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Reflections on the College of Diplomates

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Congratulations to the 2015 Award Recipients

Nominating Committee Announces New Leadership Slate

THE STATE OF SAVING TEETH
We Are on the Right Side of the Argument

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On the Future of Endodontics

Prediction is very difficult, especially about the future.
— Niels Bohr

With a new year comes the promise of a better future. Ring in the new, as they say. Yet the future is, by its very nature, unknowable. I have commented in this column previously that predicting the future is a hazardous business, so when I was asked to write about the future of endodontics, I was a bit concerned. I have patients attempting to delay treatment of asymptomatic,
endodontically involved teeth who ask me on a regular basis, “So when will my tooth start hurting?” My answer to all of them is that my crystal ball is at the repair shop so I can’t be specific. Will it happen tomorrow? No, probably not. Will it happen within a couple of years? Well, yes it will.

Such is predicting the future of endodontics. I have no magic to provide insight, but I can identify trends that seem to be influencing the direction of our profession. In his 1982 best-seller, MegaTrends, futurist John Naisbitt said that the best way to predict the future was to understand the present. While his “10 new directions transforming our lives” was just trend analysis at that time (for example, the transition from manufacturing to an information society or the growing importance of religion), even he never anticipated the power of the Internet or religious fundamentalism to transform society.

That’s how prediction works in the real world: look at the present and try to identify the trends that will become dominant influences in the future. Sometimes you are right and sometimes you are wrong, but looking forward by extrapolating on current trends is what business, government and just about everyone else must do to try to prepare for the future. The AAE does this also. We have a Board and committees hard at work trying to manage the problems of today and tomorrow. To that end, we are developing a mechanism for structured environmental scanning that will provide us with timely information. We are constantly updating our strategic plan to keep it relevant: We are beginning to overhaul our entire IT approach and infrastructure to not only help our members get the information they need, but give us better member feedback so we can improve how we implement the mission of the AAE.

So what are the current trends affecting endodontics? First would be the ongoing changes in dental disease patterns. For most of the 20th century, the incidence of dental caries and periodontal disease declined. Consequently, people kept their teeth longer, exposing them further to repetitive stress injuries like cracked teeth. As these injuries have increased in incidence, we in endodontics have been at the forefront of diagnosing these conditions and have struggled with creating predictable management strategies. Unfortunately, our efforts to successfully treat cracked teeth to allow for long-term, disease-free tooth retention have fallen short. The answer seems to be in prevention, but we have no evidence-based ways to achieve that at this time. The AAE has instituted the Cracked Tooth Initiative to facilitate research and help eliminate fractured teeth as a major cause of tooth loss in the future. The history of the dental implant era is not yet completely written, but the long-term performance of replacements for teeth sends a clear message about the importance of keeping teeth for as long as possible. Managing cracked teeth will be a large part of that effort.

Another apparent trend is the resurgence of preventable dental disease because of the second trend on my list: the population’s reduced discretionary income due to an apparently widening gap between the rich and poor. As the middle class continues to erode in the United States, fewer people can afford the rising cost of high-quality dental care, including preventive care. While dental plans may help, more and more patients are unable to bridge the gap between their costs of care and what their insurance will pay. This flat income growth for dentists predates the latest economic recession and is predicted to continue. It is interesting to look at a chart of the flat growth of overall wages in the United States over the last two decades and correlate that to the flat growth in dentist incomes over the same period. Is the population’s decreased utilization of dental care an indicator of decreasing discretionary spending in the economy at large? Are we the canary in the coalmine for the economy? This effect has and will continue to spawn alternative methods of delivery of endodontic care. Some are good and others decidedly not so — we in endodontics will have to be able to decide which is which.

The third trend that I see is patients’ increased abilities to retrieve information, resulting in a public that is more demanding of better outcomes to treatment. The response from government could be more regulatory intervention to control perceived lapses in quality and ethics among dentists. While the intent would be noble, the implementation will probably be far from perfect, and the clinician may find an increase in paper management time and less time to devote to patient care.

Another seemingly constant pressure is the increasing cost of delivering endodontic care. Just in my practice lifetime, I have seen the necessary armamentarium for root canal treatment go from some hand files, a glass bead sterilizer, gutta-percha and obturation instruments, to ever-more expensive technology like microscopes and CBCT imaging equipment. Whatever new technology the future brings, it is unlikely to reduce the cost of delivering care. This will be one of our big challenges in the future: staying current with technological innovations while keeping costs low enough for all those people with flat incomes.

