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T E X A S A & M
DENTISTRY

THE MAGAZINE OF TEXAS A&M COLLEGE OF DENTISTRY

Spring/Summer 2018

HEADING
SKYWARD

Taking dental education
to the next level

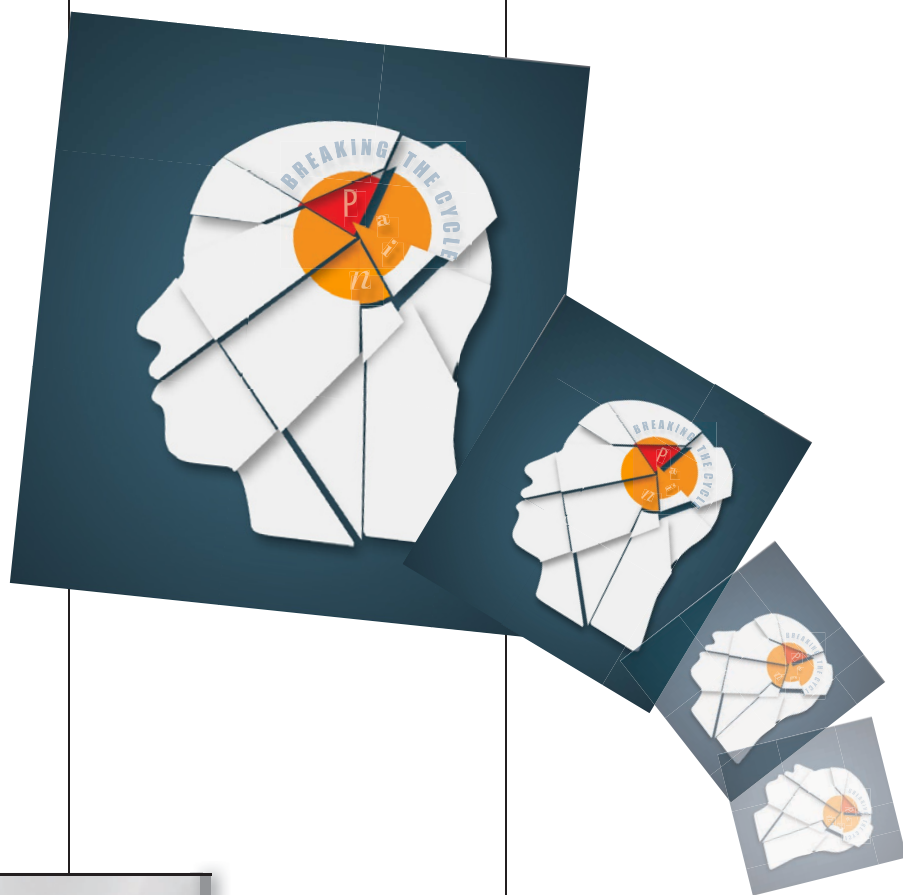
T E X A S A & M DENTISTRY

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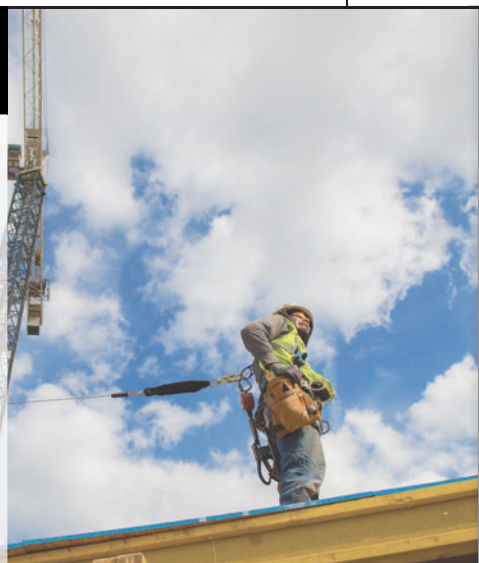
Pain, interrupted

Chronic pain in the head, neck and jaw has the power to halt life in its tracks. Just how do you stop the cycle of this invisible problem? Three patients share their stories and how Texas A&M College of Dentistry's Clinical Center for Facial Pain and Sleep Medicine helped them live again.



ON THE COVER

Jaime Garcia with Lithko Contracting pauses from hammering scaffolding above the second level of the Clinic and Education Building in mid-March. When completed, the nine-story structure will house patient care.



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If you build it

A framework for progress is climbing skyward a block from Texas A&M College of Dentistry, evolving steadily into the college's new Clinic and Education Building. The facility is designed to elevate patient care with the latest technology, revamped curriculum and a group practice educational model.



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dentistryinsider.tamhsc.edu

SHARE YOUR THOUGHTS
 The magazine welcomes your feedback and suggestions. Send comments to ccox@tamhsc.edu, phone 214.828.8218, or mail to Carolyn Cox, Editor; Texas A&M College of Dentistry; Office of Advancement, Communications & Alumni Relations; 3302 Gaston Ave.; Dallas, Texas 75246.

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THE OLDEST LIVING ALUMNI of Texas A&M College of Dentistry experienced their youth through the Great Depression, World War II, handwritten letters via postal mail, the advent of commercial air travel and Technicolor movies. Our youngest graduates grew up in the shadow of global terrorism, the Great Recession, the mobile phone and the explosion of the internet and social media.

This insight is not random at all; over the past few months I've had engaging visits with several longtime alumni from the classes of 1947 and 1951. What a collection of stories they have to share! I've also chatted about life and dentistry with current students, who have no shortage of wit and wisdom to pass along.

It's enlightening to gather perspectives from dental professionals at all points of the career spectrum. Getting to purvey interesting stories about unique people in this magazine and our news website, Dentistry Insider, is something I will always enjoy.

Our newest alumni know a different world in the profession than alumni who graduated decades ago. Alongside educational debt, which has reached astronomical levels, technological advances continue to transform patient care in this era of dental implants and CAD/CAM technology; amazing considering even air-operated high-speed drills weren't widely used until the 1960s.

Yet success and happiness depend on the people who occupy any age, not just their environments, and even individuals within the same generation have contrasting experiences. Perhaps we are more alike than we might think?

Check out our new series, "The way I see it," at dentistryinsider.tamhsc.edu for a glimpse of life by alumni of all ages. And please share your own perspective; contact me at ccox@tamhsc.edu or 214.828.8214. There's inspiration waiting to be discovered.

Carolyn Cox, Editor



Dr. Tom King of Bryan, Texas (right), visits with Dr. Lawrence Wolinsky during a Class of 1951 reunion and campus tour in September 2017.

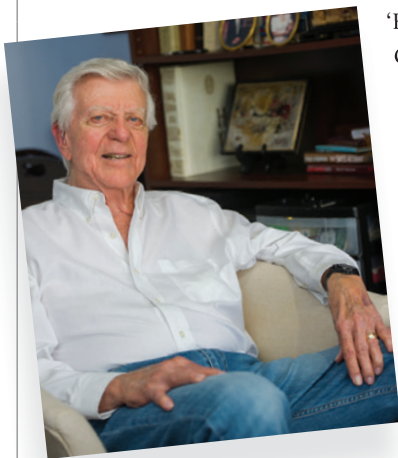
FROM *the* MEMORY VAULT

On patients, fees and treatment rationale

DR. J.A. "BOB" DEWBERRY '47 practiced in Dallas for more than 50 years, one of the early endodontists "plowing new ground as we went along." He shares a few memories here and on page 32, asserting, "I still love my profession and my old school despite its change of name."

"The year was 1950, and I had been practicing several months with my mentor, Dr. Seth Lee Barron, faculty member in endodontics at the dental school. He and Dr. Bernhard Gottlieb and Dr. Hobson Crook from Dallas had written a small book,

'Endodontia,' together. Both Gottlieb and Barron were well known to the tiny national endodontic community, and Crook was a popular endodontist in the Medical Arts Building. Though the book failed to catch on, I had a front-row seat to this project, immersed in the lore of Viennese dentistry of the period.



Frankly, I was shocked at the state of therapeutics in endodontics in the early 1950s. It was rife with procedures having very little rationale to treatment. Among these was 'ionization,' a lengthy and frightening process. A further 'mandate' was that of transferring swabs of the root canal to petri dishes until 'there was no growth'; presuming sterility. No thought was given to anaerobic bacteria, which perished when exposed to air.

At one point Dr. Barron suggested we double our fee for root canals on single-rooted teeth from \$5 to \$10. I felt we could not possibly expect patients to pay such a high fee simply to keep a tooth with a cheaper alternative of extraction. He was wiser, and we did double our fees.

Regardless, we always lost some one-third of receivables, as patients would ask to be billed and then never respond. Today's demand of payment at the time of service would have been unacceptable.

None of us had much business sense. Once I took a course on dental business practices. The most I got from this was, 'Never give away your time and expertise.' As I did lots of diagnostics and would frequently say there was 'no fee,' the instructor said, 'Simply bow politely and say, '\$2 please.'"

MESSAGE FROM THE DEAN



Dr. Lawrence E. Wolinsky

There's nothing like the lasting bonds formed over shared experiences. As dean, I observe from a bird's-eye view the significance of the connections made during dental and dental hygiene school. I witness the anxiousness of our students as they begin their journey, and I hear the wonderful tales of years gone by from our alumni celebrating 50- or 60-year anniversaries.

As I anticipate the future our new clinical building brings, I am experiencing a bit of nostalgia as I think about all that has been accomplished in our current facility since I arrived. A successful reaccreditation in 2011 and folks hard at work preparing for another site visit later this year, seven class years of students to complete their education and graduate, multiple National Institutes of Health grants boosting our college's research stature, and tens of thousands of patients served.

