Building for Our FUTURE
# Kornberg School Dentistry Continuing Education Program

## 2009 Courses

<table>
<thead>
<tr>
<th>Date</th>
<th>Course Title</th>
<th>Speaker(s)</th>
</tr>
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<tbody>
<tr>
<td>September 4, 2009</td>
<td>Dental Caries Management from Detection to Tooth Preservation</td>
<td>Amid Ismail, BDS, MPH, MBA, DrPH</td>
</tr>
<tr>
<td>September 11, 2009</td>
<td>Minimally Invasive and Ultra Conservative Restorative Dentistry (HANDS-ON)</td>
<td>Randolph K. Shoup, DDS</td>
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<tr>
<td>October 16, 2009</td>
<td>Geriatric Dentistry and Clinical Patient Management</td>
<td>Gregory J. Folse, DDS</td>
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<tr>
<td>October 17, 2009</td>
<td>Going after the Bugs—Anti-Infective Periodontal Treatment Protocols</td>
<td>Thomas Rams, DDS, MPH/Larry Page, DDS, PhD</td>
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<tr>
<td>October 23, 2009</td>
<td>Hitting the Mark: Anatomy of Maxillary / Mandibular Local Anesthesia</td>
<td>Patricia L. Blanton, DDS, PhD</td>
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<tr>
<td>October 30, 2009</td>
<td>Ceramic for Esthetic and Functional Restorations in the Anterior and Posterior (HANDS-ON)</td>
<td>Richard Trushkowsky, DDS</td>
</tr>
<tr>
<td>November 6, 2009</td>
<td>An Evidence-Based Update on Dental Implantology</td>
<td>Marco Esposito, DDS, PhD/Dr. Leonard Abrams Distinguished Speaker Series</td>
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<tr>
<td>November 20, 2009</td>
<td>Women’s Health: Medical and Dental Considerations</td>
<td>Barbara J. Steinberg, DDS</td>
</tr>
<tr>
<td>December 4, 2009</td>
<td>Implementing Implant Restorations: Team Approach to Implant Dentistry (HANDS-ON)</td>
<td>David A. Little, DDS</td>
</tr>
<tr>
<td>February 24, 2010</td>
<td>Nitrous Oxide Sedation</td>
<td>Allen F. Fielding, DMD, MD, MBA/Stanton Braid, DMD/Andrea Haber-Cohen, DMD, MD</td>
</tr>
<tr>
<td>March 10, 2010</td>
<td>Dental Management of Emergencies and Medically Compromised Patients</td>
<td>Allen F. Fielding, DMD, MD, MBA/Gary Jones, DDS</td>
</tr>
<tr>
<td>March 19, 2010</td>
<td>Ethics in Dentistry-Ethical Principles and Code of Professional Conduct</td>
<td>Lillian Obucina, DDS, JD</td>
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<td>March 26, 2010</td>
<td>Updates in Pediatric Dentistry: Treating Tiny Tots to Teens</td>
<td>Lance Kisby, DMD, FASCD, FAGD, FAAPD</td>
</tr>
<tr>
<td>April 9, 2010</td>
<td>A Complete Guide to Predictable and Profitable Anterior and Posterior Esthetic Restorations (Hands-On)</td>
<td>Marvin Fier, DDS, FASDA</td>
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<tr>
<td>April 16, 2010</td>
<td>The Immediate Placement of Endosseous Dental Implants in Fresh Extraction Sites</td>
<td>Michael Peleg, DMD</td>
</tr>
<tr>
<td>April 28, 2010</td>
<td>Hypnosis and Treatment of Anxious Patients</td>
<td>Marc Gottlieb, DDS</td>
</tr>
<tr>
<td>June 17–27, 2010</td>
<td>10 Day Tour to Ireland</td>
<td>Practical Clinical Oral Pathology Jim Drummond, DDS, MSD, PhD</td>
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<tr>
<td>September 15, 2010</td>
<td>Ultrasone: Evidence Based Approach to Non-Surgical Periodontal Therapy</td>
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<td>Samuel B. Low, DDS, MS, MEd</td>
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<td>December 3, 2010</td>
<td>The Art and Science of CAMBRA: A Team Approach Using Chemical Treatments and Minimally Invasive Dentistry</td>
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<td>May 8, 2010</td>
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For more information, contact:
Dr. Ronald D. Bushick or Nicole Carreño
215-707/7541/7006 or visit www.dental.temple.edu/conted.htm.
Throughout its history, the School of Dentistry has been a leader in teaching and clinical care. Today, our new vision will define the future of dental care—in Philadelphia and around the world—for generations to come. To learn more about how you can take part in the Innovation Campaign, contact Dr. Amid I. Ismail, Dean Mauric e H. Kornberg School Of Dentistry

ismailai@temple.edu
215-707-2799

A New Vision to Promote Clinical Education and Care, Community Focus and a Global Outlook

The Innovation Campaign for the Maurice H. Kornberg School of Dentistry will support an exciting new vision in dental education. Building on its strengths in clinical training and community outreach, the School of Dentistry will:

- build a national model for 21st century dental education;
- treat underserved populations throughout the Philadelphia region;
- expand global outreach programs in education and service;
- develop and teach innovative practice-management principles; and
- graduate dentists with advanced skills and unsurpassed knowledge.

To turn this vision into reality, the Innovation Campaign seeks to raise $10 million over five years. Contributions from alumni and friends will support new clinical programs, renovate the clinical facilities, and foster new programs at the school.
Why I Give

“The education I got was terrific. Going through dental school there’s a feeling that it’s a burden—you’re studying and working hard all the time, including evenings and weekends—but thanks to the opportunity Temple gave me, I was able to go on to the orthodontics school of the University of Washington. I loved my profession and had a great 45 years.

“I view donating to Temple as a way to pay back and honor the school, the administration and the teachers who have given us the opportunity to make a decent living while practicing one of the real honorable professions.”

—Arthur Burns, ’59, Jacksonville, Fla.
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THROUGHOUT MY PROFESSIONAL LIFE, I have learned that the most difficult challenge we face is the failure to envision a different future. I have also learned that wherever we are in our life course, change is inevitable. Change is happening at a fast pace, and it is nowhere more evident than at the Kornberg School of Dentistry. The challenges we face today are not minor, however, we can overcome them if staff, students, faculty and alumni work together towards the shared vision of maintaining and advancing the clinical education, patient care, service and research missions of the school.

As the new dean of the Kornberg School of Dentistry, I contend that we need to recognize and leverage the opportunities we have and accept the fact that we live in a time of challenge and rapid change. Our future as a school must be predicated on the fact that students and patients are our primary customers. Students and patients have a symbiotic relationship in which each depends upon the other, and they both provide the faculty with great opportunities to develop and learn. The process by which both students and patients achieve their goals is due for re-examination at our school and at all dental schools in the United States. In my opinion, it is neither educationally sound, nor efficient, to provide care in isolated and sometimes disjointed steps.

We need a systematic approach to redesign the clinical operations of the school. Patient care is, and will continue to be, the primary focus of our efforts. In concert with our educational mission, it is the raison d'être for any dental school and, for Temple University’s dental school, it represents the backbone for growth and innovation. At the Kornberg School of Dentistry, we need to plow a new path for innovation in clinical dental education.
Innovation at the Kornberg School of Dentistry will start with developing a shared vision for a model that puts patients first. In a patient-centered care environment, we will involve patients in all clinical care decisions and services. We will review our clinical operations from the perspective of the patients, from the moment they enter the lobby and meet the staff or students, until they are finished with their dental care. We are now in the process of redefining the school’s clinical model for education and patient care to include a new system in which patients receive dental care in “comprehensive care clinics.” This new model will streamline the patient care process, eliminate long delays and waiting times, and focus on increasing the number of patients that we service. Students will have training in team management and collaborative patient treatment, and we will evaluate the outcomes of dental care to ensure that we are providing appropriate care within an appropriate time frame.

The Kornberg School of Dentistry is engaged in strategic planning to improve the quality of life for both our students and our patients. The school will develop a system of care that is compassionate and sensitive to the patients needs which, in turn, will provide the best educational system. We will create a new learning environment for students—our future alumni—with faculty members embarking on an exciting journey in which they will become leaders of change and innovation. Moreover, we also will create a new environment through the renovation of lecture halls, all clinics and the creation of a central sterilization unit.

It is incumbent upon all of us—students, staff, faculty and alumni—to be involved members of the Kornberg School of Dentistry family. As such, we can provide both intellectual and financial support that will pave the way for the creation of a new model for dental education—a model that will make our school a leader in the education of new members of our noble health care profession.

We will create a new learning environment for students—our future alumni—with faculty members embarking on an exciting journey in which they will become leaders of change and innovation.”

Amid I. Ismail
Dean
Kornberg School of Dentistry
Cell phone: 215-756-5993
E-mail: ismailai@temple.edu
High Demand for Graduate Programs

Entry into the four graduate residency programs offered by the Temple University Kornberg School of Dentistry is tremendously competitive, with applications far outstripping the 22 positions available each year.

Periodontology

Among the programs with the greatest recent applicant growth is periodontology, which in the past four years has gone from relatively few applicants to approximately 100 applicants annually for four available slots. The other programs—Orthodontics, Endodontology, and Advanced Education in General Dentistry—have consistently had strong streams of applicants.

“The profile and reputation of the department (of Periodontology and Oral Implantology) has increased dramatically because it’s become a strong didactic program with extensive practical experience in the placement of dental implants and other periodontal surgery,” says Jon Suzuki, DDS, PhD, MBA, professor, associate dean for graduate education and director of the graduate specialty program in periodontology. Upon completion of the three-year program, Suzuki estimates that graduates have performed at least 200 surgeries, including dental implants.

This includes, in the second half of the first year, six three-day advanced surgical oral implantology sessions given in Detroit, Mich., at the Misch International Implant Institute under the direction of Carl E. Misch, DDS, MDS, who has been appointed an adjunct clinical professor and director of oral implantology at Temple. This training helps partially fulfill requirements of the American Board of Periodontology.

In addition to completing a postgraduate certification in periodontology, graduates also conduct research that enables them to earn a Master of Science degree in oral biology. Graduates also receive both diplomate and fellowship status with the International Congress of Oral Implantologists.

Orthodontics

The orthodontics graduate program also stresses significant clinical experience, with residents in the 27-month program maintaining an active case load of approximately 65 patients. Graduates of the program have a reputation of being strong clinical orthodontists with solid foundation knowledge of the specialty.

