TEMPLE DENTAL 2021
Perseverance and Commitment to Clinical Education During COVID-19
Perseverance is not a long race; it is many short races one after the other.

Walter Elliot

DR. BRUCE TERRY, Temple Dental Endodontics Professor, completed his life goal of climbing the seven highest peaks in the world.

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The SARS-CoV-2 virus that causes COVID-19 has been relentless in its spread and mutation into new versions that can spread even faster than the original virus. We have lost more people in this country than we have lost in major wars, and in many cases families have been decimated.

At Temple Dental, we were forced to understand the virus as it was spreading—and to try to prevent its spread. However, prevention requires collective community behavioral changes, which many were and some still are reluctant to adopt.

**FIRST STEPS**
In early February 2020, the dental school leadership recognized that this new threat was coming that could disrupt the education of students. In response, we prepared for online education and trained all faculty to create new lectures to deliver via Zoom. We activated in-class recordings of lectures from the previous year. We also started to purchase PPE before the shortages became severe.

In addition, we contacted our colleagues in China who informed us of the extra precautions they were taking on top of the stringent infection control standards they usually follow. What many in the U.S. didn’t know is that even before COVID-19 Chinese dentists regularly don a higher-grade PPE than the standard PPE used in the U.S. In fact, Chinese faculty and students are required to wear surgical or N95 masks, face shields, long surgical gowns, bouffant and shoe covers.

The most important information we received from China was about COVID-19 cases among dental providers. A few, not a cluster of cases, were in Wuhan’s dental hospital when COVID-19 first emerged. Community exposure? We couldn’t rule it out.

**IMMEDIATE REOPENING PLANS**
On March 16, we were forced to close. But the day after, we started planning the reopening of the preclinic and clinics. "No" was not the answer we needed to hear.

Because of saliva splatter, all members of the dental team were at the forefront of risk for contracting COVID-19. We considered testing every patient before entering the school, but that was impractical. Tests were not available and, at the time, could not provide rapid results. Hence, the only option for us was to work on a preventive plan without testing (and in March 2020 there was no vaccine).

Because social distancing was required, we were forced to enter another market, acrylic panels for separators. Here, we relied on a contractor who had helped us beautify the school with artwork. As expected, she had
acrylic panels of all sizes. Ultimately, we were able to fit 75 students in the preclinic using customized large barriers that separated the simulation units.

PERSISTENCE WITH EVACUATION UNITS
Our plan also included acquiring high-volume evacuation units that the Japanese government has ordered every dentist to use since the SARS 1 (Severe Acute Respiratory Symptoms) Pandemic in Asia. Unfortunately, the unit was not approved for sale in the U.S.

Using Google and friends in China, we tracked down a Chinese duplicate and found a U.S. representative who could sell it here; however, even a demo unit had trouble getting to us. We waited for the FedEx delivery, but the unit never arrived. The U.S. representative and I finally discovered it in the FedEx warehouse in West Philadelphia.

Once we had the unit in our hands, we tested it for spread and mitigation of the aerosol. As we had hoped, this evaluation project paved the way for opening the clinics by demonstrating that the aerosol is self-contained within the clinical cubicle. We published our results, which can be found at: BMC Oral Health Feb 5;21(1):52. doi: 10.1186/s12903-021-01417-2.

BEHAVIORAL CHANGES
I would be remiss if I didn’t mention the effort to encourage behavioral changes required to open the clinics. Communication was necessary, but not sufficient for understanding. Zoom meetings were not ideal for effective communication because understanding the topic was difficult in a non-interactive mode. I found, however, the chat in Zoom to be highly valuable because it is the same as email or other social media where people are more comfortable sharing their concerns and ideas.

The efforts to open the clinics and preclinic were communicated, communicated, and...
BY EARLY AUGUST 2020, ALL CLINICS WERE OPERATIONAL.
During an unprecedented worldwide challenge, Temple Dental applied forward thinking to meet its responsibility as a major provider of dental care in the city and state. Specifically, the school:

1. advocated for a change in the Pennsylvania Department of Health executive orders to allow dentists to practice in non-pressure rooms (April 2020);
2. advocated for allowing dental and other allied health professional students to resume their clinical studies (June 2020);
3. identified and imported high vacuum suction units from China, receiving and deploying 90 units (June 2020);
4. developed new infection control standards based on the best biological and clinical evidence;
5. conducted and published online a study on the spread of aerosol (February 2021);
6. built an elaborate network of physical barriers throughout the school to prevent cross-contamination;
7. procured PPE to support operation of the school;
8. disseminated knowledge and guidelines worldwide;
9. resumed full operation of all clinical and preclinic programs (June-July 2020);
10. reported no COVID-19 cases caused by exposure inside the school;
11. surpassed the 2019 number of patients seen as well as revenues (mid 2021);
12. managed an extensive four-year DMD curriculum, residencies, and post-baccalaureate curricula on Zoom and administered examinations via Zoom;
13. achieved excellence through the performance of clinical and academic faculty and staff; and
14. graduated two classes of students in the pandemic era at record rates.

How does our 2020 response to COVID-19 compare with the school’s 1918 experience of the Spanish flu? Not much detail is in our archives: in fact, yearbooks from the era only record the death of one student, whose exposure likely happened when members of the class were billeted at the Navy Yard, a major infection hot zone due to troops returning from Europe. One important fact remains clear: in both instances, our school endured these major public health crises by remaining committed to excellence in education and clinical care.
FOR THOSE WHO ARE IMMUNOCOMPROMISED—INCLUDING DIabetICS, STEROID-DEPENDENT ASTHMATICS, AND PATIENTS UNDERGOING CHEMOTHERAPY FOR HEAD-AND-NECK cancers—the fungus Candida albicans is a real threat. It can cause oral yeast infections that in turn can cause significant morbidity and even high mortality if they become blood borne.

UNFORTUNATELY, RECENT YEARS HAVE SEEN A RAPID RISE IN ANTIFUNGAL-RESISTANT INFECTIONS THAT ARE HARD TO TREAT. THEREFORE, WE HAVE A PRESSING NEED FOR NOVEL STRATEGIES IN TACKLING THESE INFECTIONS.