Of course, this building's walls have housed many milestones over the past 68 years: the birth of the Caruth School of Dental Hygiene in 1955, the establishment of graduate programs in every dental specialty, and the opening of Texas' first Dental Simulation Laboratory for preclinical students in August 2002, to name a few.

Day in and day out at this corner of Gaston and Hall, thousands of students have acquired the knowledge and skills for pursuing careers in the dental profession. One simple fact underlies every accomplishment: The tireless dedication of our faculty and staff make every part of the college's mission possible.

There's no denying my enthusiasm about the future that awaits our students and patients in the new Clinic and Education Building. Its light-filled, modern spaces will provide the ability to enhance our educational and patient care activities through innovations in curriculum and physical facilities. The square footage freed up in our current building will enable expansion of our research enterprise; an exciting complement to the tremendous achievements of our research faculty.

It's an exciting time in the life of our college, and it's great to witness the teamwork of our family of students, faculty, staff and alumni. Our people make all the difference at Texas A&M College of Dentistry.



Dean Wolinsky joins students for an alumni-sponsored celebration on the eve of their graduation.

Culture Fest serves up food and celebration

INSPIRATION FOR CULTURE FEST started in, of all places, the Sim Lab. Fasiha Jafri, then a second-year dental student, couldn't help but hear a conversation just over her shoulder.

"I overheard a couple of our classmates speaking in Farsi. Soon after, another conversation in Spanish overlapped the first, and I marveled at how lucky we were to be able to attend the No. 1 most diverse school in the entire nation," says Jafri.

"When we started counting how many languages were spoken in our class alone, we ran out of breath. There were too many to count, and this set the foundation to get everyone involved to contribute what they believed their culture to be in the form of clothes, food, items and more," says Jafri. "Culture Fest is not about spreading cultural awareness; it's about celebrating every culture!"

Although Muslim Student Dental Association members coordinated the April 25 event, students from multiple organizations volunteered to host booths – complete with posters, regional attire and, of course, food. What resulted was a sixth floor lobby packed with students, faculty and staff sharing traditions, music and local fare for their entire lunch hour.



Around the world in an hour: Student volunteers shared the sights, sounds and flavors of more than 20 cultures.

"There was such a warm, loving, festive feeling in the room," says Susan Jackson, executive director of advancement, communications and alumni relations. "It was one of the best events I've ever attended at the college. I felt so proud of our school and the diversity of our students."

From laddoo, a Pakistani sweet, and Canadian maple syrup to spiced jicama at the Mexico display, there was no shortage of flavors, conversation or the opportunity to learn from one another.

Plans already are in the works for next year, and with it, ideas for dance demonstrations and even more involvement throughout the college.

"We have high hopes that Culture Fest 2018 will set a precedent for coming years and become a time-honored tradition," says Jafri. Δ

CLOSE ENCOUNTERS OF THE DENTAL KIND



Classy move: The class gift tradition continues as 2018 dental graduates generously gave checks to the college's Alumni Association and Social Services Dental Care Fund and tokens of appreciation to staff members. 🌟 **Nearly a dozen** faculty, staff, administrators and students performed as "**Mickey & the Molars**" for a November concert benefiting Dallas' Baxter-Crowley Agape Clinic, where dental students and attending faculty cover 6,000 patient visits annually. 🌟 **Seize the ZZZs, mothers-**

to-be: Snoring can be unhealthy for a pregnant woman and her developing child. A study at the college is enrolling pregnant women to determine if an oral appliance can improve sleep quality and airway function during pregnancy. 🌟 **Research Scholars Day,** now 45 years running, is a spring semester tradition. Faculty and staff can soak up dental and graduate student presentations and a sixth floor lobby brimming with dental and dental hygiene student research posters.

🌟 **Students took a "paws"** from final exams in May for a dental school visit by Heart of Texas Therapy Dogs. A little stress relief from Harper, Aggie, Cooper, Shrek and Rocky, and then it was time to hit the books again. Δ



The gift of a smile

ON THE HOME STRETCH to her high school graduation, Hannah McCain dreamed of one thing to make this exciting time even more special: a new smile for her prom and graduation photos.

That didn't seem likely for the 17-year-old, who was born with a rare form of dwarfism associated with small tooth roots, loose teeth and a weak jawbone, among many other medical issues.

Eating was a painful experience. Hannah was dropping weight, something her small frame couldn't afford, says her mom, Sheryl Martin. It was only a matter of time before she lost all of her teeth.

Then two Texas A&M College of Dentistry faculty members stepped in to help.

Hannah's family dentist knew she needed specialized care and contacted Dr. Amirali Zandinejad, associate professor and director of the advanced education in general dentistry

residency program at the College of Dentistry. Zandinejad had treated patients similar to Hannah, but her case was complicated because she lacked the bone to support implants.

Zandinejad consulted with Dr. Likith Reddy, clinical professor and director of residency training in oral and maxillofacial surgery, and the two felt they could help. Several times each month Hannah and her mother made the trek from Aubrey, Texas, to the college for appointments to gather clinical data and plan treatment.

Upon learning the cost of the treatment plan and that insurance would not cover it, Hannah took action, creating a GoFundMe page to help her family with the expenses.

"A dental company reached out to us after hearing Hannah's story in the news and offered to do the full procedure for free, saying Hannah could take the money she raised and use it for college," Martin says. "But we decided to stick with the doctors at the dental school.



Hannah McCain

We just feel that this is where God led us."

In December 2017, Hannah underwent the first phase of surgery to extract all of her teeth and do a major bone graft. She received provisional dentures, which she called her "starter teeth."

After several months of healing, Hannah underwent the second phase of surgery in June to place the implants, the next step on her journey to a final prosthesis. Even in the midst of treatment, smiling is a thrill for this high school grad. Δ



Class of 2018 research award winners

DENTAL HYGIENE STUDENTS SWEEP COMPETITION

Caruth School of Dental Hygiene students achieved a milestone in February, sweeping all three places in the Texas Dental Hygienists' Association informative research poster competition. \odot "This year, TDHA limited the number of submissions per school to three. Interestingly, we had five student groups interested in competing; a record high," says Dr. Faizan Kabani, assistant professor and research course director in dental hygiene. All 30 second-year dental hygiene students participate in required research, and Kabani serves as primary mentor in addition to the faculty member assigned to each group.

\odot "We had all decided, if anyone from our school places, that would be awesome in and of itself," says Sydney Dennis '18. "They announced third, and they announced second, and

we looked at each other like, 'This could be it.' We were squeezing each other's hands under the table. I heard the first word of our research title, and everyone started screaming." \odot The achievement is one for the entire class – and dental hygiene program, for that matter – to enjoy. Δ

Dementia and dental care

FOR THOSE in the earliest stages of Alzheimer’s disease, the most common form of dementia, forgetting a routine dental appointment could be just the first misstep in an ongoing challenge to preserve oral health.

“Routine dental services often take a back seat when patients have other serious medical conditions,” says Dr. Peggy Timothé, assistant professor in public health sciences and director of the dental public health graduate program at Texas A&M College of Dentistry. “Coordinating care with multiple providers is a challenge for many patients, as well as getting to and from the dentist.”

As the disease progressively impacts cognition, other considerations surface once a patient is in the dental chair. Providers should attempt to seek trust and familiarity, says Dr. David Goydan, dental anesthesiologist and adjunct assistant professor in the college’s Advanced Education in General Dentistry program.

“Try to find a personal life event, experience or an interest to which the individual may respond,” he says. “You may find some connection resulting in a smile or a response with relative cognitive clarity. Surprisingly, you may have made their day ... access to a pleasant experience may still be intact.”

Goydan, who has decades of experience practicing dental anesthesiology and general dentistry in the nursing care and hospital settings, recommends a behavioral cooperation assessment when deciding if sedation may be necessary for patients with dementia.

“Determine if their behavior borders on being totally noncompliant, combative or docile. That’s a big consideration for dental treatment planning,” Goydan says. “Depending where the patient falls on this continuum, you can design an anesthetic to



achieve patient cooperation within the boundaries of age, physical status and medical safety.”

The same is true for fine-tuning oral hygiene routines at home with caregivers. Patients in the early stages of dementia may simply need to be reminded to brush their teeth, whereas those in moderate stages may forget how to use a toothbrush or why they need one at all.

“Family members can post pictures on the bathroom mirror or wall that demonstrate how to brush their teeth,” suggests Kathy Muzzin, clinical professor in the college’s Caruth School of Dental Hygiene. “After allowing the patient to brush their teeth, caregivers can provide follow-up care by brushing areas that the patient had difficulty reaching.”

In later phases of the disease, caregivers become responsible for the patient’s oral hygiene. One of the best tools to use at this juncture: a multi-head toothbrush, which cleans all surfaces of teeth at once. In situations in which noise doesn’t frighten the patient, an electric toothbrush is a viable option. Caregivers should establish a set time each day for mouth care and may need to adjust their expectations, as patients at this stage can become resistant.

“In these instances,” says Muzzin, “tooth brushing once a day may be a major accomplishment.” Δ

OF NOTE



Not long after celebrating with the first student to complete the oral and maxillofacial radiology graduate program, **Dr. Byron “Pete” Benson** retired in August 2017. This Regents Professor in

diagnostic sciences and imaging center director was a driving force behind the program’s establishment in 2014 as one of only nine of its kind in the country. In the mid-1990s he helped found the college’s imaging center and later participated in his specialty’s successful push for American Dental Association recognition.

More curious findings in gene study

BY THE TIME its National Institutes of Health grant funding period commenced last year, one Texas A&M College of Dentistry research team already had made a surprising discovery: the presence of supernumerary teeth in animal models devoid of FAM20B, a gene necessary for cartilage development. The extra teeth occurred in addition to enamel mineralization changes.

