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Boston University
Living inside a box gives you a false sense of security. Its walls seem protective but they can make you insensitive to the external environment and myopic about what occurs inside.

I believe that as educators, practitioners, researchers, and graduates of Boston University our task is not merely to think about the world outside the box. It is to ask, "Why construct a box at all?" Or specifically in our case, why this curriculum, this teaching method? Why this patient delivery system; this choice of treatment? Why this emphasis on selected research and technology? The school continues to change and reinvents itself in light of questions such as these.

Our ability to develop successful initiatives such as the predoctoral Applied Professional Experience Program (APEX), the Dental Health Plans for employees of the University and students of area colleges, the Comprehensive Clinical Care Program for our patients, and the Center for Advanced Biomedical Research has proven that we are quite effective at thinking outside the box.

A recently released report by the Institute of Medicine, "Dental Education at the Crossroads," validates our vision for the future. The report illustrates how dental education must change over the next two decades. We at Boston University have already met most of these challenges; others are in the process of being implemented.

I commend the faculty, staff, and administration for having the courage to change and, by so doing, discarding the box with its attendant limitations. We are now looking toward reinventing our future in ways that continue to focus on our students, patients, and alumni. The future demands that we must remain on the cutting edge of dental medicine—we owe it to the public. As alumni, the value of your diploma is enhanced as the school grows and meets the challenges of tomorrow.

We are all partners in this innovative process. For dental medicine the future will include gene therapy, synthetic enamel, computerized patient record systems, diagnostic computer imaging, optical probes, lasers, intraoral cameras, and radiography. We will bring our expertise to advances in imaging systems, surgical microscopy, computerized restorative systems, multimedia interactive educational CD-ROM software, and electronic data interchange.

We each have our own visions of the future. However, one vision we must all share is that our school will enter the next century prepared to meet, overcome, and prevail against the challenges from both our internal and external environments. Boston University's future is challenging and rich with opportunity. In this issue, we hope to share with you some of the diverse perspectives we hold.

Spencer N. Frankl
Dean
Future Perfect/Future Shock
The 20/20 visions of the Goldman School community

Audacity of Imagination
Tackling the complexities of basic science research

Go Boldly
Keeping up with today's student, tomorrow's practitioner

30 Years+
The history of the Goldman School in pictures

Conversations
William Walker and Ronni Schnell discuss life as alumni

Progress Report

Faculty Spotlight

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Check-up
Speculation is a tricky business. Study trends, analyze data, wring history of its clues. Crunch numbers, fiddle with statistics. Inculcate yourself in methods and cloak yourself in esoteric research. You’ll always conclude the same—there are no sure things.

Envisioning the future is like taking an educated free fall. Armed with knowledge and skill, you leap into the unknown with its nebulous view and undefined parameters. Apply a broader contextual understanding to the envisioning process and you may come up with a path for others to follow. Your vistas may even shape the landscape of reality.

We asked faculty, alumni, and others involved in the Goldman School community to predict what the dental profession will be like in the year of perfect vision, 2020. Thanks to all of our experts for not clinging to the fencepost.
"Dental school clinics will become national resources for caring for AIDS patients, the disabled, and the poor. Much of the health care dollars will be coming into our schools, as we assume a major role in continuing education, maintaining skills, and acquiring new skills.

Currently, we have people that have been out of school for twenty years and don't know what's going on in dental schools because there are no requirements for hands-on learning. Dental schools have left continuing education largely to individual entrepreneurs who may or may not have ways of assessing the quality of their programs, and individuals' needs and competencies. Continuing education is a broad area that dental schools are going to have to get into, not only to generate income, but also to provide a much-needed assessment of quality of care."

Dr. Jean Sinkford, director of the Office of Women and Minority Affairs, American Association of Dental Schools, and member of the school's Board of Visitors

"With the maturing of the baby boomers, a considerably larger elderly population will exist by 2020 than at present. Coinciding with this phenomenon will be a greater need and demand for dentists, especially those equipped with advanced techniques. 2020 will bring the discovery of new restorative materials, control of the pathogenic factor which causes caries or periodontal disease, and improvements of nonimmune defense functions in the oral cavity."

Dr. Tao Xu, assistant research professor, Department of Periodontology and Oral Biology

"The technology explosion will dictate how oral health care will be provided in the future. Lasers will be as common chairside as the high speed handpiece is now. The laser will be used to remove diseased tissue, fuse enamel for caries control, and augment bonding procedures. Computer enhanced imaging techniques will permit three-dimensional examination and quantification of hard and soft tissues. Video sensitive computers will be used more widely to produce dental restorations from metals and ceramics. Voice sensitive computers will be used to record oral examination and findings and treatment notes. Mercury-containing dental amalgam will no longer be used in restorative dentistry. New resin and ceramic materials will match or exceed clinical virtues of present silver amalgam."

Dr. Michael W. Roberts, assistant professor and chairman, Department of Pediatric Dentistry, University of North Carolina at Chapel Hill
"Much will change in education. We will still be teaching the basic biological sciences. But we hope to teach them differently. Right now the basic sciences are taught somewhat in a vacuum, by specialists in each particular area. Dental education must involve a team approach. We must teach the biological sciences in a way that is more relevant to dentistry and clinical practice."
Dr. Thomas Kilgore, associate dean for academic affairs and professor of oral and maxillofacial surgery

"Computer use in dental offices will be the core of everyday practice. New technology will provide a better way to manage information, and thus improve the quality of patient care. A computer-based oral health record will allow the storage of all patient information, treatment notes, and radiographs. Systems will also have an electronic claims component.

The success of a dental practice in 2020 will depend on the ability of the dentist to generate complex reports and to determine utilization and profit margins. Dentists will practice in teams or group practices, not individually. New models of alliances and competitive practices will emerge. Dentists will have to manage information as well as master techniques. The four or five years of dental school will be the beginning of a forty-year lifelong learning cycle."
Dr. Fred Boustany, associate dean for clinical affairs and professor and chairman of diagnostic sciences and patient services.

"In the year 2020, there will be fundamental changes in the way we do restorative dentistry. Today, for example, before we make a crown or cast restoration for a tooth, we take an impression. We will eliminate this step by using laser scanning devices that will compose a three-dimensional picture of the teeth. Within minutes, the computer and the milling machine will produce a crown ready for installation.

I see far fewer implant companies by 2020. The competition for market share will become far more fierce. Implants, like most technologies, will become cheaper and more widely available once research and development costs are covered."
Dr. Zivion Jacobson, director of the Center for Implantology and associate professor of prosthodontics
"We have a growing minority population in this country, particularly Hispanic and African Americans, who have their own unique set of health needs and problems. Accordingly, we will see a larger diversity of people in the profession. It is important for all health profession schools to sponsor programs that encourage minority involvement in the profession.

Dr. Weldon Lloyd, associate director of predoctoral admissions and student affairs and associate research professor of periodontology and oral biology

"The future of biomaterials will involve the ability to determine the biocompatibility of materials at a much earlier stage with more elegant techniques without having to use animals for experimentation.

Our faculty is developing an expertise for biocompatibility testing on the molecular level. Carcinogenicity of a material, for example, should be detectable at that molecular level. The result of our experiments, we hope, will yield information about how these new materials will interact with the tissues in general."

Dr. Dan Nathanson, chairman and professor, Department of Biomaterials and assistant dean for continuing education and external affairs

"In the year of perfect vision, and ideally a time of a more perfect world, dentistry will be more closely integrated as an essential component of the overall health assessment of each individual. Every initial physical examination by a health care worker will include an oral health evaluation. Dental needs will be unequivocally acknowledged as a critical primary health care service. General dentists and dental hygienists will be more closely linked with managed care programs and centers in order to be physically part of the larger primary health care service delivery systems that will emerge.

