Dentists and Hygienists and Nurses, Oh My!
The Future Is Interdisciplinary

“We are convinced that to be successful in an interconnected world, healthcare education and delivery must be a shared responsibility and that every encounter must be an act of outreach, an opportunity for a patient to access the entire healthcare system.”

— Dean Charles N. Bertolami
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MESSAGE FROM THE HERMAN ROBERT FOX DEAN

I begin with wonderful news: NYUCD recently completed a flawless site visit by the Commission on Dental Accreditation (CODA).

After two-and-a-half years of intensive planning, the site visit team arrived in late October for two-and-a-half days of rigorous inspections, culminating in a spectacular outcome. The DDS program, the postgraduate programs, and the dental hygiene program received no recommendations, or, to put it another way, they received the highest possible score. (Read more about the accreditation site visit on p. 96.) Another stellar achievement is the 100 percent pass rate for NYU dental students on Part I of the National Boards, which you can also read about on p. 96.

As this is my first chance to address many of you since the publication of our summer 2010 issue of Global Health Nexus, I want you to know about the impressive response—from both educators and practitioners—to that issue’s theme on “The Rise of the New Dental Schools and the Future of the Profession.” Accordingly, we have decided to run a follow-up section in this issue to enable the discussion to continue.

Lending their voices to the discussion are a group of distinguished thinkers, including Dr. David Wong, Professor and Associate Dean for Global Health Nexus, I want you to know about practitioners—to that issue’s theme on ‘The Rise

Accordingly, we have decided to run a follow-up
Research at UCLA School of Dentistry, Director of the UCLA Dental Research Institute, and President of the American Association for Dental Research (AADR); Dr. Christopher Fox, Executive Director of the International and American Associations for Dental Research (IADR/AADR); Dr. R. Bruce Donoff, Dean of the Harvard School of Dental Medicine; Dr. Jack Dillenberg, Dean of the A. T. Still University's Arizona School of Dentistry & Oral Health; Dr. Richard N. Buchanan, Dean of the University of Southern Nevada College of Dental Medicine; and his coauthor, Dr. Dominick P. DePaola, Associate Dean for Academic Affairs at Nova Southeastern University College of Dental Medicine, who adds a postscript to his article in the summer 2010 issue of *Global Health Nexus*.

But we begin with the theme, “The Future Is Interdisciplinary,” which we believe has great relevance not only for NYUCD, but also for healthcare professional education and the provision of healthcare services as a whole. Our premise is that interprofessional education and collaboration in training the healthcare workforce of the future are essential to educating a healthcare workforce with the requisite skills to meet the healthcare needs of our growing—and aging—population.

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But we begin with the theme, ‘The Future Is Interdisciplinary,’ which we believe has great relevance not only for NYUCD, but also for healthcare professional education and the provision of healthcare services as a whole.

That interdisciplinary approach is exemplified in NYUCD’s partnership—now in its sixth year—with the NYU College of Nursing. At the Colleges of Dentistry and Nursing, we are convinced that to be successful in an interconnected world, healthcare education and delivery must be a shared responsibility, and that every encounter must be an act of outreach, an opportunity for a patient to access the entire healthcare system.

The benefits of interprofessional education and services are very clear: When a patient goes to the dentist, he or she should be accessing the healthcare system itself. It used to be that a patient would come to the dental school with hypertension, and the first question the dental student might ask would be, “Can I do the dental procedure that I was going to do?” Now, the question is: “How can I get this hypertension under control?”

Dentists have always had a broad and sophisticated education in systemic health. To think that this innovation at NYU is introducing something new at a conceptual level to dental education would be a mistake. Rather, what’s taking place is a transition from the abstract to the concrete—from the theoretical to the practical. That change is happening because of our unique NYUCD/NYUCN alliance. Together, dental and nursing students look at the overall health of the patient, in order to provide better care from both professions. Equally important, our students learn to work collaboratively, so that referrals will become more frequent when both professionals go into practice.

The establishment of a Nursing Faculty Practice at the College of Dentistry is just one of the innovative outcomes of our partnership, representing a substantial advance for patients who get their dental care at the College of Dentistry. Other developments include research on connections between periodontal disease and cardiovascular disease and an innovative program to train home care nurses in oral health assessment. These and other outcomes are discussed in this issue.

The section entitled “The Future Is Interdisciplinary” opens with a profile of a recent NYUCD graduate, Dr. Michael Wilson, Class of 2005, who is embodying the concept of shared responsibility by expanding his practice to include dental as well as general healthcare services for a severely underserved population. Other articles in this section build on the concept of team effectiveness in clinical practice through enhancing the ability to listen to colleagues and collaborators.

Implicit in all these articles is an ability to envision a world in which dentistry, dental hygiene, medicine, nursing, pharmacy, social work, and other healthcare disciplines are capable of viewing themselves from a perspective of defined competencies acquired on behalf of the welfare of the patient.

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The section entitled ‘The Future Is Interdisciplinary’ opens with a profile of a recent NYUCD graduate, Dr. Michael Wilson, Class of 2005, who is embodying the concept of shared responsibility by expanding his practice to include dental as well as general healthcare services for a severely underserved population.

To some, this may seem like an “over the rainbow” view of the world of healthcare education and delivery. But as the cover of this issue of Global Health Nexus makes clear, that’s a perspective to which we aspire.

Indeed, the operative paradigm for education and training at the NYU College of Dentistry and its College of Nursing is that efforts must be made to achieve closer integration between schools of dentistry and the broader research, practice, and education communities, with the goal of generating new and vibrant research and clinical care pathways and partnerships for students and faculty.

As you read this issue of Global Health Nexus, I hope you will find that the concepts of “pathways and partnerships” resonate in its pages. In addition to learning about our commitment to provide a forum for discussion about the future of the research enterprise in dental education and the focus that we believe should be placed on interdisciplinary education and clinical care, you will read about our ongoing commitment to myriad global programs and community initiatives, and about the outstanding individuals and corporations who are making gifts to ensure our continued progress on many fronts. As always, you will also meet members of our community who are innovators in research and patient care.

As we begin the new year, I want to reaffirm NYUCD’s commitment to excellence in all that we do, and to offer you and your families best wishes for a healthy, productive, and happy 2011.

“To some, this may seem like an ‘over the rainbow’ view of the world of healthcare education and delivery. But as the cover of this issue of Global Health Nexus makes clear, that’s a perspective to which we aspire.”
Michael Wilson, ’05, embraces an interdisciplinary approach to expand access to comprehensive health care

Michael Wilson, Class of 2005, was not exactly sure what he wanted to focus on when he entered New York University College of Dentistry in 2001.

“I thought I was signing up for a four-day workweek and golf on Wednesdays, that sort of thing,” says Dr. Wilson, chuckling. “Seriously, all I knew was I didn’t want to join the rat race.”

Flash forward five-and-a-half years to find Dr. Wilson running an 80-hour-a-week practice that serves primarily low-income Medicaid patients in rural upstate New York. Located in Binghamton, Wilson Dental, P.C., has 15 dental operatories and a 55-person staff that includes nine general dentists, two pediatric dentists, an oral surgeon, an orthodontist, a dental anesthesiologist, and five dental hygienists. Since the office opened two-and-a-half years ago, more than 12,000 patients have received treatment.

At Wilson Dental, P.C., the hygienists provide all the sealants. The general dentists perform approximately 90 percent of the extractions, which frees up the oral surgeon to focus on impactions. This model also addresses the issue of healthcare silos, where everyone traditionally works independently of each other. “Three minds are better than one,” says Dr. Wilson. “This model allows practitioners to work side-by-side. They can discuss cases and a lot of miscommunication is eliminated.”

Dr. Wilson recently added a medical assistant (MA) to his team to provide basic health screenings, including blood pressure, blood glucose, and cholesterol.

“The MA slips in to see patients before the dentist sees them,” says Dr. Wilson, who made the decision to add this pro bono service in order to promote better overall health in his patients. “Most important,” says Dr. Wilson, “is for dentists,
nurses, physicians, and other healthcare providers to work together to help ensure that the proper healthcare is being delivered."

Several people screened by the MA have exhibited very high blood pressure. In fact, one recent patient measured 200/115 and had no idea he was at such high risk for cardiovascular disease.

"Hypertension and diabetes are the top silent killers," says Dr. Wilson. "People can walk around with these conditions for years and feel fine, and meanwhile multiple organs are being damaged."

If Dr. Wilson’s MA detects something suspicious, such as an elevated blood sugar level, she can then refer the patient to her/his primary care physician (PCP). If the patient doesn’t have a PCP, the MA will provide other options.

the sealants. The general dentists perform approximately oral surgeon to focus on impactions. This model also everyone traditionally works independently of each other."
Overall health promotion, the link between oral health and systemic disease, and expanded access to comprehensive health care are all concepts that were ingrained in Dr. Wilson at NYUCD. “They got me fired up about these ideas.”

“We see over a thousand patients every month and many of them don’t get their general health screenings on a regular basis. So having an MA on board can have a very positive impact,” says Dr. Wilson.

The MA also provides nutrition information and makes referrals for smoking cessation. “We see a lot of obesity in both adults and children up here,” says Dr. Wilson.

Overall health promotion, the link between oral health and systemic disease, and expanded access to comprehensive health care are all concepts that were ingrained in Dr. Wilson at NYUCD. “They got me fired up about these ideas,” says Dr. Wilson, who credits former NYUCD Dean Michael C. Alfano as one of the mentors who helped to inspire his career path.

“Dean Alfano gave several talks that definitely influenced me,” says Dr. Wilson. “One was right at the beginning of 2001 at the White Coat Ceremony, and the other was at the graduation ceremony in 2005. Both times, he really imploded us to think about the social implications of our career choices.

“There’s nothing wrong with choosing a more traditional route, but I realized that I would be more fulfilled working with underserved folks,” says Dr. Wilson.

After completing his residency at Woodhull Medical Center in Brooklyn, Dr. Wilson conducted a search on a federal Web site that lists all the US counties that accept Medicaid and are most in need of dental services. He chose to settle in Binghamton, situated in Broome County, one of the most impoverished counties in New York State.

“Surrounding counties are really in need, as well,” says Dr. Wilson, who recently purchased a 15-person passenger van to bring patients to and from his dental office from Binghamton and other neighboring areas, including Elmira, Ithaca, Oneonta, Norwich, and Montour Falls. He paid $19,000 out-of-pocket to purchase the van. Medicaid does not cover the trips. By participating in social services outreach programs, including food pantries and shelters, Dr. Wilson is working to spread the word about the van.

To improve dental care access for children in the area, Dr. Wilson and his team are working with Head Start and its Dental Home Initiative. “We go right to the classrooms and do free screenings,” says Dr. Wilson.

Dr. Andrew I. Spielman, Professor of Basic Science & Craniofacial Biology and Associate Dean for Academic Affairs, was another NYUCD mentor who motivated Dr. Wilson to consider building a dental practice that offers expanded access to comprehensive health care.

“Students don’t always listen to ideas when it comes to moving away from traditional practice models, but Michael was receptive,” says Dr. Spielman. “And it’s important to note that there is theoretical evidence that this model is not only useful in improving patient care, it is also financially viable. Since many people visit their dentist more often than their physician—often every six months for cleanings—this model can be used to check individuals who might not otherwise have access to medical care and therefore can potentially prevent conditions that are life threatening or exceptionally expensive down the line.”

“With this whole healthcare debate still raging on, it’s clear that the only way to really lower the costs that are crippling the system is to make the US a healthier country, and the only way to do that is with effective prevention,” says Dr. Wilson. “This is especially important,” he notes, “because whether you’re a dentist
dealing with the insured or uninsured, the underserved, the middle class or the very privileged, you are often dealing with people in their 20s, 30s, and 40s, who assume they are fine unless there is something clearly wrong with them. By identifying problems sooner rather than later, you can prevent them from spiraling out of control.

Michael is definitely a role model, says Dr. Spielman. Slowly but steadily we are touching some lives and changing minds. It’s not going to be 100 percent. But we want students to be aware that the dentist is not an end point, and you have to think about the well being of the patient and what other health care practitioners can help with. Hopefully we can change the orientation of the profession.

Dr. Wilson believes that it makes sense to run either an exclusively Medicaid practice or a private insurance practice. When you run a strictly Medicaid practice, you become proficient in learning the system and eventually iron out the kinks.

Dr. Wilson has no regrets about his practice choice and hopes other NYUCD students will also consider working with the underserved. Just because it’s not the popular thing to do, or not what most docs want to do with their career, doesn’t mean it’s not a good route to take.

“By identifying problems sooner rather than later, you can prevent them from spiraling out of control.”
Numerous NYUCD alumni have joined Wilson Dental, P.C., including Dr. Kien Nguyen, ’98; Dr. Fayez Aziz, ’89; Dr. Nassef Lancen, ’92; Dr. Samy Abdel-Messih, ’89; Dr. Daniel King, ’05; and, most recently, Dr. Kelly Kim and Dr. Jaepil Kim, both Advanced Education in Pediatric Dentistry Program graduates of 2010.

“You can make a living as long as you do it right,” says Dr. Wilson, who is just as much an entrepreneur as he is a practicing dentist. “I recommend that students read a few books on how to run a business. That can go a long way.”

Indeed. With his eyes constantly focused on ways to expand access to care, Dr. Wilson is looking into the possibility of opening two more dental practices, one in Syracuse and one in Albany.

—STEPHANIE SUSNJARA

“...and it’s important to note that there is theoretical evidence that this model is not only useful in improving patient care, it is also financially viable. Since many people visit their dentist more often than their physician—often every six months for cleanings—this model can be used to check individuals who might not otherwise have access to medical care and therefore can potentially prevent conditions that are life threatening or exceptionally expensive down the line.”

Dr. Andrew I. Spielman

Dr. Wilson Reaches Out to Pediatricians and Family Care Practitioners to Improve Children’s Oral Health

Recognizing that the vast majority of children under age five in upstate New York are not receiving regular dental care because parents aren’t aware that their children should be seen by a dentist starting at age one, Dr. Wilson recently sent the following letter to all pediatricians and family care practices within 50 miles of Binghamton.
Dear Doctor and/or Nurse:

My name is Michael Wilson and I am a general dentist in Binghamton. In March 2008, we opened Wilson Dental (no affiliation with any hospital) to address the overwhelming access-to-care problems for Medicaid adults and children in the Southern Tier. Due to the transportation difficulties that exist for many Medicaid patients, we have recently purchased a 15-passenger van and are doing weekly pickups in Oneonta, Ithaca, Elmira, and Norwich.

As I'm sure you know, dental care is the single greatest unmet health need among children in the United States. The problem is particularly acute for children from low socioeconomic backgrounds. In upstate New York, the problem has been aggravated due to the acute shortage of dentists accepting Medicaid. Equally as important as access to dental care is the active participation of primary care providers in the oral health of their Medicaid patients. Most children (especially from low-income backgrounds) see their primary care provider much more frequently than they see their dentist (if they even have one) in the first years of life. Many children in upstate New York do not grow up with fluoridated water, which means that (in addition to not seeing the dentist) many children get very little exposure to fluoride in their early years. These factors combine to create a very high prevalence of early childhood caries (ECC).

However, the situation also creates a wonderful opportunity for physicians and nurses. As the only health-care providers who see the children (and their parents) on a regular basis during these very young years, you can foster an awareness of oral health. Also, tri-annual application of fluoride varnish can cut early childhood caries rates by one-third. Last September, Medicaid made a change so that medical practices can now get reimbursed ($30) for applying fluoride varnish. The procedure takes less than five minutes and can be performed up to three times per year under Medicaid's guidelines. This, in combination with providing some basic education on oral health and encouraging parents/guardians to take their child to the dentist starting at age one, can have a huge impact.

If you are interested, Wilson Dental's pediatric dentists, Dr Kelly Kim and Dr JP Kim, and I would be happy to offer you and your staff a Lunch and Learn session to demonstrate how to apply the fluoride varnish, as well as a quick overview of children's oral health. The session shouldn't take more than 45 minutes.

Together we can eradicate this longstanding and previously intractable problem that affects the youngest members of our communities.

For more information, please call me at 917-880-1617 or email me at mpw219@nyu.edu.

Sincerely,

Michael Wilson, DDS
Wilson Dental
BRINGING A PSYCHOSOCIAL PERSPECTIVE TO EDUCATION, RESEARCH, AND PATIENT CARE

Recently, a trio of distinguished social scientists with strong public health backgrounds joined the NYUCD faculty, thereby strengthening NYUCD’s efforts to foster an interdisciplinary approach to improving healthcare education and delivery. Professors Hillary Broder, Karen Raphael, and Victoria Raveis (profiled in this article) are talented researchers and educators, whose work reflects the importance of attitudes, health behaviors, and social determinants of health in providing patient care. Together with Dr. Donna Shelley, Director of Interdisciplinary Research and Practice for the Colleges of Dentistry and Nursing, they form a distinctive social sciences research group.

**PROFESSOR HILLARY BRODER**

“Nobody knows how much care you know until they know how much you care,” says Dr. Hillary Broder, Professor of Cariology & Comprehensive Care. In October, Professor Broder introduced a new communications training program utilizing live actors working with third-year dental students, and a communications competency in patient management for fourth-year students. The goal is to make students mindful of their interpersonal skills as the key to achieving a good relationship with their patients, and, ultimately, to increasing patient retention.

“By enhancing students’ interpersonal skills,” says Dr. Broder, “they are more likely to have better relationships with their patients; be less likely to be ‘disappointed’ by
patients not showing up; and be more successful when they graduate and go into private practice.”

Professor Broder’s program is grounded in psychological theory and communication—her area of teaching expertise. Formerly the Acting Chair of the Department of Community Health at the UMDNJ-New Jersey Dental School and the Hunterdon Endowed Professor of Community Health at UMDNJ, Professor Broder earned a master’s degree in educational psychology and a PhD in school/counseling psychology from Duke University. She has a long record of achievement in communications in health care and community outreach to diverse patient groups and has published extensively in the *Journal of Dental Education* and other scholarly venues on promoting interpersonal skills and cultural sensitivity among dental students.

In the third-year clinical communications program, students interview professional actors who portray various types of patients; for example, a patient with dental anxiety, a patient who is inebriated. Each student interviews three patient-actors within the two-hour session and receives feedback on their performance from the patient-actor, who uses a calibrated instrument to measure patient-doctor communication and to grade the student regarding the salient content data extracted during the interview. Through this process, students begin to see how they are being perceived by their patients. After three sessions with three different actors, the students will have completed the interview portion of the program.

Later that day, they attend a seminar led by Professor Broder or one of the other NYUCD faculty members whom she has trained. During the seminar, pertinent patient management issues are reviewed and the students’ challenges are discussed.

“Every patient interview,” says Professor Broder, “is a cross-cultural encounter. The objective is to teach students to promote patient-centered care and understand that patients are diverse and communication must be tailored to address patient concerns. It is crucial that students be respectful and mindful that every interaction is unique and not project their own values during the interview, but, instead, project objectivity, compassion, and empathy for the patient. It takes more than technical competence to be successful in the field of dentistry. The dentist must always remember that the mouth is a private area, and many emotions surround the idea of intrusion into this area. There are also privacy issues associated with patients’ medical and social histories.”

While many medical schools—but not dental schools—offer a course in patient communications, what makes the NYUCD program unique is the fact that students receive immediate feedback and begin to understand how to manage patients better. The medical school programs focus primarily on medical diagnosis while the NYUCD program addresses interpersonal communication. Students are taught the skills that predict whether patients like their doctors and will return for care.

Professor Broder is also recruiting and training clinical faculty to evaluate senior dental students’ interviewing skills. The goal is to have approximately 20 calibrated faculty from the Departments of Oral & Maxillofacial Pathology, Radiology & Medicine and Cariology & Comprehensive Care. When a senior student sees a patient for the first time, one of the calibrated faculty members will sit with that student and oversee the patient interview and give the student feedback.
feedback regarding the observed patient-doctor interaction.

Given that current senior students will not have had the didactic training in their third year, Professor Broder anticipates a very exciting research opportunity to examine skills over time as the junior students advance into the fourth-year program.

“My challenge,” says Professor Broder, “has been not only teaching the actors to perform their roles as patients, but also training the faculty. But it’s a thrilling challenge, one destined to lead to a win-win for the student, the patient, and NYUCD. I really thank Dr. Mark Wolff, Professor and Chair of the Department of Cariology & Comprehensive Care and Associate Dean for Predoctoral Clinical Education, for this exciting opportunity.”

In addition to her teaching, Professor Broder is considered a world-class research expert in psychosocial aspects of craniofacial rehabilitation and care planning. She is currently the principal investigator of an NIH-supported grant entitled “Quality of Life in Children with Cleft.”

“We are using the Child Oral Health Impact Profile (COHIP) and various other instruments to examine the impact of surgical outcome on children with craniofacial conditions.” It is noteworthy that Dr. Broder is the primary author of the COHIP. This instrument was developed under a previous NIH grant with Dr. Broder as the principal investigator. The instrument is utilized in multiple studies nationally and internationally to evaluate oral health-related quality of life.

Her current investigation includes an interdisciplinary team across six renowned clinical sites (e.g., NYU Center for Reconstructive and Plastic Surgery, University of North Carolina, Children’s Hospital of Philadelphia at the University of Pennsylvania, University of Illinois at Chicago, Lancaster Cleft Palate Center, and Children’s Hospital of Atlanta). This five-year longitudinal prospective study is the first of its kind to investigate surgical outcomes like oral health-related quality of life among school-aged children.

**Professor Karen Raphael**

For Dr. Karen G. Raphael, formerly a Professor of Psychiatry and Director of Research in the Department of Psychiatry at the New Jersey Medical School of the University of Medicine and Dentistry of New Jersey, finding an answer to the question, “What really causes TMD-type facial pain?” is a reflection of her broader interest and background in behavioral, clinical, and epidemiological research aimed at teasing apart biological, psychological, and sociological risk factors as they affect the manifestation of medically unexplained conditions, such as fibromyalgia (pain all over), as well as TMD-type pain.

Dr. Raphael, who joined NYUCD in 2009 as a Professor of Oral & Maxillofacial Pathology, Radiology & Medicine, holds both a PhD in psychology and a master’s degree in epidemiology.

“Although temporomandibular muscle and joint disorders (“TMJ” or “TMD”) are one of the most common musculoskeletal pain conditions, with annual associated healthcare costs estimated to exceed $4 billion, their treatment has been hindered by controversies about
their underlying cause,” explains Professor Raphael. “At NYUCD, we are midway through a five-year, NIH-funded study designed to provide much needed evidence that has the potential either to support or to refute widespread beliefs about their cause.”

One theory is that TMD pain is caused by grinding or clenching of the teeth (“bruxism”), either at night or during the day. Working with a national and international team of scientists, Dr. Raphael and Dr. David Sirois, Associate Professor of Oral & Maxillofacial Pathology, Radiology & Medicine and Associate Dean for Postgraduate Programs, are studying a large group of TMD patients and controls for evidence of bruxism. Participants are studied while they are asleep in a sleep laboratory, during which their muscle activity is recorded by electromyography and audiovisual recording and then scored for presence, extent, and type of sleep bruxism. Their daytime muscle activity is also studied, while they are exposed to a series of mild psychological stressors. DNA samples are also collected, to test the possibility that bruxism alone is not enough: Perhaps a combination of specific genetic predispositions and bruxism is necessary for people to develop TMD pain.

A second major theory is that the central nervous system of TMD patients processes painful stimuli differently than individuals without TMD. The team is also studying this theory, by recording subjective sensations of pain, when patients and controls are exposed to a series of heated stimuli applied to the face and hand.

One possibility is that different factors cause or maintain pain for different subgroups of TMD patients. This would explain why a “one size fits all” treatment like oral appliance therapy does not help many patients. If the team confirms this hypothesis, it sets the stage for the development and testing of treatments targeted to specific underlying pain-maintenance mechanisms.

Professor Raphael’s worldview is all about being interdisciplinary, which is reflected in her collaboration with Professor Hillary Broder in the clinical communications program, as well as in her research.

Professor Raphael collaborates with Professor Broder in training patient-actors in appropriate behaviors in various true-to-life doctor/patient scenarios, meeting with small groups of third-year students to review the feedback they have received from the patient-actors, and debriefing them on their experiences. She also trains faculty members to evaluate students’ interviewing skills in an actual clinic setting during their senior year.

Professor Raphael’s teaching responsibilities perfectly complement her research interests. Since she recruits many of her research patients through the Department of Oral & Maxillofacial Pathology, Radiology & Medicine and the Department of Oral & Maxillofacial Surgery’s pain service, the students she teaches to be better clinical communicators can help her identify people who are seeking relief from muscle pain.

Professor Raphael also interfaces with the Department of Orthodontics through Dr. John Dolan, a recently appointed Assistant Professor of Orthodontics, who has developed an animal model of mastication and pain that Professor Raphael hopes can serve as a bridge to the clinical model of mastication and pain that she has developed.