Dr. Xiaofang Wang, assistant professor in biomedical sciences and principal investigator for the \$1.8 million R01 grant, shared the significance of this finding with peers from across the country during a March symposium at the American Association for Dental Research/Canadian Association for Dental Research Annual Meeting in Fort Lauderdale, Florida.

His studies on FAM20B began in 2014 with a hunch that the gene could impact tooth development, but his team's findings were unexpected. The current five-year NIH funding allows Wang's lab to study the signaling mechanism that underlies the formation of extra teeth.

"Clinically, the presence of supernumerary teeth is a bad thing, as they may

cause many complications," Wang says. "Scientifically, it is a good thing, because it reminds us that if we figure out the mechanism, we may use it to regenerate teeth and, of course, prevent supernumerary teeth."

Collaborators include Dr. Robert Linhardt at Rensselaer Polytechnic Institute in Troy, New York; Dr. Ophir Klein at the University of California, San Francisco School of Dentistry; the Stowers Institute in Kansas City, Missouri; and Dr. Rena D'Souza, associate vice provost for research at the University of Utah School of Dentistry.

While Wang is confident that findings will help advance understanding of molecular-level happenings regarding extracellular control of tooth formation, he also suggests a broader application.

FAM20B appears to act as a catalyst for extracellular components known as proteoglycans, which help maintain signaling balance in tooth development. Since proteoglycans are present in nearly all tissues, this could shed light on problematic conditions in multiple body systems.

Take, for instance, limb and finger development, which Wang discussed at the symposium. Over the past year, his research team has found that FAM20B-catalyzed proteoglycans control the outgrowth of limb buds and segmentation of fingers. He describes the interesting mechanism by which this occurs: Proteoglycans regulate the signaling hierarchy not of bone or cartilage cells themselves but of mesenchymal cells that have the potential to differentiate into bone and cartilage. Δ



Dr. Xiaofang Wang



Dr. Phil Campbell '71, '73 retired in fall 2017 from his position as department head of orthodontics and holder of the Robert E. Gaylord Endowed Chair. A Hall of Fame member and Distinguished Alumnus, he was a

key figure in the establishment of the college's first endowed chair in the 1980s and served on the boards of the dental college, Baylor Oral Health Foundation and the Alumni Association. Campbell joined the faculty full time in 2005 after retiring from private practice, continuing his advocacy for orthodontic research. Δ

On the road again, and again ...

STAFF MEMBER Kenneth Howell begins most workdays before the sun is up, helping Texas A&M College of Dentistry students and faculty take preventive dental care to the community.

An outreach worker in public health sciences, Howell arrives at 6:15 a.m., though his day doesn't technically start for another 45 minutes. He uses the extra time to make goodie bags for patients before prepping supplies and instruments and loading the Seal Mobile vans that transport these items to the elementary schools that are part of the college's sealant initiative.

Howell drives to each day's location and then spends more than 30 minutes setting up portable dental operatories and supplies. Once the dental students arrive, he briefs them on the equipment and logistics for the day.

"If anything breaks down while we are onsite, I have to get it back in working order. I also make sure the school nurse has information for our pediatric dentistry program that she can give to parents," he says.

After the last child is seen, Howell jumps into action again, disassembling the equipment and loading it in the van. Back at the dental school, he takes the dirty instruments to central sterilization. Every Seal Mobile detail, from oil changes to repairs and inspections, is this staff member's responsibility.



Kenneth Howell

"During the summer, I continue to make deliveries to all the external clinics where we provide dental care, including Baxter-Crowley Agape Clinic and Dallas' juvenile detention center," Howell says.

He came to the dental school 12 years ago after retiring as a corrections officer with the Texas prison system.

"My favorite part of this job is watching the kids get the dental services we provide," Howell says. "Some of them are scared when they arrive, and the dental students and staff members are able to calm them down so they can get the care they need.

"There are times when we can't get the children to calm down because they are too afraid or they've had a bad dental experience. But for the ones who go through the treatment process, to see them smile when they're finished is one of the best feelings." Δ

OF NOTE



The Texas A&M University System Board of Regents awarded **Dr. Dan Jones '89**, department head of public health sciences and director of curriculum, the Regents Professor designation in November 2017.

Identifying and creating dental public health solutions for area residents is something he has pursued with systematic focus. The department has received more than \$36 million in grant revenue since 2000, which translates into much-needed dental care for underserved populations and educational experiences for the college's students.

Dr. Ernie Lacy '94, '96, associate dean for student affairs and student diversity, completed her first academic year in the role with an inherently challenging



endeavor: pronouncing each graduate's name as they crossed the commencement stage. It's just one aspect of the office's multifaceted work to support students and create lifelong partnerships with future dental professionals while participating in efforts that foster the continued admission of highly qualified students who reflect the state's diversity.

Word of mouth

THIRD-YEAR DENTAL STUDENT

Lana Khazma is known for “Mouthing Off” in a good way: sharing her voice through this American Student Dental Association blog as one of two electronic editors who serve on ASDA’s editorial board.

“It keeps me on my toes, and I want to be involved in my profession,” says Khazma, who in February started her position with the web publication, which reaches more than 24,000 dental students. “I also like to create my own content and see what I want to read in the magazine or on the blog – and get other people to be interested in that, too.”

It’s a collaborative process. Khazma, along with her co-editor, the editor-in-chief, and five editors of Contour magazine, jump at any chance to share ideas. By design, no two staffers on ASDA’s editorial board are from the same dental school.

“At the annual session in February we all just sat at a table for seven hours

brainstorming. There’s a lot of back-and-forth trying to figure out what works for each issue,” says Khazma. The editorial group solicits student writers from around the country who carefully craft each piece.

“The stories are personal; they are really relatable to the people who are reading them,” says Khazma, who oversees several blog posts a week, identifying and fine-tuning ideas and working with writers throughout the process.

It’s a substantial time commitment, considering attendance at several national

meetings is a requirement, but that didn’t stop more than 200 dental students nationwide from applying for ASDA’s 45 leadership positions this year. Khazma has additional demands on her time: As president of Texas A&M College of Dentistry’s ASDA chapter, she also is a delegate to ASDA’s District 9.

“It’s definitely unique,” she says of her national editorial board role. “There are a lot of things I didn’t know other dental students face. Everyone brings a different perspective to the table.” Δ



Lana Khazma

For **Dr. Jack Long '76**, who spent his entire career at the dental college, a heart for helping students achieve their career goals guided him for 41 years, including welcoming yet one more entering class before his fall 2017 retirement as associate dean for student affairs. From teaching fixed prosthodontics to recruiting potential students, directing the admissions and academic records office, then managing commencement and myriad other activities as associate dean, Long poured energy and dedication into his professional roles.



Dr. Eric Solomon, who spent 25 years at the college keeping an eye on dental education trends, retired in August 2017 as professor in public health sciences at the dental school and executive director of institutional research for Texas A&M University Health Science Center. His data collection and analysis expertise has been critical to legislative funding allocations and strategic planning. Solomon’s interpretations also have guided all levels of organized dentistry grappling with manpower and access-to-care concerns. Δ





PAIN INTERRUPTED

by Jennifer E. Fuentes

Three patients share their stories

A **S H U M A N S**, we're used to cycles. The repetition of schedules and even seasons is expected, comforting even. After all, we are creatures of habit.

Sometimes, though, cycles can cause more harm than good. Such is the case with chronic pain. Like the man who, after having several teeth restored with crowns, begins to notice pain in his mouth, leading to a tightness in the facial muscles upon waking. It eventually creeps along through the neck, to the shoulders, down the back. And before he knows it, his entire posture has changed. The pain continues, unabated, until he discovers the origin of his discomfort.

"Interrupting the 'pain cycle' is critical in managing a patient's pain," says Dr. Steven Bender '86, director of the Clinical Center for Facial Pain and Sleep Medicine at Texas A&M College of Dentistry, which was established in early 2016. "If pain gets bad or becomes chronic, it becomes much harder to treat. If you can interrupt the pain or decrease the level of excitement of the central nervous system in some way, the ability to then manage the pain becomes easier."

Interrupting that pain cycle requires what Bender refers to as "multimodal" care. Several modalities may be employed, ranging from medication to oral appliances to home care. In many circumstances, the treatment is surprisingly minimal.

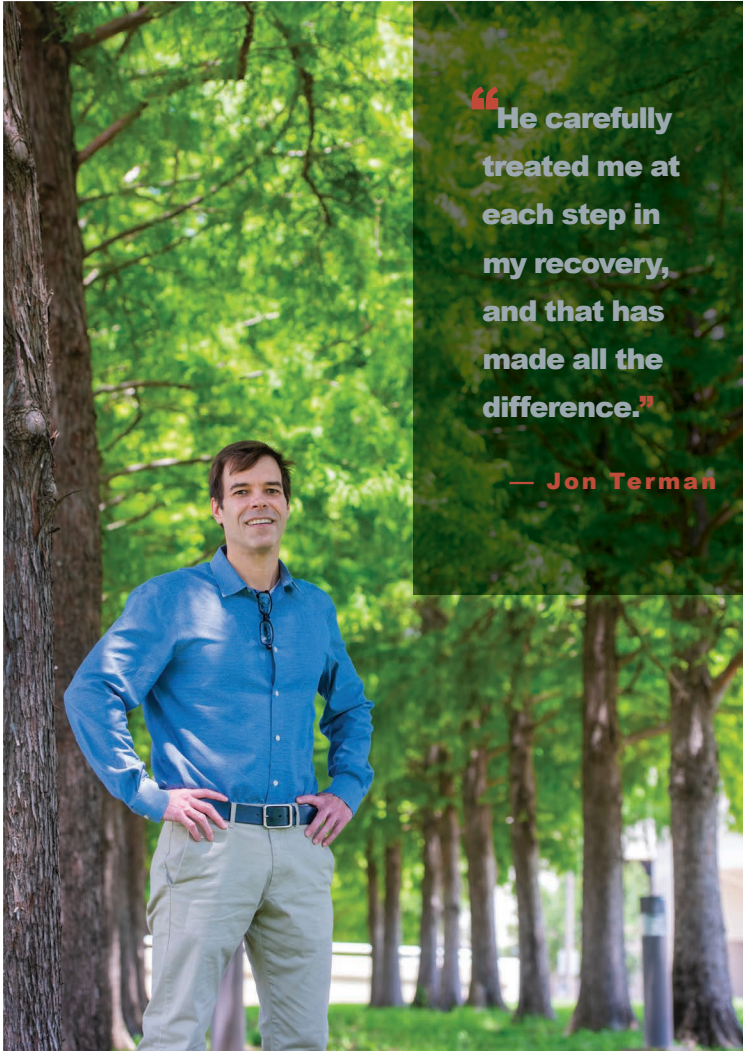
"The human body is very adaptable. In most cases of pain in the head and face, it is best to provide the least amount of treatment possible to help the system to adapt," Bender says. "The research and our clinical experience support this."

