MARK YOUR CALENDARS!

June 15 – 19, 2009
(Monday – Friday)

Cast Gold Restoration
Dr. Margaret A. Webb
Don’t miss this unique opportunity!
Times: 8 am – 6 pm
Worn-out and worn-down, each day.
Location: Nobel Biocare Oral Health Centre and John B. Macdonald Building, Faculty of Dentistry

This is an intensive five-day hands-on course. Each day begins with a lecture before proceeding to the hands-on clinical day. In addition to working on individual patient cases, participants will gain a more in-depth knowledge of laboratory procedures.

Fall 2010

Dr. Richard V. Tucker Symposium 2010
Current Topics in Restorative Dentistry
Vancouver, BC
Watch for further details!

An exciting program of current topics in restorative dentistry with world-renowned speakers, moderated by Dr. Richard Simonsen.

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Dean’s Message

Dear Colleagues,

Thank you for all the very positive responses that have been sent regarding the new format of the Faculty of Dentistry publication. We appreciate the feedback and support for this approach to sharing the achievements of our faculty, students and staff.

This edition of Impressions highlights several current accomplishments in teaching, research and community service. The UBC Faculty of Dentistry is recognized as the front-runner in many of these areas, and it is my pleasure to share them with you.

Dr. Hanna Larjava is an internationally recognized researcher on the topic of wound healing in the oral cavity and skin. Healing following surgical procedures or trauma in the oral cavity and skin is required to establish the mucosal barrier that prevents bacteria from entering the body. Oral healing proceeds with lesser scarring than skin and provides an excellent model to better understand the scarring process in the skin. Dr. Larjava’s work will engender new approaches to facilitate wound healing and improve surgical treatment outcomes.

Dr. Rosamund Harrison has taken a leading role nationally in dealing with the problems of early childhood dental caries. The incidence of dental caries and the problems associated with this infectious disease remain an obstacle to developing good oral health, particularly in First Nations populations. Dr. Harrison has developed programs directly in communities to improve oral health practices and reduce the incidence of disease.

Dr. Sandra Fastlicht played a lead role in moving our undergraduate orthodontic teaching program to a completely digital environment. Computer-based treatment planning, digital study casts and Web-based teaching and examination are all state-of-the-art approaches now available to help our dental students achieve their learning objectives. These new approaches to patient care and teaching will benefit our dental students as they progress in their professional careers.

There are many other developments occurring in the Faculty of Dentistry that are helping to support our goals. We have completed the Student Learning Centre (SLC) in the old dental student clinic in the JBM Building. The SLC was opened in November 2008 and is used extensively by students and staff for their learning activities and by faculty for teaching and assessment. We are pleased to be making productive use of the JBM space, while provinding a resource that is beneficial to everyone in the Faculty.

In co-operation with the BC Dental Association (BCDA) and the College of Dental Surgeons, we have established mentorship programs and have enhanced involvement in the Summer Student Practitioner Program. The BCDA has provided financial support and logistical assistance for these programs, which will link current students with dentists in practice. These interactions will be beneficial to students in their career development and in identifying practice opportunities throughout British Columbia. If you are interested in participating in either of these programs, please contact us. We look forward to greater involvement and interaction with dental professionals throughout BC.

The Strategic Plan that will guide the Faculty of Dentistry for the next five to seven years is nearing completion; it is currently being discussed with all the faculty, students and staff. We will be sharing these plans for the future with you in the coming issues of Impressions, to ask your assistance in achieving our goals. This is an exciting time in the Faculty. I hope you enjoy reading Impressions and learning about our many achievements.

All the best,

Charles Shuler, DMD, PhD
Dean and Professor, Faculty of Dentistry
A research team led by professor Markus Haapasalo at the Division of Endodontics, UBC Faculty of Dentistry, has reported exciting news about the progress of their focus on eradicating oral biofilms. Biofilms are thin, “sticky” films of bacteria that are responsible for development of all-two-familiar diseases such as caries (decay), gum infections and root canal infections.

The challenge with biofilms is that microbes embedded in these structures are very resistant to efforts to remove or kill them. Haapasalo’s team has used a synergistic approach to attack biofilms, with promising results. “We are hitting the target (biofilm) from several directions simultaneously. By combining known and new agents, we are creating a synergetic effect that wears down the defence of the biofilm more effectively than commonly used disinfecting agents alone.”

The team is working together with industry, which has resulted in promising improvements in the performance of some commercially available products—and a patent application. “There has been interest from both North American and European companies, which has resulted in active collaborations,” says Haapasalo. He hopes that the new innovations will further advance research efforts at UBC Faculty of Dentistry and positively impact the prevention and treatment of oral infectious diseases.

New Mentorship Program at UBC Dentistry

With funding assistance from the BC Dental Association (BCDA) and the Canadian Dental Service Plans Inc. (CDSPI), a new mentorship program at UBC Dentistry is taking shape. The goal of the mentorship program is to establish long-term, one-on-one relationships between DMD students (future graduates) and practising dental professionals.

For the young graduate, entering the dental profession can be a daunting experience, and mentors can be a valuable resource. Career guidance, learning about being an associate versus an owner, and coaching in practice management are common themes in dental mentorship programs. Dr. Joanne Walton, associate dean, Academic & Student Affairs, sees the mentorship program as a valuable tool for preparing students for professional practice. “Now that crucial funding is in place, I’m excited about building on the success of our existing Tri-Mentoring Program, which was developed and run by our manager of Student Services, Ms. Alex Hemming,” she says. “The additional support provided by the BCDA and CDSPI will allow us to expand the program to include more students and mentors.”

Walton adds: “One of the first steps in building our Tri-Mentoring Program was to seek out the needs and desires of our students, and we want to revisit their goals as we expand.”