Dentistry will refocus as a profession on maintaining dental health rather than treating disease. Biotechnological advances will be available to replace missing or damaged enamel with cloned enamel, bonded to existing tooth structure using laser technology. Genetic therapy will enable us to prevent periodontal disease and intercede in the growth and development of clinical issues neonatally. Emphasis will be on oral cosmetics, improving the form, function, and aesthetics of the oral cavity."

Dr. Paula K. Friedman, associate dean for administration and professor of diagnostic sciences and patient services
"The future is bright for the pediatric dentist. The number of children under the age of five is expected to increase from 18 million to 25 million—an increase of 41 percent by the year 2000. Pediatric dentists will be more concerned with the total child on a regular basis. This will include educating parents in preventing dental disease from the time their child is nine months in utero to the eruption of his or her first tooth.

Dr. Edward Nacht, private pediatric dental practice, Plantation, Florida and member of the school’s Board of Visitors

“Educational institutions will have to be able to train the ‘super dentist.’ This is a professional who can provide total care within a certain scope. We must graduate students who can individually provide all of the care that will be demanded. An additional year of training, such as a residency, will have to be required of predoctoral students to achieve this goal.

It will be mandatory that we have a faculty that is not simply procedure-oriented. Traditionally as dentists we are taught procedures—procedure A followed by procedure B. Of course this is necessary in many situations. However, I think for too long we have been isolated as a profession—from our colleagues in other health fields, from medicine per se, and from other areas that affect the delivery of dental care.”

Dr. Remo Sinibaldi, chairman and professor of restorative sciences

“I think oral and maxillofacial surgery will be a strong survivor in the health care system. We possess unique specialty talents. We have the ability to reposition and restructure the bones in the face and to work on soft tissue. Other specialties can do one or another but not both. This is particularly true with respect to dental facial deformities, pathology, and types of facial pain. Our specialty is probably outside the scope of mainstream medicine and a little bit outside of mainstream dentistry but that gives us the extra edge. It will really make us the facial surgeons.”

Dr. David Cottrell, assistant professor of oral and maxillofacial surgery and director of resident research for the department.
Endodontics is on the threshold of major expansion in the next twenty-five years. In spite of the impact of fluoridation and the reduction of caries-related diseases in segments of our population, coronal cavities and root caries will become an increasingly significant problem in older patients.

Microscopic surgical and non-surgical techniques are in the early stages of revolutionizing the practice of endodontics as much as similar microscopic techniques revolutionized retinal surgery only a few years ago. Newer materials and equipment for cleaning, shaping, and obturating root canal systems have begun to proliferate.

Dr. Herbert Schilder, professor and chairman of endodontics

"The use of local delivery systems of antibiotics may be a serious problem. The overuse of antibiotics has probably led to resistant strains of bacteria like the streptococcal virus that we are now seeing elsewhere in medicine. We need to restrict antibiotic therapy to only those situations that can't be managed without it.

In the next twenty years we will come up with some super-defined materials to induce regeneration of tissues in a controlled manner. As we progress with this, and we have treated every patient with disease, prevention will take us in an entirely new direction."

Dr. Hyman Smukler, professor and director of the clinical division, Department of Periodontology and Oral Biology

"In 2020, greater effort and expenditures will be spent in preventing, rather than treating dental disease. There will be independent facilities for preventive treatment which will be conveniently located in malls, workplaces, and town centers. These facilities will have learning centers with videos and written materials, as well as professionals to provide prophylaxis and dental exams.

There will also be new thermographic technology that will allow patients and professionals to quickly assess oral hygiene status, much as plaque disclosing solutions do today. The patient will stand in front of a thermographic camera and be able to see plaque as a colorful area in the mouth. Yes, we will still be brushing and flossing.

When dental problems do require treatment, the patient will go to another facility where many more options will exist than do today. A new form of laser technology will allow pain-free removal of caries without anesthetics. When periodontal treatment is required, it will be done by a non-invasive laser tool that will eradicate the bacteria without the need to cut the gingiva. Crowns and other prosthetic devices will be much less common, due to better prevention. When needed, prosthetics will be crafted inexpensively at chairside.

There will be no insurance forms or Medicaid/Medicare forms, no credit cards, no checks to write. Everyone will carry a card with a UPC symbol that will be registered in a computer. The proposed treatment plan along with any radiographic and thermographic images will be transmitted to a computerized review system that will approve treatment and costs as quickly as today's credit card purchases. Payment will be made via a bank-to-bank electronic transfer from the medical fund at the end of each day.

Carolyn Fetter, general manager, Professional Division, Johnson & Johnson and member of the school's Board of Visitors"
The world of basic research is filled with technical terms and advanced biological concepts that can stymie the lay person. It is inhabited by oxymoronic breakthroughs that take years to incubate. The uninitiated never fail to ask: Will your work lead to a cure for cancer? An eradication of AIDS? The solution to frail bones? Scientists don't like to speculate much. They are the singular combination of both pragmatist and action figure. Whether or not their leaps of faith are thwarted, their theories proven or disproven, they know their experimentation will contribute ultimately to the complex daisy chain that leads to solutions and cures.

You might call basic scientists at the Goldman School young upstarts. This relatively fledgling area has grown in notoriety, scope, and funding beyond its years. During the past decade, the faculty and their research have generated patents, won prestigious international awards, and garnered significant funding from the National Institutes of Health in an arid grant climate. In addition to affecting dental medicine in areas such as periodontal disease and plaque formation, their research may have long-term effects on cancer, osteoporosis, and AIDS.

Like any thriving garden, research needs room to grow, fertile soil, and plenty of sunlight. With their recent move to the newly constructed Center for Biomedical Research, the research arms of the department of periodontology and oral biology and the department of pediatric dentistry got that nourishment.

Located just across from the dental school on Albany Street, the center is a hub of biomedical activity, encompassing twelve floors of researchers from Boston University School of Medicine and Boston University Medical Center Hospital, as well as the Goldman School.

The dental school now occupies the building's entire second floor, with its catwalk view of the expansive lobby. Researchers had the enviable opportunity to specify the floor's design. With individual laboratories clustered around shared facilities, the new quarters have enabled research efforts to expand. The technologically advanced new space has also opened the door for collaboration with researchers on other floors. There is great hope that the collegiality will lead to exciting co-ventures.

Stealing from nature
Progress needs a champion. For periodontology and oral biology that came in the guise of Frank Oppenheim, DMD, PhD, the department's chairman. He is arguably the world's preeminent scientist in the field of salivary gland research. A recipient of numerous grants and accolades, Oppenheim recently received the prestigious Salivary Research Award for 1995 from the International Association of Dental Research.

Oppenheim simply characterizes the goal of his own investigations as delving into how nature can so beautifully protect our teeth and soft tissue for a lifetime. By
understanding this on a molecular level, Oppenheim has proven that mechanisms can be exploited therapeutically. He is, in his own view, stealing from nature.

One particularly visionary aspect of his laboratory's work has progressed to the realm of application. He has been able to isolate and characterize a group of salivary proteins that have antifungal and antibacterial functions. Oppenheim and his staff, through collaborations with the National Institutes of Health, are investigating aspects of gene transfer in the field of oral medicine. Instead of introducing synthetic chemical antibiotics into the body to fight disease, research in this area will eventually lead to therapies that will augment organically the body's own defenses.