Finally, globalization is bringing new diseases to our doorsteps. The AIDS epidemic of the 1980s, which originated in Africa, changed how we deliver dental care. We have become pretty good at preventing bloodborne disease transmission, but what new infections will challenge our profession in the future? Will it be airborne like pandemic flu? Will it be tissue fluid-borne, but very contagious, like Ebola? If a pandemic occurs (which history suggests it will), it would also have a huge effect on our practices.

These trends, and others, will influence the future of clinical endodontic practice. Our job at the AAE is to examine them and seek solutions to the challenges they bring. We must scan the environment, analyze trends, predict the possible outcomes and make decisions based on the best information we can get. This is the essence of strategic planning, and it is one of the things the AAE does best.

In the February e-Communiqué, I will extrapolate on these trends to help our members peer into the uncertain future and anticipate challenges in clinical endodontics. Stay tuned...
Thank You, Predoctoral Directors!

The AAE recognizes predoctoral directors at all CODA-accredited institutions in the United States and Canada for their commitment to ensuring the highest-quality endodontic education for future dentists. Their leadership is vital to the science of endodontics, and their drive to share their knowledge and experience with students keeps the specialty moving forward.

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* The predoctoral directors for the following schools are either vacant or not on file with the AAE: LECOM College of Dental Medicine, Midwestern University College of Dental Medicine Arizona, Missouri School of Dentistry and Oral Health, Saint Louis University, Universite Laval and University of Utah.
Dr. Markus Blatz, professor of restorative dentistry and chairman of the department of preventive and restorative sciences at the University of Pennsylvania School of Dental Medicine, shared a “Restorative Update” with the Joint Symposium attendees. In this presentation, Professor Blatz stressed the importance of modern, minimally invasive restorative treatment concepts and techniques that strive to preserve natural teeth and tooth structures by applying adhesive dentistry and restorative materials that mimic the physical and optical properties of natural teeth as closely as possible. Professor Blatz argued that these adhesive strategies were extremely important in the restorative treatment plans of younger patients starting in the second decade, and following through the sixth decade of life. These periods are critical years for preserving functional dentin in teeth by using bonded inlays, onlays and veneers; hence preserving structural dentin that would be lost if more radical restorative techniques, such as crown preparations, were imposed. Professor Blatz made the argument that protecting the natural dentition by conservative endodontic treatment and bonded conservative dentistry was critical for tooth retention through these decades. Even if patients incur tooth loss and require an implant later in life, it would be preferable to place that implant just once in a patient’s lifetime. Professor Blatz stressed that these restorative strategies allow our patients to keep their natural teeth as long as possible in order to provide them viable prosthetic solutions when they are beyond those earlier stages in life.

Following in support of this important concept came the periodontist presenters and their concern for maintaining periodontal health through these same critical decades of life. The argument was made that a patient with chronic periodontitis should be encouraged to resist and counter their disease in order to maintain their teeth for as many decades as possible. The presenters emphasized the periodontal evidence that is amassing in their literature. Such evidence demonstrates that, if implants are chosen as an option early in life for patients with chronic periodontitis and other risk factors, it would be preferable to place that implant just once in a patient’s lifetime.
The Joint Symposium reinforced the prevailing sentiment that the evidence now directs all dental practitioners to treatment plan with a first consideration to save the natural dentition.

Dr. Michael McGuire, a director of the American Board of Periodontology and past president of the AAP, described the reality of those risk factors. He stated that, if we are to achieve our goal of teeth for a lifetime, we must identify and manage our patient’s unique prognostic and risk factors. We need to understand how these risk factors affect disease progression and incorporate this understanding in treatment decisions. An appropriate risk assessment plan would be essential to developing a treatment plan tailored for the individual patient. Dr. McGuire spoke of the risks presented by diabetic patients, smokers and those exhibiting chronic periodontitis as well as other important markers that can impact the retention of natural dentition through the critical decades.

Faced with the “value decision” of retaining a compromised tooth or extracting it and replacing it with an implant, the clinician should make an evidence-based decision that accounts for the predictability of both treatment options, in light of the long-term evidence pointing to the known risk factors that impact implant prognosis.

In a corroborating presentation, Professor Stefan Renvert, from the department of health sciences at Kristianstad University Sweden, spoke about common clinical complications of dental implants being peri-implant mucositis and/or peri-implantitis. In a recent consensus report cited by Professor Renvert, it was concluded that peri-implantitis can be expected to occur in greater than 20 percent of cases after a 10-year period. In patients with known risk factors such as those mentioned above, as well as cardiovascular disease, retained cement remnants on the implant fixtures and poor oral hygiene, the evidence shows an even higher incidence of peri-implantitis.

