

# U<sub>OF</sub>T DENTISTRY

OUR ALUMNI OF  
INFLUENCE

ANALYZING PATIENT  
COMPLAINTS

OMFR GRAD  
BECOMES PROF



## THE MAVERICKS

Meet six change agents  
impacting dentistry ► **PAGE 8**

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## MESSAGE FROM THE DEAN

## THE INFLUENCE OF OUR ALUMNI

As we go to press, world events are rapidly developing. We planned and created this issue before COVID-19 began having its impact. We are all making significant adjustments to our usual activities as we do our part to break the chain of transmission. I am proud of how our profession is responding.

Staying calm and caring at all times has always been the approach of dentistry. So I'm proud to bring you this issue, in which we profile six outstanding dentists that have made their mark. We also bring you the three recipients of the inaugural Faculty of Dentistry Alumni of Influence Awards.

In as many ways as we can, we want to recognize the immense contributions of our alumni, and the ways that our actions, collectively and as individuals, are making a difference to our patients, our profession and our society.

Our featured alumni include the inspiring **Hazel Stewart** 7T4, 7T8 Dip DPH, who passionately led Toronto's Dental Public Health unit, and worked for access to care in Canada's largest city, for decades. We also bring you the stories of **Rob Matsui** 1T3, 2To MSc Anaes and **Derek Lewis** 9T7, who are widening access to care in Indigenous communities,

and doing so with their own, compassionate approaches.

Chairside, alumnus **Fred Murrell** 8T8 offers mentorship to his young orthodontic patients and **Bobby Chagger** 9T6 implements technology to improve his patients' experiences. **Effrat Habsha** 9T5, 9T8 Dip Prostho, oTo MSc encourages a new generation of dental professionals through her education and support program Women in Dentistry.

For the inaugural winners of the Alumni of Influence award, read about **Anne Dale** 5T8, who has influenced generations of dentists through her generous teaching and helps preserve the history of our profession for many more. **Susan Sutherland** 8T4 is helping develop national initiatives to curb antibiotic resistance and opioid overprescribing. And **Shiva Shadmand** 9T9 PhD, oT3 MSc Orth has joined a group of fellow alumni in giving care to women who have suffered violence.

These examples are just the tip of the iceberg, however. Our over 8,000 current alumni effect positive influence each day. I hope you are as proud and inspired by these stories as I am. I applaud each of our alumni mentioned in this issue, as well as the many more who go unsung for their remarkable work, especially in trying times. Stay safe, everyone. ■

DEAN DANIEL HAAS 7T9, 8T8 PHD

“Our over 8,000  
current alumni  
effect positive  
influence each day



# UP FRONT



Photo: iStock

## WHY DENTAL PATIENTS COMPLAIN

A study conducted by the Faculty in partnership with the Royal College of Dental Surgeons of Ontario has analyzed 11 years of data from patient complaints. “This is a unique study of its kind internationally,” says lead researcher Carlos Quiñonez, PhD, associate professor at the Faculty.

Quiñonez and his research team examined 2,199 letters drawn from 4,627 complaints made to the RCDSO in what may be the largest longitudinal study of patient complaints.

The team coded keywords and expressions such as “examination” and “pain” in the letters to assess

the reasons behind the concerns. “No one has taken this volume of complaints to a regulator and quantified them,” adds Quiñonez, who is also the graduate specialty program director in dental public health.

56%

COMPLAIN ABOUT  
INTERPERSONAL  
RELATIONSHIPS  
AND CONDUCT

The data revealed that 59 per cent of complaints related to clinical care and treatment, 56 per cent involved interpersonal relationships and conduct, and 42 per cent related to management and access to care. (As there were often more than one issue in a single complaint, the numbers do not add up to 100 per cent).

The researchers concluded that the results highlight the importance of communication and interpersonal skills in dentistry.

## INFECTION-RESISTANT ROOT CANALS



Photo: Jeff Comber

University of Toronto Dentistry professor Anil Kishen has developed a new system that could prevent failures in root canals. “Current treatment aims to eliminate bacteria. But it doesn’t influence the body to heal,” says Kishen. “We think there can be a more predictable mode of healing.”

This approach includes using a bioactive nanosystem that is packed into the apical portion of the root. The core is synthesized with a naturally-derived chitosan and the shell from calcium alginate base. The system

“Current treatment aims to eliminate bacteria. But it doesn’t influence the body to heal

includes molecules that promote stem cells and tissue growth. Carefully timed release of these molecules attract the body’s host immune cells, which will trigger the repair and regrowth of tissue. The body heals itself, and the risk of infection stays low.