CELL WALL STRUCTURE
When we look at the cell wall of C. albicans, we see the complex polysaccharides of mannan, β-glucan, and chitin. Our previous research showed that low iron increases mannan and chitin content, while decreasing β-glucan levels. Since many antifungals target these very cell wall components, we discovered that these changes allow low iron conditions to increase the efficacy of certain antifungal drugs.

This breakthrough paves the way for the use of iron chelators as adjunct therapy in the drug-resistant oral infections of C. albicans. However, this research has also highlighted a conundrum. While low iron-mediated cell wall changes enhance antifungal drug efficacy, they also enable C. albicans to hide away from our immune cells, which are supposed to spot and eliminate disease-causing pathogens. In short, both an excess and a dearth of essential nutrients like iron can affect our body’s ability to fight infections and the treatment outcome.

"WE DISCOVERED THAT THESE CHANGES ALLOW LOW IRON CONDITIONS TO INCREASE THE EFFICACY OF CERTAIN ANTIFUNGAL DRUGS."
In addition, our iron levels can affect our susceptibility to oral infections. Since the *C. albicans* cell wall is the first point of contact with host tissues, iron-mediated cell wall changes may affect the very initiation of mucosal tissue infections.

OVERALL IMPLICATIONS IN ORAL HEALTH
Lastly, as a keystone pathogen, *C. albicans* can cause oral microbial dysbiosis within our host ecosystem. As a result, the fungus can promote aggressive oral infections by encouraging synergistic interactions with the oral pathogenic bacteria that cause caries and periodontal disease and even failure of endodontic root canal treatments. Many of these biologically significant interactions involve direct binding of the secreted or structural bacterial components to the *C. albicans* cell surface.

Because changes in host iron can alter *C. albicans*’ cell wall architecture, they have the potential to alter these fungal-bacterial, inter-kingdom interactions. And that can have wide-ranging implications for our oral health.

CANDIDA AURIS, AN EMERGING GLOBAL THREAT
A newly discovered species of Candida, *C. auris*, is a terrible new kid on the block that is drug resistant to most anti-fungal treatments and is transmissible between humans. Thus, it has earned a spot on the CDC watchlist. Given its epidemic potential, we must monitor its level in the oral cavity to determine whether iron affects this species’ virulence. Monitoring becomes even more relevant and urgent in light of the tragic black fungus sub-epidemic, which occurred in India’s COVID-19 patients. Hypothetically, self-overdosing of zinc, a transition metal like iron, caused that outbreak.

GRANT TO BUILD ON PREVIOUS FINDINGS
In the June 2020 issue of the *Journal of Biological Chemistry*, Dr. Sumant Puri’s research team and collaborators reported that iron, an essential nutrient, can drastically affect the composition of all major components of the *C. albicans* cell wall. At the structural level, these cell wall alterations have dramatic implications for antifungal therapy and for host-pathogen interaction.

So he could pursue this important research at Kornberg, Puri recently was awarded a $1.9 million grant from the National Institute of Dental and Craniofacial Research at the National Institute of Health. The grant will support additional study to elucidate how iron levels communicate with fungal cellular pathways which can be used as unique targets for novel antifungal drugs. In addition, the effect of iron on antifungal mechanisms of our immune cells will be studied in regards to oral Candida infections.

AT A GLANCE: 8 ACTIVE GRANTS TOTAL $9M

**$2,653,682** Randomized controlled trial to test computer-based intervention for anxiety. Drs. Tellez and Dunne—National Institute of Dental and Craniofacial Institute—Ending 2023 (6 years)

**$1,882,190** Role of environmental iron in *Candida albicans* cell wall remodeling and its effect on host-pathogen interaction during oropharyngeal candidiasis. Drs. Puri, Tellez, Dunne, Al-Hebshi—National Institute of Dental and Craniofacial Research—Ending 2026 (5 years)

**$1,559,006** Pediatric patient care, population health, and community-based training for dental students. Dr. Tellez—Health Resources and Services Administration—Ending 2022 (6 years)

**$820,550** Develop mind-body intervention for chronic pain management. Dr. Dunne—National Institutes of Health/National Center for Complementary and Integrative Health—Ending 2024 (6 years)

**$565,000** Change sweet preferences of children, 3-5 years. Drs. Tellez and Fisher—National Institutes of Health—Ending 2023 (6 years)

**$456,810** Effect of piezoelectric charges on oral microbiome modulation. Drs. Orrego and Al-Hebshi—National Institutes of Health—Ending 2023 (2 years)

**$371,858** Study the multikingdom microbiome associated with oral cancer Dr. Al-Hebshi—National Institute of Dental and Craniofacial Institute—Ending 2022 (4 years)

**$342,789** Develop an invitro subgingival microbiome model. Dr. Al-Hebshi—National Institute of Dental and Craniofacial Institute—Ending 2021 (3 years)

**$95,000** Expanding dental care for children, 0-5 years. Dr. Tellez—Jessie Ball Dupont Fund—Ending 2021 (3 years)

**$75,000** Expanding COVID-19 testing and contact tracing. Dr. Tellez—Jessie Ball Dupont Fund—Ending 2021 (2 years)
Antifungal dentures that don’t yield to the virulent effects of Candida albicans are now a possibility, thanks to recent research from Drs. Santiago Orrego and Sumant Puri and other scientists at Temple Dental working on the project. The finding is important to many denture wearers—in fact, up to 67% of them—who have recurring stomatitis associated with Candida.

CADS, or Candida associated denture-induced stomatitis, is an oral infection which is found more often among the elderly, women and immunosuppressed individuals. It has a high rate of reoccurrence even if treated with traditional antifungal therapy and other methods such as changes in denture-wearing patterns and denture cleaning/disinfection.

In a highly successful new strategy, Temple Dental’s research team utilized a smart biomaterial that could be used to prevent infections in dentures. The smart biomaterial is a piezoelectric ceramic, which harnesses mastication forces to continuously produce electrical charges that enable the antifungal effects for extended periods of time with no need for a recharge.
TEMPEL DENTAL'S RESEARCH TEAM USED PIEZOELECTRIC FILLERS TO PRODUCE ELECTRICAL CHARGES THAT PREVENTED THE FORMATION OF CANDIDA ALBICANS BIOFILMS IN DENTURE MATERIALS.