The program will also reach broadly across the province for mentors. The BCDA and the CDSPI have committed $10,000 per year for three years. For more information, contact Alex Hemming at alexaugh@interchange.ubc.ca

UBC GPR Team Raises $12k for Cambodian Children’s Hospital

Participants in UBC Dentistry’s General Practice Residency Training Program (GPR) raised over $12,000 for a local children’s hospital while on their biannual community dentistry rotation in Siem Reap, Cambodia. The money raised from marathon pledges will directly fund the hospital’s dental program for an improved radiology system and salaries to hire more local dentists.

The annual Angkor Wat International Half Marathon is a popular event for runners from around the world. Dr. Christopher Zed, associate dean, Strategic and External Affairs, and head, Postgraduate and Hospital Programs, was quick to make good use of the marathon’s fundraising capabilities this past December. “Two residents and I decided to enter the marathon that would be taking place while we were in Cambodia for rotations, and that soon grew into nine additional people who believed in our cause joining us from Vancouver.”

The cause Zed refers to is the Angkor Hospital for Children (AHC), the base for UBC Dentistry’s General Practice Residency Training Program (GPR) community dentistry rotations. The dental clinic within the AHC provides full dental treatment and much-needed patient education in Siem Reap, as well as outreach to outlying villages. UBC GPR residents participate in both hospital-based care and community outreach.

“It astounded me that nine additional people—personal trainers from Vancouver—wanted to run the marathon with us and get further involved,” says Zed. These trainers not only raised pledge money, but they also provided their expertise in personal health and well-being to the Cambodian health care workers.

“This was a very unique kind of knowledge transfer to the local dental staff. The more they understand how to take care of themselves, the better they can provide health care in one of the most impoverished regions in their country.”

The knowledge transfer that occurs between dentistry residents and local health care workers is a significant contribution to a country where years of civil and foreign wars has wiped out most of the professional population. Zed explains that dental treatment is often delivered outdoors in shaded dirt areas, using flashlights and with no suction, or in schools, on desks where up to 160 tooth extractions can occur per day.

Currently half of the thirteen million Cambodians are under fifteen years old. Fifty-one percent of the Cambodian children are malnourished, and one in seven will die before his or her fifth birthday. The average salary of a Cambodian dentist is the equivalent of $1,200 to $3,000 per year.

Pledging continues at dentistry.ubc.ca

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Pledging continues at dentistry.ubc.ca
DMD Students Encouraged to Experience Rural Settings

New funding from the BC Dental Association (BCDA) will ensure UBC Dentistry’s Summer Student Practitioner Program has a rural focus in British Columbia. The Summer Student Practitioner Program provides dental students, who have successfully completed their third year, a first-hand look at the daily operation of a dental practice. The program, approved by the College of Dental Surgeons of British Columbia, has been in operation since 1982.

Associate dean Dr. Joanne Walton, who coordinates the program, sees participation as mutually beneficial for both DMD students and participating dentists. “Not only will students get valuable experience in rural practice, but participating dentists cite many advantages,” Benoît noted in comments Walton has received from past iterations. “Benefits noted in comments include: exposure to current techniques being taught at UBC, experiencing what it might be like to have an associate, getting help clearing backlogs, enjoying the interprofessional ideas exchange, and giving back to the profession by providing a learning opportunity for a student.”

The BCDA has committed $40,000 per year for three years to the program. This money will directly support those DMD students who choose a rural setting for their program placement. For more information, contact Alex Hemming at alexaung@interchange.ubc.ca

Student Learning Centre Opens in JBM Building

Do you remember the operatories in the former clinic located in the John B. Macdonald Building? With the recent installation of 80 computer stations, a different kind of learning activity is happening in these old cubicles. Re-engineering the old clinic in the JBM Building is a technically complicated and expensive affair. Since redevelopment of the entire space is still a long way off, the space has been refitted to provide an immediate solution to the shortage of student learning and study space. As well as providing a student workspace for computer-based learning (and exams), the space—now called the Student Learning Centre—is ideal for simulation exercises that do not require clinical equipment. Students now have a much-needed after-hours study space in their home building.

Sleep Apnea: Children May Benefit from UBC Dentistry Device

Dr. Alan Lowe, placing a Klearway oral appliance in a young patient’s mouth.

By Catherine Loiacano

Children suffering from obstructive sleep apnea (OSA) may soon be sleeping better thanks to a new use of a device being studied in UBC’s Division of Orthodontics, Faculty of Dentistry. The study, led by Prof. Alan Lowe, is the first to test and document the effectiveness of an oral appliance called Klearway™ in children with OSA. The device is already being used in 10,000 adults worldwide.

Habitual snoring in children can be an indicator of OSA, which is characterized by cessations of breathing and problems with sleep, including restless sleep. OSA occurs when a child repeatedly gasps and stops breathing during sleep because the upper airway is obstructed. During sleep, the tongue can be sucked back against the back of the throat, obstructing the airway. The Klearway appliance is made of clear acrylic resin and is similar to two connected orthodontic retainers. It prevents the lower jaw from dropping down and back and keeps the teeth together during sleep.

“Habitual snoring is a health problem that affects children’s growth and development,” says Lowe, who invented the UBC technology. “What is most surprising is how quickly the appliance works in children. In just a matter of months, we have found that children who wear the appliance show dramatic improvements in sleep and significantly improve how their upper and lower teeth fit together.”

Although snoring in children is a common condition that may affect up to 27 percent of kids aged two to twelve, OSA affects from one to ten percent of children who snore. “One of our patients’ grandmothers reported that she suspected a problem because her grandson was often very tired and reported that he fell asleep on the bus on the way home from school,” says Lowe. “After using the device for a few months, the patient and grandmother have seen a tremendous improvement in sleep, energy, concentration and overall mood.”

The Klearway appliance effectively increases the size of the airway during sleep by creating more room at the back of the throat. The appliance fits over the top and bottom teeth and gradually moves the lower jaw forward, giving the patient more room to breathe.

