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August 2006



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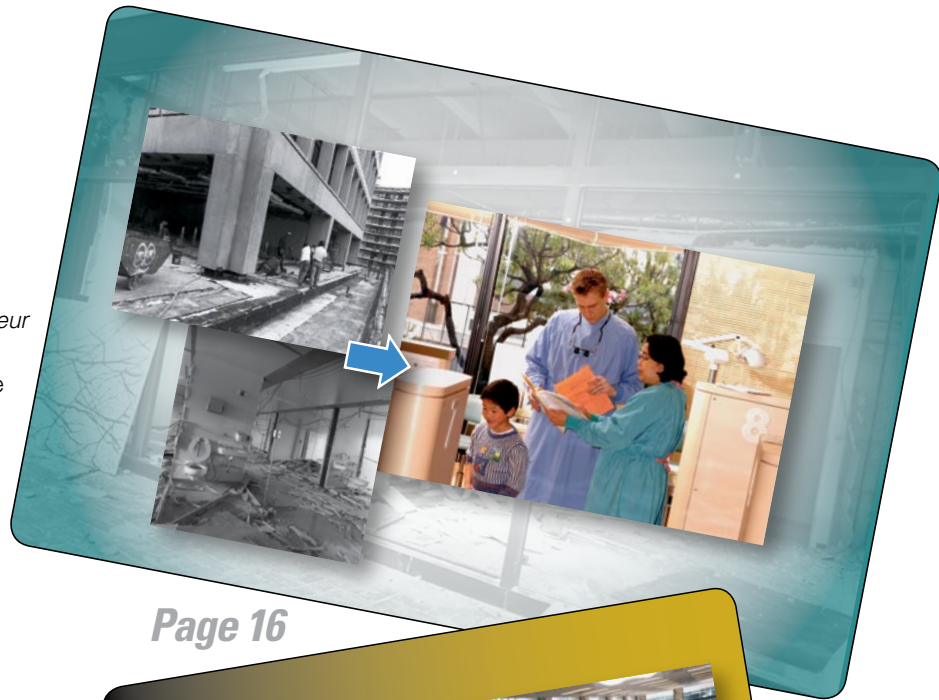


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Fall 2006

About the Cover

Yes, it's Auguste Rodin's famous *Le Penseur* (*The Thinker*)—but from a different angle. You are invited to have another look at the fine art of thinking and its role in your practice. Turn to page 18 for the story *Critical Thinking*.



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11 DENTAL HYGIENE The need for quality dental hygienists has never been greater. The creators of our innovative three-year baccalaureate program in Stockton describe how the program came to be.

16 OUR BUILDING Form follows function and structure follows strategy. A pictorial spread contrasting the early days and the present of our building demonstrates how we remain "at home" with evolving practices in education.

18 CRITICAL THINKING David W. Chambers, who teaches the Critical Thinking course at Pacific, shares some new ways to look at the effects of practice decisions on patient care.

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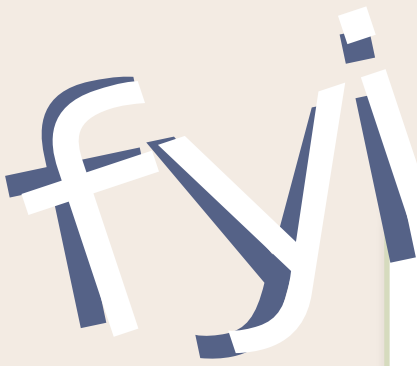
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MEMBER PUBLICATION
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EDITORIAL DEAN PATRICK J. FERRILLO, JR. **EDITOR** DAVID W. CHAMBERS **ADMINISTRATION** EDDIE HAYASHIDA **PUBLIC RELATIONS** KARA A. SANCHEZ
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CALENDAR

Visit www.dental.pacific.edu for News & Events

Alumni Reception, CDA

Friday, September 15, 2006
Thirsty Bear Restaurant and Brewery
661 Howard Street, SF
(415) 929-6423

CDA Fall Scientific Session

September 15 - 17, 2006
Moscone Convention Center West, SF

Kids in the Clinic

Golf and Pro-Am Tennis Classic
October 6, 2006
Timber Creek Golf Course and
Johnson Ranch Racquet Club
Roseville, CA
(415) 929-6431

Alumni Reception, ADA

Friday, October 16, 2006
Cili Restaurant and Bar
5160 Las Vegas Blvd. South
Las Vegas, NV
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Asilomar Conference

February 23-25, 2007
Pacific Grove, CA
415-929-6447

108th Annual Alumni Meeting

March 2 - 3, 2007
Fairmont Hotel, SF
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39th Annual P&S Donor Ball

March 3, 2007
Giftcenter Pavilion, SF
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Pacific Pride Day

Saturday, April 21, 2007
School of Dentistry, SF
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CONTACTPOINTS

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Alumni Association

Membership includes complimentary admission to the annual Alumni Association Meeting, invitation to association-sponsored events, and an alumni directory.
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Executive Director

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Pacific Dental Education Foundation (PDEF)

The PDEF Board assists the School of Dentistry in its fundraising 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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- Dentists
- Practices for Sale
- Office Space Sale/Lease
- Graduate/Residency/Externship Programs

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Dental Practice Coordinator

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REPORTCARD

Each year, the American Dental Education Association surveys the graduating seniors in all American dental schools. The comparison between Pacific graduates and their colleagues across the country are illuminating. Scores for Pacific are in the left-hand column; scores for all dental schools are in the right-hand column. Average scores on four- or five-point scales are shown, along with the percentage of students reporting the most negative category.

	Pacific	Nat'l
Percent females	34%	45%
Percent URMs	6	11
Percent financially independent	57	66
Percent whose parents are dentists	26	14
Average entering debt	\$42,495	\$22,195
Average graduating debt	\$193,820	\$135,270
Immediate plans		
Practice as owner	8%	10%
Employee	59%	50%
Grad program	32%	40%
Immediate plans if had no debt		
Practice as owner	36%	26%
Employee	30%	37%
Grad program	34%	37%



REASONS FOR SELECTING DENTISTRY AS A CAREER (5-POINT SCALE, HIGH SCORE POSITIVE)

	Avg.	Avg.
Opportunity to serve others	4.20	4.30
Service to own race	2.20	2.56
Serve vulnerable, low income patients	3.27	3.33

PREPARATION TO TREAT (5-POINT SCALE, HIGH SCORE POSITIVE, % IS "NOT AT ALL PREPARED")

	Avg.	% Not	Avg.	% Not
Patients with special needs	3.07	8.2	2.86	8.2
HIV+ patients	3.99	0.8	3.20	4.3
Diverse patient populations	3.81	0.8	3.44	2.5
Low income patients	3.66	0.8	3.29	4.0
Rural patients	3.51	0.8	3.18	5.9

TREATMENT OF PATIENTS MODELED BY SCHOOL (5-POINT SCALE, HIGH SCORE POSITIVE, % IS "VERY POOR")

	Avg.	% poor	Avg.	% poor
Intramural clinics	4.16	0.8	3.85	1.9
Extramural clinics	4.04	0.8	3.78	1.2

IMPACT OF EXTRAMURAL EXPERIENCE (HIGH SCORE POSITIVE, % IS "STRONGLY DISAGREE")

	Avg.	% disagree	Avg.	% disagree
Built ability for care of diverse groups	3.11	6.7	3.15	10.9 (5-pt. scale)
Increased interest in underserved care	2.36	16.0	2.40	11.9 (4-pt. scale)

ATTITUDES (4-POINT SCALE, HIGH SCORE POSITIVE, % IS "STRONGLY DISAGREE")

	Avg.	% disagree	Avg.	% disagree
Culture of school promotes diversity	3.22	5.8	3.08	4.2
Access to care is a right or good	3.07	5.0	2.97	3.7
Access is a major problem	2.88	3.4	2.89	2.8
Universal access is professional duty	2.97	4.2	3.02	2.2
Basic care for all regardless of pay	2.87	4.2	2.87	4.0



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REAL TECH

By David W. Chambers

In the last issue of *Contact Point* I argued that dentistry needs a journal that focuses on improving the skills of dentists and a journal that focuses on improving the oral health of patients. Now I will argue that the profession needs a journal devoted to dental technology.

Aren't our publications—especially those we don't pay for—filled with gadgets proclaimed to make dentistry better? Is there really a shortage of materials with innovative properties that weren't on the market a few months ago or prospects for putting digital logic in almost everything a dentist can touch? Aren't dentists' garages across the country filled with the physical evidence of yesteryear's technology?

As true as all this may be, it is only part of the story. Cast off stuff is a testament to an inadequate understanding of technology. Equating technology with "things," especially new or digital things, may impede rather than advance dentistry. Dentistry is not about things.

Technology is the foundation for getting work done. There are three parts to technology: the tools, the know how to use them effectively, and the processes or work patterns in which they are embedded. An imaging system that is beyond the capabilities of the dentist or staff to understand or one in a practice that has too few patients to support it is not good technology—no matter how brilliant the equipment is (and very probably it is a failure precisely because it is so brilliant). Not only must all three elements of technology be present, they must be harmonized.

Dentistry is awash in product and process claims. The gadgets of technology are waved in our faces; they pay for our scientific meetings and our literature. There is concern among editors that "things for sale" exert a pernicious influence on the dissemination of information to the profession. I have a further concern that dentists might be lured into believing that the driving force in practice is things that dentists can buy.

Which journals present a balanced presentation of technology? When was the last time you read an article that explained a new technology in terms of its physical features (relative to alternatives), described how various dentists should use the technology, and presented evidence on the practice characteristics that would make the technology appropriate?

The vast majority of ads and articles present evidence that there is some context in which a product or process is superior to an alternative. That is something that marketing and scientific claims have in common. Check the ads, however, and you will see that they often compare this year's version of the company's Brand X against last year's version of the same company's product (which may no longer be on the market) or that the feature touted is an adjustment in dose, medium, or packaging. Peer reviewed publications are dominated by a fetish for "internal validity." They get past peer review by emphasizing methodological rigor such as laboratory settings, single operators, and carefully screened patients.

The dental literature overemphasizes product and process and leaves out the information practitioners need to decide whether those other dimensions of technology—know how and process context—are appropriate. The number one means used by dentists to innovate their practices—according to surveys of Pacific graduates—is trial and error. In other words, dentists are redoing the research reported in literature (both ads and articles) in their own offices.

What would this journal designed to address the needs of dentists for understanding technology look like? Essentially, it would answer the question, "If I changed my practice in a certain direction, what results could I count on?" This means the content of the journal must have been tested in a variety of contexts and by a variety of operators that represent the relevant range of practices. It also means that the information about the effects of these differences on outcomes must be presented in language that makes it easy for various individual readers to project the outcomes of use in their own hands. The results must be expressed in dental terms, not p-values, R^2 , or the mysterious language of EBD. Examples of the language dentists want to hear include "three brackets debonding out of one thousand" and "expected time for replacement of four and a half years." The highest level

of reporting would be framed in terms of patient oral health outcomes. The statistical tools needed to report findings that dentists can extrapolate to their unique practice settings and express them as dental outcomes already exists among scientists, especially among quality engineers. It is not used in the dental literature because of academics' envy of the biomedical science.

The journal I have in mind would inform dentists about the costs as well as the benefits of making practice changes. These costs include fixed and variable costs of the products or procedures, costs (time and learning) for trial, switchover and salvage costs, impact (negative as well as positive) stemming from interactions with other parts of the practice process. Warranties, liabilities, maintenance, and other factors should also be disclosed.

