



**american
academy
of
gold foil
operators**

Gold Leaf

JULY 2018

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Councilors 2020 - Dr. Richard D. Tucker 2021 - Dr. Dave Thorburn 2022 - to be announced **Editor** - Dr. Dan Henry

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Mission Clinic – Lima, Peru



Class V Foil by Dr. Richard Tucker.

**AMERICAN ACADEMY OF GOLD FOIL OPERATORS
2018 ANNUAL MEETING
OCTOBER 24 – 28, 2018
WEDNESDAY – SUNDAY**

**UNIVERSITY OF WASHINGTON – SCHOOL OF DENTISTRY
SILVER CLOUD HOTEL – UNIVERSITY DISTRICT
SEATTLE, WA**

**Headquarters Hotel – Silver Cloud University District
5036 25th Avenue NE
Seattle, WA 98105
(800) 205-6940**

Use Code: American Academy of Gold Foil Operators

A quick reminder for everyone to get signed up for our annual meeting in Seattle this year. The information and hotel is presented here. Go to our web site AAGFO.org to formally sign up for this outstanding meeting and opportunity for some great CE!

REFLECTIONS FROM THE IMMEDIATE PAST PRESIDENT

Dear Fellow Members,

I am so grateful to Dan for taking on this job as Gold Leaf editor. He asked me to reflect on my year as president. It was an interesting year, and what was interesting was two-fold.

It was a challenge stepping in as President-elect with no Council background. In addition I was functioning under



the cloud of a concussion. But the job got done and it was a sincerely interesting time.



What was interesting was two-fold. First, and very important, was the discussion and efforts of revamping and revitalizing our Academy. We are aiming toward becoming more of a teaching academy, involving dental students and faculty, spear-headed by Dave Thorburn. This is a daunting task but one that holds great merit and promise. Many of our members are working diligently along with Dave to see this happen. The goal

is to spread the knowledge and value of gold foil, along with the ability to produce a gold foil restoration.

The other interesting aspect was the involvement of dentists from India. Several dentists have come to our annual meetings. They have also had seminars and classes on foil in India with Warren Johnson and Wendell Foltz.

Last year they put on a gold symposium. As president of our academy I thought it appropriate to attend the symposium. Our group was well received and beautifully hosted. We got to know the members of the IAGFO, experience some of the Indian culture and see some of the country. In addition we had the opportunity to share some of our knowledge with them. It was also a delight to get to know my AAGFO traveling companions better.

I leave the office on an up note. We have the best slate of officers for one of the finest academies dentistry has to offer. May we grow and prosper in excellence and love of the discipline of gold foil. We have such a fine heritage to share with future generations of dentists and patients.

Sincerely,

Susanne Grennell, Immediate Past-President, AAGFO

PRESIDENT'S REPORT FOR GOLD LEAF

Hello All,

First, I'd like to thank Dan Henry for agreeing to be the new editor of the Gold Leaf. After going through the chairs of the board of directors and being president, many members ride off into the sunset. Rather than doing that Dan, without hesitation, said yes when asked to be our new editor and take over from Scott Barrett. Thank you, Dan.

We've had a busy year so far. Our board is going



through some changes and a lot of work has been and is being done regarding our upcoming meeting in Seattle later this year, October 24th through the 28th. Please refer to the AAGFO website for hotel and registration information. Many thanks to Dick Tucker who has done 100% of the planning of our meeting including arrangements at the dental school, hotel, and social events. In addition, he has arranged for a few of our members to lecture on various topics directly related to gold foil and its use. Registration is now open so please don't miss this meeting – it looks like it will be a good one.

I also want to thank all the members of our board of directors for giving of their time and talents both in Chicago and on the internet responding to e-mails. I don't know how we got anything done before the internet!!

Hope to see you in Seattle in October!

Best regards
Bruce



**AAGFO MEMBERS GO
ON A DENTAL MISSION
TRIP TO PERU.**



**PERU DENTAL MISSION
DR. DAVIS BOGACZ
DR. MATTHEW HENRY,
DR. DAN HENRY**





IS THERE A PREPAREDNESS PROBLEM IN DENTISTRY?

Graduating dental students are confronting new and difficult challenges. How to deal with student loan debt, unscrupulous individuals, misguided practice models, and government regulations are not part of the current dental educational model. Add to that generational changes in life styles, including unintended consequences of misplaced priorities and you can see the problems festering. Because of an ever-increasing hostile practice environment, where small missteps can lead to carrier ending events, there simply must be a better way to prepare our future graduates for these new challenges.

