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University of the Pacific | Arthur A. Dugoni School of Dentistry
San Francisco CA December 2005

A man with grey curly hair and a mustache, wearing a dark suit, white shirt, and dark tie, stands in a dental clinic. He is smiling and holding a clipboard with papers. The background shows dental equipment, including a chair and a sink, and other people working in the clinic.

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Pacific's Hurricane Katrina Relief Efforts

Pacific's three campuses rallied for one generous cause following the aftermath of Hurricane Katrina on the Gulf Coast. Saddened by the tragedy, Pacific opened its doors, hearts, and pocketbooks to students and universities affected by the storm.

San Francisco

American Dental Association Foundation President, Dean Arthur A. Dugoni, inspired the dental school community—faculty, staff, and students—to make individual donations to the ADA Foundation's Disaster Response Fund. More than \$12,500 in donations was received from dental school employees and students and placed in a restricted fund earmarked to aid Louisiana State University School of Dentistry, along with its students, faculty, and staff.

Sacramento

Pacific's McGeorge School of Law participated in a national effort coordinated by the American Association of Law Schools to accept displaced law stu-



Students, faculty, and staff present a \$12,500 donation check to ADA Foundation President and Pacific Dean Arthur A. Dugoni for the ADA Foundation's Disaster Response Fund. Pacific's donation is earmarked to aid Louisiana State University School of Dentistry and its students, faculty, and staff affected by Hurricane Katrina.

PHOTO: JON DRAFER

dents and professors from Tulane University and University of Loyola, New Orleans, for the fall 2005 or the 2005-2006 academic year. Tuition and fees for the fall 2005 term were waived based on their tuition status at their previous schools. In addition, McGeorge provided emergency housing on a temporary basis and worked with transfer students to secure permanent housing.

Stockton

Ten students from Loyola University, Tulane University, Southern University, Xavier University of Louisiana, and University of New Orleans, transferred to Pacific to join classes during the fall semester. Tuition, room, and board fees for the first semester were waived.

In addition to the acceptance of transfer students, the Stockton campus organized several

fund-raisers to help relief efforts. Stockton hosted the Bon Appetit fund-raiser that raised \$2,000 for the American Red Cross in September.

Pacific's Benerd School of Education also teamed up with district schools for the "Katrina Book Project," where students, faculty, and staff volunteered their time and resources to produce, write, and send books to children affected by the storm.

Indresano Honored with Donald B. Osbon Award

Citing his exemplification of the highest ideals of an educator, the American Association of Oral and Maxillofacial Surgeons (AAOMS) honored Dr. A. Thomas Indresano, Pacific's chair of the Department of Oral and Maxillofacial Surgery, with the Donald B. Osbon Outstanding Educator Award during its annual meeting held in Boston, Massachusetts, on September 20, 2005.

"It was agreed that Dr. Indresano would be the recipient of this award because of his many contributions, high ideals, and achievements," stated



Dr. G.E. Ghali, past chair of the AAOMS Faculty Section. "He is highly respected by his peers in education and has fos-

tered the future growth of the specialty. Under his tutelage, his trainees were provided not only the necessary requisites to practice the specialty in a competent manner, but he also instilled in them the highest ethical and moral ideals of a professional."

During the AAOMS awards ceremony, Dr. Indresano was honored and given a framed certificate. He was nominated by members of the AAOMS and was later selected from a pool of nominations by the AAOMS Awards Nominating Committee for his proactive involvement in clinical and laboratory research as well as

his embodiment of the highest ethical and moral ideals of a professional.

Dr. Indresano has served as department chair and chief of Pacific's Oral and Maxillofacial Surgery Residency Program with the Alameda County Medical Center, Highland Hospital, since 2001. Prior to his work at Pacific, Dr. Indresano was professor and chief of the Oral and Maxillofacial Surgery Program at Medical College of Wisconsin. He received his doctor of dental medicine degree from Harvard University and a certificate in oral and maxillofacial surgery from Vanderbilt University.



Employees Saluted for 20 Years of Service

Dean Arthur A. Dugoni honored staff, faculty, and administrators celebrating 20 years of employment at the dental school on October 19 at the Fairmont Hotel. During the biennial 20-Year Employee Recognition Luncheon, each honoree received accolades from Dr. Dugoni and their supervisors and were presented with an engraved award. Honorees pictured with Dean Dugoni (from left to right): Dr. William Carpenter, Dr. Robert Golden, Dr. Stafford Duhn, Ms. Sue Kahn, Dr. Bahram Javid, Ms. Su Jin Mayeda, Dr. James Garibaldi, Ms. Jane Wright-Hayes, Ms. Maria Murtagh, Ms. Stephanie Trover, Ms. Rhonda Bennett, Dr. Gene Santucci, Ms. Joan Yokom, Ms. Irene Vargas, Dr. Susan Protzel and Dr. Bruce Fogel. Not pictured are Dr. Virginia Freckelton, Dr. Michael Harris, and Dr. Edward Shaw.

Pacific Students Shine at National Meeting

Ten student leaders from Pacific's chapter of the American Student Dental Association (ASDA) traveled to Houston, Texas, in September to represent the dental school at the ASDA Annual Session.

The House of Delegates elected Pacific's ASDA Chapter President Blake Robison, Class of 2006, to the prestigious, three-member Executive Committee of the American Student Dental Association. As a result, Blake is vice president of the association for the 2005-

06 term and became the first dental student in Pacific's history to be elected to the ASDA Executive Committee. He was also named as District 11 Delegate of the Year, in addition to serving as student body president for the dental school.

"I am honored to represent students across the nation," stated Mr. Robison. "There are many important issues we will be dealing with during the year and I am excited for all we can accomplish."

Ms. Alexis Tessler, Class of 2007, was elected as District 11 Trustee, an ASDA leadership position that represents dental students throughout California, (and was later appointed to serve as the junior member on the ADA Joint Commission) while Jennifer Fong, Class of 2007, was selected as CODA Student Commissioner. Delegates from Pacific also played a significant role in resolutions before the House of Delegates with respect to licensure reform.

The Articulating Paper, the dental school's student-run publication, received the Outstanding Information and Content Award at the Journalism Awards Luncheon. Editor Nate Yang, Class of 2006,

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ASDA Chapter President Blake Robison, Class of 2006.

PHOTO: JON DRAPER

accepted the award and thanked those who contributed to the publication. During the Ideal ASDA Chapter Awards luncheon, the School of Dentistry's chapter received three of the eight national awards presented for Outstanding Chapter Organization, Outstanding Involvement in Organized Dentistry, and Outstanding Membership and Communication.

"Congratulations to our ASDA leader Blake Robison and everyone involved in organized dentistry at the dental school," stated Dean Arthur A. Dugoni. "Once again, Pacific students knocked their socks off!"

By Arthur A. Dugoni

There is no virtue in patience when opportunity is lost. A succession of deans who have served the California dental schools have shown tolerance and patience with a licensure system that is invalid. The present deans of California's five schools, in agreement with the American Dental Association, American Dental Education Association, and others initiated the discussion with leadership of the California Dental Association over licensure reform in 2002. Since that time, there has been significant CDA House of Delegates action that has led to a comprehensive effort promoting, for the first time, a clear understanding of the change that is required.

The California Dental Association used a task force with broad constituency over the past two years and has delivered a final report to the 2004 CDA House of Delegates. The deans have been patient, the California Dental Association has been patient, the continuing stream of licensure candidates has been patient, and our patients whom we are dedicated to serve have also been patient. At this time, we have an unprecedented opportunity to make a difference for our profession and the public.

Do we serve the public interest by testing the competencies of an oral maxillofacial surgeon, an oral pathologist, a pediatric dentist, a periodontist, or an orthodontist by having them successfully complete a reverse three-quarter crown on an upper second molar or perform preclinical level manikin exercises?

I fully support the resolution passed by the 2004 California Dental Association House of Delegates for licensure of graduates to practice in California of U.S. accredited dental schools who have passed national board examinations and successfully completed any one of the following:

1. Completion of a Commission on Dental Accreditation accredited postdoctoral general dentistry program or specialty program of least a one-year duration as fulfilling the California examination requirement for purposes of licensure.

2. Implementation of a valid licensure-by-graduation process and parallel pilot testing

Licensure Reform in California

of both the Curriculum Integrated Format (CIF) and the Objective Structured Clinical Examination (OSCE).

3. Support legislation to allowed dentists who are licensed in other states but have fewer than five years clinical experience to become licensed in California without clinical examination if the applicant is committed to practice for a minimum of two years in any community health clinic or in an underserved area or as a full-time faculty member at an accredited dental education program.

Licensure based on the CODA-approved residency is a new concept for California, but not a new concept on the national stage. In New York, the one-year postdoctoral general dentistry or specialty training licensure option has been so successful that the New York Legislature has deemed it to become mandatory in a 2007. This additional year of education and training is supported by the *Future of Dentistry Report* and the *Crossroads in Dental Education* study.

It is time for California to offer the New York innovation that has already seen implementation in Delaware and Minnesota. The

proposal offered in this paper differs from the New York model because additional training is one option to licensure; it is not the only one.

We must move away from a flawed system of one-shot testing using human subjects. There is no justification in present knowledge, human ethics, and psychometric fairness for live testing. Dentistry cannot be proud of the care given patients in such

a system.

In 2002, the ADA modified its policy on licensure by credential by eliminating the five-year requirement for qualification. Forty-five states now offer licensure by credential, including California, with a two or five-year practice or teaching requirement. At this juncture, no states have acted which conviction to remove the requirement. California should pursue legislation that will draw it closer to this logical objective.

Until now, the conscience of the dental

“ The California Dental Association has used the structure of a task force with broad constituency over the past two years and has delivered a final report to the 2004 CDA House of Delegates. ”

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profession has been dormant with regard to the nonprofessional realities of human subject testing. Presently we are positioned to awaken that conscience and demand that human subject testing end once and for all. It will be our challenge to turn back any competitive interests that detract, delay, or compromise this goal.

One of our greatest American presidents, Abraham Lincoln, was often anguished by the costs of winning an important war. In the face of wrenching decisions that traded human life for a great national cause, Lincoln stated, “A right result, at this time, will be worth more to the world than ten times the men and ten times the money.” So too must be our resolve. Patient-based, one-shot clinical examinations are not appropriate because they have been shown to lack validity.

