**FEBRUARY 7 – 11, 2011 (MONDAY – FRIDAY)**

**Adventure & Learn Hawaii 2011**

**Endodontics: Get Better! Now!**

Dr. Markus Haapasalo, Dr. Jeffrey Coil

The course (72 hours of instruction) will focus on the most relevant topics in clinical endodontics.

**Clinical Diagnosis of Oral Lesions**

Dr. Charles Shuler

The objective of this presentation (3 hours of instruction) is to guide participants to develop an approach for differential diagnosis of lesions in the soft tissues of the oral cavity.

Location: The Fairmont Kea Lani, Maui, Hawaii

The Fairmont Kea Lani is located on the pristine white sands of Polo Beach, Wailea, just 17 miles from Kahului Airport. This distinctive Maui hotel encompasses 22 acres of tropical landscape and offers authentic Hawaiian cultural experiences. The warm and personal service conveys the essence of aloha.

**FEBRUARY 18 – 19, 2011 (FRIDAY – SATURDAY)**

**Annual Vernon Ski Seminar**

**Aesthetic and Function of Ceramic Restorations**

Dr. Chris Wyatt

**Oral Surgery Update**

Dr. Ian Matthew

Location: Chilcotin Conference Centre, Silver Star Mountain, BC

Silver Star Mountain offers ultimate downhill skiing for all family members, featuring 10 lifts and over 100 superb runs, a number of which are open for night skiing. Tubing, outdoor skating and sleigh rides are also available.

The resort is located 22 kilometres (13 miles) northeast of Vernon, BC, and is a 50-minute drive from Kelowna, BC.
Dear Colleagues,

Welcome to the fall 2010 edition of “Impressions.”

Heading into autumn, there is a palpable sense of excitement in the Faculty as we progress with the goals of our Strategic Plan. Three new graduate programs—orthodontics, pediatric dentistry and prosthodontics—have admitted their first classes. Renovations in the John B. Macdonald Building have created a new computer learning centre and an enlarged lounge for students. Construction has begun on the new Bioimaging Facility, which will house the Faculty of Dentistry’s expanded bioimaging facility, the Centre for High-Throughput Phenogenomics—a 59.6 million expansion to Dentistry’s existing imaging facility, funded by contributions from the Canada Foundation for Innovation and the BC Knowledge Development Fund (Impressions, fall 2009).

One of the major articles in this edition of Impressions focuses on problem-based learning (PBL). PBL is a major pedagogy at the Faculty of Dentistry, and we are recognized internationally for achievements with this style of learning. The introduction to the article poses a “clinical problem” with many uncertainties regarding the best way to approach treatment. PBL provides a method for recognizing, investigating, understanding and modifying therapeutic approaches for the greatest benefit to patients. In the article, several members of our faculty discuss both the method of learning in PBL, and why this pedagogy prepares our graduates to deal with complexities in our profession and the changes that are certain to occur in the future. PBL is a significant strength of our Faculty and provides a long-term career benefit for our graduates.

I hope you enjoy this issue of Impressions. We continue to highlight the remarkable achievements of our students, faculty members and staff. The Faculty of Dentistry’s future is extremely bright, and with the many opportunities available to us, the level of excitement is infectious. We look forward to sharing our enthusiasm with you as the Faculty of Dentistry moves forward toward realization of our Strategic Plan.

All the best,

Charles Shuler, DMD, PhD
Dean and Professor, Faculty of Dentistry
A New Hub of Activity in the Old Clinic: The PDG Conference Room

For nearly four decades the central dispensary of the dental clinic in the John R. Macdonald Building (JMB) served as the hub of activity for students and faculty. Decommissioned in 2006, it has sat unused since the opening of Dentistry’s new oral health centre—until now.

With the support of the Pediatric Dental Group (PDG), this space has been transformed into a new hub of activity—an extraordinary and desperately needed conference room—and serves as a leading project for further JMB building renovations.

Now named the PDG Conference Room, the facility provides students, alumni, faculty and staff with an interactive and modern space for creative and dynamic learning and teaching. Two 65-inch high-definition plasma monitors chosen for their unprecedented clarity for viewing radiographs, installed at each end of the room, are a highlight of the conference room’s features.

PDG’s support and partnership has been instrumental. This was a challenging renovation project because a complicated and extensive plumbing infrastructure had to be removed. Their foresight and generosity in making the project a reality reflects a strong group-practice philosophy in dentistry that has always been to create a culture of quality and high expectation. This can best be served by educating students in environments that reflect these principles,” says Dr. Richard Kramer, a practising pediatric dentist for over 30 years. “If one provides a professional environment to allow the proper presentation of educational materials, then it will affect how the students themselves view dental education. Going forward into the professional practice of dentistry, their standards and level of expectations will have been shaped by the environment in which they are taught.”

As a UBC Dentistry alumnus, Dr. Reza Nouri understands first-hand the importance of continually supporting the growth and development of Dentistry’s teaching institutions: “We must give back, be it by our time, experience, wisdom or financial support. Today’s students will be future leaders in our profession. The stronger their educational foundation is today, the better they will lead us tomorrow.”

UBC Dentistry is grateful for the support and leadership of Drs. Richard Kramer, David Kennedy, Donald Scheideman, Donal Flanagan, Anabel Chan, Reza Nouri (DMD 1994, MSC 2004), Edward Chin, Louise Leung (DMD 2000), Todd Moore (MSC 2001) and Christian Wong, along with their families, in naming the PDG Conference Room.

Digital Learning Symposium Leads to Province-Wide Initiative

Beginning April 13, Dr. Karen Gardner hosted a two-day symposium that covered issues related to digital learning. Funded by a grant from the Canada California Strategic Initiative Project, the symposium was attended by faculty from the University of British Columbia, University of Alberta, University of Saskatchewan and the University of California San Francisco, as well as representatives from the Canadian Dental Association (CDA), the British Columbia Dental Association (BCDA) and the College of Dental Surgeons of British Columbia (CDSBC).

Designed on sound educational theory, the symposium presented digital learning as a beneficial format for the lifelong learning needs of practising dentists. This was accomplished through active participation in a two-week online learning session involving blogs, wikis, webinars and quizzes, followed by a two-day face-to-face session comprised of lectures, active learning and hands-on exercises.

Following this successful endeavour, Gardner along with Drs. Jolanta Aleksejūnienė and Ho Chi von Bergmann will collaborate with the CDSBC and the BCDA to design a province-wide initiative to bring digital lifelong learning to dentists throughout the province.

Symposium attendees involved in online learning and hands-on exercises.

UBC Alumna Receives World Dental Hygienist Award

Dental hygienist and UBC alumna Sherry Priebe, BDSc 2003, MSc 2009, is at the top of her profession—she has recently been awarded the World Dental Hygienist Award in recognition of her exceptional work in the area of oral health. Established by the Sunstar Foundation for Oral Health Promotion, the award recognizes dental hygienists who make a great contribution to the dental community, their profession or to the general public.

Priebe, who practises dental hygiene in Kelowna, BC, was recognized for her graduate research into cultural risk habits regarding oral health and oral cancer in Vietnam (see citation in the “Awards and Recognition” section on page 8). She collaborated with an oncology hospital in Ho Chi Minh City, Vietnam, and UBC.

Priebe completed a Bachelor of Dental Science (Dental Hygiene) in 2003 from UBC’s Dental Hygiene Degree Programme and during her undergraduate years explored, via the Faculty’s international programs, the possibility of international oral health promotion. She had an opportunity to witness the oral health care challenges in resource-poor and less-developed Vietnam. “The personal needs of the people, stemming from the unawareness of the basics of oral health and information about oral cancer, motivated me to open my heart to the people of Vietnam,” Priebe says. She also found the inspiration to study more: “I made contact with Dr. Jolanta Aleksejūnienė, assistant professor in Dentistry, who agreed to be my academic and extremely capable supervisor and who was not intimidated by international research.”

Priebe undertook her studies and research as a graduate student from 2003 to 2009.

Her research reflects UBC’s 2010 goals of global citizenship, scholarship and the promotion of the values of a civil and sustainable society. The partnership between UBC and the university and oncology hospital in Ho Chi Minh City provided an opportunity to research advanced oral pathology that is highly prevalent in Asian populations.