PMMA Dentures
• Mastication loading promote biofilm formation
• Enable pathogenicity and virulence of C. albicans

Piezoelectric Dentures
• Reduce biofilm formation
• Interfere in the yeast-to-hyphae transition in C. Albicans

A study conducted by a research team at Temple Dental published in ACS Biomaterials Science & Engineering in September 2021 shows the antifungal effect of piezoelectric charges on PMMA dentures.

PREVIOUS LIMITED STRATEGY
A common existing approach to tackle CADS has been to use denture materials with antimicrobials. But the strategy has limited effectiveness. Antifungal agents have a short service life due to leaching and the necessity for recharging. Also, if antimicrobials are administered for long periods of time, antimicrobial resistance can be induced and/or homeostasis of the microbiome can be disrupted.

STUDY CONCLUSIONS
Due to these results, the scientists propose, for the first time, using piezoelectric PMMA composites with antifungal effects for denture use. The reward for patients will be improved clinical service and a reduced need for cleaning methods.

In this application, Orrego and his team showed that smart biomaterials can help combat infections affecting denture wearers for the improvement of oral health. His lab is also tackling other major challenges in dentistry. For example, they are currently developing a smart hydrogel to treat periodontitis by simultaneously treating infection while regenerating oral tissues. Smart biomaterials are at the forefront for the improvement of oral health.
KORNBERG MORE THAN MEETS THE MOMENT
WITH TEAM’S EXPERIENCE

We remember it well. The confusion, the anxiety, the search for new tools and procedures to keep faculty, staff, and students safe and healthy.

We’ve been fortunate. At our helm is a team of leaders, who, with Dean Ismail, have an extensive background in operations, commitment, passion and knowledge. In fact, the Dean as an epidemiologist predicted that as soon as COVID-19 cases started to spread outside of Wuhan, China, the virus would attack the U.S. He quickly applied his background in epidemiology, public health and business to help prepare Kornberg for the crisis. That’s why the school started to purchase PPE and prepared for the curriculum to transition to an online format in early February 2020.

Not shrinking from the challenge, the leaders at Temple Dental instead recognized that as certain as the threat of COVID-19 was, there will be more pandemics in the future and that we will need to approach them using the same strategies:

1. analyze the spread and statistics to predict how to protect the school;
2. develop an evidence-based guideline for infection control; and
3. protect the school through emphasis on testing, isolation, and diligent preventive protocols.
AT THE BEGINNING OF THE PANDEMIC, WHAT DID WE KNOW?
Due to our connections in China, we knew that in the Wuhan University Stomatalogical Hospital, nine faculty, staff, and residents became infected even though they used advanced PPE. We knew that the hospital then terminated all non-elective dental treatments and focused on emergency care with small teams using the same strict type of PPE.

Were infections reduced? Yes. As of spring 2020, no new cases were reported. However, we also knew that we couldn’t duplicate that procedure here in the U.S. because most dental care is provided in outpatient sessions. Moreover, the PPE used in Wuhan was the highest level suited for major infectious disease, an impractical measure for outpatient clinics.

Our question was this: what could we do to protect both providers and patients? For answers, we relied on a critical analysis of the sources of infection in dental clinics.

First, we looked at protocols that the CDC and OSHA approved for controlling infection. Their focus was on managing blood-borne pathogens; the regulatory bodies didn’t consider saliva as infective as blood. Yet, saliva droplets in aerosolized particles generated during many dental procedures can also be transmitted through coughing, sneezing, inhalation, and direct contact. The particles may stay airborne for extended periods of time. Or the particles may settle on the clothes of patients and health care workers and on workplace surfaces.

FOCUS OF STUDY
We considered previous research, which identified several areas prone to accumulation of saliva aerosol. Those areas are the dentist’s face without protection, a mask, dominant hand and arm, thighs and hair. However, no in vivo study measured the amount of aerosol in the air of the operatory, how far it spread and for how long it remained airborne.

Our direction was clear: we would study the size and concentration of dental aerosols that spread toward dental personnel and patients during dental procedures. Then we would evaluate the effectiveness of aerosol control using high speed suction and a saliva ejector with or without extraoral high volume suction.

Dean Ismail was the volunteer patient, and the pilot study was conducted in a dental unit used for general dental care. Results showed four locations with elevated aerosol levels: the chests of the dentist, patient and assistant, and three feet above the patient. Using high speed suction and a saliva ejector kept the levels of aerosol less than a micrometer in size to a minimum, while using the extraoral high volume suction kept the levels below baseline.

With this knowledge, the school developed a comprehensive plan of patient management. Perhaps foremost was designating clinics for either aerosol-generating or non-or low-aerosol generating procedures and following recommendations from the pilot study.

In addition to outlining stringent protocols for aerosol and non-aerosol procedures, Temple Dental’s Infection Control Manual was modified to outline steps for COVID-19 screening, monitoring and testing, as well as dental team and facilities preparation. Also, since most patients can be asymptomatic carriers of COVID-19, Temple Dental clinics are applying the principle of universal caution.

This data-driven framework for safety has been very successful. At this writing, Temple Dental has had no verified cases of COVID-19 transmission arising from nearly 100,000 patient visits since the pandemic began.
COVID-19 and its impact on in-person didactic and clinical instruction could have derailed the education and professional opportunities of every student enrolled at Temple Dental. The Academic Affairs team led the faculty and the students with creative responses to the limitations the pandemic presented. And from the start, the goal was not only to “make do” until restrictions lifted, but also to experiment with new pedagogical approaches that may be worth deploying through the curriculum permanently.