The objective structured clinical examination (OSCE) offers a fresh clinically based examination that tests a broad understanding of dentistry's expanding scope. A shift away from isolated live patient-based procedures to a valid OSCE format will elevate the claim of public protection. Ultimately,

the new paradigm from the American Board of Orthodontics that eliminates initial diplomate certification and instead evaluates continued competency may best protect the public. In the interim it is the OSCE, not the CIF, that helps to separate fact from fiction.

Licensure reform in California will greatly influence the direction of national licensure reform. The 2004 ADA House of Delegates has acted to anchor a collaborative effort to develop one national licensure examination. The American Dental Education Association supports third-party evaluation of graduates of accredited dental schools and endorses a national clinical examination to assess the clinical competence of students. A letter dated October 2, 2004, states the association's opposition to the American Association of Dental Examiner's effort to develop a national clinical example. The letter raises concern over the ethical use of patients: "Dentistry would remain the only health profession to

assess clinical competency for licensure by performing irreversible surgical procedures on human subjects."

Third-party evaluation by the Dental Board of California is both important and necessary. Dental education and the dental boards should work cooperatively to implement a purposeful licensure activity for state dental boards. Central to this development will be the mutual recognition that students'

““ Licensure reform in California will greatly influence the direction of national licensure reform. The 2004 ADA House of Delegates has acted to anchor a collaborative effort to develop one national licensure examination. ””

patient experience and competency are assessed on a daily basis within all schools. Once this is understood and accepted, we will be able to move on and focus on the productive use of board examiners as accreditation team members and to use the scarce resources of the dental board for

enhanced enforcement activities and to ensure the continued competency of the practicing professional.

A broad and representative cross-section of leadership in California, under the auspices of the Task Force on Licensure, has studied the licensure issue for two years. The task force report and recommendations are complete. We find ourselves at a pivotal time. California should lead the nation by example. The three-part change in licensure policies proposed is a direct and practical solution to the embarrassing and unnecessary problems of exposing patients and young professionals to unsound procedures. At the same time, these three alternatives—implemented as a set and in conjunction with accreditation of dental schools and successful completion of the National Boards—are inexpensive and understandable, and they provide independent assurance of competency to begin independent dental and dental specialty practice.

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Waiting Room Good dental offices do not make patients wait for long before they are attended to. Hence, there is no reason to continue to refer to the place where they sit as a waiting area. Why not simply refer to it as the "reception area," where they are to be received? Then, of course, we need to treat them as if they were in a reception area rather than a waiting room.

Girls Even though this is a traditional term in many dental offices, the use of the word "girls" to refer to grown women is like the sound of finger-nails dragged over a chalk board to many people, myself included. Why don't we call male dentists "boys?" That would sound ridiculous. The term "girls" is simply demeaning, even though some women have no problem with it. But why use a potentially demeaning word when you don't have to? There are many other preferable words to use to describe the people you work with.

Terminate the patient Obviously we don't terminate people. Perhaps this is a fine point, but we "terminate care" with certain patients.

Discharge the patient Maybe there is

no problem with this phrase, but somehow it smacks of prison life, as does the term "compliance." How is it that the vocabulary of dentistry ended up sounding like the language of a penal colony? Our patients are not prisoners or inmates. Maybe we are just trying too hard to sound like physicians and hospitals, at a time when they may not be the best models to emulate.

Restoration Students and teachers both use this term to describe crowns, fillings, and bridges. Patients usually have no idea what the term means, so they nod their head in passive agreement, not wanting to appear stupid. It makes more sense to explain the word before you use it or to use a more patient-friendly term such as crown (or cap), filling, bridge, implant, or replacement tooth.

Perio Although this term is sensible and comfortable to all dentists, hygienists, and assistants, once again, patients have virtually no idea what it means. Gums and gum disease would communicate the message more clearly and powerfully.

Low dental IQ This term is probably technically correct, but once again, the implication

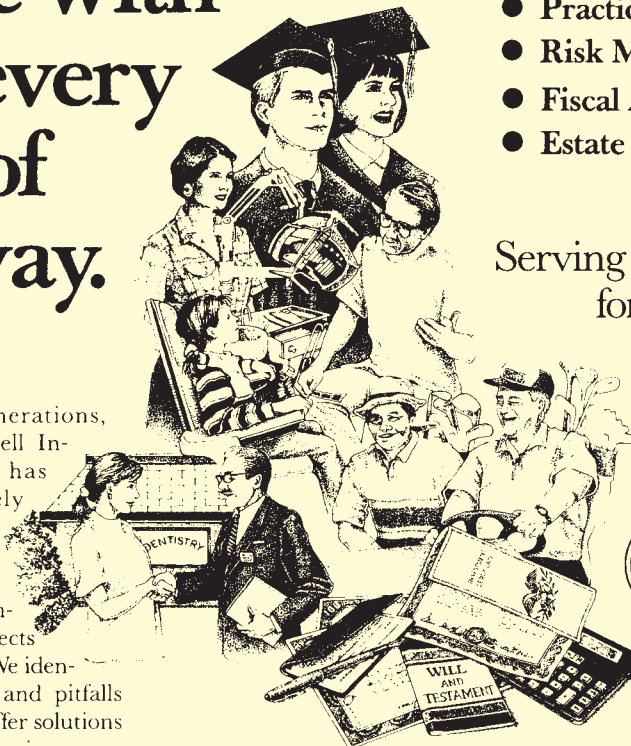
is that our patients are somehow stupid. The use of the term "IQ" poisons the water and might just reveal a negative or condescending attitude toward them.

The matter of word choice, good words and bad words, is important for two reasons. The first is psychological. Because of the important influence that language has on our attitudes and behavior, it will inevitably impact our patients. Since we are educated, employed, trusted, and paid to heal, we must choose healing language over harmful words. The second reason is ethical. Since language can heal or harm, we are obligated to take an active role in the use of language that helps our patients and protects them from iatrogenic harm. Words matter.

You can add many of your favorite other bad words to the list. If you have some especially clever or offensive examples, please e-mail them to me. You could, on the other hand, dig your heels in and stand on tradition. (If that term was good enough for your grandfather, it should be good enough for you.) It's your choice. But give it some thought, Dude. Things change and maybe we can make them a little better along the way. Why not?

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— DR. JOHN FEASTER, PDEF PRESIDENT 2005.

We Have Dreamed a Dream Together

With these words, Dean Arthur A. Dugoni opened the Pacific Dental Education Foundation PDEF Advance held at the beautiful Alisal Ranch in Solvang, California, this past October. In his last appearance before this board the dean presented a series of slides reminding everyone in the room of all that had been accomplished over the five years of the Commitment to Excellence Campaign. “We have dreamed a dream and together we made it a reality.”

Outgoing PDEF president, Dr. John Feaster '74A, echoed these thoughts and told those assembled, “We have believed in and shared Art Dugoni’s ‘impossible dream.’ Look where we are today—the volunteers who’ve played a critical role in achieving the greatest capital campaign in the history of dental education.”

Campaign chair, Dr. Ron Redmond '66, set the goal for the campaign’s last year of reaching “60 in '06” and spoke confidently of surpassing this goal and holding a Pacific “class” celebration at the school on June 2 to recognize the campaign’s success and its official conclusion on June 30, 2006.

University provost, Dr. Phil Gilbertson, updated the board on the university’s \$200 million campaign, which has now topped \$170 million. He posed the question to the board of what the university will be like ten years from now in late 2015. A significant change he envisioned was the addition of the West Wing to the dental school and the growing presence of Pacific in San Francisco.

On the last day of the advance Dr. John Feaster passed the gavel to Dr. Dan Tanita '73 who will serve as PDEF president for 2006. Dan thanked John for his leadership and shared that he looked forward to 2006 as a year of “significant moments,” when Dean Dugoni will step-down, a new dean will commence his or her tenure, and our capital campaign will be completed.

The meeting concluded with words of appreciation for Dean Dugoni who reminded the gathering, “I’m not going away. You have always been there for me and I will continue to devote my energy to our great school.”



Dr. Jim Pride

Dr. Robert Christoffersen

Dr. Ron Borer

Dr. Marc Geissberger

Dr. Eugene LaBarre

Dr. William Lundergan

Dr. Alan Budenz

Patients First

By Richard E. Fredekind, DMD, MA

For years, the University of the Pacific, Arthur A. Dugoni School of Dentistry has been well known for the strength of its clinical programs. People like Drs. Jim Pride, Robert Christoffersen, and Ron Borer were instrumental in developing and nurturing this image. Because of their leadership, thousands of students have graduated from Pacific ready for practice or residency programs. We know this because they come back and tell us how proud and satisfied they are with their education.

One of the hallmarks of our clinical program has been our willingness to change and our ability to innovate effectively. A primary example of this is the comprehensive patient care model which began at Pacific in the early 1970s and which is now the standard for clinics everywhere. That innovation set the bar high. In an attempt to raise the bar even higher, we have continued this tradition of innovation through a series of clinical upgrades and improvements in the past few years. The intent of these changes has been to improve the care of our patients and the education of our students. Through the assistance and leadership of many, many staff and faculty, the following changes have been implemented in the past four years.

Clinic Mission

Provide patient-centered, quality oral healthcare in a humanistic educational environment.

The clinic mission statement was developed over the course of many months back in 2001. The goal of the clinic mission statement is to assist faculty, staff, and students in focusing on the delivery of excellent patient care. Simply, it places patient care ahead of teaching in the clinic. We will always strive for both excellent care of our patients and excellent

educational experiences for our students. At those times when we must make a choice between patient care and teaching effectiveness, patient care will take precedence.

There are three parts to the mission statement. Patient-centered care means being prompt, efficient, communicative, engaging, focused, and adaptable, among other things. The private practice model is the patient care model to which we aspire. Quality oral healthcare involves providing treatment to our patients that exceeds community standards of care in all disciplines. It means providing that care to patients of varying needs and expectations. Humanistic education is based on honest communication of clear expectations along with positive support for diligent effort. Faculty and staff must be models of the profession's highest standards. Students are expected to set equally high standards for their behavior. Finally, the educational environment will be intellectually stimulating, progressive in scope, outcomes-focused, and competency-based.