Each article in this new journal would be continuing education. There should be sufficient instruction to bridge the know-how gap necessary to make adapting the new technology as effective as it is claimed to be. In its ideal form, such education would go well beyond a set of user instructions (which we know dentists only read if things don't go as expected) to include results of research with dentists actually learning to use the product or procedure. If hands-on training is needed or some level of advance skill makes a difference to outcomes, that should be explained.

The three preceding paragraphs have described the three parts of technology: equipment, know how, and process context. Information for dentists is incomplete if it lacks any of these.

There are a few prototypes that contain some of the elements of technology transfer. Rella and Gordon Christensen's CRA newsletter is outstanding. The Air Force product testing Web Page is useful. The ADA's new product newsletter also points in the right direction.

Besides the needed journals *The Dentist* and *The Dental Patient*, the profession needs one that really makes a difference in offices—*Dental Practice Technology*.

Live a Life That Matters

On June 11, President Donald DeRosa and Dean Arthur A. Dugoni conferred degrees and/or certificates upon 207 graduates in the DDS, International Dental Studies, AEGD, Graduate Orthodontics, OMFS, and Dental Hygiene programs during the Arthur A. Dugoni School of Dentistry's 112th Commencement Ceremony at the

Nob Hill Masonic Center in San Francisco.

Participating in his last graduation as dean, Dr. Dugoni served as the ceremony's commencement speaker. He addressed graduates and 2,500 guests with his moving speech, "Live a Life That Matters." During his 28-year tenure as dean, 4,183 students and residents graduated from Pacific.



PHOTOS BY JON DRAPER AND BRUCE COOK

Graduates Give Thanks

Graduating students expressed gratitude to more than 400 family members and friends for their support during the annual Thanks a Bunch Brunch on Saturday, June 10 in the Gold Room of the Fairmont Hotel. Graduates recognized loved ones with Pacific's Ph.T. (Putting him/her Through) certificates. During the event's ceremony, Drs. Russell Woodson, Jeffrey Kirk, Terry Hoover, and Nader Nadershahi, group practice administrators, read special notes of thanks provided by each graduate to their Ph.T. recipients.



PHOTOS BY JON DRAPER

- 1 Dr. Blake Robison '06, former student body president, with his wife Addi and son Max.
- 2 The Fairmont Hotel's Gold Room provided an elegant setting for the event.
- 3 Dr. Kevin Coolidge '06 enjoys the reception with his family.
- 4 Dr. Jennifer Fong '06 presented Ph.T. certificates to her parents, Dr. Steven and Janice Fong.
- 5 Dr. Nicole Ulrich '06 with her family against the San Francisco skyline.
- 6 Dr. Neelima Vadlapatla IDS '06 thanked her husband and parents for their support through dental school.

INDUCTIONS WITH HONOR

Omicron Kappa Upsilon

The Delta Delta Chapter of the Omicron Kappa Upsilon national dental honor society held its annual convocation on June 10 at the Concordia Argonaut Club in San Francisco. Only 12% of the top 20% of the graduating class are voted into the honor society by current OKU faculty members, based on leadership, character, and scholarship.

OKU Chapter President Dr. Shannon Wong and Dr. Arthur A. Dugoni inducted the following Class of 2006 graduates into



OKU: Drs. Adam Barr, Nathan Baxter, Ryan Bott, Jesse Cole, Zachary Dodson, Jernell Escobar, David Forester, Roger Harding, Spencer Hinckley, Elizabeth Manov, Nicholas Mooberry, Goli

Najafzadeh, Aurora Patino, Ruth Candy Tan-Chi, Jared Theurer, Stephen Wat, and Mark Young; Mariana Apetroaei and Priyanka Moonka (IDS). Faculty membership was extended to Dr. A.

Thomas Indresano, chair of the Department of Oral and Maxillofacial Surgery, and honorary membership was given to Ms. Kara Sanchez, Pacific's Director of Public Relations.



Phi Kappa Phi

Nine students from the Class of 2006 were honored with medallions and certificates as they received membership in the prestigious Phi Kappa Phi national honor society at an initiation ceremony held April 28 on the Stockton campus. Drs. Gurpeet Bir, Zachary Dodson, David Forester, Spencer Hinckley, Elizabeth Manov, Nicholas Mooberry, Jared Theurer, Ruth Candy Tan-Chi, and Mark Young were the dental school graduates honored during the PKP initiation ceremony.

Students were chosen from all academic disciplines within the University. PKP, the largest and oldest interdisciplinary honor society in existence, recognizes academic excellence in all fields of higher education and to engage the community of scholars in service to others.

Tau Kappa Omega

In recognition of their scholastic achievement, 43 DDS students and five IDS students were accepted into the School of Dentistry's honor society, Tau Kappa Omega, during its annual convocation dinner at The Green Room on May 16. TKO inductees rank

in the top 20% of their respective classes in the seventh quarter (second year) or in the next 10% during the eleventh quarter (third year).

Class of 2006 honorees were: Drs. Damon Barbieri, Phyllis Chan, Nathan Eberle, Brent Furumoto, Jennifer Graves, Mi-

chelle Haglund, David Herald, Brett Lund, Marina Mokrushin, April Nelson, Alexander Pagnis, Erin Renna, Sean Rockwell, Lloyd Sisson, Frank Tran (DDS); Mariana Apetroaei, Gurpreet Bir, Farhana Chinikamwalla, Priyanka Moonka, and Jessica Rivas-Plata (IDS).

The following Class of 2007 students received TKO membership: Anita Aubuchon, Ryan Bybee, Branden Dailey, Kevin Deutsch, Jonathan Fisher, Jennifer Fong, Lisa Kai, Lisa Ku, Stacey Lam, Kristina Langworthy, Michael Lindsay, Alison Louie, Alexis Lyons, Michelle Masuda, Christopher Olson, Drue Pickens, Micah Porter, John Remien, David Renz, Andrew Shi, Joshua Smith, Christopher Spain, Ashley Streeter, Jeffrey Tinloy, Derid Ure, Brent Winward, Xudong Yang, and Allison Yen.

Select individuals were also granted honorary membership for their service to the dental school. They included: Drs. Balint Kokas and Gitta Radjaepour, assistant professors, Dr. Daniel Tanita, PDEF President, and Mr. Robert Trezia, clinic manager.



PHOTOS BY JON DRAPER

Noblitt Wins National Dental Hygiene Award

Ms. Rachel Noblitt, a 2006 dental hygiene graduate, won first place for outstanding achievement in community dentistry in the American Association of Public Health Dentistry's (AAPHD) student merit awards competition. Ms. Noblitt's winning project, "Smiles for a Lifetime: Dental Hygiene Meets Child Development," earned her a \$500 award, a plaque, a one-year membership to AAPHD, and a subscription to the *Journal of Public Health Dentistry*. AAPHD's student merit awards, presented annually in three categories, recognize research and community service projects of graduating dental students, dental hygiene students, and dental public health residents.

Award nominations, limited to two candidates per baccalaureate dental hygiene program throughout the U.S., were based upon students' oral health projects initiated in a community. Ms. Noblitt's winning entry addressed the importance of teaching early childhood educators the value of beginning quality oral health practices for children during infancy. In collaboration with First 5 California and the Stanislaus County Children and Families Commission, agencies that administer early childhood programs, Ms. Noblitt delivered structured lectures to groups of child care providers, educators, and students throughout Stanislaus County. Following an evaluation, Ms. Noblitt found that individuals were not knowledgeable about children's oral health prior to her lectures.

"Early childhood care providers and educators have the ability to shape many children's daily routines," stated Ms. Noblitt, who was one of 53 students honored nationally. "I strongly believe that educators should be a target group for oral health educators to be successful at fighting the epidemic of oral health diseases by creating good habits in preschool classrooms."

Pacific Students Help Migrant Families

The non-profit group Su Salud may have closed its operations, but that didn't stop a coalition of volunteers from fulfilling its mission on April 29 when it sponsored a health care outreach program for the working poor in Lodi, California.

Pacific dental students participated in the final installment of Su Salud's Tour of Life preventive health program and research study. Students from Pacific's Student Community Outreach for Public Education (SCOPE) organization joined more than 75 volunteers at the Harney Lane Migrant Labor Camp, where they screened and educated about 200 female migrant farm workers and their children.

During the outreach program, volunteer doctors, dentists, nurses, students, and allied health professionals worked closely with women, many of whom are natives of Mexico, at various stations where they received blood pressure, blood sugar and cholesterol testing, health care counseling and referrals. SCOPE volunteers administered dental screenings to women and children and provided them with oral health education and dental hygiene kits.

Mr. Carlos Longa, Class of 2007 and SCOPE President, felt it was a rewarding experience. "It was a reality check," stated Mr. Longa, one of 19 SCOPE volunteers who participated in the event. "Almost every single individual we screened had at least one cavity. Many patients had tooth decay and are living in pain. It was rewarding to help these people because they were truly appreciative of our services. Dr. Guillermo Vicuña, Su Salud's founder, always says, 'to prevent is to cure' and that's certainly key."

Underserved Children Fight Cavities at Pacific

Volunteers from Pacific and the San Francisco Dental Society (SFDS) teamed up to brighten children's smiles in April and it wasn't by cleaning their pearly whites. In a proactive effort to improve access to care for children of low-income families in San Francisco, Pacific students, faculty, and dental assistants, along with members of SFDS, provided dental sealants to underserved children during the 8th annual Sealant Day on April 22 at the School of Dentistry's Hutto Patterson Pediatric Clinic.

During the annual outreach program, disadvantaged children, many from Sanchez Elementary School in San Francisco's Mission District, received complimentary sealant treatment, education on

techniques of brushing and flossing, and dental hygiene kits.

"Sealant Day was a huge success. We treated 23 patients and placed nearly \$5,000 worth of sealants," stated Dr. A. Jeffrey Wood, professor and chair of the department of pediatric dentistry. "This event wouldn't have been possible without the support and commitment of our sponsors and volunteers. Their commitment to improving lives of children truly made a difference."

Joining the School of Dentistry and SFDS in its outreach efforts were sponsors Sullivan-Schein Dental and Ultradent Products, Inc. Pacific also received generous support from Starbucks, Noah's Bagels, San Francisco Unified School District, and Grace Urban Ministries.



Binh Dao, Class of 2007, explains the sealant procedure to his patient.

PHOTOS BY JON DRAPER



Birgitta Warvarovsky, Class of 2007, with one of the 23 children who participated in the Pacific/SFDS Sealant Day.

PHOTOS BY JON DRAPER AND BRUCE COOK



Mille Grazie Dr. Dugoni

Students, staff, faculty and administrators paid tribute to Dr. Arthur A. Dugoni for his remarkable 28 years as dean. An all-school farewell celebration, held on June 6, brought the dental school family together. Life size cutouts of Dr. Dugoni (from childhood to present) were on display, personal "thank you" messages created by employees and students adorned the "Mille Grazie" walls, and the student-produced Dugoni rap video was shown throughout the event. A dinner was also held for Dr. Dugoni on June 26 at the Golden Gate Club where Dugoni family members and administrators (or dental school leaders?) shared touching stories and reminisced about the last 28 years.



