

american academy of gold foil operators

# Gold Leaf

August 2002

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#### EXECUTIVE COUNCIL

2002 Dr. Scott B. Barrett 2003 Dr. David Thorburn 2004 Dr. David Bridgeman

# 50th Anniversary Meeting

THE AMERICAN ACADEMY OF GOLD FOIL OPERATORS

HALIFAX, NOVA SCOTIA, CANADA

October 9th - 12th, 2002

The hard work and persistence of our Founding President, Dr. Bruce B. Smith, more than 50 years ago led to the formation of an Academy devoted to excellence in Dentistry. Conceived initially as a means to promote the use of the rubber dam in dental practice, it immediately morphed into the beautiful academy that we all know and love so well today.

The members of the American Academy of Gold Foil Operators have kept the value of the clinical use of gold foil and cast gold alive and well for the past 50 years.

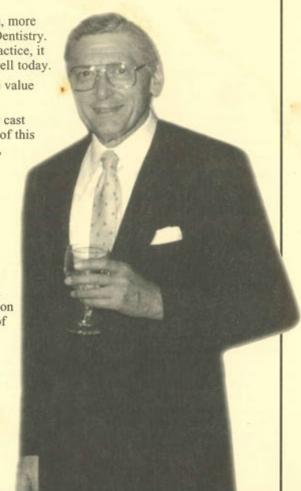
This international organization has held 43 annual meetings at which direct or cast restorations in gold have been placed by members of the Academy. The mission of this organisation, as set forth by our founding President, Dr. Bruce Smith, of Medina, Washington, was to be the promotion of the most durable and conservative material ever made available to dentists, namely gold foil. (If anything better should arrive, then we should adopt it.)

During each annual meeting, didactic and clinical sessions are held at dental schools or military bases in the United States and Canada. Dental students from each school are given the unique opportunity to assist clinicians and discover firsthand the quality use of golds.

This years programme will include lectures by Drs. Richard D. Tucker, Warren Johnson, Frederick Eichmiller, Allan Osborn, and Mark Ziemkowski. Drs. Richard Tucker and Warren Johnson will each give a live closed circuit lecture/demonstration that will be transmitted throughout Dalhousie Dental School. The clinical portion of the meeting will include both direct and indirect procedures performed by outstanding clinicians in the Dr. John Mclane graduate dental clinic.

The 265 member Academy welcomes all those who have an interest in performing to high standards of excellence in their daily practice, and who wish to either further or expand their knowledge of the true art of dentistry. The innual meetings are a unique opportunity for a small group discussion and exploration of dental information in an intimate environment with our speakers and with each other. Members come from the United States, Canada, Germany, Italy, England, Australia, Brazil, India, Iceland, Japan and Taiwan.

Dr. Robert Keene, President, The American Academy of Gold Foil Operators



### AMERICAN ACADEMY OF GOLD FOIL OPERATORS

## **Interim Board Meeting**

### February 20th, 2002

### FAIRMONT HOTEL, CHICAGO - DIPLOMAT ROOM

President Bob Keene called meeting to order at 2:00 p.m. Members present were: Drs. Barrett, D. Bridgeman, Carlson, Cochrane, Gourley, Harris, Hoard, W. Johnson, Keene, Lund, Thorburn, and Tucker.

The agenda for the meeting was distributed to all present. Minutes of the November 1, 2000 annual meeting were approved as published in the Gold Leaf in January.

#### Treasurer's Report:

Assets - December 31,	2001		
CD CD	\$30,000.00		Matures 2/22/03 Matures 6/19/02
Checking	13,820.73		manues or 19702
Total		\$68,820.73	
Receipts - 2001	45,834.18		
Expenditures	45,457.50		
		\$376.68	
Assets - January 1, 200	1		
CD	\$30,000.00		
CD	25,000.00		
Checking	12,994.28	100000000000000000000000000000000000000	
		\$67,994.28	
Difference in Assets			
during 2001		+826.45	
Dues + Journal			
Subscriptions	23,779.00		
Journal Subscriptions	Townson (		
Paid	12,200.00		
Dues Received – 2001	11,579.00		

Total members – 262 Dues paying members – 174 Life Members – 84 Honorary = 4

Note: Financial records were reviewed by Dr. Barrett preceding the meeting, with no discrepancies.

An update on membership activity was distributed, with a decrease of 12 members during 2001.

### Correspondence:

Contribution responses were noted. Several resignations from membership. Letter from Nebraska inviting us to hold the 2003 meeting there. Note from Loma Linda suggesting monetary award to students. Not feasible.