According to an ADA survey, the average student debt for graduating senior dental students in 2017 was \$287,331. Some dental schools have students with debts approaching \$400,000. Add to that an average of \$38,000 for undergraduate studies and you have students graduating into the dental work force with an average of \$325,331 in debt.

New data shows that servicing just \$30,000 in student loan debt can cut as much as \$325,000 from your retirement balance over a working carrier. Who knows what significantly larger debt will do? The impact on the economy of the country will become greater as this continues. For example, it was shown in one study that student loan debt, over all, is growing nationally by \$2726 every second! Furthermore, it is preventing a lot of college graduates from taking part in the economy by not being able to buy a car, home or even have enough to cover the cost of rent. Moving back in with parents is becoming very popular and necessary.

It is looking more like four-year college degrees might not be cost effective for those who want a degree just to get a better job. Unless you are going into the medical, dental, law or an advanced degree program, a college degree might not be the best choice, if you are forced to borrow the money to pay for that undergraduate degree.

A large part of the problem can be centered on the federal government for making college loans available to anyone who wishes to have one. This is like the housing bubble that led to the financial disaster the country is still recovering from. Studies show that there are a high percentage of students who take out these easy to get loans then drop out of college without graduating. Some are encouraged to get the loans even though they are not college material. Evidently no one wants to hurt the psyche of generation Y by telling the truth. Everyone gets a trophy!

Add to this the fact that college and university tuition has followed the money, substantially raising the cost of a four-year degree. The average tuition increase at private

universities over the past 20 years has increased by 157%. Out of state universities have increased 194% and in state colleges and universities have increased 237%. Compared to the total consumer price index increase of 52% for the same period and you can see the problem.

Therefore, the question comes to mind: What responsibility do dental schools have within this scenario? The author would suggest that dental schools have a responsibility to prepare their students for an environment where skills across the full gambit of running a successful, ethical dental practice are needed. Dental students can no longer be content with learning enough to pass an inadequate state dental licensure examination and expect to have a successful career in dentistry. It is becoming more imperative that dental students need skills beyond basic operative dentistry, right out of school. Without foundational skill sets for practicing dentistry and living in a complex world, they are at the mercy of unscrupulous actors who can use their limited experience and understanding to profit themselves.

Therefore, the question for today is: Is there a preparedness problem in dental education?

The obvious issue simply said: Dental students cannot

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learn all they need to know to successfully practice dentistry, in today's environment, within a four-year program. They need to have added instruction in business, management, life skills, psychology, and ethics beyond a couple of lectures. In addition they also need to have

the basic human development that comes from a good liberal arts foundation. Dental students should be grounded in a life centered curriculum which allows for the development of the skills needed to practice dentistry and live an ethically centered life style based on an understanding of balanced responsibilities to one's patients, family, community, profession and self.

It is understood that currently these "extra" requirements are intended to be learned prior to coming to dental school. However, due to pre-dental requirements and a disagreement or misguided understanding of what is important, a lot of the learning experiences that should occur are simply ignored.

If, however, dental schools had control of the student's curriculum for longer than the traditional four years, this could be remedied.

Because of what is happening within education today, innovative ideas within a non-traditional framework will be a familiar theme in education and particularly in dental education well into the future. One solution follows.

Dental schools could take advantage of the full eight years most students spend in college and dental school together. By re-structuring and placing emphasis in different areas within the first two years of college, a revised pre-dental curriculum can be created. Students could then be accepted into dental school at the completion of the sophomore year of college. This would give six years for a joint dental school and upper level college curriculum that would lead to both BS and DDS



or DMD degrees. Incoming class sizes could be increased to compensate for those who decide to drop out or who have been shown not to be suitable to continue to the DDS degree after achieving their BS degree. The benefits of moving dental school into the last two years of college are multiple. Most important there would be enough time to expand the curriculum to include business classes, management, both life and business, liberal arts humanities, psychology, and ethics classes. A well-educated person with a solid core value foundation should make a more responsible dentist. Another benefit is that upper level science classes, such as organic chemistry, could be tailored for dental students. This would give the dental student more meaningful information and would cut time spent duplicating basic science instructions during current dental school curriculums. This program design would give the dental school more time to control the student's curriculum and better evaluate an individual student's needs to successfully complete the DDS/DMD degree. It would also shift the burden of proof away from grades to a total evaluation of the individual's intellect and character for figuring out future ethical success in dentistry.