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• A CHRONOLOGICAL REVIEW •



PHOTOS BY JON DRAPER

By Cindy Lyon, Deborah Horlak, Paula Watson, and William Lundergan

University of the Pacific is recognized nationally for its accelerated professional programs, offering the nation's only three-year dental degree and an accelerated doctor of pharmacy degree. In the fall of 2002, the University matriculated its inaugural bachelor of science in dental hygiene class. Less than three years later (32 months), on June 12, 2005, Pacific graduated its first class of 24 dental hygiene students. Sixteen of the 24 graduates began their college education with the College of the Pacific (COP) in fall 2002. In January 2004, having completed their general education requirements, these students, with the addition of eight transfer students, began the professional portion of their training. Attending classes year round, students completed their professional training over the next 16 months. The graduation of this inaugural class was a crown jewel, representing over eight years of planning and development on behalf of Pacific's administration and faculty.

It was March 1997 when Dean Arthur A. Dugoni charged the Ad Hoc Dental Hygiene Committee to explore the possibility of developing a dental hygiene baccalaureate degree program. In May of 1998, following a full year of research and meetings, the committee recommended that the dental hygiene program was appropriate for the University and that it should be located on the University's main campus in Stockton, California, approximately 90 miles from the School of Dentistry in San Francisco. The committee also recommended that the program should be "unique" (i.e. an accelerated program) in order to attract the most qualified students.

Simultaneously in 1997, the San Joaquin Dental Society was working with San Joaquin Delta College, a community college in Stockton, California, in an effort to

- 1997** • **Dr. Arthur A. Dugoni appointed an ad hoc committee to explore the possibility of developing a dental hygiene baccalaureate degree program**
- 1998** • **Dr. Phyllis Beemsterboer hired to evaluate the committee's report**
- 2000** • **Draft curriculum approved** • **Program approved** • **The Smith Group retained as architects for the new building**



above: The Stockton Health Sciences Learning Center & Clinics is home to the Thomas J. Long School of Pharmacy and Health Sciences as well as our Dental Hygiene and AEGD programs.

right: Dr. Cindy Lyon, Director of the Dental Hygiene Program, and Dr. Howard Chi, Director of the Stockton AEGD Program, celebrate with Dr. Arthur A. Dugoni.

below: The dental school's innovative simulation laboratory has been recreated in Stockton.



establish a dental hygiene program at the college. Their plan was to matriculate the first class in September of 1999. However, in July 1998, Delta College withdrew their proposal citing concerns over state funding, leaving the door wide open for Pacific.

In the fall of 1998, Pacific hired a consultant (Dr. Phyllis Beemsterboer, assistant dean for administration and special projects, UCLA) to evaluate the Dental Hygiene Committee report. Dr. Beemsterboer agreed that a need for more dental hygienists existed and she felt this need would continue into the future. She reported that the committee's finance/budget plan was appropriate and the admissions criteria and curriculum outline were adequate. Dr. Beemsterboer concluded in her January 18, 1999 report that, based on available data on trends in dental hygiene education, a dental

hygiene education program on the Stockton campus was feasible and could be successful. Both curriculum and physical facilities would have to be developed prior to seeking accreditation eligible status from the Commission on Dental Accreditation. Dr. Beemsterboer met with the Dental Hygiene Committee in March 1999 in San Francisco. Potential benefits and risks associated with initiating a dental hygiene program were discussed. It was generally agreed that adding dental hygiene to the other health care programs and pre-professional options on the Stockton campus would enhance the reputation of the University. By April 1999, considerable progress had been made, as the University President, Provost, Dean of the College of the Pacific and the Dean of the School of Dentistry were

all in support of establishing a dental hygiene program at Pacific. The program was gathering momentum but numerous obstacles remained: the loan ceiling for bachelor level programs; the impacted nature of biology and chemistry at College of Pacific; the lack of an appropriate facility; recruitment of a director, faculty, students, and patients; the development of a curriculum; finalizing an appropriate program size; developing community partnerships; establishing admission requirements and completing the accreditation self study report. A target date of fall 2001 had been set for matriculating the first pre-hygiene class.

The Dental Hygiene Program Planning Committee met several times in late 1999 and early 2000 addressing many of the identified issues and uncovering new concerns. The Dental Hygiene Committee received word from Dr. Beemsterboer in August 1999 that she was relocating to Oregon Health Sciences University and would no longer be able to serve as a consultant. She recommended Ms. Ann McCann at Baylor

University to assist with the next steps. At the August 30, 2000 meeting of the Dental Hygiene Planning Committee a draft semester curriculum was approved; the matriculation target date for the first pre-hygiene class was reset to fall 2002; and the offering of a bachelor of science degree was recommended. The committee also felt the program needed approval from the Board of Regents before any further curriculum development could proceed. Once approved, a consultant/program director needed to be hired to continue curriculum development and initiate the accreditation process. In September 2000, the planning committee learned that San Joaquin Valley College, a proprietary program in Visalia, California, was planning to establish a new dental hygiene program in the Brookside

2001 • **Dr. Cindy Lyon hired as primary consultant** • **Student recruitment began with an announcement in CDA Update**

2002 • **Dr. Cindy Lyon hired as Dental Hygiene Program Director** • **Matriculation of the first Pre-Hygiene class**

• **Ground breaking for the new facility** • **Accreditation-eligible application submitted**

area of Stockton, less than a mile from the University campus. That same month, on September 14, 2000, the Academic Council voted to approve the Dental Hygiene Program at Pacific with the inaugural class matriculating at College of Pacific in fall 2002. In October 2000, members of Pacific's Planning Committee met with representatives of San Joaquin Valley College to discuss program plans. Although nothing was finalized at the meeting, San Joaquin Valley College eventually decided to open their new program in Rancho Cucamonga in Southern California. On October 12, 2000, the Regents of the University of the Pacific voted to approve the Pacific program, and in December 2000, the Smith Group was retained as architects for the new building. The project called for a \$17 million structure to be shared with pharmacy, physical therapy, and speech language pathology. The plan allowed for 18 dental hygiene clinic operatories, 8 advanced education in general dentistry residency clinic operatories, and a state-of-the-art 25 chair pre-clinical simulation lab which would be located on the north side of campus adjacent to the School of Pharmacy.

In January 2001, Dr. Cindy Lyon was queried regarding her interest in serving as a consultant for curriculum development, and at the February 5, 2001 meeting, the Planning Committee approved her hiring and recommended that secondary consultants be contracted as needed. The committee agreed that Dr. Lyon was uniquely qualified to serve as a primary consultant. She was a 1986 alumnus of the dental School. She played a lead role in the program development for the disbanded San Joaquin Delta College Dental Hygiene Program project and was the current president of the San Joaquin County Dental Society. Most importantly, she had the interest and passion needed to develop an innovative program. The committee also recommended that a program director be hired no later than February 2002 to allow involvement in the admission process and to provide input into the facility design. A goals/philosophy statement for the program was also approved. Spring 2001 was earmarked by building design meetings, visits to established dental hygiene programs and the initiation of the accreditation self study document. Summer 2001 was a busy public relations time. Student recruitment began with an announcement in *CDA Update* that Pacific was accepting applications for the graduating Class of 2005. A Scholastic Aptitude Test mailing list of students reporting an interest in dental hygiene, was purchased and brochures were mailed to all Northern California dentists. Local dentists, hygienists, and potential applicants were invited to a hygiene program reception held at the School of Pharmacy and a Web site application for the program was refined and completed. Articles regarding the new program were forwarded to all CDA components and the California Dental Hygienist Association. An August 30, 2001 admissions meeting helped finalize admission requirements/expectations and plans for an interview day. The year 2001 ended with the College of Pacific's Office of the Dean finalizing the pre-hygiene curriculum and the submission of plans for the new facility to the local building department.

Dr. Cindy Lyon was hired as the Dental Hygiene Program Director in February 2002 and applicant interviews began in March. There were 47 freshman applicants for Fall 2002 and they generally had excellent credentials. The 27 students invited to the March interview had an aggregate grade point average of 3.60 and strong SAT scores. Interviews included a program orientation to which parents were also invited, a personal applicant interview, campus tour, and a financial aid presentation. These interviews represented a new process for the Stockton campus undergraduate programs and a few glitches had to be resolved. But, with strong coordination from the University Office of Admissions, the process ran well. July 2002 marked the ground breaking for the new facility, and the Accreditation Eligible Application was submitted in September 2002 to meet the Commission on Dental Accreditation's October deadline.



President Donald DeRosa (center) leads the grand ribbon cutting ceremony in June 2003.

The pre-hygiene program matriculated its first 16 students in September 2002. Pre-hygiene students participate in general education courses to provide a strong science background and a broad base in the humanities. There is a required course of study during these semesters intended to provide prerequisite strengths for dental and dental hygiene sciences and clinical practice, which includes biology, chemistry, psychology, sociology, English and mathematics. Students performing satisfactorily in the pre-hygiene curriculum are admitted to the professional portion of the program.

Interviews for the second freshman class cohort marked the beginning of 2003. The initial accreditation site visit was completed on April 10-11, 2003 and allowed Pacific to "show off" video conference technology which allow "virtual meetings" with participants on both the Stockton and San Francisco campuses. Transfer student applications were first accepted in summer 2003 to fill seats remaining for the inaugural 24-student dental hygiene class, and September 1, 2003 was established as the application deadline for these positions in the January 2004 matriculating class.

June 2003 celebrated the public opening of the new \$18 million Health Sciences Learning Center and Clinics with a ribbon cutting ceremony. The facility is a two-story structure which houses the dental hygiene clinic, a community dental clinic, a patient reception area, faculty offices, a pre-clinical dental hygiene simulation laboratory, and a "smart" classroom allowing lectures to be delivered by faculty in San Francisco to the

- Initial accreditation site visit completed • New \$18 million Health Sciences Learning Center and Clinics celebrated with a public opening
- Initial accreditation approved • First full-time faculty member hired



above: Members of the Pacific Dental Education Foundation Board and Sacramento Kids in the Clinic fundraising event celebrate with some of the program's many benefactors.

right: The dental hygiene clinic is named in honor of Dr. Bernard S. Aarons, 44B.



and evaluate dental hygiene services for both the individual patient and community oral health programs. Students earn their B.S. degree which, in addition to private practice patient care, may allow entry into positions in teaching, research, public health, and other areas of hygiene practice including Registered Dental Hygiene in Alternative Practice (RDHAP).

The first week of the program included the issue of the student kit, a welcome by Dean Oppenheimer of the School of Pharmacy and a welcome lunch with Dean Dugoni of the School of Dentistry. Didactic courses presented via videoconference by the dental school faculty created a need for some technology and learning mode adjustments, but allowed students to benefit from the expertise and experiences of faculty members without the need for a lengthy commute between campuses. Pre-clinical coursework gave students their first experience in an outstanding simulation lab where they enjoyed a shorter learning curve in the development and

practice of clinical skills as well as good ergonomic practices necessary to reduce the risk of cumulative motion injuries so common in dental practice.

This simulation technology allowed students to provide clinical care early in their training sequence. Students received training in administration of local anesthesia and began seeing patients before the end of their first semester. The program shares an exceptional clinical facility with one of the school's three Advanced Education in General Dentistry (AEGD) residency sites.

Stockton site via videoconferencing.