### Journal Report:

Dr. Cochran presented his report (attachment A). He pointed out the increase in articles and total pages for 2001 compared to 2000. Supplement #6 was well done, and all 31 authors submitted their papers for the publication. Time of publication from submission of articles is now done within one year. Current research articles are published sooner. He again commended Joan Matis for her efforts. Website has links to both Academies. Corporate sponsorship continues going well, with sponsorship at \$3,000 – 6 in 2000 and 9 in 2001. There is still a need for input on clinical practice articles, since the Journal is primarily a research publication as it stands. Mike issued a plea for articles from AAGFO members.

Dr. Carlson presented his report (attachment B). Subscription numbers are down somewhat, as Academy memberships are down. Supplement #6 appears to have cost about \$1,600. In summary, the year-end cash equivalent is good, with close to one year's expenses available.

### Plans for 2002 meeting:

Oct. 9-12 - Halifax, N.S. Dr. Keene has been in close touch with Dalhousie University, and made a site visit to consolidate arrangements. The school is in close proximity to the hotel, and there is a plan to have a Thursday evening CE course presented to students and faculty there. Dr. Johnson is working on several speakers on various subjects. Dr. Gourley is planning two clinical sessions with emphasis on foil for our 50th anniversary. The hotel will be the Casino Nova Scotia Hotel.

### Future meetings:

2003 - Lincoln, Nebraska - Sept. 24-27. 2004 - UCLA has been proposed - no date yet.

#### Committees:

Gold Leaf - Dr. Osborn was not present but had an excellent publication in January. We should begin looking for a new editor, as Allan may retire the next few years.

Literature and Research - Nothing new. Bibliography update in Op Acad web site.

Nominating - Andy McKibbin has been nominated to be the new Board member.

Interacademy Liaison - Nothing other than Journal business.

Education and Clinical Seminars - No report.

Constitution and Bylaws - Suggested change of wording "chairman" to "chair".

Necrology – Two deaths reported: Herbert Gillard and Wynn Matsumura. Past President: Hunter Brinker has passed away. No details given. Also, Bea Roberts has left us.

Outstanding Clinician – Committee has selected Mark Modjean.

Distinguished Member – Committee has selected J. Martin Anderson.

Ad hoc European Section – No report.

### **Unfinished Business:**

Liability insurance talks and investigation continues. Need to check on Nebraska. A conversation about change in name/focus of the Academy. Not generally appreciated.

### New Business:

Bob will host a table clinic at the AOD meeting and is planning a news article publication. Special invitations to Halifax study clubs and local dignitaries. Bob will handle this. Distinguished member plaque was removed from ADA, to be displayed at meetings. Bob asked the group to consider the possibility of a meeting planner in the future.

The meeting was adjourned at 4:15 p.m.

Respectfully submitted,

Ronald K. Harris, D.D.S., M.S.D. Secretary-Treasurer

# From The Secretary's File ...

First of all, this is my tenth year in this position, and it has been a real pleasure serving the Academy, but it may be time to consider sharing the experience. If there were someone out there who may have a similar interest in keeping this great organization active, I wouldn't mind stepping down from the job. It takes several hours a week to take care of the business of the Academy, and would be very helpful to have a person in house to do some of the day-to-day things. Meeting planning is a large part of the job, and can be a lot of fun, though at times, frustrating. Please get in touch with me if you think you might like to do this. By the way, my best phone number is (317) 867-0414. The number on the current letterheads gets into a FAX mode after three rings, and I know that has been frustrating for some who have tried to phone me. I have even been paying for voice mail that never existed in the other line.

This year, I tried something new to save on postage - that was including membership cards with the dues statements. Thus far, about 16 cards have been returned to me along with your dues payments. Interesting! Also, there has been assessed a late fee for dues not paid on time. Some of you have paid late, after a second notice, and ignored the late fee for some reason. That fee doesn't go to me, but it used to cover the additional

costs of preparing and mailing the extra statements, so it should be paid. A number of members have just paid the Life Membership fee, and had to be reminded that if they are still practicing or teaching, the Life status does not apply. Please pay attention to this. Also, if you aren't still actively working in dentistry, let me know so I can change your status, with no dues required.