Within a program such as this, the first three years would be pre-clinical with the last three years devoted primarily to clinical training. The student could also have clinical exposure during the first three years by aiding fifth year students in the clinic and starting to have patient interaction in other ways. The fourth and fifth years would be completed in a traditional dental school clinic setting. The student would learn the art and science of general restorative dentistry and would be required to pass competency evaluations in all disciplines by the end of the fifth year.

The sixth and final year of the curriculum would be spent away from dental school in a community clinic. The student would be under supervision of credentialed ethical private practicing dentists while working in the community clinic setting. The clinics would be set up in underserved or rural areas, allowing indigent and working poor access to quality dental care at no cost or reduced fee for service. The clinics would have one or more full time dental school instructors to supervise treatment, teaching and the running of the clinic. The Feds/State could take part through Federal or State dental programs. Revenues earned from fee for service and Medicaid patients would remain with the sponsoring dental school. Because this would not be a residency program, but the last year of dental school, the students would not be entitled to stipends. These three conditions: government funding, fees for service collections / Medicaid contracts and no residency stipend, should make the clinics doable, from a cost standpoint. Benefits should be obvious. Government would get the most benefit for the use of tax payer dollars, dental schools would have an added funding source, and students would have the benefit of a full year exposure to ethically private practicing clinicians while working in an ethically sheltered environment. Communities would get an asset for the whole community, jobs and access to quality dental care. In addition, the Feds and States would have a new tax revenue source.

During this sixth year, while working in the community-based clinic, students would have the opportunity to complete a full clinical board case on one of their patients. This would substitute for the current clinical examination and be much more relevant than a "test" done on mannequins. Consider: What is the reason for the licensure examination? It was set up to decide a candidate's competence in treating patients within a state or jurisdiction. In addition, it was a check and balance for the dental school from where the student was trained. Completing a full board case on a patient that would involve an examination, diagnosis, treatment plan and completing treatment on a patient would be more revealing of a graduate's abilities and the institution from where they were taught.

Finally, because of the influence State Board examinations have on dental school curriculums and students themselves, [teach to and learn to the test], it is imperative that these exercises demonstrate comprehensive ethical dental care. Simply completing a couple of "procedures" on a live patient or an inanimate object does not! In fact, the author suspects, if the examination process were switched to mannequin only, this could conceivably drive dental school curriculums further away from live patient interactions leaving the dental student with even less experience in operative dentistry on live patients.

Dan B. Henry, DDS, FACD, FICD, FPFA



LIMA PERU MISSION CLINIC



PENSACOLA MEETING OF THE AAGFO





PENSACOLA MEETING





ACADEMY MEMBERS VISIT
PENSACOLA NAVAL AIR STATION



18 ADA News May 7, 2018

Dentists contribute to Smithsonian exhibit, book on narwhal

Dr. Nweeia to speak Oct. 18 at ADA 2018 on research

BY JEAN WILLIAMS

Washington — With its famous gigantic tooth — a spiral ivory tusk jutting from its upper lip — most people will never set eyes on a narwhal, the near mythical creature known affectionately as the unicorn of the sea.

If you can't make your way to its natural habitat in Arctic waters to witness the phenomenal vision that is the narwhal, then your second best bet is a trip to the Smithsonian National Museum of Natural History. There, led by the efforts of a dentist and curator for the exhibit, Dr. Martin Nweeia, a team of scientists, marine biologists, climate specialists, anthropologists and dentists, have joined efforts for an exhibit that helps demystify the narwhal, including its curious tooth.

The museum opened "Narwhal: Revealing an Arctic Legend," an exhibition, in August 2017 and it will run through 2019. The exhibit encompasses sights, soundscapes, artist renderings, related Inuit culture, a life-size model of a male narwhal with its extraordinary tusk and strands of copious research that has been amassed on the creature.

Leading dental authorities lending voice to the exhibition content include Dr. Nweeia, who lectures on restorative dentistry and biomaterials sciences at Harvard School of Dental Medicine and leads innovative programs at Case Western Reserve University School of Dental Medicine, and Dr. Fred Eichmiller, a past director of the American Dental Association Foundation Volpe Research Center. (The VRC was formerly the Paffenbarger Research Center.)

"It was a very gratifying process to see it come together into a Smithsonian exhibit," Dr. Eichmiller said. "We never dreamed when we started out that it would come to that. When you see that this exhibit is the central banner on the front of the building, it's very gratifying."