Clinic Vision

The foundation of the clinic vision for the dental school is the mission statement. The clinic vision is a road map to guide us toward achieving all parts of the clinic mission. The vision has seven components: (1) continuous evolution involving formation, growth, and development of clinic-related concepts; (2) supporting the people in the dental school by actively encouraging and sustaining each other; (3) enhancing clinic leadership to ensure that all stakeholders will function in concert with each other and with the culture of the institution; (4) sustaining patient care and student education through a community of reflective

PHOTOS: JON DRAPER





Dr. Dawn Dukes



Dr. Terry Hoover



Dr. Jeff Kirk



Dr. Nader Nadershahi



Dr. Russell Woodson



Dr. Douglas Young



Dr. Peter Jacobsen

practitioners; (5) upgrading workspaces; (6) improving electronic support to accommodate the needs of each stakeholder, support the curriculum, and aid in the attainment of financial strength development; and (7) involving all stakeholders in achieving financial health for the clinic and the dental school.

Faculty Orientation

Faculty orientation meetings were instituted in 2001 to help communicate more effectively and frequently with clinical faculty. Faculty orientations are held the first week of every academic quarter from noon to 2 PM. A series of speakers present topics such as clinical discipline training and updates, cultural competency, operations updates, regulations updates, and reviews of quality assurance performance. The same topics are repeated every day for the entire week, and lunch and CE credits are provided to attendees. We have found this to be an excellent way to inform faculty about what is happening in the dental school and to receive direct feedback and suggestions from them.

Integrated into the orientation programs have been cross-training sessions, primarily for the GPMs. During the summer quarter, the third-year clinic does not open in the afternoon until 2 PM. This allows for a two-hour period each day during which faculty member receives training from various clinical department chairpersons and GPAs. The training is meant to calibrate faculty in all the clinical disciplines. During the summer of 2005, the faculty members were trained in clinical photography by Dr. Marc Geissberger, removable prosthodontics by Dr. Eugene LaBarre, occlusion and impression taking by Dr. Marc Geissberger, periodontics by Dr. William Lundergan, oral diagnosis by Dr. Alan Budenz, and general clinic operations by Drs. Dawn Dukes, Terry Hoover, Jeff Kirk, Nader Nadershahi, and Russell Woodson. The intent of these sessions is to standardize faculty to departmental policies and protocols and to update them on new materials and techniques.

Materials and Techniques

Since 2002, we have added a number of materials and techniques to improve patient care and student education. Drs. Douglas Young and Peter Jacobsen have been instrumental in introducing lasers; Dr. Marc Geissberger has implemented into the restorative experience such materials as composite temporaries and all-porcelain prostheses; Drs. Eugene LaBarre and Robert Ahlstrom have completed a number of cases using mini-implants under mandibular full dentures; and Dr. Mohamed Fallah has introduced many students to orthodontics, supervising a Wednesday evening program where undergraduate dental students treat their own patients using Invisalign technology.

Electronic Upgrades

A number of electronic upgrades have been implemented as well in the past few years. They include electronic appointment scheduling and confirmation, digital radiography and photography, electronic recall, voicemail for every second- and third-year student, and fingerprint readers. Electronic appointment scheduling allows students to make patient appointments directly into the appointment schedule. Those patient appointments are then confirmed electronically 48 hours prior to their appointment time. Drs. Thomas Schiff and Marc Geissberger have led the transition into digital radiography and photography, respectively. Half of our x-ray machines are digital (although we still have to educate students to conventional x-ray units since not all private practices are digital yet) and we now have 12 Canon cameras available with which students take seven specific photographs of every new patient. We recently converted to fingerprint readers which allow faculty to electronically sign-off on procedures using their finger and a small touch pad plugged in to every student's laptop computer.

At the same time, Dr. Paul Glassman and the Computing Services staff have been making periodic upgrades to the electronic chart. Every student now has a Dell laptop computer which can be plugged in to a port

located in each operatory and attached to the clinic network. This allows students to access information at chairside about patient accounts, treatment plans, hard tissue charting, patient educational materials, and other clinic-related information.

Performance Management System

In 2003, we worked with a consultant, Mr. Josh Keller, to develop a way to manage the clinic using data. Previously, many important decisions were made using hunches and tradition. Over the course of about one year, we developed a series of reports which now provide us real data with which to make decisions. Examples of these reports include Patient Tracking, Procedures and Dollars, Instructor Activity, Recall, and various expense reports. We now have much more information about parameters like the types



and number of procedures performed in our main clinic and how expenses like office supplies are managed during the course of a fiscal year. We are still in the implementation phase with many reports still to be introduced into common usage.

GPM Model

In July 2004, we implemented the Group Practice Mentor (GPM) model. Its goal is to improve the quality of care to our patients, the education of our students, faculty satisfaction with their jobs, and the financial health of the clinic. The GPM behaves much like a general dentist in a private practice setting, supervising care in diagnosis and



Dr. Robert Ahlstrom Dr. Mohamed Fallah Dr. Thomas Schiff Dr. Paul Glassman

treatment planning, emergency (including endodontic triage), periodontics, operative dentistry, cosmetic dentistry, removable prosthodontics, and fixed prosthodontics. Through future cross training, certain GPMs may also supervise endodontic procedures. In any of the specialty departments (endo, perio, implants, fixed, removable, and OMFS), once certain case criteria are met, those students and patients are referred to the appropriate specialty. All surgical procedures in endo, perio, and OMFS are referred to the OMFS clinic. The GPMs will gradually take over some of the management of each student's patient pool as well. GPMs work in groups of three (one of which will supervise and coordinate the group and work closely with the GPAs), supervising 20 third year students at a time. They supervise individual cases as a group so that any of these GPMs may assist a given student during any portion of a case. The policy of a student starting and finishing a case with the same instructor has been eliminated.

Personality traits preferred for GPMs include being proactive, dependable, prompt, flexible, trainable, creative, personable, energetic, quality-oriented, and open-minded.

Every GPM should also be an excellent teacher, a good communicator and listener, an experienced and skilled clinician, and a team player.

Vertical Integration and Fourth Group Practice

In July 2005, a new model of clinic administration was implemented called Vertical Integration. This model changes how group practice administrators function and who they supervise. Prior to this change, there were two types of GPAs: one for third-year students and one type for second-year students. The new model combines both responsibilities so that each GPA supervises both second- and third-year students, who are assigned to each group practice alphabetically by last name. We expect this administrative model to provide a number of advantages including better tracking of student performance, better patient distribution, and better patient tracking.

There are now four group practices in the clinic with a GPA and administrative assistant for each. The individual GPAs and administrative assistants involved are Dr. Russ Woodson and Ms. Jane Santa Cruz for Group Practice I, Dr. Terry Hoover and Ms. Gigi Maranan for Group Practice II, Dr. Jeffrey Kirk and Mr. Joseph Salonga for Group Practice III, and Drs. Dawn Dukes and Nader Nadershahi and Ms. Marietta Daniel in Group Practice IV.

Extramural Sites

Through the leadership of Dr. Paul Subar, we have been actively expanding our extramural program so that we now have almost 25 affiliation agreements in and around San Francisco. The intent of this expansion is

to provide care to those people who have difficulty accessing oral health care, to educate our students about the needs of the community, to provide care at diverse sites on more diverse patient populations, and to do all of this without significantly impacting clinic income and patient care at the dental school. In 2005, Dr. Subar developed a full course in the third-year curriculum that formalizes the training of our students to meet the needs of the underserved.

We are able to rotate many students to sites outside of the dental school because we have more students than we have clinic chairs within the school. The locations of these sites include San Francisco, the East Bay, Davis, Fresno, and Half Moon Bay among others. The types of procedures provided include screening and examinations, x-rays, operative, periodontics, simple oral surgery, and removable prosthodontics. Care is provided in a number of settings including community clinics, skilled nursing facilities, hospitals, and homeless shelters. The response from both students and patients has been positive to date.

While many dental schools are having difficulty providing educational experiences in removable prosthodontics, Dr. Eugene LaBarre has worked diligently to expand patient care and the education of our students in this discipline. He has established rotations at On Lok in San Francisco, La Clinica de la Raza in Oakland, the VA Hospital in Palo Alto, Laguna Honda Hospital in San Francisco, and San Mateo Medical Center. Our most recent addition at the San Mateo site was arranged through efforts of Dr. Ann Marie Silvestri, one of our clinical faculty members and past president of the Alumni Association. □



Ms. Jane Santa Cruz Ms. Gigi Maranan Mr. Joseph Salonga Ms. Marietta Daniel

Harmonizing Diverse Missions for Dentistry

Nader Nadershahi, DDS, MBA

“Are we doing the right things?” This question is the core of strategy. Strategic planning has to do with the big picture and setting objectives, plans, and policies for an organization. This process helps create a certain feeling or culture that pervades the organization and guides decision making. Each decision should then build upon previous decisions in supporting the chosen direction or vision.

You’ve heard this all before, I know, but this basic operation is still vital to every organization. At the University of the Pacific, Arthur A. Dugoni School of Dentistry, we pride ourselves on the culture and outcomes that we have enjoyed over the years. This success has not been by chance. It has taken the leadership and vision of many stakeholders throughout the institution to continually assess the environment, analyze our strengths and weaknesses, and create directions to move the institution to higher levels of success.

As a school of dentistry, Pacific operates in the world of organized dentistry and dental education so it seems appropriate to compare what we are doing with the strategic directions and goals of the American Dental Association (ADA) and the American Dental Education Association (ADEA).

Let’s begin by reviewing the basic mission statements from the two organizations, discussing their strategic directions and goals, and then review what we are currently doing at Pacific to see how we fit into the bigger picture of organized dentistry and dental education.

MISSION STATEMENT:

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ADA AND ADEA GOALS

The ADA has a strategic plan that acknowledges the constant change in the dental profession. They have a list of guiding principles, values, and beliefs that are incorporated into their five major goals for 2002-2005. These are shown below.

The goals of ADA, in alphabetical order are:

- Advocacy;
- Image, Ethics and Professionalism;
- Information;
- Member and Support Services; and
- Practice Support.