Professor Raphael’s interests also include the epidemiology of TMD pain, the way that psychiatric and pain disorders group together in families, and the genetic environment in which TMD pain develops—all areas that are rich for exploration and for which NYUCD’s dense patient population offers abundant research potential.
A medical sociologist and a social gerontologist, Professor Raveis brought her Columbia University research team with her to NYUCD, a multidisciplinary group that includes a social-personality psychologist, a health educator, a demographer/statistician, and applied social science and social psychology researchers. Together, they focus on the psychosocial aspects of chronic and acute disease and the public health components of healthy aging, with special attention to family-focused disease management programs and palliative services for vulnerable and medically underserved communities.

“Globally,” says Professor Raveis, “our population is aging, and the health professions and society as a whole are not fully prepared to deal with the changes this demographic shift will impose. One of my long-standing goals is to infuse a lifespan perspective into the curriculum for the health sciences. People are living longer due in part to advances in health promotion and disease prevention beginning in the womb. Healthy aging is really a lifelong process, so it’s particularly important to be able to identify when and where community populations experience health threats, barriers to care, and how to overcome them. That’s the mission of my unit.

“Being located at a dental school is particularly beneficial because dentistry as a profession primarily deals with a healthy population. With the added benefit of a Nursing Faculty Practice located within the dental school, the opportunities for early intervention multiply,” says Professor Raveis.

Recognizing the importance of giving attention to the factors that enable or prevent people from having their health needs addressed, Professor Raveis is currently focusing on two major research initiatives. One initiative deals with enhancing family caregivers’ skills in addressing the needs of older cancer survivors. The second study seeks to reinvent senior centers to make them more relevant to the looming influx of aging baby boomers.

With support from the National Institutes of Health (NIH) and the National Cancer Institute (NCI), Professor Raveis and her team are working with the family caregivers of older cancer survivors recruited from Naturally Occurring Retirement Communities (NORCs) to provide caregivers with skills to attend to the symptom management and care needs present during the post-treatment, cancer survivorship period.

**PROFESSOR VICTORIA RAVEIS**

Dr. Victoria H. Raveis joined the NYUCD faculty in January 2010, as a Research Professor in the Department of Dental & Comprehensive Care and Director of NYUCD’s newly established Psychosocial Research Unit on Health, Aging, and the Community—the first program of its kind in a dental school. She was formerly an Associate Professor of Clinical Sociomedical Sciences at Columbia University’s Mailman School of Public Health, Director of the School’s Aging and Public Health Program, and Co-Director of Columbia’s Center for the Psychosocial Study of Health and Illness. Professor Raveis holds a master’s degree in sociology from Boston College, and a master of philosophy degree in sociology and a PhD in sociology, both from Columbia University.

“One of my long-standing goals is to infuse a lifespan perspective into the curriculum for the health sciences.”
“When you’re a patient in active treatment in a medical setting,” explains Professor Raveis, “symptom management and specialty care are more accessible. But post-treatment, once the patient is home, contact with medical providers is limited and the care issues that emerge over time often fall to family members. We are working with family members to enhance their problem-solving and communication skills, helping them attend to the varied issues that may emerge, enhancing both quality of life and quality of care during the survivorship period.

“For example,” she notes, “in some cultures, chronic pain is regarded as something to be endured. Such beliefs can hinder symptom management efforts and prolong suffering. By addressing post-cancer-treatment patients’ physical and emotional needs in a culturally sensitive manner, their quality of life may be substantially enhanced.”

Professor Raveis’s other major research interest, for which she is currently pursuing funding, involves a collaboration with the Council for Senior Centers and Services of New York City, Inc., (CSCS) and the International Longevity Center, Inc., (ILC) to promote healthy aging by repositioning senior centers as centers of wellness.

Those elders who are using senior centers are rapidly aging. Today, individuals in their 70s and mid-60s lead more active lives, says Professor Raveis, and are looking for meaningful activities that will sustain their health and promote well-being.

Building on the existing framework of senior centers, but focusing more pointedly on a healthy aging perspective, Professor Raveis and her colleagues propose implementing evidence-based health promotion programming in senior centers that is culturally tailored to the community being served. This initiative may help position senior centers to become centers of wellness, enhancing their appeal to the baby boomer population as it ages.

“Our work has focused on cancer, HIV, and palliative/end-of-life care. In an aging population, oral health issues are critical. This is particularly true among those with health conditions. A major barrier to getting appropriate oral health care for older adults is often financial. Simply put, older adults on fixed incomes may decline to seek oral health care because it represents an out-of-pocket expense that they can ill afford.

When an individual has a pre-existing condition, dental treatment may require specialist care, further hindering care access for some populations. Yet we know that serious complications can ensue for dentally underserved older adults, including poor nutrition and social isolation, which can contribute to physical decline.

Understanding the needs and identifying the barriers in these populations may help us develop appropriate community-based interventions that could sustain health and enhance their quality of life.”

DONNA E. SHELLEY, MD, MPH, joined NYUCD in 2007 in the newly created position of Director of Interdisciplinary Research and Practice. Dr. Shelley leads a diverse group of faculty from NYUCD and its College of Nursing, as well as healthcare professionals and policy planners from other schools within NYU and elsewhere, in developing healthcare environments that expand access to care and improve the quality of care.
Nurses and physicians spend an enormous amount of time working in the same rooms, with the same patients, yet they have not always seen themselves as teammates. Nurses and dentists have even less opportunity to confer about their patients and collaborate in their care. Patients benefit when healthcare professionals function as a team to better understand one another’s roles and skills and provide patients with a continuum of care. However, a team requires practice. At NYU, innovative projects connect nurses and nursing students with their counterparts in medicine, dentistry, and other health professions to work together in the classroom, in research settings, and in the community.

Nursing and dental students are joining together in community health settings throughout New York. The pediatric nurse practitioner (PNP) students of Donna Hallas, PhD, RN, PNP-BC, CPNP, are learning oral health skills that offer a vital service to children who do not have access to dental care. Professor Jill Fernandez, RDH, MPH, Clinical Associate Professor of Pediatric Dentistry, guides PNP students as they accompany dental students who provide oral health exams to children in Head Start programs. The PNP students learn how to apply varnish to children’s teeth to prevent caries—a new skill for nurse practitioners.

According to Dr. Hallas, nurse practitioners can play an important role in early childhood oral health care because they see young children and provide parent education earlier and at more regular intervals than dentists do. Particularly in the community clinics where NP students complete their clinical training, NPs who conduct oral assessments and make referrals can increase awareness of the importance of oral health.
PARTNERING FOR HEALTH IN NICARAGUA

Dr. Kelley Newlin (second from left) in Nicaragua with her collaborators, from left: Helen Taylor, a Nicaraguan church based clinic nurse; Dr. Aura Caldera of NYU College of Dentistry; Rachel Hill, Program Administrator in the Office of International Initiatives & Development; and Sylvia Byers, a Nicaraguan church based clinic nurse.

Nursing Professor Kelley Newlin's research in Nicaragua has taken on a new dimension in concert with the College of Dentistry’s Global Health Program. Thirty NYU general dentists, periodontists, and dental students, together with four nursing students, will travel to the country for one week each year, beginning in March 2011. The dental team will provide basic pediatric dental care to students age 12 and under in a primary school run by the Moravian Church, with which Dr. Newlin has an ongoing relationship. The project is based in Bluefields on the English speaking east coast, which is populated predominantly by Miskito Indians and African descending Creoles.

With periodontal disease a complication of diabetes, nursing and dental students will screen those adults with periodontal disease for pre diabetes and diabetes, and, if needed, enroll them in the church based, diabetes self management program. Professor Gail D’Eramo Melkus will also contribute to the research component of this project, examining the relationships among periodontal disease, pre diabetes, and diabetes.
Last year, the College of Dentistry received a one-year grant from the United Hospital Fund that will involve dental, dental hygiene, and nursing students in screening more than 300 older adults for oral health needs.

“Having oral health skills is particularly important to nurses when providing anticipatory guidance to parents of young children,” Dr. Hallas says. “Just as nurses need to talk with parents of preschoolers about safety and nutrition, they should also talk about cavity prevention.” Dr. Hallas and Lily Lim, DDS, Clinical Assistant Professor of Pediatric Dentistry, along with Professor Fernandez, recently received a grant from the American Dental Association to improve dental care in very young children and are enthusiastic about the great potential for collaboration—among students, among faculty, and among researchers.

Dr. Lim and Neal Herman, DDS, lead another collaborative effort by assigning to teams of PNP and pediatric dental students joint cases that they present together. Discussions have included the best team approach to managing a complicated patient, such as a child who has a complex mix of seizures, asthma, and poor oral health.

Assistant Professor of Nursing Nancy Van Devanter, DrPH, RN, partnered with Joan Phelan, DDS, and Miriam Robbins, DDS, of the College of Dentistry to develop a program with the Visiting Nurse Service of New York (VNSNY) to train home care nurses to conduct oral health assessments and offer smoking cessation help for patients with HIV. Dr. Van Devanter is using pilot data to seek funding to implement and study a new model of care in which NYU dentists would train senior nurses at VNSNY, who would in turn train home care nurses to conduct oral health assessments and make referrals to dentists for complex problems.

“It’s not typical for nurses to do oral health care, but it is hard for patients receiving home care to obtain it otherwise,” Dr. Van Devanter says. “This project is an opportunity to increase oral health care for patients with HIV, which is also a population with high tobacco use.”

Through the smoking intervention, College of Nursing faculty will train VNSNY home health aides, social workers, and nutritionists to use an evidence-based practice that is effective in helping people quit.

ACCESS FOR THE UNDERSERVED

The VNSNY is also partnering with Carelink in a five-year project funded by the Health Resources and Services Administration and led by Donna McCabe, DNP, APRN-BC, GNP, that involves the NYU Colleges of Nursing, Social Work, and Dentistry. NYU students provide health care and assessment in community agencies and naturally occurring retirement communities in several parts of New York City. Last year, the College of Dentistry received a one-year grant from the United Hospital Fund that will involve dental, dental hygiene, and

Nurse practitioner student Nicole Kurtis performs an oral health exam in the Pediatric Outreach Program.
nursing students in screening more than 300 older adults for oral health needs. Led by Donna Shelley, MD, MPH, a Clinical Associate Professor at NYU College of Dentistry and Director of Interdisciplinary Research and Practice, and Theresa Montini, PhD, MSW, a research scientist at the College of Dentistry, the project is intended to develop an oral health referral system for community-dwelling, medically underserved older adults.

IDENTIFYING HEALTH RISKS IN THE DENTAL OFFICE

The Nursing partnership with Dentistry at NYU is providing research opportunities that might have been overlooked in the past. Observing the strong link between diabetes and periodontal disease, Shiela Strauss, PhD, advocated that diabetes screening should be done in the dental setting with all periodontal patients. When Dr. Strauss joined the College of Nursing in 2007, she recognized the powerful potential for research collaboration with dental professionals.

Spurred by conversations with Louis Terracio, PhD, Vice Dean for Research at the College of Dentistry, Dr. Strauss conducted an analysis of data from the CDC’s National Health and Nutrition Examination Survey to determine whether more patients with periodontal disease than without would be recommended for screening according to American Diabetes Association guidelines. Her dramatic results—indicating that 93.4 percent of those with periodontal disease met the guidelines for diabetes screening—received a great deal of media attention.

Dr. Strauss then conducted a study with the late Alla Wheeler, RDH, MPA, and Stefanie Russell, DDS, MPH, PhD, of the College of Dentistry, to determine whether blood from periodontal pockets would provide the same blood glucose-level readings as from finger-stick samples. In a pilot study of 50 patients whose blood was collected from both the finger and the mouth, the team found that for the 22 patients with moderate or severe periodontal disease, the correlation of the two readings from a handheld glucometer was extremely high (0.89). Dr. Strauss hopes that glucometer readings taken in the dentist’s office will be a first step toward earlier diagnosis and treatment for diabetes.

“Just giving people the results of their diabetes screening isn’t helpful unless they understand what it means,” Dr. Strauss says. “That’s where nurses are so essential, to provide counseling to patients and to train dental practitioners on how to provide patient support.”

College of Nursing Dean Terry Fulmer, Dr. Strauss, and Dr. Russell were funded by the National Institute on Aging to examine the feasibility of screening for elder mistreatment in busy primary care and dental clinics. Using touch-screen technology, they enrolled patients at both the Bellevue Hospital Center and the College of Dentistry to determine whether clinicians can incorporate brief screenings for elder mistreatment during patient visits. More than 200 patients have participated, and the clinicians have learned how to examine patients for signs and symptoms of mistreatment.

“With the aging demographics, it will be more important than ever to be sure that all older adults receive brief screenings to help ensure quality of life and quality care,” Dean Fulmer says. “Traditionally, hospital clinics have been engaged in geriatric assessment, but the addition of dental clinics is a new paradigm and an important one.”

—BARBARA KANCELBAUM
INTEGRATED CASE SEMINARS IMMERSE STUDENTS IN COLLABORATIVE, INTERDISCIPLINARY THINKING

Front row, left to right: Dr. William Katz, Dr. Arthur Schackman, Dr. Harvey Wishe, Dr. Scott Podell, Dr. Andrew Spielman, Dr. Mark Wolff; second row, left to right: Dr. Ross Kerr, Dr. Ralph Cunningham, Dr. An. Vernillo, Dr. Ivy Peltz, Dr. Glenn Rochlen, Dr. Angela De Bartolo; third row, left to right: Dr. Wayne Kye, Dr. Bruce Bravolol, Dr. Martine Mandracchia; back row, left to right: Dr. Timothy Culotta, Dr. Gary Berkowitz, Dr. Morey Gendler, Dr. Joel Silver, Dr. Andrew Schenkel, Dr. Bapanaian Penugonda, Dr. Peter Mychajliw, Dr. Louis Terracio, Dr. Eric Studley.
It is 7:00 am on a Monday in October, and the eyes of Dr. Morey Gendler’s dental students are focused intently on a case presentation by their classmates. The patient is a 50-year-old male with severe dental difficulties, whose situation elicits sympathy from everyone. The students are participants in an Integrated Case Seminar, a new but already influential course that brings together participants from all four years of dental school to study and present a patient case together. In this case, the patient has periodontal disease and tooth loss. To complicate matters, he has HIV and hepatitis C. An intensive interview has turned up one of the sources of his dental problems: a tendency to sip sugary beverages throughout the day.

A four-student team, led by fourth-year dental student Pawandeep Sekhon, had six weeks to prepare their presentation; they started in August, before the start of school. It was up to Ms. Sekhon to select the patient from her clinical work, identify the relevant research questions with the help of two faculty mentors, assign tasks to teammates, and put together the presentation under the guidance of Dr. Andrew Spielman and Dr. Morey Gendler, who served as basic science/clinical faculty mentors.

Developed in 2009 by Drs. Andrew Spielman and Mark Wolff, the Integrated Case Seminars accomplish several objectives. For fourth-year students, the seminars add leadership and communication components to their existing case-study experience. For third-year students, the process is an immersion in evidence-based dentistry, as they develop a research question directly related to patient care and then seek the best evidence in order to select a treatment plan that best applies to an actual patient case being studied. The students utilize their Skills in Assessing the Professional Literature (SAPL) to determine the quality of the literature being applied to this case. For the first- and second-year students, who have been exposed to few clinical settings at this time in their education, the seminar is an opportunity to apply textbook learning right away to real situations. The first- and second-year students are expected not only to attend but also to present at the seminar. In each seminar, utilizing his or her newly learned research skills, the first-year student presents on the basic physiologic condition, and the second-year student discusses pathologic changes associated with the condition. Every student in the seminars has the opportunity to be part of the research and presentation team.

According to Dr. Wolff, Associate Dean for Predoctoral Clinical Education and Professor and Chair of the Department of Cariology & Comprehensive Care, the College of Dentistry is moving case-based education to an earlier stage of education—as early as the first week of dental school—so students begin to see how even the simplest of dental issues requires a thought process that must be incorporated into treatment decisions. He and Dr. Spielman, Associate Dean for Academic Affairs and Professor of Basic Science and Craniofacial Biology, also saw the value of beginning literature analysis at an earlier point in dental school. The seminars also have an interdisciplinary component: All dental hygiene students are enrolled in seminars, and the College of Nursing has begun enrolling nurse practitioner students in the seminars as part of the collaboration between the two schools. Many medical and dental schools have introduced a case-based approach to dental education in which traditional lecture- and practicum-based experiences are replaced by cases—often led by non-experts in the relevant content area. The expectation is that, somehow, all those things learned through more structured approaches will eventually be picked up through the more peripatetic, hit-or-miss approach of the case study alone. This is not that. Rather, these cases are in addition to NYUCD’s

The seminars also have an interdisciplinary component: All dental hygiene students are enrolled in seminars, and the College of Nursing has begun enrolling nurse practitioner students in the seminars as part of the collaboration between the two schools.
Because of the numbers of students and faculty everyone is happy about the schedule, Dr. Spielman Roman Tyomkin, says that it’s worth getting up early their way to identify interesting cases, and it’s always

more structured curriculum, are integrated across all classes and disciplines, and are evidenced-based.

The Integrated Case Seminars are each led by a faculty group practice director and a basic science/clinical mentor, who each teach 100 students, divided into 4 subgroups. Students attend a seminar once per month. Because of the numbers of students and faculty involved, the classes are held daily at 7 am. Not everyone is happy about the schedule, Dr. Spielman acknowledges. But at least one student, third-year Roman Tyomkin, says that it’s worth getting up early to come to the seminar because students go out of their way to identify interesting cases, and it’s always fun to listen to other people’s perspectives.

MANAGING A DIFFICULT CASE

Among the problems facing Ms. Sekhon’s patient is a history of ranula—a swelling of a minor salivary gland in the anterior floor of his mouth, as well as myofascial pain related to a work accident. He has extensive restorative therapy and missing teeth that cause aesthetic and functional problems. One emphasis of the seminar is to explore the medical issues that might interfere with treatment, and before planning her patient’s treatment, Ms. Sekhon has called for a medical consult. His platelet counts must be high enough to go ahead with the procedure, or else excessive bleeding can occur, and his absolute neutrophil count is taken to see whether antibiotic prophylaxis is necessary.

The third-year student in Ms. Sekhon’s team, Kenny Cheung, has researched the effectiveness of amalgam versus composite restorations to see which restoration is warranted in patients with active caries.

The second-year student in Ms. Sekhon’s team, Nathan Der, had the job of explaining differential diagnosis and treatment of ranula, and the first-year student, Hee Soo Kim, discussed the different types of minor salivary glands and their roles.

Ms. Sekhon has put together two different treatment plans for this patient—a realistic and an ideal one, recognizing that the patient’s Medicaid coverage will not cover all of the care he should optimally receive. At minimum, he needs three root canals and upper and lower dentures. Ultimately, she says, health promotion is the most important part of the plan. Little things, like switching to diet drinks, can make a large difference for this patient.

LEARNING BASIC SCIENCE THROUGH A CLINICAL LENS

Traditionally, schools say, “Let’s teach basic science and at the end of the lecture mention how important it is in
involved, the classes are held daily at 7 am. Not acknowledged. But at least one student, third-year to come to the seminar because students go out of fun to listen to other people’s perspectives.

the context of cases." But freshmen may have little frame of reference for the science because they don’t have clinical knowledge. This seminar reverses that. It takes a clinical case and drills down into basic science concepts.

Dr. Ivy Peltz, who teaches an Integrated Case Seminar, says that even if certain topics are above the level of first- and second-year students, exposing them to these ideas can only help them grasp the basic-science concepts they’re learning. “It’s exciting for them to enter the clinical experience with more knowledge,” she says.

For the fourth-year students, the Integrated Case Seminars offer a teaching experience that they would not otherwise have had—and teaching a subject tends to ensure that it will not be forgotten.

FINDING THE EVIDENCE, QUESTIONING CONVENTION

Ultimately, the purpose of the Integrated Case Seminars is to enable students to practice evidence-based dentistry so they will be prepared for a lifetime of seeking their own answers. Even though the core techniques taught at the College of Dentistry have always been based on the evidence, in the past the school did not put the burden on students to find the evidence.

“We will never have time to teach our students everything they will need to know over the course of their careers. By becoming men and women of science, they will have that crucial ability to find the evidence when they need it,” Dr. Peltz says.

The seminars teach students not only to find research studies that are relevant to their cases but to rank the value of these studies. In a recent seminar taught by Dr. Peltz, a patient case was presented by fourth-year student Ryan Allen. The patient, a 58-year-old woman, brought to the clinic her high-school yearbook photo displaying a radiant smile. But now, her gingiva have receded, attempts to repair them have not been successful, and she wants her former appearance back. The question of which treatment would be most effective fell to third-year student Roman Tyomkin.

Mr. Tyomkin looked for studies comparing various designs of porcelain enamel veneers to see how successful they had been. Two studies that he found showed that a simple design was most successful. Mr. Tyomkin and Mr. Allen discussed the research and agreed that, while the studies were relevant, both relied on prospective and extrapolated data. In the absence of a systematic review or meta-analysis—the highest form of literature, which culls numerous articles—Roman explained that you have to go with the best evidence you can find.

“I think everyone in the room, including our professor, learned from these studies,” Roman says. Mr. Allen’s patient was a jumping-off point for second-year student William Chang to discuss the anatomy of the tooth. It’s the hardest surface in the body, he said, emphasizing the importance of proper brushing with a soft toothbrush.

Dr. Wolff reminds students that the point of finding the best evidence is not merely academic. Patients want and deserve the best and most current care. Drs. Wolff and Spielman are coauthors of the 2008 article “Evidence-based Dentistry: Why It Should Become Standard Practice” in the Journal of Dental Education. They are on a mission to ensure that as dentists, their students will base their treatment decisions on evidence and not on what they have seen practiced or even necessarily what was taught to them.

“We want them to question convention,” Dr. Wolff says, “to ask, ‘Why are we doing this?’ This can be a tough question for students and faculty alike.”

—BARBARA KANCELBAUM
The summer 2010 issue of Global Health Nexus presented an excellent discussion of the theme, “The Rise of the New Dental Schools and the Future of the Profession.” Each of the authors (Bertolami, Alfano, DePaola, Polverini, and Vogel) discussed the importance of research in advancing the dental profession, although from different vantage points. The immediate genesis of much of the discussion was a conference held in Ann Arbor, Michigan, in May 2010, organized by Dean Polverini, although certainly the discussion of the science-base of the profession has been ongoing since before the Gies Report of

“While the AADR’s mission is ‘to advance research health’ no matter where such research is conducted, institutions remain both consumers and producers
and increase knowledge for the improvement of oral health. The AADR has a special interest in assuring that dental professionals are aware of new knowledge.
We would like to add to the discussion the perspective of the American Association for Dental Research (AADR)—the nation’s preeminent dental and craniofacial research membership-based association.

In 1920, William J. Gies and others established the International Association for Dental Research (IADR), “in order to promote broadly the advancement of active research in all branches of dentistry.” While founded at the Columbia University Club of New York City, prospective members from Chicago and Boston were also involved.

Initially, IADR’s membership was based heavily in the United States, but as it grew internationally, different geographic divisions were formed and, in 1972, the American Association for Dental Research (AADR) was chartered—still the IADR’s largest division. The mission of the AADR is to

- advance research and increase knowledge for the improvement of oral health,
- support and represent the oral health research community, and
- facilitate the communication and application of research findings.

While “dental schools” are not mentioned in our mission or even in the founding documents of the IADR, it goes without saying that if we are to be successful in our mission, we need to be working closely with dental academics and the dental profession. Indeed, many IADR/AADR members hold their primary academic appointments in dental institutions. The other members are in non-dental academic

"There is also the argument that those closest to the clinical challenges will generate the most pertinent and relevant research questions, so naturally a robust body of dental and craniofacial research findings should be emanating from our dental institutions."
health centers, medical schools, other campuses of the university, or within the corporate sector.

From a purely scientific perspective, it shouldn’t matter where the research is produced “to advance research and increase knowledge for the improvement of oral health.” However, as we are also members of the dental profession, we very much desire dental institutions to be initiating research questions, seeking research funding, presenting and disseminating those research findings, and applying those research findings to products and services that improve oral health. There is also the argument that those closest to the clinical challenges will generate the most pertinent and relevant research questions, so naturally a robust body of dental and craniofacial research findings should be emanating from our dental institutions. We of course do not believe that dental institutions should have a monopoly on dental and craniofacial research and indeed some excellent science is coming from non-dental institutions. This is a natural development as our science is increasingly collaborative, cross-disciplinary, and multidisciplinary.

SO WHAT HAS AADR DONE TO PROMOTE DENTAL AND CRANIOFACIAL RESEARCH AND SUPPORT DENTAL INSTITUTIONS?

Outside of our annual meeting and our publication, the Journal of Dental Research—which is jointly owned with the IADR—our biggest investment is research advocacy. We advocate with the US legislative branch of government, the executive branch, and with the profession directly.