"If one introduces organic molecules that are foreign to the body, there is always the risk they may create cancer, allergic reactions, birth defects. If the chemical is one that the human body produces itself, the chance of developing side effects is almost nil," he says.

Applications for this research abound. Although periodontists will be the first to benefit from the strides, perhaps someday the best bet for fighting a flu will come in a mouthwash laden with a potent gene therapy. Cancer and AIDS patients may also benefit from its infection fighting abilities. Even ophthalmologists are interested in Oppenheim's research to help develop therapies for safely combating fungal infections of the eye.

Discovering the pathways
Oppenheim feels the move to the new center has liberated the creative process and invigorated his colleagues and staff. He is proud of the vital team of scientists he has assembled. They are passionate about the work they do, the strides they are making, and the discoveries that lie ahead.

Dana Graves, DDS, MS, professor, is delving into an area that greatly affects periodontal treatment: how to predictably create the formation of bone. In his laboratory he is studying the locally acting protein hormones that stimulate osteoblasts (bone cells). "On one hand, you have the formation of the hormone; on the other, the ability to respond to the factor. Both of these things can be regulated," he says.

Graves is also probing the ability of monocytes to control the events that are associated with wound healing and inflammation. By understanding monocytes, which he likens to a factory for locally acting hormones, Graves hopes to be able to inhibit their recruitment, and thereby stave off the formation of periodontal disease.

"Even in healthy gingiva around the teeth, there are many white blood cells. In a two-pronged approach to absolutely reduce inflammation, you may have an agent to reduce plaque and you may have another agent that acts to limit the response of the host white blood cells if you understand the mediators that stimulate these cells," Graves says.

Through in vitro experiments, his laboratory also has identified the predominant chemotactic factor produced by tumor cells that simulate the movement of monocytes. This important finding has implications for the growth of tumors.

Maria Kukuruzinska, PhD, assistant professor, says, "Research makes you feel you are moving knowledge forward and that's exciting. You're able to find your way among
unmarked paths. It may be selfish or arrogant but it makes you feel that you are really contributing.”

For Kukuruzinska, yeast serves as a beautiful starting point for her research. Although it is a unicellular organism, yeast actually has the same metabolic pathway as our cells. Through her investigations, she has identified the first gene, ALG7, in a vital protein pathway.

“Historically, from a biomedical perspective, people noticed that when cells were transformed, all cells were neoplastic—that sugar residues changed dramatically. We isolated the gene that starts the whole pathway that adds sugars onto proteins,” she says.

It had long been suspected that these genes might be involved in cancer and tumor growth. Kukuruzinska’s work has proven this evidence on a molecular level. She points out that although the gene is probably not the sole cause of cancer, it does contribute to the process of tumor growth and can therefore be a major player in the overall picture.

Philip Trackman, PhD, a biochemist specializing in extracellular matrix, is also part of the oral biology team. His laboratory is studying how the lysyl oxidase enzyme in particular affects periodontal disease, drug-induced gingival fibrosis, and osteoporosis.

It is clear to him that lysyl oxidase plays a role in these diseases because its function is to cross-link proteins, which makes them hard to eliminate. Similarly, the tissues generated in these diseases are hard to clear and are virtually irreversible. Surgery is required and the tissue is not easily reabsorbed into the body. If Trackman finds that lysyl oxidase is indeed important in these diseases, the question will be how the enzyme can be prevented from becoming active.

He admits his research is basic in the truest sense. He is just beginning to understand the enzymatic interactions. “I am trying to understand what these things do so that then we can design, more intelligently, the clinical part. Advances such as these will ultimately shape the way dentistry is practiced,” he says.

Branching out
With Christopher Hughes’s arrival as chairman of the Department of Pediatric Dentistry last year, basic science research efforts expanded to include that department. Hughes, who holds both a DMD and a PhD, is an enthusiastic advocate of research in the curriculum. “Conducting research trains you to think critically. If a scientist asks you to review a paper and you hand it back to him without red marks, he is insulted,” he says.

In his laboratory, Hughes is studying the binding properties of bacteria and how this complex group of organisms interacts to form plaque and bind to the tooth surface. This information may help design more effective and longer-lasting oral hygiene agents.

In describing his own research, Hughes expresses the need for basic science research. “I am certain that understanding the way bacteria colonize surfaces in the mouth and elsewhere on the body will have applications to treating human disease. The important thing about basic research is that concepts are not just applicable to the mouth or a single body part. They really affect the entire body.”
Diversity.

Most predoctoral students were born after 1970—seven years after the school's founding, one year after the original Woodstock, only six years before the Bicentennial. Roughly half of today's predoctoral students are women, unlike the early years of the DMD program when women comprised only 15 percent of the class. Approximately 27 percent of the school's enrollment is minority. Many students speak more than one language, which enhances the care the school provides for its diverse patient population. For example, the Class of 1997 includes students from nineteen states and five countries. The class's ninety students were selected from nearly 1,800 applicants. Next year's entering class will have been selected from a pool of more than 2,000—a far cry from the late 1970s to mid-1980s when trends such as shifting demographics and the popularity of business school caused a precipitous drop in applications.

Comprehensive knowledge.

The concept of total patient care permeates the school's educational philosophy. Consequently, the past several years have been spent refining curriculum and process. Even if you are a recent graduate you will see significant differences in the patient care system. Although students must still fulfill minimum treatment requirements, the current approach emphasizes follow-through of the entire patient care. A heightened "point system" gives students credit not only for the work they have done but for how well that work was accomplished.

Three full-time faculty members are now responsible for assigning patients and helping students manage treatment plans, while other instructors oversee the procedures and act as mentors in the treatment areas. All restorative clinical faculty can now sign off on all restorative procedures—a vast improvement over the segregated approval process. Students are also practicing more simulation exercises before they attempt the procedures on patients, effectively reducing anxiety for all involved and enabling students to get the training they need.

As Fred Bourgeois DMD 90, comprehensive care team leader, points out: "We're here to try to simplify the education process so that students can get more out of the learning experience and patients can get the best care possible."

Practical experience.

Perhaps one of the most striking changes over the past several years has been the emphasis on practical knowledge. Although the fourth-year externship program has long been a staple of the DMD program, its tenets of real world knowledge have expanded into the program's earlier stages. The APEX (Applied Professional Experience) Program, the first initiative of its kind in a dental school, places students in dental offices as dental interns starting in the student's first year. The program provides students with an aspect of dentistry that cannot be taught in a classroom or clinic. Through role modeling and mentoring, the dental practitioners teach students different approaches to the delivery of care, from the business management of a practice to proper patient care. More than 100 dental practices in the Boston area and nationwide participate in the APEX Program.

APEX also allows students to intersperse clinical rotations with research projects if that is where their interests lie. The area of predoctoral research is burgeoning, giving students who might not be exclusively interested in a clinical track experi-
ence in a laboratory or in some aspect of dental public health.

Technology.
Although today’s dental students may remember a time before universal precautions, they will never practice without using them. Several years ago, the school installed a technologically advanced central sterilization facility which has already grown into larger quarters. All instruments are autoclave sterilized. Students are becoming quite proficient in preparing their treatment rooms.

Today dental schools must provide students with the same advanced technology that is available to the profession. All of the predoctoral treatment areas are now equipped with fiber optic handpieces. Students now check their messages and appointment schedules through a central computer terminal. Students also have access to equipment for computerized restorations, scanning electron microscopes, and optical scanning devices.

Career path.
Many students today are seeking advanced training. According to the American Association of Dental Schools (AADS), advanced programs in general dentistry have especially blossomed, increasing 137 percent since 1971. Those who opt to enter the workforce upon graduation are also choosing a different path than the graduate of 1979. The number of students planning to enter private practice immediately upon graduation has dropped more than 61 percent.