A description of this new system was published in 2019 in *Nanomedicine: Nanotechnology, Biology and Medicine*.



Addis Ababa surgical residents

## TRAINING SURGEONS IN ETHIOPIA

A joint venture saw assistant professors Marco Caminiti, DTM Dip OMFS and Karl Cuddy and graduate resident Michael Laschuk, DTM travel to Ethiopia last fall to train that nation’s first round of residents in oral and maxillofacial surgery.

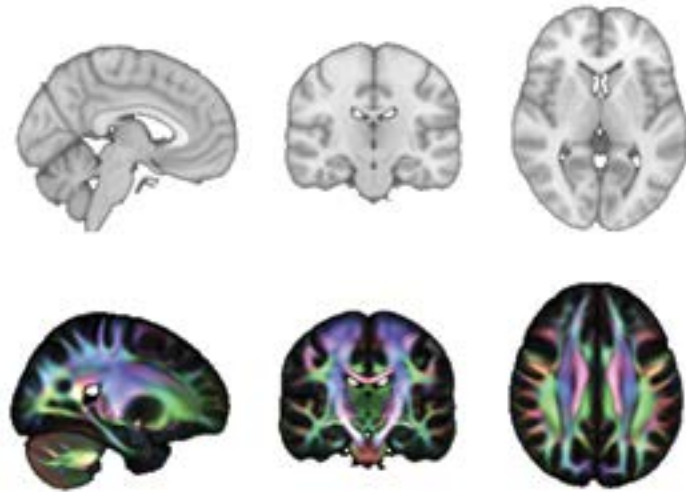
The endeavour was part of the Toronto Addis Ababa Academic Collaboration, a University of Toronto partnership aiding Addis Ababa University in the development of critical, self-sustaining educational infrastructure, along with key partner Face the Future Foundation, a surgical non-profit.

Photo: Marco Caminiti

## CONTACT INFO UPDATE

Keep in touch by making sure we have your current email. Update via email: [alumni@dentistry.utoronto.ca](mailto:alumni@dentistry.utoronto.ca) or online at [utoronto.ca/alumni](http://utoronto.ca/alumni)

# SEEKING A CHRONIC PAIN SIGNATURE



MRI imaging may reveal signatures of chronic pain

Photo: Massieh Moayedi

An international collaboration that includes researchers from the University of Toronto, including the Faculty of Dentistry, is looking for biological markers for chronic pain in adolescents and seeking ways to help those with difficult-to-treat pain. The National Institutes of Health awarded US\$9 million for the five-year, two-phase study. Phase one will look at wide-ranging data from 250 adolescents, including brain imaging, sensory testing, immunology and psychology.

“If we capture enough measures across different domains, we can use unbiased machine learning and [big data] algorithms to explore which of these measures can predict which patients will respond to treatment or not

“If we capture enough measures across different domains, we can use unbiased machine learning and [big data] algorithms to explore which of these measures can predict which patients will respond to treatment or not,” explains Massieh Moayedi, assistant professor at the Faculty, who contributes expertise in pain and brain imaging to the project.

Once researchers pinpoint a chronic pain signature, the second phase will validate the findings. Other collaborators include the Hospital for Sick Children, Stanford University and the Cincinnati Children’s Hospital.

# CIHR GRANT FOR NEW FILLINGS



Photo: iStock

Yoav Finer, MSc Prosthodontics professor and George Zarb/Nobel Biocare Chair in Prosthodontics, and a team of researchers have landed nearly \$1 million from the Canadian Institutes of Health Research to discover better material for caries fillings.

The five-year grant will support Finer and Dentistry professors Paul Santerre (cross appointed to the Institute of Biomaterials & Biomedical Engineering, Baxter Chair of Health Technology and Commercialization at the Ted Rogers Centre for Heart Research) and Dennis Cvitkovitch, as well as associate professor Ben Hatton from the Faculty of Applied Science and Engineering.

The team will test new polymer materials in a range of conditions.

## BOARD LEADERSHIP

Get involved with the dentistry alumni board. See the new application form on the website to see how you may be able to participate!

[utoronto.ca/alumni](http://utoronto.ca/alumni)

# A STARTUP SELLS

A German chemical company has purchased technology from dentistry professor Paul Santerre’s company Interface Biologics Inc. Part of the company’s technology, Endexo, which is a surface modifying molecule, is now owned by Evonik Industries, which will maintain a presence in Toronto.

“This is a professor’s dream,” says Santerre, who is cross appointed to the Institute of Biomaterials and Biomedical Engineering. “It’s the best outcome for our startup: investment, sales and drawing a major company here to do product development.”