The American Dental Education Association has a list of core values as well (right) that were used in the formulation of the following strategic directions for 2004-2007:

- Recruitment, development, retention, and renewal of dental and allied dental faculty;
- Financing dental and allied dental education;
- Meeting the oral health care needs of a diverse population; and
- Curriculum development and design to meet the changing needs of the field and the profession of dental education.

MISSION, GUIDING PRINCIPLES, VALUES, AND BELIEFS OF THE AMERICAN DENTAL ASSOCIATION

ADA MISSION STATEMENT

The ADA is the professional association of dentists committed to the public's oral health, ethics, science and professional advancement; leading a unified profession through initiatives in advocacy, education, research and the development of standards.

The American Dental Association believes that . . .

1. Oral health is important to the quality of life.
2. Oral health care is an integral component of general health.
3. The strength of the dental profession is directly linked to the improvement of the public's oral health.
4. Oral health care must be based on scientific principles and clinical judgment.
5. The dentist is the primary oral health care provider.
6. Prevention is the cornerstone of oral health care.
7. Oral health care is enhanced when provided by a coordinated team of dentists, dental hygienists, dental assistants, office personnel and dental laboratory technicians.
8. A properly educated and adequately sized workforce is critical to the delivery of quality oral health care.
9. Strong support of excellence in dental education and lifelong learning is critical to the future of the profession.
10. The ADA code of ethics is the hallmark of professionalism in dentistry.
11. All dentists should be members of the ADA and follow its code of ethics.
12. Strong stable membership is critical to the Association's effectiveness.
13. The tripartite organization relationship is vital to the ADA's ability to achieve its goals.
14. An inclusive environment that values and embraces membership diversity is essential.
15. Access to leadership positions should be open to all members in accordance with their talents and interests.
16. The Association must attract, employ, retain and recognize skillful and dedicated staff.
17. ADA membership is a foundation of a successful practice.

Diverse Missions

ADEA MISSION STATEMENT

The mission of the American Dental Education Association is to lead individuals and institutions of the dental education community to address contemporary issues influencing education, research, and the delivery of oral health care for the improvement of the health of the public.

Core Values:

- Promoting and Improving Excellence in All Aspects of Dental Education. The Association values the development of faculty, staff, and administrators as the key to improving dental education.
- Building Partnerships in Support of and Advocating for the Needs of Dental Education. The Association values partnerships with those who share an interest in improving dental education by ensuring a sufficient flow of resources and favorable policy options.
- Serving the Individual Needs of Members and Institutions. The Association values providing a broad range of services for the benefit of both individuals and institutions.
- Encouraging Communication and Sharing of Information Among the Association's Members. The Association values intelligent, candid, and efficient communication among Association members, individual and institutional.
- Expanding the Diversity of Dental Education. The Association values diversity and believes that those who populate dental education—students, faculty, staff, administrators, and patients—should reflect the diversity of our society.
- Promoting Oral Health. The Association values oral health care as being integral to the general health and well-being of individuals and society.

GOALS AT PACIFIC

A review of how Pacific is currently addressing some of the strategic directions outlined by the ADA and ADEA leads to our own mission.

There are currently four strategic initiatives under way in the dental school.

1. Clinical Program Activity-based financial tracking systems have allowed for closer management, a Group Practice Mentor model has been implemented and extramural rotations have been extended, especially to underserved communities.

2. Biomedical Sciences Program and Faculty Research In the fall of 2004, consultants examined the biomedical sciences educational program and evaluated ways to strengthen scholarship throughout the faculty. This has been followed up with a series of faculty meetings to discuss the issues raised.

3. Multipurpose Center and Renovation Project Proposed facility enhancements have been proposed to include: (1) additional teaching, sterilization and other support space for the main clinic, (2) multipurpose clinical space for use by AEGD and Faculty, (3) specialized clinics, (4) clinical and basic science research space, (5) a professional development center, (6) additional parking facilities and (7) student housing. This project is being studied for feasibility and the necessary funds are being raised through our major capital campaign.

4. Educational Program An incremental planning process is underway. Among the values emerging as important in the next five years are critical thinking, outcomes-based management, competency, values and ethics, information management skills, social responsibility and faculty as continuous learners.

Pacific students are leaders among dental students in leadership, advocacy, and professional responsibility. The efforts in the dental school coincide with the ADA directions in several areas. We need to encourage support of our professional organizations and having individuals act as change agents in the future of our profession. We provide for learning ethics and professionalism throughout the three years of the curriculum in formal courses and informal experiential learning. The students also benefit from a two quarter practice management course which is supported after graduation through a series of postgraduate training seminars offered by the dental school.

Today, a curriculum can be defined broadly to include learning opportunities within and outside of the classrooms, clinics, or laboratories. We are currently in the midst of some important and exciting curriculum reform that directly addresses the last two points of the ADEA mission but indirectly supports many of the others. It has been almost fifty years since dental education has seen a broad based reform in how the learning of dentistry is coordinated in the dental schools. We have spent the last year reviewing how we teach and looking at other professions for input on any changes that we may wish to pursue in strengthening the quality of our educational program.

Dentistry has traditionally been taught in lectures and hands-on apprentice type laboratory or clinical situations. The curricula in schools have been managed primarily through a series of small courses with multiple choice testing. Due to the continuing changes in dental technology, materials, and research; dental education is due for reform. This need has also been identified by the American Student Dental Association and the Santa Fe Group think tank.

There have been several groups and committees looking at how to modify our curriculum and lead dental education to a more learner-centered style. The new changes will include more integration of material, larger courses that span the length of the curriculum, and collaboration between faculty members from different departments. There will also be a change in the evaluation of student performance based on comprehensive evaluations and testing of learning and ability to integrate information and think critically. The dental school curriculum of the future will be based on a different style of learning through a case based format which places responsibility of learning on each student.

PACIFIC

PACIFIC MISSION STATEMENT

University of the Pacific, Arthur A. Dugoni School of Dentistry Mission

- Educate individuals who, upon completion of the program, will be professionally competent to provide quality dental care in an evolving profession
- Provide patient-centered, comprehensive, quality care in an efficient clinical model that demonstrates the highest standards of service achievable
- Conduct research and disseminate findings that promote the scientific practice of dentistry
- Assist dental professionals with their diverse needs for continuous professional growth through information, formal advanced training and other services.

The school as a community, its members, and its graduates will be distinguished by the following attributes:

- Continuous enhancement through professional development
- Humanistic values that respect the dignity of each individual and foster the potential for growth in all of us
- Application of theory and data for continuous improvement
- Leadership in addressing the challenges facing the profession of dentistry, education and our communities.

In various forums, the faculty and administration of the dental school have been discussing the following major issues for the next five years.

1. Maintaining/Enhancing Distinctive Academic Programs The dental school is widely respected for the competence of its graduates, its humanistic model, comprehensive patient care and the leadership demonstrated by its graduates and its faculty. We must be prepared to build on that distinctiveness.

2. Building the Faculty Future needs include balancing numbers in the departments, better balance of time available and work expectations, career growth for individual faculty members, filling the pipeline with “promotable” junior faculty, creating leaders within various disciplines and further development of faculty governance.

3. Defining/Strengthening Research Research, the application of science, and critical thinking represent significant opportunities where the school’s programs can be strengthened.

4. Creating New Revenue Streams New revenue streams need to be explored that do not compromise our traditional base of support.

5. Fund Raising and Friend Raising The future of all private education is based on building endowments. We must continue our success in this area.

6. Envisioning National Issues Facing the Profession The new dean must be actively involved in critically evaluating and acting upon emerging issues in dental education and the profession.

7. Cultural Competence The school must be dedicated to advancing issues related to diversity within the profession and the practice of dentistry.

We have identified some specific areas to strengthen our institution and programs that match our plans with the strategic directions being taken by the profession. So are we doing the right thing? Only time will tell as we continue to evaluate our outcomes.

By Martin Brown

As is often the case in the practice of dentistry, it can be difficult to assert what is a passing trend and what represents a systemic change, and this is why the industry is carefully studying the move away from the sole practitioner model. Taking its place are group practices, both large and small, or the formation of multiple office locations under one unified banner, as a growing number of dentists attempt to tackle the increasingly complex challenges of managing and marketing a practice.

At the same time, it is fair to say that this movement is not happening at warp speed, but is inching forward. In the ADA's 1992 Survey of Dental Practice, 78.5% of active practitioners were sole proprietors, while in the organization's 2002 study, that number slipped only slightly, to 77.8%.

Is the **Era** of the
Solo
Dental Practice
Coming to an
End?



Dr. Joe Errante (left)

Dr. David Nielsen, Pacific's associate dean for postgraduate and community programs, notes that historically, dentists have embraced the idea of being independent and self-employed. "For decades, the field has had an 80-20 split between solo practitioners and group practices, both independent and non-independent in various organizations ranging from DMSOs to large group practices or dental corporations."

This number is only now starting to change to a small degree, says Dr. Nielsen.

There are indicators that we could point to, however, that help to make the case that some key factors in the changing demographics of dentistry may help to create long term and significant change that will start to lead the profession away from the world of the solo practitioner.

One factor is the very apparent change in the demographics of who practices dentistry, and who is currently attending dental school. Depending on what study you choose, there is a variance in the gender split between established and new practitioners. Regardless of the study, the increasing number of women in dentistry is evident to all. Over the next two decades that will bring about some profound change in the business of dentistry itself.

A perfect example is the 2002 ADA practice survey of solo dentists. Of all dentists, women comprised only 7.9% of the survey group. However, in the survey's category of "new solo dentists" (those who graduated from dental schools within the past ten years), the number of women practitioners leaps upward to over 23%.

Wherever you look, whether it is newly established solo dentists, or new non-owner dentists, or new independent non-solo dentists, the increased presence of female practitioners is obvious. Of course, where it is most apparent is in the dental schools themselves, the launching pads for the future of dentistry.

Kathy Candito, Pacific's director of student administration, notes that women comprise 37% of the Class of 2007, and 32% of the Class of 2008 at Pacific. "For nearly twenty-five years," she explains, "our class percentage of female students has held steady at about 35%. However, if you go back just a little further to, say, the Class of 1978, only 8.5% were women, and in our Class of 1975, we had only two female students."