In prepubescent children with this condition, Klearway may also correct the malocclusion,” says Lowe. “It has the potential to treat OSA because it opens the airway and decreases the mismatch between the upper and lower teeth.” Lowe cautions that not all children who snore suffer from OSA, nor do all OSA patients snore. Assessment by the family physician and referral to a pediatric sleep specialist are required before a definitive diagnosis of OSA can be made and therapy decisions determined.

For more information, visit www.klearway.com

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Community Note

UBC Dentistry Helps Renovate Multi-Purpose Clinic at Yaletown House

When Yaletown House, a care facility for seniors in central Vancouver, recently renovated its multi-purpose clinic, UBC Dentistry was happy to commit funding for a more patient-friendly space for dental services. Previously, several health service providers had been operating out of a shared space at Yaletown House. When the opportunity to upgrade the out-grown multi-purpose clinic arose, many of these groups, including UBC Dentistry, supported the project.

A more functional space for dentistry has been created, including improved privacy and updated equipment. "The dental team is much more functional in this new space," says Shunhau To, program manager for the UBC Geriatric Dental Program (GDP). "Yaletown House is a showcase facility, and we, like the administration of the facility, are very committed to the care of the residents."

The UBC GDP provides much-needed on-site dental care, such as annual check-ups, dental hygiene services and denture services, to the long-term residents. Patients requiring more complex treatment are referred to the Specialty Clinic on campus.

Yaletown House also serves as an important teaching facility. UBC General Practice Residents (hospital-based dental residents) participate in clinical care, while visiting dentists and undergraduate dental students observe treatment.

For more information about the UBC GDP, visit elders.dentistry.ubc.ca

Dental Hygiene Graduates Reach Higher

As of November 2008, the UBC Dental Hygiene Degree Program has a total of 97 graduates awarded the Bachelor of Dental Science in Dental Hygiene (BDSc (DH)) degree. Of the 97, nine have now also graduated with a master’s degree in Science (Dental Science), Education or Health Administration. Two of the MSc graduates are now PhD candidates at UBC.

In addition, there are currently 11 BDSc (DH) graduates studying in a variety of master’s programs at UBC, the University of Toronto, the University of Alberta, and the University of Idaho. Another four BDSc (DH) graduates are currently applying for admission to master’s programs in Science (UBC), Public Health (SFU), Distance Education (Athabasca), and Education (UBC), to commence in September 2009.

Education beyond the BDSc (DH) prepares dental hygienists to assume positions as program directors and teaching faculty in dental hygiene and dental assisting programs, as well as administrative roles in community health and dental hygiene organizations.

Research Day Makes Connections

The theme for this year’s one-day comprehensive review of basic science and clinical research was the early diagnosis of premalignant and malignant changes in the oral cavity of dental patients. Graduate students, post-doctoral fellows and faculty presented, as well as distinguished UBC Dentistry alumnus David Wong DMD 1981. Dr. Wong, now professor and associate dean of Research, University of California, Los Angeles School of Dentistry, presented the keynote address: Identification of Salivary Diagnostic Markers for Early Oral Cancer Risk and Detection.

Dr. David Sweet OC Accepts His Insignia

Dr. David Sweet OC has been appointed an Officer of the Order of Canada for enhancing Canada’s reputation as a leader in forensic odontology—the science of victim identification using dental charts and analysis of teeth—and for his contributions as a teacher, researcher and consultant.

Her Excellency the Right Honourable Michaëlle Jean, Governor General of Canada, and Dr. David Sweet OC, Professor and Director of the Bureau of Legal Dentistry, at the Order of Canada investiture ceremony on December 12, 2008, at the official residence of the Governor General, Rideau Hall, Ottawa.

UBC Dentistry is grateful to the following Research Day 2009 sponsors.
Periodontology researcher, clinician and professor Hannu Larjava is investigating the remarkable self-healing properties of gums and soft tissue in the mouth in order to improve wound healing in the rest of the body and to reduce painful, debilitating and costly scarring.

When we think of dentistry, we generally think of teeth—not skin. Periodontology, a major branch of dentistry, is devoted to the study and treatment of diseases and conditions of the tissues that support and surround the teeth, including the jaw bone and gums, or gingiva. For years, dental clinicians have known that gum and oral soft tissue—like fetal tissue—has the astounding ability to self-heal without scar formation.

"Understanding the molecular mechanisms behind gingival wound healing could provide valuable information about the factors that regulate healing and scar formation in skin," says Hannu Larjava, UBC dentistry professor and head of Periodontics and Dental Hygiene in the Faculty of Dentistry.

Wound healing is a complex molecular process that often results in excess scar formation, causing disfigurement in burn victims, organ dysfunction after surgery, chronic wounds from diabetes and ulcers, and problems with surgical implants. It is estimated that in developed countries over 100 million people suffer from significant scarring and wound healing problems. This results in more than 50 million elective procedures and 25 million major operations, with cost estimates exceeding $100 billion annually in North America alone.

The potential to apply research in oral wound healing to the rest of the body is enormous, and Larjava is one of the few researchers in the world taking up the challenge. He is also editing the first book on the subject.

“We already know the profile of genes involved in early gingival healing, but we don’t know the profile of what happens in skin,” says Larjava, who is also director of the Laboratory of Periodontal Biology, which receives funding from the Canadian Institutes of Health Research (CIHR), National Institutes of Health (USA) and the Martha Piper Foundation. He is working closely with Lari Häkkinen (UBC, Dentistry), Colin Wiebe and David Hart in the Department of Surgery at the University of Calgary. Hart has developed a model for skin wounds in pigs. Larjava’s team is using porcine models and cDNA microarrays (see text box at end), to study the difference in gene expression in scar-free healing of oral soft tissue compared with scarring skin—at the same time in the same animal.