Looking at what worked and what didn’t during the COVID-19 pandemic, Dr. Maria Fornatora, associate dean for academic affairs, describes five new best practices that emerged:

* Hybrid course design—mixes synchronous and asynchronous instruction with block scheduling so students can manage fewer classes and exams at a time. Result: Increases scheduling flexibility, break time between blocks and overall academic performance while decreasing burnout

* Simulated lab demonstrations or videos—allow students to visualize the application of knowledge and skills. Result: Creates self-paced adaptive learning opportunities

* Pairing of quizzes with larger exams—uses ticket-to-enter model for zoom and in-person lab sessions and then tests and re-tests the material. Result: Improves long-term retention

* Clinical student focus—prioritizes health care outcomes, rather than student requirements and grades. Result: Continues high student experience while creating on-time program completion

* Online learning—Result: Presents opportunities for remote assessments and additional revenue streams

PREDOMINANT PROGRAM BUILDS ON LESSONS LEARNED
FINDING NEW WAYS TO TEACH, TEST AND EVALUATE DURING COVID-19 RESTRICTIONS
QUICK PROBLEM SOLVING
MOVED CLINICAL TRAINING FORWARD

Despite closure of the clinic and modified scheduling in 2020, students still made significant progress:

CLASS OF 2020
- after closing the clinics for three months, the need to help the members of the Class of 2020 complete their clinical requirements was an urgent focus;
- timely graduations impacted students’ ability to begin jobs and residencies;
- the coordination of patient scheduling, chair assignments and adjustments to competency exam formats ensured that the graduation rates for the class were comparable to recent classes who had the full two years of uninterrupted clinic time.

CLASS OF 2021
- completed as much or more clinical care than previous classes in every clinical course;
- achieved 100% first-time pass rate on clinical boards in periodontics; and
- celebrated a live commencement at the Liacouras Center.

CLASS OF 2022
- completed more clinical procedures during their third year than the previous class; and
- met program requirements with all students promoted to fourth year.

CLASS OF 2023
- transitioned early to full clinical privileges.

CLINICAL PROGRAM
DEVELOPS TWO INITIATIVES

To increase student exposure to predoctoral procedures in pediatrics, Kornberg will reorganize the pediatric dentistry clinic, hire new faculty, and begin collaboration with the W.D. Kelley Elementary School.

To address the dental assistant shortage, Kornberg will expand collaboration with Harcum College and regrade the dental assistant job description for a competitive salary adjustment.

EXPERIENCING COVID AT KORNBERG

Drs. Sandy Vu and Damien Ren are now settled into the beginning of their dental careers. But before they graduated last year, social distancing, PPEs, Zoom lectures and other preventive measures to stay healthy became a new and sometimes challenging part of their day-to-day academic and clinical education.

As Temple Dental adapted to the pandemic, how did they respond? They describe their individual perspectives:

“When COVID started to impact the school, we were mostly finished with our didactic and had only clinical left. After the quarantine and shut-down, we were almost back to usual with some changes—new filtration system, barriers and more. It did take time to get used to things. Prep took longer, patients had to wear booties and masks, but it all went smoothly. The school did a good job with little down time.”
—Dr. Damien Ren, ’21

“Zoom was good for me because I’m the kind of person who rewatch classes online so I can fully absorb what is taught in class. It wasn’t too bad. Not perfect, but we felt safe.”
—Dr. Sandy Vu, ’21
CLASS OF 2021 OUTPACED RECENT CLASSES IN GRADUATION RATES

Graduation Rates

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Residency Types

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Private Practice Type

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<td>51</td>
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Employment Plans

- Education
- Federal Dental Services
- Military
- Seeking Employment
- Residency
- Private Practice
WHERE STRATEGIC PLANNING HAS LED US IN GRADUATE EDUCATION

NEW PROGRAM
- Provides stand-alone master’s degree in Oral Health Sciences;
- Recognizes high value of this degree in international market;
- Offers flexibility in choosing from wide range of topics or pursuing an interest in one area;
- Developed with two tracks:
  — Clinical for those with a dental degree, or
  — Non-clinical for those with a bachelor’s degree; and
- In 2022, will graduate 8 in second class.

NEW DIRECTION
- Restructured AEGD stipend-based residency launched in 2020 for those with a CODA dental degree;
- Added tuition-based second track for those with a non-CODA-accredited dental degree;
- Included international students in new track;
- Allows option of applying for a second year;
- Also allows pursuing a master’s degree in oral health sciences concurrently with the AEGD residency; and
- In 2022, will graduate 8, half in new track, plus 2 in master’s degree program.

NEW EXPANSION
- Restoring the prosthodontics residency program, approved this fall by the Board of Trustees;
- Will increases the maximum number of residents from 7 to 12;
- Anticipating 4 residents beginning July 2023;
- Will offer advantages of remodeled clinic and lab areas; and
- Will provide important service to patients, students and overall curriculum.
NEW FACULTY

EILEEN BARFUSS, DDS
Instructor, Department of Oral Health Sciences
Dr. Barfuss received her Doctor of Dental Surgery degree from Howard University’s College of Dentistry, where she also completed a residency in Advanced Education in General Dentistry. She focuses on general dentistry, pediatric dentistry and dental public health.

SANDY DEILEY, RDH
Clinical Instructor, Department of Restorative Dentistry
Ms. Deily graduated as a registered dental hygienist from Montgomery County Community College. She also earned a Bachelor of Science in Elementary/Special Education from Kutztown University, where she had the opportunity to study abroad at Buckinghamshire University in England. Prior to joining Temple Dental, Ms. Deily worked in private practice as an active full-time dental hygienist. She is most interested in community outreach to educate patients in underserved populations on the importance of good oral health care.