The Joint Symposium directly addressed, for all endodontists, that the time is at hand for our specialty to understand the need for comprehensive treatment planning and interdisciplinary communication. We must turn the tide for saving teeth through a team approach to restorative therapies and a true understanding of the evidence — evidence that compellingly states that we are on the right side of the argument for saving the natural dentition.

Dr. Jim Gutmann, professor emeritus in restorative sciences at Baylor College of Dentistry and past president of the AAE, spoke in summation regarding general practitioners and specialists alike who need to vary their root canal and restorative strategies. While all clinical scenarios are manageable with contemporary endodontic techniques, teeth are nonetheless treatment planned for extraction and replacement with an implant, even when their retention value still exists. This may be due to the fact that implants are heavily marketed in the dental industry, and with more stringent outcome criteria applied to the assessment of root canal treatment compared with implant treatment in the endodontic literature, the evidence-based conclusions can be distorted. Professor Gutmann advocated and emphasized the need for our specialty to change the practitioner’s attitudes towards the retention of salvageable teeth through contemporary endodontic measures and good science.

The Joint Symposium reinforced the prevailing sentiment that the evidence now directs all dental practitioners to treatment plan with a first consideration to save the natural dentition. As endodontists, we need to understand the literature of our related dental disciplines that demonstrates the long-term outcomes that support the rightness of our argument. We must know and understand this evidence in order to effectively communicate this message through our CE meetings and annual sessions, within our dental schools and to our patients.

Dr. Alan H. Gluskin is a professor and co-chair of the department of endodontics at the University of the Pacific, Arthur A. Dugoni School of Dentistry. He can be reached at agluskin@pacific.edu.
Responding to Member Needs

The 2013 Member Satisfaction and Needs Survey provided valuable insight to help the AAE better understand the professional challenges and opportunities facing our members. We have used the results to inform our strategic plan and develop resources and activities that address member needs and move endodontics forward. Your membership in the AAE supports these efforts, strengthening the specialty and the dental profession.

2013-2014 Membership Year Highlights

Advocacy
- Organized “behind-the-scenes” advocacy presentation by legislators and ADA lobbyists.
- Provided updates on important regulatory and compliance issues, including new HIPAA and Affordable Care Act rules.
- Advocated for revised payment policies that benefit endodontists with the largest dental insurers.
- Lobbied federal legislators on issues affecting dentistry, such as access to care and student debt.

Education
- Developed continuing education events that drew close to 4,500 people from more than 40 countries.
- Released new clinical resources, including Recommended Guidelines for the Treatment of Traumatic Dental Injuries.
- Brought 56 endodontic education leaders together for a Department Chairs Workshop focusing on faculty development, recruitment and retention.
- Hosted approximately 150 residents at APICES 2013.
- Added more than 100 CE hours to the Live Learning Center.

Outreach
- Launched Root Canal Safety webpage (www.aae.org/rootcanalsafety) to address and debunk harmful myths.
- Released Treatment Options for the Compromised Tooth to more than 32,000 general dentists to encourage partnering with endodontists to save natural teeth.
- Produced new patient education videos on root canal treatment, retreatment and cracked teeth for member use.
- Conducted Corporate Community Conference to discuss key member issues with industry partners.

Practice Management
While the 10-year awareness campaign ended in June 2014, the market research, patient education resources and marketing materials now comprise the online practice management resource and toolkit area — www.aae.org/practicepromotion. This section will continue to develop as a valuable content center.

Continued Efforts in 2014-2015

New Member Resources
- Updated series of marketing and outreach toolkits
- Updated Guide to Dental Benefit Plans
- Updated Guide to Claims Submission
- Updated Endodontists’ Guide to CDT for 2015
- Customized AAE Specialist Member logo

Still to Come
- The Insight Track: Practice Management (February 2015) and Contemporary Dilemmas in Endodontics (October 2015)
- New and improved career center
- New patient education videos on endodontic surgery and root canal safety

Read more about the work of the AAE, AAE Foundation and American Board of Endodontics to support our members and advance endodontics in the 2013-2014 AAE Annual Report. www.aae.org/1314annualreport
Are you planning for your future?

Start your year with the answers to these questions and the perspective you need for continued success.