Arriving at a diagnosis – the starting point – is the hard part, especially in dentistry.

"We as a profession are very adept at identifying problems that are clinically evident and then providing very good mechanical treatments," says Bender. "However, in many cases of pain, you cannot see a clinically evident problem, so the diagnosis may be a guess, and the traditional mechanical treatment approaches – which are, in some cases, excessive and unneeded – are often tried unsuccessfully."

To attain as accurate a diagnosis as possible, Bender spends more time talking with patients during their initial appointment at the center than some health care providers spend with their patients over the course of several years. Initial appointments are one and a half to two hours, and cookbook approaches to pain don't work here. Since every person is a unique individual, no two people experience pain in quite the same way, Bender says. Everything about a person defines how they experience pain.

For a revealing look behind the scenes, three patients share more about what living with head, neck and jaw pain was like for them, and how Bender and his team helped stop the cycle.



“He carefully treated me at each step in my recovery, and that has made all the difference.”

— Jon Terman

The difference one little orthotic can make

JON TERMAN didn't really have to get that crown on his front tooth redone, per se. It wasn't bothering him, and his teeth didn't hurt, but it had outlived the typical lifespan for crowns by a wide margin. Terman, then 44, had the crown placed in his teens following a baseball accident. The dentist he saw kept encouraging him that it was time to make a change — after all, the metal crown made assessing the condition of the tooth underneath a challenge. Plus, it wasn't looking particularly good.

“The dentist I saw said it was going to be hard to match one tooth, so he suggested they match four,” explains Terman. “When they replaced the crown, I immediately started having

all sorts of problems: first with my teeth, then my bite and then jaw pain.” Thus began a vicious cycle.

“I'd go back, he'd adjust something, grind something and then wait a little longer, and I'd go back again,” Terman says. “I had constant pain from day one, and the more that was done, the worse it got.”

The source of the discomfort stemmed from those upper teeth, which, to Terman's surprise, seemed to have moved. There was constant pain, shifting over time to where the upper and bottom teeth meet. His bottom lip sparked more irritation. Those changes in his bite created constant pain in his jaw and even more discomfort when he would eat or talk. His blood pressure spiked, and spasms in his jaw muscles combined with irregular breathing began to affect his sleep. Discouragement set in. Visits to several other dentists, specialists and surgeons ensued. Night guards were fabricated, but they only made matters worse.

“It caused not only physical pain but psychological pain,” Terman says. “I became critically aware of the chronic pain issue. It was very, very, tough.” The pain arced out from his mouth to his jaw to his neck, branched out along his shoulders and down his back. Eventually, his entire posture changed.

“I was suffering and nearly hopeless as things continued to spiral down, and it was affecting my

whole life, including my family,” he says. One of the lowest points: When one dental specialist described Terman's experience as “phantom pain.”

Terman, a neuroscientist at UT Southwestern, wasn't buying it. He talked to his brother, a pain researcher at the University of Washington — and a past president of the American Pain Society — who did some digging. He came up with a name: Dr. Steven Bender. And separately, one of the dentists who treated Terman offered a glimmer of hope. “If the pain ever gets too bad,” he told Terman, “I know a guy.” Turns out that referral was for the same name he had received from his brother.

“I was at all these different places, with these different doctors, and I was like, ‘Can I find anybody who actually cares?’” Terman says. “I could immediately tell that Dr. Bender cared, and not only that, he was someone who had experience seeing patients with what I had.”

For Terman, who had by this point endured more than a year of constant pain, Bender's initial treatment plan seemed alarmingly simple: Calm down the jaw through a custom-made night guard. There was gradual change in his jaw and face over that first month, and his blood pressure and sleep patterns began to improve. Following Bender's recommendation to see a physical therapist, his back began to heal, and the shoulder and neck muscles that were hunched from pain started to release. It took more than a year and a half from that point – three years of pain in total – but Terman recovered. That was two years ago, and he continues to do well.

“As a scientist, I was asking questions, trying to understand; obviously the proof was in how I felt,” says Terman. “I am so thankful that something so devastating for me, that made me despair for my life, could be solved. Dr. Bender recognizing my problem helped me turn the vicious cycle around with that orthotic and perhaps, most important, reassurance. There were no magical pills, procedures or exercises. He carefully treated me at each step in my recovery, and that has made all the difference. It was an answer to prayer.”



“The quality of life in general is greatly enhanced.”

— Lucy Barnett

Fighting a strong-willed jaw

LUCY BARNETT'S temporomandibular joint pain stretches back about as far as she can remember. She's racked her brain to identify a root cause.

“I don't know if my profession has anything to do with it or something that is innate, but I clench my teeth in my sleep,” says Barnett, a recently retired property crimes detective and 29-year veteran of the Dallas Police Department.

It's just something she's always done. To stave off pain, her dentist built her appliances to wear at night. Barnett kept clenching – and breaking – every single one.

“One day I woke up and couldn't open up my mouth even wide enough to get a fork in or a spoon to eat a bowl of cereal. My dentist flat told me at that point, ‘I can't do anything for this. I don't know what else to do, shy of sending you to an oral surgeon.’ I really didn't even want to do that; I didn't want to go the surgery route,” she says.

Instead, her dentist handed her a business card. On it was Bender's name and office phone number.

“This was all out of pocket, but I was to the point that I had to do something,” Barnett says. So she filled out a barrage of forms, which Bender studied so closely it was as if he had read every pen stroke. She underwent extensive X-rays of her head, neck and jaw.

It wasn't long before Bender presented her with her first custom-made oral orthotic. These contraptions can range in price from \$700 to \$3,000.

"When I first got it, I thought, 'I don't understand how this is going to work,'" Barnett says. "It took the pressure off my jaw, and within 72 hours I noticed a difference. It wasn't a miracle, it wasn't instant, but everything started to calm down within about 72 hours."

Even if Bender can't prevent her from breaking her appliances, he can at least lengthen each one's duration. In 10 years, he's made her three. And when she comes in for her biannual appointments, they test – with, of all things, carbon paper – where she's applying the most bite force. They then make the necessary adjustments to Barnett's appliance and send her on her way.

"It's made a huge difference," Barnett says of the care she receives at the pain and sleep center. "The quality of life in general is greatly enhanced." Eating is no longer hindered, and another bonus: Headaches are kept at bay.

Barnett's appliance goes wherever she does.

"I take it on vacation. I've taken some work trips and, when I fly, it goes with me; it doesn't go in my checked luggage. It's that important."

Finding a way to sing again

IT'S SAID THAT college is supposed to be one of the best times of your life. For Ashley Lamb, this wasn't the case. Debilitating jaw pain kept her from living.

"In church on Sunday mornings, everyone would be singing, except I wouldn't be, because of my mouth," Lamb recalls. "At work I would be talking to someone, and my jaw would lock up mid-sentence. That was difficult and embarrassing. I had to eat soft foods and, during office lunches, if they brought in pizza, I couldn't eat it."

She had a night guard from her dentist, but the jaw pain only intensified. It spread to her ears, even caused her to wonder if she had swimmer's ear. Physical therapy didn't seem to help, either. At that point, her family doctor prescribed muscle relaxers. They calmed the pain but made her sleep for 12-hour stretches.

"I would take it that Friday evening and sleep Saturday and Sunday, so that would help me through the week," Lamb says. Finally, in 2007, just after Lamb got married, her doctor recommended a dentist who dealt only with head, neck and jaw pain. At the time, Bender ran a private practice in Plano.

"I was pretty terrified that he was going to tell me that I

needed surgery," says Lamb. "It was such a blessing, because after the full examination, he told me, 'I have seen people way worse than you.' I was just amazed."

Bender began to make adjustments to the night guard, adding acrylic here, augmenting there. For a time, Lamb's healing remained elusive.

"It was still a struggle for several months," Lamb says. "I remember one time he was making adjustments, and I was still in a lot of pain, and I asked him, 'Do I need to see a psychiatrist or something?' He was so wonderful; he validated my pain, and he told me that I was not crazy."



“I never dreamed that I could eat steak or pizza again, but I can.”

— Ashley Lamb

What he also did was give Lamb choices. While her dentist saw only two possibilities – make the night guard work or have surgery – Bender presented an arsenal of treatment options. With time, the pain stopped getting in the way of her life. Church once again became a place for Lamb to sing, and pizza lunches at work were no longer a source of anxiety.