Each year that reputation attracts 200 completed applications, with another 200 incomplete ones, for six resident positions. “Our faculty has a very serious commitment to ensure that our residents graduate as superb clinicians, men and women of science and with a significant business management base,” says Orhan C. Tuncay, DMD, chair of orthodontics and director of the graduate program. “We train them in a very high technical environment to get them ready to practice in 2029, not just 2009. Their diagnostic and treatment-planning skills are truly the best.”

Between the first and second years, the clinical training includes a two-week session in Tucson at the Charles H. Tweed International Foundation for Orthodontic Research & Education. Graduates of the program are qualified to become diplomates of the American Board of Orthodontics.

Endodontontology

Approximately 100 applicants vie each year for the six positions available in the graduate endodontology program, which offers both a two-year certificate program and a three-year Master of Science degree in oral biology. Regardless, all residents engage in research. All are also required to take the written portion, the first of three parts, of the Endodontic Board Certification. "In the 15 years I’ve been the director we’ve never had a failure," says Larry Koren, BDS, DMD, an associate professor and the graduate program director. “Quite a number of our residents have gone on to become diplomates of the American Board of Endodontics, which places our program among the country’s most elite.”

Other program strengths, says Koren, are its extremely talented and diverse faculty, an excellent clinical and academic balance, and a large and diverse patient pool. “A lot of programs don’t have many patients, but we have an abundant supply of patients who expose our students to a wide range of different types of cases.”

Although the program does accept students directly out of dental school, admission preference is given to academically accomplished applicants with previous clinical practice experience, prior research accomplishment and/or graduates of general practice residencies (GPR) or advanced general dentistry (AEGD) programs.

Advanced Education in General Dentistry

Temple’s own AEGD program is a one-year certificate program that annually attracts 35 applicants for its six slots. “One year in this program..."
is the equivalent of five years of dental practice going straight from dental school,” says Meredith “Merry” Bogert, DMD, an associate professor and the AEGD program director. “They do a tremendous amount of dentistry, and the growth they undergo in a year is exponential.”

The program, says Bogert, combines a highly structured didactic curriculum comprised of seminars and mini-courses with a clinical education that, due to the dental school’s rich patient pool and patient referrals, provides significant depth and breadth in terms of clinical experiences. “They come to us as relatively inexperienced dental graduates and our job is to help them make the transition from a senior dental student to a practice colleague, someone ready to start his or her own practice or to become an associate in a larger practice,” adds Bogert.

As part of the Temple University Health Sciences Center, the program’s practice base includes many outpatients with complex medical histories who are referred to AEGD residents for the dental care required before undergoing cardiac, renal or bone marrow transplant surgery, chemotherapy or radiation therapy for cancer. As the Baby Boomer generation ages, Bogert notes, “practitioners must be very comfortable not only with understanding patients’ conditions but also with the implications for their dental care as a result of the multiple medications they are taking.”

For information about the Kornberg School of Dentistry’s graduate programs, contact Jon Suzuki, DDS, PhD, MBA, associate dean for graduate education, at 215-707-7667 or suzuki@dental.temple.edu.

Graduate program directors include Meredith “Merry” Bogert, DMD, AEGD director; Larry Koren, BDS, DMD, endodontology director; and Orhan C. Tuncay, DMD, orthodontic director.

Congratulations, 2009 Graduates

The Class of 2009, which included 123 students, received their DMD degrees at a May 14 ceremony at the Academy of Music. In addition, 22 graduate students received their certificates of dental specialties. Besides conferring degrees, Dean Amid Ismail also tied a shoelace of Brody Loveland, age 6, while his father, graduate Jared Loveland, his sister, Brinley, age 1, and brother, Corbin, age 4, looked on.
Recruitment Initiatives: Enhancing the Pipeline to the Profession

To provide an alternative route for prospective dental school candidates, the Kornberg School of Dentistry is now partnering with the Temple University School of Medicine’s Post Baccalaureate Program. The new affiliation provides an exciting opportunity for five applicants to receive a conditional acceptance based on successful completion of the year-long program.

The dual medical/dental program is available to qualified nontraditional students — such as students who did not major in science as an undergraduate — or those applicants who have not quite met the academic standards to gain admission. Upon successful completion of the program, students will be admitted to the Temple dental school.

“The Post Baccalaureate Program includes a significant mentoring component,” says Lisa P. Deem, DMD, JD, associate dean for admissions, diversity and student services. “The program will facilitate admission to the school for applicants who otherwise might not have been successful.”

Among those students who could benefit are Pennsylvania residents, who represent just 2.8 percent of dental school applicants nationwide (Fig. 2), and legacy candidates whose relatives are graduates of the dental school.

As Deem notes, interest in the dental profession has been growing for decades (Fig. 1). The majority of incoming students cite the dentist’s lifestyle as the reason for interest in the profession. Applications to the Kornberg School of Dentistry have increased 500 percent in the past 18 years. For 125 positions the dental school had only 710 applications in 1990, compared to 4,500 in 2008. Academic qualifications have risen accordingly. The average entering

Fig 1.

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<th>Year</th>
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<td>03-04</td>
<td>7,937</td>
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<tr>
<td>08-09</td>
<td>13,025*</td>
<td>4,438</td>
</tr>
</tbody>
</table>

*Estimated figure provided by ADEA as of 7/13/09

Fig 2.

National Applicants 13,025 97.2%
Pennsylvania Residents 365* 2.8%

*Estimated figure provided by ADEA as of 7/13/09
A dental student will have taken at least 55 credit hours of science courses, earned a science GPA of 3.4 and a 19 Academic Average on the Dental Admissions Test.

The Office of Admissions, Diversity, and Student Services receives approximately 100 calls per year from advocates for dental school applicants. Advocates include the applicant’s family members, mentors, friends, trustees, city council members and state officials.

Currently, more than 10 percent of the dental school student body is comprised of legacy students whose parents, grandparents, brothers, sisters, cousins and spouses are graduates of the dental school. It is, Deem notes, in the best interest of the School of Dentistry to satisfy all alumni requests regarding admissions. To that end, legacy applicants are given preference in the admissions process. Preference includes being given first review and personal attention with academic counseling.

Some schools offer courtesy interviews for legacy applicants. However, the School of Dentistry’s principled admissions approach provides for interviews only for academically competitive applicants. “Interviewing non-competitive applicants is patronizing and unfair to the applicants,” says Deem. “For alums’ applicants who are not invited for a formal interview, we offer private, individualized counseling and a tour of the school.” To protect applicants’ privacy, detailed discussions of grades will occur only with applicants.

According to Deem, advocacy is most effective when it starts early in the student’s academic career and remains consistent throughout the process. Overcoming a poor academic record at the end of a college career is most difficult. High school and college students who are introduced to the Admissions Office early in their education are better positioned for admissions than academically weak students who apply when it might be too late. The School of Dentistry manages a comprehensive mentoring program that involves faculty, students and community dentists who are assigned to interested high school and college students. Additionally, the admissions staff will meet with legacy applicants to counsel them throughout their high school and college careers.

Temple University’s Kornberg School of Dentistry is the fourth-largest dental school in the country. “Working together with our extensive alumni base, we can make a difference in the school,” says Deem. “The Office of Admissions, Diversity and Student Services is available to serve you and your family. Let us help.”

For more information, call Dr. Deem at 215-707-7663.

Sally Gray, DDS,
Appointed Vice Dean

Sarah “Sally” Gray, DDS, MS, a long-time faculty member at Temple University Kornberg School of Dentistry, has been appointed the school’s vice dean.

“Given her extensive experience as both a student and distinguished faculty member, her management skills, her understanding of the school’s history and her unwavering commitment to this institution, I cannot think of anyone more appropriate to be vice dean of the school,” said Dean Amid Ismail, BDS, MPH, MBA, DrPH. “The growth and the changes we are proposing will require the leadership of more than just one person, and I am relying heavily on Dr. Gray to assist me in making our shared vision for the school become a reality.” Dr. Gray will continue to serve the school as the associate dean for academic and faculty affairs.

“I’m incredibly excited to have this opportunity to work with Dean Ismail. He is extremely dynamic and has a wonderful vision for the future of our school. I feel privileged to be a part of this extraordinary time of change,” says Gray, who was a Temple dental honors student. Her husband, Glenn J. Gray,
DDS ’80, currently practices general dentistry in Narberth, Pa.  “When I was enrolled in the prosthodontic postdoctoral program, I never intended to go into academia,” recalls the granddaughter of three teachers, “but I was offered a teaching position and have never regretted my decision to accept it.”

She quickly earned tenure and has since served in a variety of roles: assistant and associate dean for admissions and student affairs, acting chair of the Department of Prosthodontics, associate dean for clinical affairs, supervisor of the Admissions and Emergency clinics, director of the Treatment Planning and Preventive Dentistry/Recall clinics and director of the Division of Pediatric Dentistry. Since 2000, she has served as associate dean for academic affairs and, in 2006, she assumed the additional responsibility of faculty affairs.

“T’ve been fortunate to have worked with students, faculty and staff in many different areas of the school and that experience has given me considerable perspective,” she says. “I look forward to the challenge this new position brings, and to taking a lead role in the enrichment and revitalization of the Kornberg School of Dentistry.”

**Clinic Earmarked for Multimillion Dollar Renovations**

Renovations worth up to $25 million are being contemplated for the Kornberg School of Dentistry clinical areas. The renovations, coupled with planned changes in students’ clinical experience, are essential to achieve the school’s goal of becoming a more patient-centric institution.

Since it was built 20 years ago, the dental school’s clinical areas have received approximately two million patient visits. In response to the annual 100,000 annual patient visits, the dental chairs have been reupholstered twice. “But the floors and walls are the same and partitions and countertops are in disrepair,” says Michael Pliskin, DDS, PhD, associate dean for clinical affairs and chair of the Department of Oral and Maxillofacial Pathology, Medicine and Surgery.

Additionally, he notes, equipment and technology need to be significantly modernized. Planned renovations include new flooring, cabinetry, partitions, chairs, delivery systems, computers (to eventually go paperless), digital X-rays to replace wet film and a $4 million central sterilization facility.

Under a new clinical model (more details, p. 21), clusters of students under the supervision of several faculty members will handle all of a patient’s needs in the same chair and clinical area. Each of these “dental offices” will have its own dispensing area and support staff. This arrangement will eliminate the need for mobile student carts.