Identifying the genes involved is only the first step. Wound healing involves an intricate and highly regulated cascade of cells interacting with growth factors, signalling molecules and the extracellular matrix (ECM). “Our main focus now is studying the molecular events that happen early on when the cells move into the wounds and make things happen,” says Larjava.
Häkkinen and Marc McKee from McGill have—Intriguing Integrins

β6 plays v other skin tissue it is only found in cancer cells differently in gum tissue than in the rest of the cells that link the gums to the tooth. Communication. They transmit information to the cell interior, thereby regulating cell behaviour. They also play a role in the extracellular matrix. They also play a role in the signalling of integrins, intriguing membrane proteins discovered even more fascinating properties in Larjava’s group has shown that v6 acts in normal epithelial skin cells—except in the epithelial cell adhesion in the gingiva. When the gene is not present, the gum tissue doesn’t attach very well to the teeth, which may explain why these patients experience the early onset of gum disease—a major feature of Kindler syndrome.

Although the complete function of kindlin-1 is still unknown, it is also involved in regulating integrin membrane proteins. “This work is still linked to the main theme of our research program, which is cell adhesion to extracellular matrix integrins, because kindlin-1 is part of the signalling cascade,” says Larjava.

Solving the Mystery of Kindler Syndrome

Translating research from “bench to bedside” is a goal of medical and dental science. Larjava and colleagues are also working in reverse. They have taken a clinical observation of one patient all the way to a major research project, funded by the US National Institutes of Health, in collaboration with Cary Wu at the University of Pittsburgh.

It all began when a young patient came to UBC dental clinic with advanced gum disease. Only a few generic defects make individuals susceptible to gum disease at an early age. This patient had a rare congenital condition, Kindler syndrome, which is caused by a mutation of the kindlin-1 gene that results in severe blistering of the skin. Until recently, very little was known about the cause of the disease. Dr. Wiebe from Larjava’s research team played an essential role in discovering the kindlin-1 gene and the association between Kindler syndrome and gum disease.

Larjava’s lab found that kindlin-1 plays a role in epithelial cell adhesion in the gingiva. When the gene is not present, the gum tissue doesn’t attach very well to the teeth, which may explain why these patients experience the early onset of gum disease—a major feature of Kindler syndrome.

People don’t realize the opportunities available in dentistry research, Larjava says, noting that most of his papers are published in journals outside of dentistry. “When you have an open mind, and are patient, you can take a clinical situation and develop a major research program out of it. The opportunities for dental students today are multi-faceted and multidisciplinary.”

UBC DENTISTRY IMPRESSIONS

In chronic skin wounds like diabetic ulcers, the integrin αβ6 appears to act differently in gum tissue than in the rest of the body. While it is essential for healthy gums, in other skin tissue it is only found in cancer cells and open wounds—and the amount differs for acute or chronic wounds. “In other words, when the tooth comes in contact with the gum tissue it is like a wound, and gum disease around the tooth is like a chronic wound,” explains Larjava. His lab found that αβ6 plays a major role in protecting against gum disease. When it is absent, there is significantly more bone loss and gum disease than there is in animals where the molecule is present. In chronic skin wounds like diabetic ulcers, however, the signalling of αβ6 seems to go awry. “We found that αβ6 is present, or unregulated, in acute wounds, but may be over-expressed in chronic wounds,” Larjava says. “Through its signalling properties, this integrin may act like double-edged sword—doing beneficial things in acute wounds and harm in chronic wounds and cancer.”

In related work, Larjava discovered that αβ6 is expressed in the formation of tooth enamel. In knock-out mice that lack this integrin, the enamel is not mineralized—meaning it is formed but not hard, and teeth wear down very quickly. This mimics a human genetic condition called amelogenesis imperfecta, or soft enamel, where the teeth are badly discoloured and worn, even in children who have good dental hygiene.

Dentistry Research Opens Minds—and Doors

Larjava is passionate about the potential that dentistry research holds for students who want to expand their knowledge and skills. He is a faculty member in UBC’s Skin Research Training Centre in the Department of Dermatology and Skin Science at Vancouver General Hospital. With $1.8 million in CIHR funding, the multidisciplinary centre is the national hub of graduate and post-graduate training in the cause and treatment of skin diseases.

“People don’t realize the opportunities available in dentistry research, Larjava says, noting that most of his papers are published in journals outside of dentistry. “When you have an open mind, and are patient, you can take a clinical situation and develop a major research program out of it. The opportunities for dental students today are multi-faceted and multidisciplinary.”

UBC DENTISTRY IMPRESSIONS

Periodontal Biology Primer

Extracellular matrix (ECM) - Often referred to as connective tissue, ECM is a complex, gel-like molecular structure that surrounds and supports cells, segregates tissues and regulates intercellular communication.

cDNA microarray - An array of thousands of microscopic dots of DNA deposited on a glass surface or silicon chip, each containing a specific DNA sequence. These molecular probes are used to simultaneously study the function of an array of genes and proteins.

Gene Knockout - By knocking out the function of a specific gene product in model organisms, such as yeast and mice, researchers can determine the role these genes play in health and disease.
TOWARD A HEALTHY SMILE FOR EVERY CHILD

MOTIVATIONAL INTERVIEWING IN PREVENTIVE DENTISTRY

BY HEATHER CONN

She has winced at the sight of a 13-month-old infant in diapers anesthetized on an operating table, having all but four of his teeth extracted due to decay. She understands why some Punjabi mothers in Surrey add sugar to their baby’s milk; in parts of India, non-pasteurized milk is boiled and becomes unpalatable to an infant. She has heard Vietnamese mothers in Vancouver misunderstand the need to care for their child’s baby teeth: they know the teeth will all fall out anyway.

Few people know and appreciate the value of a child’s healthy smile more than Dr. Rosamund Harrison, UBC’s chair of Pediatric Dentistry and an award-winning researcher. In her ground-breaking studies, she focuses on low-income and new immigrant communities that have a high rate of cavities in preschool children. To help control this trend, she has promoted accessible, community-based oral health programs for hundreds of babies and toddlers, from South Asians and Vietnamese in BC’s Lower Mainland to Cree in remote Quebec villages. Her grassroots work has made a significant difference in these high-risk groups, resulting in fewer cavities (cavities) for preschoolers and much-improved dental health.