“It’s not something I have to think about anymore,” says Lamb. “I wear the appliance at night, see Dr. Bender every six months. That’s it. It’s not, ‘Am I going to be able to talk? Am I going to be able to eat at this function?’

“I never dreamed that I could eat steak or pizza again, but I can.” Δ



Dr. Steven Bender



Linda Brock

Walking alongside patients

DR. STEVEN BENDER '86 has the credibility that comes from ‘walking the talk’: He’s lived through many of the same experiences as his patients in the Clinical Center for Facial Pain and Sleep Medicine. For 14 years, Bender practiced restorative dentistry. Frustrated by his own lifelong headaches and jaw pain, he began a quest for answers. It led Bender to a niche within dentistry: pain management for the head, neck, temporomandibular joints and oral cavity.

In 2000, after completing a mini-residency and a two-year preceptorship at what was then known as the Parker E. Mahan Facial Pain Center at the University of Florida, he dedicated his Plano, Texas, practice solely to patients suffering from these conditions. With the shift in focus came unique expertise and recognition. Bender has achieved fellowship status with the American Academy of Orofacial Pain, the American Headache Society and, in 2014, the American College of Dentists. By 2015, Bender had assumed the presidency of the American Academy of Orofacial Pain.

In 2016, he officially set up shop at Texas A&M College of Dentistry as director of its new pain and

sleep center. Bender helped make the clinic a reality beginning in 2013, in large part through his willingness to work as a part-time volunteer faculty member at the dental school, seeing pain patients two mornings a month.

Helping to bridge that transition to the dental college with Bender is Program Coordinator Linda Brock, his assistant of more than 10 years. She schedules appointments, welcomes patients, prepares and sterilizes the exam room and, for new patients, gathers data and records the patient narrative. But her contributions go much further than that. In a sense, she walks alongside patients – as a medical assistant, counselor and friend – checking in on them in the days and weeks following their appointments, synthesizing details and getting a feel for what triggers their pain. Her role helps funnel information to Bender and further sustain patient care.

“Linda is probably most known for her faith and her willingness to share a message of hope to all she meets,” says Bender. “I often think that our patients come primarily to visit with Linda and not me!” Δ



APRIL 2018

IF YOU BUILD IT

A SHORT WALK from Texas A&M College of Dentistry’s main building, its long-awaited Clinic and Education Building ascends, the construction-site tower cranes commingling with at least a dozen others that hover over the downtown Dallas environs like metallic arachnids.

The new structure’s walls will encompass more modernization than meets the eye on its detailed blueprints. A curriculum redesign is part and parcel of the change in clinical location.

“We are at a critical point right now in executing our mission to educate the next generation of oral health professionals,” says Dr. Lawrence Wolinsky, dean.



B Y C A R O L Y N C O X

“This new facility represents an important step forward in our ability to meet the future needs of both patients and dental education.”

A “group practice” curriculum model is the equally weighty but less tactile project arising in tandem with the new building, aimed at enhancing critical thinking and patient-centered care. The coordinated timing of these two monumental tasks – building construction and curriculum change – is not mere coincidence.

“Our new building will be eye-catching, but its biggest plus is how its features were designed around the concept of the new curriculum,” says Dr. Steve Griffin ’85, associate dean for clinical affairs, who is overseeing the building project as chair of the Dental Education Facility Task Force. Plans for a new structure are 14 years in the making, with Griffin active from the beginning. Focused preparations intensified in early 2014.

ALONE NO MORE

ANYONE WHO LAYS EYES on the current building's third-floor dental clinic experiences the “wow” factor of the sea of pale blue dental chairs stretching more than half the length of a football field. Less apparent to the eye is the impact of this arrangement on educational methods: The confined space within each operatory limits collaboration.

“WE PLAN TO HAVE FIRST-YEAR DENTAL STUDENTS INVOLVED IN DIRECT PATIENT CARE VERY EARLY.”

— Dr. Jennifer Barrington

In the new building, clinical care will occur among groups of students organized in six general practice “pods,” each consisting of 21 to 24 operatories. Increased square footage around each dental chair will accommodate two or more people – students at various levels of training and faculty members – rendering one-on-one patient visits a thing of the past. Students will be assigned to one of these groups when they enter dental school.

An eye-level view of clinical teaching helps Dr. Jennifer Barrington, clinical associate professor in general dentistry, D4 comprehensive care program director and a group leader for 18 fourth-year dental students, anticipate the impact of this team approach.

“We plan to have first-year dental students involved in direct patient care very early. The new practice model also includes integrating dental hygiene students,” says Barrington, one of 20 faculty members and administrators serving on the college’s Curriculum Task Force. She will lead a pilot group of 12 dental students in the new educational model during the coming year.

On the clinic floor, conversations that occur routinely between clinical faculty and students about how to manage a patient’s care or the pros and cons of material choices and techniques could reach an even broader set of students in the new clinical facility, she explains.

“In our new group practice model, I can imagine we might have a brief morning session with a clinically relevant theme: whitening methods and materials that are safe and effective for our patients, or the benefits of endodontic treatment vs. extraction and fixed restorative or implant placement,” Barrington says. “There are many ways we could integrate evidence-based dentistry discussions in the clinic.”



A GROWING TREND IN EDUCATION

WOLINSKY, a Commission on Dental Accreditation site visitor consultant in addition to his role as dean, observes the national movement in dental education toward this integrated model rather than one organized around patient procedure “silos.”

“Most contemporary dental schools are going toward group practice models in some variation, where they are teaming students together with a faculty manager and have specialists coming into the practice,” he says. “This results in more efficient care under time constraints, which benefits patients but also provides very effective opportunities for peer training by students.”

Texas A&M College of Dentistry’s regional counterparts, the dental schools in Houston and San Antonio, use group practice models. As is the case in Dallas, the opening of Houston’s new building in 2012 coincided in large part with this curriculum shift. San Antonio’s new clinical facilities in 2015 were built after its group practice model was introduced but were designed to support it, according to Griffin.

CODA emphasizes a patient-centered environment and evidence-based dentistry in evaluating accreditation excellence, Griffin says.

“They are not mandating group practices to achieve those two things,” he explains. “But this group model will allow us to better track outcomes on a student who goes through our program. There will be a faculty member who will have a clinical knowledge of that student from beginning to end.”

“WE’LL ALSO HAVE THE MOST
ADVANCED TECHNOLOGY WE CAN GET AT
THIS TIME, INCLUDING ROOMS SET UP
FOR CAD/CAM AND 3D PRINTING.”

— Dr. Steve Griffin

For patients, the arrangement results in enhanced continuity of care.

“Rather than moving from department to department if they need specialty care or going from one student to another when one graduates, they will remain in that ‘private-practice’ setting,” Griffin explains. “We’ll also have the most advanced technology we can get at this time, including rooms set up for CAD/CAM and 3D printing.”



MORE THAN A PASSING SCORE

THERE'S AN ADDITIONAL STIMULUS driving this curriculum change, faculty members say: the new Integrated National Board Dental Exam, which every dental student in the country soon will have to pass in order to apply for licensure.

Texas A&M College of Dentistry's fall 2019 entering dental class will be its first to take the new exam, which will replace the two separate ones currently used to assess students' biomedical and clinical sciences knowledge – one taken after the first 12 months of dental school and the other in the fourth year. The integrated exam will be case based, with students evaluated simultaneously on clinical knowledge and the supporting basic science.

Curriculum changes stand to give students an edge on this new requirement, say proponents, as the Curriculum Task Force is charged with achieving “vertical” and “horizontal” integration within the dental academic experience. The first entails two aspects: basic sciences taught as a foundation for clinical work, and the assimilation of all student class levels into the clinic. Horizontal integration throughout the basic and clinical sciences is designed to better synthesize knowledge transfer to students.

With co-chairs Dr. Paul Dechow, associate dean for academic affairs; Dr. Dan Jones '89, department head of public health sciences and director of curriculum; and Griffin, the task force is exploring ways to combine existing curriculum components.

Just what could this look like in the clinic and classroom? “We’re looking to integrate science courses in ways that are application based and then pull in the clinical element to see how it works together,” Griffin says. “So, just one example, ‘What are the cellular characteristics of a particular disease, how do you identify them and then how do you diagnose the disease in a patient?’”

Without a doubt, the level of detail required for integrating basic sciences and clinical care throughout the four-year dental curriculum is daunting. The current arrangement, largely compartmentalized by class year, was last modified significantly in the 1990s. However, courses have been added over the past decade to strengthen student proficiency in evidence-based dentistry.

“It’s a very challenging process to fully integrate our curriculum,” says Wolinsky, “but it’s necessary to better prepare our students for the new board exam. It’s important they understand how basic science relates to their clinical care of a patient. From my perspective, that’s why dental education is moving that direction on a national level.”

At stake is an outstanding board pass rate, whether that means the clinical licensing exam or the integrated board exam,

STARTING FROM THE GROUND UP: OCTOBER 23, 2017



Texas A&M representatives, state elected officials and other dignitaries turn dirt at a mid-morning site dedication attended by hundreds of students, faculty, staff and friends. With Nussbaumer Street closed to traffic, a 180-foot tent accommodated a stage, seating and catered barbecue lunch.

Barrington says. Success hinges on the details, she adds, and the process must be collaborative to succeed.

“Our new clinical floor plan is designed around an integrated model. The team approach among students of all levels in the clinic will help blend their didactic learning with the clinical curriculum,” says Barrington. “I remind myself,

‘Here’s where we are now; here’s where we are going.’ That helps me stay focused on the ultimate goal.