Priebe anticipates that her six-year study results and discussion will influence social policy changes by the government of Vietnam. This will bring significant benefits to the oral cancer patients of the Ho Chi Minh City oncology hospital, the dental community in Vietnam and the general public.

As an advocate, Priebe gives presentations to colleagues about how trends in other countries affect their professional lives. “The rates of oral cancer are increasing, and we have a responsibility to our patients to make them aware of oral risk habits as they affect global health.” Of her award Priebe says, “The honour was mine to be able to address the issue of oral cancer with such capable and dedicated dental professionals from Vietnam.”
Dimensions of Dental Need and the Adequacy of Our Response

“Politics is not evidence-based,” “dental evangelist,” “dental safety net vs. safety valve,” “hoard deserts,” “worthy and unworthy poor” and “garbage can models”—these catchphrases convey highlights of the lively dialogue at a recent workshop hosted by Drs. Michael MacEntee and Rosamund Harrison by the Canadian Institutes of Health Research (CIHR).

The original aims of the grant were to develop research to enhance existing dental services and educational programs for the poor and underserved in BC, and in the process, contribute to a reduction in oral health disparities in our province and beyond.

The workshop focused specifically on responses to oral health disparities unique to British Columbia, such as community-driven clinics and community service learning programs for dental health professionals-in-training. Developers and founders of some of these clinics and educational programs presented their programs as case studies. They also challenged those at the workshop to identify and address their own ideas and concerns: What is quality dentistry in the context of community service? Is an extraction-only dental service delivering substandard care—or not? Questions about practice-based research projects included: What makes a program successful and sustainable? What does sustainability mean in this context? Presenters represented programs as diverse as the Vancouver Community College Dental Program, the Strathcona Community Dental Clinic in Vancouver, the Kelowna Gospel Mission Clinic and the Portland Community Dental Clinic in Vancouver’s Downtown Eastside.

In addition to hearing about these “made in BC” initiatives, colleagues doing oral health disparities research from the USA, Sweden and elsewhere in Canada provided astute commentary on what they heard. They challenged the attendants to think with “intentionality”—that is, acknowledge there needs to be an intention to include, in the curriculum, training on how to be an advocate for vulnerable groups instead of assuming dental professionals already possess these skills simply because they are highly educated. They also contributed their own provocative research questions, including: Why is dental disease managed (and taught) as an acute disease rather than the chronic disease that it is?

The visitors were Dr. Judith Albin, University of Colorado; Dr. Frank Liciard, Midwestern University, Chicago; Dr. Byron Soderfeldt, Malmö University, Sweden; Dr. Phil Weinstein, University of Washington, Seattle; and Dr. Peter Cosney, Health Canada. The other 30 or more attenders at the workshop represented organized dentistry, dental education at UBC and community colleges, dental public health, low-cost dental clinics (REACH, Mid-Main and Eastside), graduate students and UBC faculty.

The workshop also wrestled into the murky waters of oral health policy in search of common ground for communication between researchers and health policy-makers. John Millar, executive director, Population Health Surveillance and Disease Control Planning, Provincial Health Services Authority, who has had firsthand work on poverty and general health policy, took a spirited lead on this discussion. As one attendee wisely stated: “Research has to be applied and moved forward. If we are going to move forward, we need to be able to identify the issues that can be tackled more effectively—either inside or outside the system, but preferably a bit of both.”

The workshop was held on June 17 and 18 in the Irving K. Barber Learning Centre on campus and was funded by CIHR and the Faculty of Dentistry. In a follow-up e-mail after the workshop—one attendant summarized the event: “Addressing the needs of the less fortunate is a complicated and often perplexing task made more challenging by the unique characteristics of each patient. By being aware of the magnitude of the problem, Drs. Harrison and MacEntee assembled a cast of speakers into a format that permitted articulation of the multi-faceted nature of the topic.”

New Appointments: Full-time Faculty

Mari Brondani, DDS, MSc (Gerontology), PhD (Dental Geriatrics), has been appointed assistant professor in the Department of Oral Health Sciences. The dual appointment is in the Division of Community Oral Health, as well as Prosthodontics and Dental Geriatrics. Dr. Brondani coordinates the DENT 420 PACS (Professionalism and Community Service) module focused on dental geriatrics and to pursue a master’s degree in public health through the UBC School of Population and Public Health starting this September. His areas of interest for teaching, service and research include: dental geriatrics—development and preservation (validity) of dental psychometric measures and models of oral health in old age (theoretical and empirical conceptualizations); community service learning (reflective journaling and social responsibility awareness as approaches to enhance learning) and its impact upon students and the community they serve; and the belief system about the links between oral sex and oral cancer when human papilloma virus (HPV) is involved. Brondani volunteers for the local community services Bop-R-U (a Vancouver Coastal Health and AIDS Vancouver partnership) and Health Initiative for Men, as he is taking dentistry through VMS, to the BC Persons With AIDS Society.

Dr. Karen M. Campbell, DDS, MSc, FRDC(C), has joined the Department of Oral Health Sciences, Division of Pedodontics, as assistant professor for the clinical specialty graduate program in Pedodontics. Dr. Campbell received her Doctor of Dental Surgery from the University of Western Ontario (UWO) in 1982. She completed a combined clinical specialty/Master of Science in Pediatric Dentistry from the University of Toronto and was conferred Fellowship in the Royal College of Dentists of Canada in 2005. Over a 29-year dental career, her varied experience in pediatric dentistry has included community, public health and hospital practice, along with active involvement in all aspects of didactic, preclinical and clinical teaching. Campbell taught at the undergraduate level within the Division of Orthodontics and Pediatric Dentistry at the UWO Schuldich School of Medicine and Dentistry, where she also assumed the role of clinic director for the Children’s Dental Clinic in 2008. Her research interests are the development and validation of undergraduate/graduate-level teaching materials/casework; behaviour guidance in pediatric dentistry; dental/kevelar trauma; prevalence, prevention, treatment (emergency and follow-up care) and outcomes; and infant dental care/eary childhood caries prevention.

Denise Laronde, DCDiH, MSc (Dental Hygiene), PhD, has joined the Faculty as assistant professor and is teaching in both the Dental Hygiene Degree Program and the DMD program. Dr. Laronde is a member of the BC Oral Cancer Prevention Program (BC-DCPP)—an oral cancer research group. She is involved in developing strategies to facilitate oral cancer screening activities within community dental clinics, as well as clinical research in high-risk clinics (dysplasia and oral cancer) at the Vancouver and Fraser Valley sites of the BC Cancer Agency.

As a dental hygienist, she plays an important role in studying clinical risk factors, including the value of adjunctive visual tools such as toluidine blue and fluorescence visualization to help identify high-risk lesions. Laronde plans to continue her research with the BC-DCPP and hopes to develop dental hygiene research while at UBC.

Caroline Tran Nguyen, DMD, MS, has joined the Department of Oral Health Sciences, Division of Prosthodontics and Dental Geriatrics, as assistant professor for the clinical specialty graduate program in Prosthodontics. Dr. Nguyen received her Doctor of Dental Medicine from the University of Montreal in 2006 and her Master of Science and Certificate in Advanced Education in Prosthodontics from the Baltimore College of Dental Surgery, University of Maryland, in 2009. She is a Fellow of the American Board of Prosthodontics and Fellow Emerit of Prosthodontics of the Royal College of Dentists of Canada. She has taught as clinical instructor at the University of Maryland and was recently appointed Fellow in Maxillofacial Prosthetics and Dental Oncology at the University of Texas MD Anderson Cancer Center. She is currently a reviewer for the Journal of Prosthodontics and her research interests are in biomaterials and oral cancer rehabilitation.