“It’s the best outcome for our startup: investment, sales and drawing a major company here to do product development

Santerre’s technology is used to formulate the surfaces of medical devices. While traditional medical devices such as artificial hips and catheters can become a habitat for infections, this technology makes it more difficult for bacteria or blood cells to stick to their surfaces.

# FACULTY INVENTION IMPROVES DIALYSIS

The U.S. Food and Drug Administration has awarded breakthrough device designation to a new hemodialysis system by Fresenius Medical Care North America.

The system features Endexo, which was invented by professor Paul Santerre. The designation will allow the technology to move through the FDA’s rigorous approvals process more quickly.

Incorporated into blood lines and catheters, the polymer will help avoid blood clots during kidney dialysis without the use of drugs. Currently, patients who undergo dialysis are often prescribed anticoagulants, which have significant side effects.

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# *THE* MAVERICKS



In their own words, six standout alumni share how they forged unique paths in dentistry

ILLUSTRATION BY CORNELIA LI

**D**entistry needs change agents. Six alumni who have helped nudge along some of the profession's most progressive developments share their stories. How they came to practice, their powerful philosophies of care and how they work to make the art and science of dentistry better.



# HAZEL STEWART

During her 44 years in dental public health, including nearly three decades as director of dental public health for the City of Toronto, Hazel Stewart 7T4, 7T8 Dip DPH was a tireless advocate for better care for all. She continues to pursue her mission in retirement.

AS TOLD TO DIANE PETERS



“I wanted to have more influence on the system, not just treat one patient at a time

I first came to Canada in 1968 and went to McGill for my bachelor of science. This was during the Sir George Williams affair at what is now Concordia, where people of colour were speaking up about unfair treatment at school. There were sit-ins and conferences about race.

I didn't speak French so I didn't fully understand everything that was going on, but I do recall being spat at. I was just walking down the street. If you were non-white in Quebec at that time, you were really seen as undesirable.

When I told my mother about it, she said: Just remember you are there for an education, you'd better focus. That advice stayed with me and helped me understand how to not just complain if something was wrong, but find a way to do

something about it. I always had energy for this work; as long as I was working on something that was right, I never tired.

In Toronto doing my DDS, it was a lot easier. There were three of us of colour in the class. And there were more Jamaicans in Toronto. I'm not saying it was perfect, but it was less overt than it had been in Quebec.

After I graduated, I went back to Jamaica. There, you can do both private practice and public health. Everyone puts in time in clinics where people who cannot afford to pay can line up, mainly for extractions, plus we supervised a children's program where care was offered by dental nurses. None of these clinics were well equipped, and there was no preventive dentistry. It struck me as a really crazy way to be doing care.

I wanted to have more influence on the system, not just treat one patient at a time. I went back to Canada and did my

diploma in public health. The political situation in Jamaica was unstable in 1978, and Saskatchewan was recruiting dentists for a new dental program for children, so I went and stayed there for nine years.

The work was meaningful and I loved working in rural areas. Saskatchewan is not very diverse; the only thing people knew about black people was what they saw on TV, on *The Jeffersons*. People thought I was fascinating, and they'd come up and want to touch my hair. But I formed some really good relationships there.

I then came back to Toronto and joined public health. I became director in 1990 and director of the amalgamated city's program in 1998.

In the old city, we had many unique programs, including a clinic for seniors. On the first day of amalgamation, our

phone rang off the hook with people wanting access to that program. We advocated for better harmonization across the city. We had to use a lot of creative financing to make it work.

Another victory was dealing with children. Ontario had a program called Children in Need of Dental Treatment that offered emergency care, but we knew we could do better. We helped advocate for the Healthy Smiles Ontario program.

I retired in 2018 and I'm still trying to figure out what advocacy looks like as a private citizen. I am enjoying my freedom. When I was in public health, I had to be politically correct, but now I can openly say that the mouth needs to be put back in the body. That our current system makes no sense and we need a fiscally responsible way to pay for dental health — which we're already paying for — and make it accessible for everyone. ■

Photo: Jeff Comber



# DEREK LEWIS

One of the first Indigenous graduates of the Faculty, Derek Lewis 9T7 started his career in his home community of Wiikwemkoong Unceded Territory on Manitoulin Island. He's now based in Sudbury and continues to offer care to Indigenous patients and speak out about access to care in the community.