Perhaps their level of indebtedness affects their future plans. According to the AADS, in 1979 the average debt of a student graduating from a private dental school was approximately $21,000; in 1992 that same graduate would have accrued $79,000 in debt. Although the school works very hard at increasing clinic revenue, keeping expenses low, and seeking sponsored research, today’s quality dental education comes with a substantial cost.

A few universities, in an effort to contain costs, have eliminated their dental schools, the most costly professional education to provide. Their closing may be detrimental to the profession as a whole. The AADS projects that the dentist-to-population ratio should peak by 1999. By 2020, the ratio should plummet to levels not seen since the end of World War I.
without the past there can be no future...

years

at Boston University Goldman School of Graduate Dentistry
Recently elected as president and vice president, respectively, of the school's Alumni Association, Dr. William Walker ENDO 68 and Dr. Ronni Schnell DMD 8I discuss teaching, mentors, and the future of alumni. Walker, associate professor of endodontics, is in private endodontic practice in Framingham and Marlborough, Massachusetts. Schnell, assistant clinical professor of prosthodontics, has a private practice in Medford, Massachusetts.

They talked in the Office of External Affairs, which houses alumni relations, development, communications, and that rather large Keith Having poster.

Bill Walker: Do the students you are teaching today differ from the students you taught five years ago?

Ronni Schnell: Students today are more diverse. Today they are very interested in the delivery of their education. Their attitude is you're the faculty, you're the administration, you deal with the extraneous. Just give me a good education. They believe we've sold them a bill of goods—and it's a fabulous bill of goods. The curriculum, the APEX rotations, the externship sites are all outstanding. We have to deliver. And I think we're doing a darn good job.

To be good educators requires, on our part, not only an understanding of our topic, but an understanding of the students who we're trying to teach. You mentioned diversity. If you look at BU's postdoctoral program back in the sixties you'll find a very diverse population.

To be good educators requires, on our part, not only an understanding of our topic, but an understanding of the students who we're trying to teach. You mentioned diversity. If you look at BU's postdoctoral program back in the sixties you'll find a very diverse population.

We may be critical of ourselves and how we're teaching, but I think we do a better job because the students demand it of us. And these days it's a lot harder to be a good dentist. After these students graduate and become dentists, how can the Alumni Board help them?

The Alumni Board's role shouldn't start at graduation; it should start from day one. When students enter the school they need to see an alumni presence. They need to see that the alumni are successful; they're leaders in their professions and in their community. They need to see what the school has done for previous students so they know what to expect.

And at the same time, the alumni need to look upon the dental school as a resource. I hope we evolve to truly be the voice of alumni. We ought to be a graduate's first source for answers. Dental schools never had to do that before. They educated people and after saying good-bye, sent them a fundraising letter. Schools expected alumni to give money based on what they experienced fifteen or twenty years before. Can't do that anymore. Now we have to justify, from the first day they come here until the last day of their professional life and even further, that we are here to support them because education is an ongoing process.

Alumni should feel the most comfortable because we're the one that provided them with the education to begin with. We nurtured them, we raised them, we sent them forth.

Let's shift gears and talk about the curriculum.

We cannot fear managed care. We don't necessarily have to embrace it, but we can't fear it. Students can't leave here in 1995 and not be as knowledgeable about managed care as they are about clinical techniques. It's just another factor in doing business. As the dean has said many times, we have two things to be
concerned about in this institution: customers and customers. We have students and we have patients and we have alumni.

Customers first, the school next, me last.

When I graduated and I went to practice with an older gentleman, he had never heard of fiberoptics. The first time he used my handpiece, it was like he stepped out of the dark ages. When you train the students in the latest techniques and technology, it’s just part of their practice. If managed care is presented to them on day one, then that’s part of their practice of dentistry.

Who were your influences at the school?

You first.

I’ll be glad to. There’s my father, who was an endodontist in Chicago. He really believed in what he was doing. I didn’t see a lot of African-Americans doing dentistry when I was young. Dental schools were still segregated then. I went to Howard which turned out, I would say, 99 percent of the African-Americans that delivered health care in the black community.

Boston University was different because it gave everyone an opportunity if he or she was good. The school influenced me because it showed me that with proper training, I could go and do anything and feel confident that I would be accepted. It gave me an attitude. As a graduate of Herb Schilder’s endodontic program, you know you can really go out and make it. A little arrogance doesn’t hurt, because we’ve survived the system and we’re well-armed. So, how about you?

When I was a DMD student in the late seventies, Dean Frankl’s door was always open. He always encouraged us to talk to him about anything that was on our minds. Paula Friedman [associate dean of administration] also always took a personal interest in how things were going with me. She was the first woman role model that I found that had a spouse and children and was working full-time, practicing dentistry.

As a predoctoral student, I had an experience with Remo Simbaldi [chairman of the Department of Restorative Sciences] that changed my perspective towards dentistry and, perhaps, directed me to the field of removable prosthodontics. I just loved his teaching method. When he examined the patient, it was like he was standing on the patient’s tongue. He can analyze in a second. And he was able to impart that information to us.

The one person who has shaped my personality and the way I teach now has been Jean Emerling [director of predoctoral removable prosthodontics]. I think she’s got an incredible personality and intensity. Her commitment to education and her ability to impart ideas in fresh ways is remarkable.

I worked with Jean on the admissions committee for years and I agree with you wholeheartedly. She’s very student-focused—customer-focused. We have to keep in touch as well with our other customers—the alumni. We have to let them know that the school was there their first day, and it’s there now. That’s what the Alumni Board has to do.

The value of our diplomas depends on what’s happening right now. If we’re going to produce students that are going to maintain the quality of our diploma, we need to support them. The students need to know that alumni are looking out for them as well as for themselves.

When I came here the tuition was $400 a year. When you owe $85,000 in loans today you don’t understand how we can ask for a $100 gift. That’s fine. I hear you. That doesn’t mean I’m not going to call you back. Whether or not you give a donation this year, I believe we’re building a foundation. Hopefully, you’ll move Boston University up on your priority list when you’re feeling a little less overwhelmed.

Money for the student revolving loan fund comes from alumni—wealthy alumni, struggling alumni. Alumni that don’t necessarily care about the overhead atbu as much as they care about the students at bu.

There are dental schools in this country that are in serious trouble. This does not happen to be one of them. The budget is balanced. We pay our bills every year. We as alumni have to value where we came from enough to give back to our school. We have to be the ones to assure students that, yes, you do have a lot of bills, but not only that, you could survive in this system of managed care dentistry. You can pay your bills, have a good life, and you can be successful.
At meetings for faculty and staff this fall, Dean Spencer Frankl expressed direction for the school's future. His goals for the next five years looked toward continuing to reinvent the school in ways that focus on students and patients. (See sidebar to right.) Dr. Frankl notes that the school's success will be measured through creativity and excellence in academics, research, and patient care.

Goals Defined, Reinvention Continues

"If a school's culture teaches people to keep their heads down and stay out of trouble, that academic institution will accomplish very little. The schools that value productivity, accountability, and creativity will continue to flourish," Dean Frankl said. He praised the Goldman School's entrepreneurial spirit that has helped it thrive throughout the years.

Realistic about health care's future, Dean Frankl believes the school must continue to develop innovative managed care solutions as it has during the last decade. "We began developing our first managed care programs in 1981. That foresight has secured us a strong position in today's turbulent health care environment. But we cannot allow ourselves to be complacent, since the market dynamic could get ahead of us," he said.