Benjamin Pilkis, DDS, MS, FRDC(C), has joined the Department of Oral Health Sciences, Division of Orthodontics, as assistant professor to teach in the clinical specialty graduate program in orthodontics. Dr. Pilkis received his Doctor of Dental Surgery degree from the University of Western Ontario in 2005, and his Certificate in Orthodontics and Master of Science in Dentistry in 2007 from the University of Minnesota. Prior to his arrival at UBC, Pilkis held an appointment of clinical assistant professor in the Division of Orthodontics at the University of Minnesota, with teaching responsibilities in both the predoctoral and graduate orthodontic programs. Pilkis looks forward to working with the dental faculty on its mission of excellence in instruction, research and service through its new graduate programs.
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<tr>
<th>Recipient</th>
<th>Award/Recognition</th>
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<tbody>
<tr>
<td>Dr. Marvin Breidenthal, Assistant Professor</td>
<td>Attendance at the 11th World Congress of Gerontology and Geriatrics, July 2009, Paris, France, IC Network for Aging Research</td>
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<tr>
<td>Dr. Donald M. Brunette, Professor</td>
<td>Honorary PhD, Nippon Dental University</td>
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<tr>
<td>Dr. Jeffrey Coli, Assistant Professor and Chair, Division of Endodontics</td>
<td>Inducted into the American College of Dentists as a new Fellow, October 2009</td>
</tr>
<tr>
<td>Dr. Virginia M. Diewert, Professor and Head, Department of Oral Sciences</td>
<td>Inducted into the American College of Dentists as a new Fellow, October 2009</td>
</tr>
<tr>
<td>Dr. Rosamund Harrison, Professor, Chair, Division of Periodontics</td>
<td>2010 IMS-ESPE – ACFD National Dental Teaching Award, Association of Canadian Faculties of Dentistry</td>
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<tr>
<td>Pauline Inman, Clinical Assistant Professor</td>
<td>Canadian Dental Hygienists Association Symposium 2010, in participation with Proctor and Gamble</td>
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<tr>
<td>Dr. Denise Larronde, Assistant Professor</td>
<td>Graduate Student Researcher of the Year Award, Biomedical Peptideology and Rheinology, Simon Fraser University</td>
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<tr>
<td>Dr. Christopher M. Overall, Professor and Chair, Proteolytic Enzymes &amp; Their Inhibitors, Gordon Research Conference</td>
<td>Chair, Peptide, Enzymes &amp; Their Inhibitors, Gordon Research Conference, May 2010, SUCCA (Barga), Italy</td>
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<tr>
<td>Dr. Sang Woo Shin, Voting Professor, ELDERS Group</td>
<td>Inducted into the Asian Academy of Dissection as Co-President, December 2009</td>
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<td>Dr. David Sweet OC, Professor</td>
<td>Canadian Dental Association Honorary Membership</td>
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<tr>
<td>Dr. Christopher Zivel, Clinical Assistant Professor and Associate</td>
<td>Best Graduate Student Poster Award for &quot;A Correlation Between Two Pediatric Sleep Disordered Breathing Questionnaires and Craniofacial Morphology in Children&quot; (Troy V, Ahmed Y, Paduch S, Chen H, Lowe A). American Academy of Oral Sleep Medicine</td>
</tr>
<tr>
<td>Dr. Y. Yang, PhD, Postdoctoral Fellow, St. Paul's Hospital</td>
<td>Second Prize – Translation/Grand Challenge, IC Translation and Canadian Institutes of Health Research – Training Program in Translation</td>
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<tr>
<td>Dr. Ait Aubuchon, PhD, candidate</td>
<td>Dr. James L. Leake Student Barony to attend the 2010 Canadian Association of Public Health Dentistry Conference Annual General Meeting, June 2010, Toronto, Ontario</td>
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<td>Laureen Donnelly, PhD candidate</td>
<td>First Prize – J. Miranda Junior Investigative Award (predoctoral category) for the best poster in geriatric oral research. International Association of Dental Research General Session, July 2010, Bangkok, Thailand</td>
</tr>
<tr>
<td>Dr. Bruce Wellman, PhD, candidate</td>
<td>Dr. James L. Leake Student Barony to attend the 2010 Canadian Association of Public Health Dentistry Conference Annual General Meeting, June 2010, Toronto, Ontario</td>
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<tr>
<td>Dr. Yanshango (Chwen) Xie, PhD candidate</td>
<td>Skin Research Training Award, Canadian Institutes of Health Research</td>
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<tr>
<td>Dr. Christine Knutson, MSc/Dip/Pero candidate</td>
<td>Selected to represent UBC at the Nobel Biocare Global Symposia, June 2010, New York City, New York, Nobel Biocare Canada Inc.</td>
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<tr>
<td>Dr. Zufi Kanji, MSc, candidate</td>
<td>Selected to represent UBC at the Nobel Biocare Global Symposia, June 2010, New York City, New York, Nobel Biocare Canada Inc.</td>
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<tr>
<td>Dr. Sherry Phurba, BDS(G), PhD candidate</td>
<td>Canadian Dental Hygienists Association Outstanding Research Award in 2010, in participation with Proctor and Gamble</td>
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<tr>
<td>Dr. Jeongseon See, MSc, PhD candidate</td>
<td>World Dental Hygienists Award, research category 1999, for &quot;Oral Squamous Cell Carcinoma and Cancer Risk Habits in Vietnam&quot; (Phu N, Aikawa, J, Zufi C, Dharm, T, Ng CT, Tay, T). International Federation of Dental Hygienists, with support from the Safer Foundation for Oral Health Prevention</td>
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<tr>
<td>Dr. Defane Teran, MSc, PhD candidate</td>
<td>First Place, Senior Clinical Research Category, attendance at the American Association for Dental Research/canadian Association for Dental Research Annual Meeting, March 2010, Washington, DC, Canadian Association for Dental Research and the Canadian Institutes of Health Research – Institute of Musculoskeletal Health and Arthritis</td>
</tr>
<tr>
<td>Scott Meryth, DMD, DDS candidate</td>
<td>Year Two Outstanding Poster Award for &quot;The Role of Wnt9B and Wnt in Intervertebrate Bone Formation,&quot; Medical Graduate Society and the UBC Medical Journal</td>
</tr>
<tr>
<td>Dr. Evan Weins, DMD candidate</td>
<td>Pierre Fauchard Academy Foundation Annual Scholarship Award for &quot;Alterations in Tissue Autofluorescence Using Spectroscopy in High-Risk Oral Lesions,&quot; Canadian Dental Association/DeePep Student Critics Research Program</td>
</tr>
<tr>
<td>Dr. Joya Wanga, Trainee, Network for Oral Research and Training (NORTH) and the Laboratory of Periodontal Biology, University of British Columbia, and MD candidate</td>
<td>Anita Roberts Award for &quot;Wound Healing in Oral Mucosal Results in Reduced Scar Formation as Compared to Skin; Evidence From the Red Dunes Pig Model, and Humans,&quot; (Wanga, J, Sullivan-Bueth C, Wibe C, Mac K, Hart DA, Lejeune H, Hidkel LS, Wound Healing Society</td>
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**Faculty of Dentistry External Awards and Recognition in 2009 – 2010**

**Dr. Donald Brunette Receives Honorary Degree From Japanese University**

Dr. Donald M. Brunette, professor of oral biology, was awarded an honorary PhD degree from Nippon Dental University (NDU) on June 1, 2010, at NDU’s anniversary ceremony. Dr. Brunette, who is also former head of the departments of Oral Biology and of Oral Biological and Medical Sciences, as well as former associate dean of Research and Graduate Studies, was honored for his work in dental research and education. The award reflects the close cooperation between UBC and NDU, which first established a formal relationship in 1967 under the guidance of then deans George Bragg (UBC) and Sen Nakahara (NDU). They initiated a program in 1988, which continues to the present, whereby UBC and NDU students visit each others’ campuses.

Brunette is a founding member of the Medical Research Council (MRC) Group in Periodontal Research, which first established a formal relationship in 1988, which continues to the present, whereby UBC and NDU students visit each others’ campuses.

**Keep up-to-date on all awards and achievements—including annual Dean’s Night, Graduation and Teaching Awards—at www.dentistry.ubc.ca/awards**

**UBC Dentistry Impressions**

**UBC DENTISTRY IMPRESSIONS**

**UBC DENTISTRY IMPRESSIONS**
PROBLEM-BASED LEARNING

CLASSICAL ANTIQUITY COMES OF AGE

BY TERRY WINTONIK
WITH FILES FROM LEANDRA BEST, NANCY BLACK, CHARLES SHULER, JOANNE WALTON

This patient comes to your office (see text box on facing page). Have you never seen anything like this before. What do you do to manage this patient’s problem?