Finally, some of you know that I have Hepatitis C, probably contracted during my years in the Navy, before we worried about needle sticks, or wearing gloves on a regular basis. I have known of my Hep C status for about 12 years, about the time it was actually recognized, and have had some liver changes in the last couple of years. I will be starting on PEG Interferon therapy (or may have already started by the time you read this), and it promises to be a year's worth of uncertainty. My reason for bringing this up is that there are estimated to be many thousands of folks in the country and beyond who have the virus and don't know they have it. Please get tested, just in case. If untreated, it can lead to cirrhosis and liver cancer, which doesn't sound like something we would like to contend with. Just a word of advice!

Ron

### AMERICAN ACADEMY OF GOLD FOIL OPERATORS

# **BOARD MEETING** WEDNESDAY, OCTOBER 9, 2002

### CASINO NOVA SCOTIA HOTEL — HALIFAX, NS 2:00 PM

### AGENDA

- Call to Order
- 2. Minutes of Previous Meeting - see Gold Leaf
- 3. Treasurer's Report (Interim) Audit of Books in February Meeting Membership Report
- Correspondence
- Journal Report Mike Cochran
- Annual Meeting Report Warren Johnson and Jim Gourley

### Future Meetings:

2003 University of Nebraska, Sept. 24-27 2004 To be determined UCLA?

Committee Reports:

Literature and Research - Fred Eichmiller Nominating - Craig Bridgeman Inter-Academy Liaison - Bob Keene Education and Clinical Seminars - Darryl Farley Necrology - Glenn Birkitt b

Outstanding Clinician - Allan Osborn

Distinguished Member - Norman Ferguson

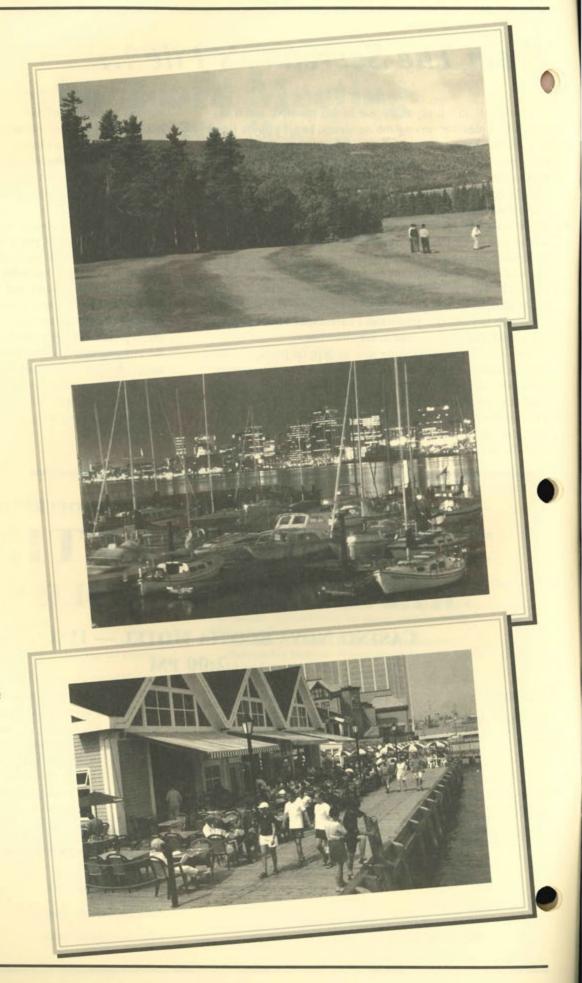
Constitution and ByLaws - Mel Lund International Meetings - Warren Johnson

Gold Leaf – Allan Osborn Stewart Hotel 9.

- 10. Unfinished Business
- 11. New Business
- 12. Adjournment

### Halifax, Nova Scotia

has some of the best and most challenging golf courses in North America. Halifax lies one short hour from Montreal with direct flights from the west coast (Vancouver). The variety and quality of the seafood is truly daunting. Having already attended several meetings in this area I can personally attest to the gracious and generous hospitality that you will experience during your visit here. Weather should be in a zone between 55-70°F at this time of the year. As with all coastal climates, weather can be variable. However, this should be one of the best times possible to visit.



### GOLD FOIL COURSE IN GERMANY

### UNIVERSITÄTS GREIFSWALD May 30th, May 31st, June 1st, 2002

At the invitation of Professor Dr. Georg Meyer and Dr. Heike Stefan, a three-day course in direct gold was presented at the Universitäts Griefswald. Mentors for this course were Dr. Phil Madden of Annacortes, Washington, and Dr. Allan Osborn of Winnipeg, Manitoba.