The Demographics of Big

Dr. Scott Jacks '74B, who recently joined the board of the Pacific Dental Education Foundation, and who in the Los Angeles Metroplex owns four practices, one of which has 50 chairs and occupies a space of 25,000 square feet in South Gate says, "Group practice offers benefits that are unobtainable in the world of the solo practitioner. For example I have two female dentists who have just come back to work after six-month maternity leaves. They picked up their practices and went back to doing what they want to

do: caring for their patients. That would not have been easily accomplished in the life of a solo practitioner."

The 2002 ADA report revealed that more independent female dentists were attracted to a non-solo practice model than their male colleagues. Females comprised 13% of all non-solo independent practitioners, but in the all-important survey of "new" independent non-solo dentists, females made up 31%.

Dr. Jacks is quick to point out that lifestyle is not just a strong factor in career decision making for female practitioners, but plays an important role for males as well. "Whether it's spending more time with your children and family, or simply having more time for living a life outside the office, it's a life and work situation that many women prefer, as do a growing number of men. I have dentists who have been with me for more than twenty years. They like the fact that when it's five or six o'clock they go home. We divide up pager responsibilities and that puts one person on call for a weekend once or twice in the entire year, that's a real big benefit over a solo practice,"

Dr. Joe Errante '80, who after selling a multiple office practice that he developed in Arizona to American Dental Partners, and is today the Executive Director of Dental Programs for Blue Cross/Blue Shield of Massachusetts, says that he has seen a noticeable shift from the practice habits of the Baby Boomer Generation to that of their successors: Generation X, also known as the Baby Buster Generation.

"The Boomers were the children of parents who survived both the Great Depression and the Second World War. They were told constantly that long hours and hard work was what counted most," says Dr. Errante. "It was not unusual to see practitioners of the boom generation, and their parents generation, working 50, 60, or more hours per week. That was a work ethic that lent itself to the demands of solo practice. The Gen Xers, on the other hand, see life and work somewhat differently. They want to make a good living, but they also want

to have time with their families to enjoy the benefits of their work and education.”

The generation following Gen X is the group known as Gen Y. That generation, born in 1982 and beyond, is just now beginning to enter and graduate from dental schools. They share with Gen X the idea that there is more to life than spending 50-plus hours a week building a successful solo practice.

“There will most likely always be,” Dr. Errante says, “a significant number of solo practitioners because a lot of individuals choose this career because it allows you to do just that, but dentists who are comfortable with being part of a team are going to gravitate toward group practice as the benefits of this model become better understood.”

Another emerging trend that has added to the feasibility of the multiple office practice model is the growing number of dentists who want to sell their practices, yet continue to work part time. Dr. Pickron says that these practitioners are looking to work anywhere from one to three days in the office. “They don’t want to be involved in management or daily operations. They want to come into the office for a part of the week, work with their patients, and go home.” In dentistry such a practitioner would be categorized as an “independent contractor.” While such individuals are still a relatively small number compared to the national total of practicing dentists, their number from the ADA’s 1992 survey to its 2002 study jumped from 3% from of the profession as a whole to 4% of all dentists working in private practice.

The numbers of independent contractors is almost certain to grow in the future as fewer dentists attempt to care for a patient population that is steadily increasing in both size and age. Mike Carroll, a Pacific Dental Education Foundation board member since 2000 and owner of Carroll and Company, a business consulting firm specializing in the appraisal and facilitation of the sale and transition of dental practices, says “I’ve seen remarkable changes in the business of dentistry in the forty-two years I’ve been doing this work. There are an ever-increasing number of creative approaches to how dentistry is practiced. At the same time, many dental schools—although not Pacific—have reduced the number of graduates being sent out into the profession. Currently there are more people retiring from dentistry than graduating into the profession.”

The Logic of Big

Dr. Errante estimates that today close to 15% of practitioners are associated with some type of group practice model. “Some will say that the number is somewhat higher or lower,” he adds “but there is general agreement that the number is on the rise.” The 2002 ADA study shows an incremental change in that direction as well. Practitioners who are partners in group practices stood at 12% in the ADA’s 1992 Dental Practice Survey. But in the ADA survey of 2002, that number moved up to 14%: perhaps not a dramatic increase, but a significant enough change to indicate that a trend in that direc-

Mr. Mike Carroll



Dr. Pete Pickron

tion has begun.

Dr. Robert “Pete” Pickron, founder of Pickron Orthodontic Care that employs nine orthodontists and a staff of 70 working out of 26 offices in metro-Atlanta, sees the key benefit in group practice models this way. “It all comes down to time that I spend at the chair. When I am working as an orthodontist, I’m making three times or more per hour than what I can earn doing any other job. I built a group multiple office practice with one driving thought, “What can I do to replace myself?” When I’m spending my time working as an insurance compensation consultant, an office manager, a business advisor, or any of the other hats you have to wear as a solo practitioner, I’m not spending time at the chair. If I’m not at the chair, I’m not earning at my full potential. The equation is as simple as that.”

Dr. Pickron, a graduate of Emory University—which closed its dental school several years ago—recently became a Pacific benefactor, underwriting a resident’s study area in the school’s newly designed orthodontic clinic. “At the center of every practitioner is an individual who was trained in clinical application. Some studies show that the solo dentist places an average of 40% of his or her time into the issues of office and business management. Regardless of whether any individual does those administrative tasks well or poorly, this is not an investment of time that the average practitioner wants to make. The ideal is for a dentist to be caring for his or her patients, not processing paperwork.”

The company to which Dr. Joe Errante sold his multiple-office practice, American Dental Partners, makes the case for being

part of a group model in much the same way by stating: "We assist our affiliates with organizational planning and development, recruiting, retention and training programs, quality assurance initiatives, facilities development and management, employee benefits administration, procurement, information systems, marketing and payer relations, and financial planning, reporting, and analysis."

Dr. Errante explained that in his experience the large group or multi-office practice had economies of scale that made it a natural choice for him and others. "A big benefit is the shared cost of marketing," he says. "Advertising is expensive and becoming more so all the time. The ability to distribute that cost over a number of locations and for each office to benefit from a single ad because they all share the same practice name is a great benefit in the growth and success of this business model."

An additional aspect that Errante, Jacks, and Pickron point to is insurance compensation. A large practice is able to negotiate rates with insurers that solo practitioners don't have the clout to get. "There is a myth," Errante explains, "that a lot of dentists hold that the compensation rate is the same for all practices, and that's simply not true. Large practices will frequently ask for higher third-party payment and will often get what they want."

What Does Big Look Like?

As to the power of creative marketing for a large group practice one need look no further than the practice of Scott Jacks. His largest practice located in South Gate houses 50 patient chairs and three movie theaters, which function as patient waiting rooms. Dr. Jack's, who teaches practice management in the field of pediatric dentistry at UCLA, describes his atmosphere as a cross between Chuck E Cheese's and pediatric dentistry. "Children often come to the office with two parents, one, two, or more siblings, and on occasion other relatives as well. No one is sitting around looking at a worn magazine. People who come here, patients or their family members, have a good time." While the South Gate location is a freestanding facility, the other three offices in Anaheim, Santa Ana, and Norwalk are connected to retail centers.

The operational cost of an office like Scott

Jacks' South Gate facility is well beyond the reach of any solo practitioner but, a hybrid of the group practice that for some dentists offers the best of both business models is the "cluster" practice in which day-to-day office operations to some extent are shared among two or more dentists (general practitioners, specialists, or a combination of both). In a cluster practice, dentists share specified operational costs and equipment but retain complete autonomy over their individual practices. They may, for example, share facilities such as office space, particularly a shared reception area and waiting room and costly diagnostic equipment such as a digital x-ray machine; as well as general overhead like utilities, janitorial services, and mutually used office equipment, computers and such. Frequently cluster groups will share the services of clerical employees overseeing their daily office operations as well. Typically, however, in a cluster model each dentist will establish his/her own

practice philosophy, keep separate records, arrange separate financing and collection procedures, and pay for insurance, laboratory costs, in addition to their own individual marketing expenses.

So, is the era of the solo dental practice coming to an end? The short answer is not anytime soon. The full answer is a good deal more complex.

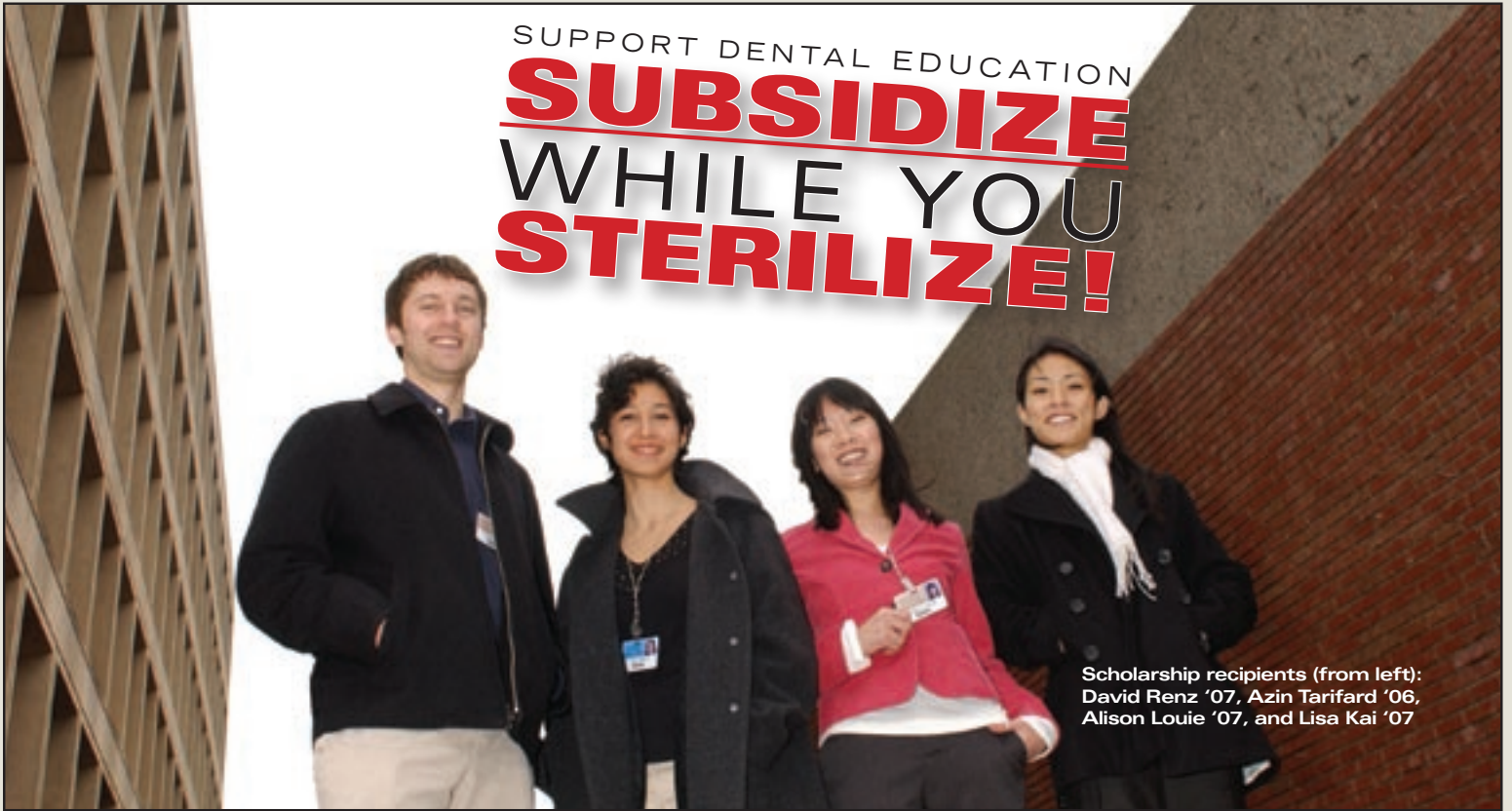
All who we interviewed for this article agreed that this is an evolving and fluid situation and that only the passage of time would give us a clear picture as to whether there will be a substantial and systemic shift away from the traditional world of the solo practitioner.