Occasionally in general dental practice a patient will present with unfamiliar signs or symptoms for which the dentist may have difficulty finding a clinical diagnosis and treatment framework. The dentist could refer the patient to a specialist, but without a reasonable differential diagnosis (possible diagnoses), determining the appropriate specialist referral may also be difficult. And for the patient, seeing a specialist could lead to significant expense in time and money. Critically evaluating a patient’s signs and symptoms is a key skill—and an important outcome for dental curriculum.

Today’s learners in dentistry are faced with a rapid explosion of scientific information. A patient’s clinical presentation must be coupled with up-to-date information in order to provide the latest advances in patient care. Additionally, patients today arrive in dental offices armed with Web-based information, which dentists need to analyze.

The UBC DMD curriculum has been designed to help students develop professional skills for handling clinical circumstances such as those seen in the case scenario given above. The curriculum makes extensive use of problem-based learning (PBL), a pedagogy that prepares graduates to use critical and analytical thinking to assess, diagnose, and manage complex cases. Throughout their careers, UBC dental alumni will utilize these skills to significantly benefit their patients.

According to Dr. Joanne Walton, the Faculty’s associate dean for Academic and Student Affairs, UBC Dentistry made the decision in 1995 to embark upon its hybrid PBL curriculum, utilizing the best of both small-group student-centred learning and expert lectures. Dentistry continues to develop the pedagogy ever since. So far, 10 DMD classes having graduated with PBL experience “The differences in students’ communication skills and comfort in questioning conventional wisdom were apparent with the first class,” says Walton. “We’ve seen what other PBL-based schools have seen: that our graduates do as well or better on national board exams and demonstrate clinical skills equivalent to graduates of traditional programs, but they’re more comfortable in team environments, and with research and communication skills. PBL isn’t just about the content, although that’s clearly crucial; it’s also about the process of learning.”

Back in 1997, the UBC Faculty of Dentistry collaborated with the Faculty of Medicine to incorporate problem-based learning into their respective curricula. Since those first classes of MD and DMD students learning together via PBL, UBC Dentistry has established a name for itself as a leader in dental curriculum design and an international resource for educational approaches that meet the expectations society now has for their dentists.

According to Dr. Leandra Best, a clinical assistant professor in the UBC Faculty of Dentistry who serves as the years one and two DMD curriculum coordinator, a dentist is now considered to be a “comprehensive oral physician.” In reflecting on the outcomes of UBC’s dental education, it is important to ask two questions: “What is a dentist?” and “What skills are necessary to be a competent beginning dentist?” Best hears similar answers to both questions: in addition to being technically skilled and highly knowledgeable in head and neck anatomy, a dentist is capable of reflection and self-evaluation and performs many other roles. These roles include being an effective communicator, teacher, collaborator, team leader and player, health advocate, critical evaluator, problem solver and lifelong learner.

A Return to Socratic Inquiry

Inherent in problem-based learning are the concepts of inquiry and participation. These concepts reach back more than 2,500 years to the teaching methods of the Greek philosopher Socrates. He required his students to use logic and reasoning—drawing from all experiences and disciplines—to understand a question and to arrive at a solution. Small-group discussion was a primary method of learning.

Teacher-centered, discipline-specific, large-lecture hall styles of knowledge delivery—which have become known as “traditional”—are a relatively recent development in educational instruction. This approach only became dominant in the latter half of the 20th century, when large numbers of military veterans with post-secondary education began to flood universities. It was a cost-effective solution that delivered large volumes of university graduates, but the pedagogical approach did not help graduates develop critical thinking and problem-solving skills.

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A Return to Socratic Inquiry

Inherent in problem-based learning are the concepts of inquiry and participation. These concepts reach back more than 2,500 years to the teaching methods of the Greek philosopher Socrates. He required his students to use logic and reasoning—drawing from all experiences and disciplines—to understand a question and to arrive at a solution. Small-group discussion was a primary method of learning.

Teacher-centered, discipline-specific, large-lecture hall styles of knowledge delivery—which have become known as “traditional”—are a relatively recent development in educational instruction. This approach only became dominant in the latter half of the 20th century, when large numbers of military veterans with post-secondary education began to flood universities. It was a cost-effective solution that delivered large volumes of university graduates, but the pedagogical approach did not help graduates develop critical thinking and problem-solving skills.
of making early connections between basic science and practice.

**What Is PBL?**

Leandra Best has years of experience in the use of PBL in health sciences education and often presents the topic of problem-based learning at conferences and meetings. She characterizes PBL as a student-driven approach that promotes the development of professional skills and trains students to become self-directed, lifelong learners. The tutor—referred to as the “tutor”—is a facilitator/observer who does not provide answers or information. Students may be provided with guiding questions that gently steer the students’ inquiry in PBL, meta-cognitive (thoughtful, reflective) questions are modelled to enhance deeper learning. Some of these questions are: Do you know what you need to know? What information do you need to consider such possibilities? Do you know where you can go to get some information about this topic? How do you know this information is reliable?

"Full participation by students is crucial; it’s the key component in a PBL session," Best affirms. "The more students put into it, the more they get out of it." As a second-year PBL student-stated, “You have to learn it for yourself; you have to experience it to believe how good it is.” As a second-year PBL student stated, “You have to learn it for yourself; you have to experience it to believe how good it is.”

UBC Dentistry’s PBL student learning groups include one tutor and seven to nine students. The groups are reorganized on a regular basis, ensuring that students have a chance to work with everyone in their class, as well as with various tutors.

Patient problems are used as a context for learning basic science, behavioural science, clinical science and problem-solving skills. Students are presented with problems—PBL cases—that resemble patient presentations in the real world. Typically, a PBL case progressively discloses information. Best elaborates: “Over three group sessions, students identify problems, determine hypotheses, identify what they already know, identify what they need to know, learn it, discuss the research and evidence, and present a solution or case management strategy.” (See sidebar on page 14.) At the end of each case, a list of key case objectives is given to reassure students they have covered what they needed to learn. The intent is to encourage and develop professional skills in communication, clinical reasoning and sound judgment that future graduates will be practising for the next 40-odd years and by encouraging the critical evaluation of information, PBL helps prepare new dentists to use the best available evidence to treat their patients. The professional skills that are being developed in PBL should be carried into the students’ future practice careers. Regularly assessing students in those skills emphasizes their importance.

Best and Black are immersed in developing rigorous assessment processes in Dentistry’s PBL curriculum. In fact, their assessment form has attracted international interest at PBL conferences. “Our PBL assessment criteria are used to provide students with formative and summative feedback,” says Best.

**Peer Facilitators in PBL**

In May 2009, Best and Black conducted a successful pilot project, in conjunction with UBC Faculty of Medicine, to study the effectiveness of peer facilitation in second-year PBL groups. The promising results led to the implementation of the Roaming Tutor Group Facilitation Model for third-year dental students in September 2009. Taking tutors out of the facilitator role—a bold step—and into an observational role to rotate [roam] among the student groups places the students in a mature, responsible position to self-monitor and self-direct their learning. The aim is to promote accountability, teamwork, reflection, reasoning, problem solving and critical thinking.

The atmosphere in a PBL tutorial is energized yet focused, respectful and self-regulating. Students actively engage in interactive learning processes; they brainstorm hypotheses, read aloud, challenge information, ask/answer questions, identify learning issues and do self-directed homework/research. Actively discussing the answers to their homework in subsequent sessions solidifies their learning. Best and Black are also developing what they refer to as Dental Applied Learning Experiences (DALEs). In contrast to traditional PBL cases, which promote the discovery of new information, DALEs are compressed cases designed to promote the application of prior learning.

**Effectiveness of PBL**

Black states that PBL “provides a systematic approach for evaluating a problem and that new graduates have a cognitive method to assess and diagnose a broad range of clinical presentation.” And Best is motivated by seeing students inspired to learn. “PBL satisfies all of the key principles of learning such as active participation, critical thinking, problem solving and feedback. It’s well noted in research on academic outcomes that PBL improves the absorption, retention and recall of knowledge.”

In addition to personal interviews, participation in a PBL group is now incorporated into the admissions process as part of Dentistry’s two-day Open House for applicants. Successful applicants are thus informed about PBL and better prepared to excel in this learning environment. Best says of the dental students’ accomplishments by the end of their four years in the UBC DMD program: “Students appear to be better thinkers; they are self-motivated, self-directed problem solvers who...”

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So What Is Happening With This 45-Year-Old Chinese-Canadian Female Patient?