A committee of faculty and administrators chaired by Pliskin is currently working with the architectural firm of Ballinger in Philadelphia. It also is working with three vendors that are currently constructing delivery system prototypes that Pliskin’s committee will evaluate. “Dean (Amid) Ismail’s goal is to build the best dental school with the best equipment possible,” says Pliskin.

To fund the renovations, Temple University has made a significant multimillion dollar commitment. To complete the renovations, the school is seeking alumni to sponsor individual dental chairs. In what is believed to be a unique concept, the sponsoring alumni will also serve as mentors to the...
particular student utilizing the chairs. “It’s an opportunity to not only offer financial support for the school but to form a personal relationship and pass on your skills and expertise to a member of the next generation of dentists,” says Ismail.

If you are interested in exploring the possibility of sponsoring and naming a dental chair, please contact Gianna Fenimore, assistant director of alumni affairs and development, at 215-707-9005 or gianna.fenimore@temple.edu.

ADA Officials Praise School’s Research Days

To promote research and scholarly activities, the Kornberg School of Dentistry held research days on March 25 and 26.

As the American Dental Association reported in its ADA News, Dan Meyer, DDS, senior vice president, ADA Division of Science/Professional Relations, and Julie Frantsve-Hawley, PhD, director of the ADA Center for Evidence-Based Dentistry, attended and presented an update on the association’s EBD activities, including the center’s new web site, http://ebd.ada.org, which launched in March.

Meyer and Frantsve-Hawley also met with faculty program directors and advisors on how to incorporate the principles of EBD into current and future dental education at the predoctoral and postdoctoral levels at the Kornberg School of Dentistry.

“This was a wonderful opportunity to share knowledge and explore ways and means to integrate EBD into the curricula and ultimately, the student patient care clinics,” Meyer said. “It was a great first step and an enlightening experience for all involved—faculty, students and ADA scientists alike. Hopefully, this is the first of many opportunities not only with the Kornberg School of Dentistry, but with other dental schools throughout the U.S., to better integrate the principles of EBD into dental education and clinical care.”

“The ADA anticipates and hopes other dental schools will contact us for similar types of collaborations to help achieve common goals for the benefit of the patients we serve.”

Dean Amid Ismail told the ADA that the school is “embarking on an ambitious plan” and hopes to develop new integrated models where research and scholarly activities form the foundation for its vision for advanced clinical education and practice programs for the future.

“The success of the research day confirms that the school is on the right track to achieve its new vision.”

Additionally, Temple students presented posters for 31 research projects, with the top six receiving monetary awards.

Predoctoral student winners were:

• First Place: Catherine Timby, junior, “Interaction of Red Complex Oral Bacteria and Human Platelets.” She also received an ADA/DENTSPLY student research award and will represent the dental school by attending the research training program in Hawaii in October.

• Second Place: Colin Galbraith, sophomore, “Physical Properties of Experimental Luting Cement”

• Third Place: Akindeko Obebe, senior, “Comparison of the Effect of Hemostatic Agents on Collagen Induced Platelet Aggregation.”

Postdoctoral student winners were:

• First Place: Samia Hardan, graduate student in periodontology, “A Salivary Test Strip to Screen for Periodontal Disease.”

• Second Place: Linguo Lu, visiting research scholar in oral and maxillofacial radiology, “Ultrasonographic Features of Ameloblastoma: A Preliminary Study.”

• Third Place: Ramya Ramamurthy, resident in endodontology, “Comparative Study of Progressive & Constant Taper Rotary File Systems in Maintaining Apical Canal Curvature During Cleaning and Shaping of Root Canal Systems of Different Curvatures.”


Dr. Ahmed Khocht, associate professor of periodontology and Neha Patel, 2009 graduate in periodontology and implantology, share their findings during a research day poster session.
What brought you to Temple?
I was attracted by the dental school’s history, excellent clinical reputation, location in North Philadelphia, and strong patient pool. The large number of diverse patients with complex dental needs opens the door for new models in clinical care and dental education. We’re planning a strategic shift that will transform the school from being primarily an educational institution to being primarily a health care institution that educates advanced dentists to practice in a dynamic era. Our graduates have a reputation for having developed excellent clinical skills, and deservedly so. We want to build upon that unique legacy of outstanding skills and create a learning environment in which our students will excel even more.

What prompted you to go to dental school?
I have an older brother who is a dentist, two brothers who are physicians and a sister who is a pharmacist. I grew up surrounded by dental and medical books. I wanted to break the mold and become an engineer, but after some reflection, I decided to join the family and enter the field of health care by applying to dental school.

How did you first get involved in epidemiology?
I enjoyed clinical practice and did not choose to focus on studying public health with great enthusiasm. But that decision, which provided me with the opportunity to study at the University of Michigan, reshaped my life.

When I started my graduate education in epidemiology in 1979, I did not initially understand the new field. But I soon started enjoying the problem-solving skills, the global view of diseases and the understanding of the impact of diseases on human life. I excelled in my studies and decided to pursue a doctorate in oral epidemiology. After my first paper was published and appeared on the cover of the Journal of the American Dental Association in 1983, I began giving lectures and analytic presentations.
It has led to a career that has included: serving as a consultant to the Nova Scotia government to design a new universal dental health insurance program; working with the American Dental Association to define and develop the ADA policy on evidence-based dentistry (EBD); and chairing the ADA's Council on Scientific Affairs and serving as alternate-delegate to the House of Delegates. In April I was elected as a Pennsylvania Dental Association (District #2) delegate to the ADA House of Delegates.

**What generated your interest in health disparities?**

The driving forces in my life were the experiences I had in North Preston, Nova Scotia, and later on in Detroit, Mich., working with underserved populations. By working, I mean engaging mentally and operationally with community organizations and serving people in the way a colleague called “God’s work.”

In 1993, when I was professor and chair of the department of community and pediatric dentistry at Dalhousie University, Nova Scotia, Canada, I realized that even though I had written many research papers, obtained and managed large research grants and enjoyed teaching students, I did not feel that I had any impact on people’s lives. About that time I heard of North Preston, a community of about 3,000 residents near Halifax that reportedly is the oldest black community in Canada. In Halifax, I heard nothing but negative comments about the residents of North Preston. Prejudice was palpable. With a long history of experiencing discrimination and indifference, the community was very suspicious of the arrival of a professor from the elite institution of Dalhousie University. They had seen so many people like me who arrived, gathered information for their research projects and then disappeared.

My intent was not to conduct research, but to provide service to the community. Working with members of the North Preston community had more influence on me as a human being, academic, researcher and dentist than any school I ever attended. I drove there on a weekly basis and met with community members regularly. We were able to recruit the first black Nova Scotian to graduate from dental school, Dr. Jean Provo. We also started a new dental clinic which is still in operation.

“...you can’t just inject band-aid solutions, you have to address the deeper, complex issues affecting people: employment, housing, social conditions and the lack of social supports.”
Do you perceive any parallels between North Preston and North Philadelphia?

Yes, based on my experience in North Preston, and later in Detroit, researchers can collect data on people and write papers, but actually meeting people who suffer from social, economic, and health disparities provides a totally different perspective. You understand that you can’t just inject band-aid solutions, you have to address the deeper, complex issues affecting people: employment, housing, social conditions and the lack of social supports. If you live on one side of the economic divide and don’t know the other side, you can’t really appreciate what they are experiencing or provide what they need.

How have these experiences affected your research approach?

When you go into a community and say, “I’m doing research,” they think you will treat them as subjects in an experiment, that you are going to abuse them, get information, go away, and that nothing of value will come of it. That’s why people in underserved communities, including North Philadelphia, are very suspicious of academicians and institutions. The approach I’ve adopted over the past 10 years is to design intervention programs to help people, and then evaluate the effectiveness of the programs. This is a different approach to research because the goals are based on the community needs and demands.

After you returned to the University of Michigan you headed two National Institutes of Health initiatives. What did you learn?

The five-year, $1.6 million Detroit Oral Cancer Prevention Project was a multimedia campaign that also used community partners to heighten awareness. Over two years, we screened 1,000 residents and identified 73 with suspicious mucosal lesions. Four of these were oral cancers, and three of the four patients with cancerous lesions were able to be saved. My hope is to conduct a similar campaign here in Philadelphia. When you take time to instruct people about how they can detect and prevent cancer, it works.

The seven-year, $6.9 million Detroit Center for Research on Oral Health Disparities has been extremely successful in terms of its academic output. We have respect in the community and have influenced decision-making by families, community organizations and government agencies. Unfortunately, what was lacking was the empathy and passion of decision makers in local and state government to develop novel models to improve access and overall health.

Personally, this research has led me to become a different and better person. I saw poverty face to face and asked, ‘Why?’ I saw children with sparkling eyes and asked, ‘Why not?’

What did the oral health disparities study disclose?

The oral health disparities study underscored the social dimension of dental disease in an urban area like Detroit. This message hasn’t resonated a lot in the dental community, but we can’t solve dental problems solely through dental prevention or procedures. We have to address the larger social issues we’ve discussed. For example, if a mother believes nothing can be done to prevent her child from getting cavities, she might not take any preventive measures. But if you can convince her that she can play an effective role in keeping her child
disease free, she’s more likely to take simple, precautionary measures each day. Prevention is practiced at home; prevention is part of family life. This is a key message. When family life is under pressure and disrupted, we should expect a higher percentage of health disparities.

You organized or co-organized several national and international conferences that led to major changes in evidence-based health care and dental practice. Why are you a proponent of evidence-based dental care?

Over the past decade, the ADA has endorsed decisions based on the best available evidence to propose recommendations to patients or community groups. These include the NIH Consensus Conference on Dental Caries Management Throughout Life and the ADA Clinical Recommendations Panels on sealants and topical fluoride. I know some dentists may view this as an intrusion into their practices by insurance companies, which can twist evidence to their own advantage. But evidence-based care places the profession at a higher level. We’re not technicians; we are health professionals who must have a scientific foundation for our practice of dentistry. We have been able to change directions in terms of how we value evidence. The ADA has taken the lead in providing the best information to dentists and the community and in stressing that evidence must be integrated with patients’ preferences and the clinical experiences of dentists. Hopefully, the Kornberg School of Dentistry will partner with the ADA to provide the best evidence from systematic reviews for faculty and students, ultimately benefitting our patients.