"When I entered Pacific in 1977," says Joe Errante, "I was attracted to a career that let me hang out my own shingle and develop a practice that was mine alone. But a lot has changed in the nearly thirty years since then and one thing we can all agree on is that this profession will see that much more change in the next thirty years to come." □

Dr. Scott Jacks



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Scholarship recipients (from left):
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A Tribute to Arthur A. Dugoni
March 3 - 4, 2006
Fairmont Hotel, SF
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38th Annual P&S Donor Ball

Saturday, March 4, 2006
Giftcenter Pavilion, SF
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Pacific Pride Day

Saturday, April 8, 2006
School of Dentistry, SF
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Alumni Reception
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Commencement

Sunday, June 11, 2006
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PRACTICETIP

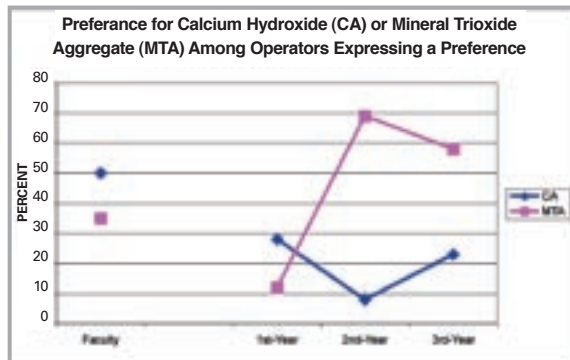
Choice of Liners

Dr. Gitta Radjajepour

We were curious to discover which materials are used most often as liners in the dental school. Liners provide a barrier against chemical irritants when they are placed in a thin coat in close proximity to the pulp. Liners might also be used for pinpoint exposures. Three hundred and four students and faculty members participated in a survey conducted in March 2005.

As seen in the accompanying chart, there was a clear (and statistically significant) preference for calcium hydroxide among faculty members and first-year students, while second- and third-year students preferred mineral trioxide aggregate.

Dr. Radjajepour is assistant professor of restorative dentistry and a 1992 graduate of *Pacific*.



CONTACTPOINTS

To make Pacific a fuller part of your professional life, use the information on these pages as your Contact Point.

Alumni Association

Membership includes complimentary admission to the annual Alumni Association Meeting, invitation to association-sponsored events, and an alumni directory.
Dues: \$145 per year

Alumni Association Coordinator

Joanne Fox
(415) 929-6423
jfox@pacific.edu

Alumni Association President

Dr. Foroud Hakim '91

Executive Director

Dr. David Nielsen '67
(415) 929-6489

Pacific Dental Education Foundation (PDEF)

The 25-member PDEF Board assists the School of Dentistry in its fund raising efforts. Alumni and friends contribute to the dental school in many ways, including:

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The Dental Opportunities Program is a complimentary Web-based service of the School of Dentistry and the Alumni Association. Listings are accepted from solo private practitioners who are looking for associates or to sell their own practices. Listings are not accepted from third parties including:

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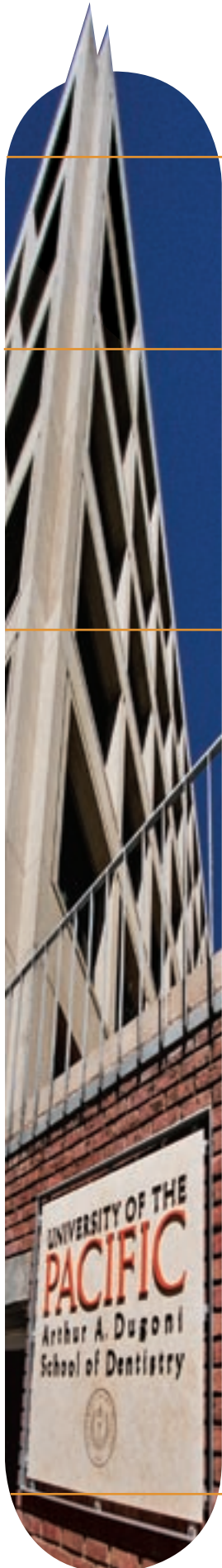
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57.4 million
11-30-05

50 million
9-30-04

30 million
10-31-02

\$0
7-01-98



aims to go over the top!

By Ron Redmond

The Commitment to Excellence Campaign officially ends on June 30, 2006. More than a year prior to that end date we exceeded our initial goal of \$50 million. So began what we called “The Over the Top Campaign,” grounded in the belief that we could reach \$60 million by June 2006. Well now that it is 2006, I’m pleased beyond words to report that we will go over the top in our over the Top Campaign.

What is already the most successful capital campaign of any dental school in our nation keeps breaking new records everyday. This happened because of a coming together of our dedicated development team; an incredibly motivated, innovative, foundation board that is leaving a benchmark for future boards to follow; and a group of faculty, staff, alumni, and supporters who cared enough about the work of this great school that they gave and kept on giving.



There is of course much that I am thankful for in having chaired this campaign. I truly feel blessed to have shared in this experience. The fact that Art Dugoni will be able to end his long tenure as dean on this note of great success is, however, the greatest blessing of all.

Art’s vision created the leadership team that has brought us to where we are today. For a man whose career has gone over the top in so many different ways it is only fitting that this campaign has gone over the top as well.



Maintenance and Facility Grant Endowments

Buildings, like people, age. The only difference is people last longer. When was the last time you heard someone say, “Those people are over fifty, it’s time to tear them down.” But for a building, fifty is old and in a little more than ten years from today our “new” campus on Webster and Sacramento Streets will reach that age.

The process of keeping an older building young takes time, care, and money. One of the most meaningful ways you can help prepare the school for continued success is with the creation of a named maintenance and facility grant endowment.

Like all endowments the corpus lives on forever and only a percentage of its annual earnings is spent, in this case on maintaining the excellence of the facility.

There are many ways in which we retain our ranking as one of the nation’s finest schools of dentistry. None is more important than the quality of our facility. And remember, every dollar in financial support generated by the income from endowments such as these helps us to reduce pressure on escalating tuition costs. And that benefits every student who will attend Pacific this year and in all the years to come.

*Right:
Dean Dugoni congratulates
Dr. Boyd on his appointment
to the Dr. Frederick T. West
Endowed Chair in Orthodontics.*

*Center:
Dr. Boyd celebrates with his family.*

*Below:
Dr. Boyd with his mentor,
Dr. Sheldon Baumrind.*



PHOTOS: JON DRAPER



Dr. Robert Boyd Named Dr. Frederick T. West Endowed Chair in Orthodontics

Dr. Robert Boyd has been named as the first recipient of the Dr. Frederick T. West Endowed Chair in Orthodontics. He is the school's third endowed faculty member, having been preceded by Dr. Thomas Schiff, recipient of the Dr. Earl R. and Tannia Hodges Endowed Professorship in Oral and Maxillofacial Radiology, and Dr. Giuseppe Inesi, recipient of the Dr. Earl R. and Tannia Hodges Endowed Chair in Physiology.

The late Dr. Eugene West, a dental school alumnus, established the endowment in honor of his father Dr. Frederick T. West, a 1917 graduate of the College of Physicians and Surgeons (forerunner to Pacific's School of Dentistry). Dr. Frederick West was a nationally-prominent orthodontist and past president of the American Association of Orthodontists. He served as a member of the University's Board of Regents for 20 years, acting dean for the School of Dentistry, faculty member for 63 years, and president of the Alumni Association, and he was one of five faculty members who pooled resources in 1923 to keep the College of Physicians and Surgeons from closing. The Dr. Eugene West gift to Pacific will be used to promote advanced scholarship, teaching, research, and outreach in orthodontics.

"I feel especially honored to receive this award from the West family who has done enormous work in orthodontics," stated Dr. Boyd. "Although I didn't have the honor to meet Fred West, I feel somehow connected to him because his son, Eugene, was a major inspiration in my life and in my career in orthodontics."

Among his many accomplishments, Dr. Boyd pioneered the research effort as the principal investigator for a longitudinal study of the orthodontic appliance, Invisalign.

He also served as co-investigator for a five-year study funded by the National Institutes of Health that determined the outcomes of orthodontic treatment.

With a career dedicated to education and research, Dr. Boyd has published more than 100 scientific articles, chapters and abstracts, as well as presented more than 375 continuing education courses and lectures to dental organizations worldwide. He has received numerous awards, including the prestigious John Vallentine Mershon Award from the American Association of Orthodontists in 1999.