An important point of information is that this patient takes an oral bisphosphonate. One complication of these medications is the development of osteonecrosis of the jaw (ONJ). ONJ is what developed at the site of her previous extraction.

Several recent publications have shown that ONJ results from a microbial biofilm forming on the bone at the site of surgery. The ONJ complication can be prevented by controlling the biofilm forming on the bone at the time of the extraction. There is recent literature, published in 2008 and 2009, which help explain the etiology of ONJ, and importantly, UBC faculty members have been key contributors to this literature.1,2

It is imperative for dentists to be aware of these and other new scientific advances and to bring these new findings into their practice to benefit their patients. PBL provides UBC graduates with the learning skills to ensure that their patients are always receiving state-of-the-art treatment.

References

The PBL Tutorial Process

| Identify Priorities | Develop Hypotheses | Inquire to Probe Deeper | Analyze Data and Modify/Element Certain Hypotheses | Generate Learning Issues | Research the Learning Issues Independently (Self-Directed Study) | Assess Information Critically | Summarize | Evaluate |

Both Best and Black stress that PBL is process-driven—problem solving in the clinical setting. Graduates often cite its advantages in their formative years of practice. Best explains: “Its value in clinical practice occurs when it becomes second nature to ask the questions of inquiry when a patient presenting like the case given earlier walks into the office.”

The PBL skills—communication, teamwork, accountability, reasoning and problem solving, critical evaluation of information, feedback and reflection—are not only important professional skills, which DMD students and graduates can apply to simulation laboratories, seminars, projects, clinical practice and future study clubs; they are also important life skills that can be applied to many aspects of life, including their personal lives at home.
Ahead of the Wave in Community Engagement

PREPARING A NEW GENERATION OF DENTISTS

BY HEATHER CONN

A young First Nations boy at an East Vancouver school receives a free toothbrush from visiting dental students and tells them: “For the first time in my life, I have my own.” A patient, high on crack cocaine, arrives at a Downtown Eastside dental clinic in severe pain and receives compassionate care from a UBC student. A guest dentist, who attempted suicide, discusses with a small group of students how to recognize stress and seek support and treatment for depression.

Such memorable scenes, which could evoke a gritty career in social work, are a vital part of UBC Dentistry’s Professionalism and Community Service (PACS) program. This dynamic model combines classroom learning with community-based outreach initiatives to promote oral health and care, meet community needs and goals, and develop mutually beneficial, sustainable partnerships. Because the program responds directly to real-life needs in disadvantaged areas with socially stigmatized groups, some students say it’s the most meaningful and fulfilling learning they’ve ever had.

The PACS coursework, which began as an integrated program in 2007, is the only required curriculum woven through each year of UBC Dentistry’s four-year undergraduate program. Whether it’s hearing an alcoholic discuss his addiction and recovery, a transgendered guest share the discomfort of discrimination, or portraying a healthy tooth and bacteria as a superhero and villain in a play for elementary schoolchildren, the PACS curriculum offers students far more than just clinical skills learned in a controlled, on-campus setting. “We can make a difference in the community and in our future dentists’ minds and attitudes,” says Dr. Jolanta Aleksejūnienė, UBC assistant professor of dentistry and head of preventive and community dentistry. “Our students are learning the context of patients who are not like them.”
A rich, multidisciplinary environment enables students to learn from diverse faculty, from social workers to pediatricians. Each academic year, all students, in groups of five to eight, provide supervised community service with the help of a tutor in an average of six locations in the following service areas:

First year: Students plan, develop, implement and evaluate oral health education projects at different sites, mainly in low-income neighborhoods.

Second year: They focus on peri-odontic patients in long-term care facilities.

Third year: They provide hands-on service in inner-city schools, such as oral hygiene instruction, fluoride treatment applications and making sports mouthgards for schoolchildren.

Fourth year: Students care for special-needs patients, from psychiatric hospital residents to children with disabilities receiving rehabilitation. 

The PACS program requires dental students to submit a variety of assignments, including written reflections about their exposure to the communities served by the PACS program. These reflections are then used by the dental students to improve their clinical skills and to gain a better understanding of the communities they serve.

The communities served by the PACS program appear to appreciate its grassroots, caring approach. One patient who previously had no faith in health care providers learned to trust people again after his interaction with UBC dental students. Students report that those in the dental chair have sometimes started out edgy and irritated, only to end up laughing with a PACS undergraduate who put them at ease. Overall, the program’s word-of-mouth success has prompted some schools in low-income neighbourhoods and other sites to contact UBC Dentistry to address their dental needs.

One elementary-level teacher at eastside Macdonald School, which has mostly First Nations children, reported: “The dental students are so great with the kids . . . They know how to talk to kids and keep the message simple . . . It’s encouraging to see a group come in who’s right on the money! It’s a valuable program—our kids are learning lots.”

PACS Unique in Its Field

Both students and faculty agree that the PACS program teaches powerful “human” aspects of dentistry, from communication skills to cultural sensitivity, which can remain with a student for a lifetime. Beyond this mandate, community representatives and other dental faculties praise the PACS curriculum as unique in its field, providing the following stand-out characteristics.

Comprehensive planning and collaborative interaction: Before starting a community service program in their first year, UBC dental students do simulation activities to prepare for what they will encounter. They tour the location and talk to staff and site coordinators about on-site needs and expectations. They conduct a situational analysis, which helps them understand the audience profile; this can include a survey and/or interviews. Overall, this process enables students to gain a deeper understanding of the community and its needs.

Rossoff: “The University of Southern California has an outstanding community program, yet when they look at our planning and what we do to prepare our students, they marvel. They tell us we’re preparing our students much better than they do.”

Some dental schools treat community service more like a sink-or-swim exercise, using a location as an impersonal lab where students are expected to learn as they go, without training or briefing. Assistant professor Dr. Mario Brondani remembers of his own dentistry education: “When I had community service in Brazil, I hated it. We were parachuted in without knowing the community or its needs at all.”

Compelling, real-life themes: From domestic abuse to HIV issues, PACS boldly faces community realities that add texture to the curriculum, says Rossoff. In his words: “We continue on with themes that major dental schools don’t even broach.”

A novel way of teaching ethics: Rather than present dry, textbook examples, PACS has first-year students role-play with professional actors who skillfully try to tempt them into unethical choices, whether it’s cheating on an exam or allowing a tipsy dentist to perform emergency care. “We’re putting students on the hot seat in uncomfortable situations,” says Rossoff. “We wanted to make it as impactful as possible.”

The three-week ethics module is one of the highlights of the year, he says, and plans are underway to have fourth-year students respond to the same scenarios with more knowledgeable results to convey “a wonderful experience of their growth as a person and professional.”

Focus on managing the disease rather than on treating the symptoms: Aleksejünienė who was born in Lithuania, has worked extensively in Europe, where preventive oral health models are strong. Unlike other community services that stress treatment of disease, the PACS program educates patients of all ages in an oral-health-related lifestyle, which helps them avoid serious conditions and costly dental treatments.

Social Responsibility and PACS Sustainability

The PACS activities, which occur “outside our fairly small bubble that includes mostly academics, instructors and 20-somethings” as one young participant put it, have inspired students to volunteer at free community dental clinics held on Saturdays. Since January last year, roughly half of the students in the entire faculty have been involved in 18 such clinics started by UBC Dentistry. “It’s bodies well for the future,” says Rossoff. “The students are doing that on top of everything else.”

The three faculty members who oversee PACS have a long-standing passion for social responsibility and community service. Rossoff, who spent 28 years as a dentist experienced in institutional care, is a fourth-generation dentist whose role models passed down their love of giving back to others. Brondani has volunteered for years in long-term care in Brazil and most recently at AIDS Vancouver and at Boys R Us, Vancouver’s food and information program for male sex trade workers. Aleksejünienė spent 18 years as a dentist in public clinics, eight years in a community dentistry department in Europe, and has a comprehensive background in population-based health promotion and research.

Pulling in all directions, PACS gains traction as a role model for those who want to make a difference. From personal to professional, the program educates patients of all ages in an oral-health-related lifestyle, which helps them avoid serious conditions and costly dental treatments.