Dr. Nweeia, who invited Dr. Eichmiller to join him in exploring narwhals, initiated dental research into the animal's tusk some two decades ago. He discovered that its tooth is quite phenomenal.

"It's a sensory organ with millions of connections to its Arctic environment that is constantly monitoring the surroundings," stated Dr. Nweeia.

"The narwhal has a very different kind of construction from other teeth of mammals, and it is formed almost inside out," he said. "Our teeth are very hard on the outside and gradually as you go inward they get softer. The narwhal is exactly the opposite. It's almost like a loose, flexible sheath, and inside is almost like an iron rod. Within that iron rod is the pulp of the nerves supplying the tooth."

Though the tooth has no use in mastication, it performs other functions. Drs. Nweeia and Eichmiller have made several research sojourns to Northern Canada to observe and study the narwhal — essentially investigating how the whale uses its 6- to 9 foot long tusk as a sensory organ to explore its environment. Until Dr. Nweeia began studying the narwhal, marine biologists had other theories regarding how the narwhal used its tusk, theorizing that it primarily functioned as a tool that males used to fight for females and dominance.

"There's been a lot of opinions put in the literature as to what the tusk actually was," Dr. Eichmiller said. "Was it a central incisor tooth? Was it a cuspid? If it is a tooth, what's the origin? Some of the early work that we did was to determine exactly what it was. We determined that it was an upper left cuspid and we did a lot of the anatomical work to show how it was innervated and how the blood vessels and nerves communicated with it, so that we could put together a really complete picture."

Whatever its complexity of uses ultimately may be for the narwhal, the tusk, Dr. Nweeia surmises based on the VRC's testing of the tooth, may lend itself someday to dental materials for humans. "They see it as a possibility for restorative materials and other applications of biomimicry," he said. "For example, they're making jet planes out of composites these days. What might they make out of narwhal tusk tissue?"

A book encapsulates some of the research that is foundational to the Smithsonian exhibition. Published in December 2017, the companion book bears the same name as the exhibit.

The authors include Smithsonian Arctic Studies Center Director William Fitzhugh as



Tusk test: With a narwhal captured and in stable condition, Dr. Fred Eichmiller (far left) and Dr. Martin Nweeia (far right) begin testing narwhal tusk sensory function using a floating laboratory containing heart and brain monitors to detect physiological response to tusk sensation on Qaqqat Point, Admiralty Inlet, Arctic Bay.

well as Dr. Nweeia. "But there are probably about 40 authors in the book," comments Dr. Eichmiller, "because they pulled in expertise from all areas. It doesn't just talk about narwhals. It talks about whales [generally] and goes a lot into Inuit culture and the hunting culture and things like that."

Dr. Eichmiller contributed a chapter with a co-author, Dr. David Pashley, an expert in dental hard tissues and innervation, around discovery of the sensory abilities within the narwhal tusk.

Dr. Nweeia noted that Dr. Winston Kuo, a pediatric dentist and Harvard innovator in genetic research, led the chapter on narwhal genetics and sensory genes associated with narwhal tusk function.

The book — "Narwhal: Revealing an Arctic Legend" — is available online through Amazon.com, Barnes & Noble and other retailers.

Dr. Nweeia will discuss his research at ADA 2018 — America's Dental Meeting in Hawaii. His presentation, "Narwhal, Arctic Legend and Its Extraordinary Tusk," is set for Oct. 18, 7-9 a.m. (5318).

The course with accompanying expedition footage from National Geographic and the BBC, will include a look at narwhal tusk function and how it relates to the function of human teeth and other mammals and why the origins of tooth function are important to consider today. To register, visit ADA.org/meeting.

He is also very excited about the prospect of formally or informally encountering other dentists who come in groups to see the Smithsonian exhibition, he said.

For more information on the exhibition, visit <https://naturalhistory.si.edu/exhibits/narwhal/> and for more on narwhals, go to narwhal.org.



Open for visitors: The Smithsonian Museum of Natural History is hosting the exhibit, "Narwhal: Revealing an Arctic Legend," through 2019.



