heights of



greatness and Maxine and I have made it our personal mission to ensure that this vision becomes reality. Although my predoctoral education at NYU prepared me well for my early years in private practice, it was my graduate training in prosthodontics at NYU that truly shaped my career over the past 20 years".

Given the economic rigors faced by prosthodontic residency programs, Maxine and Jonathan's generosity is particularly timely and represents a magnificent form of philanthropy in order to support prosthodontics.

# Outreach

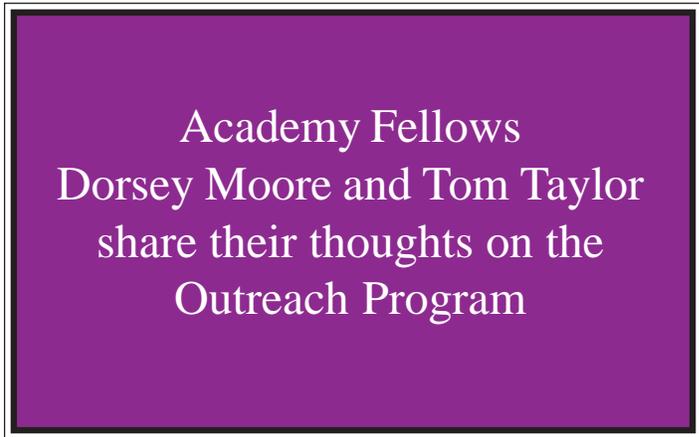
by Jim Chandler

## WHY OUTREACH? A TEN YEAR RETROSPECTIVE

The Academy of Prosthodontics has been involved in outreach to Native American populations for ten years. During this time, Academy members have provided hundreds of thousands of dollars in prosthodontic care to this undeserved group.

Academy Fellows Dr. Dorsey Moore and Dr. Tom Taylor have participated in many of these outreach efforts over the years in Alaska and Montana and were asked to share their experiences and insights. When asked why someone would want to participate in these projects year in and year out, Dr. Taylor said “the outreach program has provided the method of giving something meaningful to some people who might not otherwise receive the benefit of the wonderful training, profession and specialty that I am so lucky to be a part of. So, the feeling of doing something that is clearly appreciated by the recipient is the superficial egocentric reason I love the outreach program.” Dr. Moore said “the denture treatment experience with these patients provided many heartwarming times. The appreciation for the professional health care was always evident. One woman walked eight miles to receive her completed dentures as she could not get a ride that morning. As I have worked with this Native American population, I now feel as though every person whom I have treated is a friend.”

When asked why the Academy Outreach is important, Dr. Taylor said, “the Academy Outreach Program is more than a vehicle for those who participate to feel good about their contribution. The Outreach Program puts the Academy and all of prosthodontics in a great position for gaining recognition. Our profile in the Native American communities we work in is high and beneficial to prosthodontics and dentistry.” Dr. Moore responded in a similar fashion, stating that while treating 108 Native Americans in Alaska between the ages of 34 and 90 years old, he has also been able to provide valuable dental continuing education to the local Indian Health Service staff who always ask him “Are you coming back next year?” When asked how the Outreach Program has changed them personally, Dr. Taylor said that he “became hooked on the first trip and continues to be an addict for the



feeling he gets when he treats people who are so needy of the services he can provide”. Dr. Moore says that he feels as though his Native American patients in Alaska are his extended family and has witnessed their concern and caring for one another, especially for their senior citizens. “This program definitely has altered my feelings and concern for the Blackfeet of Montana and the Tlingit tribe in Alaska”.

When asked if they could make a wish for the future of the Outreach program, Dr. Taylor said that his only wish would be to “expand it a hundred times over to the point where every Academy member participates in the program. This program allows our foundation to approach individual organizations with a meaningful cause that can be invested in for the benefit of all. I hope the future of the Outreach Program is growth and expansion.” Dr. Moore says that he feels the Outreach Program is very effective, and without the energy of the committee chairman, Dr. Eric Rasmussen and participants in the Outreach Program, we would not be where we are today.

The valuable Outreach Program offers an inviting combination of caring for a population with a desperate need for prosthodontic care and camaraderie with other Academy members in interesting locations in the West and Alaska. If you are interested in participating in the Academy Outreach Program, please call **Dr. Eric Rasmussen**, Outreach Program Chairman.

# One-on-One

## Dr. Carol A. Lefebvre

By Roman Cibirka

The globalization of society is evident in the world today. *The Journal of Prosthetic Dentistry* postured itself for advancement in this environment upon selecting Dr. Carol Lefebvre as Editor. Carol exemplifies the fully balanced professional with a keen vision of the future.

The self-depicted attributes of organization, communication and work ethic are noteworthy and clearly evident for Dr. Lefebvre. Undoubtedly, these important facets to success assisted her matriculation through a baccalaureate degree from Michigan State University in 1979 and her subsequent dental degree at the University of Michigan. The unbiased character crucial for an Editor is fully realized by the Michigan State Spartans and University of Michigan Wolverines banners that adorn her office. One must sense the emotional torment that pervades her when the traditional clash for bragging rights occurs in the state of Michigan every fall.

Dr. Lefebvre warmly smiles as she describes the significant prosthodontic talent base encountered during her pre-doctoral training and its impact to spur her pursuit of specialty training. Just prior to graduation, Dr. Brien Lang invited Carol to teach part-time in the Complete Denture clinical course at U of M. “During this time I learned that I still had much to learn about prosthodontics and (I) enrolled in the graduate program the following year.” Carol affectionately describes the

privilege of exceptional prosthodontic mentors, although focuses on the notable influence Dr. Lang and Dr. Art Rahn have on her career and life. Her ongoing frequent interactions with both offer great value and stimulation to her professional development. “Not only are they both excellent clinicians and teachers...they are always willing to lend an ear.”



Dr. Lefebvre completed her Masters degree in Denture Prosthodontics in 1986 with attainment of Diplomate status in 1991. An academic career footpath has always inspired Carol. She traveled west to Chicago following her residency to Northwestern University, where she spent three years teaching and enjoying the benefits of the Magnificent Mile on Michigan Avenue.

With family below the Mason Dixon line, a bitter north wind driving snow off Lake Michigan in May and an opportunity to enrich her professional skills with Art Rahn, the lure of Augusta was strong. Mindful of career and not the Master’s tournament, Carol accepted a position at the Medical College of Georgia in 1989 and has attained terminal rank as Professor with tenure.

Carol has propagated the mentoring influence she experienced with her faculty and students at the Medical College of Georgia (author included). She routinely nurtures students, residents and faculty toward professional development and offer an empathetic ear to any professional or personal issue. She is a committed member of the School and University faculty development initiatives. An energetic research agenda targeting biocompatibility has generated funding and over 70 publications. Dr.Lefebvre has been recognized by her peers by receiving awards by receiving the MCG Outstanding Faculty and Teaching Excellence Awards. She contributed to and drafted the University System of Georgia Board of Regents Award for Excellence document her department triumphantly won. Carol was selected to participate in a University System Teaching and Technology Initiative that train faculty to integrate advanced technology into their teaching activities. .

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