To keep their program sustainable, PACS faculty members seek grants or possible future government partnerships; current funding comes from UBC Dentistry. As of September 2010, dental hygiene students will have joined PACS’s third-year curriculum. As faculty look ahead to celebrate the program’s first graduating class in 2011, they invite dentalists to get involved in program activities as tutors and volunteer supervisors and to add special-needs patients to their client base.

Rossoff says the PACS faculty members are all pleased to see their program as an integral part of UBC Dentistry’s strategic plan, providing health promotion planning and ongoing care and maintenance to previously unreachable populations such as aboriginals with whom the working poor, the elderly and the institutionalized. Along with the students, he adds that the faculty also cherish what he calls “wow moments” in this rewarding work. Rossoff admits: “When someone says: ‘If it wasn’t for you, I wouldn’t have a smile; that tugs at you.’”

UBC DENTISTRY IMPRESSIONS
CHICKEN EMBRYOS SHED LIGHT ON FACIAL ABNORMALITIES

BY LORRAINE CHAN

For Dr. Joy Richman, eggs offer an untold wealth of information about human development. A pediatric dentist and development biologist, Richman studies chicken embryos, focusing on the intricately patterned facial bones and limbs. “The embryonic faces of vertebrates, including humans, mice and chickens, are very similar,” says Richman, who teaches in the Faculty of Dentistry.

Her lab investigates the molecules that tell the initially indistinct cells in the embryo to form recognizable structures such as the skeleton of the jaw or hand. By tweaking molecules at an early stage, it is possible to duplicate structures or transform one part of the embryo into another. Richman’s study on embryo patterning was recently awarded more than $900,000 from the Canadian Institutes of Health Research (CIHR). [See Impressions, spring 2010.]

She explains that face development for all mammalian embryos begins with discrete buds of tissues—called prominences—that surround the primitive oral cavity. These grow together to form the face.

Currently, one in 700 babies is born with a cleft lip or palate. For a variety of genetic and environmental reasons, the separate areas of the face do not join together as they would normally, resulting in a cleft.

Many times, facial defects are accompanied by limb or digit abnormalities, both of which require multiple surgeries, often followed by expensive dental or orthopaedic treatments.

Given the intricacies of human embryos and the serious consequences of anomalies, Richman says it is important to study a model organism that mirrors human development yet can be accessed during embryonic development. “The chicken embryo is ideal to unravel these mysteries.”

To view what is happening in the chicken embryo, Richman cuts a window the size of a postage stamp into the eggshell. When researchers place the egg under the microscope, they can see the beating red heart, the face and limbs.

In work leading up to the CIHR grant, Richman traced jaw development to the presence of retinoic acid, a vitamin A derivative, and of a protein linked to bone formation.

By inserting tiny beads containing these molecules into the early chicken embryo, Richman found that the cheek bones were replaced with bones that normally are found in the center of the face, essentially duplicating the upper beaks. The experiment on beak duplication also led Richman to her current work, which is to investigate the genes that make the center of the face.

Out of hundreds of genes involved in this process, one in particular caught her attention. “This gene piqued my interest because it makes a protein that is secreted outside the cell and as such could play a pivotal role,” says Richman. “It may act as an ‘orchestrator’ directing nearby cells into required patterns.”

She says the majority of studies on face development seek to unlock the secrets within the cell, looking at which gene levels are up or down. However, far fewer people are looking at what is happening outside the cells. “It seems to me that we also need to understand what is happening in the stage between the genes changing and the first signs of the skeleton appearing.”

Findings to date support her theory about the importance of an “orchestrator.” Richman discovered that the protein was strongly turned on during the chicken embryo’s beak development. She also found that placing the gene for this protein into the embryo caused it to grow an extra beak and also to duplicate digits of the limb.

“We now want to manipulate the levels of this protein in the early chicken embryo to determine its roles in shaping the skeleton of the limbs and face.” Study results will aid those yet unborn, says Richman. “Our work will shed light on inherited birth defects that affect the skeleton, including cleft lip, jaw size and shape abnormalities, and digit and bone defects.”

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To Reduce Rejection of Implants

Don Brunette may well find himself named the patron saint of toothless hockey players. An oral biologist in the Faculty of Dentistry, Brunette seeks to create a better dental implant by understanding how cells behave around different types of implant surfaces. Dental implants consist of a titanium screw or cylinder that is inserted into the jaw. The post serves as a base onto which the replacement crown or bridge is attached.

For his research, Brunette draws upon sophisticated methods of microfabrication and nanofabrication, which can produce precisely characterized surfaces. He can then examine how cells respond to specific features and shapes of the implant’s surface—that is, its topography—at the nanometre and micrometre scales.

Brunette’s current line of inquiry evolved from his breakthrough work with titanium surfaces during the 1980s. At that time, Brunette was the only researcher in the world studying microfabricated surfaces and cell behaviour. He observed that microscale grooves could direct cells in desired directions and also encourage bone growth.

A Vancouver-based implant manufacturer marketed implants based on the principles developed in Brunette’s research, and more recently, a US firm is using these to produce grooves on dental implants.

Brunette points out that under “more or less ideal” conditions, dental implant failure rates can be as low as one or two percent. However, dental and other implants are now being employed in more challenging situations such as sites with poor bone quality. “Failure rates can approach 30 percent depending on risk factors that include smoking, oral hygiene, quality of bone and location within the mouth.”

What’s On the Surface

Collaborating on Don Brunette’s study is Nick Jaeger, a professor of electrical and computer engineering in the UBC Faculty of Applied Science. Jaeger studies fiber optics and optical sensors, often within the context of power and telecommunications industries.

Using microfabrication techniques, Jaeger is producing brand new types of surfaces that will help Brunette and Waterfield gain insights about cell behaviour. As well, Brunette’s collaborators at the Swiss Federal Institute of Technology are developing new implant coatings through nanotechnology, such as self-assembled monolayers.

“Tissue response to dental implants is influenced by the implant surface,” explains Brunette. “We can use these surfaces to influence the healing of bone, to influence the growth of bone, to approach the implant site in different ways.”

Researchers at the Swiss Federal Institute of Technology, for example, are exploring how nanofabricated surfaces can influence cell behaviour. They are attempting to create nanoscale topography on dental implant surfaces that will reduce the rejection rate.

Don Brunette explores how nanofabricated surfaces can influence cell behaviour.

In April, for the first time as an elective in fourth year, DMD students travelled to Cambodia with residents in the General Practice Residency Training program. Emery Bland, Robyn Isaacs, David Wong and Diana Younan—after final exams, with graduation on the near horizon—did a rotation at the Angkor Hospital for Children, in Siem Reap, a provincial capital city in northwestern Cambodia.

International rotations like the one in Cambodia are designed to broaden the dentistry scope of learning to include an understanding of regional disease processes, treatment modalities and cultural competency. These learning opportunities serve dental professionals for life, wherever they practice, including here at home. Until now, mainly general practice residents (GPRs)—licensed dentists who receive advanced postgraduate training in several dental specialties—have benefitted from this career preparation. The GPRs this year, Drs. Fahad Cadilhi, Bora Moon and Bahram Rashid, had an even more enriching learning experience. Along with Dentistry faculty members Dr. Christopher Zed, associate dean, Strategic and External Affairs, and head, Postgraduate and Hospital Programs, and Dr. Bill Brymer, clinical assistant professor, they mentored these four soon-to-be professional colleagues.

Cambodia, devastated by years of political and military strife, has an acute shortage of health care professionals. Now that civil stability has returned, Siem Reap’s Angkor Hospital for Children (AHC)—an independently operated non-governmental pediatric teaching hospital—provides outpatient, inpatient, acute, emergency, surgical, low-acuity, dental and ophthalmologic care. With 50 percent of Cambodia’s population under 15, malnourished and illiterate, the country’s need for health care services and knowledge transfer is staggering.

Over the five-day rotation to Cambodia, the UBC team treated over 350 patients—130 in one day, except for one location that had a portable generator and dental unit, running water and electricity were non-existent. A research project about diet—the most important factor to predict caries risk in populations—was also undertaken. The team interviewed local residents, including children, to determine what foods are most often consumed. Decayed, missing and filled surfaces (DMFS) scores were also collected. Research results are intended to help develop programs to educate children about the effect of foods on their teeth.