Photo: James IN Loretto, Kate D. Sherwood and Lucia Martins, Smithsonian



MINUTES FOR THE AAGFO COUNCIL MEETING

FEBRUARY 21, 2018

CHICAGO, IL

In Attendance: Dr. Susanne Grennell, Dr. Bruce Small, Dr. Al LaPorta, Dr. Scott Barrett, Dr. Barry Evans, Dr. David Thorburn, Dr. Dick Tucker, Jr., Dr. Bob Allen, Dr. Joe Newell, Dr. Margaret Webb, Dr. Dana Otterholt, Dr. Tim Carlson, Dr. Clyde Roggenkamp, Dr. Craig Bridgeman, Dr. David Bridgeman, and Dr. Robbie Bridgeman

Call to Order: Dr. Bruce Small (President) called the meeting to order at 1:00pm, and began by encouraging communication and prompt responses. Dr. Small read his president's report, which reviewed the challenges facing the Academy (decreased use of foil, poor availability of instruments and supplies, fewer teachers than ever, and our loss of members). Regardless of the decisions made at this meeting, Dr. Small requested that we make prudent decisions.

Before proceeding with the agenda, Dr. Small asked those present whether or not we should continue as an academy. All present unanimously were committed to the Academy and its future success.

Secretary's Report: No report, Dr. Marc Tollefson not present

Treasurer's Report: Dr. Barry Evans stated that we are in sound financial condition. 77 out of 102 members have paid their dues, one member has dropped out, and of the 12 new Indian members only 3 have paid their dues. Statements will be sent out in November.

October, 2017 Annual Meeting: 32 members, 13 spouses/guests, and 2 professional guests

Total Collections: \$28,161.95

Expenses \$22,994.70

Profit: \$5,167.25

JOD Liability: Income and Expense \$6100.00

Current Assets Balance: \$83,211.10

Minutes of October, 2017 Board Meeting: Dr. Al LaPorta recommended several minor grammatical amendments. Minutes were approved as amended.

2017 Annual Meeting Report, Morgantown, WV: Dr. David Bridgeman reported giving lectures to students in foil. Patient selection was challenging to communicate to instructors. He put together student kits, produced foil manuals, paid for and collected supplies, and distributed them to students. Dr. LaPorta praised Dr. Bridgeman's efforts, and all applauded. Dr. Bridgeman noted we need to ensure appropriate handpieces at future meetings, as the traditional couplers were not there, and we had to utilize WV's handpieces.

2018 Annual Meeting Report, Seattle, WA: Dr. Dick Tucker, Jr. presented a syllabus of activities for 10/24/18-10/28/18. Dr. Tucker's vision for the informational meeting will be 8-9 (30 minute) lectures followed by 10 minutes of Q and A after each.

The Thursday lectures will be at the Silver Cloud Hotel (lunch on our own: multiple restaurants within walking distance) followed by a "dine around." The lectures will likely be "Comparison of Restorative Materials," Dr. Bruce Small, "Laboratory Techniques," Dr. Dick Tucker, Jr., "Clinical Problems with Foil," Dr. Warren Johnson, and "Class II or III Foils," by either Dr. Dan Henry or Dr. Wendell Foltz (*titles may vary).

Friday lectures will occur at the school (lunch at the South Campus Center), followed by a group meal, which is still being arranged. A dinner cruise might prove challenging due to early sunset that time of year, thus an established restaurant might prove more accommodating (discussed Canlis). Lectures will likely be "Basic Introduction to Gold Foil Materials," Dr. Dick Tucker, Jr., "Class I Foils," Dr. David Bridgeman, "Finishing: Castings vs. Foils," Dr. David Thorburn, and "Class V Foils," Dr. Margaret Webb.

Saturday clinical session, lunch (Hospital Cafeteria), lectures and photographic review will occur at the dental school, followed by the gala at the Seattle Yacht Club. "Value of Clinical Study Clubs," Dr. Robbie Bridgeman will be the entertainment while Dr. Small and Dr. LaPorta prepare the Clinical Review photography presentation.

2019 Annual Meeting: Dr. Robbie Bridgeman is in correspondence with Dr. Rick Walter, Director of Clinics, Dept. of Operative Dentistry, at UNC. As of a 2/27/18 email to Dr. Bridgeman, he will be speaking with the Continuing Education Dept. and the Dean.

2020 Annual Meeting: Dr. Small formed an ad hoc committee (to look into this meeting. A short discussion of repeating venues to continue to expose students and faculty to foil at Loma Linda University. The committee is: Dr. Clyde Roggenkamp, Dr. Barry Evans, and Dr. David Thorburn, and they will report to Dr. Small by August, 2018.