"Initial Accreditation" was granted to Pacific's program at the August 1st meeting of the Commission on Dental Accreditation, and the deadline for transfer students to apply passed on September 1, 2003. The final count for transfer students applying to the professional portion of the program was 60, 18 of whom were interviewed for the 11 openings available. Transfer students accepted were strong academically, five having earned a prior bachelor's degree. Many had dental experience and all were extremely motivated. September was also significant for the matriculation of the second pre-hygiene class (Class of 2006). The first full-time faculty member for the hygiene program was hired in October 2003 with responsibility for completing the final development of the preclinical courses.

After nearly seven years of planning, the initial hygiene class (professional portion of the program) matriculated in January 2004. The professional curriculum provides students with the knowledge of oral health and disease needed to assume responsibility to assess, plan, implement,

This match allows residents and dental hygiene students to work collaboratively to deliver comprehensive patient care in a private practice-like working relationship.

The Health Sciences Library within the School of Pharmacy completed its renovation during the first week of the program. February 2004 brought another round of freshman applicant interviews and in March, dental hygiene students volunteered for "Give Kids a Smile" at St. Raphael's Dental Clinic in Stockton. Since Pacific's mission statement encompasses community outreach, students participate in a variety of community projects over the course of their curriculum. In their first semester of the program, students elect a community outreach chairperson. Organizations requesting oral health information are funneled to this student who coordinates class involvement in the event. This involves anything from staffing a health fair booth, providing education to a classroom of children, or speaking to a community group. Because activities are completely student driven, the "buy-in" of this philosophy offers the students' ownership of and responsibility for their community outreach projects, which can easily transition into planning community projects after graduation as their professional careers begin.

Based on the program's goal of graduating practitioners who distinguish themselves by continuous enhancement through professional development, the program reached out to the professional dental hygiene community by presenting its first continuing education evening in April 2004. Pacific hosted students and local dental hygienists to a presentation by Dr. Kathleen Shanel-Hogan on recognizing, reporting, and providing referral resources for patients who present with signs of domestic violence.

At the program's second continuing education program in September 2004, Sacramento City College dental hygiene students and over 40 practicing hygienists joined Pacific students for a presentation on the use of magnification in dental hygiene practice by Michelle Hurlbutt, RDH.

During the second semester of the dental hygiene course work, students begin extramural clinical rotations. Rotations continue from this point forward, as six students

2004 • Professional portion of the program began • First continuing education program offered

• Hygiene students attend the White Coat Ceremony • Second full-time faculty member hired

2005 • Inaugural dental hygiene class graduates participate in commencement with the dental school class of 2005

rotate out of the main clinic each week. The first five extramural rotations involve Valley Mountain Regional Center (VMRC), which serves five counties and provides comprehensive evaluation, case management and early intervention to persons with developmental disabilities, with the majority living in care homes. Pacific dental hygiene students travel with a VMRC dental hygienist to various care homes where they participate in assessment of clients' oral health needs and homecare instruction for patients with special needs and their caregivers. After additional clinical experience, students rotate to St. Raphael's Dental Clinic, a component of St. Mary's Interfaith Dining Room, which provides a wide range of services, including dental care to poor and uninsured persons. Here students join an all-volunteer force of local dentists and hygienists who provide dental services. The experience hones their clinical skills on some very challenging cases and builds a foundation for future altruistic volunteerism.

Working in cooperation with Pacific's Oral and Maxillofacial Surgery program at Alameda County's Highland Hospital, senior students provide preventative services to patients with dental implants. Students also join the Stockton Unified School Districts' school-based "Dental Disease Prevention Program" which provides classroom education and fluoride supplements. They help program leaders provide dental education to elementary school children participating in classroom fluoride supplementation. Our newest outreach project facilitated by a grant from the California First 5 Commission is aimed at increasing services for underserved children ages one to five years old in San Joaquin County. It combines our dental hygiene and general dentistry services, the expertise of additional pediatric faculty, and language translators with a screening and educational program already in place in an effort to provide comprehensive hygiene and restorative services to this population.

On July 14, 2004 the White Coat Ceremony was held at the Herbst Theatre in San Francisco with the second-year DDS students and first-year IDS students. This ceremony recognizes a major transition for the hygiene and dental students as they become responsible for delivering professional services to their patients. Students and their families enjoyed and appreciated this significant event. August 2004 was significant for the hiring of the second full-time faculty member who brought a great clinical perspective, strength in community oral health and some welcome teaching methodology concepts. September 1 brought another transfer student deadline for the Class of 2006. Seventy-nine applications were received for the 16 spots. Nine of the 16 admitted transfer students held previous baccalaureate degrees. Also, the third freshman cohort matriculated (Class of 2007) at 15 strong. In October 2004, the San Joaquin Dental Society hosted Pacific's dental hygiene students at their annual "Staff Appreciation Night." Students joined their sponsoring doctors' tables for dinner and entertainment and were introduced individually along with their host to the nearly 400 attendees. March 2005 was significant for the second accreditation site visit from the Commission on Dental Accreditation (CODA). Before students could blink, it was April 2005 and 23 of the 24 students had successfully completed their National Board Exams. Scores were above the average in anatomic sciences, pharmacology, biochemistry/nutrition, professional responsibility, community health, and supportive treatment. A progress report was submitted to CODA in June in response to their recommendations from the site visit, and on June 12, 2005 Pacific's inaugural dental hygiene class participated in the commencement ceremony at the Nob Hill Masonic Center in San Francisco along with the dental school Class of 2005. Following more than eight years of planning and development, Pacific had finally graduated its first dental hygiene class.

The majority of the first graduating class indicated they would initially enter private practice. Several demonstrated an interest in dental hygiene clinical instruction, and one is actively searching out a business position in the health care industry.

Student applications continue to grow in response to the program's unique dual points of acceptance along with strong alumni and community recruiting. Current students



indicate a high rate of satisfaction with the humanistic teaching philosophy of the school, coursework presented, and their clinical experiences. The University and the extended community have enjoyed the addition of a dental health care presence on its Stockton campus. □

above: Two deans demonstrate cross-university collaboration: Dr. Phil Oppenheimer of the School of Pharmacy and Dr. Arthur A. Dugoni of the School of Dentistry.

below: The profession said they had a need, and we answered.



Our forty-year-old building is absolutely new. When it was built in 1966, it epitomized the modern architecture of its day. An institution of national renown grew within its walls.

CAN YOU THINK OF A BUILDING AS A LIVING ORGANISM?

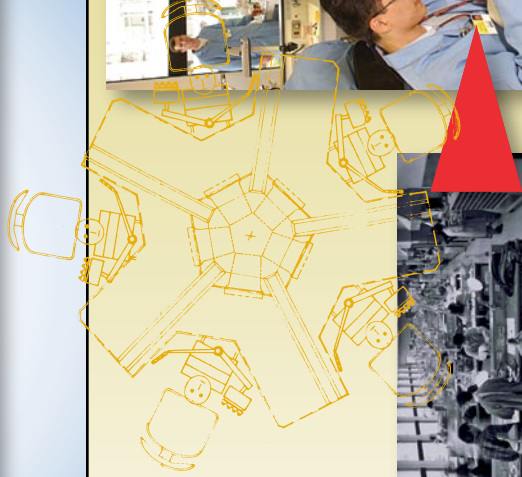
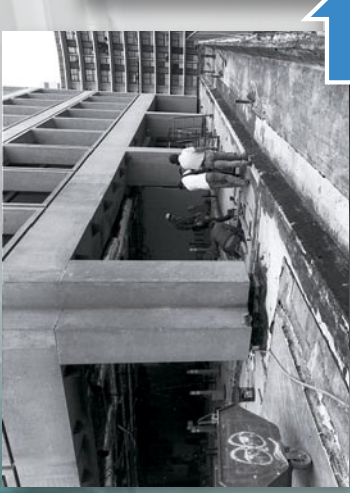
From day one, changes in education, culture, technology, and philosophy have kept us on our toes. We have rearranged our thinking and along with that, our spaces.



As we've changed, we've freed ourselves of time and place. We are moving education where and when we need it. It's become people-centered with the aid of technology.

Highly functional, aesthetically pleasing, inspirational... this is our commitment to quality. And while the building itself is not human, it's the agar of our humansitic environment.





PHOTOS BY ARNOLD EILERS AND JON DRAPER



Critical Thinking

By David W. Chambers

It's getting so that I feel vaguely uncomfortable reading the dental research literature. One result looks pretty promising, but then a critic points out that there was a miscalculation in the number of degrees of freedom, the positive control arm was weak, and the design was underpowered. (I had a car like that when I was in high school.) Because of my PhD training, I know exactly what each of those criticisms is. I just can't figure out why anyone would take the time to call our attention to points like that.

Well, most practicing dentists don't read the *Journal of Dental Research* anyway, and many research journals that aspire to that level of academic elitism are busy imitating the journal with the highest citation index in the field. This is because the profession is coming loose from its mooring in science. Dentistry and medicine were largely empirical crafts at the beginning of the twentieth century. The miracle of a hundred years ago was that the professions discovered the benefits of association with science: (1) they found treatments that actually worked and (2) they acquired a patina of respectability that allowed them to achieve monopoly status. But both science and practice are now suffering from success. Like two giant tectonic plates, the health professions and research are sliding past each other and a gap is beginning to emerge. Science has become too complex for all but the few who specialize in each subdiscipline to understand. Researchers write for other researchers.

We know we are in trouble when companies publish entire magazines to sell their products while imitating the appearance of respectable journals. Isn't it some sort of oxymoron for a journal to advertise on its cover that it is peer reviewed? We have journals full of abstracts of science—as if the original research wasn't abstract to begin with. But perhaps when taken at the rate of a single sentence per study these doses of science can be kept down.

As science and practice drift further apart, we are hearing the shrill cries of those who would bridge the gulf with something called evidence-based dentistry (EBD). This sounds to me like a complaint that dentists haven't given researchers the amount of control over what goes on in a dental office that the research community feels it is entitled to. The advocates are a handful of academic scientists. But look carefully at the description: evidence-based *dentistry*. For decades, good dentists have grounded their practices in science and what they know will work in their hands for their patients—this is the ADA's definition of EBD. What is new is the implication that researchers should decide generally for all practitioners what works and what does not.

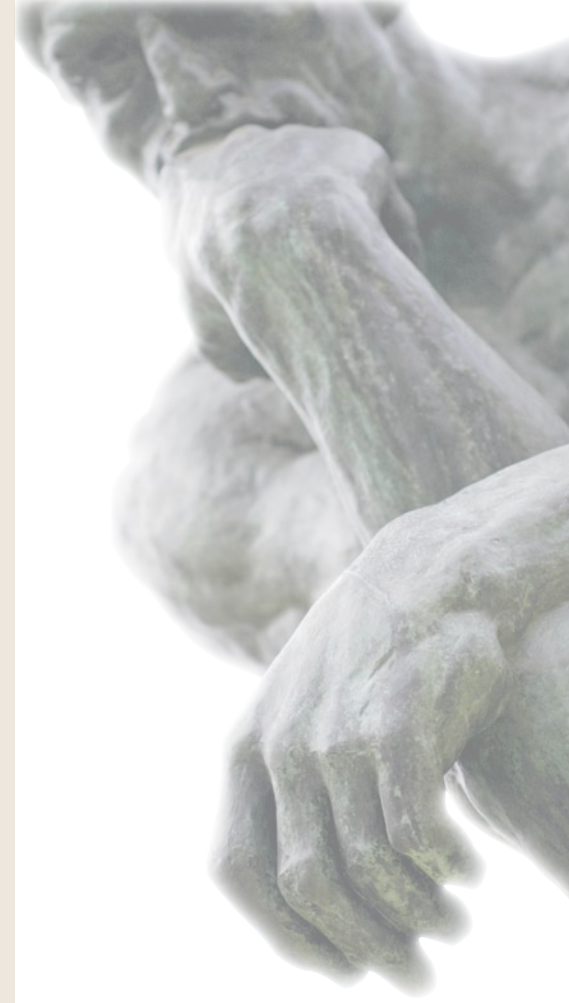
For my part, I would be an enthusiastic supporter of practice-based research. EBD mavens get concerned that the vast majority of what is done in dentistry (and in medicine as well) is not based on large, randomized, controlled research studies. Whose fault is that? If there is a problem with practitioners doing dentistry that large-scale research has not confirmed, the responsibility rests with the research community that has pumped out so little good research.