“The most common chronic disease of childhood is dental caries,” says Harrison in her on-campus office, seated between a desktop computer and a shelf of academic books, topped by a Variety Club teddy bear. “The biggest predictor of dental decay is family income.” As she points out, you can’t legislate parents to brush their kids’ teeth, but you can share a strong preventive philosophy. “You can start really early when a woman’s pregnant, getting her to think about her own oral health and feeding practices. It’s really about building the capacity of the parent, the family and the community.”
Harrison’s research has focused on an effective approach to preventative counselling that is new to dentistry: motivational interviewing (MI). Her studies are the first in the world to apply this empathic model to dentistry; it has been used successfully in other fields to change behaviours in vulnerable groups like substance abusers and diabetics. Motivational interviewing avoids traditional forms of patient education such as advice or persuasion, which can instill guilt and defensiveness if the patient doesn’t comply. In Harrison’s words: “It [motivational interviewing] gets away from the approach of ‘If you don’t do this, you’re a failure.’”

Instead, an MI approach strives to prevent and control tooth decay by influencing parents with praise and positive reinforcement. Open-ended questions help to establish trust and rapport with a parent (usually the mother), then determine her hopes for her children. By engaging mothers in dialogue, they actually start to think about: “What do I really want for my child?”

Using affirmations and reflective listening, the counsellor frames one-on-one with parents who choose from a menu the dental health options that would work best for their family situation. At the project’s end, each child had a dental examination by a local Punjabi-speaking dentist.

“It was wonderful to see what a huge difference it [the study] made,” says Monika Verma, who served as Rainbow Smiles’ project manager. “It wasn’t just a project; it was more than that. The women really looked up to us. They were very grateful. It became like a big family. Some of the moms still call me.”

Verma particularly noted how Rainbow Smiles served to embed mothers who initially didn’t think they could modify behaviour or challenge the power dynamics of their extended family. “We empowered mothers to change the habits of the whole family in things like buying groceries and not leaving candies out [where they can be eaten].”

For Harrison, motivational interviewing entered her life when Weinstein approached her at a conference; he was impressed by the presentation she gave regarding the one-on-one counselling that was part of a project she did in a Shuswap First Nations community in the interior of BC. (This project, which ran from 1992 to 1996, incorporated a committee of mothers, local community workers and counselling by the public health nurse. It reported encouraging reductions in decayed tooth surfaces in 30-month-old children.)

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In the Rainbow Smiles study, Weinstein found working with lay counsellors, “very rewarding.” “They were very grateful. It became like a big family. Some of the moms still call me.”

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Overall, Harrison would like to see children’s oral health made a higher priority. “A lot of people in their regular practice don’t see a lot of young children. They often aren’t aware that the problem [oral health] persists.”

Harrison’s continuing research includes another randomized controlled trial with the Cree Health Board in Quebec’s James Bay region, which began in 2004. As part of this project, local Cree dental health workers are using MI in their own communities. The project is funded by the Canadian Institutes of Health Research.

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Harrison’s research has focused on an effective approach to preventative counselling that is new to dentistry: motivational interviewing (MI). Her studies are the first in the world to apply this empathic model to dentistry; it has been used successfully in other fields to change behaviours in vulnerable groups like substance abusers and diabetics. Motivational interviewing avoids traditional forms of patient education such as advice or persuasion, which can instill guilt and defensiveness if the patient doesn’t comply. In Harrison’s words: “It [motivational interviewing] gets away from the approach of ‘If you don’t do this, you’re a failure.’”

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The task of transitioning dental records in the UBC undergraduate dental program to electronic files may seem as daunting as Lao Tzu’s thousand-mile journey. But Dentistry clinical associate professor Dr. Sandra Fastlicht recently took a few huge strides in the orthodontic component of the undergraduate dental program, bringing the journey significantly closer to its digital destination.

In businesses and institutions these days, the task of migrating to digital technologies is commonplace and, in fact, expected. In UBC’s undergraduate dental program, charts, photographs and radiology images have been securely stored in the electronic realm for some time. However, in the orthodontic component of the undergraduate program, plaster dental casts—the reproductions made from impressions of patients’ teeth—remained outside the electronic dental record. The trail to full digital record keeping had another mountain range to cross.

Fastlicht understood well the need to move to digital dental casts. The dental clinic at UBC had been spending an enormous amount of time and expense creating traditional plaster casts (sometimes called stone casts). Additionally, regulations require that all dental casts have to be kept for up to 30 years. Referring to the breakable, clumsy and difficult-to-catalogue single-record stone artifacts, Fastlicht chuckles: “With our long-running orthodontic program, the undergraduate students’ patient dental casts started to reach a critical mass. We were running out of storage space. But with digital dental casts, storing them for 30 years is no longer an issue of physical space.”

Fastlicht was also confident that the undergraduate orthodontic program was ready to make the transition to digital orthodontic models. “UBC Dentistry is a leader in technology for preparing undergraduate dental students for modern practice,” she explains. “But we needed to move even further towards a paperless dental record to remain at the leading edge of using technology in teaching and learning. The orthodontic study models still needed to be digitized.”

When the issue was brought up at a Division of Orthodontics meeting, Fastlicht enthusiastically volunteered to lead a project to close this digital gap. Dr. Alan Lowe, head of Orthodontics, and Dr. Virginia Diewart, head of Oral Health Sciences, immediately endorsed her vision and gave full support—as did the dean, Charles Shuler, who was looking to improve how dental casts were managed.
Sourcing to Implementation – A Four-Month Giant Step

In May 2008, Fastlicht began to investigate 3D digital modelling and imaging solutions. Typical installations for managing digital orthodontic models were on single-computer or several-computer stations in private practice settings. “The challenge in our environment,” reflects Fastlicht, “was that we needed to integrate into an existing imaging system and to have it networked to 144 operatory computer stations.”