AS TOLD TO DIANE PETERS

“ I try very hard  
to treat all  
my patients like  
they are family

When I graduated from dental school in 1997, I moved back home to live with my parents and work in my community. There was no dentist there, just one who came in once a week. And there were only five dentists in total on the entire island.

At first, people were a little skeptical of me. They figured I was just coming home to use them as guinea pigs, to learn dentistry and then move to the city. So I had to build up their trust gradually. I bought a house and just kept offering care.

A lot of people in the community view dentistry as emergency dentistry. You go in when you're in pain, you get a tooth pulled. There's no tradition of preventive dentistry. So many people, as they age, don't have their teeth, and that's just accepted. I wanted to change that. And I knew I could build a market.

At one point, the town of Manitowaning asked if I could provide dental care to that community, working out of their health centre. But I could only offer them two days.

I soon realized they thought I only treated Indigenous patients in my practice. I told them that wasn't the case, I was open to everyone. So at that point I really opened up my practice and started to see people from different communities.

By 2010, a lot had changed for me. I was married and had two young kids and my wife wanted to move off the island. I didn't understand at first: I grew up there and I loved it. But she's

not native and she's from Calgary, so she found it too isolating. And she wanted to give the kids more opportunities. So we moved to Sudbury and I split my time between my Wiikwemkoong practice and Sudbury, where I was working with a partner.

After about four years, it got too be too much. I found a dentist in Toronto who didn't want to live in the city anymore. He moved into the community and he loves it.

My business partner and I parted ways so I built a new building for my practice in Sudbury. I rent out some of the units and my practice has space for a surgical suite and I'm getting the paperwork in place to offer anaesthesia. It's difficult to get hospital time around here and there are a lot of kids, especially from the native community, who need general anaesthesia to get the treatment they need. I'm also looking for an associate to build out the practice and so I take time off but also help out on the island when needed.

While I'm in the city now, I still see a lot of native patients. They have trouble getting care. Dentists get paid less to treat these patients, and they can get investigated by Indigenous and Northern Affairs Canada. I've been investigated many times, because I'm a high volume practitioner, and they go through all my records, looking for fraud. There's a real disincentive to working with native patients.

I try very hard to treat all my patients like they are family. I talk to my patients and I talk to my staff too. When you get to know what's going on in people's lives, what's going on with their mom, their health, they start opening up. They keep coming back because you care. And you have a chance to really make a difference in their lives. ■



# FRED MURRELL

Formerly one of the top five basketball players in the country, Fred Murrell 8T8 is a successful orthodontist with a fleet of practices. His remarkable work ethic extends to care and compassion in and around his community as he takes time to mentor his young patients.

AS TOLD TO ERIN VOLLUCK



Once upon a time, I was an athlete. I figured I could play varsity basketball at the same time as getting a world-class education. I went to Edmonton because they had a dental school and a good basketball program. After my BSc, I fortunately got into UofT. It was the best school around, plus it gave me a chance to come home, and they had a really good basketball team. I was All-Canadian at both schools, and in my last year at UofT I led the country in scoring. If you're All-Canadian, you're one of the five best players in the country.

During my first week at UofT, I got called to the office by Anne Dale and Norm Levine. Dr. Levine was a very imposing figure and Dr. Dale, likewise, was very imposing in her way. They said something to the effect of: I understand you're a hot-shot basketball player, but your grades are not to slip one bit. I was so grateful to have them looking out for me and

making sure I stayed the course — it was a real stroke of luck, and a gift to me. My philosophy has always been to work harder than everybody else. A lot of people work hard, but you need to have some luck and you need to have people who take an interest in your life, too. I've been lucky in that way.

I was president of a number of different dental organizations early in my career. I served as president of the Halton-Peel Dental Association and the Ontario Association of Orthodontists. I once chaired the Canadian Association of Orthodontists' annual meeting. Organized dentistry allows you to participate in the profession at large and give something back. I feel that since I have participated and contributed, I'm entitled to have a voice when the time comes.

My practice is not just a place where you come in and have your face and teeth adjusted, then you're out the door. I come from a big, very close-knit family, and because I was athletic when I was younger, I try to mentor the kids. I offer to help. I speak to them about school and I speak to them about sports. We used to run a basketball clinic many years ago. That was

Photo: Katia Taylor

always a lot of fun, and kids were engaged. We're fortunate to be in a profession where we can impart guidance, because you can see an orthodontic patient for a year to three or four years, and it doesn't end there.

As a practice, we do a lot philanthropically. Plus, my family is involved with some of the hospitals and the YMCA, and we're trying to expand that. But I know I could do more personally. I think we, collectively, should be more active and philanthropic.