Journal of Operative Dentistry Report: Dr. Tim Carlson and Dr. Jeff Pratt need commercial sponsors. The Nominating Committee consists of Dr. Tollefson, Dr. Tucker, Dr. Robbie Bridgeman, Dr. Small, and Dr. Evans. Their responsibility is to present names to the JOD Executive council (for the JOD Editor position) in 12 months. The current Editor is Dr. Jeff Pratt, it is a 5 year term, and Dr. Pratt would accept the nomination should he receive one.

Nominating Committee: Dr. Susanne Grennell will email Dr. Robbie Bridgeman to discuss new councilors.

Distinguished Member Award: Dr. Tim Carlson announced Dr. Dan Henry will be the 2018 recipient.

Clinician of the Year Award: Dr. Tasha Bollerman named Dr. Alfred LaPorta the 2018 recipient. Dr. Small said, "Al is as large a proponent of foil as anyone [he] has ever met," and all members present congratulated Dr. LaPorta with applause.

IAGFO Report: Dr. Barry Evans had nothing new to report.

Web Page and Gold Leaf: Dr. Scott Barrett said the next Gold Leaf will be published and mailed as soon as the 2018 Annual Meeting arrangements are finalized, and he will prepare for online registration. Dr. Barrett had to rewrite the website



after the WV meeting due to “malware,” and he will need new software for the website called “Word Press,” cost is \$80. Dr. Barrett also placed the Stibbs foil manual on the website.

Old Business: Table Clinic is in the hands of Dr. Robbie Bridgeman. Dr. LaPorta gave Dr. Bridgeman some leftover supplies (burs and gold foil) from the WV meeting, and it is now included in the purple suitcase.

New Business:

Dan Chan: requested money for experiments, short discussion, and the council voted “no.”

Meeting Planner: Elaine Neal resigned in WV from the role of Meeting Planner, discussion followed. Dr. Susanne Grennell will report to Dr. Small in 30 days about a meeting planner.

Constitution and By-Laws: Dr. Barry Evans proposed three options regarding membership status regarding “Active” vs. “Associate” membership in the Academy. Dr. LaPorta proposed a fourth option. There are now changes to operating at Academy meetings due to interstate and international laws that were not present when the bylaws were originally recorded. Option 1) Eliminate “Associate Member” category and the operating at a meeting requirement.

Option 2) Eliminate the operating at a meeting requirement, and require new members to attend for a number of years (to be decided) to gain “Active” membership.

Option 3) Allow “Associate Member” dentists to operate under supervision of an Active Member independent of an annual meeting to gain “Active Member” status.

Option 4) Create an “International” category without changing anything else.

Discussion ensued, no consensus could be achieved, and no motion could be made on which to vote, therefore, the issue will be tabled for now.

Dr. Rick Nash: It was discussed to present an award of appreciation for Dr. Nash. Because Dr. Nash no longer practices, Dr. Scott Barrett suggested he make something for Dr. Nash that he would appreciate more in his home. Unanimous decision was made to have Dr. Barrett do so, and the 2018 Meeting expenses for Dr. Nash and Anne will be waived, hotel covered by the Academy. Dr. Bruce Small will contact Dr. Nash and Anne to invite them. Bridgeman noted we need to ensure appropriate handpieces at future meetings, as the traditional couplers were not there, and we had to utilize WV’s handpieces.

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Option 2) Eliminate the operating at a meeting requirement, and require new members to attend for a number of years (to be decided) to gain “Active” membership.

Option 3) Allow “Associate Member” dentists to operate under supervision of an Active Member independent of an annual meeting to gain “Active Member” status.

Option 4) Create an “International” category without changing anything else.

Discussion ensued, no consensus could be achieved, and no motion could be made on which to vote, therefore, the issue will be tabled for now.

Dr. Rick Nash: It was discussed to present an award of appreciation for Dr. Nash. Because Dr. Nash no longer practices, Dr. Scott Barrett suggested he make something for Dr. Nash that he would appreciate more in his home. Unanimous decision was made to have Dr. Barrett do so, and the 2018 Meeting expenses for Dr. Nash and Anne will be waived, hotel covered by the Academy. Dr. Bruce Small will contact Dr. Nash and Anne to invite them.



ROYAL CLIPPER CRUISE ATHENS TO ISTANBUL



OPERATIVE DENTISTRY MEETING - CHICAGO



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ANNUAL MEETING FACILITATOR:

Dr. Elaine Neal
Elaine.neal1@gmail.com