Dr. Boyd arrived at Pacific in 1996 to serve as chair for the Department of Orthodontics. Prior to his work at Pacific, he taught at the University of California, San Francisco, for 15 years, where he last served as a professor and chair of the Division of Orthodontics in the Department of Growth and Development. He earned his doctor of dental surgery degree from Temple University, postgraduate certificates in periodontics and orthodontics from University of Pennsylvania, and a master's degree in education from University of Florida.

THE Alumni
ASSOCIATION

107th Annual Meeting
March 3-4, 2006

FRIDAY, MARCH 3

at the Fairmont Hotel
A Tribute to Dr. Art Dugoni

Lectures

by Drs. Christopher Marchack, Marc Geissberger,
Charles Goodacre, Robert Hepps, Edward McLaren, Bruce Peltier,
Eugene Santucci, and Ms. Eve Cuny

Annual Recognition Luncheon

honoring Dr. Arthur A. Dugoni
for his dedication as our dean for 28 years

All-Member Reception

from 5:00 - 7:00 p.m.

Various Reunion Dinners

SATURDAY, MARCH 4

at the Nob Hill Masonic Center

All-day lecture

"New Aspects of Dentistry 2006"

presented by Dr. Gordon Christensen

Continental breakfast, lunch, reception, and breaks

provided for all participants.

Total C.E. units available for two-day meeting: 14

Our headquarters hotel, the Fairmont, has reserved a block of rooms for our group.

Call **(800) 441-1414** and let them know you're with University of the Pacific, or
book your room through the internet at

www.fairmont.com/sanfrancisco and use **GRUOP1** - our group code.

A Thirsty Bear Gathering

Following a day of exploring and attending continuing education courses at the California Dental Association's Fall Scientific Session at the Moscone Convention Center, more than 300 School of Dentistry alumni and friends mingled at the Thirsty-Bear Brewing Company on Friday, September 9.

Alumni reminisced about old times and networked with other members while enjoying Spanish tapas and cocktails at the popular restaurant, located a block away from the convention center.



Peggy Carnow, Dr. Morel Fidler '65, Dr. Ann Marie Silvestri '75, and Dr. Tom Ellerhorst '77.



Dr. Marty Rosa '65 checks in at home while attending the reception.

Dr. Frank Brucia '44 and his wife, Helen.



PHOTOS: JON DRAFER

A Love for Service

Dr. Thomas Love '67 not only believes in the motto "service above self," he lives and practices it.

Two or three times a year, for nearly 30 years, Dr. Love and his wife Holly, traveled to nearly 40 countries, including Zimbabwe, Costa Rica, Belize, Micronesia, Cambodia, Moldova, Suriname, and Vietnam, to provide dental services to those without resources and without access to care.

"I have been in private practice for 35 years in Oakland and

have treated large numbers of Medicaid patients each year. I have become sensitive to the needs of the less fortunate," expressed Dr. Love. "My involvement in Rotary has been with the international service projects, which focuses on using my skills in developing countries."

Dr. Love, alongside a team of volunteers made up of physicians, dental assistants and hygienists, nurses, pharmacists, evangelists, and support staff, visit underserved communities where the lack of clinic and hospital services are prevalent. Of-

tentimes during their trips, they see hundreds of patients—both young and old—in makeshift clinics to provide care and health education. "We can only offer acute care for simple problems at times. Services offered are also limited to what a person is willing to pack and bring," he said. "We usually pack to be self-contained professionally for either one or two weeks. I personally pack to be able to treat up to 75 to 100 patients per day."

His path to his volunteerism and dentistry was long-traveled. After considering ca-

reers in engineering, medicine, and pharmacy, he later chose dentistry. He graduated from the School of Dentistry in 1967 and later completed the Oral & Maxillofacial Surgery program at University of Michigan in 1970.

"Rotary gave me a look at the larger world and its great needs and changed me into the person I am today," Dr. Love said. "I realized that touching others' lives became more important. There are so many incredible rewards from mission trips and these rewards are much more valuable than gold."

Pacific Alumnus Leads CDA

On November 18, Dr. Dennis W. Hobby '85 was installed as president of the California Dental Association and became the third Pacific alumnus to hold this prominent leadership position in the last four years. He follows Dr. Debra Finney '86 and Dennis Kalebjian '78 who led the CDA in 2003 and 2002 respectively.

"I am honored and humbled," said Dr. Hobby. "It's not about the position, but being given the chance to serve."

Upon receiving his DDS degree from Pacific in 1985, Dr. Hobby started his general dentistry practice in Modesto and immediately became active in the Stanislaus Dental Society. Four years later, he was elected treasurer, starting his run through the component leadership positions. He served as president of the society in 1993-94.

Dr. Hobby has held numerous leadership positions for the state association. A CDA trustee since 1996, he has served on the Council on Legislation; Screening Committee and Issues Work Group; ASP Task Force on Corporate Operations; and the Board of Directors of the CDA Holding Company and The Dentists Insurance Company. He also is a 13th District Delegate to the ADA House of Delegates.

During his CDA presidency, Dr. Hobby hopes for a seamless



Dr. Dennis Hobby '85, new CDA president.

transition and to improve on the things the CDA leadership is already doing. "It's not about me personally; it's about the leadership team serving the entire membership," he adds.

Dr. Hobby's service goes far beyond the CDA. He is active in the Modesto community with the Stanislaus County Health Services Agency, Mid Valley Dental Health Foundation, Modesto Junior College and St. Anthony's Catholic Church; as well as coaching youth and high school sports. "My Catholic Christian upbringing teaches that there is no greater good than service to others," said Dr. Hobby. "We can affect our communities and profession by giving back."



Cioppino Welcome Dinner

First-year students from the DDS Class of 2008 and IDS Class of 2007 were welcomed by the Alumni Association at the First-Year Welcome & Cioppino Dinner held at the School of Dentistry's Café Cagnone on July 15.

Students indulged in homemade cioppino—a fish stew originally made by Italian-American fishermen along San Francisco's coast—prepared and served by alumni members: Drs. Ken Frangadakis '66, Paul Senise '65, Ernie Giachetti '67, Gary Pagonis '76, J.J. Salehieh '92, Anthony Santos '76, and Jim Dower '76; associate members, Drs. Gene Santucci and Larry Puccinelli; and Ms. Suzie Dault and Mr. Nick Pries.

The tradition of welcoming first year students with a cioppino dinner started in 1991 when Drs. Senise, Frangadakis, and Giachetti, who are known as the "Men of La Mangia"—an Italian phrase signifying "to eat"—prepared the cioppino from scratch using a secret recipe from Mr. Mario Puccinelli - grandfather of Dr. Lawrence A. Puccinelli '94.

"The 'Men of La Mangia' enjoy sharing and spending time with students," stated Dr. Senise. "We hope our commitment to the dental school and to each other will spill over to each new class to strengthen our Alumni Association and the reputation of the finest dental school in the nation."



Committee chair Nava Fathi '95 accepts ADA award.

Dr. Fathi Directs Award-Winning Committee

As chair of the CDA Committee on the New Dentist, Dr. Nava Fathi '95, '96 AEGD, accepted the Outstanding Program Award of Excellence from the American Dental Association Committee on the New Dentist during its 19th annual meeting in Chicago.

"It is a pleasure to be honored for doing what we love," stated Dr. Fathi during her remarks. "We, the Committee on the New Dentist, have a passion for what we do for our fellow new dentist members, and we are blessed with a wonderful team at CDA."

The wonderful team she refers to includes fellow Pacific alumni: Dr. Natasha Lee '00 and Dr. Jeffrey Rosa '02. The committee was recognized for creating innovative student materials—a recruitment video for first-year dental students and color brochure—that serve as an introduction to organized dentistry and demonstrate the benefits California students will receive as members of the CDA. The video and brochure have been showcased during CDA orientations to more than 600 students at the five dental schools throughout the state.

Pacific's Day at the Races

One hundred twenty School of Dentistry alumni and guests gathered for the Alumni Association's 14th annual Del Mar Day

at the Races, held at the Del Mar Race Track in San Diego, California, on July 31.

Attendees were treated to a private lunch in the Star Fiddle

Skyroom, where they mingled and watched the race. Following the conclusion of the race, Dean Arthur A. Dugoni and Alumni Association President

Dr. Foroud Hakim '91 had a chance to meet former presidential candidate, U.S. Senator John McCain, who was present at the race.

Mr. Dane Bradley is an imposing individual—which is all to the good in a security officer. But he is also personable and sophisticated—essential characteristics for director of Security at the School of Dentistry.

“Years ago, security was highly visible and even threatening,” says Lieutenant Bradley. “And then there was a time when security tried to be completely invisible. Now we are seen without being intrusive; we interact with people we know are supposed to be in the building, with guests, and with strangers.” This progression reflects changes in the mission of security. It has always been about protecting individuals and property, but the dental school isn’t a warehouse; it is a person-oriented facility.

According to Lieutenant Bradley, the dental school is only minimally vulnerable to intruders. Traffic control, officer patrol, and video monitoring take care of that. The major issue is guests. “These are people who probably should be in the building, but they don’t always behave appropriately,” says Lieutenant Bradley. Some potential patients are unstable, or they may be having difficulties with their medications. Sometimes, family members or support persons for patients behave inappropriately when their expectations are not met. “My job is to get in between those involved and defuse these situations. Often a firm voice and clearly stated expectations are all that are needed to bring the situation around.” Patient care is provided on four levels of the school, and this means that guests might be seen on many floors. Sometimes they need directions; sometimes they bear watching.

“We certainly can’t be invisible in circumstances like this,” continues Lieutenant Bradley. “All of my officers receive training in protocol, communication, management of irate individuals, legal issues, and CPR, in addition to the technical skills traditionally associated with security. We reflect the professional tone of the school.”

Lieutenant Bradley also points to changes in the way security is managed with respect to students, faculty, staff members, and others who are in the dental school and the housing facility on a regular basis. “We used to take the position that security was our job, and that people in the building shouldn’t think much about it. In today’s complex world, that just won’t work. We try now to share responsibility for safety with students, faculty, and staff. We provide education and we make information available so people can help make their world safer themselves. That benefit magnified our effectiveness and it is something people can

Don’t Mess with Dane

take with them everywhere they go.”