EUGENE DUNNE, PHD
Assistant Professor, tenure-track, Department of Oral Health Sciences
In addition to his appointment to Temple Dental, Dr. Dunne holds a secondary appointment in the Department of Psychology in Temple University’s College of Liberal Arts. Dr. Dunne earned his PhD in Clinical and Health Psychology from the University of Florida. He completed a clinical internship in behavioral medicine and a post-doctoral fellowship in biobehavioral HIV research at the Brown Clinical Psychology Training Consortium. Dr. Dunne’s research focuses on the prevention and management of chronic illness, including HIV and chronic pain. Dr. Dunne also has expertise in stress management and collaborates on dental anxiety research projects. Dr. Dunne was recently awarded a K23 Career Development Award from the National Center for Complementary and Integrative Health (NCCIH) to conduct research using mind-body interventions for chronic pain management among persons living with HIV. He has published more than 20 manuscripts in peer-reviewed journals on topics such as HIV treatment and prevention, substance use and stress management. He is a member of the Society of Behavioral Medicine and active in the sexual health/HIV and integrative health special interest groups.
MOHAMED ELSAFI, DDS, MS, FACP, FAAMP

Clinical Associate Professor, Department of Restorative Dentistry

Dr. Elsafi received his Doctorate of Dental Surgery from the University of Southern California School of Dentistry and completed his prosthodontics residency at University of Florida in Gainesville. He also completed a maxillofacial prosthetics fellowship at MD Anderson Cancer Center in Houston. He is board certified by the American Board of Prosthodontics and a fellow of both the American Academy of Maxillofacial Prosthetics and the American College of Prosthodontists. Prior to joining Temple Dental, Dr. Elsafi served as an assistant professor at Washington University in St. Louis. His clinical interests include facial prosthetics, nasoalveolar molding (NAM) for cleft lip and palate, head and neck medical and radiation oncology management, and implant and cosmetic dentistry.

LUIS HERRA, DDS

Clinical Assistant Professor, Department of Restorative Dentistry

Dr. Herra earned his Doctor of Dental Surgery degree from Universidad Latina de Costa Rica, and went on to complete fellowships in Oral Implantology at Universidad de Chile and Oral Cancer and Maxillofacial Prosthodontics at MD Anderson Cancer Center, as well as a residency in Prosthodontics with the University of Alabama at Birmingham. His primary clinical interest is complex rehabilitation of dental implants.

JODI JASIONOWICZ, DMD

Clinical Assistant Professor, Department of Oral & Maxillofacial Pathology, Medicine, and Surgery

Dr. Jasionowicz received his dental degree from Temple Dental and completed an internship in oral and maxillofacial surgery at the University of Pennsylvania. His primary clinical interest is dentoalveolar surgery.

KEVIN KRICK, DMD

Clinical Assistant Professor, Department of Pediatric Dentistry

Director, Natasha Stavisky Children’s Dental Clinic

Dr. Krick earned his dental degree from Temple Dental and also holds a MS in Biotechnology from Pennsylvania State. Prior to joining the faculty and his appointment as director of the pediatric clinic, he was the Associate Clinical Director at a nonprofit pediatric practice in underserved areas of Philadelphia. He has also worked in general practice for a number of years and was a Clinical Associate at the University of Pennsylvania in the Department of Oral Medicine.

CHUKWUEBUKA ELOZONA OGWO, PHD

Assistant Professor, Department of Oral Health Sciences

Director, Master’s Program in Oral Health Sciences

Dr. Ogwo earned his dental degree at the University of Nigeria, a Master’s in Public Health from Western Illinois University, a Master’s in International Health from the Royal Tropical Institute, Vrije Universiteit Amsterdam, and his PhD in Oral Sciences (Dental Public Health) from the University of Iowa, where he also completed a residency in Dental Public Health. His research focus is on the application of machine learning and artificial intelligence in modeling oral health outcomes.
**Bhumica Patel, DMD**
*Clinical Instructor, Department of Restorative Dentistry*
Dr. Patel is a recent graduate of Temple Dental, where she earned her Doctor of Dental Medicine.

**Ahmed Sarhan, BDS, MS**
*Clinical Assistant Professor, Department of Endodontology*
Dr. Sarhan received his first professional degree in dentistry from King Abdul-Aziz University in Saudi Arabia. He spent three years in private practice before completing a fellowship in Endodontics from the University of Florida and a residency in Endodontics and MSc degree from the University of Michigan. He was a teaching assistant at both Florida and Michigan prior to joining Temple Dental.

**David Semeniuk, BDSC, MS**
*Assistant Clinical Professor, Department of Periodontology and Oral Implantology*
Dr. Semeniuk earned his dental degree from the University of Western Australia and completed his master’s degree and residency in Periodontology from the University of North Carolina Chapel Hill. He is Board Certified in Periodontology and Dental Implant Surgery and is a Fellow of the International Team for Implantology. Prior to joining the Temple Dental faculty, he held academic appointments at the University of North Carolina Chapel Hill and the University of Western Australia. Dr. Semeniuk’s research and clinical interests include bone augmentation, ridge preservation, implant dentistry, bone biology and mineralization, periodontal regeneration, the adjunctive use of lasers in periodontics and the use of 3D imaging and printing in dental practice and education.

**Christopher Singh, DDS**
*Associate Professor, Department of Oral and Maxillofacial Pathology, Medicine and Surgery*  
*Director, Sedation Center*
Dr. Singh received his Doctor of Dental Surgery degree from Indiana University School of Dentistry and completed a residency in anesthesiology from New York University Langone Hospital—Brooklyn. He joins Temple Dental as the Director of the Sedation Center.

**Varun Solanki, BDS, DMD**
*Clinical Instructor, Department of Restorative Dentistry*
Dr. Solanki received his Bachelor of Dental Surgery in 2017 from Maharashtra University of Health Sciences, India. He completed his certificates for a preceptorship in Hospital Dentistry/GPR program, as well as an Advanced Clinical Trainee in Advanced Education in General Dentistry residency 2018-19 from UCLA School of Dentistry, California. He graduated with his Doctor of Dental Medicine from the Advanced Standing DMD program at Temple University Kornberg School of Dentistry in 2021. Dr. Solanki is currently involved with research at the Smart Biomaterials Research Lab at Temple Dental; his work includes developing novel multifunctional biomaterials for periodontal disease treatment. His expertise ranges from in vitro models to animal models and clinical translation. He also has a strong interest in the management of dental care for medically complex patients.
FANG-YU SU, DMD, MS  
**Clinical Assistant Professor, Department of Restorative Dentistry**  
Dr. Su joins Temple Dental after completing her residency in Prosthodontics from Indiana University, where she also served as a teaching assistant in pre-doctoral didactic and clinical courses. Her research and clinical interests encompass intraoral scanning and CAD/CAM design and fabrication for dental prostheses.