There's so much that needs to be done in the profession and I'm not sure there's the will to do it. I look around the city and my practice, and one of my pet peeves is the challenges of the working poor. Most of the parents who come into my office have to work every day to provide the basics for their kids. They have to completely stretch themselves to provide the gift of treatment. They do it because they know it's going to give their child the chance for a better life. These are structural problems. We need to work together to help as much as we can and try to bridge the gap so everyone can access care. ■

“ My philosophy has always been to work harder than everybody else



# ROB MATSUI

Rob Matsui 1T3, 2T0 MSc Anaes knew he wanted to work in Indigenous communities even before his DDS. Practising in the north since 2013, he returned to UofT for a graduate degree in dental anaesthesia, which he'll finish by the fall. Matsui intends to return north, with a mission to improve access to care and oral health.

AS TOLD TO ERIN VOLLUCK

I've tried to figure out why I'm partial to practicing up north. In these communities, there is chronic infection and there is pain. But we're fortunate as healthcare providers: if a patient comes in with pain, you can take them out of pain. This is why I got into dentistry: to make that kind of difference.

Part of the reason I'm inspired by this work may be my family. My grandmother is Japanese Canadian but she was born in Canada, and my grandfather was from Hiroshima. During the war, they were living in Vancouver and they owned some businesses there. They weren't placed in internment camps, but they lost all their properties and were forced to go inland to Saskatchewan. They had to learn to farm and not be around any other Japanese families — an assimilation by force.

In the north, you're dealing some with some very complex socioeconomic issues. What you see today has been deeply impacted by the history of what's happened to this people. It'd be beneficial for a lot of Canadians to visit these communities, to just see what the first people in our country are experiencing. It's definitely eye-opening and very humbling.

Being of mixed background has been helpful for me because I've been exposed to a lot of different cultures, and I can work my way into different communities. You just go back to the cardinal rule: treat people with respect. You're honest, and you establish rapport with people.

These northern communities are so used to people coming and going. I'm very conscious of that. It can't just be about the dentistry. You need to go to community events. You lace

up your skates and you play a little shinny with them. I'm a big advocate for going to a community and just throwing a ball around. Through sports, through academia, you can create opportunities for yourself and you never know where they will take you. You can combine these different things and motivate kids and point them in the right direction.

When I was in dental school, I conditioned myself to be prepared to go up north. I was contracted by the Athabasca Health Authority, which is responsible for five communities in Saskatchewan. I was placed in Fond du Lac, which is on the northern border of Lake Athabasca, 60 to 80 kilometers south of the Northwest Territory border. I worked there for two and a half years. My work there inspired me to go into anaesthesia.

Having access to anaesthesia is one of the biggest dental issues affecting the younger population up there. Prior to going into the anaesthesia program, I worked in the OR at the Sioux Lookout Meno Ya Win Health Centre, where we did day surgeries on First Nations patients. Sioux Lookout is the hub of the north, with about 30,000 people living in remote areas flying down there to get treatment.

After I graduate, I want to go back up north. I think that's the only way I'll be happy, to be honest. When I got into the dental anaesthesia program, I told the supervisors this was why I wanted to do this program. I maintained my hospital privileges in Sioux Lookout, and whenever I have a break in my school schedule, I go up north. The program supervisors have been fantastic in supporting that. I also just joined the board for the indigenous oral health committee for the Ontario Dental Association, that looks at improving access and cultural sensitivity in healthcare providers. The goal is continuation of care. ■

“ It can't just be about the dentistry. You need to go to community events

Photo: Katia Taylor



# EFFRAT HABSHA

A consummate multitasker, Effie Habsha 9T5, 9T8 Dip Prosthodontics, OTD MSc divides her time between patients at Prosthodontic Associates and Mount Sinai Hospital and work at UofT, George Brown and University of Rochester. She speaks on prosthodontics and hosts events through her organization, Women In Dentistry. Work. Life. Balance.

AS TOLD TO DIANE PETERS



**E**verything I do, I lead with my heart. It's never the money or the acclaim. If I see something and it interests me, I go for it. I got into dentistry because I liked the art and the science, and I sensed it would be a good fit for me. I've kept pursuing new avenues in the profession because I'm never satisfied, and I like new challenges. Most dentists graduate and then build their practices and build up their successes, but things for me have not been that linear.

It was my instincts that connected me to my first mentor, George Zarb. He did a lecture for one of my classes in first year and I was amazed by him: he was smart but also approachable. I was looking for a summer position around that time. So after his lecture, I went up to Dr. Zarb and told him how impressed I was and asked if he had any opportunities for summer students. He told me to make an appointment to see him.