The idea of preparedness must permeate all aspects of the institution. "We need to be cost competitive, patient focused, and readily accessible to the public. Managed care readiness is essential for the future. Informed decision making will hinge on developing advanced information systems and a sound database," he said.

Dean Frankl stresses that we must continue to invest in the physical plant, although with temperance. "Renovations are necessary but we must avoid overinvesting so as not to incur unnecessary debt. Just look around the country and at the over-investment that hospitals have made. Most medical care is no longer hospital based. We have profited from this example — look at our extensive network of extramural activities. That is what thinking outside the box is all about," he said.

"We no longer think of ourselves as 100 East Newton Street. The school is now the Dental Health Center at 930 Commonwealth Avenue. It is the Center for Advanced Biomedical Research, Boston University Medical Center Hospital, and Boston City Hospital. It is our twenty extramural training sites and APEX locations. It is the VA and the Chelsea schools. It is Boston's Neighborhood Health centers. And we can envision many other opportunities. We are a school without walls," Dean Frankl said.

An evolving model

To help fulfill these goals, the school's organizational model has been altered to be more responsive to a changing academic health care environment. The school began its departmental restructuring a decade ago with the formation of the Department of Diagnostic Sciences and Patient Services which joined the departments of oral diagnosis and radiology, oral pathology, and public health dentistry. Later, the departments of periodontology and oral biology also merged.

This year the school has been reorganized to include a comprehensive department for restorative programs and services. The Department of Prosthodontics has been renamed the Department of Restorative Sciences. This new department will administer the divisions of predoctoral removable prosthodontics, postdoctoral prosthodontics, advanced education in general dentistry, as well as the new Division of Restorative Dentistry, which includes predoctoral operative dentistry and predoctoral fixed prosthodontics. Dr. Remo Sinibaldi will continue to serve as chairman of the department.

Dean Frankl said, "The formation of a comprehensive restorative dentistry department will enable us to improve the quality of the educational experience. This will help us improve our student/faculty ratio in our clinical programs. By broadening and consolidating the supervisory roles of the clinical faculty, both students and patients will receive an enhanced level of teaching and patient care services."

Dean Frankl points out that when he became dean in 1977 fifteen departments existed in the school. The school is now organized into eight departments — biomaterials, diagnostic sciences and patient services, endodontics, oral and maxillofacial surgery, orthodontics, pediatric dentistry, periodontology and oral biology, and restorative sciences.

"This organizational model enables us to respond more effectively to a rapidly changing world. Priority is given to economics not egonomics. These improvements have been realized over the past eighteen years because the students, faculty, and staff were able to view all the changes that we have made as opportunities for the school and for them to grow, mature, and excel," Dean Frankl said.
top 10 goals

We must continually modify, revise, and improve the predoctoral and postdoctoral curricula of the school.

We must continually enhance the quality of patient care and clinical education while simultaneously preparing ourselves for the changes that will be dictated by health care reform.

We must increase our level of funded research by 15 to 20 percent each year, while expanding participation by faculty and students.

We must change our educational facilities so that they meet contemporary standards for our patients, students, staff, and faculty.

We must continue to attract the best and brightest students, faculty, and staff, with particular emphasis on women and minorities.

We must develop instruments to measure our success in order to ensure our stature as a premier school of dental medicine.

We must invest in, develop, and implement improvements of our computer and information systems.

We must enhance the Division of External Affairs. Continuing education, alumni affairs, development, and communications are the promotional vehicles for the school’s varied internal and external constituencies.

We must develop a faculty dental practice to ensure the retention and recruitment of high quality faculty.

We must continue to promote and integrate the school within the medical center and the university so as to ensure our image of excellence in education, patient care, research, and community involvement.

Putting the Eureka Back into High School

"The empires of the future are the empires of the mind"

-Sir Winston Churchill

The U.S. Government’s Department of Education’s report, “Nation at Risk” conducted and published a decade ago, described the deterioration of the nation’s math and science curricula. Alarmed by this trend, Admiral H. G. Rickover, father of the nuclear navy, founded the Center for Excellence in Education which conducts the annual Research Science Institute. The institute sponsors programs that generate high school students’ enthusiasm for the sciences and math.

Drs. Christopher Hughes, chairman of pediatric dentistry, Maria Kukuruzinska, assistant professor of periodontology and oral biology, Philip Trackman, assistant professor of periodontology and oral biology, and Robert Troxler, professor of biochemistry and of periodontology and oral biology, participated in this initiative this summer by opening their labs to five high school students to conduct research. This program proved valuable to everyone: the faculty’s projects advanced, and the students learned how to conduct research. Most of the students entered reports of their research in Westinghouse Electric Corporation’s National Science Talent Search.

Trackman stressed the importance of research at an early stage of education. “Students should see techniques and concepts of research and the directions where science is going in order to appreciate its significance in our lives.” Trackman observed that “one sees less and less opportunity for laboratory work in the public schools. Many students don’t even know what chemistry is, so it’s great to see them get excited when they’re in the lab.”

Jared Kesselheim and Rajeev Shenoy are two high school students who received the opportunity to study with a researcher such as Dr. Kukuruzinska, an adviser to the World Health Organization’s program in tropical diseases and global program for vaccines. “This was the first year that the dental school participated in this initiative,” Dr. Kukuruzinska said. “It’s essential that we nurture high school students and inspire them to continue studying science. As a mentor to students, ideally you are contributing both to society and to scientific development.”
Bye, Bye Bright Orange

As health care and education change so must the surroundings in which they are provided. During the past several months, the school has been busy transforming facilities for students and patients. Improvements are aimed at enhancing efficiency, safety, and comfort.

**Predoctoral care areas.** All of the treatment rooms in the predoctoral care center have been renovated during the past few months. Primary and secondary colors have given way to more muted shades in chairs, counters, and cabinets. New sinks with automatic faucets have also been installed. These changes are helping us meet the needs of our students and patients as well as fulfilling infection control requirements.

**Third floor lecture halls.** During the intercession break, lecture rooms 301 and 309 were completely refurbished. Students now benefit from a new technologically advanced audiovisual system. Renovations included the addition of a large screen and new ergonomically designed seating.

**Second floor patient reception area.** Renovations have transformed this space into a bright, pleasant waiting area that works more efficiently. The reconfiguration allows additional, more comfortable patient seating as well as an expanded reception counter. These changes, focused on improving the experience for our customers, also enhance working conditions for faculty and staff in the postdoctoral care centers.

Future improvements will bring facility enhancements to additional patient reception and treatment areas on the first, second, fourth, and seventh floors. Improvements will also include complete reconfiguration of the sixth floor preclinical laboratories with simulation capabilities.
Education Continues
As the weather warms in Boston, the school will host two significant symposia.

1995 marks the fourth year for the school's International Symposium on Implantology. Led by leading national and international experts, the six-day, intensive lecture and hands-on program leads to certification in both the placement and restoration of four implant systems. Implant systems include 3i, IMZ, Steri-Oss, and Dentsply. General dentists, prosthodontists, and oral surgeons at all levels of experience can benefit from the training.

This year’s Goldman Symposium will feature the work of Dr. Herbert Schilder. “Endodontics for the Twenty-First Century” will include renowned experts from around the world. The three-day symposia is an unusual opportunity for participants to learn about and discuss the future of endodontics with leaders in the field.

The Implant Symposium will be held in Boston at the Westin Hotel, May 15-20. The Goldman Symposium will take place June 15-17 at Boston’s Colonnade Hotel. For more on either of these symposia, contact the Office of Continuing Dental Education, 617/638-4739. If you are a Goldman School graduate, ask about the continuing education alumni discount.