SARA TOEMA, BDS, DDS  
**Clinical Assistant Professor, Department of Pediatric Dentistry Department**  
Dr. Toema received her Doctor of Dental Surgery from the University of Illinois. She also completed a residency at Temple University Hospital and a fellowship at Ohio State University and Nationwide Children’s Hospital. Her clinical interests include treating patients with special needs and children with early childhood caries, as well as esthetics for pediatric patients. Dr. Toema is a Diplomate of American Board of Pediatric Dentistry.

PING WANG, BDS, PHD, DMD  
**Clinical Assistant Professor, Department of Restorative Dentistry**  
Dr. Wang earned her Doctor of Dental Medicine from Temple Dental and also holds a Bachelor of Dental Surgery degree and a PhD from West China School of Stomatology, Sichuan University, China. She also completed a dental implantology residency from West China School of Stomatology, a postdoctoral fellowship at University of Maryland School of Dentistry and an Advanced Education in General Dentistry residency from Temple Dental. She is a scholar and fellow of the International Team for Implantology (ITI). Dr. Wang’s interests include the long-term esthetic outcomes of implant placement in the anterior esthetic zone, accuracy of digital dental impression techniques for implant-supported dental prosthesis and stem cells and calcium phosphate scaffolds for bone tissue engineering.

GERALDINE WEINSTEIN, DDS, MPH  
**Clinical Professor, Department of Restorative Dentistry**  
**Director, Digital Education and Practice**  
Dr. Weinstein earned her DDS from University of Maryland Baltimore College of Dental Surgery and an MPH from the University of Florida. In addition, she completed a General Practice Residency at Tufts School of Dental Medicine and a fellowship in General Dentistry at Brigham and Women’s Hospital, Harvard School of Dental Medicine. She joins Temple Dental after faculty appointments at the University of Pennsylvania School of Dental Medicine, Connecticut School of Dental Medicine, University of Florida School of Dental Medicine and Harvard School of Dental Medicine. Dr. Weinstein currently serves as Editor-in-Chief for Springer’s Clinical Dentistry Reviewed Journal. Her interests include the creation of digital workflows to improve efficiency and predictability of patient care, utilization of CAD/CAM dentistry in improving student learning and understanding of essential dental concepts and restorative dentistry focused on preserving natural tooth structure. She is spearheading Temple Dental’s conversion to a completely digital dentistry environment.
An afternoon session with four panelists looked at “Creating a Culture for Personal and Professional Success.” Sharing their insights were Dr. Kenneth Boberick, associate professor, Department of Restorative Dentistry, and honor code administrator; Dr. Tiffenia Archie, assistant vice president, Office of Institutional Diversity, Equity, Advocacy, and Leadership (IDEAL); Dr. Andrea Seiss, Title IX and ADA coordinator, Center for Equity and Inclusion; and Dr. Megan Patrick, assistant dean of students, Department of Student Conduct and Community Standards.

Dean Amid Ismail explained what the incoming class could expect at Kornberg as he set a tone of encouragement before the very comprehensive program began on August 17 in two newly renovated lecture halls.

Mentoring, wellness through meditation and mindfulness, debt management and microaggressions were among the topics addressed, “all necessary to consider for a successful journey through dental school,” notes Nyquist.

Shirley Moy, executive director of North Philadelphia Workforce Initiative at Temple University, described how Temple University and Kornberg engage with the North Philadelphia community.
"It was just amazing! After a year of pandemic learning on Zoom and not being socially connected, the students were excited to be together, collaborative and tuned into all of the support and resources that Kornberg and Temple have to offer," says Jo Ann Nyquist, associate dean in the Office of Student Affairs and Diversity.

Which are the best ways to build positive relationships with peers, faculty, prospective patients and others in clinical settings? Emotional intelligence and empathy were two elements that Assistant Vice President of Human Resources Operations Dr. Eric Brunner, above, and Dr. Marie Amey-Taylor, human resources consultant and adjunct faculty for Temple University College of Education, explored, leading students through a series of activities.

During each session of the many small group workshops, "students were moved around at tables so they could interact with different classmates and really get to know each other," explains Nyquist. "It was all part of the planning. We wanted them to know a lot of their peers by the time classes began the following week."

Ladan Dayyani, president of the 2021-2022 Student Council, outlined the many ways the Student Council serves as a voice and advocate for students.

Dr. Cary Klimen, ’66, wrapped up orientation on the fourth day with a detailed but humorous examination of dental history.
On September 24th and 25th, the Temple University Kornberg School of Dentistry partnered with MOM-n-PA to host a free community dental clinic. Over the course of two days, providers from the two organizations were able to screen approximately 900 patients and provided free treatment to 901 adults and children in oral surgery, restorative dentistry, dental hygiene, pediatric dentistry, endodontics and prosthetics. There were no income or eligibility requirements for patients to attend the event and receive care. MOM-n-PA is an organization of volunteers who provide an annual two-day free dental clinic in various sites throughout Pennsylvania. Almost half of the patients seen during the event signed up to become patients at Temple Dental and many have been scheduled to return to Temple Dental for additional care.

In addition to volunteers recruited by MOM-n-PA, Temple Dental faculty, staff and students volunteered in large numbers, with many arriving at 5:00 am and working 12 to 13 hours. The two days underscored Kornberg’s mission of promoting general and oral health to members of our community, and emphasized how important Temple dental is for the greater-Philadelphia community.
SUCCESSFUL PARTNERSHIP WITH MOM-N-PA PROVIDES MUCH-NEEDED ORAL CARE

The two days underscored Kornberg’s mission of promoting general and oral health to members of our community, and emphasized how important Temple Dental is for the Greater-Philadelphia community.

Left to Right: Speakers at the MOM-n-PA free dental clinic included Dean Amid Ismail of Temple University Kornberg School of Dentistry; Dr. Reetika Kumar of Independence Blue Cross; and Dr. Roosevelt Allen of United Concordia.

Several elected officials came out to support the community, including State Representative Darisha Parker, seen here in foreground.
On Friday, September 17th, Temple University hosted a new space dedication event to honor one of its most successful alumni and a treasured Philadelphia legend, Dr. David A. Bresler. A 1979 graduate of Temple Dental and the founder of Doc Bresler’s Cavity Busters, a large multi-location pediatric dental practice, Dr. Bresler served as a pediatric dentist to generations of Philadelphia children. He was also an influential educator and a member of Temple’s faculty. Dr. Bresler died in 2015.