In an educational setting, the installations landscape is also more complex due to the volume of licenses and the layers of security levels required for patient confidentiality.

Fastlicht selected a 3D digital modelling and imaging solution based on its ease of integration with the existing imaging system, its set of analytical tools and the practicality of its improvements-to-digital imaging services. It was the first time an integration of imaging systems was to be implemented in a dental clinic of this size for use in an undergraduate orthodontic program.

“With the system and service we chose, several steps are streamlined or even eliminated: they supply all the sterilized impression trays and return digitized files of casts,” Fastlicht says. “It’s just like sending anything out to a lab and the cost is similar—but without the need to manage expensive physical storage volumes.”

After a short testing period, the 3D digital modelling and imaging solution was launched in September 2008. “Four months was an incredibly short sourcing-to-implementation time. Without the expertise of our in-house Technology Support Team, it wouldn’t have been possible,” lauds Fastlicht.

From the Orthodontic Stone Age to Digital Possibility

While the digital solutions marketing literature is verbose about the benefits of digitized models in dental practice—ease of storage and access, convenience, precision (there is no difference between the information stored in a plaster cast and a digital version), and the analytical tools—Fastlicht is taking the migration to digital models further. She sees enormous potential in the technology for teaching and learning opportunities.

With her students, Fastlicht introduces traditional plaster casts first. “Students still need to be familiar with the stone casts in their education and careers, so we start with that,” she explains. “They handle stone models, evaluate them and perform manual calculations. But, after they’ve been introduced to the digital models, their excitement and proficiency skyrocket—they have no reason to miss the physical casts.”

To illustrate why students might not miss using the plaster casts, Fastlicht, seated at her desk, demonstrates the physical contortions of evaluating a stone cast. She picks it up, measures a space with calipers, puts the cast and calipers down, writes a number in a chart, consults a figure table, moves her finger to the digital models, their excitement and proficiency skyrocket—they have no reason to miss the physical casts. “It’s all online and accessible from any computer connected to the clinic’s network.”

Fastlicht points out that students are already proficient in the electronic world. And, she adds, “Students learning to evaluate study models can now concentrate all their time in the learning process and can see results instantly—without fumbling around with pieces in their hands. It takes just seconds to make precise measurements.”

Fastlicht can hardly wait to use the digital study models in an examination setting. Trolleys full of the same stone casts for each student will no longer be needed. Instructors will be able to easily create even more model varieties and learning evaluation methods with the digital modelling technology.

Sharing digital models electronically is one of the biggest advantages of this technology. Not only can students consult with each other about treatments at lightening speed, but instructors can give immediate feedback to their students and instantly analyze their progress.

And, Fastlicht quickly found, the digital modelling system’s friendly user interface not only works well for students and faculty, but is intuitive enough for part-time instructors, who hail its implementation—some of them already use it in their private practices. What about those part-time instructors who have no familiarity with using digital modelling systems? “No problem,” assures Fastlicht. “Students familiarize themselves very quickly with the technology, so they can easily demonstrate it to part-time instructors in just a few moments.”

A New Standard in Undergrad Orthodontic Training

UBC is the largest undergraduate orthodontic program in North America and the most comprehensive in Canada training undergrads to do orthodontic treatment within the scope of a general practice. Now, UBC is the first, and only, dental school in Canada to use digital study models in its undergraduate orthodontic program. Until this transition, digital models were available only to students in graduate programs. But now that the technology is available to undergrads at UBC, representatives from other Canadian schools of dentistry are coming to see how it’s being used.

And beyond Canada? Fastlicht’s fourth-year dental student Sean Chung gave a presentation on UBC’s dental program during a 2008 externship in Japan. His audience was amazed to discover that UBC had complete digital models in an undergraduate program.

Fastlicht’s digital model transition project has raised the standard of its undergrad orthodontic training to a new height. UBC Dentistry students are being prepared for careers where their orthodontic treatment planning can be done anywhere, anytime and in consultation with colleagues in the next office or around the globe.

What’s Next?

Now that the transition to digital models in the undergrad orthodontic program is complete, what is next for Fastlicht? She points to the enormous potential of the data. “With all that patient data, measurements and other analytics being deposited into a central database, data recall is a snap—no more requesting stacks of charts and sifting through piles of paperwork. Researchers can create custom analysis of data at the click of their mouse.”

Fastlicht is taking the migration to digital models further. She sees enormous potential in the technology for teaching and learning opportunities.
This past summer, I had the opportunity to do an externship in Haida Gwaii (Queen Charlotte Islands) through the UBC General Practice Residency Program. My classmate Ian Smillie and I flew from Vancouver to Skidegate, looking forward to doing some volunteer dentistry while exploring these stunning islands and learning about the amazing history and culture of the Haida people. The dental clinic was in Skidegate, a Haida reserve just outside of Queen Charlotte City. Staying in Skidegate gave us a chance to interact with the locals and feel connected to the community. The warmth and friendliness of the people we met was amazing. We were invited to a number of community events. One evening we got to watch the local kids practising their dances and songs for the grand opening of the Haida Heritage Centre. They wore traditional costumes and gave a great performance. We also went to see a sea kayaking trip to the west coast during our stay in Skidegate. We were amazed that we had this entire beach to ourselves. Many nights we walked down to the beach for a swim and watched the sun set behind the mountains while sharing stories from the day. Each night we were grateful that we had this entire beach to ourselves. These islands are isolated enough to remain unspoiled.

We also got to go dip-netting for crabs at North Beach, attend the Edge of the World music festival and go on a sea kayaking trip to the west coast during our time there. The entire experience was one I will never forget.

The beauty of the natural landscapes and the richness of the Haida culture were amazing. However, what really made the trip stand out was that we got to give back to the community through our work at the dental clinic. During our stay in Skidegate, we were made to feel like members of the community, rather than tourists passing through.