The World...in Our Backyard
The world is coming to New England this summer and the school has staked a unique territory.

Nearly 10,000 athletes from around the globe will attend the 1995 Special Olympics World Summer Games in New Haven, Connecticut. Boston University’s Special Athletes, Special Smiles—a national oral health education, screening, and referral initiative—will be a featured aspect of the Olympic Town being built outside the Yale Bowl.

Participation in the World Games moves the program from a national to an international initiative. Athletes from 141 countries will compete in what will be the world’s largest sporting event in 1995.

“We hope to screen most, if not all of the athletes,” said Steven Perlman PEDD 76, founder and clinical director of Special Smiles. “In addition, we will be giving away 2,500 mouthguards to athletes competing in contact sports—a first for Special Olympics.”

The University is teaming up with the Connecticut State Dental Association and many corporate partners to make the Special Smiles screening at the World Games a reality. Sponsors of Special Smiles for 1995 include Colgate-Palmolive, Colgate Oral Pharmaceuticals, Oral Health America (formerly the American Fund for Dental Health), the Pierre Fouchard Academy of Connecticut, Johnson & Johnson, E-Z Gard Industries, and Patterson Dental Company.

World Games will be held in New Haven from July 1 until July 9. For more information about Special Smiles or to volunteer for the World Games contact Glenn Kaufhold, program director, at 617/638-4891.
Research in the Public Interest

In 1954, no one paid much attention to cholesterol levels. Dr. Louis Fillios, however, believed diet could significantly affect disease. Over forty years ago, he induced the first diet-related heart attack in a laboratory animal—research that would gain significance in later years.

Fillios, who retired in June after twenty-five years of service, enriched the school with this unyielding dedication to scientific investigation and to teaching.

Dr. Henry Goldman recognized Fillios’s research in areas such as nutritional science, cholesterol and lipoprotein metabolism, and periodontal disease, as integral to the “overall health” and future of the dental school. He asked Fillios to join the faculty in 1968.

Described by Associate Director of Predoctoral Admissions and Student Affairs Dr. Weldon Lloyd as a “cornerstone of the school,” Fillios began acquiring scientific and training grants, which subsequently culminated in his founding the Nutritional Sciences Program in 1972. As chairman of the Department of Nutritional Sciences, he applied his holistic approach to developing the program. Taking advantage of his dual appointments in the dental school and the medical school also benefited his students. “Most of the students in my program did collaborative research with the School of Medicine, and with the Brigham and Women, Deaconess, McLean, and Mass General hospitals. There were world-class laboratories for me to place my students.”

Taking a classical approach to teaching means taking an intense interest in the student,” remarked Fillios, who taught both postdoctoral and predoctoral students. “Mentoring is the only way to properly teach and it is an enjoyable relationship.” His philosophy consisted of “going back in time to revisit the essential landmarks in education, such as physics and chemistry, in order to cultivate a first-class researcher. There is a synergism and an overlapping of knowledge. It’s all part of the same whole. We review material and discuss it in order to understand its relationship and significance to something else. Everything is connected.” Although Fillios’s work furthered significantly dental and medical research, he considers the over 100 students who received DSc and MS degrees in Nutritional Sciences, as well as the PhD candidates in Biochemistry, to be his “major contribution” to the school. While Dr. Fillios may consider his teaching method classical, many would find his approach timeless.
Dr. Frank Oppenheim, chairman of the Department of Periodontology and Oral Biology, has been notified by the NIH/NIDR of the renewal of a five-year grant for postdoctoral training in oral biology. The five-year award exceeds $638,000. This training grant allows five students to pursue a research education leading to a doctor of science degree in oral biology.

Dr. Dan Nathanson, chairman of the Department of Biomaterials, attended a research symposium on restorative materials held by 3M Corporation. 3M holds this symposium every other year, and invites only twenty-five individuals from the fifty-five dental schools in the United States. The symposium addresses developments in dental education and materials research.

The American College of Dentists recently inducted four Goldman School faculty into its honorary society. Dr. Leonard Bernstein, clinical professor of orthodontics, Dr. Gennaro Cataldo, professor of operative dentistry, Dr. Paula Friedman, associate dean for administration, and Dr. Thomas Kilgore, associate dean for academic affairs, were installed as life-time members for achieving distinction in dentistry. Only 5 percent of all dentists are elected to this society that honors those individuals committed to serving the community and the profession.

Dr. Herbert Schilder, chairman of the Department of Endodontics, recently was elected to serve as a trustee of the Research and Education Foundation of the American Association of Endodontists (AAE) for the years 1994 through 1997. The Research and Education Foundation is the nonprofit organization created by the AAE in 1966 to raise funds to support research and continuing education in endodontics and pulp biology. Schilder served the AAE as president in 1985 and since 1987 has headed the AAE delegation to the International Federation of Endodontic Associations.

Dr. Maria Kukuruzinska, assistant professor of periodontology and oral biology, has been awarded a five-year research career development award of more than $320,000 from the National Institutes of Health. This grant, which began in September, allows Dr. Kukuruzinska to study how functional tissue develops by using the most modern methodological approaches. Dr. Kukuruzinska also participated in a World Health Organization (WHO) conference on "Vaccines and Other Medical Products produced by Genetic Engineering: Review of Risks and Benefits." The conference was held in Geneva, Switzerland in November.

The Metropolitan District Dental Society has elected Dr. Gennaro L. Cataldo trustee to the 4,600-member Massachusetts Dental Society. Cataldo is a professor of operative dentistry and director of audiovisual services. He chaired the North Metropolitan District Dental Society during 1993, and has served on various dental committees at the state level.

Dr. Edward Nacht has accepted the position of publication editor of the Southeastern Society of Pediatric Dentistry and its publication "Southern Smiles." The Southeastern Society of Pediatric Dentistry has 550 members in ten states and Puerto Rico. Dr. Nacht, an adjunct assistant clinical professor in pediatric dentistry and a member of the Board of Visitors, practices in Florida.

Goodwin, Procter & Hoar donated $250,000 to the new Richard A. Soden Law and Justice Scholarship Fund established for Boston public school graduates pursuing careers in law and community service. The fund will be administered by the Boston Plan for Excellence in the Public Schools. The scholarship honors Soden's election as the seventieth president of the Boston Bar Association. Soden is a member of the school's Board of Visitors.
1965
Edwin S. Mehlman ENDO 65 has been elected first vice president of the American Dental Association. Mehlman is staff associate in the department of endodontics at Forsyth Dental Center in Boston and assistant clinical professor of endodontics at the Harvard School of Dental Medicine. Mehlman practices endodontics in Providence, Rhode Island.

1966
Perry M. Opin ORTHO 66 has been elected vice president of the Northeastern Society of Orthodontists. Opin is an assistant clinical professor in the department of dentistry at Yale New Haven Hospital and in the department of orthodontics at the University of Connecticut School of Dental Medicine. A founding member of the craniofacial team at Yale University, Opin practices orthodontics in Milford, Connecticut.

Barton H. Tayer ORTHO 66 has been installed as president-elect of the Northeastern Society of Orthodontists. Tayer is staff associate in the department of dentistry at Forsyth Dental Center in Boston and assistant clinical professor of endodontics at the Harvard School of Dental Medicine. Tayer practices orthodontics in Brookline, Massachusetts.