How have all of these experiences converged to influence your vision for the Kornberg School of Dentistry at Temple University?

It’s clear to me that we have to move from focusing only on the education of our students to focusing on our dual mission of education and patient care. Medical education, for example, is divided into two arms: an educational arm through the school of medicine and a patient care arm through the hospital. Students are educated through the provision of care at the hospital. When you are a patient in a hospital affiliated with a medical school, they don’t tell you that the students are not here, or that they have an exam, or that there is no student to take care of you today so you’ll have to come back next month. These scenarios often happen at dental schools worldwide.

Instead, we have to become a patient-centered institution, which means patients are first, and by providing them with superior care in all regards, we will better educate our students. In being the first, or one of the few, dental schools to adopt such a patient-centered approach, we will enhance our students’ education so that they can become advanced clinicians with far better skills than their counterparts at other dental schools.

That’s our goal. ♦
A Day in the Life of the Clinic

The Core of Temple’s Dental School Training

In-depth, hands-on clinical experience continues to be the hallmark of Temple University’s Kornberg School of Dentistry. As the school becomes even more patient centered, the prominent role of the Dental Clinic will grow even larger.

Over the course of a year, the clinic handles 100,000 patient visits. In that regard, Tuesday, March 24, was typical. More than 180 patients ranging from a suburban real estate agent to a cement worker were seen and treated, contributing to the further education of juniors and seniors. The patients, in turn, benefit from the conscientious care of students delivering treatment under the skilled tutelage of Temple professors, both full-time faculty and practicing or retired adjuncts. And they do so for fees that, on average, are less than a third of typical dental fees.
8:40 a.m.: Endodontology Clinic | Alexandra Rozenblit is examining a 50-year-old Bucks County corrections officer, a patient who first came to her in the clinic last August. The woman is interested in getting a root canal on a right mandibular molar, a tooth Rozenblit last radiographed in August. But the patient is also complaining about another tooth, an upper left premolar (No. 13); she had lost a filling in it and fractured the tooth.

After taking updated radiographs of both teeth and examining her patient, Rozenblit presents her findings to John V. Esposito, DDS, associate professor and co-director of the undergraduate endodontology clinic. Discussing the molar, he asks, “Is it restorable?”

“I’m not sure,” she says. “Neither of them looks very good.”

“I saw old film from August,” he says, “and the tooth already looked like it would not have a good prognosis.”

While Esposito discusses the case with Patricia Paparcuri, adjunct instructor, Rozenblit consults with Susan M. Chialastri, DMD, associate professor and director of the predoctoral periodontology clinic. All three professors agree: although it would be desirable to save both teeth with root canals and crowns, the premolar is fractured while the molar has extensive decay. As Dr. Chialastri tells both Rozenblit and, in more patient-friendly language, the patient, it’s better to extract the premolar and molar because, “It’s all soft with undermined decay and there’s not enough sound tooth structure to properly restore, even with crown-lengthening surgery, especially with the short roots.”

For this patient Rozenblit previously had performed a root canal, a core buildup and two extractions. The senior, a native of Kiev who now lives in Warminster, Pa., explains to her patient that, after Rozenblit extracts the two teeth, she can opt to replace them with either implants or a fixed bridge.

9:15 a.m.: Fixed Prosthodontics Clinic | Kim DeWire is X-raying a patient of hers, a 52-year-old Glen Mills real estate agent to whom she had given an implant — the third she has restored — six months ago. A crown for the tooth, the lower right second molar (No. 31), will soon be placed atop the implant. A few minutes later, she enters the adjacent office of William Woody, DMD, a part-time associate professor, with the X-ray film.

“It looks like it’s seated (in the jaw bone),” she says of the implant. Reviewing the X-ray, Woody agrees. “What you’ve done looks good. What’s next?”

“Seating the metal coping to see how that fits,” says the senior from Coopersburg, Pa.

“Our students seem to excel in clinical dentistry,” Woody says after she leaves. “I’m prejudiced, but I don’t think anyone’s better.”

Back at her patient’s chair, however, DeWire is encountering a problem. At 0.5 mm, the metal coping she made is the proper thickness, but there seems to be insufficient room for the crown to be properly placed. “There seems to be a discrepancy with the model of your teeth,” DeWire, who made the model, explains to her patient. “I’m going

“You’re so good that it wasn’t bad the next day after the tooth extractions. You’re going to be my dentist when you graduate.” — Patient
to adjust it down and we’ll see what the professor thinks.”

Even after she grinds down the metal coping, however, she’s dissatisfied. “I’m not happy with it,” she tells Woody in his office. “I think I need to reduce the restorative abutment; the model shows more room than she has in her teeth.”

“How much room do you want?”

“At least one millimeter,” she says.

After DeWire remounts the crown, the fifteenth she has fashioned, Woody has the patient bite down and grind her teeth side to side on articulating paper. “Good call, I applaud you,” he tells DeWire. “Everything is the way you said it was.”

He agrees she needs to take a new bite registration, remount the models and reduce the restorative abutment. The patient, who has come to the clinic for nearly 20 years, is undeterred. “I feel like I get better care here,” she says. “Everything is checked and rechecked, and if I’m unhappy I can get another student or talk to a professor. Things are more open for discussion, and it’s more of a team effort.”

Back in his office, Woody is pleased with DeWire. “She made a beautiful call,” says Woody. “It was a little bit of a setback for her but instead of griping and moaning, she knew it was a problem and she also knew what needed to be done.”

In the future, students will not do all of their lab work, but DeWire understands its value. “What makes Temple is that we do our own lab work,” she says as she makes a new impression of her patient’s mouth. “It can be a little frustrating, but you learn to appreciate what a lab does so you’re more able to evaluate lab work.”

11:00 a.m.: Emergency Clinic

Matt Makuta, a senior from Hazelton, Pa., is examining a patient, a 42-year-old male mortgage industry specialist from Maryland, who is complaining about two molars, Nos. 2 and 32. The lower molar is bothering him the most. “Yesterday it was killing me, I had tears in my eyes,” he tells Makuta.

“Sometimes an antibiotic clears things up,” says Makuta, “but they’re both broken down. They both need to come out.”

“I’ll go with your professional opinion,” the patient says.

After consulting with Andrea Haber-Cohen, DMD, MD, an associate professor who also examines the patient, they agree two extractions are necessary. However, the patient opts to have just one pulled today and he agrees to come back when the clinic resumes at 1:30 p.m.

“What makes Temple is that we do our own lab work... you learn to appreciate what a lab does so you’re more able to evaluate lab work.” —Kim DeWire, ’09 senior
1:30 p.m.: Admissions Clinic

The first step in becoming a Temple Dental Clinic patient is to enter the Admissions Clinic, which sees up to 40 patients daily. This includes those seeking comprehensive dental care, those who want continuing treatment because they need to re-register with the clinic every two years, and emergency patients who are seeking immediate care. They come from as far away as Scranton, Harrisburg, New Jersey and Delaware. “The chief attraction: They receive complete care at a lower price,” says Tamara Jackson, DDS, assistant professor and director of the Admissions Clinic. “A lot of people don’t have dental insurance.”

“I’ve got a serious problem,” a cement worker is telling Benny Walker, a senior from Othello, Wash. “I have ongoing infections, I’ve been in the hospital and I’ve had a lot of teeth taken out. They break off at the gum line. My mom and dad both have bad teeth too.”

“Do you feel like you have an infection now?” Walker asks. “Last night I had an attack. I get pain and I have to brace myself on the sink and take Anbesol®.” He also complains of acid reflux and vomiting.

Explaining that “some people who come in here haven’t seen a doctor in a long time,” Walker conducts a thorough life history screening. He learns his patient smokes one-and-a-half packs of cigarettes a day, suffers from acid reflux and vomits frequently. However his blood pressure, which Walker measures, is a good 120/82 mm Hg.

“I never had my blood pressure taken at the dentist before,” says the patient, who admits he doesn’t get regular physician checkups.

“I first thought it was a little bit of overkill, too,” Walker says, “but one time I had a patient whose blood pressure was so low he had to go to the ER.”

After checking the patient’s neck glands, Walker—who is taking an associate’s position in Boise, Idaho—examines his mouth. All that remains are seven root tips, none a complete tooth.

“When I enter the real dentistry world I will work with an assistant every day, so working with one is so much more efficient and realistic. We benefit and the patients benefit.” —BRIENNE FLAGG, ’10 JUNIOR
“Part of the reason you’re having stomach problems is that you’re not able to chew food properly,” Walker says. “I don’t know if you were hoping to save any of these, but it doesn’t look like any are savable. Your teeth are infected and beyond repair.”

“Uh-huh,” the patient responds. “It must be like landing on the moon for you in there.”

“2:30 p.m.: Restorative Clinic”

Ben Johnson, a junior from near Seattle, Wash., is working on a 22-year-old woman from Allentown who has a cavity and requires a Class 2 distal occlusal composite filling on her first molar on the lower left side, No. 19.

After drilling away the decay Johnson—who is married with three children—consults with Allan G. Weisberg, DDS, a former part-time adjunct who is now a full-time assistant professor after retiring from his 40-year practice in Trenton, N.J. Examining the patient, Weisberg advises Johnson: “Your preparation is fine. I think you should put a band on it.”


“2:45 p.m.: Restorative Clinic”

One row away from where Johnson is working, Brienne Flagg, a junior from Newark, Del., is restoring a central incisor on a patient—a woman from the Philadelphia neighborhood of Overbrook—whom she has been treating for several months. The treatment began with several emergency extractions and will culminate in upper and lower partial dentures. Today Flagg is being assisted by Karen Scott, a dental assistant who has been working with students in the clinic since January—an innovation that will become more prevalent in the clinic.

“Sometimes she mixes materials, hands me instruments and suctions the patient’s mouth,” says Flagg. “We don’t usually get to work with an assistant and Karen is wonderful. You get a lot more done.

“When I enter the real dentistry world I will work with an assistant every day, so working with one is so much more efficient and realistic. We benefit and the patients benefit.”

“It’s so much more exciting and easier than working on plastic teeth. ... The patient interacts with you and it’s more of a challenge.”

—BEN JOHNSON, ’10 JUNIOR
3:15 p.m.: Restorative Clinic  
Less than an hour later, Weisberg is checking Johnson’s work. “That’s much better,” he tells Johnson as the patient bites down on and grinds a piece of articulating paper. “Your contact is good.”