One of the main reasons I got into dentistry is that I wanted to be able to provide health care to people in need. While business will always be a part of any dental practice, this experience confirmed that it is always important to stay true to your values and remember that the core goal of our profession is to improve the oral health of all members of our society. Our clients truly appreciated our services. They were very thankful for the help we were providing them, especially when they learned that we were volunteering to be up there. And the feeling I got from helping these people cannot be measured in dollars and cents.

Haida Gwaii is a majestic place. The ocean brings in massive schools of salmon, which serve to feed the bears, the Haida people and countless bald eagles that are seen circling the skies. After spawning, the salmon die, but their carcasses fertilize the soil, giving the nutrients that allow the massive Sitka spruce and cedar trees to grow up to the heavens. It is a delicate balance that is awe-inspiring to observe. This experience felt like we were finally putting the future into perspective.

Haida Gwaii is a very fortunate place like North America, I want to contribute to societies and people in need. My time in Haida Gwaii also reinforced my plans to continue assisting the incoming students in my role as a student leader in UBC Dentistry. I want to contribute to others what hadn’t yet been developed for me. I learned it from my mother. She’s the source of my inspiration.

Whether leaders are born or taught is irrelevant to Priscilla. She sees her future in the debate: “I know that nothing comes easy. It takes hard work and I know what it means to work hard.”

Meet Priscilla Ojeda. She’s a second-year student in the first campus-based Entry to Practice Admission Option* of UBC Dentistry’s Dental Hygiene Degree Program. Priscilla is on her way to an exciting career in dental hygiene. It is clear that she will reach high and far beyond basic practice—because of her passion to serve. While educators debate whether leaders are born or taught, Priscilla exemplifies what leaders do—they lead. And in Priscilla’s case, she leads in many areas.

Priscilla is the founding president of the Dental Hygiene Class of 2011. She also represents her class in the Dental Undergraduate Society (DUS), a collaborative society of dental and dental hygiene students. Her primary function is to link dental and dental hygiene students at UBC. Teams brought to the DUS are generated at Dental Hygiene student council executive meetings, which Priscilla coordinates. “I want to help address any concerns within the student body,” she says. “I want to assist incoming classes to create their own student representatives, so that they can participate in the DUS.”

The theme of engagement epitomizes Priscilla. She is also student representative to the UBC Dental Hygiene Alumni Committee. In this role, she is helping to establish a Dental Hygiene Mentorship Program. This program will provide opportunities for students to interact with experienced UBC dental hygiene alumni for support, goal setting and career discussions.

Priscilla’s passion for helping others is further underscored by her involvement in a Destination Day for the Class of 2012. Along with a fellow student, she developed and facilitated a Student Success Workshop. The workshop covered study skills, time management and how to be successful in the dental hygiene program. Priscilla also coordinated two ORALCARE (oral health awareness) automated external defibrillation certification and recertification training sessions for the orientation.

In the greater campus community, Priscilla is a Peer Leader in the Vice-President, Students Emerging Leaders Program (ELP). This is a campus-wide initiative at UBC involving approximately 300 first-year students and 64 Peer Leaders. The program is designed to reflect core leadership themes that are important to the development of leadership and global citizenship skills. “I volunteered for ELP because I am a brand new program and wish that there had been someone to help answer my questions and be a guide. I wish not only that I had someone to help direct me to get integrated in my faculty and the UBC community, but I still had a leader to guide me.” Priscilla now feels that there is a need for such leadership. Priscilla is motivated to be that leader for other students who need a context for answers, advice and referral to resources.

When asked what leadership means to her, Priscilla reflects: “My take on leadership is to step up to the plate when everyone else is away. It is to speak on behalf of others when silence falls, and to encourage people around me to reach their goals. What motivates me to help others is the satisfaction of moving ideas forward and getting things accomplished.”

Of her immediate goals, she says, “I intend to continue assisting the incoming students in my program by paving the way as the pioneer; by unifying my program with the other programs in the Faculty of Dentistry, as well as connecting them with the broader UBC community. I want to contribute to others what had’t yet been developed for me.”

Priscilla is from Vancouver and is fluent in Spanish. After graduation she wants to travel to South America to meet her extended family (her mother is Paraguayan and father is Chilean) and get in touch with her cultural roots. Her dream is to work internationally with an organization like Ayuda Inc., a non-profit organization engaged in improving and sustaining the oral health of people in undeveloped areas of the world. “I haven’t experienced a developing country and, coming from a very fortunate place like North America, I want to contribute to societies and people in need.”

Priscilla sees graduate school in her future. “I’d also like to go further in my education—maybe a master’s in education or teaching,” she says. Whether leaders are born or taught is irrelevant to Priscilla. She shares her trust in the debate: “I know that nothing comes easy. It takes hard work and I know what it means to work hard.”
Barry graduated in 1969 as a Registered Dental Technician. He joined Fine Arts Dental Laboratories in 1970 as a dental technician, where he was exposed to subperiosteals and, later, blade implants in conjunction with crowns and bridges.

In 1973, Barry became head of the crown and bridge studio at Fine Arts and also became one of the company’s owners. In his position as an owner, he created an education component at Fine Arts for his staff and for dentists to learn about advancements in dental technology. This continues today in the form of study club sponsorships and seminars.

Now president of Fine Arts Dental Laboratories, Barry’s commitment to the oral health profession extends across the community and includes strong advocacy for accessible dental education. Helping dental students with the cost of their education is “paramount” for Barry. Tuition fees have increased, making student financial assistance a major priority for UBC Dentistry. For over a decade, Fine Arts has helped relieve the financial difficulties faced by many UBC Dental students by supporting two generous student bursaries. Barry’s leadership and vision in supporting outstanding dental students at UBC is, by all definitions, that of a true philanthropist.