The course was beautifully organised by Dr. Heike Stefan, and everything went off without a hitch. I can well understand how it is that this university is now well up in the top six in Germany. Dr. Meyer has the great ability to attract the very best talent to work with him.

The programme consisted of a lecture and demonstration by each of the mentors, followed by laboratory introductory sessions prior to actual clinical experience. The patients were all great and were well prepared and presented excellent cases for each participant. All participants were high in their praise in regards to the excellent nature of the course, particularly the outstanding organizational skill of Dr. Heike Stefan.

The hospitality was truly splendid and everyone enjoyed being in the company of like-minded professionals who seek the very best for their patients. Amongst the participants were a young Taiwanese dentist. She was taking further education at the dental school, and two Russian dentists, a husband and wife, who also were taking further training at the dental school. The latter are teaching at the University of Moscow. They were kind to your editor, giving him a book on precision attachments in dentistry (in Russia). However, the editor has no present intentions to learn Russian.

Respectfully submitted, Dr. Allan Osborn and Dr. Phil Madden



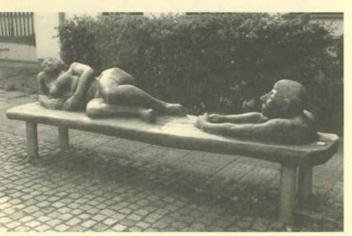
Harbour away from bridge.



The habour in Greifswald.



The famous Hand Bridge in Wieck (locals only may drive across).



Not for sitting upon.



The Three Musketeers.



The charming traffic-free square in the centre of Greifswald. Lunch with Dr. Georg Meyer.



With Dr. Heike Stefan and her husband at a local fish restaurant with the participants.



End of course banquet at Dr. Georg Meyers home.



Relaxing at days end.



The "Sweet Life" in Greifswald.

## **GREIFSWALD LAB**













# GREIFSWALD CLINIC



Each assisted the other in turn at their operation.





Allan watching with interest.



Phil casts a practised eye.





The lively part of the clinic.



The beautiful Main Clinic.

# THE ASSOCIATED FERRIER STUDY CLUBS ANNUAL DAY MEETING



Drs. Dick Tucker, Dave Thorburn and Dick Tucker.



Drs. Jim Gourley and Ed Harding.



Drs. Bruce Smith, Ludlow Beamish, Ronald Zokol and A. Ian Hamilton.







### THE ASSOCIATED FERRIER STUDY CLUBS

### **CLINIC SESSION**



Drs. Rick Nash, John Sechena & Al LaBounty.



Drs. Dick Tucker, Chet Gibson, Ian Hamilton.



Dr. Margaret Webster.



Dr. Dave Thorburn.



Drs. Norman Ferguson & Ted Ramage.



Dr. A. Ian Hamilton, Dr. Bruce Smith.



Dr. Mike Oswald.



Dr. Debbie Zokol.





### Letter to the Editor ...

This letter to the Editor of the Journal of Dental Education came to me through the good offices of the library at the school here in Manitoba. For those who may not be aware, Dr. Ray Krug took over the practice of Dr. Miles Markley. He is a member of A.A.R.D. and I believe was at one time a member of A.A.G.F.O. It reminds me of a similar article by the late Dr. Hunter Brinker, "Is Our Island Sinking?" There have been others who have noted the lack of attention to detail and the fore-shortened curriculum time devoted to practical matters in dental education. There also appears to be a trend towards so-called "minimally invasive preparations" which all too often fail because they disregard fundamental principles. Newtons' Laws of Gravity have not been changed, at least not where I live and work.

We have all seen where Dr. G. V. Black placed a small class 3 foil on a lower incisor that was more like an Ingraham slot. Likewise, many of us will remember the work from the University of Florida in Dental Clinics of North America in 1963, which detailed a truly conservative amalgam preparation. We should also remember the careful and painstaking work of Dr. Miles Markley, a key player in e field of conservative preparations. Somehow the 'minimalists' see everything that went before as either inept, ugly or just plain wrong, and yet the overwhelming majority of these people who attended regularly were able to maintain healthy mouths throughout their lives. Not a bad achievement for a group that had things so wrong!

As I observe the many patients who had various types of restorative work 25–30 years ago, amalgams that show no sign of failing, etc., I have to wonder about the purely crass attitude that would permit the great training that was so prevalent in North America to be sidelined for something that has no track record (beyond early failure) and amounts to little better than "A Pig In A Poke".