Within legislative branch advocacy, AADR worked in partnership with other medical research advocacy groups, like Research!America, as well as dental organizations like ADEA and ADA, to ensure that medical research was included in the 2009 economic stimulus package. Thanks mainly to Senators Specter and Harkin, this resulted in an extra $10 billion to NIH, including $100 million to NIDCR.

Within the 2010 fiscal year appropriations process, AADR was able to educate key Senate staff about the same issues that were covered in the 2010 issue of Global Health Nexus and were the subject of the Ann Arbor meeting. Senate report language within the NIDCR appropriations stated:

**Future of Dental Science:** The Committee has learned that US dental schools now receive less than half of the NIDCR extramural budget. The Committee encourages NIDCR to work closely with schools of dentistry to foster a more intensive research component to dental education, with the goal of cultivating and retaining dental students who have an interest in research.

AADR also advocates across the NIH campus and the Senate report also included language regarding the difficulty dental schools have had in obtaining infrastructure funding from the NIH National Center for Research Resources (NCRR):

**Infrastructure Projects:** The Committee is concerned that schools of dentistry may not be receiving adequate infrastructure funding from the NCRR. The Committee encourages the NCRR to explore ways of ensuring an equitable distribution of infrastructure funding among various scientific programs.

AADR is following up with both Institutes regarding their response to this very specific Senate language.

AADR has raised the profile of dental and craniofacial research across other executive branch agencies such as the Agency for Health Research and Quality. AADR testified before both the US Federal Coordinating Council and the Institute of Medicine about the importance of oral health research within the comparative effectiveness research portfolio.

With the profession, the AADR submitted comments
AADR will continue to advocate for research funding that new knowledge at our annual meeting and smaller Journal of Dental Research, and partner with our assurance that we remain a science-based profession.

to the Council on Dental Accreditation (CODA) to strengthen the research program standard. Our comments, along with others, resulted in CODA adding an intent statement to the research standard. CODA Standard 6 now reads (to be implemented July 1, 2013):

**CODA STANDARD 6—RESEARCH PROGRAM**

6-1 Research, the process of scientific inquiry involved in the development and dissemination of new knowledge, **must** be an integral component of the purpose/mission, goals and objectives of the dental school.

6-2 The dental school faculty, as appropriate to meet the school’s purpose/mission, goals and objectives, **must** engage in research or other forms of scholarly activity.

6-3 Dental education programs **must** provide opportunities, encourage, and support student participation in research and other scholarly activities mentored by faculty.

**Intent:**

The dental education program should provide students with opportunities to experience research including, but not limited to, biomedical, translational, educational, epidemiologic and clinical research. Such activities should align with the clearly defined research mission and goals of the institution. The dental education program should introduce students to the principles of research and provide elective opportunities beyond basic introduction, including how such research is conducted and evaluated, and where appropriate, conveyed to patients and other practitioners, and applied in clinical settings.

Finally, our best advocacy happens when we promote science from our community that demonstrates to policy makers and the public the value of our research. A striking recent example occurred when AADR hosted its Third Fall Focused Symposium. This year’s topic was on “Salivary Diagnostics” and brought together key opinion leaders in diagnostic
for dental institutions, provide the venue for sharing symposia, disseminate research findings through our professional colleagues at ADEA and the ADA to


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In 1998, I attended a meeting of the American Association of Dental Schools (AADS), now the American Dental Education Association (ADEA), entitled “Leadership for the Future: The Dental School in the University.” The meeting brought together dental school deans and university administrators to lay the foundation for greater university-dental school partnership and collaboration.

After the publication in 2000 of Oral Health in America: A Report of the Surgeon General—the first-ever surgeon general’s report on oral health—hopes were high for continued growth of an infrastructure and commitment to research leading to decreased oral and craniofacial disease. These hopes were strengthened by the 2001 “Future of Dentistry Report,” which stated that “the nation’s dental schools are the practicing profession’s sole link to the university and with it the esteem and professional stature that dentistry enjoys.” That fact above all else makes it a profession.

More recently, the results of the three-year Macy Foundation Study, “New Models of Dental Education,” were presented in 2007 at Emory University and the proceedings were published in a February 2008 supplement to the Journal of Dental Education.

The principles underlying educational reform in dental education as defined by the Macy Foundation Study bear repeating here:

- Dentistry is a learned, self-regulating profession that is comparable to but organizationally separate from medicine.
- Every dental school must be an integral part of a university, and the majority must be based at research-intensive universities, where faculty scholars advance the sciences underlying the practice of dentistry and pass this knowledge on to students, residents, and others.
Dental schools must have the resources needed to:
- Recruit and retain adequate numbers of well-qualified faculty;
- provide faculty with sufficient income, space, equipment, time, and administrative support to pursue their scholarly activities;
- recruit and maintain a diverse student body and faculty;
- maintain their physical plants;
- invest in new educational technologies and learning resources.

The teaching, research, and service programs of all dental schools must contribute to reducing oral health disparities.

Dental students need the same basic understanding of human biology and behavior as medical students and advanced knowledge of the basic, social, and clinical sciences relevant to the diagnosis, prevention, and treatment of oral disease/conditions in health and medically compromised patients.

Clinical training should include adequate time in community-based, patient-centered delivery sites, providing evidence-based care to diverse groups of patients, efficiently.

The curriculum should prepare graduates to enter practice; however, in the future, this could shift to preparing students to enter general or specialty residency programs.

Yet today, the strength and potential of the nation’s dental schools to advance the stature of the profession has markedly decreased. A key reason is that between 1982 and 2000 seven dental schools closed. While four dental schools have opened since 2000 and several more are scheduled to open in the near future, many dental school deans are concerned that the new schools appear to be embarking on a path that reduces the school’s commitment to scholarship and service and lacks a close partnership with the mission of the universities in which they reside.

This development is both ironic and sad: Ironic because dentistry has become a compelling career choice for an academically ever-improving group of applicants; sad, because the expansion of the applicant pool appears to be driven largely by a profit motive. Simply put, today’s dental school applicants look forward to higher practice incomes than any previous generation of dental graduates. Accordingly, they are focused strongly on private practice careers to the exclusion of other options. We need to find those applicants interested in careers in dental education to provide for a future workforce that is anchored in scholarship and evidence that can be translated for appropriate diagnosis, prevention, and treatment.

The new dental education landscape was the topic of a meeting held last May in Ann Arbor at the University of Michigan School of Dentistry. Notably, the meeting has spurred a great deal of discussion and controversy, which did not occur following the 1995 IOM Report on
“Dentistry at the Crossroads,” the 1998 AADS (now ADEA) Conference on “The Dental School in the University,” and the very clear-cut Macy Foundation Study. The reason seems to be that schools which value research and scholarship met as a separate group and some schools were not invited. Those not included have raised questions about this process.

To my mind, the controversy should not be about labels—non-research-intensive, research-intensive, clinically intensive—but about the content and form of the education offered. I am convinced that it should be about the importance of dentistry viewing itself as a branch of medicine and not permitting market values to overshadow the academic values of education, research, and patient care. I believe that with the rise of the new schools, there has been a reduction in the “gold standard” of teaching. Direct student-teacher and supervised student-patient interaction has been replaced by a potpourri of online and simulated modules. We need to link education and research evidence to a model of mentorship, collegial team support, and the primary doctor-patient relationship. We need to recognize that training is preparation for a set way of doing things; it aims at a stable objective, while education is the art of dealing with knowledge. We need to be in the business of education.

At the Ann Arbor meeting, Dr. Larry Tabak, then Director of the National Institute for Dental and Craniofacial Research (NIDCR), who was recently promoted to Principal Deputy Director of the entire National Institutes of Health (NIH), expressed his concern that American dental schools would be unable to educate and train the dental scientists of the future. He specifically lamented the possibility that the new schools will cause the profession to lose esteem—to regress in the public’s mind from a profession to a vocation. He also cited the fact that more government research dollars are currently going to non-dentist scientists than to dentist-scientists. Dr. Tabak’s promotion is a feather in the cap of all of dentistry, and his views are extremely relevant. But let me note that while I agree with him in the first case, I see the fact of NIDCR funds going increasingly to non-dentist scientists as a reflection of the greater general interest in the dental and craniofacial areas as models for studying the mechanisms of disease, be it inflammation, mechanical forces on hard tissue, or genetic models of disease. However, it may also reflect fewer competitively qualified dental applicants for NIDCR funds.

“I believe that with the rise of the new schools, there has student-teacher and supervised student-patient interaction modules... We need to recognize that training is stable objective, while education is the art of dealing with
Be that as it may, I am convinced that it is past time for dentistry to sort out the differences between professional and vocational education. In this regard, I have written of the need for a new Gies Report to advance dental education and the profession, just as the Gies Report of 1926 did. If a new Gies Report were to be written today it would surely insist that quality dental education be built on:

- A faculty that actively engages in scholarship to assure that the profession continues to progress and does not become a trade.
- Functional integration with the university, academic health centers, and community health centers, as these are the centers of learning in health professions.
- A faculty that actively engages in providing health care with a primary mission of public service.
- A curriculum that promotes learning through active participation rather than through learning of factual and technical knowledge only.

How can we hope that the new schools with purportedly new educational models but with a very high cost to students (and a loan system that is overtaxed) will advance dentistry’s stature as a profession, as well as alter the workforce model currently in effect?

In his keynote address to the 2007 Macy Foundation meeting, Bernard Machen used the community college model as a metaphor for dental education that does not prize research to explain how lowering the cost of dental education would not keep graduates on a par with other professions. So a giant issue is finding the financial resources needed to function successfully in a research university environment. The new schools rely on outsourced science teaching, community clinics, and tuition as the primary business model. Compare that with NYU, which has parlayed large class size and tuition revenue into major recruitment of faculty, including scientists. So maybe one way forward is to enlarge the capability of existing dental schools to work in both the clinical and research-intensive worlds. There are no research-intensive dental schools that fail to produce competent dentists.

As Vannevar Bush, President Roosevelt’s wartime science advisor, said in his 1939 MIT baccalaureate address entitled “Opportunity for the Professions”: “It is apparent that medical care, including dentistry, can be made available on an adequate plan to the entire population, only if traditional procedures are somewhat altered and adapted. The time and effort of men trained at great expense to society cannot be wasted on anything which can be safely delegated under supervision to those of lesser training.”

We have an opportunity, given the development of mid-level providers, to examine the best way to integrate both scientific learning and expanded access to community care into oral healthcare delivery. It is interesting to me that, while a cardiac surgical resident, my main job in the OR was to harvest leg veins to be used in coronary artery bypass grafting. Physician assistants now do this. The growth of nurse anesthetists presents issues similar to those involving dental mid-level providers.

I am a great fan of Jim Collins of Good to Great fame. His concept of catalytic mechanisms is very attractive to me and has proven sound. “Great organizations,” he writes, “have figured something out. The old adage, ‘People are your most important asset’ is wrong; the right people are your most important asset. The right people are those who would exhibit the desired behaviors anyway, as a natural extension of their character and attitude, regardless of any control and incentive system. The challenge is not to train all people to share your core values. The real challenge is to find people who already share your core values and to create

been a reduction in the ‘gold standard’ of teaching: Direct has been replaced by a potpourri of online and simulated preparation for a set way of doing things; it aims at knowledge. We need to be in the business of education.”
catalytic mechanisms that so strongly reinforce those values that the people who don’t share them either never get hired or, if they do, they self-eject.”

Many change programs trumpet their arrival with well-known Big Hairy Audacious Goals (BHAGs). But many get stuck at the first obstacle to meeting those goals—that of mobilizing the organization away from the status quo. Truly catalytic mechanisms help catapult organizations over this hurdle. This simple yet powerful tool enables companies to propel commitment levels past the point of no return. They are galvanizing, non-bureaucratic means of turning visions into reality, usually involving a redistribution of power. The key impacts of catalytic mechanisms are:

- They produce unpredictable results.
- They redistribute power away from traditional power-holders and toward the overall system.
- They have sharp teeth.
- They attract the right people and eject viruses.
- They produce an ongoing effect.

Many managers get stuck ceaselessly drafting vision statements. A catalytic mechanism, however, establishes a tangible process that all but guarantees that the vision will be fulfilled. Speeches, off-site meetings, and crises can mobilize people, but the effects seldom last once the excitement dies down because true adaptive change means loss of authority or power for some group. Since catalytic mechanisms provide no escape route and require 100 percent commitment, their results can last for decades. Maybe Ann Arbor was such a catalytic mechanism.

WHERE DO WE GO AFTER ANN ARBOR?

So what should we do to maximize the catalytic potential of that forum? Almost everyone believes that the future of the profession belongs to dental education, but are we up to the task of working collaboratively—new schools and traditional schools alike—working together for the best future for the profession and the public? The argument that the new schools, if they do nothing else, can add people to the workforce who are neces-

Dean R. Bruce Donoff and the HSDM 2010 Dean’s Scholars.
sary to meet the future oral health needs of society is weak if we recall Vannevar Bush’s admonition of 1939. More dental graduates do not ensure more practitioners in underserved communities.

The following are some suggested action items that may help us bridge the divide that currently confronts dental education. In particular is the elimination of live patient licensure exams, which has been a topic of discussion for years with a resolution passed nationally to eliminate. So where are we? We still see dental students scrounging for patients, paying patients and assistants to sit for an exam, while organized dentistry touts ethics in the curriculum. How disingenuous.

Below are some things we can do to catalyze change.

- Work with the Friends of the NIDCR and Congress to promote increased funding to the Institute and show how research in epidemiology and health services outcomes, as well as basic biomedical and behavioral science, can improve the oral health and systemic health status of the population.
- Advocate for funding agencies to consider mechanisms to modify existing funding to promote and support the integration of research in dental education.
- Urge the NIDCR to offer training grant programs that couple research-intensive dental schools and non-research-intensive schools. Provide incentives in funding mechanisms to facilitate the creation of school consortia for teaching and scholarship.
- Demonstrate the importance of this to the revised CODA Standard 6.
- Eliminate live patient exams from licensure.
- Get all deans of dental schools to agree that elimination of these exams is beneficial and in the interest of the patient; or, even better,
- Make a mandatory PGY-1 (postgraduate or internship year) a mechanism of licensure nationwide for general practice.
- Work with individual state regulatory bodies to achieve these changes within three years.
- Couple new educational models and dental schools with education and training of mid-level providers.
- Convert current PBRNs (Practice-Based Research Networks) to dental school programs to involve students and faculty more than outside practitioners during the dental school years. Develop pilot projects.

I believe that each of the above actions can be a catalytic mechanism because each will have positive consequences like freeing curricular time for activities of the mind rather than the hands, expanding the base of faculty available to mentor and guide students, enhancing the self-image of dentistry as a profession based upon sound ethical and moral standards that don’t change once you get a degree or a license, expanding the diversity of patients treated, and making dental education patient-centered rather than procedure-focused.

Oh, and one more thing—get all dental schools to award a single degree and make it the DMD degree for, as Edward D. Churchill said in the New England Journal of Medicine in 1951, “The most significant trend of the 20th century is that toward cultivating the discipline of mind needed to complement and guide surgical technology.”

References

“We have an opportunity, given the development of mid-level providers, to examine the best way to integrate both scientific learning and expanded access to community care into oral healthcare delivery.”
What’s more important—groundbreaking research or a groundbreaking curriculum? Aren’t they equally important?

In an article in the summer 2010 issue of Global Health Nexus, the question was asked: “Who is going to lead the profession into the future if all we are doing is training dentists to be technically competent?” The article posits “an emerging tiered system of dental education” occasioned by the rise of schools that, it is suggested, don’t have a credible research program.

In my opinion, this point of view, held by some research-intensive dental school deans, promotes a misguided philosophy that has now drawn a line in the sand instead of fostering collaboration among all dental schools.

The recent Ann Arbor Dental Deans Forum in May 2010 included some 27 hand-picked participants from the 60 US dental schools, and was a clear demonstration not only of a lack of understanding of the oral health needs of this country, but also of the true determinants of the success of a profession.

As the dean of one of the newer dental schools, one that has seen dramatic success in its mission to educate compassionate, community-
mined dentists, it was disheartening to hear about the forum after the fact. How can we solve the critical issues facing the profession of dentistry if the majority of dental schools are not invited to participate? It was a sad day, and a wasted opportunity.

Every dental school can contribute to the improvement of the overall health of our population through good oral health. No one school or philosophy is more valuable or important than another. We all have something to offer, we all have room for improvement, and we all have a societal responsibility to be inclusive, collaborative, and innovative.

The success of dentistry as a profession relies on our integrity, compassion, and leadership, and not just in terms of the new knowledge generated in research laboratories. A profession translates that knowledge into policies, service, and health improvement through its behavior and actions. Research is critical in moving dentistry forward; but unless we also make it a priority to graduate dentists who are driven to fulfill the dramatic and currently unmet oral health needs of our nation, we have not fully done our jobs as educators or as ambassadors of the profession.

The oral health needs in this country are great. Knowing isn’t enough—we know what to do and how to do it, but in reality, we have not done a good job in delivering “the goods” to those in our society who are the most vulnerable. The poor, medically complex elderly, rural, people of color, American Indians, and those with intellectual disabilities continue to lack adequate oral health care—not because we need more research, but because of the lack of willing dental providers to address their needs. Research will not
solve this problem. It never has and never will. It’s the people we select to enter the profession of dentistry and how we educate and nurture them in our schools that will make the difference in their lives.

Community Health Centers and Indian Health Services can’t find dentists to fill their well-paying positions. The founding of at least one of the new generation of dental schools—A. T. Still University’s Arizona School of Dentistry & Oral Health—was a direct result of their requests for help; and the outcome for four consecutive years has been the highest number of dental graduates going into community service.

The assumption that the esteem and prestige of a profession come only from research and that non-research-intensive dental schools are focused only on producing technically competent dentists is insulting, and simply not true.

It’s not just about technical competence. It’s also about heart, leadership, and the commitment to make a difference that will elevate our profession to one of high esteem and respect among the people we serve. The health system in this country is undergoing change whether we support it or not. We have a responsibility to help guide, if not lead, this process to the best possible outcome for all. The best way to do this is to work collaboratively and com-

“The poor, medically complex elderly, rural, people of color, American Indians, and those with intellectual disabilities continue to lack adequate oral health care—not because we need more research, but because of the lack of willing dental providers to address their needs. Research will not solve this problem...It’s the people we select to enter the profession of dentistry and how we educate and nurture them in our schools that will make the difference in their lives.”
plement each other—not exclude and demean each other. Every family has its tensions, arguments, crises, and tragedies—and we as a profession have ours. We need to come together, recognize our differences, and respect them. We need to work together to ensure the esteem and respect that we desire from our healthcare colleagues and patients. A self-serving approach does not help us or help solve the problems facing us. The challenges facing our profession will always be present; how we resolve to address them will define our future and our ultimate success.

“**We need to work together to ensure the esteem and respect that we desire from our healthcare colleagues and patients. A self-serving approach does not help us or help solve the problems facing us.**”

**ARIZONA SENIOR ROBERT TRUJILLO IS SCADA WINNER**

Robert L. Trujillo, a fourth-year student at the Arizona School of Dentistry & Oral Health won First Place in the 2010 ADA/Dentsply Student Clinician Research Program in the Clinical Science/Public Health category for his presentation entitled “The Potential Clinical Applications of Bioactive Glass (BAG) in Dentistry.” Robert is pictured with Dean Dillenberg.
The summer 2010 issue of Global Health Nexus raised some important issues about the current and future state of dental education. For the most part, the concerns centered around the notion that dentistry’s status as a learned profession may be adversely affected by new dental schools and some existing dental schools that place inadequate emphasis on the scientific research element of their academic missions. Apparently, the fear is that this trend may shift the balance between research-intensive and non-research-intensive schools, engendering the perception that dentistry is a trade, not a profession. The argument(s) for this position were proffered at a meeting last May in Ann Arbor, Michigan, where the “research-intensive” dental schools declared that they must lead the profession into the future.

The premise was that the new dental schools may be de-emphasizing or ignoring science, and, therefore, not linking research and discovery to patient care. As noble as the Ann Arbor meeting’s intention may have been, it resulted in a version of the famed Apollo 13 adage, “Houston, we have a problem!” The problem is simple: Without all the dental schools at the table to discuss these important issues, communications were incomplete and inconclusive, and misunderstanding, divisiveness, and disunity were inevitable.

At the outset, we want to emphasize our strong commitment to mission balance, or to put it another way, to an appropriate emphasis on education, research, patient care, and community service consistent with a school’s environment. The Greek mythological figure Procrustes, famed for his “one-size-fits-all” approach to providing the perfectly...
sized bed for his visitors—by stretching them on a rack to make them fit the bed or chopping off their legs if they were too long for the bed—has never been a guide to formulating academic missions. Simply put, there is no single template for mission design. Some schools are essentially free-standing; some are located in great research universities or academic health centers. Academic missions vary as a function of academic settings and the needs of surrounding communities.

THE ABILENE PARADOX

The exclusivity of the Ann Arbor meeting, the failure to include all schools and therefore all types of dental school missions in the discussions, has, in our opinion, resulted in a classic case of “mismanged agreement,” as exemplified in the story “The Road to Abilene,” which is often cited by management and business experts to demonstrate the perils of “groupthink.” Here’s what happens:

Four friends are seated at a table on an August Sunday afternoon in Wichita Falls, Texas, playing dominoes. They are in perfectly comfortable surroundings—plenty of beer, nachos, and other food as well as air-conditioning. Someone makes a halfhearted suggestion that they go to Abilene—55 miles away—for dinner at the local café, which does not have a Michelin rating. The others demure, saying unenthusiastically, “We’re

The Greek mythological figure Procrustes, famed for his ‘one-size-fits-all’ approach to providing the perfectly sized bed for his visitors—by stretching them on a rack to make them fit the bed or chopping off their legs if they were too long for the bed—has never been a guide to formulating academic missions. Simply put, there is no single template for mission design.
okay here.” The suggestion emerges again and is again mildly rejected. Then another player says, “Maybe we should go to Abilene.” The responses remain remarkably unenthusiastic, but eventually all four end up in the car on a 55-mile-long drive during which the air-conditioning fails. It is dirty; it is hot; and the food is even worse than they remembered. On the return trip, an argument erupts. “Whose idea was this anyway?” someone asks. “I’m hot, dirty, and my gut aches.” Each blames the other for a bad decision.

At the domino table before departure, there was no strong advocacy for driving to dinner at the cafe, and the group had a tacit agreement that remaining in Wichita Falls was best. But they mismanaged the agreement and ended up on the Road to Abilene because of a breakdown of group communication. The business and management community considers this sort of mismanaged agreement, known as the Abilene paradox, to be more serious than actual disagreement because the former is considerably more wasteful and disruptive.

It is, therefore, incumbent upon us to avoid the mismanagement of the research-intensiveness issue. We believe there is general agreement concerning the critical nature of

“Mission balance encompasses education, clinical care, may be another’s weakness, so it makes good sense to collaborations to advance the common good.”
research and scholarship, broadly defined, in dental education. However, the essential premise of the argument, that new schools are non-research-intensive, is specious. Indeed, the entire matter appears to be a classic example of the mismanaged agreement.

MISSION BALANCE
To our knowledge, no one supports the concept of creating new schools without a commitment to research and scholarship; and everyone accepts that a variety of mission profiles among dental schools is actually healthy. For the most part, research, teaching, patient care/community outreach, are appropriately emphasized within dental education. Consensus on this issue would help us avoid the Abilene paradox and promote collaborations to ensure that dental education as a whole fulfills all three mission elements, with different emphases on these elements among the various schools.

It is important to note that considerations such as the specific geographic locations of dental schools, the socioeconomic status of the communities they serve, their home as a relative stand-alone institution or as a component of an academic health center, will play major roles in determining their profile in research, teaching, and patient care/service. In some cases, the emphasis is on pure biomedical research; in others, it is on health services research, or public health research, or corporate support of product testing research; or behavioral and attitudinal research; or educational research; while in others, it is a blend of various research agendas. Scientific discovery and/or the application of scientific advancements all have a place within dental education’s mission. Mission balance, therefore, encompasses education, clinical care, and research and scholarship. One institution’s strengths may be another’s weakness, so it makes good sense to develop academic partnerships or inter-institutional collaborations to advance the common good.

SOCIAL CONTRACT
The relationship of dental schools and their parent universities to the communities they serve and to the representatives of those communities derives from an ancient social contract: Academic institutions conduct education, research, and clinical care programs to address societal needs; and society, perceiving the benefits of these programs, reciprocates with support for academic institutions. Unfortunately, it is difficult for the public to appreciate the research agenda when the need and demand for care are so prevalent. That is not to say that the public does not appreciate the need for research but, for the most part, it values more tangible things, which can be measured, like community and schools-based prevention programs and direct patient care. So, the “value proposition” of a dental school and academic health center has been questioned in terms of whether or not the dental school and academic health center “advances and applies knowledge to improve health.” This public trust, and the community and legislative support it elicits, must be vigilantly nurtured; failure to do so places this critically important support at risk.