Enough of the guilt trip. No dentist should be forced to attach "evidence-based" as a prefix to any claim he or she makes to colleagues. There should be a small fine imposed (say \$25 to the ADA Foundation) when any dentist is caught trying to hit his or her colleague over the head with the rhetorical question "is it evidence-based?" when there is a legitimate difference of opinion that could be settled by sitting down and talking like professionals.

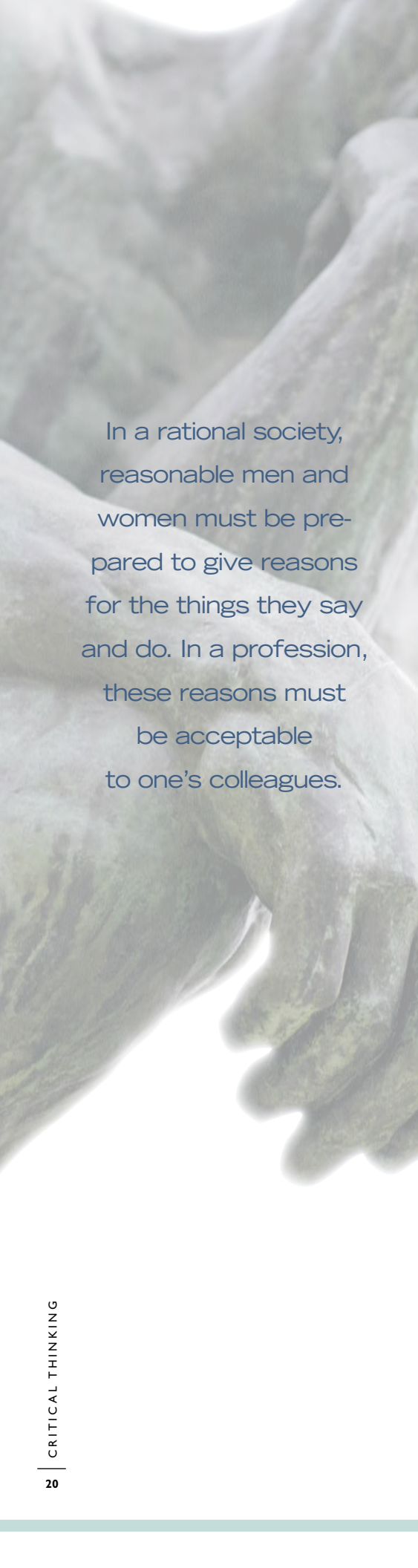
Speaking Professionally

In a rational society, reasonable men and women must be prepared to give reasons for the things they say and do. In a profession, these reasons must be acceptable to one's colleagues. That's all we mean by critical thinking at the University of the Pacific. Dentists don't have to win arguments with their colleagues or bamboozle their patients with argot. (Many dentists don't even know where they keep their argot!) Neither do they have to defend themselves against researchers. But they do have to engage in discussion when called upon to do so. It is not acceptable for professionals to say, "That's just the way I do it" or "I don't want to talk about it." You see, the conversation that is lurking just outside the operatory is what allows dentistry to grow as a profession.

We teach critical thinking at Pacific. (Actually we mention evidence-based dentistry too, as well as herpes, xerostomia, and malpractice insurance.) This comes as a ten-hour course in winter of the final year, but it will soon be tripled or more in length and spread over all years. For over ten years, this has been the core of two of our fifty-nine competencies



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required for graduation: "Evaluate scientific, lay, and trade information and claims about new products and procedures" and "Think critically, solve problems, and base dental decisions on evidence and theory." The Commission on Dental Accreditation also addresses critical thinking in its standard 2-23: "Graduates must be competent in the use of critical thinking and problem solving related to the comprehensive care of patients." Our students are prepared to evaluate claims others make in advertisements and journal articles about how dentistry should be practiced and engage in discussions at a high level. In addition to learning what faculty members say, they learn to think for themselves and for future practice.

How We Do It

Each student presents a discussion before peers in a small seminar—that is pretty much what critical thinking means. There are also one to three faculty members with the six or seven students, but they function as senior critical thinkers, not as subject matter experts. In fact, when we get to the good stuff at the growing edge of our discipline, the number of true experts is so small that no dental school can cover the field.

Students read research articles (actually three studies and three advertisements). This is a typical exercise in dental schools now, with students being required to submit papers criticizing the methodology and picking fault with the presentation. We used to do this at Pacific, and it was reasonably well received by students who enjoyed feeling superior to the journal authors. We have abandoned this approach to the literature because it takes too long to meaningfully critique the mistaken critiques and because we don't have a competency for feeling superior to anyone. We fear there may be some graduates who will be abstemious in reading the scientific literature, but we know they will have their fill of ads. Now we ask students to write a 25-word summary of the strongest claim that can be made from the paper. Much harder than finding fault (although that still must be done) and much more useful for practice. Students are also required to highlight or underscore any term in the article or ad they do not understand. Try it some time. It is devilishly difficult and works wonders for getting one in a mood for critical thinking. Students must write a personal statement of philosophy for the role research will play in their practices and submit a two-page written critique of an advertisement.

In the spirit of full disclosure, it must be confessed that there are four lectures; a multiple-guess test on experimental design, the literature, and statistics; a personality test; and a commercial test of critical thinking. Like much of dental education, there is absolutely no relationship between the lectures and the multiple-guess examination scores; unlike dental school, students get feedback on the test, but it is not scored as part of their course grade.

What Are We Learning?

Students are learning to think more critically about clinical dental practice. It would be arrogant to pretend that none of them could do so before the course and afterwards they all reached some mythical objective standard that allowed them to infallibly differentiate truth from BS. The same can be said for the faculty who participate. Over the past several years, about three dozen clinical faculty members have been involved with at least five seminars each. As it turns out, average scores on the multiple-guess test of science and the literature for faculty members is no better or worse than the average scores for students.

We are also learning how dentists evaluate claims others make about how they should practice. Here are some findings:

Knowledge Is Lumpy

I was once naive enough to assume that faculty members knew all the relevant answers and that education consisted of transferring this knowledge (or some percentage arbitrarily chosen to represent "enough") to students. Here is how I found out it isn't true and it doesn't matter. The unfamiliar terms students identified in their readings were defined for them and returned as a resource. Because I don't know everything (even about research

and statistics), I had to ask faculty members. Typically I would go through two or three colleagues in the discipline who would mumble something about “Yeah, heard of it, but I’m not certain” or “It has something to do with aesthetics, but it probably isn’t critical” or “I don’t know much about that, but let me tell you what I do know about.” Eventually, I would get to someone who knew entirely too much about the concept. Twenty minutes later my mind had overflowed and I was making excuses to escape that even I didn’t believe.

Knowledge of dentistry, it turns out, is not uniformly distributed among faculty, but is required to be thinly and uniformly distributed among students. Of course the lumpiness is effectively masked by context. The first six faculty members I asked could not tell me what the three initials stood for in “CDT code,” but we know they could bill successfully. By far the largest number of unfamiliar concepts was in the biomedical sciences. I even came up with a suspicious term in an article on evidence-based dentistry that flummoxed the entire dental school faculty and those in our School of Pharmacy. I tracked down the author in Brazil via e-mail, and eventually she confessed that she didn’t know what the term meant either but she had seen it in another paper and it sounded impressive.

Mistakes in Logic Are Common

Critical thinking errors on course projects were common. Only 17% of students avoided all errors on the five assignments (three summary papers, the statement of role of science in practice, and the critique of the advertisement). The most common error was unsupported criticism of a claim made in an article (“There might have been bias” [of course there *might* have been, but what was it and why does the critic think it matters?].) Logical non sequiturs were also made by more than half the students. An example of this logical error would be a criticism that a reported significant difference involving a drug and prophylaxis compared to a prophylaxis alone is inconclusive because there is no group without any treatment. Another type of non sequitur is stating a true fact as a conclusion of a paper when it functioned as an assumption. (“Substance P mediates pain” may be true, but if the data in the study do not test this claim, it cannot be a conclusion of the study.) “Thin arguments” involve incomplete reasoning, for example, “Other (unspecified) studies come to different conclusions,” “The study was pretty good,” or “The group that received the treatment was better” without identifying better than what or better in terms of what. Arguments by definition were the least common form of error, in part because they tended to occur only on the statement of philosophy of the role of science in practice. Examples include “I will only provide the best care” or “I will not use the product mentioned in the ad because it is ineffective” (without giving reasons for this assertion).

Predictors of Critical Thinking Skill

“Wanting to” seems to account for a lot. Course grade, largely a function of the seminar presentation and the paper analyzing an ad, was independent of the multiple-guess test score and performance on the commercially developed test of critical thinking. But one of the personality tests was prophetic. A six-item test developed by a psychologist in New York assesses individuals’ desires to be successful and strive for excellence. That little test predicted grade in the critical thinking course, freedom from logical errors, and faculty ratings of student clinical performance in all disciplines. The critical thinking course grade also predicted clinic performance. Students are routinely asked what they hope to learn in their courses as they complete the course ratings. Those who were hoping to learn clinical techniques in the Critical Thinking course, rated it about C; those who wanted to have their thinking stimulated gave it a straight A.