Speaking to the patient, he asks, “Does it feel okay when you bite?”

“Yes,” she tells him.

“You’ll be able to eat better now,” her mother, a clinic patient since 1998, tells her.

“I get all my teeth done here,” she adds. “They’re good here and their prices are reasonable.”

The son of an oral surgeon, the previous day Johnson had filled two cavities in two molars of his brother Michael, a freshman dental student. “It’s so much more exciting and easier than working on plastic teeth,” he says. “The patient interacts with you and it’s more of a challenge. It’s also real, as opposed to fake, dentistry.

“We finally get to do what we want to do, and we get to establish a relationship and become pretty good friends with patients. You see what they need when they first come in and in two months to two years you send them out with everything they need and they look good.”

3:30 p.m.: Fixed Prosthodontics Clinic  
Makuta is inputting notes into a computer terminal regarding a tooth he prepared for a crown. Recalling his Maryland patient, he says, “It was pretty intense. We had to use a Hall drill to take it out in three separate pieces because of the roots being so long.”

It was Makuta’s sixty-third extraction in the past two years.

“I love my experience here,” he says. “It forces you to be self motivated. In terms of lab work, business management and general dentistry, you see pretty much everything here at Temple.

“It’s one of the school’s greatest strengths. Each patient has his or her own unique story regarding how they got here. And it’s neat that we get to help out lots of people who otherwise would not receive treatment, especially emergency oral surgery, which would cost three to four times as much elsewhere.”

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A Day in the Life of the Predoctoral Clinic

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“I love my experience here. It forces you to be self motivated. You see pretty much everything here at Temple.” —MATT MAKUTA, ’09 SENIOR
Significant Transformation on the Horizon for Dental Clinic

The heart of the Kornberg School of Dentistry, the undergraduate dental clinic, is poised to undergo significant changes as the school evolves into a more patient-centered institution. In creating the equivalent of a dental hospital, the initiatives will better emulate current dental practices and benefit both students and patients, says Michael Pliskin, DDS, PhD, associate dean for clinical affairs and chair of the Department of Oral and Maxillofacial Pathology, Medicine and Surgery.

In place of what Pliskin terms “discipline-based fiefdoms” in which patients go to one or more distinct clinics — periodontology, endodontology, restorative dentistry — patients will receive all the care they need in one location.

“I’ve been practicing since 1970 and this much more simulates the real dental environment,” he says. “Patients will get fillings, root canals, crowns, bridges and gum treatments all in one chair, with the care being provided by a cluster of dental students assigned to a group leader or manager under the supervision of clinical faculty, including general dentistry, endodontology and periodontology professors.”

Each cluster will have support personnel who would function like receptionists, handling such matters as payments, insurance and appointments — details students currently help handle. Laboratory modeling requirements would also be reduced, but not eliminated, freeing up students to see more patients and learn how to work with dental laboratories.

“It removes the burden of what I consider inappropriate scut work from the students and gives them a more relevant education, both in the clinical arena and in running a dental office,” says Pliskin. “Patients will get more comprehensive, efficient care and the students will have more time available to get even more clinical experience, so it’s a win-win situation for everybody.”

This new model, Pliskin says, should eliminate or minimize the current four-month patient backlog and increase revenues for the school and the university, revenues that can be plowed back into school resources.

So far two committees comprised of both faculty and administrators have made recommendations, respectively, for a new clinical model and for extensive clinic renovations, including a $4 million central sterilization facility, digital X-ray equipment and renovated treatment areas.

“It’s not that we need to improve the students’ clinical education in terms of what we teach and how competent they are as general dentists,” says Pliskin. “It’s that we need to create an easier way for them to obtain that education and, in the process of increasing their clinical education, make it a more pleasant journey.

“We’re poised to take a good group of students and a good faculty and improve the system to make it more functional, effective, compassionate and caring and, in doing that, I have no doubt that we’ll have the best dental school in the world.”

“Patients will get more comprehensive, efficient care and the students will have more time available to get even more clinical experience, so it’s a win-win situation for everybody.”

—Michael Pliskin, DDS, PhD
The Kornberg School of Dentistry’s outreach efforts are being strengthened through a philosophy that stresses formal institution-to-institution global collaborations. These efforts, says Dean Amid Ismail, reflect the university’s global mission.

“Temple’s strategic plan includes global outreach, and the Kornberg School of Dentistry needs to be part of that,” says Ismail. “We have a lot of experience at the dental school that can be shared with the global community and vice versa. These activities can enhance faculty and student understanding of issues facing different parts of the world.”

In addition to existing global outreach efforts, such as the Haiti Project (see following story), another initiative being considered to strengthen the school’s global presence includes Temple’s proposal to expand the Bridge to Peace program. This program began over a decade ago to enhance care and education through dentistry, while forming a peaceful bridge in the Middle East between Jews and Arabs.
Bridge to Peace

In Jerusalem, the Bridge to Peace program links faculty and students of Al-Quds University and the nearby Hebrew University Hadassah School of Dental Medicine, which was founded by the Alpha Omega Fraternity. The program, which is sponsored by the D. Walter Cohen Center for Middle East Education, has supported a number of annual symposia that have been attended by thousands of dentists, professors and students from Palestine, Israel, Turkey, Cyprus, Greece, Tunisia, Morocco, Egypt and the U.S.

Dental schools at University of Pennsylvania, Harvard and Case Western Reserve, and the medical school at Drexel University, where Cohen, DDS, is chancellor emeritus, have participated in the program.

“When Dean Ismail heard about the program, he was very interested and said he wanted Temple to participate,” says Cohen. “I think it’s wonderful that he, himself, is originally from the Middle East.”

Steve Kess, vice president of global professional relations for Henry Schein Inc., a longtime financial supporter of the Cohen center, believes that the concept is “a phenomenal idea to develop an international educational relationship program in which students can have multicultural and multi-institutional exposure.”

Under the Temple proposal, beginning in 2010, 10 dental faculty members and 10 students from Temple and other U.S. dental schools would first undergo a three-day educational program at Temple to explore the diverse issues facing their Middle East colleagues. They would be assigned to Israeli and Palestinian partners, with online access to their partners to initiate discussions before traveling to Jerusalem. During a two-week visit there, the U.S. team would engage in a “Train the Trainer” program in Israel, present on their areas of expertise, participate in classes and clinical exercises, and share in the daily lives of their Israeli and Palestinian hosts.

Afterwards, the 20 U.S. participants would review and discuss their experiences and share their perspectives through writing and publishing papers or editorials on building bridges in health care and society in dental journals in the U.S., Middle East and Europe and on a dedicated Temple University web site. Further collaborations, says Ismail, may develop.

Adam Stabholz, dean of the Hadassah School of Dental Medicine, met with Dean Ismail and a small group of Kornberg School of Dentistry administrators and faculty on April 15 to embrace Temple’s participation. “Your suggestion,” he told Ismail, “to form a unique group of educators and students who reside in America and are willing to maintain permanent contact with Israeli, Palestinian and other Mideast counterparts is the essence of our belief that dental medicine can bridge over conflicts between people and that peace can be achieved by those who have a true interest in living together, rather than relying on governments who have their own agendas.”

Other potential revenue-generating initiatives currently under consideration include:

• A program to train dental faculty of the Muhimbili University of Health and Allied Sciences’ School of Dentistry in Dar es Salaam, Tanzania, the nation’s only dental school.

• A proposal to educate three qualified Kuwaiti students per year, both as undergraduates and dental students, in exchange for the creation of a dental scholarship fund for Pennsylvania residents enrolled in Temple’s Advanced Education in General Dentistry graduate program.

• A collaboration with the Future University of Egypt, in Cairo, in which students and faculty participate in an exchange program, and share lectures and seminars through distance learning. To buttress Temple’s university-wide global mission, in April Ismail was part of a contingent of Temple representatives who met in Cairo with Future University officials to explore this potential collaboration. The group also included Peter Doukas, PhD, dean of the School of Pharmacy; Magid Abou-Garbia, a professor of pharmacy and a world-renowned researcher; and Keya Sadeghipour, PhD, dean of the College of Engineering.
REACHING NEW WORLDS

DENTISTRY FOR THE COMMON GOOD

Seven years ago, after returning with his father from his first Haiti Project trip as a junior dental student, Joshua Bresler, DMD ’03, was shocked that his 16-year-old sister, Rachel, was complaining about her first car’s seat coverings.

“Rachel, are you crazy?” he told her. “We just came back from Haiti where the people have no food and no shoes and you’re complaining about getting a car with cloth seats instead of leather!”

Now a junior dental student, Rachel understands. On a trip led by her brother and accompanied by her father, David Bresler, DDS ’75,’79, and younger brother, Jason Bresler, DMD ’06—Philadelphia area pediatric dentists and Temple faculty members—she spent the third week of March extracting teeth in eight Creole-speaking rural mountain villages in southwestern Haiti.

“I’ve never experienced anything so emotional,” she says. “Most of the kids didn’t have shoes, and they’d be standing by the side of the road at the top of a mountain in a torn tee-shirt and no underwear. That was hard, but the most amazing thing was that they were genuinely happy to see us.”

This year’s trip, the 13th annual Temple Haiti Project— included Rachel Bresler and two other juniors who will serve as student leaders next year; seven seniors; the Breslers and Tyler Twiss, DMD ’05, of Highlands Ranch, Colo. Sometimes by SUV’s that, on occasion, had to ford streams, and sometimes by plane, the Temple team headed out each morning. When they arrived as many as 100 people, some of whom had walked for hours, were waiting for them. Over the course of the week the Temple team extracted anywhere from one to 16 abscessed teeth from nearly 750 patients.

“We had to do some full-mouth extractions and it’s very rewarding to be able to clear up these infections and get these people to the point where they’re not living in pain every day,” says Joshua Bresler.

And they did so under the most primitive of conditions, without lights, electricity, drills or suction, with patients often seated out in the open in lawn chairs. Says Josh Bresler, “The students’ surgical and patient management skills get 10 times better every day and, especially with the junior students, between day one to day five or six they advance so much that you can’t tell the juniors and seniors apart any more.”
“As a dental student you are so stressed out about getting good grades and then you go to a country like this where kids eat mud pies and the stresses that are bothering you seem so trivial.”