There is a great need, therefore, to appreciate the necessity of developing community partnerships to better understand the broad factors that influence an individual’s health prospects, including genetic makeup, social circumstances, environmental conditions, behavioral choice, and medical/dental care. The “siloed” nature of many of the health professions schools has contributed to a limited understanding of this complex array of health determinants and the necessity of partnering for the common good. What the dental profession does not need is further division and conflict; i.e., a breach between research-intensive and non-research-intensive schools. This conflict can only be destructive in the long run and will ultimately
defeat its very purpose, as proffered at the Ann Arbor meeting—the advancement and preservation of dentistry as a learned profession. Instead, the call should be for creating innovative partnerships among the various schools with their different ways of achieving mission balance to determine how best research and scholarship could be advanced for all the participants and how the profession as a whole can ensure improvement in the health of the public. It occurs to us that in addition to basic biologic and biomedical research, a number of other research and scholarship priorities are and/or should be taking place in many dental schools and/or their parent institutions. Some limited examples include:

**Educational research.** For the most part, we are still educating students in traditional methodology while students are learning through multiple information technology and social networking venues.

**Behavioral research.** Attitudes, health behaviors, and social determinants of health are not reflected well in the portfolios of dental educators and oral health scientists.

**Interprofessional education research.** There is a great deal of discussion about inter-professional education. Where is the evidence that patient health outcomes will be improved?

**Workforce research.** The issues of access to care, cost of care, and quality of care are at the heart of the public trust and societal demands and so research on new workforce models merits considerable attention.

**Faculty development research.** The great need is not only to convince students that they should seek a career in academics, but when they get there, they need to be able to survive the antiquated publish-or-perish culture. How do we develop such faculty for the future?

**Cost of dental education research.** Is there a better and/or more cost-effective way to provide dental education? Do some of the answers lie in the new school models? Is the current model of financing dental education sustainable? This is a critical area that is ripe for scholarship and research.

**Epidemiological and population-based research.** With the profound changes in population growth and with significant demographic shifts in the population in terms of age and ethnic minority shifts, there is a vast chasm for research to fill.

**Women’s Health Research.** There is a contemporary NIH report on a new vision for women’s health research. The research agenda focus is on taking advantage of the synergy between cutting-edge technology and novel concepts to advance women’s health and sex difference in research through inter- and multidisciplinary collaborations. There is much research to do here as well.

**Global health research.** With globalization, the world is indeed flat and the people in it are moving across the world in increasing numbers, which increases the possibility of infectious disease transmission. Coupled with changes in diets and nutrition, and with almost ubiquitous poverty in some countries, the issue of global health requires significant attention.

These illustrations are meant only as examples of the breadth and depth of scholarship and research that could, should, and, in many cases, are taking place in dental education. It is important to emphasize the importance of exploration, experimentation, and innovation in new models of education to ensure long-term viability of our programs and, perhaps, through more efficient education programs, permit the reallocation of some resources to support other mission elements. To put it another way, there is inherent value in health services research, educational research, and many other kinds of research.
A CALL FOR UNITY

If there are threats and challenges, we should address them in a unified fashion. There is tremendous opportunity for the dental education community to seize an even more important role in leading the profession. In doing so, we could create long overdue reforms in public health policy, reforms in licensure and credentialing processes, educational innovations, development of public health policy, enhanced access to care, reconfiguration of the dental workforce and scope of practice, and, yes, advances in science. A variety of dental schools will be required to address all of these challenges. We should do this together. Collaboration now is essential. Of particular interest is the potential benefit of regional and national collaborations between research-intensive and clinical education-intensive institutions to ensure that the entire enterprise achieves appropriate balance and appropriate emphasis on science. There are currently existing examples of highly successful regional consortia designed specifically to share scientific expertise in the development of future generations of scientists.

The Hollies sang a song in the late 60s entitled "He Ain’t Heavy, He’s My Brother." That is what we are reminded of when thinking about this entire pseudo-debate. The message is, let’s lift each other up and develop constructive solutions to the real issues facing dental education. Let’s not create confusion and distraction by continuing an apparent mismanaged agreement. Let’s stay off the Road to Abilene! It is a hot, dirty, wasteful, and inherently dissatisfying trip.

2. Ibid.
NYU College of Dentistry researchers have identified a promising new approach for treating tooth hypersensitivity, while simultaneously preventing bacteria from causing further harm.

Tooth hypersensitivity occurs when the dentin becomes exposed, causing dentinal tubules to open up. When open tubules come in contact with cold, hot, sweet, or acidic substances, painful stimuli are transmitted to the pulp. Hypersensitivity can be caused by oral bacteria, which attach to the tooth surface and leave an acidic residue of biofilm and calculus.

Most toothpastes, protective strips, and other treatments for tooth hypersensitivity utilize potassium oxalate to close the tubules. But potassium oxalate cannot prevent a recurrence of tooth hypersensitivity because deposits in the tubules from potassium oxalate treatment are highly susceptible to the effects of acids from biofilm, citrus drinks, and other acidic liquids.

In the NYU dental study, a coating on the tooth surface and deposits in the dentin tubules obtained from a calcium phosphate solution containing fluoride and zinc ions proved effective in preventing the growth of *Streptococcus mutans*, a bacterium commonly associated with dental caries. The coating not only caused the exposed dentin tubules to close again, but also prevented *Streptococcus mutans* from causing further damage. The findings were presented on July 17, 2010, at the annual meeting of the International Association for Dental Research in Barcelona, Spain, and part of the study will be published in the February 2011 issue of the *American Journal of Dentistry*.

Dr. Racquel Z. LeGeros
Coprincipal investigators Dr. Racquel Z. LeGeros, Professor and Associate Chair of Biomaterials & Biomimetics at the NYU College of Dentistry, and Dr. Haijin Gu, Chief Dentist at Sun-Yat-sen University Guanghua School of Stomatology in Guangzhou, China (while a Visiting Scholar at NYU College of Dentistry), compared two groups of dentin samples immersed for 24 hours in a solution containing *Streptococcus mutans*. One group was treated with the calcium phosphate/fluoride/zinc formulation for eight minutes, while the second group received no treatment. Bacteria multiplied on the untreated samples, but their growth and development were inhibited on the treated dentin. In addition, the treated group had significantly fewer open tubules than the untreated one.

"Because the calcium, phosphate, and fluoride ions formed a solution that occluded the open dentin tubules, and the zinc and fluoride ions inhibited bacterial growth and colonization, our findings suggest that this formulation may represent a tooth hypersensitivity treatment that is less susceptible to the effects of acid compared to treatments made with potassium oxalate," said Dr. LeGeros, who plans additional testing to confirm the findings.

Coinvestigators on the study included Dr. Robert Boylan, Associate Professor of Basic Science & Craniofacial Biology, and Dr. John P. LeGeros, Adjunct Professor of Biomaterials & Biomimetics, both of the NYU College of Dentistry; Dr. Junqi Li, Dean of the Guanghua School of Stomatology; and Dr. Danni Fan, Assistant Professor of Prosthodontics at the Guanghua School of Stomatology.

"Because the calcium, phosphate, and fluoride ions formed a solution that occluded the open dentin tubules, and the zinc and fluoride ions inhibited bacterial growth and colonization, our findings suggest that this formulation may represent a tooth hypersensitivity treatment that is less susceptible to the effects of acid compared to treatments made with potassium oxalate."
NYU dental researchers have found evidence that periodontal disease may increase the risk of cognitive dysfunction that is a consistent finding in Alzheimer’s disease.

The study offers fresh evidence that periodontal inflammation may contribute to brain inflammation, neurodegeneration, and Alzheimer’s disease.

The research team, led by Dr. Angela R. Kamer, Associate Professor of Periodontology & Implant Dentistry, examined data derived from 152 elderly subjects. “The research suggests that elderly subjects with periodontal inflammation are at an increased risk of lower cognitive function compared to subjects with little or no periodontal inflammation, and these results hold true even after considering the subjects’ cognition 20 years ago,” said Dr. Kamer.

Dr. Kamer’s study, conducted in collaboration with Dr. Douglas E. Morse, Associate Professor of Epidemiology & Health Promotion at the NYU College of Dentistry, and a team of researchers in Denmark, builds on a 2008 study by Dr. Kamer which found that subjects with Alzheimer’s disease had a significantly higher level of antibodies and inflammatory molecules associated with periodontal disease in their plasma compared to healthy people.

The findings are based on an analysis of longitudinal data on periodontal inflammation and cognitive function from the Glostrup Aging Study, which gathered medical, psychological, oral health, and social data on Danish men and women over a 20-year period ending in 1984, when the subjects were all 70 years of age. The findings were presented at the 2010 annual meeting of the International Association for Dental Research in Barcelona, Spain.

Dr. Kamer’s team compared cognitive function at ages 50 and 70, using the Digit Symbol Test, or DST, a part of the standard measurement of adult IQ. The DST assesses how quickly subjects can link a series of digits, such as 2, 3, 4, to a corresponding list of digit-symbol pairs, such as 1/+,2/- ... 7/A,8/X,9/=.

Dr. Kamer found that periodontal inflammation at age 70 was strongly associated with lower DST scores at age 70. Subjects with periodontal inflammation were nine times more likely to test in the lower range of the DST compared to subjects with little or no periodontal inflammation.
This strong association held true even in those subjects who had other risk factors linked to lower DST scores, including obesity, education, hypertension, cardiac ischemia, and cigarette smoking. The strong association also held true in those subjects who already had a low DST score at age 50.

Dr. Kamer plans to conduct a follow-up study involving a larger, more ethnically diverse group of subjects, to further examine the connection between periodontal disease and low cognition.

In addition to Dr. Morse, Dr. Kamer’s coinvestigators included Dr. Poul Holm-Pedersen, Professor and Director of the Gerontology & Oral Health Research Center; Dr. Erik Lykke Mortensen, Professor of Psychology; and Dr. Birita Ellefsen, Assistant Professor of Gerontology & Oral Health, all at University of Copenhagen in Denmark; and Dr. Kirsten Avlund, Professor of Social Medicine at the Institute of Public Health in Copenhagen.

The study offers fresh evidence that periodontal inflammation may contribute to brain inflammation, neurodegeneration, and Alzheimer’s disease.

The Association of American Medical Colleges’ MedEdPortal, an online resource for high-quality, peer-reviewed, educational materials, has commended NYUCD faculty for publishing their educational resources on its site, stating in a letter to Dean Bertolami that “This is an important achievement which the Association of American Medical Colleges (AAMC), in partnership with the American Dental Education Association (ADEA) and MedEdPortal, feels deserves further recognition.”

The following resources were recently published in MedEdPortal by NYUCD faculty:


These resources successfully passed through the MedEdPortal peer review process and are available to health professionals around the globe at no cost.
Dr. Brian Schmidt Outlines His Vision for the Bluestone Center for Clinical Research

Dr. Brian L. Schmidt, an oral and maxillofacial surgeon specializing in oral cancer, genomics, and pain, has joined NYUCD as Director of the Bluestone Center for Clinical Research and Professor of Oral & Maxillofacial Surgery.

Dr. Schmidt, DDS, MD, PhD, brings a medical emphasis to the Bluestone Center—a facility located in the NYU College of Dentistry that is dedicated to the development, implementation, and analysis of clinical research. He is the recipient of over $7 million in federal, industry, and private foundation funding to date, including a gift of $3.5 million from an anonymous donor to advance his research at NYUCD.

Dr. Schmidt comes to NYUCD from the University of California, San Francisco (UCSF), where he treated thousands of patients suffering with diseases of the head and neck. Dr. Schmidt’s training in surgical oncology was put to use daily with surgical management of oral cancer patients in Northern California. At UCSF he directed the Oral and Maxillofacial Oncology Fellowship and the Oral and Maxillofacial Surgery Residency Training Program. He was also the Vice Chair of the Department of Oral and Maxillofacial Surgery.

Recently, Global Health Nexus spoke to Dr. Schmidt about his vision for the Bluestone Center.
Global Health Nexus (GHN): What attracted you to NYUCD?

Dr. Schmidt: At UCSF, my central focus involved diagnosis and treatment of head and neck cancer. I was also intimately involved with the education of students and with my own basic science laboratory. Although my basic science research offered some intriguing insights into cancer progression and the mechanisms of cancer pain, clinical testing facilities and staff were in short supply. Accordingly, I was not able to parlay our basic science findings into better treatment or better palliative care for my patients. This was a frustrating situation because so many of my patients were suffering from excruciating pain from cancer or secondary to painful and debilitating cancer treatments.

Prior to visiting NYUCD, I focused on two separate streams of effort. On the one hand, I ran a clinical practice and on the other, I ran a basic science laboratory. In the laboratory I studied those aspects of cancer that most affected the quality of life of my patients, but I was resigned to the fact that the two streams of effort remained perpetually divided since I was unable to conduct the clinical trials necessary to bring our findings to the patients who needed them. Trials in patients undertaken for evaluating our laboratory findings would occur only if others saw merit in our work and chose to take our findings to patients in a setting that allowed for the scientific scrutiny of a clinical trial. On my first visit to the Bluestone Center, the largest center of its kind in any dental school in the world, it was immediately evident to me that I could conduct substantive clinical research with knowledge gleaned from my laboratory experiences. The promise of this facility, above all else, inspired me and inspires many of my colleagues who seek solutions to the morass of difficult clinical problems experienced by patients.

After several interviews, I recognized that there were other investigators at NYU who had research interests similar to mine. These researchers often use our clinical failures and inadequacies to form and refine the focus of their inquiry as basic scientists. For example, I observed investigators within the NYU Cancer Institute, the NYU College of Nursing, and NYUCD who were genuinely interested in studying and treating the
“On my first visit to the Bluestone Center, the largest center of its kind in any dental school in the world, it was immediately evident to me that I could conduct substantive clinical research with knowledge gleaned from my laboratory experiences. The promise of this facility, above all else, inspired me and inspires many of my colleagues who seek solutions to the morass of difficult clinical problems experienced by patients…I could sense that NYUCD has achieved a good deal of momentum in this respect and I wanted to be a part of that.”

symptoms that cancer patients face throughout progression and treatment of their disease. I could sense that NYUCD has achieved a good deal of momentum in this respect and I wanted to be a part of that.

GHN: What are your goals as Director of the Bluestone Center?

Dr. Schmidt: I would like the Bluestone Center to increase activity in the area of cancer research. Of course, the Bluestone’s location in the dental school provides an ideal venue for investigating oral cancer and oral symptoms related to treating all types of cancer. Cancer treatment and the way we study cancer is changing. Due to the confluence of several unique features of oral cancer, this disease can be employed as a productive model for the study of other cancers and the pain they produce. Oral cancer, unlike most other cancers, occurs in a readily accessible area of the body. Accessibility is particularly important for my investigations of cancer pain. Oral cancer, then, is a logical place to start when seeking clues about the development of cancer pain as well as studies elucidating more general
aspects of cancer progression. Skin cancer is rarely painful at the primary site. For this reason, skin cancer is rarely used in pain studies.

Let me explain. When scientists want to characterize or quantify molecules associated with lung, breast, prostate, and other major cancers, they must cut out the cancer and analyze it in a laboratory. These approaches are limited because once the cancer has been excised, the blood flow to the tumor is terminated. When this occurs, the cancer no longer produces or induces the same mediators that it does while in the body. The oral cavity, by contrast, is very accessible, making it the only site in the body, other than the skin, where a molecular study of cancer and cancer pain mechanisms can be conducted while the cancer remains in-situ. Since pain is the most common symptom associated with oral cancer, this disease can be exploited as a model in the study of cancer pain.

**GHN:** The NIH recently awarded a joint $1.25 million grant for a cancer pain study that you are leading in collaboration with the Boston Biomedical Research Institute (see related story on p. 86). In conversations regarding that grant, you mentioned that cancer pain research is more important now than ever before. Why is that?

**Dr. Schmidt:** Thanks to advances with earlier cancer diagnosis and improved cancer treatment, cancer patients are living longer today. While living longer, many patients are not cured. The cancer is controlled but still present and often slowly progressing. For too many people, living with cancer then results in years of chronic pain and limited function. Many of these individuals cannot work or even get out of bed.

Outside of survival, the cancer patient’s most common primary concern is pain. Studies have shown that the number one fear for cancer patients is the likelihood of a painful death. Despite this, little emphasis and few research dollars have been directed at cancer pain. Cancer pain management has not kept up with advances in cancer treatment. For oral cancer patients,
approximately 50 percent will die from the cancer. Almost all of those who die of the cancer will experience debilitating pain during the process. Physicians and nurses still rely on high doses of narcotics and non-steroidal anti-inflammatory drugs. These analgesics yield limited relief and have significant side effects that degrade quality of life for those suffering from this disease. The extraordinary difficulties associated with pain management in my patients are, ironically, exacerbated by longer survival times, since many of these survivors develop a tolerance to the narcotics. Ever larger opiate doses are then required for those we are not able to cure. That’s why it’s more important than ever before to investigate therapies for managing cancer pain.

*GHN:* How does your research relate to translational work that can be applied directly to patients?

*Dr. Schmidt:* I have just begun a new collaboration with the Boston Biomedical Research Institute to investigate the molecular mechanisms of oral cancer pain. The findings from this study will ultimately provide a better understanding of the causes of both oral cancer pain and pain associated with other forms of cancer. This work will spur the development of more sophisticated analgesics that are capable of blocking the physiological mechanisms specific to cancer pain.

A second area of basic science research that we hope will lead to clinical trials is our work identifying the role of the protease-activated receptor 2, or "PAR2," in cancer pain. PAR2 is a G protein-coupled receptor that is involved with neurogenic inflammation. A postdoctoral fellow in my lab, Dr. David Lam, and I completed a pilot study funded by the NIH/NIDCR to demonstrate that PAR2 is involved in head and neck cancer pain. Targeting PAR2 in the cancer microenvironment may be a promising new approach to treat or even prevent chronic cancer pain. We hope to test a drug designed to block PAR2 in cancer patients at the Bluestone Center.

We are also planning two additional clinical trials, to be conducted in the Bluestone Center, using novel treatment approaches for cancer pain. We anticipate that at least one of these studies will begin next year.

*GHN:* What is the role of genomic markers in your study of oral cancer progression?

*Dr. Schmidt:* The progression of oral cancer is unpredictable. Some patients respond well to surgery while others develop recurrences and metastases that are often lethal. We still can’t reliably predict the course of oral cancer. To address this deficiency, a collaborator of mine, Dr. Donna Albertson, and I are planning to conduct a clinical trial using early chromosomal changes in oral cancer patients to predict outcome. If trends in my initial findings, which were supported by a grant from the NIH/NCI, are borne out, oral cancer treatment in the future could be tailored to the individual. If genetic markers were to suggest a poor prognosis, clinicians could design an aggressive treatment plan or even an attenuated treatment plan if treatment was shown to lack efficacy in this group. Alternatively, if the prognosis were good, the treatment strategy might follow a more conservative path. We are seeking funding to take this study into human clinical trials at the Bluestone Center.

*GHN:* Please discuss your other areas of interest relating to quality of life for cancer patients.

*Dr. Schmidt:* As cancer patients live longer and receive additional drugs to keep them alive, they will experience complications related to treatment that we did not expect. We are already seeing this with certain drugs such as bisphosphonates and osteonecrosis of the jaw. I predict that in the near future, many types of cancer will become similar to HIV/AIDS; we are not able

"The extraordinary difficulties associated with pain management in my patients are, ironically, exacerbated by longer survival times, since many of these survivors develop a tolerance to the narcotics. Ever larger opiate doses are then required for those we are not able to cure. That’s why it’s more important than ever before to investigate therapies for managing cancer pain."
to cure the disease but we can control it with some degree of predictability. Unfortunately, the drugs used to control cancer have significant short- and long-term side effects. Understanding and minimizing side effects of treatment medications will be a critical component of maintaining a high quality of life for these patients.

Oral complications secondary to the radiation or chemotherapy used to treat many different forms of cancer are notorious for interrupting optimal treatment regimens and greatly diminishing quality of life in patients. For many reasons, research to improve this area of medicine has been neglected. I would like to foster more research on the oral complications of cancer and cancer treatment at the Bluestone Center. Mucositis, oral pain, and xerostomia are very common during and after chemotherapy. Acute, severe pain from chemotherapy-induced oral mucositis is a clinically and economically significant public health problem. Oral mucositis is commonly observed during chemotherapy for all types of cancer and bone marrow transplants. These oral complications are not rare. For patients who undergo hematopoietic stem cell transplantation, the incidence approaches 50 percent. In head and neck cancer patients receiving combined chemotherapy and radiation therapy, the incidence approaches 100 percent. Aside from causing severe suffering, mucositis often causes early termination or lengthened treatment time to allow the ulcers to heal. For patients with solid tumors who receive myelosuppressive chemotherapy, the oncologist must reduce the dose and hospitalize the patient twice as often in individuals who develop mucositis relative to those patients who do not develop mucositis. Dose alteration or discontinuing chemotherapy can also impact cure rate. When patients are taken off chemotherapy, the cancer can progress and become resistant. We have a very poor understanding of the cause of mucositis, mucositis pain, and xerostomia. Most importantly, we have no treatment.

We have a tremendous wealth of expertise at NYUCD in a wide range of oral diseases. I hope to establish the prevention and treatment of oral complications from chemotherapy, such as mucositis, as a priority. Dr. William Carroll, Director of the NYU Cancer Institute, has a genuine interest in supporting the study and management of symptoms related to cancer and has played a central role in drawing investigators together.

I plan to build on and facilitate successful research and clinical initiatives from numerous faculty

There are also investigators at NYU studying cancer complications that arise outside the oral cavity. For example, Dr. Marilyn Hammer, an Assistant Professor at the NYU College of Nursing, and an expert in oncology nursing, has published a large study showing that hematopoietic cell transplant recipients have difficulty controlling their blood glucose and that glucose levels affect mortality. She and I are collaborating on a project in which we hypothesize that specific cytokines contribute to poor glucose control in cancer patients and that these same cytokines are also responsible for producing pain. Dr. Hammer has recently been awarded an NIH grant to examine strategies for controlling glucose levels in cancer patients.

**GHN:** What are your plans to train future clinical researchers?

**Dr. Schmidt:** In my view, the biggest gap in biomedical research is the lack of continuity between basic science and translational science. When I attend large scientific meetings, I see how far ahead the basic science is compared to the clinical research. Most basic scientists are not clinicians so only a few of these scientists are fully aware of the problems that patients face during the progression of disease and during treatment with toxic therapies. As a result, it is difficult to develop a sense of urgency when we look to science for solutions to the problems that we see in the clinic. This disconnect is the reason I took the job at the Bluestone Center. I wanted the opportunity to apply the findings we were making in the laboratory to patients in clinical trials. I also wanted to focus my basic science efforts on those problems that affect patients and on those clinical problems that receive little attention in most laboratories.

In the past, much emphasis and funding had been directed toward supporting integrated training...
programs, for example, the MD/PhD and DDS/PhD programs. These programs have not been as successful in creating career clinician scientists as many had hoped. I wish to tackle this problem from a different angle by informing young basic scientists about problems that we see in the clinic. In this way I hope that they will become interested in clinical studies early in their career. I don’t think that this is just wishful thinking because ever since I started recruiting postdoctoral scholars to my laboratory, I have observed basic scientists developing a strong interest in clinically relevant research. Redirecting the focus of just a small percentage of the basic scientists to clinically oriented hypotheses could have a significant effect on clinical care in our lifetime. Moreover, attracting a small group of scientists to a problem will quite often draw in the minds and creativity of many more scientists as other interesting problems arise from the cascade of efforts that develops at a nidus of interest. The productivity of an individual’s entire career may be entirely refocused as a result of early exposure and redirection toward clinically relevant investigation.

As an example, I currently have a postdoctoral researcher in my laboratory, Dr. Yi Ye, who wishes to complete the master’s in Clinical Research program at NYUCD. She has a PhD in neuroscience and she is currently studying basic mechanisms of cancer pain in my laboratory. She has identified a mediator that is responsible for cancer pain in our preclinical model. She and I are currently working to develop a clinical trial to test an antagonist to the mediator that she has identified. When she completes the master’s in Clinical Research program, I hope she will maintain involvement in the clinical trials that will test her discovery. Yi is a wonderful example of how we might go about recruiting, training, and mentoring researchers to address the formidable challenges that we now blindly approach in the clinic. We currently work in the absence of a scientifically supported fund of knowledge for many aspects of managing the symptoms of these dreaded diseases and the side effects of the medications used to treat them.

**GHN:** Looking ahead five years, where do you hope or anticipate that the Bluestone Center will be in terms of its research profile and influence?

**Dr. Schmidt:** To begin, Vice Dean Lou Terracio (who served as the Interim Director of the Bluestone Center), Dr. Corby (Associate Director), and all of the Bluestone staff have done an outstanding job running the center for the years prior to my arrival after the tragic loss of Jonathan Ship. As a result of their labor and diligence, the Bluestone Center boasts a reputation for integrity and efficiency in conducting clinical trials and generating reliable clinical data. That will always remain our priority.