One other personality test failed to uncover anything exciting. Items designed to measure orientation to “first, do no harm” were unassociated with anything in the Critical Thinking course or in the clinic. Maybe this is just one of those bromides that floats around in dentistry and deserves to be subjected to critical thinking. □

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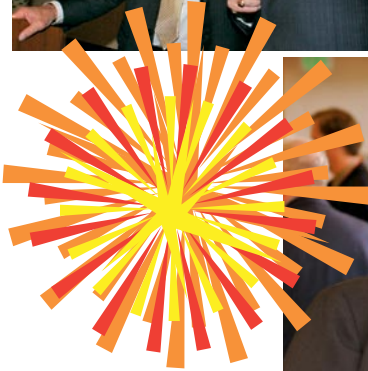
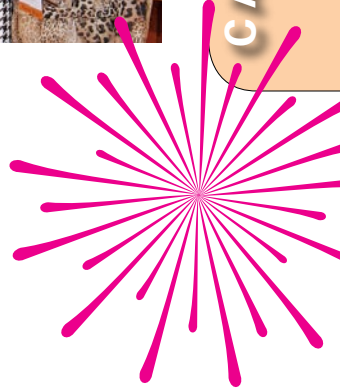


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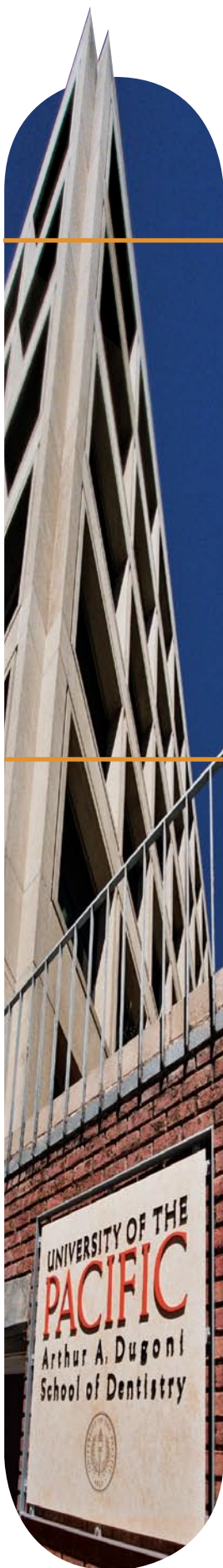
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- 1 Ms. Glenys Oyston, Development, prepares for guests.
- 2 PDEF Board Members Bonnie Kwong and Dr. Michael Fox '82 with Mrs. Margaret Redmond.
- 3 Christine and Dr. Marc Geissberger '91 and Dr. Foroud '91 and Mana Hakim.
- 4 Dr. Gerald Bittner '72, PDEF Board Members Dr. Susan Bittner '74A and Dr. Colin Wong '65, and Dr. Patrick Ferrillo, Jr.
- 5 Dr. Robert Christoffersen '67, executive associate dean.
- 6 Dr. David Chambers and his wife Jean Hopeman with fellow PDEF Board Member Fred DeRoade.
- 7 Drs. Glenn and Elizabeth Vasco Belen '82 and daughter Christina.
- 8 Mr. John Cagnone and Dr. Tom Bales '74B.



- 9 Steven Tirt and Mike Carroll, PDEF Board Members.
- 10 Dr. Craig Yarborough '80, assoc. dean for institutional advancement, Dean Arthur Dugoni, Dr. Donald DeRosa, president, and Dr. Ron Redmond '66, University Regent and campaign chair, cut a ribbon to unveil the Campaign Wall.
- 11 Ms. Jenna Yarborough '09, Dr. Craig '80 and Nancy Yarborough, and Dr. Nava Fathi '95.
- 12 Dr. Arthur A. Dugoni and Dr. Ron Redmond '66, thank Commitment to Excellence campaign donors in the audience.
- 13 PDEF President Dr. Tanita, '73 and his wife Dana.
- 14 Ms. Suzanne Pride Bryan and Mrs. Carolyn Pride.
- 15 Teri and Dr. Sig Abelson, '66 PDEF Board Member.
- 16 Ortho resident Dr. Joseph Kolody '04 and his wife Jenny dancing.
- 17 Drs. Suzanne Saidi '91 and Gabrielle Duggan Rasi '91.
- 18 Alumni Association President Dr. Jade Miller '81, former administrator Dr. Ron Borer and PDEF Board Member Dr. Michael Fox '82.
- 19 Dr. Alan Gluskin, '73 chair of Endodontics, Ms. Taylor Wilcox, Ms. Teresa Kuhlman, Manager of Clinical Sciences, and Dr. Shannon Wong, associate professor of endodontics enjoy the party in Café Cagnone.



CAMPAIGN CONCLUDES**\$65.8 million**
6-30-06**\$50 million**
9-30-04**\$30 million**
10-31-02**\$0**
7-01-98**CAMPAIGN BEGINS****A Championship Season**

That's how Dr. Ron Redmond '66 described his feelings about the Commitment to Excellence Campaign as it approached its final weeks, having made and exceeded all of our expectations, twice!

Originally scheduled to end in June of 2005 with an expected goal of \$50 million, the campaign raced past that line, and a new goal of \$60 million was set for June 30, 2006.

The campaign reached the \$60 million mark well before that date. On June 2, with still 28 days to the formal close of the campaign and \$65 million collected in now and future pledges, 600-plus supporters attended Pacific's Campaign Bash to celebrate this remarkable achievement.

remarkable achievement.

The day began with a gathering of the Pacific Dental Education Foundation Board principally to talk about the campaign and what they "learned on the way to \$65 million."

The man who chaired the campaign through all of its eight years, the remarkable Dr. Ron Redmond, summed up the feelings of many at the meeting when he said, "I feel like I've been part of a great team that just completed a championship season. I'm elated with the outcome, but I'm a little sad that it's ending."

Dr. Redmond quickly explained that he had thoroughly exhausted the patience of his devoted wife, Margaret, and that he had no objection to taking back that part of his life he had given to the campaign. But his feelings lingered in the air and resonated with Dean Dugoni, Craig Yarborough, who heads up institutional advancement, Development Director Ber-

ney Neufeld and their team, and every member of the PDEF Board who had packed the wood paneled board room in the old library building diagonally across the street from the school's main campus.

Dr. Art Dugoni had a smile fixed to his face that lasted beyond the board meeting and into the evening celebration. "The magic of Pacific is in its people," he reminded the gathering. Dr. Redmond had no doubt about that.

Former PDEF President John Feaster '74A, perhaps best summed up the occasion by saying, "We have achieved the greatest capital campaign in the history of dental education, and still we aim higher."



Dr. Ronald Redmond '66 with wife Margaret.



From left to right:
 Drs. Alex Farr '98,
 Terry Hoover,
 Shannon Wong,
 William Lundergan
 Eddie Hayashida,
 William Carpenter
 Franklin Woo,
 Thomas Schiff, and
 Nader Nadershahi.

PHOTOS BY JON DRAPER

Pacific Donates Books to Dental School in Iraq

When duty called, the School of Dentistry answered. Upholding its commitment to community service, Pacific assisted the U.S. Army Reserve in restoring the University of Baghdad College of Dentistry by donating more than two tons of textbooks to the college's library, that which was looted during the ongoing war in Iraq.

"We asked several organizations and educational institutions for assistance and Pacific was the only educational institution to answer our request," stated Dr. Franklin Woo, a dental surgeon with the U.S. Army Reserve's 2nd Medical Brigade. "Pacific's donation of books played a significant role in completing one of our brigade's civil military missions, which aimed to win the hearts and minds of the Iraqi medical community."

Under the diligence of Dr. Eddie Hayashida, associate dean for

administration, old dental textbooks and publications were solicited and collected from faculty members. Donations were later shipped to Travis Air Force Base with the aid of Pacific alumnus Dr. Alex Farr '98, an Army reservist who assisted Dr. Woo with the book drive.

In recognition of Pacific's contribution, Drs. Woo and Farr visited the dental school to personally thank and present faculty members with certificates of appreciation. The certificates read: "This is in recognition of your support in the restoration of the University of Baghdad, College of Dentistry, Republic of Iraq. Your efforts in collecting clinical books, later donated to the University of Baghdad, College of Dentistry Clinical Library in April 2005, reflects greatly upon yourself and the profession of dentistry. Your contribution to this 2nd Medical Brigade civil military project greatly enhanced the mutual respect and understanding between U.S. military and Iraqi dental professionals."

Geissberger Named OKU National President

Dr. Marc Geissberger '91, associate professor and chair of the Department of Restorative Dentistry, was named president of the Omicron Kappa Upsilon (OKU) National Dental Honor Society's Supreme Chapter. OKU's Supreme Chapter serves as the governing body of its 57 active component chapters throughout the country. Established in 1914, OKU promotes and recognizes dental students in the United States and Canada who have distinguished themselves by a high level of scholarship as well as exemplary traits of character.

During his 2006-2007 term as president, Dr. Geissberger plans to establish a national scholarship endowment fund for junior faculty members to pursue research and scholarly activities, in addition to supervising the activities of the Supreme Chapter.

Dr. Geissberger is currently treasurer of the School of Dentistry's Alumni Association, a fellow of the American College of Dentists and the Pierre Fauchard Academy, and a member of the American Academy of Cosmetic Dentistry's University Council. In addition to his role as lead administrator for the Department of Restorative Dentistry, Dr. Geissberger maintains memberships with Academy of Operative Dentistry, American Academy of Cosmetic Dentistry, American Dental Association, American Dental Education Association, California Dental Association, Delta Sigma Delta Dental Fraternity, and Tau Kappa Omega Honor Society.

Rhett Murray Elected Colorado Dental Association President

Dr. Rhett L. Murray '76 was named president of the Colorado Dental Association, an organization that serves more than 2,800 members and is committed to supporting organized dentistry in Colorado.

"When I graduated from Pacific, I felt a sense of great accomplishment, but I never imagined I would be involved in organized dentistry," stated Dr. Murray. "However, I later realized I could make a difference. I consider serving in leadership positions a privilege."

Dr. Murray, who has held every governing office with the Colorado Dental Association, is the chair of the Colorado Dental Association Ethics Committee, a consultant to the Colorado State Board of Dental Examiners, and a clinical assistant professor at the University of Colorado, School of Dentistry. Prior to being named association president, Dr. Murray served as president of the Metropolitan Denver Dental Society, the Colorado Prosthodontic Society, and the Denver Academy of Clinical Dentistry.

Dr. Murray is a general dentist and manages a private practice in Aurora, Colorado, where he has practiced since 1977. He is a graduate of the University of Denver and received his doctor of dental surgery degree from the Arthur A. Dugoni School of Dentistry in 1976. He is a member of the Denver Academy of Clinical Dentistry and the Colorado Prosthodontic Society and he is a fellow of the International College of Dentists and the Pierre Fauchard Academy.

Alumni/Graduate Banquet

The Alumni Association added another chapter to its tradition of honoring and welcoming its newest members during the 69th Annual Alumni/Graduate Banquet on June 9 at The Ritz-Carlton Hotel in San Francisco. More than 400 guests, dressed in tuxedos and gowns, enjoyed dinner and an awards ceremony. For the first time, banquet attendees were treated to a dessert reception and a DJ who provided music for dancing.

During the program, Dr. Jade Miller '81, Alumni Association President, greeted the Class of 2006 and Dr. Arthur A. Dugoni presented awards to graduating students and residents. Student leaders, Drs. Blake Robison, Ruth Candy Tan-Chi, and Poolak Zand honored the following faculty members with teaching awards: Drs. Paul Subar, Kerry Hanson, Richard Crowe, Shannon Wong, Dudley Cheu, Alan Budenz, Roxanna Shafiee, and Gabriela Aron. In addition, Dr. Ai B. Streacker received the Lucian Szymd Memorial Award, Dr. Eddie Hayashida was presented the Dr. Mark S. Hagge Faculty Endowment Award, and Ms. Connie Silag was the recipient of the Rhonda Bennett Staff Excellence Award.



Alumni Gather at Del Mar

The San Diego Chapter's annual alumni event, Del Mar Day at the Races, was held on Sunday, July 30. As always, it was a huge success with a maximum-capacity crowd of 140 people in the luxury skybox. Dr. Patrick J. Ferrillo Jr. Dean; Dr. Craig Yarborough, Associate Dean for institutional advancement; and Dr. Dave Nielsen, asso-

ciate dean and executive director of the Alumni Association, represented the dental school and greeted our alumni and their guests. Long Beach resident Dr. Bella Doshi '95 and her husband, Chet Bhavsar, joined Dr. Ferrillo in the winner's circle for a photograph with the winning horse and jockey.



Bowden Leads Utah Dental Association

The Utah Dental Association installed Dr. Ronald Bowen '84 as president at its annual convention held February 10 in Salt Lake City, Utah. Dr. Bowen was sworn in as president before the UDA's House of Delegates.