The David A. Bresler Student Life Center has become a social and educational hub for students at the dental school. Dr. Bresler’s three children are also Temple Dental graduates - Joshua Bresler, DMD ’03, Jason Bresler, DMD ’06, and Rachel Bresler, DMD ’14 - and they each continue their father’s legacy in their leadership of the Cavity Busters practice and service to Temple.

HONORING MAJOR DONORS
In recent years, the School has received a combined total of more than $5 million in major gifts. These donors were also honored at the dedication ceremony:

Dr. Larry Stone, a devoted 1973 alumnus, focused his major gift on developing ethical understanding among dental professionals, supporting an annual symposium and lecture series on practical ethics.

Dr. Cary R. Klimen, Class of 1966, supports research at Temple Dental. A solo practitioner in the outskirts of Washington, D.C., he has established the Dr. Cary R. Klimen Research Program in Oral Health Sciences.

Dr. Jorge Blanco, 2002 graduate, and Dr. Rauda Jamis, emigrated from Cuba with no funds or resources. Dr. Blanco and his two sons (and now, granddaughter) all received their dental education at Temple Dental. They operate 14 dental practices in Miami. Their gift supports a new technology equipped lecture room/classroom for advanced group learning opportunities.
Drs. Bhaskar and Niranjan Savani, 1995 and 1996 graduates, respectively, emigrated to the United States from India to study at Temple Dental. After graduation, they developed a large multi-state network of dental practices, as well as operating a large mango farm in India. Their efforts in India include supporting sustainable farming practices to preserve the habitat and future of Asiatic lions. Their gift to Temple Dental supports a new technology equipped lecture room/classroom for advanced group learning opportunities.

Dr. Reem Shafi, a 1998 graduate, established and now owns more than 15 dental practices. Dr. Shafi has been committed to serving Temple Dental as a member of the Board of Visitors and as former president of the alumni association. Her gift supported Temple Dental’s digital dentistry training lab.

Dr. Kim Lyvan emigrated from Vietnam after the fall of Saigon. He eventually enrolled in Temple Dental and sustained himself by working as a dish washer in local restaurants and as an overnight aid in nursing homes. After graduating from Temple Dental in 1990, he moved to New York City where opened a practice in Chinatown. He is highly regarded by the New York Police Department for his care of first responders after September 11, 2001. His gift supported a conference room in the Bresler Student Life Center.

Faculty members Jo Ann Nyquist, Hana Hasson and Amid Ismail contributed to building the advanced David S. Bresler Dental Student Life Center. Ms. Nyquist’s gift created a yoga and meditation room, and Drs. Ismail and Hasson supported a conference room.

“THESE ALUMNI AND FACULTY HAVE ELECTED TO SUPPORT TEMPLE DENTAL WITH MAJOR GIFTS BECAUSE THEY HAVE WITNESSED THE SIGNIFICANT POSITIVE CHANGES IN THE CULTURE AND PROGRAMS OF THEIR DENTAL SCHOOL,” SAYS DEAN ISMAIL. “THE ALUMNI ARE RESPONDING BECAUSE THEIR ASPIRATIONS ARE BEING MET.”
A passion for healing has driven Dr. Joseph Agris, ’69, D.D.S., M.D. to provide much-needed basic medical care and reconstructive surgery in remote, often war-torn corners of the world.

Dr. Joseph Agris had just stepped out of a burqa and sandals, an effective disguise for escaping from recent captors, when he heard the crying of a young child. Moving down a long hall for a closer look, he saw a tribal family asking for help from a local doctor—a friend of Agris who had studied with him in Houston.

With large hands, soil-stained from years of farming, the father held a squirming five- or six-year-old boy, while the mother and daughters stood off to the side and behind. As head of the family, he was trying to explain the boy’s symptoms, but Agris knew it is always the mother, who daily attends to the children, who knows more. Listening to her, both doctors determined that the boy had polio. It is still rampant in Pakistan, as are so many birth defects, burns, maimings and war injuries in Asia and the Middle East.

In response, Agris has spent years working in some of the world’s most dangerous places with a medical team that simply asks, “What’s wrong, and can we fix what’s wrong with what we’ve got?” His rules are you don’t mention politics, tribal connections or religion. You respect the culture. And you do it all for free.

SURGICAL BACKGROUND AT TEMPLE

With a well-established and respected cosmetic, plastic and reconstructive surgery practice in Houston, Texas, Agris is perhaps best known for his decades of medical missions that also venture into Peru, China, and Russia. But it is Temple Dental, he says, that gave him the basics of oral surgery, so he could change lives, stopping the shunning and pain that come with disfigurement.

Primarily focused on children, he corrects a lot of cleft palates. In fact, it’s half of his work. He also treats acid burns on the faces of many young girls and women who violate Sharia law by being seen with a man who is not a family member.

“At Temple Dental, surgery was my favorite department,” he explains. “It was the beginning and the background for me. Without it, I wouldn’t have made it to the next step. I loved it, loved Philadelphia. If I didn’t study there, I don’t know what I would have done or where I’d be.”

After receiving a D.D.S with honors from Temple, Agris went on to graduate from Albany Medical College, and then served as a lieutenant commander and chief of surgery in the U.S. Public Health Service Commissioned Corps.

STAYING SAFE

“In Nicaragua, they call me Dr. Angel,” he notes with a smile. “And in Afghanistan, they call me the Crazy Texan because no one with brains would do this in a war-torn country.” Yet, he persists, traveling beyond major cities to local villages, bringing honor to the name, “American,” and forging trust by maintaining independence from any military or political alliances.
“We learn the language and dress the way they dress,” he says. Bodyguards, interpreters and sometimes force with small arms help keep them safe. But it’s his reputation for healing, often tipped off with his cowboy boots showing beneath a traditional robe, that generates looks of hope and friendly welcome.

Along the way, he teaches. “From the beginning, we’ve required student residents and their professors to go with us into surgery.” As a result, hundreds of physicians and surgeons have learned to perform advanced surgical techniques from Dr. Agris.