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www.aae.org / insighttrack
The Art of Case Presentation

By Roger P. Levin, D.D.S.

This article is the first in Dr. Levin’s 9 Areas of Practice Expertise Series, covering essential topics that endodontists must address in order to create highly successful practices. The other areas — production, collections, team building, scripting, new patient experience, leadership, scheduling and marketing — will be examined in future issues of the Communiqué. By mastering these critical subjects, endodontists can increase production and grow their practices, even in today’s dental economy.

When patients come to an endodontist, they generally have a lot on their minds: Is a root canal the best choice? How much is this going to cost? Will my insurance cover it? Will treatment hurt? Closing cases requires sensitivity to the patient mindset through five stages that, when handled in order, speak directly to patients’ concerns and lead to more endodontic treatment accepted. Skipping even one of the following steps can result in case rejection.

Stage 1: Awareness
Marketing the practice and the benefits of root canals creates awareness among both referring doctors and potential patients. Using a wide range of targeted strategies, endodontists should focus on strengthening current referral relationships and adding new referring practices in order to increase the flow of new patients. Strategies can include a robust website, social media campaigns, or hosting “lunch and learns” on new technology or equipment.

In preparation for those new patients, every member of the endo team should receive training with scripts that build confidence in the doctor and in the practice. Scripts should include customized language that emphasizes the positive attributes of the practice, a transfer of trust to the endodontist and a review of the various services available. Whether in person or over the phone, every new patient interaction has an eventual impact on case acceptance.

Stage 2: Interest
Now that the potential patient knows what the practice offers and has confidence in the doctor’s clinical abilities, the case presentation must encourage interest with a diagnosis from the endodontist and an explanation. Many people who have been referred feel anxious about their conditions and wonder if a root canal will be painful. They may also want to know if there are treatment alternatives, including extractions with or without an implant.

The doctor should be both positive and informative when giving the initial diagnosis, addressing the advantages of keeping the patient’s natural dentition, so that the patient develops a full understanding of his or her condition before treatment is recommended.

Stage 3: Seriousness
When information is provided to patients, questions and objections may arise. Instead of indicating a problem, this type of feedback actually shows that a patient is serious about getting treatment. Answering questions thoroughly and handling objections build patients’ confidence and go a long way toward alleviating any fears they may have.

Stage 4: Conditions
Stage 4 may be the most important phase in the closing process. In this stage, the practice needs to manage financial arrangements and insurance, scheduling and logistics. The presentation should lay out what insurance will cover and how much the patient will need to pay, and then communicate the financial options that will help patients afford their portion (including financing through a reputable outside company). Next, practice and patient should select a mutually agreeable appointment time for treatment to begin. Effective scripting will emphasize patient convenience while allowing the staff to make the best use of its time. Finally, the doctor should cover the logistics of the procedure: success rate, length of time, recovery and healing, number of follow-up appointments required and expected results.

Stage 5: Closing
At this point, if all of the preceding stages have been handled effectively, patients rarely choose a different treatment. Confirmation calls give the practice an opportunity to remind the patient about the appointment, review the value of treatment and reiterate the reasons for having the treatment at this particular office. When the patient actually shows up for the appointment, the case is truly closed.

Conclusion
The five stages of closing do not represent a hard-sell approach, but rather a cooperative process of determining the best treatment plan and gaining acceptance. Mastering the art of closing cases requires a methodology, outlined above, that directly works with the psychology of most patients today. When all endo team members are trained in the five stages of closing, everyone works together as a team to close more cases, treat more patients and produce more revenue.

Dr. Roger P. Levin is a third-generation dentist and the chairman and CEO of Levin Group, Inc., the largest dental consulting firm in North America. He can be reached via his website, www.levingroup.com/endo.
Susan Hawkinson recently stepped down as the executive secretary for the College of Diplomates after 13 years of service. I interviewed Susan and asked her to share her pearls of wisdom for current and future candidates pursuing certification from the American Board of Endodontics.

Susan, how did you become executive secretary for the College of Diplomates?

I came on board in 2000. Dr. Leif Bakland, one of the founding directors of the COD, casually commented at the first Summer Conference that they needed to hire a secretary. I mentioned to my husband, Dr. Robert Hawkinson, that I could do that. After a few interviews, I was hired!

Why should candidates seek a COD mentor?

Why not? It’s an opportunity to receive one-on-one mentorship from the leaders of our specialty — free of charge — to help attain Board certification. Just talking to someone else who has recently been through the process is very helpful. COD mentors spend time with candidates, reviewing their case portfolios, giving mock oral boards, and just being available as someone who can guide the candidates, answer their questions and calm their anxieties.