Philanthropy is defined as goodwill to humankind and an active effort to promote human welfare. Why people choose to give varies as much as the type of gift they choose to share, whether it be time, talent or wealth. In the case of Barry Morley, it is all three.
Here’s hoping we will... It's tonight... The date was January 16, 2009, and... Thought... I had too much to dream last night... You think... Nobody told me... Soon it was time to... Nobody told me to... So it was time to move it over to... Nobody told me to walk this way... Under pressure as we started reachin’ in the years...
Almost Alumni

Jaspal Sarao
DMD 2010 (candidate)

Jaspal and Sandeep Sarao are pleased to announce the arrival of a baby girl, Nimnet Kaur, on December 30, 2008.

Jessica O’Neill
DMD 2010 (candidate)

This year’s UBC Faculty of Dentistry Golf Tournament had quite a familiar feel to it. Tying it up once again at beautiful Morgan Creek, the tourney was blessed with perfect weather, delicious food and fun festivities, as is the case year after year. Keeping with tradition, the usual suspects were atop the leaderboard, our favourite master of ceremonies kept us laughing, and everyone left the tourney with a smile on their face. As per usual, this year’s tournament was better than the last. Thanks again to all our participants and sponsors. We are looking forward to seeing you all again next year!

More Events for All Alumni

UBC DENTISTRY FAMILY DAY
May 23, 2009 - 2:00 pm - 4:00 pm
Neibol BioSure Oral Health Centre at UBC
All DMD and Dental Hygiene alumni, students, staff, faculty, and their families are invited to an Open House. Join dean Charles Shuler and our students for a tour of the clinic. Bring children and enjoy activities planned by the Tooth Fairy and her pixies.

For more information, please contact Alison Kovacs at aliskovacs@interchange.ubc.ca or Jenn Parsons at dentalum@interchange.ubc.ca

PART-TIME FACULTY RECOGNITION DINNER
June 9, 2009
University Golf Club, Vancouver, BC

Dental Hygiene Mentorship Program

If you are a dental hygiene professional and have a few hours to donate to mentor a Dental Hygiene student, please contact Alex Hemming at alexa@interchange.ubc.ca

DENTAL HYGIENE MENTORSHIP PROGRAM

The UBC Dentistry Mentorship Program presented by the BC Dental Association and the Canadian Dental Service Plans Inc., is recruiting dentists to be mentors. If you are interested in being paired up with a student, please contact Alex Hemming at alexa@interchange.ubc.ca

Stay in Touch

The alumni relations department at UBC Dentistry can help you stay connected with your fellow graduates, plan and promote reunions, and keep informed about upcoming educational opportunities. To learn more, please contact Jenn Parsons, manager of Alumni & Community Affairs, at 604-822-6751 or dentalum@interchange.ubc.ca.

Stay connected to more than 1,800 alumni. Share your news, thoughts or comments at www.dentistry.ubc.ca/alumni
Thank you to all the alumni sponsors and prize donors of the past several months.

**DENTAL HYGIENE WINE RECEPTION**

- Cruisehips Centres
- Edible BC
- Gavin Craig Personal Chef
- Judy Brown
- Kim Laing Jewelry
- Morgan Creek Golf Course & Country Club
- Pacific Palisades Hotel
- Panfolds
- Serendipity Lab Coats
- Steamworks
- Tech 1 Hair Design
- Tinhorn Creek
- Wyeth Consumer Healthcare

**DENTAL HYGIENE MENTOR VOLUNTEERS 2008 – 2009**

- Carrie De Palma
- Rebecca Kan Dip DH 1980
- Debra MacNeil Dip DH 1976

**UBC LEARNING EXCHANGE OPEN HOUSE, DENTISTRY BOOTH**

- Dr. Maryam Fatimani (UBC GPR)
- Dr. Darcy MacLellan (UBC GPR)

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**CLINICAL PARTICIPATION COURSES 2009 – 2010**

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<tr>
<th>Course</th>
<th>Dates</th>
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<tr>
<td>Basic Orthodontics for the General Practitioner</td>
<td>Dr. Paul Witt</td>
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<tr>
<td>Friday evening sessions</td>
<td>September 2009 – June 2010</td>
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<tr>
<td>Advanced Orthodontics for the General Practitioner</td>
<td>Dr. Clement Lear</td>
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<tr>
<td>Thursday, Friday and Saturday (morning and afternoon sessions)</td>
<td>September 2009 – August 2010</td>
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<tr>
<td>Advanced Prosthodontics for the General Practitioner</td>
<td>Dr. Chris Wyatt</td>
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<tr>
<td>Tuesday evening sessions</td>
<td>October 2009 – May 2010</td>
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**UBC DENTISTRY IMPRESSIONS**

- SPRING 09
- ANGKOR WAT INTERNATIONAL HALF MARATHON - Richard Alm
- UBC DENTISTRY BOARD OF COUNSELLORS

**COMMITTEE**

- Dr. Ludlow Beamish* - Dr. David Christie - Dr. Myrna Halpenny - Dr. Mike Kaburda - Dr. Michael MacEntee - Dr. Joe McVor
- Wendy Rondeau DMD 1979 - Dr. Jon Strom - Theresa Wong DMD 1976 - Chris Wyatt DMD 1986
- RESERCH DAY 2009 - Alexx Doudkine (Perceptronix) - Scott Ellis (Scotiabank) - Tuomas Lukki (Planmeca Oy) - Angus MacDonnell (LED Dental Inc.) - Dave Morgan (LED Dental Inc.) - Patty Scrase (Scotiabank) - Lydia Taylor (Perceptronix) - Bojana Turic (Perceptronix) - Bill Wilson (Scotiabank) - David Wong DMD 1981

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**FOR REGISTERED DENTAL HYGIENISTS**

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<tr>
<td>Practical Clinical Occlusion</td>
<td>Dr. John Nasedkin</td>
</tr>
<tr>
<td>Monday afternoons</td>
<td>October 2009 – February 2010</td>
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</tbody>
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