"As health care professionals, we have a vision and dedication to provide the highest quality and access of dental health care to the citizens of Utah," stated Dr. Bowen.

In conjunction with his service on the UDA Board of Directors, Dr. Bowen has served as president of the Salt Lake District

Dental Society and Great Basin Academy as well as chair of the UDA's government relations and political action committees. He is a fellow of the International College of Dentists and the Pierre Fauchard Academy.

Dr. Bowen has been a practicing dentist in the Salt Lake

Valley for the past 21 years. He received his bachelor's degree from Brigham Young University in 1981 and graduated with honors from the Arthur A. Dugoni School of Dentistry in 1984. While at Pacific, Dr. Bowen served as president of both the student body and his second-year class.

Dugoni Receives Accolades

In the last two months of his deanship, Dr. Arthur A. Dugoni added several honors to his extensive list of accomplishments.

The University Board of Regents voted to award Dr. Dugoni the highest honor any faculty or staff member can receive, the Order of the Pacific. Dr. Dugoni was presented with the prestigious Order of Pacific medal for his illustrious 56-year career as an educator during the All-University Commencement on May 12 and again formally at the dental school graduation ceremony on June 11 in San Francisco. "This award is given selectively to those persons who have given distinguished service and made outstanding contributions to the University that extend beyond the expectations of that person's position," stated President Donald DeRosa.

Pacific's Alumni Association also recognized Dr. Dugoni at the 48th annual Distinguished Alumni Awards banquet held June 24 on the Stockton campus. The Alumni Association awarded Dr. Dugoni



PHOTO BY JON DRAPER

with its Medallion of Excellence, which honors alumni who have exhibited outstanding and exceptional service to the University, to their profession, and to their community. The Medallion of Excellence, the highest honor the association can award an alumnus, has only been given to seven other recipients in the University's history.

In addition to accolades from Pacific, Dr. Dugoni became the first dentist to receive an honorary degree, doctor of humane letters, from University of Louisville, School of Dentistry. Dr. Dugoni accepted this degree on May 13 during ULSD's Commencement Ceremony, where graduating students and guests gave Dr. Dugoni a standing ovation for his inspiring commencement address. Dr. Dugoni was also the featured speaker at the University of Michigan School of Dentistry and the University of Indiana School of Dentistry in May. Throughout his career, Dr. Dugoni has given 29 commencement addresses at various universities throughout the United States.

Dennis Shinbori

PROFESSIONAL DEVELOPMENT

EXPERT

It's very likely that Dr. Dennis Shinbori '75 sees more CE speakers than you do—several dozen a year, from California, Atlanta, Boston, Chicago, Minneapolis, Philadelphia, to New York. Dr. Shinbori is chair-designate of the Council on ADA Sessions; he is also serving his eighteenth year on the CDA Scientific Sessions Board of Managers. That's the way he contributes to organized dentistry.

"Yes, I and other council members do scout other meetings to find a wide ranger of speakers who are at the growing edge of the various disciplines, authoritative, and engaging. But the job is a bit broader than picking speakers," Dr. Shinbori reports. "The speakers typically have special presentation requirements, must be matched to the right size room, and should be hosted. The exhibitors have become a key part of any scientific meeting. We have to worry about credentials, appropriate floor space, and getting good exposure to dentists. Then there are social events to coordinate such as those sponsored by the association, dental schools, exhibitors, and various other groups. Even with the best program content, coordination is always a challenge. There is no way to avoid scheduling conflicts due to the multiple preferences of those attending, but we try to maintain a balanced program and offer the best program for our members."

One of the rewarding challenges Dr. Shinbori has learned to navigate is harmonizing the two groups responsible for making these kinds of meetings work—the volunteer officers and assistants, and the professional staff. "Generally, these are some of the most talented people in organized dentistry. They have skills and they want to be a part of this kind of program." Professional staff members bring technical ability and knowledge of other organizations; and the volunteers are very much in tune with what practitioners are looking for. Although committee service may be part of the career pathways of some dentists who are seeking higher office, Scientific Sessions volunteers

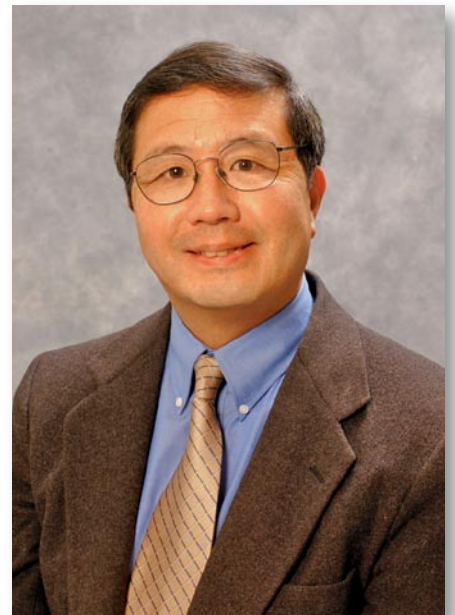
Dr. Shinbori has taught at Pacific since the day he graduated. He has been in the Preclinical Removable Prosthodontics Technique Laboratory Course every Friday since 1975.

typically continue their service for years and build up substantial expertise.

California has two of the largest dental meetings each year in the United States. The Anaheim meeting in the spring generally draws about 28,000 people. The fall meeting in San Francisco normally draws about 17,000 people. Approximately one-third of the attendees are dentists and the rest are staff, guests and exhibitors. Because San Francisco is such a popular and successful venue, the ADA comes to The City about every five years. When this happens, the ADA pays a stipend to CDA and the CDA fall meeting in San Francisco is cancelled. The ADA does not have sessions in Los Angeles, New York, Boston, or Atlanta because of the CDA Anaheim, Greater New York, Yankee, and Hinman meetings.

Dr. Shinbori's work with the ADA council is similar to what he does for the CDA, except for the added responsibility of creating a successful meeting in different sites each year. This is a substantial commitment and must be planned well in advance. For example, Dr. Shinbori will be chair of the Council on ADA Sessions when it meets in San Antonio, Texas, in October 2008.

Dr. Shinbori graduated from Pacific just after the conversion to the three-year curriculum when the clinic was undergoing remodeling. He recalls, with just the faintest hint of a smile, leading patients through plastic lined construction corridors to his clinic chair where the 2-by-4-by-six foot drab green clinical cart was chained to his



chair. Now his beautiful office is a modern, five-chair practice a few blocks from school in Japantown, Dr. Shinbori brags, "This was the first office Jim Pride designed. We both benefitted from the arrangement. For years he led tours through my office and my office was even on the CDA office for the year.

Dr. Shinbori has taught at Pacific since the day he graduated. He has been in the preclinical Removable Prosthodontics technique laboratory every Friday since 1975. He pauses to reflect—"Most of the students I teach now weren't even born when I started teaching." He also taught 15 years in Fixed Prosthodontics. He has had many positions in our Alumni Association including president.

Not being one to get things started and then drift away, Dr. Shinbori organized a poster contest for the San Francisco elementary school children through the San Francisco Dental Society. That was 20 years ago, and the program is still going, with winning posters being displayed at the San Francisco Library and an opportunity for teachers to plan lessons around oral health. The program has expanded to include system-wide screenings.

"I love it, that's why!" Dr. Shinbori answers enthusiastically to the obvious question of what can account for his varied and deep and sustained volunteer effort on behalf of the profession. "I may no longer be an 'up and comer,' but I know who is, and I like to feel I have had a hand in helping them along."

By Bruce Peltier

It's a pity that a topic as important as professionalism can attract so many yawns and bad ideas. Doctors and dental students have been known to roll their eyes and prepare to run when a speaker starts to talk on this topic (and maybe they should!). They know that they are about to get a lecture on bad behavior, and there's an excellent chance that the lecture will be condescending and annoying. They are going to be told that they are lacking in some way, and they know that the speaker intends to set them straight, to motivate them to get going and change their lazy, disrespectful ways. They'll be reminded of doctors or students who are lazy or unprepared or dressed sloppily. Is this any way to promote the highest levels of professional behavior? Maybe not.

The problem is this: most of us have never really thought through what we mean when we say "professional." It's truly an important issue. If you Google the word "professional" you get 2.4 billion links (most of which are commercial sites), and if you try "professionalism" you get 48.6 million links, many of which present views on what it means to be a professional. The National Board of Medical Examiners has a website on professionalism and it lists 62 essential behaviors including "adheres to local dress code."

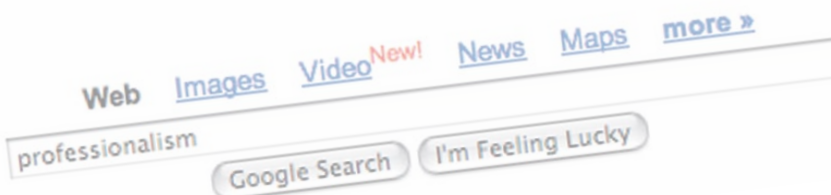
Few of us have actually sat down and tried to figure out what it means to be professional. Few doctors have formed useful ideas about this essential part of our work lives. If the concept of professionalism is to have any benefit, it will have to derive from a definition that is embraced, and you can't embrace a concept until you have decided that you believe in it. Following this logic, it's usually foolish to believe in things that you've never thought much about. As an example, here's part of an exchange between Stephen Colbert and a congressman who is proposing bills and constitutional amendments to place the Ten Commandments in various governmental buildings:

Colbert: "What are the Ten Commandments?"

Congressman: "You mean all of them?"
The congressman stammered. "Um, don't murder, don't lie, don't steal. Um. I can't name them all."

Aside from trying to meet standards you don't understand yourself, you probably shouldn't embrace a definition that others

Professionalism Redux



provide for you unless you agree with those standards yourself.

Here are some questions to think about:

What does it mean to be a "professional?" Can a haircutter or a credit "counselor" be a professional? We've all heard of hair care professionals and one can find professional credit card counseling on line. Is it somehow elitist or condescending to exclude such workers from the professional mix? Is there an essential difference be-

sionalism includes the following four components:

1. Dentists possess a special expertise.
2. The expertise that dentists possess is important to society.
3. Dentists are granted extensive autonomy in practice.
4. The first three factors (above) create special obligations for dentists.

Ozar's model is excellent, and he and co-author David Sokol make the clear asser-

If you Google the word "professional" you get 2.4 billion hits (most of which are commercial sites), and if you try "professionalism" you hit 48.6 million sites, many of which present views on what it means to be a professional.

tween construction workers who are really good at their work and "professionals" such as attorneys or doctors? In sports you become a "professional" as soon as you earn your first dollar of prize money. Are all golf pros professionals? Is John Daly a professional? He has been known to smoke cigarettes during tournaments and to gamble his earnings away. He dresses casually and looks out of shape and loses his cool from time to time.

An internet search also unearths an advertisement for a movie called "The Professional." It turns out that the movie is about a professional assassin. Can an assassin be a professional?

There is a very small amount of serious literature on professionalism in dentistry, but it is essentially unchallenged and rarely discussed. Most of the "beef" is provided by dental philosopher David Ozar from Loyola University of Chicago. His model of profes-

sion that professionalism in health care distinguishes doctors from those whose first concern is to make a profit in the competitive marketplace.