How do candidates find COD Board preparation resources?

In the early years it was mostly by word of mouth. Now, candidates go to our website, www.collegeofdiplomates.org. The website has so much information for candidates. There are study materials for the written and oral examinations, as well as guidelines for all phases of the process. Candidates can access our online study guides even if they do not request an individual mentor. The website also lists upcoming Board Review Courses across the country and CE opportunities, as well as video interviews of newly pinned Diplomates, their mentors and COD Director of Mentoring Dr. Priya Chand. For those looking for help with the oral examination, Dr. Keith Krell’s conference calls held about a month before the oral exams help to calm pre-exam nerves and reinforce to the candidates that they’ve studied the “right things” for this exam. Candidates really appreciate Dr. Krell’s detailed review of the Board process.

How does one volunteer to become a mentor?

By contacting the COD. Mentors can pick the part of the Board process on which they’ll mentor candidates, and Dr. Chand keeps mentors informed of updates to the Board process. The COD encourages recent Diplomates to become mentors — it’s a great opportunity to give back to the organization that helped you, while serving as a mentor for the next generation of Diplomates.

Looking back on your 13 years with the COD, what impact do you think the organization has had on the specialty?

Our endodontic community certainly has realized what a jewel the College of Diplomates is! The support we offer candidates is invaluable. Candidates who avail themselves of our services — either by finding a mentor, attending a review course or simply accessing the trove of information on our website — have great success in fulfilling their goals of achieving Diplomate status. And I have been more than proud to be part of the evolution of the College of Diplomates.

The COD welcomes Ms. Stacy Bogard as the new executive secretary. Stacy can be reached at codabe96@comcast.net.

The 5th Annual COD Board Review Course and Scientific Update will be held at the University of Missouri-Kansas City on March 27 – 29, 2015. For more information about the College of Diplomates, study aids and upcoming CE, visit www.collegeofdiplomates.org.
A Living History: 
The AAE Foundation

In its relatively short history, the AAE Foundation has made a long-lasting impact on the specialty of endodontics, as well as its most valued stakeholders and beneficiaries. Since its restructure in 1995, it has made strong headway in raising, stewarding and investing funds to grant esteemed research and education initiatives.

The AAE Foundation initially existed as the Endowment & Memorial Foundation and later as the Research & Education Foundation. It wasn’t until 1995 that it became the AAE Foundation, and getting the organization to that point took hard work from many key individuals and leaders.

Dr. Mahmoud Torabinejad, program chair at Loma Linda University and past Foundation president, was an integral part of the process. When he took the helm in 1995, he knew where he wanted the Foundation to be and how he would get there. During a two-day workshop, he and the Board of Trustees revamped the bylaws and Foundation structure. At the time, the greatest challenge for the Foundation was involvement. Only about five percent of AAE members were giving to the Foundation, and these individuals were tired of being the only ones invested. With little buy-in from AAE members, corporations saw no incentive to invest. New bylaws that aligned the Foundation’s priorities with the Association’s and allowed the two Boards to overlap, put the AAE Foundation in a good position to begin a new era of fundraising.

Dr. Torabinejad believes that AAE members should be responsible for asking others to give. He started by asking each Foundation trustee to contact another colleague, and the group worked persistently to share their enthusiasm with others. “I made lot of phone calls,” Dr. Torabinejad said. “I did this for us! If we didn’t do it, no one else was going to do it for us.”

Dr. Gerald Dietz, Sr., president of the Foundation from 1999-2000, shared similar sentiments. “Our greatest challenge was to get the AAE membership to understand the importance of funding long-term needs for research, teaching and support for strong endodontic departments,” he said.

Securing gifts to build a significant investment for the Foundation was difficult. However, once they got the ball rolling, there was great satisfaction for the organization’s leaders. “It was important to be part of the original group to set the priorities for disbursing the hard-earned funds,” Dr. Dietz said.

Dr. Noah Chivian became president of the Foundation in 2001. Before his term began, he learned of an alarming trend from AAE Past President Dr. Harmon Katz: with fewer endodontists becoming educators, many predental students would soon be taught endodontics by general dentists. To prevent this, they suggested underwriting postgraduate endodontic education for individuals who committed to academic careers. The Endodontic Educator Fellowship program was born, and the fellowship is still one of the Foundation’s most sought-after awards. “It is a very tangible product that all of our contributing members and friends can look to with pride,” Dr. Chivian said.