“We’re headed toward a well-rounded scenario that will be good for both students and patients. It will increase students’ clinical experiences and training, all with the goal of graduating the most highly skilled, prepared practitioners.”^Δ



AUGUST 2017



MARCH 2018



JUNE 2018

TAKING CLINICS TO THE NEXT LEVEL

THE CONSTRUCTION BOOM is not unique to north Texas or its dental school.

Among 76 dental schools in the U.S. and Canada, at least eight are currently building or planning significant projects, and another three completed a major project in the past two years, estimate Dr. Steve Griffin '85, associate dean for clinical affairs, and Larry Schnuck from Kahler Slater, the architectural firm that teamed with local firm BRW to design the college's new building.

Texas' dental schools in Houston and San Antonio opened new clinical facilities in 2012 and 2015, respectively.

Texas A&M College of Dentistry's nine-story, 157,756-square-foot building is scheduled to open for patient care in January 2020. It's the first freestanding structure built for the dental school since 1950, though current facilities have benefited from a major footprint addition and multiple renovations during the past 68 years. ^Δ

Students say second-career professor is a first-rate mentor

A DJUNCT FACULTY ROLES at Texas A&M College of Dentistry and the University of Texas at Dallas give Dr. David Murchison '80 an unusual vantage point for the dental education “circle of life.”

Murchison’s predoctoral students who go on to dental school say his impact extends far beyond his faculty role.

“The one word that comes to my mind when I think about Dr. Murchison is ‘selfless’ – selfless with his actions, his time and his attitude,” says second-year dental student Jennifer Dinh, who took Murchison’s oral histology class as a predoctoral student at UTD, later serving as his teaching assistant. “He served not only as a role model and mentor but as an encourager and believer.”

Third-year dental student Fareed Ighani describes his attention as a “positive force” in the application process: calming nerves, offering advice, even educating students on etiquette for the all-important dental

school interview.

It was in 2010 after a 30-year career in the Air Force that Murchison began teaching aspiring dentists, first at UTD’s undergraduate level and then at the professional

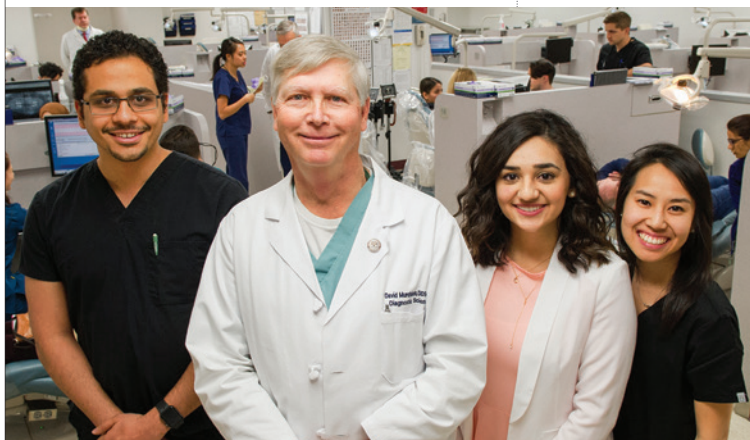
level through the dental school’s Department of Diagnostic Sciences, where he works with students in the Oral Diagnosis Clinic.

“Recently I was staffing a D4, D3 and D2 student and asked a question about the character of the surrounding bone in treatment planning for prosthodontic care,” Murchison recalls. “The D2 immediately had the answer to the question I posed.

I asked where he had learned it: ‘In your class at UTD.’ That is truly a satisfying part of my job.”

He also directs advanced dental materials courses for orthodontic and prosthodontic graduate students and serves as the civilian consultant in restorative dentistry and dental materials to the Air Force Surgeon General.

Graduate education was a major part of Murchison’s military assignments, which means some former students are now well into their dental careers. In fact, two of his Air Force residents are faculty members at the college: Dr. Diane Flint in diagnostic sciences and Dr. Lolo Wong in pediatric dentistry. Δ



Dr. David Murchison with students (from left) Fareed Ighani, Nida Suleman and Jennifer Dinh.

MEMORIES, LAUGHTER FOR 50-YEAR CARUTH CLASS

When the Dental Hygiene Class of 1967 gathered for a 50th reunion in September 2017, conversation highlights ranged from humorous to inspirational to eyebrow-raising. ♦ Nearly every time the tour of 12 reunion-goers rounded a corner of Texas A&M College of Dentistry, someone – or something – evoked a memory. ♦ “We didn’t sit. We stood,” Margaret Hicks remarked as the alumni breezed through the dental hygiene clinic, where students were treating each other in preparation for patient care. ♦ “We had

belt-driven handpieces,” she recalled. “When the children came, we would put cotton on it, and they thought it was a rabbit.” That image brought to mind the unfortunate fate of one dental student’s toupee when he leaned in

just a bit too close to the contraption. The story made the rounds among dental and dental hygiene students alike during that time, and today it still prompts laughter. Δ



1967 graduates, from left: Dorthy Holmes McKearin, Nancy Pollen Dodson, Carol Setterberg Mast, Mary Kay Vann Shank, Margaret Knebel Hicks, Linda Ross Olson, Miki McDonald Eggbrecht, Janet Price Bramlett, Mary Alice Crook Fager and Diane Bray Hawk. Not pictured: Rosalie Wolf Griffin, Bette Buchanan.

Distinguished alum blazes an uncommon path

DIANNA PRACHYL '94, '00 might never have become a dental hygienist had it not been for an invitation extended almost in passing.

She was on her front porch when Pat Campbell, now executive director of the Caruth School of Dental Hygiene at Texas A&M College of Dentistry, invited her to tour the school. Prachyl, 2017 recipient of the college's Distinguished Alumnus Award, was on a pre-nursing path at the time, she and Campbell had sons in the same Cub Scouts den, and their relationship wasn't one that revolved around work. That was more than 25 years ago.

"I had not even thought of dental hygiene as a career until that moment," she says.

Prachyl earned her bachelor's in dental hygiene in 1994, but it was just a few years later when her career took an uncommon turn. The dental hygiene master's degree program at the College of Dentistry had recently been approved, and students could choose between an education or administrative track. Although Prachyl had taught at Caruth in those initial years after graduating, the concept of health care administration appealed to her.

It's a move that has taken her on a path not often traveled by others in her field, beginning at Children's Health in Dallas, where an initial role overseeing the dental clinic led to director-level positions in ambulatory services, to a different leadership opportunity in Fort Worth with John Peter Smith Health Network more than five years ago.



Dianna Prachyl

As senior vice president of community health, she oversaw dozens of clinics – dental, medical, outpatient, school-based and specialty – across Tarrant County. In her current role as chief operating officer of Acclaim Physician Group, she coordinates education and research initiatives between JPS and Tarrant County health care providers.

When it comes to sharing advice on how up-and-coming dental hygienists can diversify their own careers, Prachyl offers this wisdom: "Be very aware of your career and where it's going. You own your career development as an individual. That's the advice I give every student.

"The better prepared you are, the easier it will be to go on that journey." Δ

50 YEARS AND MORE THAN A FEW STORIES LATER

Long after their dinner's scheduled start time, members of the Dental Class of 1967 lingered in the Royal Oaks Country Club lobby, too excited to see friends making their way up the staircase for their 50th reunion to ponder the spread waiting for them in the dining room. ♦ A microphone pass during the September 2017 dinner prompted most of the 35



Dental Class of 1967

classmates present to stand and tell a story, give thanks, say hello or even sing a song. Approximately 60 individuals including spouses and guests attended. ♦ The evening included fond tales about classmates who could not be present and a roll call and moment of silence for deceased members. ♦ "We all agreed we were the best class ever," Dr. Terry Watson shared during the campus tour the following day. "We bonded through the pressures of dental school. It meant so much to have the class together again." Δ

JOIN US IN DALLAS

AUG. 24, 2018
Caruth School of Dental Hygiene Luncheon

SEPT. 7, 2018
Alumni Homecoming and General Membership Meeting

JAN. 18, 2019
Special Alumni CE Course
101 Endodontics: Lecture and Lab

Visit dentistry.tamhsc.edu/alumni for details.



Bond still strong nearly seven decades later

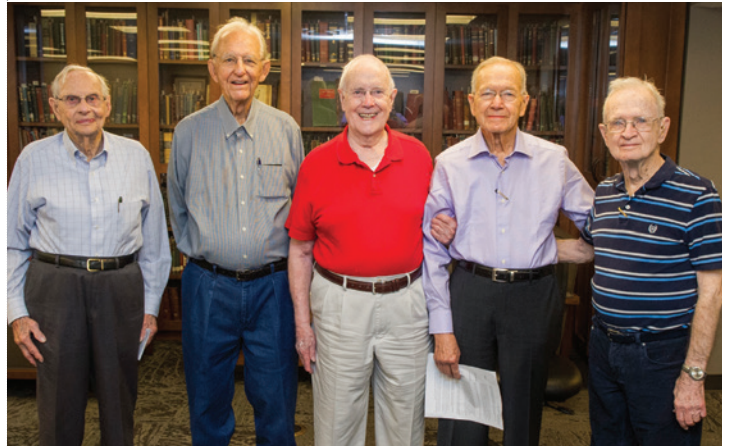
AS STUDENTS, MOST MEMBERS of the Dental Class of 1951 were fresh from World War II and earning their education by using the GI Bill. Their experiences during the war as well as the ups and downs of dental school cemented their friendships, which have lasted all these years.

Texas A&M College of Dentistry's homecoming festivities in September 2017 provided the perfect backdrop for this gathering of friends. Seven class members, most in their mid-90s, traveled from across Texas, Louisiana and Mississippi for a weekend of fun and reminiscing.