I did and he hired me for the summer, digitizing x-rays of dental implants. I got to observe surgeries by different clinicians too. I learned so much about prosthodontics through him and I knew I wanted to pursue the specialty. But I learned other things too, like when I saw one particular surgeon who was kind to everyone — he treated a first-year student the same as a professor and the same as the person sweeping the floor. That really influenced me.

After I graduated, I did a one-year residency at Mount Sinai and then my specialty in prosthodontics. One of my instructors and mentors, Izchak Barzilay 8T3, suggested I come work with him. I had other offers to be an associate with guaranteed patients in established practices. He was offering something different, and I'd have to build up my own practice. But I liked his style. We clicked, so I said yes.

When I started at Prosthodontics Associates, I think I was one of the few trained female prosthodontists in the city. I worked a few days there and at Mount Sinai too, and I pursued

my master's, and I got to spend time with my kids too, who were little at the time. I built things up slowly.

It was in 2010, when my youngest was about two, that I felt like I had the time to really explore some ideas. I launched Women in Dentistry, and now it's been 10 years. I've always kept trying to make it bigger and better, and it's been fascinating and challenging.

I know if I'd done things differently, I'd be at a very different place in my career right now, but this is the way I do things. I'm still trying new things and doing fellowships. I've been lucky to be a specialist, because you get to spend time with patients and get to know them. But with a specialty, you have to stay up to date with the medical literature and the technology. That's fine, that's been exciting for me.

The other day, my son asked me: Why are you still learning? I told him because I enjoy it. I love to keep learning and challenging myself. I'm going to be that 80 year old who goes to university lectures for fun. ■

“ I've kept pursuing new avenues in the profession because I'm never satisfied, and I like new challenges



# BOBBY CHAGGER

Principal dentist and owner of Chagger Dental, Bobby Chagger 9T6 has built something of a mini empire. This innovation-loving dentist recently joined the dean's advisory board at the Faculty and plans to share what he knows about tech and compassionate care.

AS TOLD TO DIANE PETERS

“Many people are stymied by the business side, but I love it

Dentistry for me is all about dealing with patients. If I could see just one patient for the entire morning, I'd be happy. I've made it my mission to spend as much time with patients as possible. I do that by using technology: it helps us make the most accurate diagnosis possible, lowers errors and saves time. When we do digital impressions and make crowns chairside, the patient doesn't have to come back a second time, so they save on their own hidden costs. And in the long term, we have fewer failures.

I studied biochemistry at the University of Waterloo and knew I wanted to work in healthcare. I'd had great experiences with dentists in my life. So I started looking at dentistry because it was a profession where you could build up a relationship with patients. You get to talk to them, and I love to talk.

After I finished at UofT, I joined a group practice in Mississauga. I could rely on the team and I learned so much. The principal dentist was interested in the business side of practice and taught me about it. In 1999, I bought in as a partner.

Early on, I also considered going into business, so it was another reason I went into dentistry, as it's got the best of both worlds. Many people in dentistry are stymied by the business side, but I love it. Buying in was ideal, as I had a partner who was experienced, so I could observe and learn.

I was always interested in technology. After I became a partner, I bought our first Cerec machine, and it's kept going from there. I loved doing digital impressions and making crowns chairside. I started working with manufacturers,

helping the design software on new systems.

We opened a new practice and, from the ground up, we had a focus on technology, the patients and our team. When we started with these ideas at the core, the practices flourished. New associates loved it: they had top technology to work with and could focus on their patients.

Now, we had a model that we could scale up, and open more locations, and we now have several across Ontario. I own some of these on my own and some with partners. We created a centralized back office: one place where we do all the payroll and accounting and things like that. So the doctors don't have to focus on administration.

I see patients at our Oakville location and I visit our other offices as often as I can and focus on strategic planning too. In the future, I want to make everything consistent. No matter which of the offices of Chagger Dental a patient visits, they know what to expect, and their electronic records are available wherever they go.

Recently, I was honoured to become a part of the dean's advisory board at the Faculty. The school is undergoing a transformation and modernization and I'm really excited to be part of that. I'd like to see the school embrace more digital technology and students graduate with a deeper understanding of the business of dentistry.

I think students can learn in dental school how to work together. In practice too, we should not focus on competing with each other. When we join up in communities, we can get the word out about dentistry and excellence and raise the dental IQ. The patients get better care, we fill in each other's gaps and we all stay in business — but only if we learn to work together. ■



# FROM GRADUATE *to* PROFESSOR

**L**ast September, Trevor Thang rT6, rT9 MSc OMFR wrapped up his specialty degree and started at Western University's Schulich School of Medicine and Dentistry as an assistant professor. "I chose academia because of my inherent curiosity to learn new things," says Thang. "Being at a university will allow me to do that, while also allowing me to develop new knowledge through research."