These leaders, along with many others, dedicated their time and talents for the betterment of the AAE Foundation and organized dentistry as a whole. Many hours, days and even weeks were spent crisscrossing the United States to visit study clubs and institutions to educate individuals about the Foundation.

Since 2001, five more AAE Foundation presidents and numerous trustees have worked tirelessly to provide for the profession that has given them so much. Today, the Foundation boasts impressive statistics:

- About 60 percent of AAE members have pledged.
- Residents have contributed over $1 million.
- A budget of $1.6 million for grants was approved for 2015.
- The Foundation is supporting an RFA in regenerative endodontics. Grants totaling $2.5 million will be made over six years to three research partners.

Current AAE Foundation President Dr. Louis Rossman continues a strong history of success. As he and the Board embark on the 2014-2015 fundraising campaign with a $1.25 million goal, it is clear how far the Foundation has come.

As president, Dr. Rossman has worked on new goals, to attract new people to the Foundation. “We are bringing young, energetic and diverse colleagues to the table at both the Board and committee levels,” Dr. Rossman said. “With diversity, energy and vision, the future of the Foundation and its mission will be secure.”

Early Foundation leaders had a vision of an organization that could provide substantial grants to support endodontic research and education. Today, Dr. Torabinejad is astounded by the generosity of endodontists and the amount of funding the Foundation has provided. “One thing I can tell you is that I believe the Foundation has become the backbone of the Association,” he said. “The specialty would not survive without research, and that is where the Foundation steps in.”

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Early registration is NOW OPEN!

AAE members, complete your registration by March 11 and pay just:

**$970**
Professional

**$473**
Retired Active 1st Year

**$200**
Student Professional Staff

**AAE15 REGISTRATION PACKAGE INCLUDES:**

- All Educational Sessions
- General Session (with keynote address)
- General Assembly Breakfast
- President’s Breakfast
- Exhibit Hall Access
- Exhibit Hall Happy Hour
- Exhibit Hall Lunch
- Welcome Reception
- Coolidge Luncheon
- Celebrate Seattle!

Nonmembers and guests, complete registration details are available online.

DON’T MISS your chance to SAVE!

Complete registration, travel and schedule information available at www.aae.org/AAE15
Congratulations to the 2015 Award Recipients

The AAE proudly announces the 2015 recipients of the organization’s highest honors and awards, to be presented at AAE15. These seven AAE members represent the specialty’s greatest achievements in leadership, research, education and service to others.

**Edgar D. Coolidge Award**

*Sandra Madison, D.D.S., M.S.*

Given to an individual who has displayed leadership and exemplary dedication to dentistry and endodontics.

The AAE’s highest award will be presented this year to Sandra Madison, D.D.S., M.S. Dr. Madison is the first woman to ever receive the Coolidge Award, which is fitting as she has been a trailblazer and inspiration to her colleagues throughout her career.

Dr. Madison began her endodontic career as an educator, and served as the graduate program director in the department of endodontics at the University of Iowa College of Dentistry and as the graduate program director and endodontic department chair at the University of North Carolina at Chapel Hill School of Dentistry. In 1992, she entered private practice in Asheville, N.C., while continuing an associate professor at UNC. She maintained a successful private practice for 21 years before retiring in 2013.

Dr. Madison has a litany of accomplishments in organized dentistry as well. She was the first female president of the AAE and is the only person to serve as president of the AAE, AAE Foundation, ABE and College of Diplomates. In addition, Dr. Madison has held leadership positions in the American Dental Association, North Carolina Dental Society, Tar Heel Endodontic Association, International Association for Dental Research and American Dental Education Association.

“Sandy Madison personifies the expression, ‘The cream rises to the top.’ She holds the distinct position in the AAE of being the only four-time president, and she has served with grace, honor and excellence. We are so lucky she decided to become an endodontist.”

– A. Eddy Skidmore, D.D.S., M.S.

**Ralph F. Sommer Award**

*Stephen Cohen, D.D.S., M.A.*

Given to the principal author of a publication of specific significance to the science and art of endodontology.

Stephen Cohen, D.D.S., M.A., is the author and senior co-editor of *Pathways of the Pulp*, the definitive endodontic textbook that has been translated into 10 languages. The 10th edition of the textbook, published in 2010, was renamed Cohen’s *Pathways of the Pulp*. The book is now published in an online format with enhanced digital resources, in addition to the print version. Dr. Cohen also is a co-editor of *A Clinical Guide to Dental Traumatology* and has authored or co-authored more than 40 journal articles and book chapters. In 2008, Dr. Cohen was presented with the Louis I. Grossman Award by the Société Française d’Endodontie.