—JASON BRESLER, DMD ’06

Kelley Eltringham, a 2009 graduate, extracting a tooth.
That’s not all that changes, says his brother, Jason: “As a dental student you are so stressed out about getting good grades and then you go to a country like this where kids eat mud pies and the stresses that are bothering you seem so trivial.”

This is a useful lesson for any dentist, adds his father, who led a number of previous trips. “Students get to see how the poorest people in the entire world live,” says David Bresler. “Everybody also knows that there are poor people in the U.S., and this experience gives students the opportunity to see how important it is to help the under-privileged.”

“In the Philadelphia area there are about 50 pediatric dentists and only three of us treat welfare children. That’s a shame.”

The annual Haiti Project trip is conducted under the auspices of the Haitian Health Foundation, whose founder and president, Jeremiah Lowney, DDS ’61, is a Connecticut orthodontist. It is supported financially by Temple University, the dental school alumni association and student-run fundraising efforts, which include an annual 5K race. Henry Schein Inc. makes in-kind donations of dental supplies, including tooth brushes that the students distribute to Haitian villagers.

For more information, go to www.templehaiticlub.com. To support next year’s trip, please contact Gianna Fenimore, assistant director of alumni affairs and development, at 215-707-9005 or gianna.fenimore@temple.edu.
The Highly Inventive  
Daniel W. Boston, DMD

Since he was named the Laura H. Carnell Professor of Restorative Dentistry in 2000, Daniel W. Boston, DMD, has received four dental patents.

“I developed them all here at Temple over the past 10 years,” says Boston, who joined the faculty as an associate professor in what was then the Department of Operative Dentistry in 1989. “Working with students, treating patients myself, and knowing the literature, I understand the problems in dentistry and start to think about solutions.

“It’s been a highlight of my career here to be able to have the resources necessary to take an idea and develop it into something that is patentable and of commercial interest.”

His patents include commercially available specialized dental burs that permit very conservative preparation of a tooth (2001); his first patent (2000) designed to remove decay selectively from within a tooth; a further development related to this patent (2002) and a device and method for discerning whether small carious lesions in between teeth that appear in X-rays require remineralization or restoration (2007). To create prototypes for the decay-removing bur, Boston used a precision micro-lathe to custom mill various shapes and designs, and then evaluated their performance. All of the patents, for which foreign patents are pending or issued, have been assigned to Temple University via the Office of Technology Transfer.

As chair of the Department of Restorative Dentistry, Boston was instrumental in the 1997 merger of the departments of Operative Dentistry and Prosthodontics into the newly formed Department of Restorative Dentistry, which he has chaired ever since. “It was an exciting opportunity to work with dedicated faculty to create, update and merge the two curricula,” says Boston, who also is an associate professor of oral biology in the graduate program. “We recently finished another major departmental curriculum review and identified an exciting and forward-looking list of revisions that we’re currently implementing.

“Restorative dentistry is a rapidly changing field, and there are a lot of possibilities to constantly consider in terms of materials and techniques in order to give our graduates the best foundation for beginning their practices.”

Additionally, Dr. Boston recently introduced an online group project in his dental materials course for freshmen that utilizes Temple University’s web-based electronic Blackboard system. “It’s an authentic experience that allows students to apply dental materials knowledge to currently available professional products early in their dental education,” says Boston. “It’s a really exciting approach, made possible by Temple’s strong commitment to educational technology.”

“It’s been a highlight of my career here to be able to have the resources necessary to take an idea and develop it into something that is patentable and of commercial interest.” — DANIEL W. BOSTON, DMD
Maria Fornatora, DMD:
Truly a Great Teacher

As a student two decades ago at the University of Connecticut School of Dental Medicine, Maria Fornatora became fascinated by oral pathology.

“My interest in oral pathology began with my enthusiasm for the basic sciences, particularly general pathology. The investigative and scientific nature of pathology appealed to me right from the start,” says Fornatora, an associate professor and director of oral pathology who is just one of three Temple University professors to be awarded the university’s prestigious Great Teacher Award this year. “I chose the specialty of oral pathology for the intellectual challenge and gratification that comes from this area of clinical care.”

After a year of private practice and three years as an oral and maxillofacial pathology resident at The New York Hospital Medical Center of Queens, Fornatora came to Temple as an assistant professor in the Department of Oral and Maxillofacial Pathology, Medicine and Surgery, and of Oral Biology in the Temple University Graduate School.

“As oral health care providers, it’s important to teach our students to be able to treat the patient as a whole,” says Fornatora, who became an associate professor in both the dental and graduate schools in 2003. “We need to educate our students to provide not only high quality care for the teeth, but also to be able to diagnose and manage a variety of soft tissue diseases that can have a significant impact on quality of life and have implications for a great deal of morbidity and mortality.” Fornatora teaches four oral pathology courses; three to predoctoral students in the second, third and fourth years, and one to postdoctoral students.

In conjunction with the Fox Chase Cancer Center, Fornatora is currently participating in National Cancer Institute-funded research examining the role of human papillomavirus in oral leukoplakia. She also serves the National Institutes of Health as a grant reviewer.

In addition to teaching, Fornatora has served as the school’s director of patient admissions since 1999. Screening new patients in the Admissions Clinic, she says, “gives students the practical knowledge they need to evaluate a patient’s health history and conduct a head and neck soft tissue examination, with an emphasis on the oral cancer screening exam. They have an opportunity to learn how to examine the oral and maxillofacial structures and are introduced to the dental management of medically complex patients.”

“Inspiring students to be as passionate about the discipline of oral pathology as I am is vital to me,” adds Fornatora, who also won the dental school’s 2004 student appreciation award. “I really care about making sure that the students are well equipped and empowered to be competent, compassionate, enthusiastic diagnosticians.”
Robert J. Bray Heads American Association of Orthodontists

Robert J. Bray, DDS, MS, who has been a clinical associate professor of orthodontics since 1997, in early May became president of the American Association of Orthodontists.

“We want to stress the need for ongoing education for our AAO members, something I also stress to the residents in my graduate orthodontic seminars at Temple,” says Bray, who with his partner, E. Gregg Pfund, DDS, MSD, who graduated from Temple’s orthodontic program, operates five “Brayces” offices in the Atlantic City-Wildwood area of southern New Jersey. “We also want to raise the awareness of the general public because orthodontists receive an additional two to three years of specialized education beyond dental school to learn the proper way to align and straighten teeth.”

“Another critical issue for us is the recruitment and retention of faculty at the more than 65 orthodontic programs throughout the country.”

Previously Bray served as AAO’s president-elect and treasurer, and for eight years as a trustee of the AAO, the oldest specialty organization in dentistry. An honorary member of the Temple Orthodontic Alumni Association, Bray is also the past president of the Middle Atlantic Society of Orthodontists, one of eight regional organizations of the AAO.

To promote ongoing education of orthodontists, in June Bray will travel to Helsinki, Finland, for a meeting of the European Orthodontists Society, and next year will travel to Sydney, Australia, for the fourth meeting of the World Federation of Orthodontists, which meets every five years.

“This is really, really fulfilling,” he told the Press of Atlantic City. “I’m blessed to be in the field and have thoroughly enjoyed it.”

Color-changing Strips Effective in Screening for Periodontal Disease

Ahmed Khocht, BChD, DDS, MSD, associate professor of periodontology, and a team of Temple researchers have determined that color-changing oral strips can help detect gum disease in a patient more quickly and easily than traditional screening methods.

The researchers led by Khocht looked at the strips’ effectiveness in detecting periodontal disease among 73 patients divided into three groups: healthy, those with gingivitis and those with periodontitis. Color reaction was scored based on a color chart, and those scores were compared with scores from traditional clinical evaluation methods such as plaque index, gingival index, attachment levels and bleeding on probing.

Researchers found strong correlations between the numbers from these tests and the numbers from the oral strips, suggesting the strips would be a comparable screening method.

“The strip changes from white to yellow depending on levels of microbial sulfur compounds found in the saliva,” said Khocht. “A higher concentration of these compounds means a more serious case of gum disease, and shows up a darker shade of yellow.

“Because the strips can change color, they can also act as a benchmark to help doctors find the right treatment for their patients and monitor their progress.”

In addition to Khocht, the Temple research team included: Samia Hardan, DDS; Sebastien Dujardin, DDS; Maged Khedr, BDS, DMD; Beth Patton, RDH; and Jon Suzuki, DDS, PHD, MBA. Funding for the study was provided in part by ALT BioScience of Lexington, Ky. —Renee Cree
FACULTY BRIEFS

RESTORATIVE DENTISTRY

Daniel Boston, DMD, associate professor and chair of restorative dentistry, was awarded Brazilian Patent PI-9116234-2, Selective Dentin Caries Excavator, on Nov. 18, 2008. The patent was assigned to Temple University.

Boston and his restorative dentistry colleagues also authored the following publications:


PERIODONTOLOGY AND ORAL IMPLANTOLOGY

Thomas E. Rams, DDS, MHS, chair of periodontology and oral implantology, has been recognized by Temple University President Ann Weaver Hart for his research work in periodontics and has been named the Paul H. Keyes Professor of Periodontology. The honor has been bestowed upon Rams for five academic years for his talent as a dentist, a teacher and a scholar.

Rams and his Temple periodontology colleagues also presented the following at the American Association for Dental Research’s 38th annual meeting in Miami, Fla., in April 2009:


Albandar was also quoted in the Wall Street Journal on Feb. 20, 2009, in an article that attributes an increase in pipe tobacco sales to pipe smoking by college students and other young Americans:

“*The end result would be they’ll have fewer teeth,‘ says Jasim M. Albandar, a professor of periodontology at Temple University, in Philadelphia. Dr. Albandar headed up a study published in December 2000 that focused on the dental impacts of pipe and cigar smoking. He found that pipe smokers had severe plaque, inflamed gums and higher risks of periodontal disease, even though they tend to smoke less often than cigarette smokers do.‘”

The article is available online at: http://online.wsj.com/article/SB123509294170728733.html

ENDONTOLOGY

Daniel Uzbelger Feldman; Od, DMD, assistant professor, presented a dental fluoroscope project he has developed at Massachusetts Institute of Technology’s Entrepreneur Showcase in December 2008 in Cambridge, Mass. More than 100 companies applied for 30 showcase positions; Feldman’s work was selected to be showcased by a selection panel that consisted of representatives from Flybridge Capital, Globespan Capital, Sequoia Capital, Brown Rudnick and KPMG.