Our local university has just installed a computerized training system at a cost of \$4,500,000. I am sure that it is eminently possible to pass on concepts with such a gadget, but WHAT A COST! And what happens when the "system" goes down, to say nothing of the annual maintenance requirements. Greifswald also have this system, and Dr. Heike Stefan seemed to me to be somewhat underwhelmed by the system (my perception). It was also feeling somewhat down when we were there. As I look around me at various meetings, and see so many obviously excellent linicians who all demonstrate beautiful work, I really have to question just how previous generations ever overcame all their handicaps! — Editor

To the Editor:

"Dumbing Down" has already occurred in dental education.

A curriculum that was time-tested and proven from the early 1950s has been corrupted by government intervention and educrats (an academic bureaucrat). Before the mid-1980s it produced excellent dentists who provided the American public with the world's highest-quality dental care. Now, the cost of a dental education has risen to crisis proportions. Recent graduates are saddled with student loans in excess of \$100,000. The education of a dentist is disproportionately costly in comparison with other educational endeavors.

Years ago, the Pew Foundation, in conjunction with several government bureaucrats, dental educators, and even the American Dental Association, developed an agenda for cost containment. Their solution was to cut and water down the curriculum so that eventually it can be presented in three rather than four years. Online education, interactive programs, and the Internet make the goal even more realistic.

Consequently, most core courses related to dental technique and clinical practice have been trimmed or eliminated. These are the core courses that are so essential for developing hands-on training for chairside patient treatment.

Many schools today, as a result, are producing graduates who are grossly inept to begin a practice. Lacking restorative and surgical skills, the neophyte limits his or her treatment to reversible procedures (sealants, simple fillings, bleaching, snoring prosthesis, night guards) and "gatekeeping." The "gatekeeper" does only a cursory examination and makes a tentative diagnosis before referring the patient to a specialist for definitive care and treatment.

Prior to this "new age," the general dentist provided the vast majority of treatment to all patients. Other than the exceptions of orthodontics, molar endodontics, and surgical periodontics, excellent care was delivered by general dentists in a timely, personal, and efficient manner and at a reasonable fee.

Now, a referral from a "gatekeeper" may cost an emergency patient needing a routine extraction a ten-day wait and a blunt proclamation by the telephone receptionist: "The fee will be \$300, of which one-half must be received in the office five days before your appointment"!

My father, a street-wise coal miner in southern Illinois, would have retorted: It seems the doctor has more interest in the fleece than the flock."

Sadly, the dumbing down of this profession continues. The House of Delegates of the American Dental Association will soon consider a proposal to eliminate human subjects to test the clinical abilities of candidates for state board dental examinations! If this test proposal is adopted, evaluating the clinical competence of young dentists applying for a state license will be done using computers, not human subjects. Academicians and educrats — none of whom treat patients — claim such a procedure, termed Interactive Computer Simulation, is more fair, has greater conformity, and does not abuse patients.

Furthermore, educators wish to replace a main function of the state dental board by administering, conducting, proctoring, and even grading the licensure process. This will eventually lead to abuse and favoritism. Under the current system, the board examiners are practicing dentists charged by law to ensure quality oral health care to the public. They serve as a check and balance to ensure that the schools produce competent graduates. Clinical deficiencies of candidates detected during the board examination can provide dental schools with information to improve their teaching program. To eliminate this echelon of balance is like giving the fox the key to the hen house!

I submit that the educational system is mainly at fault — not the methodology of the board examination or the dedicated examiners. Board deficiencies persist even though the clinical examination continues to be watered down, and examiners, fearing legal reprisals, bend over backwards to pass the unqualified. As standards drop, examiners now evaluate clinical situations as to what level of mediocrity is acceptable! If the students were better prepared, the state board shock would be less traumatic.

Each working day — with every patient — dental practitioners experience a state board-like environment. Except for government and third-party interference, most of us actually enjoy this challenge of providing quality, painless care on such a personal basis.

For over thirty years, faculties have been reluctant to eliminate those first-year students who were grossly inept with hand coordination. This is so even though a career change at this early juncture for such inept students would be beneficial to all — the individual, the teaching program, the profession, and especially the public.

Educrats weep about a minuscule number of patients supposedly mistreated on state board examinations. In reality, their crocodile tears should be shed for the vast multitude of patients who later will pay to be treated by these incompetent graduates, most of whom would have been wedded out prior to computer testing.

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# EFFICIENCY ROOT CANAL IN GREIFSWALD