Bland, Isaacs, Wong and Younan note in a comprehensive, collaborative report that, among other things, “the fourth-year students said that this elective experience improved their problem-solving and decision-making skills and increased their confidence in clinical skills. Overall, we are positive that exposure to different cultures, practices and pathological processes less frequently encountered in North America will provide our development as compassionate health care providers.”

This is an educational and community outcome that Red Barnes, general manager of international dental distributor Henry Schein (BC Zone), would be proud of: the Cambodia elective was supported by the Henry Schein (BC) International Dental Outreach Fund.

The full report, available online at www.dentistry.ubc.ca/cambodia2010, includes more photographs and details of how the UBC Faculty of Dentistry competes for the New Practitioner, which establishes standards for DMD graduates, were addressed in Cambodia.
10

This past July, dental and dental hygiene students, alumni and faculty of UBC Dentistry, along with community dentists and other volunteers, donated their time and professional skills to the Penelakut First Nation. The community volunteer clinic took place over a weekend on Kuper Island, a small, 8.66-square-kilometre island located east of Chemainus, B.C., a town on Vancouver Island.

The clinic provided an ideal opportunity for dental and dental hygiene students to have an educational experience above and beyond the traditional classroom. This project also reflects the UBC Faculty of Dentistry’s mandate to improve the oral health of people in need, promote health education and social betterment, and enhance students’ awareness and role as global citizens through community service.

The Kuper Island dental clinic was organized by UBC alumni and Rotary Club member Doug Nielsen DMD 1972, his wife Susan and other volunteers, with support from the Dental Mission Project Inc., a not-for-profit organization, which Nielsen was instrumental in forming, provides portable supplies and equipment to dental professionals who want to organize a dental mission to communities, anywhere in the world, in need of oral health care.

Upon arriving at Chemainus, the clinic team was introduced to retired police officer Bob Blacker, district governor for the Rotary Club, Blacker and the Rotary club work closely with Government House and Lt.-Gov. Steven L. Point CBC on literary projects in remote and underserved BC communities. It was Blacker and fellow Rotarian Doug Nielsen who originally saw the potential of providing dental services on Kuper Island at the same time as the Rotary Club was to build a library in the community.

Then third-year dental student Dustin George was involved with the project from the beginning. I understood this project would be a unique opportunity to exercise my newly acquired clinical skills—but it proved to be more than that. I discovered an ability to be flexible and more culturally sensitive as I adopted an open mind and a go-with-the-flow attitude. It was a strikingly different setting from what I was used to at the UBC dental clinic or other community volunteer dental clinics in the Vancouver area.

Dustin remembers day one: “We arrived at the school gymnasium, where we would assemble our temporary dental clinic using three portable dental chairs and other equipment. Karen Milanese, the school principal, had been instrumental in organizing patients and encouraging community members to attend the clinic. People began to arrive, slowly at first, in family groups—children, parents, grandparents, uncles and aunts. I learned that members of this community operate as family units; the team adopted a flexible treatment schedule in order to accommodate the needs of the whole family. By day three,” Dustin continues, “we had provided dental services for 88 people on the island—a true team effort!”

Regarding his own future as a health care provider, Dustin says, “My Kuper Island experience taught me the importance of helping all communities find better health. It doesn’t matter if the community is around the world or in our own backyard—I can make a difference.”

For six-year-old Chloe Frisk, who needed a lot of dental work, a visit to the dentist was not on the calendar because her family didn’t have dental insurance. With four children in the family, the Frisks simply did not have the funds to pay for Chloe’s treatment.

Providing oral health care to children in need can be challenging, financially overwhelming and sometimes even heartbreaking. It can also provide great inspiration, motivation and passion. Finding a balance is what enables good practitioners—students included—to provide excellent pediatric dental care.

The practitioners at Monarch Pediatric Dental Care, a large private practice in Burnaby, BC, and UBC Dentistry’s chair of Pediatric Dentistry Dr. Rosumond Harrison are dedicated to providing an invaluable community service. Drs. John Hung, Elia Hui-Derksen, Mark Casafiasfranco, Peter Chan, Farah Mawasi and Young Tae Ria at Monarch regularly donate their time and talent to enable care for a number of children who, because of their complex treatment needs, may not be suited for treatment in UBC’s Children’s Dental Program.

Monarch’s generosity extends to providing a pediatric specialty practice setting for UBC dental students. Recently, fourth-year DMD students Amy King and Anne Kelly took part in a two-week pediatric dentistry elective at Monarch. The students provided dental services at no charge under the supervision of Monarch Dental Centre dentists and assisted by their support staff. “For those students who have an interest in treating children, this elective is ideal to enhance their skills,” says Harrison, who also points out that Monarch has, on-site, a licensed general anesthesia facility. “Fourth-year students also give care to patients under general anesthesia, which is a rare opportunity.”

Providing no-cost treatment for children in need and providing mentorship to students is a sound and benevolent combination. There are, however, some children who require general anesthesia, which means that while the anesthetist is paid by the Medical Services Plan, using a licensed facility in a private practice bears a fee. Dr. Hung and his colleagues at Monarch have worked closely with Chris Inker and her colleagues at Fraser Health who identify children in this situation and refer the families to UBC—which was the case for Chloe and her family.

At UBC, the George C. Ng Special Children’s Endowment Fund provides a unique opportunity for care. Created two years ago in the memory of Dr. George Ng, a community leader and compassionate pediatric dentist committed to providing the very best care for his young patients, the fund helps patients like Chloe. It covered the cost of the general anesthesia facility fee for the extensive amount of treatment that Chloe required.

Chloe, and children like her, remind Amy of her fourth-year DMD experience at Monarch. “I witnessed the powerful effect of good patient management and was amazed that unplanned procedures such as giving local anaesthetic injection to children can be done in a calm and non-traumatic manner,” Both Amy and Anne performed a wide variety of treatment procedures on a large number of children, including preventive counselling, applying sealants and doing restorations, stainless steel crowns, pulpotomies and extractions.

And Chloe and her family “I feel extremely blessed,” says Chloe’s mother Francine. “They told me she would be in some pain and should stay home from school the next day. That wasn’t the case. She was back to herself the next day and excited to show her friends her shiny teeth!”

For Chloe, the passion of the pediatric dentists at Monarch, the motivation of dental students, the support of the George C. Ng Special Children’s Endowment Fund and the relief of her family’s financial burden are important. But, as not important as being herself, a happy six-year-old, special toy in hand, bouncing into school with a healthy smile. 
Education and opportunities he has received in dentistry. “I hadn’t taken any science courses, ” says Vanry, who was not the first in his family to pursue a career in medicine. His brother, who had also attended UBC, had become a doctor. Vanry’s parents, who had immigrated to Canada from Germany, had hoped that he would follow in their footsteps.

Vanry’s interest in dentistry was sparked by a visit to a family friend who was a dentist. He was fascinated by the tools and techniques used in the field and decided to pursue a career in dentistry. He applied to the University of Manitoba, where he studied for a year before transferring to UBC. In his third year, he decided to change his major to dentistry and graduated with the highest marks in his class.

Vanry graduated from UBC in 1970 and began his career as a dentist. He has served as president of the Vancouver and District Dental Society from 1978 to 1979, and he later served as president. Serge was also instrumental in the creation of the BC Dental Association, serving as its first president in 1998.

Today Serge is retired and enjoying life with his wife, their three children, and six grandchildren. He sees UBC as a leader in dentistry.

It’s also a story that fuels Dr. Vanry’s conviction that giving is imperative and that everyone has something to give. His gratitude for the education and opportunities he has received in Canada have motivated him to make a planned gift to the UBC Faculty of Dentistry.

Serge Vanry grew up with his parents and brother in Paris, where his childhood was interrupted by the Nazi occupation. One night in 1942, when he was 11, the family was forced to flee to a family friend outside the city. His mother tore the yellow pages from her book and gave him money and directions to a family friend outside the city.

For the next two years, Serge was sheltered by family members, friends, and strangers. He was reunited with his parents—fortunately, his brother didn’t survive Auschwitz—after France was liberated.

Serge felt his future lay in the arts—he had gotten work as a reporter for CBC’s French-language service, Radio-Canada. Others, however, imagined him working with his hands and encouraged him to explore dentistry. “I hadn’t taken any science courses,” he says, “and going to UBC at the age of 30 wasn’t easy. But when I did catch on, after three or four months, I loved it. I did algebra problems in my head for the fun of it.”