An admitted scavenger, he asks for and always brings donated equipment, eagerly anticipated as he returns again and again to the same countries. Visits last from 10 days to a month, and the hours of surgery are long. “People hear we’re coming and just show up in long lines with their kids.”

As a result, hundreds of physicians and surgeons have learned to perform advanced surgical techniques from Dr. Agris.

Asked what’s next, he mentions Israel as the next probable place on his schedule. Obviously, he is not ready to stop these missions that bring him “so much sweetness and joy,” even as he learns “the true meaning of strength from people who strive daily to move beyond their many challenges.”

—Dr. Joseph Agris, author of four books about his experiences and founder, with the late Marvin Zindler, of the Agris-Zindler Children’s Foundation that helps support his mission trips

REMEMBERING DR. HERBERT S. ROSEN

Dr. Herbert S. Rosen peacefully passed August 7th, 2021, at the age of 87, surrounded by his loving family. Born in Philadelphia in 1934, he attended Temple University, completing his undergraduate degree in 1955. He enrolled in the Temple University Kornberg School of Dentistry, where he received his Doctor of Medicine in Dentistry degree in 1960. From 1960-1963, Dr. Rosen served in the United States Navy as an officer, in charge of the mobile dental in the Fourth Naval District. In 1963, he went into private practice, and was actively seeing patients until his death. He felt it was very important to pass the wisdom he learned to the next generation, and he taught Practice Management for 41 years at the Kornberg School of Dentistry, recently retiring as a beloved professor. An active sportsman and fan, in 1971, he started Penn Valley Junior Sports Association so that his son could play baseball; this organization continues to train and inspire young athletes to this day. At age 57, he started competing in triathlons, which he continued until age 84. When explaining how he won so many gold medals in his category, Dr. Rosen would always smile and say that if he finished this endurance multisport race, a medal was guaranteed as there were no other contestants in his age class. As husband, father, grandfather, brother, uncle, mentor, colleague and friend, he made everyone feel significant and special. Dr. Rosen will be deeply missed at Temple Dental.
2022 CE COURSES

**Dr. Lance Kisby Lecture Series**
D $30 DT $15 Temple Faculty/Temple Residents/Students FREE

**Pedo Pearls** – Silver Diamine Fluoride, Thursday, December 16, 2021, 6:30pm - 7:30pm (1CE)

**Pedo Pearls** – Caries Management, Thursday, January 20, 2022, 6:30pm - 7:30pm (1CE)

**Pedo Pearls** – Restorative Dentistry in Pediatric Dentistry, Thursday, February 17, 2022, 6:30pm - 7:30pm (1CE)

**Monday, May 23, 2022 (Live via Zoom)**
The Many Faces of Toothache: A Practical Approach to Evaluation of Non-odontogenic Facial Pain
Dr. Chizobam Idahosa
9:00am – 12:00pm / 3 CE
Dentist $195 / Dental Team $95 / Temple Faculty $25 / Temple Residents/Students FREE

**Friday, September 16, 2022**
MANDATORY TRAINING - Opioid Training: Pain Management, Identification of Addiction and Guidelines for Prescribing or Dispensing Opioids
Dr. Marc Gottlieb
9:00am - 1:00pm / 4 CE
Dentist $195 / Dental Team $95 / Temple Faculty $25 / Temple Residents/Students FREE

**Friday, September 23, 2022**
Oral Lesions: Recognition, Diagnosis and Management
Dr. Chizobam Idahosa
9:00am - 4:00pm / 6 CE
Dentist $295 / Dental Team $125 / Temple Faculty $50 / Temple Residents/Students FREE

**Friday, September 30, 2022**
Updates in Pediatric Dentistry
Dr. Lance Kisby
9:00am – 4:00pm / 6 CE
Dentist $295 / Dental Team $125 / Temple Faculty $50 / Temple Residents/Students FREE

**Friday, October 7, 2022**
Clear Aligners
Dr. Harold Slutsky
9:00am – 4:00pm / 6 CE
Dentist $295 / Dental Team $125 / Temple Faculty $50 / Temple Residents/Students FREE

**Friday, December 9, 2022**
MANDATORY TRAINING - Act 31 Child Abuse Recognition and Reporting
Dr. Angela Stout and Mary C. Pugh, Esq.
9:00am – 11:00am / 2 CE
Dentist $125 / Dental Team $75 / Temple Faculty $25 / Temple Residents/Students FREE

**ALUMNI CALENDAR OF EVENTS**
https://dentistry.temple.edu/alumni/alumni-events

For more information, contact Nicole Carreno at ncarreno@temple.edu or 215-707-7541.

Or visit our website at https://dentistry.temple.edu/continuing-ed

Please feel free to take our survey so we can better our programs and offerings:
https://www.surveymonkey.com/r/JHFPYGC
To honor the legacy of Dr. Richard Weiss, who passed away on October 17, 2021, the Board of Visitors is planning to create the Richard C. Weiss Dental Leadership Fund which will support his vision for the continuing education of faculty and staff. Dr. Weiss was passionate about his desire that Temple Dental students learn from the absolute best and brightest faculty in the world. A graduate of the University of Pennsylvania’s School of Dentistry, he became Chairman of the Department of Periodontics at Temple Dental before becoming Executive Associate Dean of Business and Administration until his retirement in 2004. Dr. Weiss served as Chair of the Board of Visitors at Temple’s Kornberg School of Dentistry and as a member of the Board of Visitors at Temple’s Tyler School of Art and Architecture. His wife Dr. Sandra Harmon-Weiss is a Temple University Trustee; their son Eric completed his residency at Temple Dental and is a highly regarded periodontist in New Jersey.

Upon retiring from Temple, Dr. Weiss immersed himself in many endeavors, including educating the public in boating safety through the N.J. Coast Guard Auxiliary. He served on the Board of Trustees for Winterthur Museum, Garden and Library from 2004 to 2021. In addition to his scholarly activities, Dr. Weiss was a professional racecar driver who won many races in a variety of classes, culminating in a national championship in the IMSA Trans-Am Series.

Donations to the Richard C. Weiss Dental Leadership Fund may be made at dentistry.temple.edu/giving.