Dr. Cohen completed his endodontic training at the University of Pennsylvania in 1969 and entered private practice shortly after. For 18 years, he chaired the department of endodontics at the Arthur A. Dugoni School of Dentistry at the University of the Pacific. He also has worked at the University of California at San Francisco School of Dentistry and Riyadh College of Dentistry and Pharmacology in Saudi Arabia.

“Dr. Cohen is very well deserving of this award for his lifelong service in authoring a premier endodontic textbook used all over the world. Additionally, he has published numerous other book chapters and manuscripts nationally and internationally.”

– James C. Kulild, D.D.S., M.S.
I.B. Bender Lifetime Educator Award
Christopher S. Wenckus, D.D.S.

Presented to an individual who has been a full-time educator for at least 15 years, whose contributions to endodontics have demonstrated excellence through selfless commitment to full-time educational pursuits and whose valuable contributions have instilled in his/her students a desire to pursue excellence in their careers.

The education career of Christopher S. Wenckus, D.D.S., spans four decades, beginning with a half-time appointment as assistant professor at the University of Illinois at Chicago. Dr. Wenckus served on the UIC faculty for 27 years and became head of the department of endodontics in 1999. During his 15-year tenure as department head, Dr. Wenckus was instrumental in building the department’s reputation and expanding its research program. In 2013, Dr. Wenckus received the Dr. E. Lloyd DuBrul Faculty Achievement Award, the highest teaching honor awarded by UIC.

“Dr. Wenckus has played a major role in shaping the practice philosophy and ethical values of a generation (or more) of endodontic specialty students at UIC, as well as influencing literally thousands of predoctoral dental students and practicing dentists.”

– Bradford R. Johnson, D.D.S.

Edward M. Osetek Educator Award
Jordan L. Schweitzer, D.D.S., M.S.

Presented to a full-time educator with less than 10 years of teaching experience, who has earned the esteem and respect of students and faculty associates.

Jordan L. Schweitzer, D.D.S., M.S., had been in full-time private practice for 11 years before becoming assistant clinical professor at the Texas A&M Health Science Center, Baylor College of Dentistry in 2001. He flourished in the position and quickly earned a stellar reputation for his expertise, dedication and genuine concern for students. In 2006, Dr. Schweitzer made the transition to full-time education and took on the role of director of the predoctoral endodontic program.

“Clinical endodontic expertise does not always translate to effective teaching; however, Dr. Schweitzer makes it look easy. His infectious positive attitude simultaneously encourages learning and challenges students to excel.”

– Robert Kyne White, D.M.D., M.S.

Part-Time Educator Award
Seymour Melnick, D.D.S.

Presented to a part-time educator for at least 20 years whose contributions to endodontics have demonstrated dedication to endodontics and whose valuable contributions have instilled in his/her students a desire to pursue excellence in their careers.

Seymour Melnick, D.D.S., has volunteered his time for nearly 50 years as a teacher of endodontic diagnosis and treatment planning. Dr. Melnick has been a valued part-time faculty member at the Henry M. Goldman School of Dental Medicine at Boston University since 1967 and at the University of Connecticut School of Dental Medicine since 1972.

“Dr. Melnick is an exemplary individual. He has dedicated a part of his life to teaching and maintained it for four decades without any monetary compensation. If more people were of his caliber, both as a teacher and a human being, our specialty would see new heights.”

– Mani Moulazadeh, D.M.D.

In 2002, the University of Connecticut established the Levin-Melnick Lecture Series to honor Dr. Melnick for his service to the endodontic department, and in 2004, he received the Distinguished Alumni Award from Boston University. Dr. Melnick also is a past AAE district director and served as an AAE spokesperson from 1988-1994, representing the specialty in television and radio interviews.
**Spirit of Service New Practitioner Award**

**Cameron M. Howard, D.M.D., M.Sc.D.**

Presented to an individual with less than 10 years in practice who has demonstrated the true spirit of leadership by creating effective partnerships in the dental community, impacting dental organizations and benefiting patients by volunteering his or her time and expertise in treating the underserved.