Roy H. Stevens, DDS, MS, professor and chair of endodontology, received a Temple University grant to research “Sequencing the genome of the Enterococcus faecalis bacterial virus phiEf.” He also directed a three-day program in September 2008, “Academic Review of Endodontology,” that was attended by 175 endodontists and graduate endodontics students from 25 U.S. graduate programs.

Cemil Yesilsoy, DMD, MS, associate professor, co-director of the Undergraduate Division and director of the Undergraduate Clinic, lectured on “Modern Endodontic Therapy and Their Complications” at a joint meeting of the Turkish Endodontic Society and Kosovo Endodontic Association on April 23 in Antalya, Turkey.

PEDIATRICS

David A Bresler, ’75, ’79, adjunct faculty member, received the Certificate of Honor Award for the Kornberg School of Dentistry at Founders Day on May 16.
If it’s true that dentistry is both an art and a science, freshman William “Will” Bell is particularly well positioned to succeed—both by virtue of his birthright and his undergraduate education. Born in New Orleans and raised in New Bern, N.C., Bell’s mother was an art history major and his father is a vascular surgeon. A year ago he graduated from Tulane University with both a BS degree in evolutionary biology and a BA degree in art studio painting and drawing.

And he is continuing his dual interests at Temple, where he is taking advantage of Temple University’s superb Tyler School of Art by taking a weekend continuing education class in portraits and the figure. “For me, art has always been something to balance out the sciences,” says Bell, whose work ranges from realism and illustration to abstract expressionism. “I’m very fond of portraits, figures and illustrations. And I’ve always been fascinated by anatomy from both the biological and artistic perspectives.”

Bell sees a direct correlation between his two-dimensional artwork and three-dimensional dentistry. “My sculpture professor always said the best sculptors are those with the best command of drawing,” he says.

As for dentistry, Bell has both an aunt and uncle who practice in New Bern. “I’ve always viewed dentistry as the artistic brother of medicine,” he says. “I never considered being a professional artist, but there are a lot of dentists who pursue art and consider themselves artists. I appreciate the ability to work with your hands, focus on aesthetics and still have the rewarding opportunity to work with patients.

“I grew up around medicine, and my father instilled in me the need to help people in any kind of medical need.” Bell admits his first choice for dental school was the University of North Carolina. But today he would reject an offer from UNC, even if it meant just paying in-state tuition. “I feel I’ll be a far better dentist because the clinical experience I’ll be getting here at Temple is head and shoulders above the rest,” he says. “And although I didn’t know much about the Tyler School of Art before I arrived, I’m very excited about it and very happy to be here.”
Joshua Davis, DMD '07, a second-year orthodontics resident, won first prize in the Charley Schultz Resident Scholar Award for Scientific Research competition at the American Association of Orthodontists (AAO) Annual Meeting in Boston in May. Davis was the lead author of an abstract and poster presentation, “Electrospun Polycaprolactone Nanofiber Scaffold Radially Aligns Periodontal Ligament Stem Cells.” The work was selected by a panel of judges from the AAO’s Council of Scientific Affairs. Davis’ research involved getting periodontal ligament stem cells to successfully grow in a radial pattern around a titanium disk scaffolding, thus mimicking a natural periodontal ligament.

The clinical significance, according to Davis’ poster: “Children with congenitally missing or premature loss of permanent teeth have to wait until growth is completed to receive implants, which invariably leads to deficiency in alveolar bone and negatively influences jaw bone growth. If an implant supported by a functionally competent peri-implant ligament could be placed and moved orthodontically to keep pace with growth of the alveolus and jaw bones, the patient could have a fully functional restoration at a much earlier age.”

Davis’ co-authors included Stosich; Robert Mauck, PhD, assistant professor of orthopaedic surgery at University of Pennsylvania; and Davis’ supervising professor, Hyun-Duck Nah, DMD, PhD, a clinical associate professor of orthodontics at Temple who also is the research director of plastic and reconstructive surgery at The Children’s Hospital of Philadelphia and the University of Pennsylvania, where the research was conducted.

Colin Galbraith, '11, has received one of two research scholarships given to students each year by the Philadelphia Academy of Stomatology. Galbraith is conducting research on dental materials under the supervision of Daniel Boston, DMD, and Steven R. Jefferies, MS, DDS, restorative dentistry professors. He presented his research, “Physical Properties of a Novel Luting Cement,” to the academy in February; at the fall 2008 Hinman Student Research Symposium in Memphis, Tenn., where he was the Kornberg School of Dentistry’s student representative; and in early May at the ADA Dental Students Conference on Research in Gaithersburg, Md.

Michael Stosich, DMD, ’09, a recent graduate who is now an orthodontics resident at Temple, won the 2009 Sarnat Award in Craniofacial Biology at the April International Association for Dental Research general session in Miami. The award recognizes original research by students and is sponsored and supported by the IADR’s Craniofacial Biology Group. Stosich delivered the presentation on his research, “Microcomputed Tomography of Engineered Vasculogenesis in Novel Stem Cell-Thrombin Biomatrix.” The work has critical implications in regenerative medicine and cleft lip and palate reconstruction.

Stosich also was the lead author of a definitive review article on the current status of soft tissue engineering: Stosich MS, Moioli EK, Wu JK, Lee CH, Rohde C, Yoursef AM, Ascherman J, Diraddo R, Marion NW, Mao JJ. “Bioengineering strategies to generate vascularized soft tissue grafts with sustained shape.” Methods in Tissue Engineering: 47(2) Feb 2009.

In addition, July 2009 marks the conclusion of his two-year craniofacial research fellowship at the University of Pennsylvania’s Department of Plastic Surgery under Hyun-Duck Nah, DMD, PhD, associate professor of orthodontics.
The Temple University Kornberg School of Dentistry is about to embark on an ambitious and exciting journey of renewal and renovation. On May 12, 2009, the faculty of the school voted unanimously to approve a new clinical model, developed by a group of faculty, staff and students, where students are taught in general dentistry clinics by a team of general dentists and specialists. Clinics will be remodeled into clusters, each with its own waiting area, reception, business office staff, faculty leaders, operatories with state-of-the-art equipment, instrument collection and distribution, and seminar rooms. Students and patients will be assigned to a cluster, and comprehensive and evidence-based care will take place in that cluster. Practicing alumni will have opportunities to become student mentors by sponsoring one of the 267 operatories in the school.

The university has been tremendously supportive of this vision, but in order to fully implement the new clinical model, we need your support. There are numerous opportunities to support the school according to your personal goals and interests. You may choose to support the school through a one-time gift, an annual gift, or a naming opportunity. Naming opportunities at the Kornberg School of Dentistry exist at all levels of support.

For information on leaving your legacy at Temple, please contact Gianna M. Fenimore at 215-707-9005 or gianna.fenimore@temple.edu.

Help us to rebuild our school by becoming a part of the new vision.
Dear Fellow Alums,

This past year, I had the distinct privilege of serving as president of the Temple University Dental Alumni Association. This is not something that I ever imagined myself doing, but in retrospect, I must admit that it has been quite rewarding. The other members of the Alumni Association Board of Directors are among the most generous and dedicated group of individuals I have ever met and our meetings, over dinner at the Diamond Club on Main Campus, are a true mixture of business and pleasure. In general, our business is to collect dues and distribute it to causes which most clearly benefit our current dental students. For those of us who graduated over 25 years ago—yes, I admit it!—wouldn’t we have loved to have a group like this working in the background to do wonderful things to make our lives better?

Our business is our pleasure, but in addition, we enjoy just getting together to exchange stories about our days at Temple—some good, some difficult—and to enjoy one another’s great successes since those days. Yes, we are fortunate. We had a terrific education and we have all benefitted from it. In turn, we’re doing what we can to ensure that today’s students profit from our successes. It is particularly rewarding when students attend the meetings and actively participate by requesting funds for activities they deem most important, and by letting us know how much they appreciate those projects we fund.

This year, dues money went to support the White Coat Ceremony, a day of recognition of students’ passage from preclinical to clinical practice; a hospitality suite for students taking Northeast Regional Board examinations (they asked for more cookies next year!); the Haiti project featured in this issue of the Diamond, in which students travel to Haiti to treat impoverished residents; the Open Margin golf tournament; and the senior dinner dance.

In addition to achieving our mission, the members of the Alumni Association Board enjoyed a night of fun and food at the Temple/LaSalle basketball game and also invited our new dean, Dr. Amid Ismail, to a Dinner with the Dean during which he answered questions and shared his vision for the future of our school.

As the school embarks on a new era of renovation and rejuvenation, our next year promises to be even more exciting. If you haven’t been back to the school since you graduated, please consider another look. It’s a very dynamic place, and serving as an Alumni Association Board member is a fulfilling way to reconnect.

We always welcome new members!

Sally Gray, ’82

For more information about the Alumni Association, please contact Gianna M. Fenimore, assistant director of development and alumni affairs, at 215-707-9005 or gianna.fenimore@temple.edu.
Bill Viechnicki, DDS, ABO, ’69, ‘71, and his wife, Suzanne, in the new cardiac care center of Pocono Medical Center.

ALUMNI CONNECTION

Bill Viechnicki Gives Back, and Not Just as an Orthodontist

Trained as teachers, the parents of William A. Viechnicki, DDS, ABO, ’69, ‘71, taught Bill and his four brothers the importance of, in Viechnicki’s words, “giving back to your community and doing things you need to do to help your society and your immediate group improve.”

Still practicing two days a week in his hometown region of East Stroudsburg, Pa., at 65 the orthodontist has followed that dictum throughout his life in a multitude of ways.

Giving back to the school where he was an honored student and president of his junior and senior dental school classes—as well as president of the Temple Orthodontic Alumni Society—for 32 of the past 36 years the professor of orthodontics has made the long drive from the Stroudsburg area once a week to teach a full day in the Department of Graduate Orthodontics. “I got a marvelous clinical education and I enjoy teaching the next generation,” he explains. Among his students: His brother, Joseph, ’79, ’81, who married Margaret Tevis, ’89. Their son, Bryon, is entering the dental school in July, and a niece, Mary Viechnicki, ’96, whose father Bruce is a graduate of the Temple School of Medicine, is also part of the Viechnicki Temple dental school legacy.

Giving back to his profession, he also served a six-year term on the American Association of Orthodontists’ Council of Orthodontic Practice and chaired three AAO committees. Viechnicki, who is retiring with his wife, Suzanne, in Bethlehem, also has left quite an imprint on the Poconos and the Lehigh Valley. Twice he was president of the Monroe County Dental Society and was a member, director and secretary of the Scranton District Dental Society.