In five years, I expect to see clinical trials with investigators from other colleges and schools within NYU. Additionally, I envision that a critical mass of investigators will use the Bluestone facilities to conduct cutting-edge dental research as well as pioneering research on symptoms, especially oral symptoms that afflict patients with cancer and other diseases.

I also hope that within that time period some of the investigators and students who have learned how to conduct clinical trials while in the Bluestone Center will have started their own research initiatives and will be directing clinical trials at other institutions.

In my own work, I want to be testing a minimum of one new drug each year for the alleviation of symptoms related to cancer. It is almost too much to hope that one of those drugs might make it all of the way to the marketplace but that is most assuredly one of the milestones that I hope to reach in my career.
Recruiting Minority Research Subjects: One PEARL* P-I’s Experience

In order to conduct clinical research that is relevant to everyday dental practice in the United States, the PEARL Network has encouraged its practitioner-investigators (P-Is) to enroll subjects from ethnic and racial backgrounds that reflect the country’s diversity. Enlisting practitioner-investigators from diverse backgrounds has helped PEARL broaden its subject pool. For example, Dr. Keith A. Hudson, a suburban Detroit, Michigan, private practitioner of African-American heritage, has enrolled 59 African Americans in the PEARL study of analgesic use and effectiveness, which addresses the relative effectiveness of different analgesics for particular procedures or patients.

Collectively, PEARL P-Is have responded by recruiting a total of 548 underrepresented research subjects to date, including 229 Latinos, 214 African Americans, and 105 Asians, many of them from underserved communities.

“Dr. Hudson has done a great job of marketing clinical research to prospective subjects in his predominantly African-American practice by taking the time to fully explain how the study will contribute to improvements in patient care,” said Dr. Ronald G. Craig, Director of PEARL’s Information Dissemination Core. “Communicating effectively about research objectives is essential to any subject recruitment effort and all the more important when discussing a study with African Americans, who may be wary about participating in research because of the legacy of the Tuskegee syphilis experiment. In that clinical trial, conducted between 1932 and 1972 in Tuskegee, Alabama, US Public Health Service investigators did not treat African-American study participants suffering from syphilis after it became known that penicillin could cure the disease.”

“I make it a priority to keep my research subjects fully informed about their progress at every stage of the study,” said Dr. Hudson. “Because PEARL research protocols are so clearly spelled out, it’s easy for practitioner-investigators to explain each step of the process to study participants. One patient in my analgesics study, who works in clinical research, found the process so well organized that she told me, ‘You guys really have everything together!’”

Participating in the study has prompted Dr. Hudson to change some of his pain control recommendations. “Because the data I gathered show that many of my patients are doing fine with ibuprofen, acetaminophen, or a basic nonsteroidal analgesic, I’m less likely to prescribe a narcotic for patients who have had basic operative procedures.

“Working on this study,” concluded Dr. Hudson, “has enabled me to contribute to a valuable new resource of evidence-based data on pain management.”

*In 2005, NYUCD received a $26.7 million award from the National Institute of Dental and Craniofacial Research (NIDCR), part of the National Institutes of Health (NIH), to establish a regional practice-based research network, PEARL (Practitioners Engaged in Applied Research and Learning).
Linkow Implantology Collection Now Online at the NYU Health Sciences Libraries

The NYU Health Sciences Libraries have launched an online collection of the work of Dr. Leonard I. Linkow, ’52, a Clinical Professor of Periodontology & Implant Dentistry at NYUCD, who is considered by many to be the father of American implant dentistry. In 1990, Dr. Linkow made a major gift to the NYU College of Dentistry, which was recognized with the establishment of the Leonard I. Linkow Professorship in Implant Dentistry.

In a career spanning more than half a century, Dr. Linkow placed thousands of implants beginning in the 1950s, when dental implantology was in its infancy. The Linkow Implantology Collection presents slides and videos produced by Dr. Linkow to explain the clinical features and surgical placement of a variety of implants. A catalog of Dr. Linkow’s publications and patents is also featured.

The online collection was produced by Dr. Racquel Z. LeGeros, the Leonard I. Linkow Professor of Implant Dentistry; Dr. John P. LeGeros, Adjunct Professor of Biomaterials & Biomimetics; Ms. Karen Hanson, Digital Projects Librarian at the NYU Health Sciences Libraries; Dr. David Holmes, MS in Biomaterials, ’09; and Ms. Rosie Corona, a Web consultant, and was facilitated by Dr. Andrew I. Spielman, Associate Dean for Academic Affairs and Chair of the Health Sciences Libraries Committee for NYUCD.

“Every type of implant and technique is represented in this collection,” noted Dr. Linkow. “By putting this collection online, we’ve given people all over the world a comprehensive new resource in implant dentistry.”

“Students, clinicians, and educators can greatly benefit from this teaching site, which not only describes the history of dental implants but also provides many surgical examples of the use of different types of implants in various clinical situations,” said Dr. Racquel LeGeros.

Added Ms. Hanson, “This collection features historic gems and celebrates Dr. Linkow’s role as an implant dentistry pioneer.” To visit the Linkow Implantology Collection, go to http://www.linkowlibrary.org.
In summer 2008, Dr. Nikhil Gupta, a materials scientist in the Mechanical and Aerospace Engineering Department at the Polytechnic Institute of NYU, contemplated applying to a private foundation or government agency to fund a study aimed at designing military body armor that would be more resistant to improvised explosive devices, such as the roadside bombs that have wounded soldiers serving in Iraq and Afghanistan.

Dr. Gupta knew that his best chance of obtaining funding was to propose a study that not only encompassed materials engineering but also examined the effects of high-energy explosives on bone and muscle tissue. In order to develop such a proposal, Dr. Gupta needed a collaborator with a background in bone and muscle tissue analysis as well as in biomaterials.

Dr. Dianne Rekow, Provost of the Polytechnic Institute of NYU and formerly Chair of NYUCD’s Department of Basic Materials Scientists at NYU-Poly and NYUCD Partner to Design Body Armor to Be More Resistant to Roadside Bombs
Science and Craniofacial Biology, put Dr. Gupta in touch with Dr. Paulo G. Coelho, an Assistant Professor of Biomaterials & Biomimetics at NYUCD. Dr. Coelho’s proficiency in the analysis of bone and muscle tissue complemented Dr. Gupta’s skills in mechanical testing of materials using machines that he built in his laboratory to simulate the force of an explosion.

“I brought biomedical insight and bone mechanical behavior expertise to the table,” says Dr. Coelho.

With their partnership in place, Drs. Gupta and Coelho worked collaboratively on a research proposal supported by an NYU-Polytechnic Seed Grant for Collaborative Research, as well as a supplement to a National Science Foundation grant awarded to Dr. Gupta.

“With the help of these grants, we have begun the process of engineering the ideal body armor,” says Dr. Gupta.

In the first phase of their study, the researchers found that high-energy forces, such as the shock waves emanating from an explosive device, can cause the protective foam liner in soldiers’ helmets to compress into a stiff material that makes the impact of the explosion more pronounced and potentially more dangerous.

They also found that bone (femurs) exposed to such forces develop extensive fractures that can be too small to be detected by CT scans and other diagnostic technology. “This finding may explain why injuries in soldiers exposed to roadside bombs often go undetected for a long time,” explains Dr. Coelho. “If not properly diagnosed and treated, these fractures may jeopardize immediate as well as long-term bone maintenance.”

Their findings were published in Materials Science and Engineering and in the Journal of Biomechanics.

Drs. Coelho and Gupta expect to secure funding from the US Army Research Laboratory to assess the impact of high-velocity forces on all major bones and muscles. They will use microcomputer tomography and scanning electron microscopes in the NYUCD biomaterials laboratory to detect and magnify microfractures by as much as 100,000 times.
FULL-TIME FACULTY RECRUITS 2000–2010*

*Some of the faculty who have joined our team since 2000.
**Dates indicate year of graduation from NYUCD.**
Recruiting the BEST

**MS. JULIA MURPHY,** an attorney specializing in employment issues, has been appointed Senior Director for Human Resources and Faculty Services. Ms. Murphy has had an impressive 21-year career with several major law firms in the Northeast. For the past two years, she has served as Counsel for Outten & Golden LLP. Prior to working at Outten & Golden LLP, she served as Vice President and Associate General Counsel at TIAA-CREF headquarters in Manhattan. Ms. Murphy’s core competencies include employment law compliance, dispute resolution training, negotiation, mediation policy development, and internal investigation. She earned her law degree at the NYU School of Law.

**DR. JUHEE JEONG,** formerly a Postdoctoral Researcher in Psychology at the University of California, San Francisco, has been appointed an Assistant Professor of Basic Science & Craniofacial Biology. Dr. Jeong earned a PhD in Biochemistry from Harvard University.

**DONALD S. GARMON, NP,** has been appointed Clinical Research Coordinator for the Bluestone Center for Clinical Research. Mr. Garmon, who holds an MS degree as an Adult Nurse Practitioner, previously served as Nurse Practitioner and Study Coordinator for the Aaron Diamond AIDS Research Center and Beth Israel Medical Center’s AIDS Clinical Trials Unit, both in Manhattan.
DR. ANABELLA C. OQUENDO PARILLI, a 2009 graduate of the Advanced Program for International Dentists in Esthetic Dentistry, has been appointed a Clinical Instructor in Cariology & Comprehensive Care. Dr. Oquendo Parilli earned her dental degree at the Universidad Central de Venezuela.

DR. DHARTI PATEL, formerly a Clinical Assistant Professor of Diagnostic Sciences at the University of Medicine & Dentistry of New Jersey (UMDNJ) Dental School, has been appointed a Clinical Assistant Professor of Oral & Maxillofacial Pathology, Radiology & Medicine. Dr. Patel earned a DMD degree from the University of Pennsylvania School of Dental Medicine and a certificate in oral medicine from UMDNJ.

DR. DESPINA SITARA, formerly a Postdoctoral Fellow in Immunology and Infectious Diseases at the Harvard University School of Public Health, has been appointed an Assistant Professor of Basic Science & Craniofacial Biology. Dr. Sitara earned an MSc degree in molecular genetics from the University of Bristol and a PhD in endocrinology from the University of London.

DR. HUZefa TALIB, a 2010 graduate of the Advanced Program in Oral Surgery for International Dentists/Royal College of Surgeons in Ireland (RCSI), and a Fellow of the RCSI in oral surgery and oral medicine, has been appointed a Clinical Assistant Professor of Oral & Maxillofacial Surgery. Dr. Talib earned a dental degree from the University of Pune in India and is also a member of the Faculty of Dentistry of the Royal College of Surgeons in Ireland.
**Dr. Amber L. Watters** has been appointed a Clinical Instructor in Oral & Maxillofacial Pathology, Radiology & Medicine. Dr. Watters earned a DDS degree from the University of Texas Health Science Center in San Antonio, completed a general practice residency at Long Island College Hospital, a fellowship in dental oncology at Memorial Sloan-Kettering Cancer Center, and residencies at Coler/Goldwater Memorial Hospital and the University of Illinois at Chicago.

**Ms. Christina Morrow,** formerly an Academic Advisor at Pace University, has been appointed Assistant Director for Student Retention & Academic Advising. Ms. Morrow holds a master’s degree in Higher and Postsecondary Education from Columbia University.

**Ms. Joan M. O’Connell,** formerly a Practice Manager for the Non-Invasive Basic Cardiology Laboratory of the NYU School of Medicine, has been appointed Department Manager for the Bluestone Center for Clinical Research.

**Ms. Susan F. Siegel** has been appointed Director of External Affairs for the Bluestone Center for Clinical Research. Ms. Siegel has a 20-plus year career as both Founder/Executive Director of nonprofit organizations, and is a strategy and executive consultant with expertise in start up and scale up. She is returning home to her academic roots, where she received her NYU degrees—a BS in Education and MS in Global Education—and is a University Honors Scholar.
NYUCD Extends a Warm Welcome to Its Newest Part-time Faculty

Department of Cariology & Comprehensive Care
Mr. Daniel Bong Lee, Instructor
Dr. Viktoria Bounitch, Instructor
Dr. John F. Como, Instructor
Dr. Adam Eisenberg, Instructor
Dr. Julie S. Hassid, Instructor
Dr. Gary Herskovits, Instructor
Dr. Karl Kim, Instructor
Dr. Alexander Lezhansky, Instructor
Dr. Gary R. Login, Clinical Assistant Professor
Dr. Gary M. Peters, Instructor
Dr. Edwin Tapiengco, Instructor
Dr. Adolf Brian Urtula, Instructor

Department of Orthodontics
Dr. Julissa Demorizi, Clinical Assistant Professor

Department of Pediatric Dentistry
Dr. Jordan Buzzell, Clinical Assistant Professor
Dr. Allen L. Finkelstein, Adjunct Assistant Professor
Dr. Hajira Husain, Clinical Assistant Professor
Dr. Keith S. Margulis, Clinical Assistant Professor
Dr. Esther Yang, Clinical Assistant Professor

Department of Dental Hygiene
Ms. Cynthia J. Howard, Clinical Assistant Professor
Ms. Susan L. Vogell, Instructor

Department of Endodontics
Dr. Judy Di Donato, Clinical Assistant Professor

Department of Oral & Maxillofacial Surgery
Dr. Mario Tuchman, Clinical Assistant Professor

Department of Periodontology & Implant Dentistry
Dr. Chris Chondrogiannis, Clinical Assistant Professor
Dr. Maria Cynthia R. Gomez, Clinical Assistant Professor
Dr. Fred C. Kriegel, Clinical Assistant Professor
Dr. Maryse Manasse, Clinical Assistant Professor
Dr. Leonard A. Schwarzbaum, Clinical Assistant Professor

Department of Prosthodontics
Mr. Hyun-Woong Baek, Instructor

Congratulations to Recently Promoted Part-time Faculty

Dental Hygiene
Ms. Victoria A. Dengel, from Instructor to Clinical Assistant Professor

Cariology & Comprehensive Care
Dr. Ricardo Vanegas-Plata, from Instructor to Adjunct Assistant Professor
Promoting our Own

DR. STUART M. HIRSCH, formerly Associate Dean for International Affairs & Development, has been named Vice Dean for International Initiatives & Development. The change in Dean Hirsch’s title recognizes that his role goes considerably beyond his specific portfolio within the College of Dentistry. In particular, Dean Hirsch plays a much broader enterprise-wide role in the combined dentistry-nursing endeavor and in the College of Dentistry’s increasing involvement in the University’s Global Health initiative than his former title indicated.

His innovative thinking, as reflected in NYUCD’s Global Outreach Programs, provides opportunities for international studies in the dental school, promotes fuller integration with the College of Nursing and the School of Medicine, and, most importantly, with the planned Global Health Institute. His interests, efforts, and vision for the future could not be better aligned with those of NYU as it advances to become a global network university.
DR. MIJIN CHOI, formerly a Clinical Assistant Professor of Prosthodontics, has been promoted to Clinical Associate Professor of Prosthodontics.

DR. ANGELA R. KAMER, formerly an Assistant Professor of Periodontology & Implant Dentistry, has been promoted to Associate Professor of Periodontology & Implant Dentistry, with tenure.

DR. DAVID N. LEVY, formerly an Assistant Professor of Basic Science & Craniofacial Biology, has been promoted to Associate Professor of Basic Science & Craniofacial Biology.

DR. LILY J. LIM, formerly a Clinical Assistant Professor of Pediatric Dentistry, has been promoted to Clinical Associate Professor of Pediatric Dentistry.
DR. MITCHELL J. LIPP, formerly a Clinical Assistant Professor of Orthodontics, has been promoted to Clinical Associate Professor of Orthodontics.

DR. KAVITHA P. DAS, formerly a part-time Adjunct Assistant Professor of Epidemiology & Health Promotion, has been promoted to a full-time Visiting Clinical Assistant Professor of Prosthodontics.

DR. ROYA AFSHAR-MOHAJER, ’02, and PG Periodontics, ’05, formerly a part-time Clinical Assistant Professor of Periodontology & Implant Dentistry, has been promoted to a full-time Clinical Assistant Professor of Periodontology & Implant Dentistry.

DR. AARON SOEPRONO, formerly a part-time Clinical Assistant Professor of Cariology & Comprehensive Care, has been promoted to a full-time Clinical Instructor in Cariology & Comprehensive Care.
**Ms. Phyllis Stone**, formerly Assistant Director for Student Retention and Academic Advising, has been promoted to Director of Student Affairs. A member of the NYU community for over 10 years, Ms. Stone is a candidate for an EdD in Higher Education Administration from George Washington University.

**Ms. Fredelyne Paris**, formerly a Group Practice Clinic Manager, has been promoted to Senior Clinic Manager in the Department of Periodontology & Implant Dentistry. Ms. Paris holds a master’s degree in Public Administration with a specialization in financial management for healthcare organizations from the NYU Wagner Graduate School of Public Service.

**Ms. Sherry Prabudial**, formerly an Assistant Clinic Manager, has been promoted to Clinic Manager for the Group Practice of Dr. Glenn Rochlen & Associates.

**Ms. Madiha Bhatti**, formerly a Student Affairs Administrator, has been promoted to Assistant Director for Student Affairs & Diversity. Ms. Bhatti holds a master’s degree in Socio-Cultural Anthropology from the State University of New York at Buffalo.
NYUCD’s 16th outreach to the Dominican Republic took place in November with a 31-member faculty-student team sponsored by the NYUCD–Henry Schein Cares Global Student Outreach Program.

The team worked for five long days in a temporary clinic inside a local school in an underserved area in Santo Domingo, providing 800 children and adults with 3,481 procedures, including prophylaxes, fluoride varnishes, sealants, restorative treatments, and extractions.

The team included Dr. Stuart Hirsch, Vice Dean for International Initiatives & Development; Dr. Roy Sonkin, Clinical Assistant Professor of Cariology & Comprehensive Care; Dr. Lily Lim, Clinical Associate Professor of Pediatric Dentistry; Dr. Richard Weledniger, Clinical Assistant Professor of Cariology & Comprehensive Care; Dr. Zachary Sonkin, Class of 2008; Dr. Jared Frisbie-Teel, Instructor in Endodontics; Dr. Ashish Patel, Teaching Fellow in Oral & Maxillofacial Surgery; Dr. Eugenia Mejia, Director of Admissions; Ms. Rachel Hill, Program Administrator in the Office of International Initiatives & Development; Ms. Lisa Haystrand, Research Administrator in the Office of International Initiatives & Development; and Dr. Lupo Villega, Clinical Assistant Professor of Cariology & Comprehensive Care.

Additional volunteers included Dr. Ben Liu, PG Pediatric Dentistry ’11; Dr. Michael Wahl, PG Pediatric Dentistry ’12; Dr. Maria Alvarez, Advanced Program for International Dentists in Pediatric Dentistry ’11; Dr. Fardad Tayebaty, PG Endodontics ’11; Dr. Daniela Marinescu, PG Endodontics ’11; Dr. Pragya Goel, Advanced Program for International Dentists in Comprehensive Dentistry ’11;
Dr. Rehab Hamoui, Advanced Program for International Dentists in Comprehensive Dentistry ’11; the following students in the DDS Class of 2012: Mr. Lucio Cardoso, Ms. Katayoun Tajik, Ms. Karen Mak, and Mr. Eric Chiang; and the following students in the DDS Class of 2011: Mr. Julian Issacs, Mr. Enrique Piton, Mr. Amir Awadalla, Ms. Sapna Adappa, Ms. Agnes Hernandez, Mr. Prospero Matos, Ms. Lindsay Stearn, Mr. Andrew-Sunjun Kim, and Ms. Katrina Liu.

The Fifth World Workshop on Oral Medicine, held last September in London, convened experts from 22 countries for four days to explore the current status and future direction of oral medicine. Dr. Ross Kerr, Clinical Associate Professor of Oral & Maxillofacial Pathology, Radiology & Medicine, served on the event’s organizing committee and also copresented a lecture on the management of oral submucous fibrosis, a painful precancerous condition.

“The meeting brought together an outstanding group of experts from 22 different countries to tackle a number of important issues in the field of oral medicine,” said Dr. Kerr.

Dr. David Sirois, Associate Professor of Oral & Maxillofacial Pathology, Radiology & Medicine and Associate Dean for Graduate Programs, served as a consultant to a working group on the etiology of myalgia of the masticatory muscles.

Other topics covered at the meeting included HPV infection and oral pre-malignancy and malignancy; novel approaches for oral mucosal drug delivery and therapeutics; information technology in oral medicine practice; and the development of international educational standards and practice models for oral medicine.

Highlights of the workshop will be published in scientific journals in the coming months, said Dr. Kerr.

The World Workshop was founded in the mid-1980s by faculty members from the University of Michigan School of Dentistry and the Glasgow Dental School.
Three hundred and fifty dentists from 23 countries attended a pair of implant symposia held at NYUCD in November, the most diverse group ever to attend the events, which are cosponsored annually by the Ashman Department of Periodontology & Implant Dentistry, in collaboration with the Advanced Programs for International Dentists and the Linhart Continuing Dental Education Program.

The Implant Alumni Symposium and the Continuing Dental Education Implant Symposium, held on November 11 and 12, respectively, drew dentists from Spain, Greece, Brazil, Germany, Guatemala, Portugal, Russia, Saudi Arabia, the Republic of Andorra, France, Ireland, Italy, The Netherlands, Switzerland, Colombia, Iran, Japan, Libya, South Korea, Trinidad and Tobago, Venezuela, Taiwan, and Thailand.

“These events are internationally known for high-quality presentations on topics ranging from bone grafting to complications associated with single-implant esthetics,” said Dr. Stuart Hirsch, Vice Dean for International Initiatives & Development, “and this year’s symposia were no exception.”

Dr. Miles Yacker, Clinical Associate Professor of Periodontology & Implant Dentistry, presented a lecture entitled “Employing a Multidisciplinary Approach to Achieve Esthetic and Functional Treatment Outcomes in Implant Dentistry” at China’s largest dental meeting, DenTech China, held in Shanghai last November. The lecture drew more than 200 attendees. Pictured above, from left, are Dr. Yi-Da Cai, Associate Professor of Dentistry at Fudan University Huashan Hospital in China; Dr. Li-Ying Yu, Professor and Director of Dentistry at Fudan University Huashan Hospital; Dr. Yacker; and Dr. Alex Hung-Kuo Chou, a 2005 graduate of the Advanced Program for International Dentists in Implant Dentistry and Professor of Dentistry at Fudan University Huashan Hospital, who coordinated arrangements for the lecture.
Dr. Andrew I. Spielman, Associate Dean for Academic Affairs and Professor of Basic Science & Craniofacial Biology, is also a lifelong historian of dentistry and medicine, a passion he inherited from his father, Dr. Jozsef Spielman, a former Professor of Sociology and of the History of Medicine at the University of Medicine and Pharmacy in Tîrgu Mures, Romania, where Andrew was born.

In addition to his academic and administrative duties at NYUCD, Dr. Spielman teaches “The History of Medicine and Dentistry,” a full semester course for NYU College of Arts and Science freshman honors students.

“Understanding the history of major medical and dental discoveries leads to a better appreciation of what we have today,” he says.

While encouraging his son to cultivate a passion for the history of medicine and dentistry, Professor Jozsef Spielman also urged him to pursue a pragmatic course for his future. Dr. Spielman decided on a career in dentistry and enrolled at the University of Medicine and Pharmacy in Tîrgu Mures, Romania, where he earned a DMD degree, magna cum laude and valedictorian, in 1974.

After completing a two-year general practice residency in Romania and practicing for a year, Dr. Spielman immigrated to Israel to pursue postdoctoral training. He earned a certificate in oral surgery from the Technion Institute of Technology School of Medicine and served for 14 months as a dental officer in the Israeli Defense Forces, where he treated frontline casualties during the 1982 war in Lebanon.

Dr. Spielman moved to Canada in 1982, earning an MS degree in oral biology and a PhD in biochemistry/oral biology (protein biochemistry) from the University of Toronto. In 1988, Dr. Spielman came to the United States to conduct postdoctoral research in neuroscience at the Monell Chemical Senses Center in Philadelphia. He joined the NYUCD faculty in 1989.

A recipient of numerous honors and awards, including NYU’s highest award for teaching excellence, the Distinguished Teaching Award, Dr. Spielman has played a central role in introducing instructional technology at the College and in establishing NYUCD’s Academy of Distinguished Educators (see related story on p.98).

“Andrew is truly a Renaissance man,” says Executive Vice Dean Richard I. Vogel. “His diverse interests and talents, and his absolute commitment to scholarly excellence, have enriched NYUCD’s—and the University’s—intellectual environment beyond measure.”

“Andrew is truly a Renaissance man,” says Executive Vice Dean Richard I. Vogel. “His diverse interests and talents, and his absolute commitment to scholarly excellence, have enriched NYUCD’s—and the University’s—intellectual environment beyond measure.”
When Dr. Christian Stappert came to NYUCD in 2004 from his native Germany to conduct research in biomaterials and biomimetics as a Visiting Research Professor, he expected to remain no longer than two years.