Again, the approach points toward interpersonal skills. “A lot of problems can be solved through communication. It’s surprising,” observes Lieutenant Bradley, “how often a piece of dental equipment that isn’t where students think it should be when they want it has actually been misplaced or loaned to a friend and forgotten or safely stored where one wouldn’t think of looking. We understand that these young men and women are under pressure when they treat patients and that they expect a certain lifestyle when they are relaxing. We don’t watch for people to cross over the line; we get involved and try to steer things in healthy ways.”

The most challenging situations for our new security team are very public events outside the school. Pacific is well-known for its major events—from the Alumni meetings to graduation—and security is there too, making certain that everyone enjoys themselves.

Lieutenant Bradley has been at the dental school since 1987. He came to us from a position at the Bank of America headquarters. Before that he worked in his native Chicago area. He is a graduate of Eastern Illinois University who came west for family reasons. He is “into sports,” but not in the way many might imagine. Lieutenant Bradley’s college major was visual communication and

to relax, he does illustrations for all sports. He lives in San Francisco with his wife of twenty years and their four children.

The security team includes eight uniformed officers who rotate throughout the building and the housing facility. They reflect the diversity and the mix of languages found in San Francisco. In addition, there are five individuals whose primary function is to greet and direct visitors at the entrances to the building on the garage level and at the first-floor entrance.

The personal touch is backed up with sophisticated systems for surveillance, access control, and communication. These systems and protocol are consistent throughout the dental school, student housing, and at the university in Stockton.

Lieutenant Bradley makes firm but gentle eye contact as he summarizes his views on security at Pacific: “People used to say that security was working when nothing happened. That’s not the way I see it. We engage with people so that everyone in the building can accomplish what they came here for and so they feel safe.” We do.

The most challenging situations for our new security team are very public events outside the school. Pacific is well-known for its major events—from the Alumni meetings to graduation—and security is there too, making certain that everyone enjoys themselves.

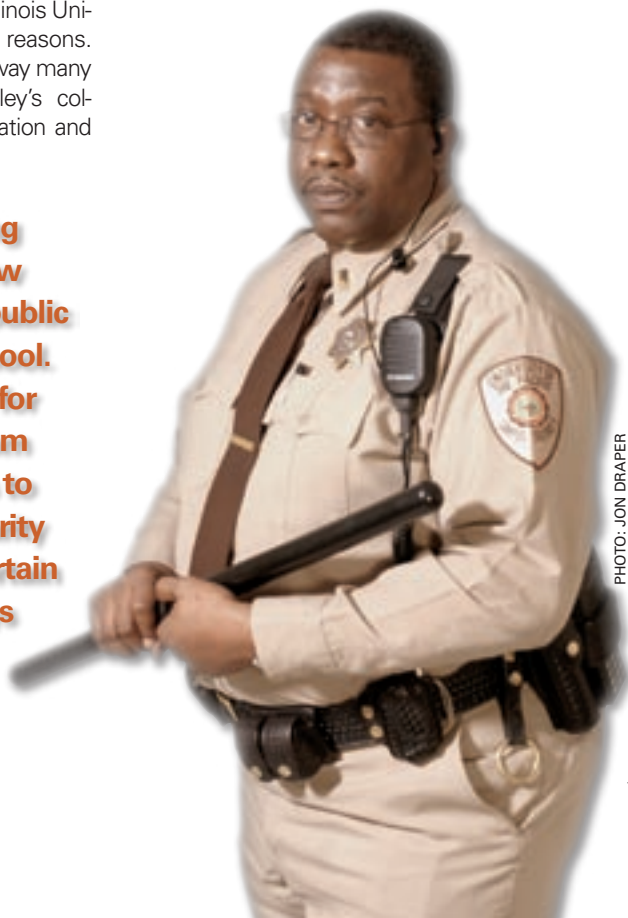


PHOTO: JON DRAPER

This list reflects gifts received from August 20, 2005 through December 7, 2005

In Memory Of

Martha Wardwell Berryman
 Sharyl Boyd
 Sherry Boyd
 Mercedes Maria Bianco
 Robert Bowman
 Dr. Richard Burns
 Dr. Bob Campbell
 Dr. Richard Carchidi
 Dr. Richard Carchidi
 Dr. Richard Carchidi
 David Cardenas
 Mr. Lenny Carson
 Lt. James Jeffery Cathey
 Lt. James Jeffery Cathey
 Lt. James Jeffery Cathey
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 Dr. Ross Stangeland
 Mario and Ida Gildone
 Mario and Ida Gildone
 Dr. Robert and Christine Woon
 Dr. and Mrs. Richard Yates
 Dr. Bruce Valentine
 Geissberger Family Practice
 Dr. and Mrs. Arthur A. Dugoni

Gift to

Geissberger Family Endowment
 Dr. Arthur and Kaye Dugoni Student Scholarship Endowment
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 Dr. Arthur and Kaye Dugoni Student Scholarship Endowment
 Geissberger Family Endowment
 General Memorial Fund
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 P&S Annual Fund
 General Memorial Fund
 General Memorial Fund
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 Dr. Robert H. Christoffersen Endowment
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 General Memorial Fund
 Ernest G. Sloman Library Endowment
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 Herbert K. Yee Scholarship Endowment
 General Alumni Fund
 General Memorial Fund
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 Geissberger Family Endowment
 General Memorial Fund
 General Memorial Fund
 Ernest G. Sloman Library Endowment
 Ernest G. Sloman Library Endowment
 General Memorial Fund
 General Memorial Fund
 Dr. Louis J. and Norma Geissberger Faculty Endowment
 Dr. Bruce and Grace Valentine Endowment
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 Orthodontics Building Fund
 Dr. Bruce and Grace Valentine Endowment
 James J. Leib Scholarship Endowment
 Alumni Association Scholarship Endowment Fund
 General Memorial Fund
 Dr. Charles, Charles Jr. and Joe Sweet Scholarship Endowment
 Dr. Arthur A. Dugoni Endowed Professorship in Orthodontics
 Dr. Bruce and Grace Valentine Endowment
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 Dr. Charles, Charles Jr. and Joe Sweet Scholarship Endowment
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 Hovden Family Endowment
 General Memorial Fund
 Franklin H. Locke, Sr. Endowment
 General Memorial Fund
 Hovden Family Endowment
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 Dr. and Mrs. Mario E. Gildone Scholarship Endowment
 Dr. and Mrs. Mario E. Gildone Scholarship Endowment
 P&S Annual Fund
 P&S Annual Fund
 Dr. Bruce and Grace Valentine Endowment
 Geissberger Family Endowment
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 Dr. Wendell Taylor, '52
 Dr. Wayne Crookham, '53
 Dr. Richard Carchidi, '57
 Dr. Walter Reichle, '57
 Dr. Sanford Ehrens '47
 Dr. George Chierici, '50
 Dr. Nicholas Peterson, '60
 Dr. William Paden '46
 Dr. W. Seal, '53
 Dr. Douglas Morrison, '54
 Dr. James Francis Tackney, '43
 Dr. Stephen Vaughn, '81
 Dr. Sidney Epstein, '37
 Dr. Byron Miller, '44b
 Dr. Stanley Green, '57
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 Dr. Arthur Kendall, '62
 Dr. Robert Ratcliffe, '57

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FAX (415) 749-3334

All programs held at University of the Pacific, Arthur A. Dugoni School of Dentistry unless otherwise noted.

First Smiles: Dental Health Begins at Birth

Saturday, February 25, 2006

McGeorge School of Law, Sacramento, CA

Saturday, April 22, 2006

Pacific Health Sciences Learning Center, Stockton, CA

Thursday Evening, May 18, 2006

Arthur A. Dugoni School of Dentistry, San Francisco, CA

Mini Implants in Removable Prosthodontics

December 10, 2005

Pacific Health sciences Learning Center, Stockton, CA

February 4, 2006

Arthur A. Dugoni School of Dentistry, San Francisco, CA

May 13, 2006

Pacific Health Sciences Learning Center, Stockton, CA

Infection Control and Dental Law & Ethics

April 15, 2006

Certification in Radiation Safety for Dental Staff

January 20, February 24, 2006

*Pacific Dental Care Clinic—University of the Pacific
Stockton, CA*

Essentials of Aesthetics

January 28, 2006

May 6, 2006

Frederick T. West Memorial Lecture

Saturday, February 4, 2006

Smile Reconstruction

February 10, 11, 2006

The Aesthetic Revolution

March 10, 11, 12, 2006

June 23, 24, 25, 2006

Digital Radiology Hands-on Workshop

March 18, 2006

12th Annual Pacific/UCSF Island Dental Colloquium

February 20-24, 2006

The Big Island of Hawaii

Certification in Radiation Safety for Dental Staff

April 1, 2; May 6, 2006

May 6, 7; June 3, 2006

Success with Dental Implants

April 1, 2, 2006

22nd Annual Charles A. Sweet Sr. Memorial Lecture

May 6, 2006

Are you Numb Yet?

May 13, 2006

Multirouted Endodontic Two-Day Workshop

June 3, 4, 2006

Hospital Dentistry

July 15, 16, 2006

Success with Oral Surgery in the General Dentistry Office

Friday sessions on-going throughout the year

41st Annual Burke Dental Symposium

June 2, 3, 2006

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CONTINUING EDUCATION RECOGNITION PROGRAM


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of General Dentistry

We wanted to give something back.



PHOTO: JON DRAFER

Dr. Yuly and Mrs. Albina Vilderman have created the Dr. Yuly and Albina Vilderman IDS Scholarship Endowment to generate awards for international dental students at the University of the Pacific, Arthur A. Dugoni School of Dentistry. The Vildermans join Dr. F. Gene and Rosemary Dixon as pioneers in funding scholarships for international dental students. Generous support from the Vildermans extends beyond their IDS endowment. They also created the Dr. and Mrs. Yuly Vilderman and Family Endowment in 2002, for a use at the dean's discretion, and are continuous supporters of the P&S Annual Fund. Dr. Vilderman, a 1993 IDS graduate, has said, "I chose dentistry for a career because I have always considered it as one of the most humane and compassionate professions. It has been a dream come true and a reward in itself." Dentistry runs in the Vilderman family; Alexander IDS '92 and Tatyana DDS '00 are also Pacific graduates.