In addition, since 1981 he has been a director of the East Stroudsburg Savings Association, which in 2007 morphed into ESSA Bank and Trust, a publicly held bank that is still thriving because, as he says, “We don’t loan money to people who can’t afford to pay it back.”

For eight years he was also a trustee of Moravian Academy in Bethlehem, which his two daughters attended. (Lisa is the morning traffic reporter on Boston’s top hit music radio station while Tara is a Norfolk eye surgeon). And he’s both the vice chair of the Pocono Medical Center Foundation Board and the former chairman of a 1995–96 fundraiser that raised $2.2 million for a seven-fold expansion of the Eastern Monroe County Public Library.

“That’s one of the best things I ever did,” he says, “Every community needs a solid, productive public library because people of all walks of life can go there to get information they need to help them achieve something in their lives.

“Likewise, it’s important to have an independent, locally run hospital. With I-80 running through the mountains and a half-million visitors on weekends, PMC’s emergency room is the third busiest the state. And our bank donated $1.5 million to a new cardiac center so people don’t have to worry about going 40 miles away for emergency heart procedures. It’s just been a great asset to the community.”

As has been Bill Viechnicki.
ALUMNI CONNECTION

Dental Grad has High Hopes for Her Homeland’s Oral Health

Ho Chi Minh City in Vietnam has 10 million inhabitants, but only one dental school, which churns out fewer than 100 dentists a year to service them all. For dental grad Phuong-Oanh Tran and her family, that meant no dental care whatsoever; Tran’s family was poor and could not afford the high cost.

“There are no programs for poor people the way there are here; so many of my family have never been to a dentist,” she said.

So when she relocated to Oregon with her family under United States Army sponsorship, Tran knew she wanted to go into dentistry — she just wasn’t sure where.

She graduated with a bachelor’s in computer science and general science from Portland State University — after earning a degree in accounting while in Vietnam — and began to look at dental programs across the country.

“I came to Kornberg for my tour, and afterward, I cancelled all my other interviews,” she said. “I loved the staff who showed me around, and the faculty was so helpful. But the best part was the patients — so diverse. I didn’t want to go anywhere else.”

Tran says that she was worried the first time she began seeing patients in the clinic. How would they respond to her strong accent, she wondered. Would they trust her?

“I was able to convince them that I am good at what I do and how I care, and now I love my patients, and they love me,” she says. “My goal is for patients to leave the clinic happy with their dental services, and knowing that Temple trains ethical, moral and dexterous future dentists.”

Tran says she’s grateful to all of Kornberg’s professors and staff who helped her during her time at Temple. She credits June Sisson, associate professor of restorative dentistry, for helping her in the clinic that first day, and Susan Chialastri, associate professor of periodontology, and clinical instructor Joseph Greenberg for helping Tran rehab her smile.

Tran hopes to one day open her own practice in her hometown in Oregon; but eventually, she wants to open another dental school in Ho Chi Minh City.

“I’m going to model it after Temple’s dental school,” she said. With a smile. —Renee Cree
Coben Scholarship Memorializes Orthodontics Pioneer

The family, friends and students of the late S. Eugene Coben, DDS, ’49, cofounder of the Temple graduate orthodontic program, have established an endowment for academically talented dental students pursuing the research and study of orthodontics.

“It’s for students of the same caliber as my husband who want to follow his philosophy, his ideals and his commitment to Temple,” says Rhoda Coben, Dr. Coben’s wife. “He was a poor boy who grew up in Feltonville and who waited on tables throughout dental school in order to make his tuition. He was very, very committed to Temple because he felt if he hadn’t been given the opportunity he had there that he never would have been able to do what he was able to do.”

William A. Viechnicki, DDS, ’69, ’71, a student of Coben’s, is a member of the scholarship committee: “Our goal is to raise between $300,000 and $500,000 in order to create an endowment that would fund scholarships or research grants, or both, each year.”

Dr. Coben, who died two years ago, was first in his class all four years at Temple’s dental school. After serving as a U.S. Public Health Service assistant dental surgeon for two years he completed his master’s degree in orthodontics at the University of Illinois in 1952 and served from then until 1954 as a U.S. Air Force captain in the Dental Corps in Anchorage, Alaska.

As recounted in the Feb. 2008 issue of American Journal of Orthodontics & Dentofacial Orthopedics, “Gene, working with a group of former Illinois orthodontic alumni and students of Allan Brodie (Bob Hedges as chair, Allan Brader, Milt Lande, and others), founded the Temple University Graduate Orthodontic Program in Philadelphia in 1958. … His untiring dedication to teaching and research led to the development of his concept of craniofacial growth embodied in basion horizontal coordinate analysis. Its treatment application would become world renowned. Gene was the cornerstone of orthodontics at Temple for 40 years until his retirement in 1994. He served as research advisor for more than 30 masters theses” and taught more than 500 students.

Dr. Coben received the Milo Hellman Award in 1954, the Louise Ada Jarabak Memorial International Orthodontic Teacher’s Award in 1996 and, in 1997, the 32nd Biennial Honoree award, Revolutionary Orthodontist, by the Edward H. Angle Society of Orthodontists.

Dr. Coben also practiced for more than 45 years in Jenkintown. “He loved orthodontics,” says Mrs. Coben. “His greatest sense of accomplishment occurred when a patient walked out of his office smiling with beautiful teeth. Today thousands of his patients around the city have beautiful smiles.”

To contribute to the Coben scholarship fund, please contact Gianna Fenimore, assistant director of development, 215-707-9005 or gianna.fenimore@temple.edu.

Maurice H. Kornberg Scholarships Awarded

Each fall the Maurice H. Kornberg School of Dentistry awards scholarships named in honor of Maurice H. Kornberg to two first-year students. The scholarship funds are provided by a $10 million endowment donated three years ago in Kornberg’s memory by his daughter, Madlyn Abramson, and her husband, Leonard. In recognition of the largest gift the school ever received, the dental school was renamed in Kornberg’s honor in 2006.

The most recent recipients of the scholarships, which continue each year based on good academic performance, are Edios T. Kwaipa and Christina M. Cunnane of the Class of 2012. Previous recipients who are continuing to receive their scholarships are Nancy Bien and Holly V. Do, of the Class of 2011, and Renn G. Flinders and John A. Green of the Class of 2010.
Class Notes

Alan Simkins, DDS, ’64, Alumnus of the Year

Alan Simkins DDS, ‘64, receive the Alumni Association’s Alumnus of the Year Award at the association’s annual meeting in mid-May. Simkins has been an active member of the Kornberg School of Dentistry’s Alumni Board for the past 35 years, including serving as the 1995–1996 board president.

He is a member of the American College of Dentists and the International Congress of Osteointegration, as well as a life member of both the American Dental Association and the Delaware State Dental Society. During the course of his career, Simkins has conducted research for the National Institute of Health and has been published in the Journal of Periodontology and Journal of International Research.

Simkins has been practicing general dentistry for the last 45 years at Silverside Dental Associates, his practice in Wilmington, Del., and is also currently on staff with the Christiana Care Health System.

Allan Soffer, ’62, retired from clinical dentistry in 1996 and since then has focused on his art work, which includes imagining ancient dentistry in the form of paintings, prints, sculpture and a combination of these media. His art work can be viewed at www.myartspace.com/AlanSoffer.

Thomas Balshi, ’72, president and founding director of The Institute for Facial Esthetics in Fort Washington, Pa., was featured in Beyond Black, an international volume showcasing the world’s top plastic surgeons. He recently reversed a tribal ritual with dental implants on a Sudanese civil war survivor. Donations were made by a group of Temple dental students.

In addition, his Pi Dental Implant Center was recently profiled in the newsletter of the Academy of Osseointegration; Columbia University prosthodontic postgraduate students observed Balshi and his partner conducting implant surgery at Balshi’s Viewpoint research and teaching center for dental medicine; Balshi and his son, Stephen, lectured members of the Brevard County (Fla.) Dental Society on implant protocols; and Balshi was appointed to the editorial advisory board of New Beauty Magazine.

Balshi offers single-day, multi-day and residency opportunities for doctors seeking advanced training with dental implants. For more information, click on www.iffe.net or contact Martha Mendez at 215-358-0150 or martha.mendez@pidentalcenter.com.

Edward N. Sague, ’78, is the dental director of the U.S. Coast Guard Recruit Training Center in Cape May, N.J., which annually prepares 5,000 young men and women for worldwide Homeland Security missions.

Murray A. Bolno, ’79, formerly of Bensalem, Pa., last year was named the CEO of Los Angeles Pet Taxi.

David DiGiallorenzo, ’93, was named a Top Dentist 2008 in Main Line Today magazine’s annual “Best of the Main Line” issue.

Meredith Esposito, ’01, opened Chesapeake Dental Arts (www.chesdentalarts.com), a family, cosmetic and implant practice located near Annapolis, Md., in May 2008.

Tell us your news

We want to hear about you. Please post your news at myowlspace.com or e-mail us at Gianna.Fenimore@temple.edu
Harold Perrong Celebrates 45 Years at Temple Dental


Those are the words the Class of 2011 placed on a photograph/plaque to describe Harold W. Perrong, the manager of the pre-dental laboratory who this year is celebrating his 45th anniversary serving dental students at Temple.

“It brought tears to my eyes,” Perrong, 78, said of the surprise gift the sophomores recently gave him. “I accept these students when they come in as freshman and sophomores as if I’m their father away from home, a Dutch uncle and a shoulder to lean on.

“I try to put them at ease by telling them, ‘Any time you have a problem with the equipment or trying to understand something here in the lab, don’t hesitate to ask me.’”

Born and raised in Philadelphia, Perrong was a teaching brother in the Oblates of St. Francis DeSales. For 13 years he taught at Northeast Catholic High School in Philadelphia and a Catholic high school in Niagara Falls, N.Y., before he came to the dental school’s Physiology Department as the deaner, or manager, of the lab. In January 1992, when the new dental school building opened, Perrong became the manager of the pre-dental laboratory.

“It’s wonderful,” he says of his job. “It gives me a sense of doing, of helping others who have a vocation, a calling. Helping them along gives me satisfaction.”

As the Class of 2011 plaque dedicated Perrong states, “Thank you for all that you have done and will continue to do.”