"There were 12 class members still living out of a class of 60, but one passed away just last week," said Dr. Blair Jones '83, who drove from Mansfield to Sweetwater, Texas, to bring his father, Dr. Zane Jones, to the reunion. "Their class is unusually close."

Many had not returned to campus since they graduated, so part of their weekend events included a tour and a visit with Dean Lawrence Wolinsky. After a morning reception, the alumni walked through clinics, labs and classes, where they received "welcome back" greetings from faculty members and students.

They were amazed with the technology updates that have occurred since they graduated dental school, such as lecture



Dental Class of 1951

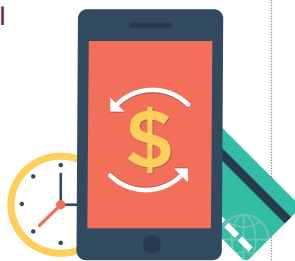
capturing software, Camtasia, which allows students to view faculty lectures at their leisure.

"We needed that Camtasia back when our daughter was born," said Eleanor Baldrige, the wife of Dr. Doyle Baldrige. Their daughter was born on the first day of dental school. It was a month before Baldrige got a break to return to Conway, Arkansas, to see his new baby.

Elaine Simmons, the spouse of deceased 1951 alumnus Dr. Joe Simmons Jr. and mother of Alumni Association President Dr. Joe Simmons III '98, '99, coordinated the reunion and is considered an honorary class member. She has helped facilitate communication among group members since their graduation. **Δ**

BOHF NOW ACCEPTING ALUMNI ASSOCIATION PAYMENTS ONLINE

Baylor Oral Health Foundation is now offering its donors the convenience of online giving, creating a new avenue for alumni support.



❖ With just a few clicks via the BOHF website, alumni can become Active Members of the Texas A&M College of Dentistry Alumni Association, one of many funds that BOHF manages. Monetary support of the association underwrites alumni services and activities ranging from class reunions and online job listings to graduation awards and white coat ceremonies. As always, the focus

is on current and future alumni. ❖ "We represent all of our alumni, whether you're a graduate of Baylor University College of Dentistry, Texas A&M College of Dentistry or any name in between," says Dr. Joe J. Simmons III '98, '99, association president. ❖ A priority is to encourage more alumni to become Active Members – alums who financially support the association – and to increase their involvement. The association also is partnering with the college's Continuing Education Office to provide targeted training for recent graduates and discounted CE for Active Members. ❖ To contribute online, go to bohfh.org and click on the "Donate Online" button. Choose an amount or type one in and select the Alumni Association as your designation. ❖ For more information, call 214.828.8214 or email dentalalumni@dentistry.tamhsc.edu. **Δ**

Career path brings alumna full circle

DR. LAVERN HOLYFIELD '77 didn't choose her path to dental education. Rather, it chose her.

"As much as I enjoy practicing, I realized early in my career that I wanted to teach," says Holyfield, who taught part time for several years in the mid-1980s, though she didn't join the faculty full time until the late 1990s.

She and classmate Dr. Jerry Lewis Mathis were the first African-American students accepted at the dental college 44 years ago.

"I understood the significance of this milestone," recalls Holyfield, now director of diversity and faculty development in the Office of Academic Affairs, in which she oversees faculty orientation seminars and the Faculty Mentoring and Career Development Program. She also is busy implementing IDEA – the Committee on Inclusion, Diversity, Equity and Access – at Texas A&M College of Dentistry and Texas A&M Health Science Center.

In Holyfield's early faculty days, her volunteer efforts on what was then the Welcoming Diversity Committee sparked this focus when she joined the ranks of colleagues such as Dr. Marvin Hirsh, a visionary she describes as "passionate about respect and fair treatment for all." The committee provided diversity workshops



Dr. Lavern Holyfield

for students, and as demand for this training grew, Holyfield even traveled to other dental schools to present the material.

With time, the American Dental Association's

Commission on Dental Accreditation also recognized the need for such cultural competence training, and Holyfield was primed to take the lead on such matters at the College of Dentistry.

IDEA seeks to extend the emphasis on inclusion beyond the students to the entire college community.

"It became my personal mission to help make the college a more accepting and inclusive environment," says Holyfield. "I truly enjoy being here, and it is my goal to help make sure that all faculty, staff, students and patients feel welcome and respected." Δ

ALUMNI CAPTURE TEACHING AWARDS

Texas A&M College of Dentistry alumni have captured students' esteem – and every Teacher of the Year award – for two years running. \blacklozenge Encouragement, constructive feedback, dedication, patience, respect, a passion for teaching and the habit of going "above and beyond" are all attributes cited for this recognition. \blacklozenge Honorees for 2018 are Keri Pearson '92, adjunct assistant professor in dental hygiene; Dr. Stephen McDonald '80, clinical assistant professor in restorative sciences; and Dr. Amp Miller III '73, '80, professor in restorative sciences. \blacklozenge In 2017 the awards went to Dr. George Cramer '75, clinical associate professor in restorative sciences; and Dr. Loulou Moore '93, '94, also clinical associate professor. \blacklozenge A common thread among recipients: their appreciation for students' enthusiasm and energy. "Teaching young people and working

with those who really desire to be the best they can be is what I like most about teaching," says Cramer.

\blacklozenge The Alumni Association presents the awards annually to recipients selected by the student body.

Teachers of the Year carry the college's mace and centennial baton during commencement and are presented with a monetary award and a crystal apple. Δ



2018: Dr. Amp Miller, Keri Pearson and Dr. Stephen McDonald



2017: Dr. George Cramer and Dr. Loulou Moore

Rees endowed chair to advance renowned center

THANKS TO THE generosity of individual and corporate donors, the \$1 million Dr. Terry Rees Endowed Chair in Stomatology will soon be advancing patient care, education and research in stomatology at Texas A&M College of Dentistry.

The chair honors Rees '68 (Perio), who was professor and director of the college's Stomatology Center from its founding in 1984 to his retirement in 2017. Established through grants from the Dallas-based Hoblitzelle Foundation, the center is still one of only a handful in the U.S.

Original grant-seeking visionaries included Dr. William Hurt, then professor and chair of periodontics; Dr. William Binnie, then professor and chair of pathology; and Dr. Alan



Dr. Terry Rees

Menter, a dermatologist affiliated with Baylor University Medical Center.

When fully funded, the endowed chair will bolster the center's clinical research and staffing, initially through the appointment of a new director to propel its work in investigating, diagnosing and treating rare and debilitating mouth problems.

"We deliver potentially life-saving diagnoses and procedures for patients and want to be sure that continues," says Rees, who has seen the center impact at least 8,500 patients from around the country and many parts of the world. "The Stomatology Center is a referral, training and research site for managing difficult oral medicine/periodontics cases and enhancing treatment outcomes through innovation."

When Rees retired, an opportunity to recognize his accomplishments and commitment to patients and students sparked new contributions that augmented the existing Terry Rees Fellowship in Stomatology/Periodontics to reach a \$500,000 funding level. This qualified it for matching funds from the Texas A&M University Office of the President. The fellowship had been established in 2012 through a gift from Dr. Bettye Whiteaker-Hurt '68, '70 (Perio) to the Baylor Oral Health Foundation to assist the center with enhancing stomatology expertise among dental professionals.

"In talking to periodontists around the country, I can't tell you how many of them are addressing stomatology concerns in their practices every day," Rees says. "I'd like to see us continue to extend opportunities for stomatology training to all of our undergraduate and graduate dental students."

Patient Everett Lee, whom Rees treated for 14 years for graft vs. host disease following a stem cell transplant to fight leukemia, is a grateful Stomatology Center beneficiary.

"I had been through so many specialists, and you took me under your wing and helped me navigate all the problems I had in taking care of my mouth," he said at Rees' retirement reception. "I am unquestionably grateful."

"Grateful" captures the emotion shared by those who know Rees and honor his determination to help ensure the Stomatology Center has the resources to continue as a hallmark of periodontics and oral medicine. Δ

Honoring the legacy: more than just a name

BETH DANIEL VOORHEES '80 (DH) can still remember the first time she saw her husband, Dr. Fred Voorhees '77, '82, then an oral and maxillofacial surgery graduate student. Or rather, the first time he saw her.

"I was having a procedure done by Dr. Byrd, the oral surgery department chair," says Voorhees, who at the time was in her first year of dental hygiene school. Ever resourceful, Fred found her name on her chart, asked a dental student friend for her number, called her up and asked if she wanted to go to a Halloween party.

"I remember calling my mom and telling her I was going out with this guy on a blind date, and that I was going to break the date," Voorhees says. "My mom said, 'No, you can't break it; your father and I met on a blind date.'"

A few days later, Voorhees found herself at the downtown bus station, intercepting the Pebbles and Bamm-Bamm costumes her mom had lovingly fashioned for the soon-to-be couple and thrown onto a bus from Hot Springs, Arkansas, bound for Dallas.

"It was the most fun party," Voorhees recalls. "We were nonstop after that."

The two married the next year, before they graduated.

It's just one of many poignant memories for Voorhees that transpired at what is now Texas A&M College of Dentistry. She was a teenager when her father, Dr. Robert Guinn Daniel '53, '70 — who had for years maintained a successful general dentistry practice in Hot Springs, Arkansas — fulfilled a lifelong dream of



Beth Daniel Voorhees (far right) with, from left: daughter Mary Voorhees Meehan; Sarah Rountree Schlessinger, Daniel's fiancé; Dr. Daniel Voorhees; and Dr. Fred Voorhees.

"Despite the name change, we feel that the college has had a tradition of producing really excellent clinical dentists, and we want that tradition to continue."

— Beth Voorhees

becoming an orthodontist by completing the graduate program at what was then known as Baylor University College of Dentistry. He wasn't the only one in his family to frequent the college during those years.