It takes some thinking, though, to extend Ozar's model to answer some important day-to-day questions that face students and dentists, the first of which is, "What do I actually do, if I am to be a professional? How do I behave? What are my rules? What should I do and what should I avoid?" Other specific questions include, "Does professionalism mean that I must be on time for my appointments? Must I wear a tie? Should I have good manners, and, if so, whose manners should prevail? Can I focus on esthetic dentistry and still be professional? Do I need to be punctual? Can I get drunk at a dental school party and dance all night? Can I use swear words from time to time?"

These are serious questions for doctors and students. It seems to me that, in addi-

tion to Ozar's four principles, doctors might consider the following: A student told me about his father's opinion of his car mechanic, and it matched statements by my own dad, made many years ago. "He's a real pro," he would say in an admiring tone. The question is, what exactly does it mean to be a "real pro?" You've probably heard this expression and have your own ideas.

I think it means this: First and foremost, a real pro is someone you can count on to get the job done, no matter what. You can hand it over to them and count on them to accomplish the task. Period. They won't complain. They won't sit on the job and stall. They won't mess it up or do it wrong. They don't need to fake it. They possess a deep understanding of the task. They have paid their dues, so they know how it all works at a deep level. They have encountered all sorts of variations of the task, so it is hard to surprise them, but if you do, they can figure out how to get the job done properly with a little thought, and they are likely to enjoy the challenge. They have all of the special tools and equipment required for the job and don't need to borrow

any. They are unlikely to chase after the latest fad in their field, because they know that most fads don't go anywhere substantial.

Secondly, you can count on them to do the task properly even when you, the one hiring them, do not understand the task very well yourself. They could take advantage of you, but they don't and won't. It's part of their "code" as a pro.

Thirdly, they have their own standards, standards they believe deeply, and those standards are independent from yours and perhaps higher. They don't brag about them, but you can tell that it is a high, internal set of standards they hold themselves to. You could give them permission to take a short cut, but they aren't interested in shortcuts. Minimally acceptable standards are of no interest to them.

Fourth, money is secondary. They expect to be paid, but it is the performance that counts. If you are not willing to pay them a fair amount, maybe they just won't work with you in the future.

So, where do manners or appearances fit into this picture? Well, they certainly make

an impression and communicate important messages to others, but they are not essential qualities of professionalism. It's getting the job done that counts. Getting it done under easy or difficult conditions, getting it done when others don't understand what it takes, and even making it look easy. You can count on a professional.

This places some big demands on people who want to be professionals. They have to learn their profession at a very deep level. They must establish excellent work habits (e.g., reliability, punctuality, follow-through). They must obviously possess rock-solid integrity. They've got to go out and buy the best equipment and upgrade it regularly. And they must avoid shortcuts like the plague. They must make it a point to honor their commitments. If they take the job, they see it through to the best possible conclusion. They are good for their word.

These are my ideas. Now it's time for you to take a few moments to figure out what yours are. Then align your actions with your values. It's the best way to live. It's professional.

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 Al Gilmour
 Ellerhorst Family
 Drs. Charles and Marion Hovden
 Dr. and Mrs. Bob Dorian

Gift To

Alfred E. Gilmour Scholarship Endowment
 Dr. Bruce and Grace Valentine Endowment
 Larry and Rosalie J. Meyer Scholarship
 Dr. Louis J. and Norma Grosso Geissberger Faculty Endowment
 Ernest G. Sloman Library Endowment
 Ernest G. Sloman Library Endowment
 General Memorial Fund
 Dr. Franklin H. Locke, Sr. Endowment
 Byron J. Thayer Endowment
 Alfred E. Gilmour Scholarship Endowment
 Dr. Louis J. and Norma Grosso Geissberger Faculty Endowment
 Dr. Bruce and Grace Valentine Endowment
 Dr. David L. Lee Family Endowment
 Hovden family Endowment
 Dr. Louis J. and Norma Grosso Geissberger Faculty Endowment
 General Memorial Fund
 Ernest G. Sloman Library Endowment
 Ernest G. Sloman Library Endowment
 Arthur A. and Kaye Dugoni Student Scholarship Endowment
 Dr. and Mrs. Mario E. Gildone Scholarship Endowment
 Dr. and Mrs. Mario E. Gildone Scholarship Endowment
 Al and Mary Ann Gilmour Student Scholarship Endowment
 Ernest G. Sloman Library Endowment
 Dr. F. Gene and Rosemary Dixon IDS Endowment
 Dr. Bruce and Grace Valentine Endowment
 Dr. Bruce and Grace Valentine Endowment
 Dr. Bruce and Grace Valentine Endowment
 Arthur A. and Kaye Dugoni Student Scholarship Endowment
 Robert H. Christoffersen Faculty Endowment
 Dr. Thomas R. Bales Family Endowment
 Arthur A. and Kaye Dugoni Student Scholarship Endowment
 Leo S. and Shirley M. Hayashi Scholarship Endowment
 Class of 1956 Endowment
 Dr. David L. Lee Family Endowment
 Dr. F. Gene and Rosemary Dixon IDS Endowment
 Dental Care for Children Fund
 General Memorial Fund
 Dr. Franklin H. Locke, Sr. Endowment
 Dr. and Mrs. Mario E. Gildone Scholarship Endowment
 Alfred E. Gilmour Scholarship Endowment
 Silvestri- Ellerhorst Family Endowment
 Hovden Family Endowment
 Ernest G. Sloman Library Endowment

CONTINUING DENTALEDCATION

CALENDAR

ongoing throughout the year

Hospital Dentistry Personalized Learning Experience Program

ongoing throughout the year

Success with Oral Surgery in the General Dentistry Office

Saturday, October 7, 2006

Overcoming Difficulties in Local Anesthesia

Pacific Health Sciences Learning Center, Stockton

Saturday, October 21, 2006

Direct Posterior Resin

Saturday and Sunday, October 21, 22; and November 4, 2006

Certification in Radiation Safety

Saturday, November 11, 2006

Infection Control & Dental Law and Ethics

Pacific Health Sciences Learning Center, Stockton

Saturday, November 18, 2006

Mini Implants in Removable Prosthodontics

December 1, 2, 3, 2006

Friday, Saturday, Sunday

The Aesthetic Revolution:

Setting New Standards in Cosmetic Dentistry

Saturday, December 2, 2006

First Smiles: Dental Health Begins at Birth

Saturday, December 9, 2006

Overcoming Difficulties in Local Anesthesia

Saturday, December 9, 2006

Mini Implants in Removable Prosthodontics

Pacific Health Sciences Learning Center, Stockton

Saturday, January 20, 2007

Intermediate Mini Implants:

A Hands-On Live Patient Workshop

Pacific Health Sciences Learning Center, Stockton

Saturday, and Sunday, February 10, 11, 2007

Smile Reconstruction Using Porcelain Veneers

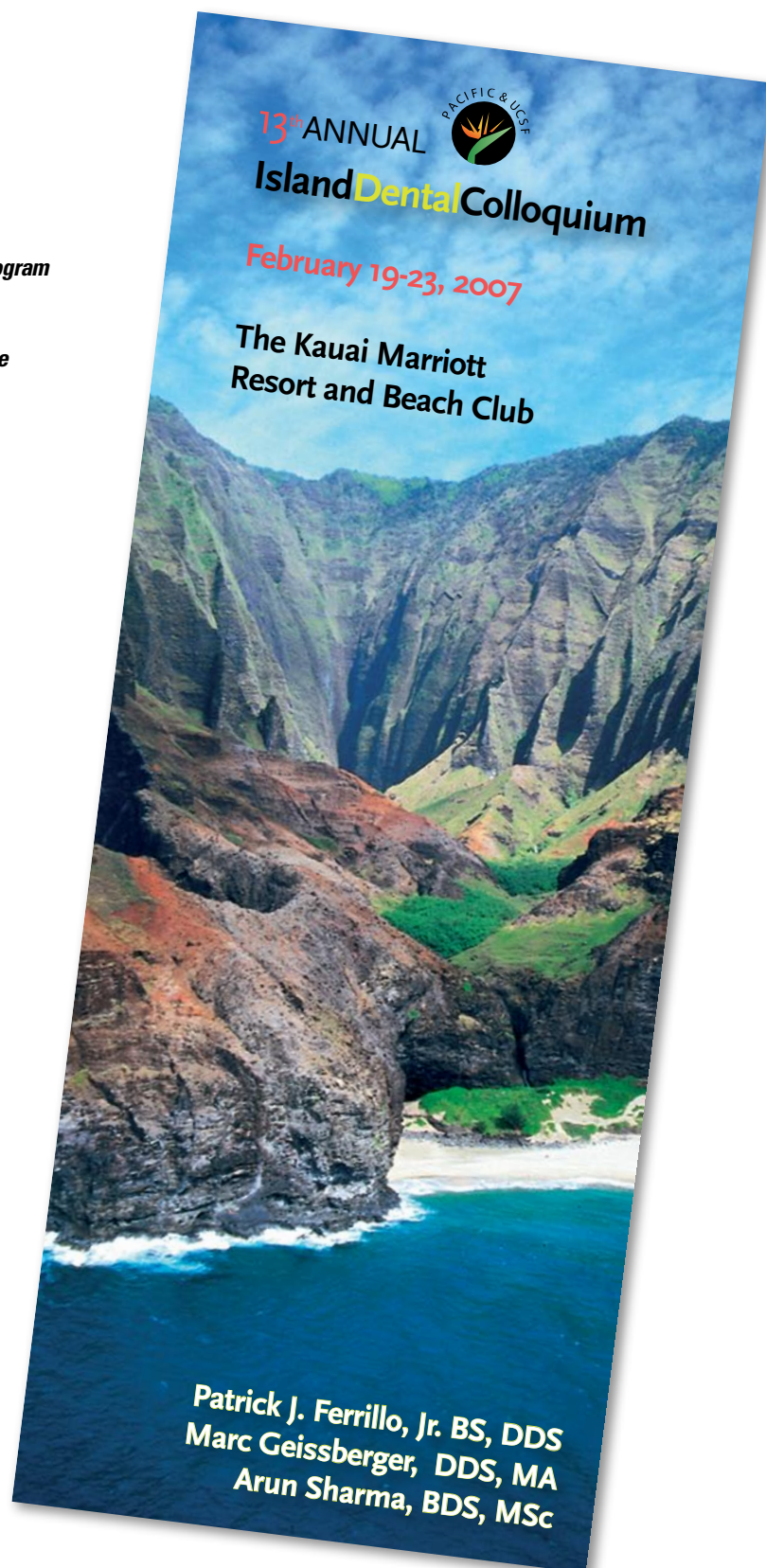
Saturday, February 24, 2007

First Smiles: Dental Health Begins at Birth

McGeorge School of Law, Sacramento

ADAC·E·R·P
CONTINUING EDUCATION RECOGNITION PROGRAM


**Academy
of General Dentistry**



To register or for further information, please contact the Division of Postgraduate Studies at:

PHONE (800) 922-4UOP in CA (415) 929-6486 outside CA
INTERNET <http://dental.pacific.edu>
FAX (415) 749-3334

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

We wanted to give something back.



Dr. William Dorfman '83, his wife Jennifer, and his daughters, Anna, Charlie, and Georgie, at the entrance to the Dorfman—Discus Dental Auditorium, a state-of-the-art learning and teleconferencing center. This gift to Pacific reflects Bill's intention to give something back to the school where his career in dentistry began. "Each of us," Bill explains, "has the opportunity to make a unique and significant contribution to our world. It is my dream that those who follow me will pursue their careers with dignity, serve their patients with empathy, and lead their peers with honor."