Thang brings to the school a highly specialized skillset. The master's degree in oral and maxillofacial radiology at UofT Dentistry is the only one of its kind in Canada, accepting just two students a year. "I think the radiology program at UofT is unmatched by any other program in North America," says Thang. "It creates a culture where you can learn as much as you want, grow as much as you want."

Thang's research was key in him landing this coveted academic position. During his three-year master's — the program includes clinical training and an advanced research component — he investigated how long digital dental x-rays can and should be used. Over time, the image quality of these sensors degrades, potentially leading to poorer quality images. Thang's research, soon to be published in a dental journal, will be leveraged by regulatory bodies as they develop and publish guidelines on this emerging technology.

At Western, Thang teaches undergraduates the fundamentals

of oral and maxillofacial radiology. He's the school's onsite radiologist and radiation safety officer — and he's already putting his advanced degree to work as he develops policy decisions for Schulich.

He'll also continue in private practice to keep his clinical skills honed. "You're only as good as the amount of images you see," Thang says.

“ I chose academia  
because of my inherent  
curiosity to learn  
new things

Ernest Lam, graduate specialty program director in OMFR and associate dean, graduate education at the Faculty, lauds Thang's work in the master's program. "As a mentor, you hope your students have learned the necessary skills to become competent clinical specialists. But more than this, we hope they develop a sense of responsibility for advocating and leading the specialty into the future. I think that Trevor was able to do all these things and more during his time with us." ■

Photo: Jeff Comber



Trevor Thang

## CONGRATULATIONS TO OUR FALL 1T9 GRADS

Ahmed Mohammed Alamri, PhD  
Hanan Yousif Aldryhim, MSc  
Abdullah Ahmed Alshamrani, MSc  
Elahe Behrooz, MSc Prosthodontics  
Rebecca Chan, MSc Endodontics

Jeremy Goldberg, MSc Paediatric Dentistry  
Suzette Haoshuang Guo, MSc Perio  
David Harris, MSc Endodontics  
Tina Veronica Imbriglio, MSc Orthodontics  
Palwasha Khan, MSc

Niloufar Khosravi, PhD  
Gaurav Krishnamoorthy, MSc OMFR  
Subhashraj Krishnaraaj, MSc DPH  
Catherine Laliberte, MSc Oral Pathology  
Tiantong Lou, MSc Orthodontics

Dianna Malkin, MSc Perio  
Syed Muhammad Misbahuddin, MSc DPH  
Bobby Nadeau, MSc Endodontics  
Debra Pawluk, MSc DPH  
Jordan Prince Anaesthetics, MSc

Azadeh Rastikerdar, MSc Prosthodontics  
Shaya Sadeghi, MSc Prosthodontics  
Jocelyne Shim, MSc Orthodontics  
Jacob Swiderski, MSc Perio  
Trevor Seow-Tjong Thang, MSc OMFR

Rachel Melissa Tobis, MSc Anaesthesia  
Yona Rachel Vandersluis, MSc Orthodontics  
Laura Vertullo, MSc Paediatric Dentistry

*Every effort was made to ensure the accuracy of this list as of press time.*



# Celebrating INFLUENCERS



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**T**he Faculty of Dentistry has launched a new Alumni of Influence award program to celebrate the numerous and diverse ways that our alumni impact their patients, communities, and society as a whole. This spring, we proudly announce our first recipients of this award. Help us celebrate these three leaders who are shaping generations of future dentists while curating the history of dentistry, impacting public health policy on a national scale, and caring for vulnerable populations.

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## ANNE DALE 5T8

“I would like to be a thread that runs from James Branston Wilmot to now,” says Anne Dale, referring to the founder of what would become the University of Toronto’s Faculty of Dentistry. “To be there for the students. Give them a little hand. I did a lot of that and it was fun.”

Her thread with the university began seventy years ago. She started as a BA student in 1950. Post-degree, forestry wouldn’t let her in — women weren’t admitted — but she tagged along to husband Jack’s 5T8 interview for the DDS program. After Jack, Major Colin Rous, then-secretary of the DDS program, addressed Anne. “Your turn,” he said.

“In five minutes, my life changed,” says Dale, who graduated second in the class, just after her husband. They both took specialty training at Harvard’s Forsythe Institute. Anne focused on bacteriology and oral medicine. Then, with two small children, she started teaching histology and oral anatomy at the Faculty.