He applied to the University of Manitoba, because at that time UBC didn’t have a dental school. “The dean took me on reluctantly,” he says. “I think they were hesitant to invest a lot of money in someone my age.” Four years later, Serge graduated with the highest marks in his class. He was 35, a husband and a father when he established his first dental practice in Vancouver, and it was successful from the outset.

On top of his thriving practice, Serge became involved in the profession as a volunteer. He served as president of the Vancouver and District Dental Society from 1978 to 1979, and a few years later was recruited to the board of the College of Dental Surgeons of BC, where he later served as president. Serge was also instrumental in the creation of the BC Dental Association, serving as its first president in 1998.

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“UBC Dentistry is doing wonders for the community, with programs like the remote clinics across the province,” he says. “When I see this clinic (the Nobel Biocare Oral Health Centre) and talk to the dean about everything that’s happening here, I almost wish I could do it all over!”

Serge is supporting excellence and innovation at the UBC Faculty of Dentistry with his planned gift. He believes emphatically in giving. “You have to contribute,” he says. “Even if you can’t make a gift now, there are many ways to contribute. It’s so important for present and future generations.”

MAKE IT COUNT

A gift to UBC Dentistry is your way to make a difference to the lives of patients and families, and to support the mission of our faculty. Our mission is to provide the highest quality of care, to advance science, and to train the next generation of dentists.

Your gift will help us to:

- provide the best possible care for our patients
- support research into new treatments and technologies
- train the next generation of dentists

To find out more about how to include students in your will, please contact dentalum@interchange.ubc.ca or Dr. Bill Bremner at bremner@interchange.ubc.ca.

Photograph by Martin Dee

By Cathy Beaumont

UBC DENTISTRY IMPRESSIONS

1970s

Peter Carpenter, DMD 1970

Classmates and friends for 38 years, Doug Nielsen and Gerry Sutton organized a community volunteer clinical opportunity for dental and dental hygiene students in July 2010 with the Penelakut First Nation on Kuper Island in BC’s southern Gulf Islands. Not only did the clinic offer free dental services to people who may not otherwise have access, but it allowed UBC students to have an experience above and beyond the traditional classroom. Gerry (pictured on the left) and Doug (centre) enjoy a moment on the ferry to Kuper Island with friend Bob Blacker from the Rotary Club.

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1980s

Jackie Gerry, excited winner of the 2010 Alumni Getaway contest at the Pacific Dental Conference, enjoyed a wonderful weekend at the Bellagio in Las Vegas thanks to Nadean Burkett & Associates. Winning the contest was extra special for Jackie, as she also celebrated her 35-year reunion with fellow classmates this spring.

For more information, contact Barbara Becker at 604-622-6808 or beckerb@interchange.ubc.ca.


Jackie Caronni, Dip DH 1980

Our 30-year reunion started at the Pacific Dental Conference and then we headed over to ORU for a superb dinner at the Chef’s

Ingrid Emanuel, DMD 1980

The DMD Class of 1980 enjoyed a great weekend away at the Painted Boat Resort Spa & Marina on the Sunshine Coast in May 2010 to celebrate our 30-year reunion. Over a third of the original class graduates were able to attend some or all of the weekend events—proving “If you build it, they will come!” Nancy Scott and Ingrid Emanuel planned yet another outstanding social event, which included a gourmet dinner, some Continuing Dental Education and a whole lot of breakfast and appetizer social meetings. Groups set off on the warm and sunny Saturday afternoon to hike, sightsee and kayak many of the nearby scenic areas. A good time was had by all. Rosalina Liu (pictured on the left) and Cathy McGregor enjoy the outdoors together during the weekend.

REUNION DMD 1975

Alumni and friends of the DMD Class of 1975 toasted 35 years over a fine-dining experience at C doppe’s Mediterranean Grill in Vancouver in April 2010. In the picture, Russell Hamanishi and his wife Joan, a dental hygiene graduate from the Class of 1978, enjoy Angie Thong’s company (pictured in the centre).

Ingrid Emanuel, DMD 1980

Table. The eight of us from the Dip DH Class of 1980 had a fabulous time catching up on the last 30 years, looking at some old yearbooks, having some good laughs and reminiscing. Somehow the years don’t erase the memories and connections we established in the dungeon of the old John B. Macdonald Building. We look forward to the next reunion.

PHOTO BY MARTIN DEE

1970s

Peter Carpenter, DMD 1970

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Joel Fransen is pleased to announce the opening of his endodontic practice in Richmond. Joel graduated in 1998 from UBC Dentistry, where he met his wife Alison (née Hill) Fransen DMD 1997, pictured with their son Clive.

Sherwin Nabi was pleased to announce the birth of their baby boy Arman Sherwin Nabi on August 30, 2009. The proud parents hope he will be a future UBC dental student.

Farzin Ghannad has been appointed associate director of Graduate Periodontics and Implant Dentistry at the UBC Faculty of Dentistry. Farzin believes that as a recent graduate he will be well equipped to understand the challenges related to the daily life of residents and dental students.

We were in Panama’s Bocas del Toro province for five years since finishing dental school. Pictured above from left to right: Charles Shuler, Sunny Tatra DMD 2003 and Herbi Tatra, DMD 2010, with patients receiving dental care.

Almost Alumni

Scott Martyna
PhD 2012 candidate

Scott is pleased to announce his engagement to Laura Leitch, daughter of Ian Leitch DMD 1983 and Theresa Leitch Dip DH 1983. Scott proposed rather creatively: he put the engagement ring into a Kinder Surprise (a manufactured chocolate egg that contains a toy inside), which he gave to Laura over the 2009 Christmas break. The wedding is scheduled for the summer of 2011.

Tooth Fairy Gala

Dentistry dean Charles Shuler hosted a table at the Tooth Fairy Gala, which took place April 17. Pictured above from left to right: Charles Shuler, Sunny Tatra DMD 2003 and Herbi Tatra, Bhasker Thakore DMD 1984 and Dr. Nimisha Thakore, celebrity auctioneer Fred Lee, Mark Kwon DMD 1997 and his wife Jessica, and Barbara Becker, director of Development. Guests of UBC Dentistry generously supported the cake auction: every guest went home with at least one cake, all in support of the BC Cancer Agency’s Dental Emergency Relief fund, helping cancer patients receive the dental care they need.

Recent Events

Young Alumni Committee (YAC) Social at the Pacific Dental Conference

The Young Alumni Committee, or YAC, is a student-run group created as part of the Dental Undergraduate Society (DUS), with the aim of improving communication between current students and alumni, as well as reconnecting recent UBC Dentistry alumni. The first YAC social event was held on Wednesday, April 14, at Monie’s Bar and Grill downtown. The first of its kind, this event brought alumni from the last five years together with fourth-year students. It was a wonderful opportunity for alumni with different levels of work experience to gather in a casual, non-academic environment and share stories about work, life after dental school and much more. With over 30 attendees, this kickoff event was a great success. We hope YAC will continue to thrive and hold many more fun and engaging networking events.

UBC Grad Perio Reception Celebrating 30 Years

The UBC Grad Perio Program celebrated 30 years at a reception preceding the Canadian Academy of Periodontology gala on May 28. Pictured are Andrea Lynn MSC/Dip Perio 1993 and her husband Peter Gleadow.
As a returning student in the Douglas College Community Dental Mentorship Program, what really stood out was how smoothly the day went. I saw a lot more. I took medical procedures, including an extraction and a variety of restorations. It was great to practice the skills I learned in the first two years of dental school. What really stood out was how smoothly the day went. All the organizers and volunteers did an excellent job, ensuring no time was wasted and that all patients were treated by the end of the day. I was truly amazed at the impact that just one day of free dentistry had on so many individuals. The most memorable part of the experience was seeing how grateful each patient was for our service. Even the simplest restoration had patients smiling as they left. It was a very rewarding experience, and I hope I can return again next year.

Also, over UBC Alumni Weekend, DMD 2012 (candidacy) students Jonathan Hung, Melissa Milligan, Leila Shahbazi and Nicole Vincinno volunteered in the children’s area. Pictured with Jonathan is Leila dressed as the Tooth Fairy, which was a great hit!

For more information, contact Jenn Parsons, manager of Alumni & Community Affairs, at 604-822-6751 or dentalum@interchange.ubc.ca.