1969
Robert N. Eskow PERIO 69 was awarded fellowship in the American College of Dentists. Currently, he is a clinical professor of implant dentistry and surgical sciences at New York University, College of Dentistry. He is also a member of the dental departments at St. Barnabas Medical Center, Newark Beth Israel Medical Center, Morristown Memorial Hospital, and the Hospital Center at Orange where he serves as chairman of the section of periodontics. Eskow lives in Livingston, New Jersey.

1973
William A. Phillips PEDO 73 earned an MBA degree in December 1993 and is in law school. He has been in private practice for twenty years and is a past chairman of the American Board of Pediatric Dentistry. He also holds several positions in the American Academy of Pediatric Dentistry concerning practice management.

1976
Dushanka V. Kleiman DPH 76 had been serving as the acting director of the National Institute of Dental Research, following the retirement of Dr. Harald Loe on June 1. Since 1992, Kleiman has served as NIDR's deputy director. As a researcher she is known for her work on the epidemiology of oral mucosal tissue diseases and disorders; she also is part of the team evaluating data from the latest National Health and Nutrition Examination Survey.

1979
Oscar DePriest DMD 79 headed a medical group which traveled to Guatemala to provide medical services to remote villages. The dentists and doctors saw more than 5,735 patients in seven days. A reservist for nineteen years with the current rank of lieutenant colonel, DePriest began traveling to Central America to treat patients in 1988. DePriest practices in Bedford and Concord, Massachusetts, and serves as the chairman of the Medical Arts Scholarships for Bedford High School.

1985
Steve Perlman PEDO 76 has been elected a fellow of the American Academy of Prosthodontists in October. Currently, he is a fellow of the American Board of Prosthodontics and a Diplomate of the American Board of Prosthodontics. Perlman serves as the chairman of the section of prosthodontics of the American Dental Association. Perlman was awarded fellowship in the American Board of Prosthodontics at Temple University. Perlman is serving as president of the Greater New York Academy of Prosthodontics meeting in June; in Stockholm, Umea, and Malmo, Sweden in October; and at the American College of Prosthodontists in October.

1978
Michael Moscovitch PROS 78 is serving as president of the Montreal Maxillofacial Implant Society. Moscovitch has been elected to partnership in the firm of Honigman Miller Schwartz and Cohn in its Detroit office; her specialty is in health care and hospital law.

1979
Rashmi J. Shah PEDO 79 was appointed as a member of the Board of Registration for Dentistry in Brockton. Dr. Shah practices in Brockton, Massachusetts.

1988
David C. Appleby PROS 79 passed the certification examination of the American Board of Prosthodontics. Appleby is a diplomate of the American Board of Prosthodontics and a fellow of the American College of Prosthodontists. Currently, he is the director of graduate prosthodontics at Temple University.
1981
David M. Sarner DMD 81 is serving as the team dentist for the New York Jets. Sarner and his wife, Rhonda, live in Norwood, New Jersey. They have two children, Morgan, age six, and Arley, age four. Sarner practices in East Meadow, New York.

Mary Tavares DMD 81 has been appointed director of clinical operations at Forsyth Dental Center in the Fenway, where she held the title of assistant clinical investigator.

1982
Linda Ann Eberhardt DMD 82/PEDO 84 and her husband Richard Alan MacDonald celebrated the birth of their daughter, Kimberly Ann, on April 25. They also are the parents of a son, Matthew Alan, born in February 1991.

Steven E. Haas PROS 86 is completing his law degree and is practicing prosthodontics in Deer Park and Massapequa, New York.

1983
Craig A. Costanza DMD 87 is affiliated with the general dentistry practice of Dr. Arno Bommer in Revere, Massachusetts.

Franck Boukobza PROS 89 and his wife Jane Matkoski Boukobza DMD 88 welcomed the arrival of their daughter, Wendy, in June. Drs. Boukobza live and practice in Paris, France.

1984
Stephen M. Ossen ORTHO 92 currently practices in Hastings and in Yonkers, New York. Ossen recently was appointed as associate clinical professor of orthodontics at Montefiore Medical Center in the Bronx.

1985
Damon Tomeo DMD 93 has joined the staff of the Uphams Corner Health Center and will be a preceptor in the school's externship program. Tomeo joins Dr. Alan Filzer as a full-time member of the Uphams Corner Health Center dental staff.

In Memory
Linda Cruickshank DMD 83 Liliana Giovanetti PEDO 91
Said E. El-Sheikh DMD 85
Dr. William Cummings, assistant clinical professor

Program Abbreviations
AEGD Advanced General Dentistry
DMD Dental Medicine
DPM Dental Public Health
ENDO Endodontics
OD Operative Dentistry
OMS Oral and Maxillofacial Surgery
ORTHOD Orthodontics
PEDO Pediatric Dentistry
PERIO Periodontology
PROS Prosthodontics

1986
Alumni Board Continues to Evolve
A change in leadership was the order of business for the Alumni Association's annual board meeting. William Walker, a 1968 graduate of the school's endodontics program, was elected president, and Ronni Schnell, a 1981 graduate of the predoctoral program, became the association's vice president. Josephine Pandolfo DMD 80/PERIO 82, who was newly elected to the board, became the association's secretary, and Gail Demko DMD 78 was elected treasurer, after serving as secretary since 1991.

In his remarks after being elected president, Walker expressed his appreciation for the opportunity to lead the group and praised outgoing president, Zhimon Jacobson. "Zhimon took on the challenge of reorganizing the Alumni Association three years ago and has done an incredible job in bringing people together. I am eager to carry on the work that he has started."

As a result of balloting among alumni last spring, the following were elected to the board for two-year terms: Richard Allard PEDO 66, Madeline Apfel DMD 80, Dr. Kenneth Drizen, Michael Hunter DMD 86/OMS 90, Josephine Pandolfo, and Marilyn Steinert DMD 78. Outgoing members of the board were Georgeanne Appar DMD 88/PERIO 90 and Richard Konys DMD 84/OMS 88.

Continuing to serve on the Alumni Board for one more year are Gail Demko, Gerald Isenberg PERIO 65, Andrew Samuel DMD 90/PERIO 92, Ronni Schnell, James Thiel PROS 68, and William Walker.

Members of the Alumni Board pictured above are: Madeline Apfel PROS 80, Ronni Schnell DMD 81, vice-president; Zhimon Jacobson PROS 82, past-president; Josephine Pandolfo DMD 79, secretary; Marilyn Steiners DMD 78, Gail Demko DMD 78, treasurer; Richard Allard PEDO 66, Michael Hunter DMD 86, and William Walker ENDO 68, president.
Star 94
The awe-inspiring John F. Kennedy Library set the scene for the Alumni Gala, the elegant and spirited conclusion to Alumni Weekend 1994. More than 250 revelers attended the event which honored some of the school's brightest with Distinguished Alumni Awards. These awards honor those graduates who have made significant contributions to the dental profession, the school, and the community. Honorees follow.

Dr. James Nesti
(Doctor of Dental Medicine 1981)
Service to the Profession
Since graduating, Dr. Nesti has established himself as a highly respected general practitioner. He has advanced the field of dentistry by serving in leadership roles with the Massachusetts Dental Society, the Berkshire District Dental Society, the American Dental Association, and the Academy of General Dentistry. Dr. Nesti also serves on the board of directors of the Northeast Dental Society.

Dr. Richard Lazzara (Periodontology and Oral Biology 1976)
Service to the Profession
Practicing in West Palm Beach, Florida, Dr. Lazzara has been involved in implant dentistry for more than fourteen years. As the president and cofounder of Implant Innovations, Inc. (also known as 3i), he has played a major part in the evolution of implant dentistry during the last decade. His leadership, research, and technological advances have helped improve the level of care offered by dental practitioners throughout the world.