“My plan,” says Dr. Stappert, “was to perform postdoctoral research on ceramics in the Department of Biomaterials & Biomimetics, and then return to the Albert-Ludwigs University in Freiburg—where I have been an adjunct Associate Professor of Prosthodontics since 2001—to complete my postdoctoral thesis and gain tenure.”

Dr. Stappert was initially drawn to NYUCD by the opportunity to train with Dr. Van Thompson, Professor and Chair of the Department of Biomaterials & Biomimetics, and Dr. Dianne Rekow, currently Provost of the Polytechnic Institute at NYU and Professor of Basic Science & Craniofacial Biology at NYUCD. “The rare opportunity to work with these experts in ceramic materials as part of a team at NYUCD encouraged me to broaden my knowledge in material fatigue and failure behavior, and inspired me to enroll in the MS program in biomaterials,” adds Dr. Stappert, who also holds DDS and PhD degrees from Johannes Gutenberg University in Mainz, Germany, and a Certificate in Prosthodontics from the Albert-Ludwigs University.

Dr. Stappert also found himself working closely with research faculty in the Ashman Department of Periodontology & Implant Dentistry, which led him to realize that extending his stay at NYUCD represented a unique opportunity to broaden his expertise in ceramics research and development for clinical application to implant dentistry. Dr. Stappert’s colleagues in the Ashman Department of Periodontology & Implant Dentistry arranged for him to be appointed to a tenure-track Assistant Professor position, and he acquired extended funding to continue research collaboratively with the Department of Biomaterials & Biomimetics.

“NYUCD is a big place with unique resources. There is tremendous team spirit and cooperation among departments.
Thoroughly at home on the international stage, Dr. Vieru was born in Bucharest, Romania, where she earned a bachelor’s degree, dental degree, and MS degree in biophysics and cellular biology at the Carol Davila University of Medicine and Pharmaceutics. She is currently completing a PhD on the “Effects of low level laser therapy on gingivitis and marginal periodontitis” at Carol Davila University.

Seven years ago, Dr. Vieru applied for and was granted permanent residency status in the US. After leaving Bucharest for New York, she taught for three years at the Long Island City-based New York School for Medical and Dental Assistants before receiving an offer to practice in London. Last year she joined the NYUCD faculty as an Instructor in Cariology & Comprehensive Care. Along the way, she has done an extraordinary amount of international traveling, presenting the results of her work on the use of lasers in treating periodontal disease at professional societies around the world.

“I love New York, NYUCD, the students, and the faculty so much,” says Dr. Vieru, “and I love my colleagues, patients, and life in London. It’s an incredible opportunity to live and work in two of the world’s great cities.” In London, she lives in the Harley Street building, which also houses her practice. In New York, she lives in Greenwich Village, with the man she calls the “love of my life,” whom she met at an art gallery while pursuing another of her ardent interests—as an artist producing paintings in oil on glass. To learn more about Dr. Vieru and to see examples of her artwork, visit her Web site at www.pbase.com/vieru.
In July 2010, a team of faculty and administrators from NYUCD met with officials of the Grenadian government to present final results from a National Oral Health Survey conducted the previous January in collaboration with the Henry Schein Cares Global Student Outreach Program. The results showed that nearly 20 years after the first Pan American Health Organization (PAHO) survey of children in Grenada found one of the highest, if not the highest, incidence of dental caries in the world, more than eight out of every 10 Grenadian children still suffer from untreated dental decay.

To ameliorate the situation, the NYUCD–Henry Schein Cares Global Student Outreach program proposed a sustainable, school-based plan, known as the National Oral Health Program, to provide comprehensive oral health care for the 26,000 children living in the tri-island nation of Grenada, Carriacou, and Petite Martinique. The proposal calls for regularly scheduled fluoride and sealant applications, training teachers for implementation of classroom-based tooth-brushing programs with fluoridated toothpaste, oral health education for students and their caregivers, and mobilizing PTA groups.
The NYUCD team consisted of Dr. Stuart Hirsch, Vice Dean for International Initiatives & Development; Dr. Mark Wolff, Associate Dean for Predoctoral Clinical Education—who led the January 2010 survey; Ms. Lauren Meyers, Director of Global Outreach Programs; and Ms. Rachel Hill, Program Administrator in the Office of International Initiatives & Development. Dr Hirsch and Ms. Hill followed up the July visit with a return visit in October, during which an agreement was reached between the NYUCD–Henry Schein Cares Global Student Outreach Program and the Ministries of Health and Education of Grenada to implement the program over a three-year period.

The goals of the program are to:
- Build capacity within the present infrastructure,
- Increase oral health awareness and access to care in the nation,
- Address as many of the children’s oral health needs as possible,
- Develop a sustainable preventive dentistry program,
- Implement preventive measures that will lead to a 50 percent decrease in new decay over three years.

The agreement includes a component to train 15 Grenadian public healthcare providers (five dentists, and 10 other healthcare personnel, including auxiliaries, hygienists, and nurses) selected by the Ministry of Health. Following the three-year period, these Grenadian public health providers will sustain the program.

In addition to programmatic support from the Ministries of Health and Education of Grenada, and clinical funding and supplies provided by NYUCD and Henry Schein Cares, a very generous gift from Colgate-Palmolive as well as sealant material provided by GC America has helped to augment support.

The initial phase of the National Oral Health Program will take place in February 2011. Subsequent dates (tentatively May 2011 and October 2011) will be determined in collaboration with the Ministries of Health and Education of Grenada.
NYUCD’s reputation as a national and international leader in implant dentistry rests on the clinical research we conduct, research that is made possible by the generosity of major benefactors,” said Dean Bertolami. “We are extremely grateful for a recent gift to NYUCD from Dentsply International, the world’s largest manufacturer of dental products, of nearly half a million dollars to advance NYUCD’s clinical research mission in implant dentistry.”

Added Dr. Stuart Hirsch, Vice Dean for International Initiatives & Development and Interim Chair of the Ashman Department of Periodontology & Implant Dentistry, “Clinical research benefits everyone. First and foremost, research provides new knowledge that ultimately translates into improved patient care. Then there are benefits for faculty, who are supported in their clinical research in an area that they love. For our students, who have the opportunity to work in a controlled environment and to perform implant procedures with experienced faculty, the benefits are immeasurable.”

“Over the years, NYUCD has been extremely fortunate in its corporate partners,” said Dean Bertolami, who noted major gifts from other implant companies, including Nobel Biocare and Straumann USA, to improve implant research and education. “We could not ask for a more distinguished addition to the ranks of corporate supporters of implant dentistry research at NYUCD than Dentsply International,” said Dean Bertolami.
"I consider myself truly blessed and incredibly fortunate to lead the life I have, and it's all because I am a product of my NYUCD education," said Dr. Rory Perimenis, Class of 1985, at the dedication ceremony recognizing his gift to name the third floor Group Practice Director’s office in honor of his parents, Peter and Carmen Perimenis.

"Dr. Perimenis's generosity in making a gift to name the Peter and Carmen Perimenis Group Practice Director's office reflects his devotion to NYUCD as well as his understanding of the pivotal role that alumni gifts play in maintaining our institutional commitment to provide the finest physical facilities for our students, faculty, and staff," said Dean Bertolami. "I am confident that other alumni will be inspired by Dr. Perimenis's example," continued Dean Bertolami. "Such gifts," he added, "represent a vote of confidence in NYUCD's future, helping to build a tradition of alumni support and leaving a legacy for future generations of NYUCD students."

"Gifts such as Dr. Perimenis's," said Dean Bertolami, "represent a vote of confidence in NYUCD's future, helping to build a tradition of alumni support and leaving a legacy for future generations of NYUCD students."
The National Institute of Dental and Craniofacial Research (NIDCR), part of the National Institutes of Health (NIH), has awarded a joint, five-year, $1.25 million grant to Dr. Brian L. Schmidt, Professor of Oral and Maxillofacial Surgery and Director of the Bluestone Center for Clinical Research at the NYU College of Dentistry, and Dr. Markus Hardt, a protein chemist at the Boston Biomedical Research Institute, for a study of the molecular mechanisms of oral cancer pain.

The ultimate goal of the research is to spur the development of more sophisticated analgesics (pain medications) to alleviate the pain that is so often manifested in patients with oral cancer.

“Oral cancer is a logical place to start when seeking clues about cancer pain,” Dr. Schmidt said. “To begin, oral cancer is very painful. In fact, pain is the most common presenting symptom associated with this cancer. Secondly, oral cancer is painful at the primary site, not just at sites of metastasis as is the case in almost all other cancers. Lastly, the primary site of the oral cancer is readily accessible, enabling us to directly sample the cancer microenvironment.”

Dr. Schmidt hypothesizes that the cause of oral cancer pain and pain generated by other cancers may be produced along similar molecular pathways in the body.
Oral cancer pain, like many other kinds of cancer pain, is triggered by specific actions. Just as oral cancers can cause patients to feel pain in the oral cavity when they speak, other cancers generate pain during mechanical stimulation. For example, if a breast cancer metastasizes to the vertebrae, patients often experience excruciating pain when they move their spine during routine functions.

“For too many people, living with cancer results in years of chronic pain,” Dr. Schmidt explained. “Moreover, cancer pain management hasn’t kept up with advances in cancer treatment. Today, doctors still rely on high doses of narcotics and nonsteroidal anti-inflammatory drugs. These analgesics yield limited relief and have significant side effects that degrade the quality of life of those suffering from this disease. The untenable difficulties associated with pain management in my patients are exacerbated by longer survival times, since many of these survivors develop a tolerance to the narcotics. Ever larger doses are then required for those we are not able to cure.”

Dr. Schmidt will enroll oral cancer patients in the NIH-funded study through the NYU Bluestone Center for Clinical Research, which he directs. Pain levels reported by patients will be determined using an oral cancer pain questionnaire that Dr. Schmidt created and published in 2004 in the *Journal of Pain*. He later validated this questionnaire by measuring patients’ pain prior to and after complete removal of the cancer (*Journal of Pain*, 2007). When Dr. Schmidt performs surgery on a patient to remove the oral cancer, he will place a microdialysis probe—a semi-invasive sampling technique—into the cancer to test it for proteins and peptides that produce cancer pain.

Dr. Hardt will then use mass spectrometry to identify which of the sampled molecules correlate with patients' reported pain. The selected protein and peptide pain-producing candidates will be evaluated in Dr. Schmidt’s laboratory to confirm their role in producing pain.

According to Dr. Schmidt, the study marks the first use of real-time, intraoperative microdialysis for the analysis of cancer. “It is hoped that a better understanding of cancer pain mechanisms resulting from the study will lead to the development of new medications that can block those mechanisms.”
Scientists seeking to predict a person’s risk for developing dental caries by identifying the presence of harmful oral bacteria have to date identified only about 800 of the thousands of microbes residing in the human oral cavity. But now a multimillion dollar grant from the National Institutes of Health (NIH) to the J. Craig Venter Institute, in collaboration with the NYU College of Dentistry, is underwriting a four-year study that utilizes a new genetic sequencing technique to speed the process of identifying those remaining bacteria that play the most important role in tooth decay. The principal investigator on the grant is Dr. Scott Peterson, Director of Functional Genomics Research Technology for the Venter Institute. Dr. Walter Bretz, Associate Professor of Cariology & Comprehensive Care, is the principal investigator on a subcontract of the grant awarded to the NYU College of Dentistry.

“The new technique, known as enrichment gene sequencing, will enable us to uncover the existence of many more species than those that have been identified so far with traditional sequencing,” said Dr. Bretz.

“Traditional sequencing quickly reaches a saturation point at which it can no longer uncover new species,” added Dr. Bretz. “By enriching the genomic DNA, we can make way for additional species to surface.”

Enrichment gene sequencing will also enable the investigators to ascertain the role of each microbial species, so that it can be classified as either a “bad” one that contributes to tooth decay, or a “good” one that helps to prevent the disease.

Samples for the study will be drawn from 100 pairs of twins, ages 6 to 18, selected from a database of 1,500 twin pairs developed by Dr. Bretz for the Twins Institute for Genetics Research in Montes Claros, Brazil. Half of the paired twins in the study have caries, the other half are free of the disease. Because they live together and have similar dietary habits and health practices, twins are considered excellent subjects for research that compares caries development in people of the same age from similar environments.

According to Dr. Bretz, “The oral microbial profile we develop will enable us to predict which of the twins are likely to develop caries, and which will remain healthy.”

Dr. Nicholas Schork, Director of Genomic Medicine at the Scripps Hospitals, in San Diego, California, is a coinvestigator on the grant. Additional coinvestigators include Dr. Alexandre Moreira, Director, and Dr. Andrea Corby, Clinical Director, of the Twins Institute for Genetics Research.
NIH Grant Awarded to NYUCD to Identify Bacteria Associated with Oral Cancer

The National Institute of Dental and Craniofacial Research (NIDCR), part of the NIH, has awarded a two-year, $245,000 grant to an NYU dental research team to identify bacteria in the oral cavity that may be associated with oral cancer. The team will collaborate with researchers at the NYU School of Medicine and the Memorial Sloan-Kettering Cancer Center.

The principal investigator, Dr. Deepak Saxena, an Assistant Professor of Basic Science & Craniofacial Biology at NYUCD, said that the pilot study will compare the bacterial profiles of healthy, premalignant, and malignant oral tissue. Samples will be collected from 35 patients at NYUCD and the Memorial Sloan-Kettering Cancer Center.

Dr. Saxena will use genetic sequencing to identify the bacteria present in each sample and to assess which of the bacteria spur an inflammatory process known to be associated with the development of oral cancer.

“Our ultimate goal is to develop a risk assessment protocol for oral cancer based on the bacterial profile of premalignant lesions and malignant tumors,” said Dr. Saxena.

Plans call for a follow-up study involving a larger number of tissue samples.

Dr. Saxena’s coinvestigators include Dr. Zoya Kurago, Assistant Professor of Oral & Maxillofacial Pathology, Radiology & Medicine; Dr. Yihong Li, Professor of Basic Science & Craniofacial Biology; Dr. Robert G. Norman, Research Associate Professor of Epidemiology & Health Promotion; and Dr. Peter Sacks, Professor of Basic Science & Craniofacial Biology, all of NYUCD.

Additional coinvestigators include Dr. Stuart M. Brown, Associate Professor of Cell Biology at the NYU School of Medicine, and Dr. Cherry Estilo, Attending Dentist at the Memorial Sloan-Kettering Cancer Institute Dental Service. Dr. Ross Kerr, Clinical Associate Professor of Oral & Maxillofacial Pathology, Radiology & Medicine, is a collaborator on the study.
The College of Dentistry held its annual Donor Recognition event at the New York Stock Exchange on June 30, 2010. The event paid tribute to alumni and friends who made gifts of $1,000 or more to the College over the past year.

More than 100 guests were delighted by the uniqueness of the venue and by remarks from NYU President John Sexton, who praised Dean Bertolami, the NYUCD faculty, and the generosity of benefactors who have made NYUCD a magnet for outstanding students and new faculty, including Dr. Brian Schmidt, Director of the Bluestone Center, who was formally introduced at the gala.

“You are an overwhelmingly gifted and dedicated group of people,” said President Sexton. “The role that the College of Dentistry plays in the life of New York University cannot be underestimated,” he added.
NYUCD in the News
A SAMPLING OF RECENT MEDIA COVERAGE

**ADA News** reported the awarding of the American Dental Association’s 2010 Distinguished Service Award, the highest award presented by the ADA Board of Trustees, to Dr. Charles N. Bertolami, Herman Robert Fox Dean of NYUCD.

**ADA News** also reported on a study led by Dr. Sheila Strauss, Associate Professor of Nursing and Co-Director of the Statistics & Data Management Core for NYUCD and NYUCN, which found that over 90 percent of people with gingival disease are at risk for diabetes, and that at least half could be screened in dental offices. The study was also reported in *Fitness*.

**ADA News** interviewed Dr. Ron Craig, Associate Professor of Basic Science & Craniofacial Biology, for a story on practice-based research networks. Dr. Craig is a member of NYUCD’s PEARL Network Executive Management Team and Director of its Information Dissemination Core.

**ADA News** interviewed Dr. Mark Wolff, Associate Dean for Predoctoral Clinical Education and Professor and Chair of the Department of Cariology & Comprehensive Care, for a story on non-fluoride caries prevention treatments.

**Men’s Health** quoted Dr. Wolff in a story about veneers.

**National Public Radio** interviewed Dr. Wolff for a feature on no-drill dentistry.

**New York Metro** interviewed Dr. Wolff about an NYUCD program offering dental care for survivors of torture. Dr. Steven Resnick, Clinical Assistant Professor of Cariology & Comprehensive Care and Co-Director of the program, was also featured in the article. The story was also reported by *DrBicuspid.com*.

**Care and Health Daily** interviewed Dr. Wolff for a story on flossing.

**Proto** a publication of Massachusetts General Hospital, featured the NYU Bluestone Center for Clinical Research in an article on a study conducted at NYUCD in collaboration with the NYU School of Medicine on the use of a psychoactive agent to promote enhanced well-being for cancer patients.
AM New York quoted Dr. Mark Wolff in an article about finding affordable care at dental schools.

The American Journal of Alzheimer’s Disease reported that NYUCD researchers have found new evidence to support a link between gingival inflammation and Alzheimer’s disease. The news was also reported by The New York State Dental Journal, Dallas Morning News, Woman’s World, More Magazine, and numerous other health news Web sites and blogs worldwide.

Success magazine featured second-year DDS student Alex Shalman in a story on personal achievement.

Bottom Line Health interviewed Dr. Andrew I. Spielman, Associate Dean for Academic Affairs and Professor of Basic Science & Craniofacial Biology, for a story on the causes and prevention of bad breath.

Obesity, Fitness and Wellness Week reported on studies conducted at NYUCD on osteonecrosis of the jaw and implant-supported overdentures for the atrophic mandible.

The Wall Street Journal quoted Dr. Wolff for an article about enamel-saving toothpastes.

The Wall Street Journal interviewed Dr. Donna Shelley, Associate Professor of Comprehensive Care, Director of Interdisciplinary Research & Practice and of the Manhattan Tobacco Cessation Program, for a story about the new $1.60 New York State tax on cigarettes and how this tax hike will affect New York’s underground cigarette sales.

The New York State Dental Journal reported that a United Hospital Fund grant was awarded to NYUCD to improve seniors’ access to oral health care. The news was also reported by Access, Dental Products Report, HighBeam Research, and Dentapress Young Dentistry.

The New York State Dental Journal also reported that an ADA Samuel D. Harris Grant for Children’s Dental Health was awarded to NYUCD/NYUCN for an interdisciplinary oral health education program for parents of newborns.

Cancer Weekly reported on an NYUCD study that provides a new model for investigating the link between tobacco and oral cancer.

Cancer Weekly also reported on a study about oral cancer risk factors led by Dr. Douglas Morse, Associate Professor of Epidemiology & Health Promotion.
Doctor Radio, a Sirius satellite radio channel sponsored by the NYU Langone Medical Center, interviewed Dr. Mark Wolff, Associate Dean for Predoctoral Clinical Education and Professor and Chair of the Department of Cariology & Comprehensive Care, on oral health for pregnant women, on the link between gingival disease and diabetes, and on cosmetic dentistry; Dr. Ross Kerr, Clinical Associate Professor of Oral Pathology, Radiology, & Medicine, on dental and dermatologic issues; Dr. Rima Bachiman Sehl, Associate Professor of Cariology & Comprehensive Care, on healthy aging; Dr. Vasiliki Karlis, Associate Professor of Oral & Maxillofacial Surgery, on the relationship between orthopaedics and dentistry; and Dr. Miriam Robbins, Associate Professor and Associate Chair of the Department of Oral Pathology, Radiology & Medicine, on dental infections and health.

GenomeWeb reported on a multimillion dollar NIH grant that pairs the Venter Institute and NYUCD on a study to predict caries risk. News of the study was also reported by NYSInnovation.com and DrBisupid.com.

Health & Medicine Week reported on studies conducted at NYUCD on apoptosis; parity and untreated caries in US women; cytokine expression and accelerated tooth movement; the reliability of metallo-ceramic and zirconia-based ceramic crowns; and the use of phentolamine mesylate to evaluate mandibular nerve damage following implant placement.

Fearless Pregnancy magazine interviewed Dr. Stefanie Russell, Assistant Professor of Epidemiology & Health Promotion, for an article about maternal nutrition influencing a child’s future oral health.

NewsRX featured Dr. Jonathan Ferencz, Clinical Professor of Prosthodontics, in a story entitled “Dentists Can Use iPads With MacPractice DDS, Tooth Charting, Digital Radiography and Electronic Records.”

CNN featured the work of Dr. Ralph Katz, Professor & Chair of the Department of Epidemiology & Health Promotion, in a story on new evidence that the US government subjected unknowing human subjects to the syphilis virus.

CNN Channel 41 television broadcast an interview with Dr. Lucy Troncoso, Clinical Assistant Professor of Cariology & Comprehensive Care, on the causes and prevention of bad breath. The interview also appeared on the Telefutura TV network.
WebMD interviewed Dr. Mark Wolff for a story on tooth-whitening options.

The Houston Chronicle reported that Dr. Nicolas Elian, Assistant Professor of Periodontology & Implant Dentistry, was appointed an advisor to Fibrocell Science, Inc. The appointment was also reported by the Miami Chronicle and Fort Worth Star-Telegram.

The Bangor Daily News reported that NYUCD conducted its first outreach mission to Machias, Maine, in October 2010. News of the outreach was also reported by Down East Coastal Press, WABI-TV, WCHS-NBC, WLBZ-NBC, and the Machias Valley News-Obscrver.

MMR/Mass Market Retailers reported on a study led by Dr. Ross Kerr, Clinical Associate Professor of Oral & Maxillofacial Pathology, Radiology & Medicine, to assess the effectiveness of a mucoadhesive patch for the treatment of xerostomia.

The National Science Foundation Web site carried a story about a collaborative study by the Polytechnic Institute of New York University and NYUCD that found that the foam used in helmets and other body armor can cause as much injury as a hard object when hit at high speeds. The news was also reported by ScientificComputing.com, and LiveScience.com.

The Hudson Register-Star reported on NYUCD’s outreach missions to Hudson, New York.

Dental Tribune reported on an NYUCD study that identified a promising new approach for treating tooth hypersensitivity. The study findings were also reported by HealthNewsDigest.com and numerous other health news Web sites.

OralCancerNews.com reported that NYUCD received a $3.5 million gift to support the oral cancer research, treatment, and training initiatives of Dr. Brian Schmidt, Director of the Bluestone Center for Clinical Research.

The Bulletin of Dental Education profiled Dr. Nicole Holland, Class of 2010; and Ms. Alexis Cohen, Class of 2012.

New York State Dental Association News reported that NYUCD conducted a comprehensive national oral health survey for the Caribbean island nation of Grenada. The news was also reported by ADHA Access and HealthNewsDigest.com.

R&D magazine and Drug Week reported on a new approach for treating dry mouth developed at NYUCD and published in the October 2010 issue of the Journal of the American Dental Association.

Fox News Health Blog featured a post by Dr. Gerald Curatola, Clinical Associate Professor of Cariology & Comprehensive Care, on oral health tips for young adults.
Accreditation Site Visitors Find NYUCD “Amazing!”

After two years of intensive planning for the site visit by the Commission on Dental Accreditation (CODA), and two-and-half-days of rigorous on-site inspections by the team, the outcome could not have been more spectacular. The DDS program, the postgraduate programs, and the dental hygiene program received no recommendations, or, to put it another way, the highest possible score.

The stakes were high and the scrutiny, as expected, was intense, but NYUCD was more than ready. Indeed, one of the highest notes of praise was struck by a CODA site visitor who observed that the collaboration, communication, and congeniality among faculty, students, administrators, and staff were nothing short of “amazing!”

The CODA visitors’ praise reflects NYUCD’s deep commitment to high-quality oral health education, research, and care and to the resources devoted to ensuring their existence—even when a site visit isn’t around the corner—and always looking for ways to do better.

Said Dean Bertolami, “Every member of the NYUCD community who worked so hard to make this outcome possible has my sincere thanks. In particular, I want to commend the great leadership and organizational talents of Executive Vice Dean Richard I. Vogel, who spearheaded the entire process, and the invaluable skill and support provided by Assistant Dean for Quality Assurance Glenn Marrus and Ms. Gretchen North, the site visit coordinator.”

100 Percent Pass Rate for NYU Dental Students on National Boards

The Class of 2012 has achieved an amazing 100 percent pass rate on Part I of the National Board Dental Examinations. This is 4.7 points above the national average. Notably, 22 students scored 90 or above and the vast majority of students—175 out of a total of 225 students—scored in the 80s. Moreover, in every category of the exams, our students scored between 5.7 points and 8 points higher than the national average.

The magnitude of the success that this represents is amplified by the fact that the NYU College of Dentistry student body is four to five times that of a typical dental school, suggesting that the board scores would be likely to regress toward the national mean. Instead, the data show that NYU dental students are raising the bar on performance standards nationally.