"I spent a lot of time walking the halls and clinic and got to know the instructors who were here," she recalls. "And so eight years later, I returned as a dental hygiene student. A lot of the instructors and staff I had gotten to know were still here. It was like going back home to me."

Same, too, for her brother, Dr. John Daniel '87. And now the Voorhees' son, Dr. Daniel Voorhees '18.

"I think for Daniel it was really important for him to go here because of the legacy," says Voorhees. "The first thing he did when he got to the school was find his dad's, uncle's and grandfather's composite photos.

"For Daniel to hear compliments on his grandfather and his dad, it was really meaningful for him to be a part of that. For our entire family, the legacy has been important."

As this year's graduation neared and construction on the college's new Clinic and Education Building progressed, the Voorhees and Beth's mother, Mary, contributed a \$25,000 gift to name an operatory in memory of Beth's father. A gift from her brother named a resident study area in their father's memory.

"My dad was always proud that dentistry stayed in our family. I just can't say enough about how much the school means to us. This has been a way to remember my dad and honor people who had a real influence on our lives while we were there, both as dental professionals and human beings," says Voorhees.

"Despite the name change, we feel that the college has had a tradition of producing really excellent clinical dentists, and we want that tradition to continue." Δ

To learn more about giving opportunities for the Clinic and Education Building, contact Melissa Ogden, director of development, at 214.828.8449 or mogden@txamfoundation.com.



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These gifts represent tangible and lasting means of assuring that the college's quest for excellence continues.

This gift report includes donations to Texas A&M Foundation, Texas A&M College of Dentistry, Baylor Oral Health Foundation and the Alumni Association, reported by calendar year.

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Every effort has been made to make each list complete and accurate, but inevitably some errors or omissions may have occurred. We would appreciate receiving corrections, comments or questions.

Please direct concerns to the Office of Advancement, Communications & Alumni Relations at 214.828.8214. You also may contact this office for information on ways to continue your support of the college and its mission.

We heartily thank our alumni, faculty, staff, students, friends and members of the corporate and foundation communities for their generosity and commitment to the college.

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The mission of the Texas A&M Foundation is to unite generosity and vision to raise and manage major philanthropic gifts that support the future of Texas A&M University.

Gifts made to TAMF in support of the College of Dentistry support the construction and equipping of the new Clinic and Education Building; endowed scholarships, professorships and chairs; and clinical and biomedical research.

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The mission of the Baylor Oral Health Foundation is to provide the College of Dentistry with funds and support to sustain its institutional pre-eminence through excellence in students, faculty, research and outreach.

BOHF does this by managing and raising private dollars for world-class faculty, leading-edge research, academic programs and scholarships.

Private support helps the college go beyond the limits of state and federal funding to provide innovative and high quality programs for thousands of students and patients touched by the college.

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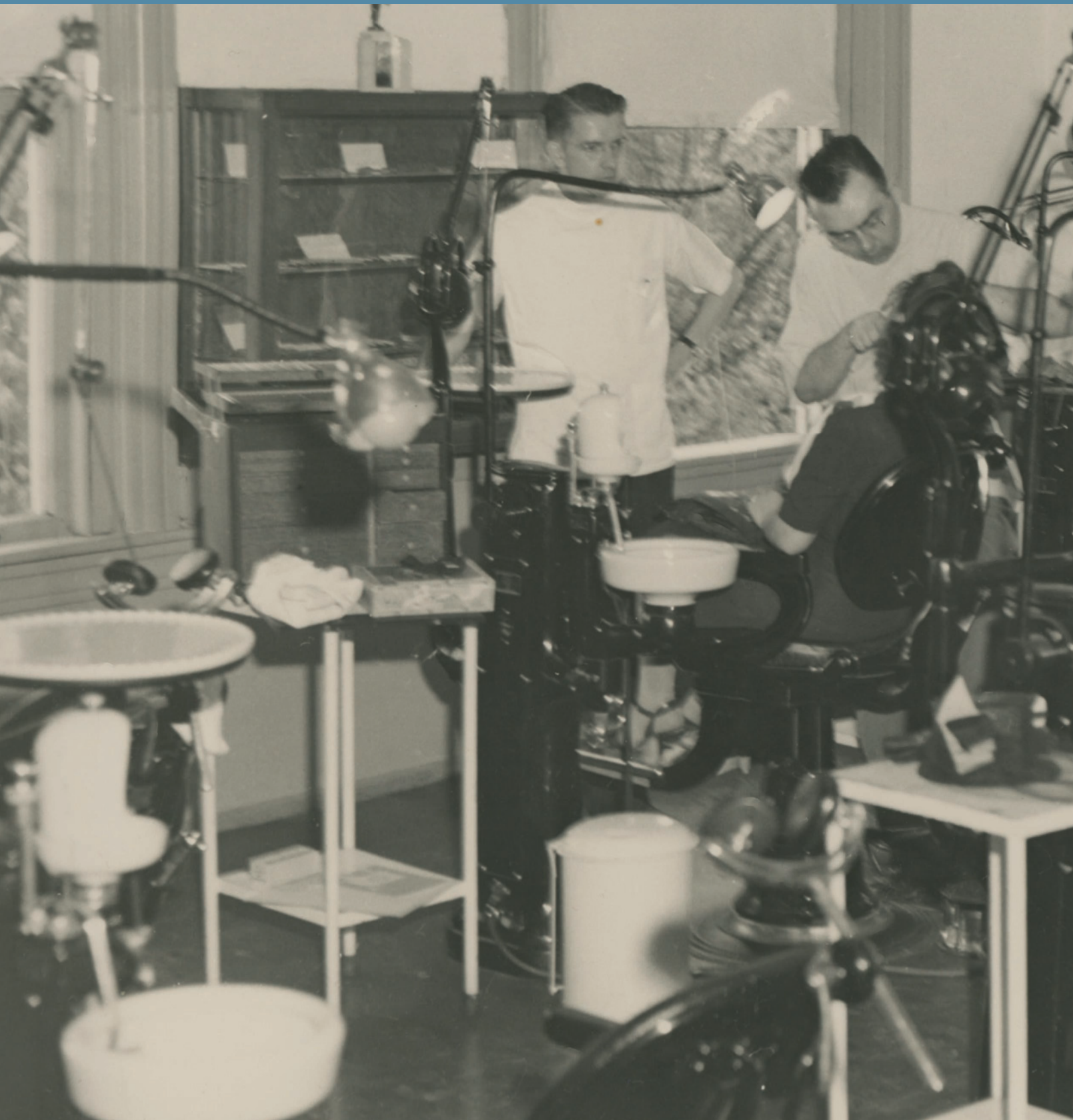
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This "Impressions" page captures a moment in time in the rich history of our Dallas dental school. The people of Texas A&M College of Dentistry have called the school by various names: State Dental College from 1905 to 1918, Baylor University College of Dentistry from 1918 to 1971 and Baylor College of Dentistry from 1971 to 1996, when the name became longer to reflect the affiliation with the Texas A&M University System and, later, its health science center. In 2013, a new name reflected an alliance with Texas A&M University. Through the ebb and flow of history, the dental school has been nurtured by people who reaped its benefits and perpetuated its legacy. Enjoy this glimpse into the mirror of time.

Construction rewind: the path to new clinics 70 years ago

Excerpts from “Baylor College of Dentistry: the First 100 Years,” “Baylor Dental Journal March 1951” and recent interviews with Dr. Bob Dewberry, Class of 1947

DR. BOB DEWBERRY '47 remembers a disconcerting detail about the clinic building at 1420 Hall St. where he learned dental procedures as a student.

“The floor was so unstable that when someone walked by, both the patient and the student were shaken,” he says. “That made it tough to condense a gold foil, which was very tedious work under those circumstances. Gold foil was an excellent material but very slow and labor intensive.”

The crowded quarters also are etched in Dewberry's memory: “The student nearby would often ask, ‘May I borrow your excavator?’ or some other instrument. More often than not it was forgotten and never returned. The result was a bit chaotic.”

Shortly after Dewberry graduated, construction began on a four-story 45,000-square-foot building a few blocks away at 800 Hall St. The new clinical facility included the departments of oral surgery, operative dentistry, crown and bridge, children's dentistry, prosthetic dentistry and periodontia. It featured another first for the college's clinics: air conditioning.

The completion of this building in 1950 was a major achievement for Dr. George L. Powers, dean. For more than 20 years, the college had discussed constructing a new clinic but with no results.

“Dean Powers brought the plan to fruition against almost insurmountable difficulties,” wrote Dr. C. Kenneth Collings, former chair of the Department of Periodontics and founder of the periodontics graduate program, in a memorial to Powers after his death in September 1972. “There were very few people who thought he would succeed. This accomplishment marked the turning point in the fortunes of the dental school.”

Even Dallas County Dental Society members seemed initially doubtful of the project, Powers told his successor, Dean Harry B. McCarthy, in a 1968 letter. Upon completion of the building, the dental school sponsored an open house for local dentists. During the open house, Powers asked how many DCDS members thought the school would ever get a new building. “Only one hand went up,” Powers wrote.

In 1951, the board of trustees of Baylor University initiated another building campaign, this time for funds to construct a basic science wing adjacent to 800 Hall St. Robert B. Monson, comptroller of the Sears Roebuck & Company Southwestern Territory, was named general chairman of a committee that oversaw fundraising from the public.

The campaign, the first significant public fund drive in the dental school's history, raised nearly \$600,000 to build a 22,000-square-foot facility. The new basic science wing opened in fall 1954. △



Dean George Powers (in suit) with patients and students in the dental clinic at 1420 Hall St., circa mid-1940s

There's a new building on the block ... See page 16.