Dr. Morris Ruben
Service to the School
For more than three decades the students of Boston University have been fortunate beneficiaries of Dr. Ruben's knowledge, talents, and hard work. As professor and chairman emeritus of the Department of Periodontology and Oral Biology, he has helped the school grow and prosper throughout the years.

John Nguyen
(Doctor of Dental Medicine 1994)
Service to the Community
In recognition of his work with Boston's Vietnamese refugee community, Dr. Nguyen was honored for his community outreach efforts. He founded the Vietnamese Refugee Education Program. The American Association of Public Health Dentistry also recognized his work with the 1993 Student Merit Award.

Celebrating their tenth reunion, from the DMD class of 1984 are (pictured above) Gary Greenberg and Louis Brown with his guest Debbie Friedlander. Pictured below are Bryan Miller DMD 84 and his wife Kristi Miller and John Gusha DMD 84 and his wife Cathy Canney Gusha, 1983 graduate of the dental assisting program. Many thanks to Neal Fleisher for his organizing efforts.

Alumni Events

May 12
"A Tribute to Herbert Schilder," Endodontic Alumni Association dinner during the Annual Session of the American Association of Endodontists, Walt Disney World Dolphin Hotel, Orlando, Florida

May 15–20
Fourth Annual International Symposium on Implantology, Westin Hotel, Boston

May 19–21
Alumni Weekend, Reunions for the classes of 1975 and 1985 Sea Crest Ocean Front Resort, Falmouth, Massachusetts

Reunions for the classes of 1980 and 1990
Includes Odyssey cruise ship celebration, Boston

May 20
Fourth Annual Alumni Gala, 6 PM, John F. Kennedy Library, Boston

June 15–17
Goldman Symposium featuring Dr. Herbert Schilder, "Endodontics for the Twenty-First Century," Colonnade Hotel, Boston

For more information on receptions, contact the Office of External Affairs, 617/638-4891. Call the Division of Continuing Dental Education (617/638-4738) for seminar information and for a complete list of continuing education courses.

Giving on the Rise
Balancing the budget of any large organization is akin to balancing on a tightrope these days. Dental schools, particularly those without state funding, must rely on tuition, clinical income, and sponsored research to meet the costs of instruction, administration, and other necessary functions. Additionally, donations from alumni, parents, friends, corporations, and foundations have become critical to the institution's fiscal success.

The Annual Fund of the Boston University School of Graduate Dentistry was started only three years ago. Compared to programs at other dental schools, ours is still an infant. But the support we have received from our graduates in such a short time is something to be proud of. Despite the national recession, giving by alumni to the School of Graduate Dentistry increased. In 1992 and 1993, donations rose by 6 and 5 percent respectively. In 1994, as a result of the school's first phonathon, donations increased by 17 percent.

The dental school also boasts the third highest average donation among schools in the university, according to Glenn Kaufhold, development officer for the school. Only the average donations to the School of Management and the Graduate School of Management were higher.
check-up

Oral Pathology Services Available to Alumni

The school's Oral Histopathology Laboratory is offering its expertise to your practice. Dr. John Richardson, chairman of the Division of Oral Pathology, considers the service a great step in developing a "diagnostic partnership" with alumni and colleagues throughout the country.

The laboratory provides services at a reasonable cost and will bill patients directly. Clients benefit from the laboratory's advanced automated equipment.

For more information, call the Division of Oral Pathology at 617/638-4774.

Regional Clubs Bring the Mountain to Mohammed

If the lifeblood of a school is its alumni, then high concentrations of graduates could be considered pulse points. To serve alumni better, the Alumni Association recently announced plans to establish clubs in a handful of alumni hubs.

The Greater New York Alumni Club kicked off the program this fall. Led by Madeline Apfel DMD '80 and Mitchell Sabbagh DMD '87, the club will meet quarterly for continuing education and networking programs. The New York club will be the model for clubs forming in South Florida this spring, and in Washington, DC, Los Angeles, and Boston in the next two years.

The first meeting in New York drew more than thirty alumni and guests for a lecture on class 2 restorations by Dr. John C. McManama, professor of operative dentistry. Dr. Thomas Kilgore, associate dean for academic affairs, also hosted a cocktail reception on November 30, in conjunction with the Greater New York Dental Society Meeting. On January 25, Jonathan Levine DMD '81 discussed "A Methodical Approach to Solving Esthetic Problems." Dr. Stephen Polins, director of predoctoral periodontology, will lecture this spring.

If you are interested in learning more about the alumni clubs or if you would like to suggest a topic for lecture or discussion, call Mari McKeon, alumni representative at 617/638-4891 or fax her at 617/638-4895.

Directory Assistance

Watch your mail later this spring for an alumni survey from Boston University. The University is preparing new alumni directories for each school and college, and needs your updated information. The new publication will be available at a nominal cost in 1996.

Tell it like it is.

Have you joined a practice, had a baby, sailed a sea? Something you'd like to see, something you'd like to say? Have an idea for a future issue or want to react to something you just read? Fill out the reply card in this issue or write us with the news or feedback. Include your name, degree and year of graduation, address, and phone number. Send to Editor, Impressions, Office of External Affairs, Boston University Goldman School of Graduate Dentistry, 100 E. Newton Street, Suite 432, Boston, MA 02118. Fax us at 617/638-4895.

Impressions Impresses

This publication has received several accolades recently. The premiere issue has been accepted into the permanent collection of the Cooper-Hewitt, National Design Museum in New York City. Impressions has also received special recognition by the American Institute of Graphic Arts (AIGA) in its competition "Maximum Message, Minimum Means."

The publication will be included in its design annual. HOW magazine also deemed the publication's cover its first-place winner in a competition that draws more than 3,000 entries. The cover will be included in the magazine's 1995 International Annual of Design.
Not so long ago, when I was enrolled as a freshman in dental school, my views and concerns of what dentistry would be like were different than they are now. I did not realize that what I knew then could not be a straight line into the future. As I realize now, our external environment alters everything. For example, we do not know what the economy will do. We do not know whether we will continue to evolve as a profession or a trade. We surely do not know the outcome of the conflict within dentistry over inclusion versus exclusion in managed health care.

What we do know, however, is that somewhere in the evolution of modern medicine, in terms of education, organization, and clinical practice, the mouth separated from the rest of the body. Since this divide, dentistry has developed into a noble, biotechnologically advanced, well-respected discipline and will most likely continue to do so. As long as we are involved in the dental curriculum of an institution, we are directly benefiting from the evolving field of modern dentistry.

But what happens when we leave the comfortable confines of a learning institution? The most important thing that we should know is that dental education is not a four-year track. It never has been. It is a life process, one which demands a new holistic perspective. In my mind, the challenge of the future of the dental profession lies not in its formal education. Nor is it found in its ever-present problems of loan repayment, licensure, or regulation. The real challenge of the future lies with all agencies of dentistry—schools, examining boards, practitioners—learning to work together to provide the science and the art the profession already possesses to as many people as we can. What we know in dentistry today reaches too few people. Ultimately, we must anticipate the direction of change, adapt to it as a profession, and include our patients in our development.

Paul Farsai DMD 94 is a resident in the AEGD program and plans to fulfill a geriatric fellowship. He has been a delegate to, trustee of, and the editor-in-chief with the American Student Dental Association.
External Affairs
Goldman School of Graduate Dentistry
Boston University
PO Box 15716
Boston, MA 02215-9779
Have you joined a practice, had a baby, sailed a sea?
Have an idea for a future issue or want to react to something you just read?

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