But statistics tell only part of the story. The engine that drives such success is fueled by our extraordinary faculty, whose talent and dedication, coupled with the incredibly hard work and intelligence of our students, is an unbeatable formula for success.

On behalf of everyone at NYUCD, Global Health Nexus offers hearty congratulations to our wonderful students and faculty on their exceptional achievement.
Since the launch of NYUCD’s Smiling Faces, Going Places mobile dental care program in 2000, New York State and City legislators have been staunch supporters of this initiative to provide critically needed dental services to medically underserved New York children. To commemorate the 10th anniversary of NYUCD’s partnership with the New York State Assembly and the New York City Council, NYUCD produced a video, which can be viewed by going to www.nyu.edu/dental/news/van/.

NYUCD also routinely says "thank you" to legislators for their support by visiting their districts during health fairs and other outreach activities. Recently, NYUCD visited the districts of New York City Council Member Oliver Koppell and New York State Assembly Members Steven Cymbrowitz and Jonathan Bing.
The NYU College of Dentistry Academy of Distinguished Educators, founded last spring, has gotten off to an impressive start by hosting the fall 2010 Outstanding Teaching Lecture Series. Presented by world-class teachers, as illustrated in the four accompanying posters, the lectures are designed to advance the Academy’s commitment to champion the central role of teachers in facilitating innovation in teaching, conducting research, and creating an environment that enhances the status of health professions educators.

In addition to hosting the Outstanding Teaching Lecture Series, the Academy of Distinguished Educators sponsored the second annual Class ACTS (Advanced Clinical Teaching Scholars) reception in November. The event honored 17 faculty members who had completed a rigorous education and training program, which incorporates performance-based teaching outcome measures known as Objective Structured Teaching Exams. The outcomes indicated a statistically significant increase in teaching performance as a result of participating in the Class ACTS program. The program is supported by a PrMEIR (Program for Medical Education Innovations and Research) grant from the NYU School of Medicine.
THE 2010 CLASS ACTS CERTIFICATE RECIPIENTS ARE:

Dr. Laurie Fleisher  
Dr. David Glotzer  
Dr. Herb Gross  
Dr. Esther Kuyinu  
Dr. David Levenson  
Dr. Alan Levy  
Dr. Martine Mandracchia  
Dr. Maria Marin  
Dr. Evelyn Nelson

Dr. Kay Oen  
Dr. Milton Palat  
Dr. Scott Podell  
Dr. Steven Resnick  
Dr. Miriam Robbins  
Dr. Glenn Rochlen  
Dr. Mel Segal  
Dr. Ricardo Vanegas-Plata
NYUCD–Henry Schein Cares Global Student Outreach Program Provides Oral Health Care in Machias, Maine

A 22-member team from the NYUCD–Henry Schein Cares Global Student Outreach Program provided free oral health care to more than 500 children and adults in Machias, Maine, in rural Washington County, during a five-day outreach in October.

Machias has six dentists serving a population of 34,000 in an area the size of Rhode Island and New Hampshire, combined. Access to care is a severe problem in this area. This dental activity was the result of a collaboration between the Washington County Children’s Program (WCCP), their “Tooth Fairy” mobile dental van, and Caring Hands of Maine, a nonprofit dental clinic. WCCP provides oral hygiene education, sealants, and fluoride varnishes to children in the area throughout the year. The Northeast Delta Dental Foundation of Maine provided a $100,000 grant to help defray the costs of the October visit, as well as a follow-up outreach planned for April 2011.

The outreach team set up a temporary clinic in a community center in Machias, where they provided 284 children with 635 procedures, including prophylaxes, varnishes, sealants, restorations, and extractions. Emergency care was also provided for 256 adults. Dental hygienists from the WCCP will reapply
varnishes at three-month intervals until the NYUCD–Henry Schein Cares team returns.

"Although WCCP has done an outstanding job of education and preventive care, it does not have the resources to meet the county's urgent need for comprehensive pediatric dental treatment," said the outreach coordinator, Ms. Rachel Hill, Program Administrator in the Office of International Initiatives & Development.

"Our goal is to help meet that need, and to reduce childhood caries using a sustainable care model similar to the ones we have put into place in other underserved communities in the United States and abroad, including Columbia County in upstate New York, arctic Alaska, the Dominican Republic, Grenada, and Nicaragua," Ms. Hill said, adding that NYUCD hopes to expand the sustainable care program to other underserved areas in New England.

In addition to the Northeast Delta Dental Foundation, WCCP, and Caring Hands of Maine, the outreach cosponsors included Child and Family Opportunities, the Washington Hancock Community Agency, Maine Board of Dental Examiners, Washington County Memorial Hospital, and Down East Community Hospital.

In addition to Ms. Hill, the outreach team included Dr. Stuart Hirsch, Vice Dean for International Initiatives & Development, who served as clinic director; Dr. Timothy Oh, Supervising Dentist, Caring Hands of Maine; Dr. Amr Moursi, Associate Professor and Chair of the Department of Pediatric Dentistry; Ms. Jill Fernandez, Clinical Associate Professor of Pediatric Dentistry; Dr. Robert Glickman, Professor and Chair of the Department of Oral & Maxillofacial Surgery; Dr. Denise Foran, Clinical Assistant Professor of Endodontics; Ms. Teresa Alley, Clinical Coordinator and Hygienist, Washington County Children's Program; Ms. Lisa Haystrand, Research Administrator in the Office of International Initiatives & Development; Dr. Jennifer Lo, PG Pediatric Dentistry ’11; Dr. Scott Sachs, PG Pediatric Dentistry ’11; Dr. Cindy Tran, PG Pediatric Dentistry ’12; and Dr. You-na Kim, PG Pediatric Dentistry ’12.

Additional participants included Ms. Jaclyn Newman, AAS in Dental Hygiene ’11; Ms. Rosa Maria Salvo, AAS in Dental Hygiene ’11; Ms. Jenna Wing, University of New England AAS in Dental Hygiene ’11 and member of the Northeast Delta Dental Foundation Board; Mr. Eric Budiman, ’12; Ms. Maydelin Martinez-Blanco, ’12; Ms. Alireza Hamidzadeh, ’12; and the following students from the DDS Class of 2011: Mr. Valentin Sviatocha; Mr. Zachary Linhart; Ms. Sana Tariq; Ms. Ella Lim; Ms. Tamara Shamlian; and Ms. Maria Pham.
Dr. Seok-Kyun Kim Receives Smigel Prize

Dr. Seok-Kyun Kim, Founder and President of the Korean Academy of Aesthetic Dentistry, has received the 2010 Irwin Smigel Prize in Aesthetic Dentistry. Internationally renowned as one of the all-time great teachers and researchers in aesthetic dentistry, Dr. Kim has established more than 90 aesthetic dentistry centers in South Korea and has advanced the status of aesthetic dentistry among Korean dentists and the Korean public through thousands of hours of continuing education courses and mainstream media presentations.

The Smigel Prize was presented to Dr. Kim at the American Society for Dental Aesthetics Masters of Aesthetic Excellence Program held in San Antonio, Texas, in October.

NYUCD established the Smigel Prize in 2000 to recognize the pioneering achievements of Dr. Irwin Smigel, a graduate of the NYU College of Dentistry and the Founder and President of the American Society for Dental Aesthetics, and to honor significant contributions to the field by others throughout the world.

The Smigel Prize carries with it a $5,000 stipend and an award designed by Calvin Klein.

“Seok-Kyun Kim’s selection to receive the Smigel Prize is a fitting tribute to the pivotal role he has played in advancing aesthetic dentistry education,” said Dean Bertolami. “Like the person for whom the prize is named, Dr. Kim is devoted to continuing education in aesthetic dentistry as the basis for clinical excellence.”

DO YOU HAVE A SORE THROAT?
IS IT PAINFUL WHEN YOU SWALLOW?

You may be eligible to participate in a research study to test how well a lozenge works against sore throat pain. Reimbursement is provided. For more information, please contact Krystallia Kalliontzi, the Bluestone Center, 212.998.9252.
NYUCD Introduces Online Faculty Experts Guide for the Media

To give members of the media an overview of the tremendous expertise available at NYUCD, we have produced an online faculty experts guide featuring major areas of interest to the media and faculty experts in those areas. To access the guide, please go to http://www.nyu.edu/dental/mediaexperts/

VIDEO CELEBRATES 10TH ANNIVERSARY OF CLINICAL RESEARCH PROGRAM

To commemorate the 10th anniversary of NYUCD’s clinical research program, which offers both a master’s degree program in clinical research and a certificate program, NYUCD has produced a video, which can be viewed by going to www.nyu.edu/dental/advanceded/clinicalresearch/index.html

The program, under the direction of Dr. Ananda P. Dasanayake, Professor of Epidemiology & Health Promotion and Director of the Graduate Program in Clinical Research, is the first postgraduate program in clinical research at a US dental school.
Dr. Terry Fulmer, the Erline Perkins McGriff Professor and Dean of the New York University College of Nursing, has been elected a member of the prestigious Institute of Medicine (IOM), a component of the National Academies of Sciences. The announcement of this year's inductees was made at the IOM’s annual meeting in October.

“It is an extraordinary honor to join this august group, and to participate in critical dialogues that can fundamentally shape and improve the health of the public,” said Dean Fulmer. “The Institute of Medicine is a highly recognized national resource; I look forward to serving on IOM committees that will impact global healthcare issues.”

“Everyone at the NYU College of Dentistry is overjoyed at the announcement of Dean Fulmer’s election as a member of the IOM,” said Dean Bertolami. “This is one of the highest honors in the fields of health and medicine and appropriate recognition of Terry’s stature in the healthcare community and her commitment to service. We are immensely proud of her achievement and confident that she will bring great honor to her new role as a member of the IOM, just as she has done as Dean of the College of Nursing and our partner in the dentistry/nursing enterprise at NYU.”

Election to the IOM is considered one of the highest honors in the fields of health and medicine and recognizes individuals who have demonstrated outstanding professional achievement and commitment to service.
Dr. I. N. (Nick) Quartararo, who retired as a Clinical Professor of Endodontics, effective January 1, 2011, has been a pillar of the NYUCD community and the dental profession for nearly 60 years. Since graduating from NYUCD in 1952, he has thrived professionally as an endodontist in private practice and as a member of the NYUCD faculty, and has been heralded within the world of organized dentistry, by New York University, and by its College of Dentistry.

Dr. Quartararo has served as President of The Dental Society of the State of New York, Delegate to the House of Delegates of the American Dental Association (ADA), member of the ADA’s Council on Dental Practice, and Chairman of the ADA Advisory Committee on Chemical Dependency in the Profession. He is a recipient of the Distinguished Service Award of The Dental Society of the State of New York.

But it is at his alma mater, where he has served on the faculty in both part-time and full-time positions since 1952, that Nick Quartararo has truly become an icon, as reflected in the naming in 1997 of the Dr. Ignatius N. and Sally Quartararo Department of Endodontics in his honor.

“Nick has been a peerless mentor to generations of postdoctoral endodontics students,” says Dr. Paul A. Rosenberg, Professor and Chairman of the Quartararo Department of Endodontics. “Patiently and compassionately guiding endodontics residents through all the exploding knowledge and the complexities of their specialty, he has taught them above all to focus on the core of their calling: tending to those in their care.”

In addition to his exemplary service to NYUCD and the dental profession, Dr. Quartararo has been a passionate advocate for alumni interests and involvement, and has served as President of the NYUCD Alumni Association, Chairman of NYUCD’s Centennial Celebration, and member of the Dean’s Advisory Committee, among other distinctions. His commitment to the welfare of alumni has been recognized with the University’s Meritorious Service Award, its Sesquicentennial Crystal Award, and with the most prestigious distinction conferred by NYU on an alumnus, appointment as a Trustee of NYU’s Board of Trustees, where he represented NYUCD from 1989 to 1995.

In his letter to Dr. Rosenberg announcing his retirement, Dr. Quartararo wrote, “The time is right for me to take leave of my second family.”

“Everyone at NYUCD is honored to be a part of that second family,” said Dean Bertolami, “and we join in wishing Dr. Quartararo and his family good health, happiness, and much satisfaction in the years ahead.”
EDLY DESTINE, ’14: HOW SWEET IT IS TO BECOME A DENTIST

Second-year dental student Edly Destine has an ironically sweet past. He once worked as a quality-control sugar chemist at the Domino Sugar refinery in Williamsburg, Brooklyn. He said he never seriously considered the humor in this until he completed Dr. Mark Wolff’s cariology course recently at NYUCD.

“I thought about dentistry after majoring in chemistry at Bethel University, in Tennessee, where I went to college on a soccer scholarship. But, it was hard to think about affording dental school since my wife and I were settling down with our first child.”

It’s been six years since Edly worked for Domino Sugar. Afterward, he worked through the Archdiocese of New York in Harlem, teaching math and science to high school and middle school students. While he loved teaching, he still harbored dreams of becoming a dentist. The doors of opportunity opened when his parents relocated to the United States from Haiti several years ago, and moved within a block of Edly’s Harlem apartment.

“Since this is a full-time program, I became a lot more comfortable knowing my parents could help out with the kids,” says Edly. “It was the perfect time to jump in and finally do this.”

Edly and his wife, who is also of Haitian descent, have two children, ages 12 and 4. While his parents are recent immigrants, Edly, 33, came to the United States when he was 12 years old and was raised, along with his two younger siblings, by his grandparents.

“My whole goal is to support my family as a dentist and then to help others. I still have family in Haiti and you can only imagine what hell it’s like there now. To be able to go down there someday as a healthcare professional is very important to me.”

With all his family responsibilities, course work alone would be enough to fill Edly’s plate. However, his commitment to help other underrepresented students has led him to become very active in advocacy work on campus. Currently, Edly serves as Vice President of the NYUCD chapter of the Student National Dental Association (SNDA), which focuses on representing underserved populations.

“After I take my boards, I plan to go down to the Maryland shore area, where a lot of Haitians have relocated since the earthquake,” says Edly. “I want to help get healthcare screenings going down there.”

Said Ms. Madiha Bhatti, Assistant Director of Student Affairs and Diversity, “The fact that he has so much going on and he still wants to give back so much—really, when does he sleep?”

—STEPHANIE SUSNJARA

“My whole goal is to support my family as a dentist and then to help others. I still have family in Haiti and you can only imagine what hell it’s like there now. To be able to go down there someday as a healthcare professional is very important to me.”
When Janet Tuthill, RDH, MA, Clinical Assistant Professor of Dental Hygiene, was charged with selecting two dental hygiene students to go on NYUCD’s recent outreach to Machias, Maine, she immediately knew that second-year student Rosa Maria Salvo, 23, had to be one of them. “In school, everyone is focused on getting good grades and getting their work done,” says Professor Tuthill. “But some people also see the bigger picture, such as why they are in health care in the first place, and Rosa is such a person. She is not only very caring and enthusiastic, but she has the high academic standing required to go on an outreach, which always demands a lot of hard work.”

Rosa, who considers Professor Tuthill one of her mentors, was extremely pleased to go to Machias this past October, since one of the primary reasons she chose NYUCD was to gain more exposure to dental community service and outreach. “It was very moving for me to provide care to underserved adults and children,” says Rosa. “One mother was actually crying while I instructed her 8-year-old daughter on brushing and flossing. She was just so grateful that we were there. Her daughter actually wrote me a thank-you note afterward.”

Rosa hails from Middle Village in Queens, New York. “Both of my parents were born in Sicily, and they are very proud of me.” She laughs. “I am very proud of me. It was hard getting to where I am today, and I am very happy and grateful to have had so much success.”

In addition, Rosa has enjoyed going into New York City schools to gain more public health experience. “On our pediatric rotation, the NYU dental van takes us to different schools. In one Brooklyn school, I could see that some kids really didn’t brush their teeth and didn’t know that it’s important to do so. It gave me such pleasure afterward when a little elementary-school girl said, ‘I’ll start brushing. I want to make you happy, Rosa.’ As oral hygienists, we have the chance to make an early impact and help kids form good oral health habits for life.

“I love giving all of my patients a fresh start. I try to inspire them by saying, ‘Now you’ve really got to start taking care of your teeth if you haven’t been doing so already. Don’t look back. I’m giving you a fresh start.’”

—STEFANIE SUSNJARA

“*It was very moving for me to provide care to underserved adults and children,*” says Rosa. “*One mother was actually crying while I instructed her 8-year-old daughter on brushing and flossing. She was just so grateful that we were there.*”
Nearly 400 students, faculty, and administrators attended NYUCD’s third annual Greening Awareness Day in October. The event, held on the Alfano Commons, was designed to motivate students, faculty, and staff to think about their impact on the environment and begin to change behavior and mindset toward more socially responsible, environmentally sustainable actions. Motivators included T-shirts emblazoned with the NYUCD Greening Awareness Day logo; a raffle for a Norco 21-speed hybrid bicycle won by Dr. Anabella C. Oquendo Parilli, a Clinical Instructor in Cariology & Comprehensive Care; door prizes created from sustainable materials; information on environmentally friendly products; and locally grown food.

“This event is organized annually by our all-volunteer Greening Committee, whose members are motivated exclusively by a commitment to and a passion for
greening the environment,” said Dr. Michael P. O’Connor, Vice Dean for Finance & Administration and Founder and Chair of the Greening Committee. Vice Dean O’Connor noted that the committee’s accomplishments over the past year include a “Shred-it” program that has recycled enough paper to save 86 trees, and an energy conservation initiative that has saved enough electricity to take 7,000 New York City homes off the power grid for a year.

Ms. Annette Cutugno, Co-chair of the Greening Committee’s communications subcommittee, added that “it is exciting to see how much enthusiasm and education about greening has grown—and continues to grow—in just three years. I predict that we will see many more students, faculty, and staff becoming active members of the Greening Committee in 2011.”

The committee’s accomplishments over the past year include a “Shred-it” program that has recycled enough paper to save 86 trees, and an energy conservation initiative that has saved enough electricity to take 7,000 New York City homes off the power grid for a year.
Incoming DDS students, Advanced Placement DDS students, and AAS and BS in Dental Hygiene students were all welcomed to NYUCD in 2010 with individual White Coat Ceremonies featuring the themes of professionalism, humanism, ethics, integrity, and, most symbolically, the donning of white coats for the first time.

“It is with great pride that we recognize students in each of these programs,” said Dean Bertolami. “The healthcare professional’s white coat is a time-honored symbol of caring, concern, and learning, and the challenge for our students is to live up to these ideals. In having faculty members present white coats to students, we aspire to convey in a meaningful way that our students can count on NYUCD faculty to help them uphold the high standards we have set for our graduates.”
Left: Dean Charles Bertolami welcoming the DDS Class of 2015.

Right: Assistant Dean Cheryl Westphal greets the incoming Dental Hygiene Program class.
On November 18, 2010, the Manhattan Tobacco Cessation Program (MTCP), which is housed at the NYU College of Dentistry, took to the streets of NYU’s downtown campus with staff and student volunteers to support the Great American Smokeout (GASO). The MTCP set up a table outside of NYU’s Bobst Library, and students from both the NYU College of Dentistry and the NYU College of Nursing were on hand along with Diana Zraik, MPH, Program Coordinator for the Manhattan Tobacco Cessation Program.

“Having a table at NYU’s Bobst Library was a great experience,” said Ms. Zraik. “Our table was set up as a reminder to the NYU community that there are free services available through the New York State Smokers’ Quitline to help people quit.”

The area in front of Bobst is heavily trafficked, with a constant stream of students, faculty, and administrators entering and exiting the library. MTCP and its student volunteers sought to engage smokers in a discussion about their options to quit.

“I think it was great for awareness,” said Chun Pae Cho, a third-year dental student. “The location of the table was smart and well planned. The library staff were really appreciative of our presence and commented on the secondhand smoke exposure they experienced.”

“This was my first experience in smoking cessation awareness,” said third-year dental student Navid Mehranpour. “I think it was a great opportunity to promote the issue of smoking cessation. I often see students smoking outside of Bobst and think it is really important to help students become aware of the services available.”

—CHRISTOPHER JAMES
More than 100 students, faculty, and staff from NYUCD participated in the annual Live United Bridge Walk in October. The event was conducted as part of the larger United Way campaign. The all-volunteer group was spearheaded by Alexis Cohen, ’12, Student Council President, and Josephine Chang, ’11, Community Service Club President, and mentored by Ms. Phyllis Stone, Director of Student Affairs.

The volunteers collected $600 to raise awareness of the need to bridge the gaps that exist in education, income, and health in New York City. “The fact that our turnout was so impressive is a tribute to the concern for these issues that exists at NYUCD,” said Ms. Stone.

Added Ms. Chang, “I get involved in these events because I care about the community and want to help raise awareness and encourage others to get involved in the hope of making a difference.”
The New York City Marathon, one of the most prominent runners’ marathons in the world, added a new group of participants in 2010—13 NYU dental students who completed the 26-plus mile course. The runners and their completion times are listed here.

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<thead>
<tr>
<th>Name</th>
<th>Completion Time</th>
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<tbody>
<tr>
<td>Ryan Woody, ’11</td>
<td>3:58:04</td>
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<tr>
<td>Nicholas Zawada, 12</td>
<td>4:04:18</td>
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<tr>
<td>Anthony Pallotto, ’11</td>
<td>4:15:10</td>
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<td>Daryl Gasca, ’11</td>
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<td>Rustin Reidhead, ’11</td>
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<td>Sheema Akhtar, ’11</td>
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<td>Glenn Canares, ’11</td>
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<td>4:35:38</td>
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<td>Austin Griffith, ’11</td>
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<td>Nick Baumann, ’11</td>
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<tr>
<td>Josephine Chang, ’11</td>
<td>4:43:56</td>
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<td>Nicole Willer-Hicks, ’11</td>
<td>5:00:03</td>
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Front row, left to right: Sheema Akhtar, Josephine Chang, Anthony Pallotto, Nicholas Zawada, Daryl Gasca; back row, left to right: Nicholas Baumann, Nicole Willer-Hicks, Hunter Martin, Heather Anderson-Griffith, Ryan Woody, Rustin Reidhead, Glenn Canares; not pictured: Austin Griffith.
CONGRATULATIONS TO...

MR. HAIM ASERIEL, a first-year DDS program student, on receiving a Student Council Student of the Month Recognition Award.

MR. ERIC BAKER, Adjunct Assistant Professor of Basic Science & Craniofacial Biology, on editing Head and Neck Anatomy for Dental Medicine.

DR. CHARLES N. BERTOLAMI, Herman Robert Fox Dean of NYUCD, on receiving the American Dental Association’s 2010 Distinguished Service Award, the highest award conferred by the ADA Board of Trustees. The award was presented by Immediate Past President Ronald Tankersley at the annual ADA meeting in October in recognition of his years of service and dedication to the dental profession and the praise he has earned over the years for teachings on ethics in education. Added kudos to Dean Bertolami on being named Chairman of the NYU Dean’s Council.

DR. TIMOTHY BROMAGE, Adjunct Professor of Biomaterials & Biomimetics and

MS. ELIZABETH BEST, Outreach Program Administrator, Department of Pediatric Dentistry, above left, on presenting a poster entitled “Public-Private Collaboration to Improve Oral Health Status of Children Enrolled in Head Start in an Urban City” at the Head Start National Research Conference, with Ms. Jill Fernandez, Clinical Associate Professor of Pediatric Dentistry; Dr. Neal Herman, Clinical Professor of Pediatric Dentistry; Dr. Marcia Daronch, Research Scientist in the Department of Pediatric Dentistry; and Dr. Amr Moursi, Associate Professor and Chair of the Department of Pediatric Dentistry.

of Basic Science & Craniofacial Biology, on having his micrograph of a cluster of L-cystine crystals featured on the cover of Science.
DR. LEIGH BUSCH, Clinical Assistant Professor of Endodontics, on receiving a Student Council Faculty of the Month Recognition Award.

DR. CARLOS CASTRO-PERDOMO, a second-year student in the Advanced Education Program in Prosthodontics, on being awarded Second Place by the New York Section of the American College of Prosthodontics. His project, entitled “Impact of Facial Asymmetries on the Plane of Occlusion: A Simple Solution to Correct!” was mentored by Dr. Farhad Vahidi, below left, Associate Professor and Director of the Advanced Education Program in Prosthodontics.

MS. ALEXIS COHEN, Class of 2012, on being featured in the ADEA Bulletin of Dental Education Online in a special-emphasis student issue for her volunteerism and commitment to community service.

DR. IGOR CHIKUNOV, Clinical Assistant Professor of Prosthodontics, on being appointed Co-Director of Removable Clinics in the Department of Prosthodontics.

DR. GUSTAVO CRUZ, Adjunct Associate Professor of Epidemiology & Health Promotion, on coauthoring an article entitled “Determinants of Oral Health Utilization Among Diverse Groups of Immigrants in New York City” for the Journal of the American Dental Association. Dr. Cruz’s coauthors included Mr. Christian R. Salazar, a PhD candidate in the Department of Epidemiology & Health Promotion; Mr. Rajiv Karloopia, Class of 2011; and Dr. Racquel Z. LeGeros, Linkow Professor of Implant Dentistry and Co-Chair of the Department of Biomaterials & Biomimetics.