Cameron M. Howard, D.M.D., M.Sc.D., attended his first dental mission trip as an undergraduate, observing and assisting dentists as they performed fillings and extractions at an orphanage and refugee camp in Kyrgyzstan. He went on several other missions throughout college, dental school and endodontic training to serve patients in Kenya, Honduras and Mexico. After completing his endodontic training at Nova Southeastern University, Dr. Howard moved to Tampa, Fla., and began volunteering with Mission Tampa and its Mission Smiles mobile dental unit that provides emergency dental care to the homeless and underserved. Concerned that many savable teeth were being extracted, Dr. Howard met with the board of Mission Tampa and received approval to explore adding endodontic treatment to the mobile unit’s services. Dr. Howard then reached out to corporate partners and secured $8,000 in donated and discounted endodontic equipment to realize his vision.

“Dr. Howard has a long history of blending his two main passions in life: practicing dentistry and dental missions. His passion for helping alleviate pain in individuals led him to the dental field, but his compassion for others yielded much more.”

– Jack Burlison, AAE Foundation Treasurer

**Spirit of Service Lifetime Award**

**David C. Funderburk, D.D.S., M.S.**

Presented to an individual who has demonstrated the true spirit of leadership over the years by creating effective partnerships in the dental community, impacting dental organizations and benefiting patients by volunteering his or her time and expertise in treating the underserved.

For nearly 30 years, David C. Funderburk, D.D.S., M.S., has strived to make a difference in his local and dental communities. In his town of Greeley, Colo., Dr. Funderburk led a committee effort to build a 60-bed homeless shelter, and spearheaded the fundraising campaign to renovate and expand the shelter for A Woman’s Place, a nonprofit organization that aids victims of domestic violence. Dr. Funderburk also is a valued supporter of the Boys and Girls Clubs of Weld County. He was instrumental in the organization’s construction of a new park in the community, and was honored as the organization’s Person of the Year (along with his wife, Rebecca) in 2008. In addition, Dr. Funderburk was active in the Weld County United Way for many years, earning the distinction of Volunteer of the Year in 1997.

Dr. Funderburk’s contributions to the dental community are impressive as well, as he has served in leadership positions for the AAE, AAE Foundation, his local and state dental associations and his state endodontic society. Dr. Funderburk has a passion for helping others that shines through in every volunteer role he takes on.

“Dr. David Funderburk’s impact has been seen in the local community, the dental community, dental education and even more. His benevolence is legendary, but it is how he goes about it that makes him so special.”

– William D. Powell, D.D.S., M.S.
Nominating Committee Announces New Leadership Slate

Nominations for a new slate of leadership were proposed at the 2014 AAE Nominating Committee meeting. The committee members — Drs. William T. Johnson, chair; Gary R. Hartwell, AAE immediate past president; James C. Kulild, AAE past president; Craig S. Hirschberg, AAE District II director; and Gerald C. Dietz, Jr., AAE District IV director — met to recommend new leaders for the AAE, AAE Foundation and American Board of Endodontics.

Additional nominations for the AAE Executive Committee, ABE Board of Directors and AAE Foundation Board of Trustees may be made in writing by Active and Life members. Such nominations must be accompanied by a petition that includes the printed names and signatures of 50 voting members, and must be received by AAE Secretary Garry L. Myers, care of AAE Headquarters, no later than April 8, 2015.

AAE Executive Committee 2015-2016
President Terriyl A. Propper*
President-Elect Linda G. Levin*
Vice President Garry L. Myers
Secretary Keith V. Krell
Treasurer Patrick E. Taylor
Immediate Past President Robert S. Roda*

*Automatic, the president-elect automatically succeeds to president and the vice president to president-elect.

ABE Directors 2015-2018
Van T. Himel
Timothy Kirkpatrick
Anne E. Williamson

AAE Foundation Trustees 2015-2019
Satish B. Alapati
Mo K. Kang
Daniella S. Peinado
Fiza Singh
Susan L. Wolcott

The following members were nominated by their respective districts to serve on the AAE Board of Directors for three-year terms (2015-2018):

District I
Patrick E. Dahlkemper, Pittsburgh, Pa.

District III
Roberta Pileggi, Gainesville, Fla.

District IV
Bradford R. Johnson, Chicago, Ill.

District V
Ron C. Hill, Houston, Texas

District VII
Thomas A. Levy, Los Angeles, Calif.

AAE Foundation Public Sector Representatives 2015-2016
Scott Fehrs
Kandy Keller
Tom Kennedy

Members will approve the nominees by casting their votes at the 2015 General Assembly in Seattle, Wash., on Friday, May 8.