DR. COSMO V. DESTENO, Clinical Professor of Prosthodontics and Associate Dean for Clinical Affairs, on being awarded both the Founders Award and the Past-President Award of the American College of Prosthodontics.

DR. NICOLAS ELIAN, Assistant Professor of Periodontology & Implant Dentistry, on being appointed an advisor to Fibrocell Science, Inc., a biotechnology company focused on the development of autologous cell therapies for...
aesthetic, medical, and scientific applications.

DR. JONATHAN L. FERENCZ, Clinical Professor of Prosthodontics, on chairing the Scientific Committee of the Nobel Biocare Global Symposium held in New York City in July 2010, and on being awarded the Distinguished Lecturer Award of the American College of Prosthodontics (ACP) at its 2010 annual meeting for his contributions in the areas of science, publication, and education and his devotion as a dental educator.

MS. JILL FERNANDEZ, Clinical Associate Professor of Pediatric Dentistry, on presenting lectures entitled "Utilizing Auxiliaries in a Model Infant Oral Health Program for Your Office" and "Infant Oral Health Care for the Dental Auxiliary" at the biennial conference of the Pediatric Dentistry Association of Asia. In addition, Professor Fernandez; Dr. Neal Herman, ’72, Clinical Professor of Pediatric Dentistry; and Dr. Lily Lim, Clinical Associate Professor of Pediatric Dentistry, were all interviewed for an article on “The Goals of Treatment for Primary Teeth,” which was published in the Dental Tribune.

DR. KENNETH FLEISHER, Assistant Professor of Oral & Maxillofacial Surgery, on presenting a lecture entitled “Osteonecrosis of the Jaw: Implications in Breast Cancer” at the American Society of Clinical Oncology Breast Cancer Symposium.

DR. HERBERT FROMMER, Professor Emeritus of Oral & Maxillofacial Pathology, Radiology & Medicine, on coauthoring the ninth edition of the Radiology Textbook and Study Guide with Dr. Jeanine J. Stabulas-Savage, Clinical Assistant Professor of Oral & Maxillofacial Pathology, Radiology & Medicine.

DR. STUART FROUM, ’70, Clinical Professor of Periodontology & Implant Dentistry and Director of Clinical Research in the Ashman Department of Periodontology & Implant Dentistry, on being installed as Secretary/Treasurer of the Board of Trustees of the American Academy of Periodontology, and on being elected President of the Academy of Periodontology for 2014. Additional congratulations to Dr. Froum for editing Dental Implant Complications: Etiology, Prevention and Treatment; on being invited to participate in the Academy of Osseointegration’s Summit Consensus Conference; and on his appointment as Chair of the Academy of Osseointegration’s 25th anniversary meeting.

MS. WINNIE FURNARI, Clinical Assistant Professor of Dental Hygiene, on authoring...
an article entitled “Ethics: The Core Values of Confidentiality and Justice and Fairness” for Access.

MR. JARETT JOHN GILBERT on being appointed Special Events Coordinator in the Office of International Programs.

DR. DAVID L. GLOTZER, Clinical Professor of Cariology & Comprehensive Care, on being re-elected as a consultant to the ADA Council on Dental Practice for Preparedness.

DR. BENJAMIN GODDER, Clinical Associate Professor of Cariology & Comprehensive Care, on being appointed to the Board of the Russian American Dental Association.

MS. BEATA GOLEBIEWSKA, Clinical Assistant Professor of Dental Hygiene, on authoring an article entitled “The Key to Safety” for Dimensions of Dental Hygiene.

DR. BARRY GRAYSON, Clinical Professor of Orthodontics, on being featured in an article in the NYU Physician on new approaches to fully repair cleft lip and palate.

DR. GARY GREENSTEIN, Clinical Associate Professor of Periodontology & Implant Dentistry, coauthoring an article in Dentistry Today entitled “Clinical Pearls for Surgical Implant Dentistry: Part 2,” with Dr. John S. Cavallaro, Jr., Clinical Associate Professor of Prosthodontics, and Dr. Dennis P. Tarnow, former Professor and Chair of the Ashman Department of Periodontal & Implant Dentistry.

DR. NEAL HERMAN, ’72, Clinical Professor of Pediatric Dentistry, on presenting lectures entitled “Therapeutic Management of Early Childhood Caries” and “Gingival and Periodontal Disease in Children and Adolescents” at the biennial conference of the Pediatric Dentistry Association of Asia.
**DR. LEILA JAHANGIRI**, Associate Professor and Chair of the Department of Prosthodontics, on coauthoring *Clinical Cases in Prosthodontics* with Dr. Mijin Choi, Clinical Assistant Professor of Prosthodontics; Dr. Michael Ferguson, Clinical Associate Professor of Prosthodontics; and Dr. Marjan Moghadam, Clinical Assistant Professor of Prosthodontics.

**MS. JUDITH KREISMANN**, Clinical Associate Professor of Dental Hygiene, on presenting posters entitled “Personality Styles of Dental Hygiene Educators, Graduates, and First-Year Dental Hygiene Students” and “Five-Year Trends in Dental Hygiene Education in the US” at the International Federation of Dental Hygienists meeting, with Ms. Eva Lupovici, Clinical Professor of Dental Hygiene;

**Ms. Lisa Stefanou**, Clinical Assistant Professor of Dental Hygiene; **Professor Cheryl Westphal**, Assistant Dean for Allied Health Programs; and **Ms. Rosemary Hays**, Clinical Associate Professor of Dental Hygiene.

**MS. GAYLE LEITMAN** on being appointed a Program Administrator in the Office of International Programs.

**DR. KENNETH KURTZ**, Clinical Associate Professor of Prosthodontics and Director of the Advanced Education Program in Prosthodontics, on being named Research Chair of the American College of Prosthodontics (ACP).

**DR. LILY LIM**, Clinical Associate Professor of Pediatric
Dentistry, on presenting lectures entitled “Sports Dentistry” and “The ABC’s of Early Childhood Caries—an NYU Perspective” at the biennial conference of the Pediatric Dentistry Association of Asia.

**DR. TERRY LIN**, a third-year student in the Advanced Education Program in Prosthodontics, was awarded First Place in the American Academy of Maxillofacial Prosthetics Poster Competition for his project entitled “A Novel Bioactive Collagen Membrane Carrying PDGF for Tissue Engineering.” Dr. Lin’s poster was also awarded First Place by the New York Section of the American College of Prosthodontics. Dr. Seiichi Yamano, Assistant Professor of Prosthodontics, was Dr. Lin’s advisor and mentor on the project.

**DR. WILLIAM MALONEY, ’92**, Clinical Associate Professor of Cariology & Comprehensive Care, on authoring an article entitled “The Integral Role of the Dentist in Treating Individuals with Hutchinson-Gilford Progeria Syndrome” for WebMedCentral; on being appointed Associate Editor of Surgical Techniques Development; and on being quoted in a Progeria Research Foundation News article on aging. Additional kudos to Dr. Maloney for authoring articles entitled “The Dental Diagnostic Challenges Posed by Munchausen’s Syndrome and Munchausen’s Syndrome by Proxy” for Dentista Y Paciente; “Bell’s Palsy: The Answer to the Riddle of Leonardo da Vinci’s Mona Lisa?” for the Journal of Dental Research; and “Urea Cycle Disorders” and “The Death of Cleopatra: A Medical Analysis of the Theory of Suicide by Naja Haje,” both for WebMedCentral.

**DR. MAUREEN MCAINREW**, Clinical Associate Professor of Cariology & Comprehensive Care and Director of Clinical Faculty Education, on earning a Certificate in Training, Instruction and Enterprise Learning from NYU’s School of Continuing and Professional Studies; and on authoring articles entitled “Use of an Action Learning Model to Create a Dental Faculty Development Program,” “Community-Based Dental Education and the Importance of Faculty Development,” “The Practicum in Clinical Teaching: A New Program at NYUCD,” and “Class ACTS: The Advanced Clinical Teaching Scholars Program at NYUCD,” all for the Journal of Dental Education. Dr. McAndrew also authored articles entitled “Use of Botulinum Toxin in Dentistry” for The New York State Dental Journal; “Use of Botulinum Toxin for Bruxism” for the World Dental Reporter; and “The Role of Glucocorticoids in Dentistry” for the Journal of Dental Research. Added kudos to Dr. McAndrew for presenting a lecture entitled “Creating an Objective Structured Teaching
Exam (OSTE) to Assess a Dental Faculty Development Program” at the annual meeting of the Association of Dental Educators of Europe; and for copresenting lectures entitled “How’m I doin’?: Using 360 Evaluations to Assess Faculty Performance” at the 2010 annual meeting of the American Dental Education Association, with Dr. Ivy Peltz, ’83, Clinical Associate Professor of Cariology & Comprehensive Care; and “Class ACTS: Assessment and Development of a Clinical Faculty Development Program” at the NYU School of Medicine, with Mr. William Eidson, Director of the Faculty-Staff Development Program.

**MR. ROSS MORGAN**, Class of 2011, won third place in the dental student category for his presentation at the national meeting of the American College of Prosthodontics entitled “Scan the Cast or Scan the Tooth,” which focused on CAD/CAM technology. Mr. Morgan’s project mentor was Dr. Kenneth Kurtz, Clinical Associate Professor of Prosthodontics and Director of the Advanced Education Program in Prosthodontics.

**DR. AMR MOURSI**, Associate Professor and Chair of the Department of Pediatric Dentistry, on authoring an article entitled “Nutrition and Oral Health Considerations in Children with Special Health Care Needs” for the *Journal of Pediatric Dentistry*.

**DR. MICHAEL O’CONNOR**, Vice Dean for Finance & Administration and Clinical Professor of Epidemiology & Health Promotion, on being inducted as a Fellow of the New York Academy of Medicine and on serving as a facilitator at the American Legacy Foundation annual Board meeting.

**DR. PABLO PEIXOTO**, Associate Research Scientist in the Department of Basic Science & Craniofacial Biology, on coauthoring, with Dr. Kathleen Kinnally, Professor and Associate Chair of the Department of Basic Science & Craniofacial Biology, an article entitled “MAC Function Triggers a Bax/Bak...”
Dependent Bystander Effect” for *The American Journal of Pathology*, and on the selection of a figure from that article for the cover of the January 2011 issue.

**Dr. Karen Raphael,** Professor of Oral & Maxillofacial Pathology, Radiology & Medicine, on presenting the keynote address, “Links Between Bruxism and Pain” at the International Bruxism Congress in Copenhagen, Denmark.

**Dr. Victoria H. Raveis,** Research Professor of Cariology & Comprehensive Care and Director of the Psychosocial Research Unit on Health, Aging, and the Community, on authoring articles entitled “I’m Not Going to Die from the AIDS: Resilience in Aging with HIV Disease” for *The Gerontologist Advance Access; “It Should Have Been Happening to Me’: The Psychosocial Issues Older Caregiving Mothers Experience” for the *Journal of Family Social Work*; and “Health Advocacy Organizations and the Pharmaceutical Industry: An Analysis of Disclosure Practices in a Sentinel Case” for the *American Journal of Public Health*; and on having her methodological contribution acknowledged by *The New York Times* for an article entitled “Medical Industry Ties Often Undisclosed in Journals.”

**Dr. Sleiman Razzouk,** Adjunct Assistant Professor of Periodontology & Implant Dentistry, on coauthoring an article with Dr. Cristina Teixeira, Associate Professor of Orthodontics, entitled “New Perspectives in Bone Remodeling Assessment” for *The New York State Dental Journal*.

**Dr. Stefanie Russell,** Assistant Professor of Epidemiology & Health Promotion, on authoring an article entitled “Parity & Untreated Dental Caries in US Women” for the *Journal of Dental Research*. In addition, an article coauthored by Dr. Russell and Dr. Walter Psoter, Associate Professor of Epidemiology & Health Promotion, entitled “Childhood and Periodontal Disease in the Permanent
Dentition of Haitian Adolescents Aged 12–19 Years: A Retrospective Cohort Study,” was published in *PubMed*, an online service of the US National Library of Medicine.

**DR. STUART L. SEGELNICK**, Clinical Associate Professor of Periodontology & Implant Dentistry, and Dr. Mea A. Weinberg, Clinical Associate Professor of Periodontology & Implant Dentistry, on coauthoring a case report entitled “Doxycycline-induced Dizziness in Dental Patient” for *The New York State Dental Journal*.

**DR. DONNA SHELLEY,** Associate Professor of Cariology & Comprehensive Care and Director of Interdisciplinary Research & Practice, on authoring an article entitled “Implementing Tobacco Use Treatment Guidelines in Public Health Dental Clinics in New York City” for the *Journal of Dental Education* with Dr. Mark Wolff, Associate Dean for Predoctoral Clinical Education, and Ms. Madeleine Lloyd, Clinical Director of the NYU College of Nursing Faculty Practice and Clinical Instructor in Nursing; and on authoring “Ethnic Disparities in Self-Reported Oral Health Status and Access to Care Among Older Adults in NYC,” which has been accepted for publication by the *Journal of Urban Health*.

**DR. CHRISTIAN F. J. STAPPERT**, Assistant Professor of Periodontology & Implant Dentistry, on coauthoring an article entitled “Proximal Contact Areas of the Maxillary Anterior Dentition” for the *International Journal of Prosthodontics*, with former Professor of Periodontics and Implant Dentistry Dr. Dennis Tarnow and Dr. Stephen Chu, Clinical Professor of Periodontology & Implant Dentistry; on coauthoring an article entitled “Reliability and Fatigue Damage Modes of Zirconia and Titanium Abutments” for the *International Journal of Prosthodontics*, with Dr. Mitchell Pines, Clinical Professor of Biomaterials & Biomimetics, and Dr. Nelson Silva, Assistant Professor of Prosthodontics; on his election as Director of the IADR Prosthodontics Research Group for 2010–2013; and on becoming a new member of the American Academy of Esthetic Dentistry.

**DR. GRACE YI-YING SU**, Clinical Associate Professor of Cariology & Comprehensive Care, on graduating from the ADA Institute for Diversity in Leadership.
MR. LEON SU, Class of 2011, on receiving a Student Council Student of the Month Recognition Award.

DR. HAROLD SUSSMAN, Advanced Education Program in Periodontics Class of 1968 and Clinical Professor of Periodontology & Implant Dentistry, on coauthoring, with Dr. Robert Schoor, Director of the Advanced Education Program in Periodontics, an article entitled “Type III – Apical Implant Pathology” for the Journal of Implants and Advanced Clinical Dentistry. Dr. Sussman also presented a lecture on implant dentistry at a scientific session of the Greater New York Dental Meeting; a half-day “hands-on” course at the First District Dental Society; a CDE course at the Dental Study Club of New York Hospital Queens; and, in Chicago, a two-hour presentation at the Special Care Dental Conference entitled “Using the SIG Device to Accurately Place Mini Dental Implants for Overdenture Retention in Medically Compromised Patients.”

DR. CRISTINA TEIXEIRA, Associate Professor of Orthodontics and of Basic Science and Craniofacial Biology, on being spotlighted on the NIDCR Web site in a story entitled “Award Helps Orthodontist Find Balance, Pursue Research Career.”

DR. ANALIA VEITZ-KEENAN, Clinical Associate Professor of Oral & Maxillofacial Pathology, Radiology & Medicine, on her appointment as President of the IADR/AADR Evidence-Based Dentistry Network.

DR. ANTHONY VERNILLO, Professor of Oral & Maxillofacial Pathology, Radiology & Medicine, on chairing the International Dental Ethics and Law Society (IDEALS) Conference, at which he led a discussion entitled “Property and Privacy Paradigms of ‘Marketable Spit’: An Ethical and Legal Counterpart to Blood?”; on authoring an article on that topic for the Journal of the Canadian Dental Association; on authoring an article entitled “An Ethical, Legal, and Social Implications (ELSI) Program for
Neuroscience: Heuristics and the Lay Public” for the American Journal of Bioethics Neuroscience; and on receiving a Student Council Faculty Member of the Month Recognition Award.

DR. DANA VIERU, Instructor in Cariology & Comprehensive Care, on presenting the following international lectures: “LLLT (Low Level Laser Therapy) in Bone Growth in Periodontal Disease” in Helsinki, Finland; “Bone Growth and LLLT” in Bergen, Norway; “Periodontal Bone Biostimulation and LTT” in Florence, Italy; and “LLT and Its Effect on Bone Growth in the Young Periodontal Patient” in Bucharest, Romania.

DR. YU ZHANG, Assistant Professor of Biomaterials & Biomimetics, on authoring articles entitled “Graded Structures for All-Ceramic Restorations” and “Graded Zirconia Glass for Resistance to Veneer Fracture” for the Journal of Dental Research; and “Improving the Resistance to Sliding Contact Damage of Zirconia Using Elastic Gradients” for the Journal of Bone and Mineral Research.

DR. CHI VIET, a first-year resident in the Advanced Education Program in Oral & Maxillofacial Surgery, on receiving the 2010 Henry M. Thornton/SCADA Fellowship Award presented by Oral Health America.

DR. IRA D. ZINNER, ’63, Clinical Professor of Prosthodontics, on coauthoring “Solutions to Complications of Implant Dentistry” for General Dentistry. Dr. Zinner’s coauthors included Dr. Stanley Markovits, ’54, Clinical Professor of Cariology & Comprehensive Care, and Mr. Patrick Reid, Clinical Associate Professor of Prosthodontics. Drs. Zinner and Markovitz and Mr. Reid were also coauthors on an article entitled “A Profession in Crisis” for The New York State Dental Journal. Additional coauthors from NYUCD included Dr. Yale E. Schnader, Clinical Associate Professor of Prosthodontics; Mr. Paul Federico, Adjunct Assistant Professor of Cariology & Comprehensive Care; and Mr. William Baum, Instructor in Prosthodontics.
Alumni Association Installs New Officers, Celebrates Quinquennial Classes 1965–2005

Last fall, the NYUCD Alumni Association installed new officers for 2010–2011 as follows:

Immediate Past President: Dr. Maura Maloney, ’92
President: Dr. Ralph Cunningham, ’72
President-Elect: Dr. Eric Studley, ’85
Vice-President: Dr. Elise Eisenberg, ’84
Treasurer: Dr. William Bongiorno, ’73
Secretary: Dr. Benjamin Godder, ’85

The combined reunion event was held at the Grand Hyatt Hotel in Manhattan.
Recognizing that mentoring plays a critical role in a person’s decision to pursue a career in dentistry, the American Dental Association has launched a new Career Mentoring Program that includes mentor coordinators representing dental societies and dental schools across the country, including the NYU College of Dentistry.

NYUCD’s career mentor coordinator is Dr. Ivy Peltz, Clinical Associate Professor of Cariology & Comprehensive Care. According to Dr. Peltz, “The program is designed to attract students to dentistry—especially underrepresented minority students—by matching young people (K–12) with local dentists who are interested in having such students shadow them in their private offices for a day. Providing an opportunity for students to spend a day with a dentist is a wonderful way to help them decide if a career in dentistry is the right path to take.

“In addition to the obvious benefits for the students and for the long-term vibrancy of the profession, there are significant benefits for mentors, who have the opportunity to give back to the profession and make a difference by sharing their expertise with young people.”

If you would like to become a mentor, please contact Dr. Peltz at ivy.peltz@nyu.edu. A guide that includes formal mentoring resources is available.
Alumni in the Spotlight

‘60s

DR. ROBERT J. DOHERTY, Class of 1963, on being installed as President of the New York State Dental Association for 2010–2011.

‘70s
DR. ALAN A. WINTER, Class of 1973, on receiving a grant from Nobel Biocare and Imaging Sciences to study dental cone beam CT laboratories. The results were published in the Journal of Implant and Advanced Clinical Dentistry.

‘80s
DR. LAWRENCE NALITT, Class of 1983, on receiving the 2010 Fellowship Award of the Academy of General Dentistry.

‘90s
DR. CHRISTINA KLEIN, Class of 1997, on donating packages containing oral hygiene products and educational materials to over 1,400 students at Wagner College in Staten Island, New York, together with her sister, Dr. Dianne Klein, Class of 2004; and on coauthoring an article entitled “The Dream of D.D.S. Dynamic Dental Sisters” for the American Association of Women Dentists Chronicle, with Dr. Dianne Klein.

DR. MICHAEL MESSANA, PG Orthodontics Class of 1993, on being installed as Vice President of the New Jersey Dental Association.

‘00s
DR. DARSHANJIT SINGH PANNU, Class of 2007, on being appointed an Assistant Professor of Prosthodontics at the Medical College of Georgia School of Dentistry upon completion of a prosthodontics residency at that school.

DR. MARIA SHERYL VILLAREAL, Advanced Program for International Dentists in Prosthodontics Class of 2001, on being elected President of the Philippine Dental Association Pasay City Dental Chapter for 2011.

DR. SHERWIN JOSE VILLAREAL, Advanced Program for International Dentists in Implant Dentistry Class of 2008, on being appointed Head of the Oral Implantology Division of the Asian Hospital and Medical Center in Manila, Philippines; and on being appointed Co-Chairman of the Scientific Committee of the 102nd Annual Convention of the Philippine Dental Association.

DR. NICOLE HOLLAND, Class of 2010, on being featured in the ADEA Bulletin of Dental Education Online for her volunteer efforts to improve oral health care for the underserved.

DR. RUBEN COHEN, Class of 2002, left, on being featured in the Dental Tribune, which covered the opening of his oral surgery practice, Park Avenue Oral & Facial Surgery. Among the speakers at the opening was Mr. Stanley Bergman, CEO of Henry Schein (right).

In Remembrance

Dr. Jerome B. Ackerman, Class of 1946
Dr. Emidia L. Devivo, Class of 1952
Dr. Edward Goldfarb, Class of 1949
Dr. Lawrence Hermann, former Clinical Assistant Professor of Orthodontics
Dr. Norman Lampner, Class of 1950
Dr. Henry Mouradian, Class of 1929
Dr. Raymond A. Pisani, Class of 1939
Dr. Stanley Rakoff, Class of 1953
Dr. George Silling, DDS Class of 1943; Advanced Education in Orthodontics Class of 1958
Dr. David L. Korris, ’43: Generosity That Helps Students Year After Year

Dr. David L. Korris, Class of 1943, has practiced dentistry in Manhattan for over 50 years…and he’ll also pass along wonderful anecdotes about serving in a hospital platoon during World War II, almost becoming a Hollywood film star, and playing golf with Clark Gable. But he’s most proud of his NYUCD education and of teaching and mentoring NYU College of Dentistry students over the past two decades.

A longtime supporter of NYUCD, Dr. Korris feels strongly about supporting the next generation of dentists. More than a decade ago, he and his wife, Roma Kantor Korris, established a scholarship fund at NYUCD that has grown consistently, year after year, thanks to their annual gifts. Roma graduated summa cum laude and a member of Phi Beta Kappa from NYU’s Washington Square College, which had awarded her a scholarship to attend. “The most worthwhile thing we have in this universe is education,” says Dr. Korris.

Through their annual gifts, Dr. and Mrs. Korris have advanced a tradition of selflessness at NYUCD that helps our talented students to learn to provide model patient care, ensuring a brighter future in oral health care at NYUCD and beyond. NYUCD salutes Dr. and Mrs. Korris for their foresight, thoughtfulness, commitment, and generosity.

To learn more about how you can support future generations of students, please contact Assistant Dean Rita Startup at 212.998.9920 or e-mail her directly at rita.startup@nyu.edu.
Through their annual gifts, Dr. and Mrs. Korris have advanced a tradition of selflessness at NYUCD that helps our talented students to learn to provide model patient care, ensuring a brighter future in oral health care at NYUCD and beyond. NYUCD salutes Dr. and Mrs. Korris for their foresight, thoughtfulness, commitment, and generosity.
WE THANK OUR BENEFACTORS

ALUMNI, FACULTY, FRIENDS, CORPORATIONS, FOUNDATIONS, AND ORGANIZATIONS — FOR THEIR GENEROUS SUPPORT OF THE COLLEGE. WE ARE PROUD TO RECOGNIZE YOUR GIFTS OF CASH, PLEDGE PAYMENTS, PLANNED GIFTS, GIFTS-IN-KIND, AND PLEDGES OVER $25,000, WHICH WERE MADE BETWEEN SEPTEMBER 1, 2009, AND AUGUST 31, 2010.

$1,000,000–$4,000,000
Anonymous
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Dentsply International
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Michael A. Katz
Keller-Shatanoff Foundation
Emmanuel Mizrahi
Eric Ploumis

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Burton Cohen
Oleg Drut
Lea Geller
Robert Todd Gililland
Robert S. Glickman
Michael R. Herman
Gerald S. Hoch
Michael A. Katz
Keller-Shatanoff Foundation
Emmanuel Mizrahi
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Frank J. Galtieri
William Graham
Gardner
Joel C. Gelbman
Mory J. Gendler
Anthony Gentile
Scott Gersch
Dentists and Hygienists and Nurses, Oh My!