“Dentistry is a big family,” says Dale. And she has long served as something of a den mother, albeit one with a masterful grip on the program’s toughest science content. Decades of alumni have stories: she tutored George Christodoulou 8T5 after a serious injury. She influenced the women-heavy class of 8To, plus attended their hockey games. Many consider her a formative role model.

Dale acknowledges that she was “a woman in a man’s environment.” But she was just doing her best. “Dentistry is

a brotherhood. I am a brother. I was a dentist first. I’m still a dentist first,” says Dale.

If teaching is Dale’s second calling, museum curation is a close third. Jack began curating the Dentistry museum in 1964 while Anne helped, and eventually took over. Dale retired from teaching in 2002, but still treks to the Faculty to support 145 years of dental history through the museum’s artifacts.

“**Dentistry is a brotherhood. I am a brother. I was a dentist first. I’m still a dentist first**

She’s built the largest dental museum collection in Canada, and quite possibly North America, a feat that won Dale the Hayden-Harris Award from the American Academy of the History of Dentistry in 2018. That’s not just a thread between this whip-smart, hardworking and compassionate dentist, teacher and curator, and other seminal dentists in the Faculty’s history. It’s a legacy Dale can call her own. ■





## SUSAN SUTHERLAND 8T4

Few people truly understand hospital dentistry. During her 17 years as the dentist-in-chief at Sunnybrook Health Sciences Centre, Susan Sutherland has worked to change that. She's spent her career educating colleagues about the complex work

“As a leader, my approach is that there's no single approach. It very much depends on context

of hospital dentistry and used her profile as a podium to get the word out about important healthcare issues.

Sutherland started out as a nurse, often working in critical care. “By age 20 I was dealing with death on a daily basis,” she says. She went back to school for her nursing degree and then decided to study dentistry, but with a plan. “I knew from day one of dental school I wanted to do a hospital internship and have a hospital-based practice,” she says. She followed

her DDS with an internship at Sunnybrook, and by 1986 had a full-time staff position.

In 2003, she was named chief dentist, the second person ever to hold the position, which was created in 1972. During her lengthy tenure, Sutherland saw patient volumes nearly triple. “We've seen a big change in the complexity of patients,” she says.

In 2014, Sutherland and a small group founded the Canadian Association of Hospital Dentists, with her serving as founding president and chair of the board. Now with 60 members, the group runs an annual meeting and does evidence-based work that includes a handout on safe use of opioids after wisdom teeth removal and the National Action Plan on Antimicrobial Stewardship.

Sutherland, who also serves as an associate professor at the Faculty, is often called to speak to the media, and writes journal articles and mainstream media stories.

She has also manifested a fresh leadership style. “As a leader, my approach is that there's no single approach. It very much depends on context. Sometimes it's necessary to be very firm and make tough decisions.”

Sutherland is stepping down from her role this spring. She'll now focus on research, patients and getting the word out about hospital dentistry and offering the best care possible in a complex setting. ■

Photo: Jeff Comber



## SHIVA SHADMAND 9T9 PHD, 0T3 MSC ORTH

As an orthodontist, Shiva Shadmand doesn't believe her job of realigning teeth is just about looking good. “I think about the health of the teeth, but beauty and aesthetics as well,” she says. Misaligned teeth cause social and economic repercussions, as well as pain and disease over time. Yet, there's zero funding for orthodontic care for those who can't afford it.

Shadmand wants to change that. She runs two successful practices, one in Toronto and one in Bradford, Ont., and gives back to patients via pro bono work. “Almost everyone in orthodontics is involved in pro bono work. But the demand is too much.”

In 2010, Shadmand joined Tina Meisami 9T6, 0T1 OMFS and three other dentists who met through the Faculty to create the Restoring Smiles program, offering free dental care to women who are victims of abuse. Shadmand often works with Meisami on complex cases that require a combination of orthodontics with oral and maxillofacial surgery.

In the early years, the five friends did most of the work themselves. Now, the program has 50 volunteer dentists and celebrates its 10-year anniversary this spring. “It's been a ride and it's great,” says Shadmand, who completed her DDS in Tehran, and did both a PhD (researching bone growth) and her master's in orthodontics at the Faculty.

Shadmand has joined U.S. nonprofit Smiles Change Lives,

which screens and administers pro bono care for kids. She's also launched her own anti-bullying and advocacy program, “You Smile, We Smile.” “The province provides necessary dental treatment to children, but apparently orthodontics

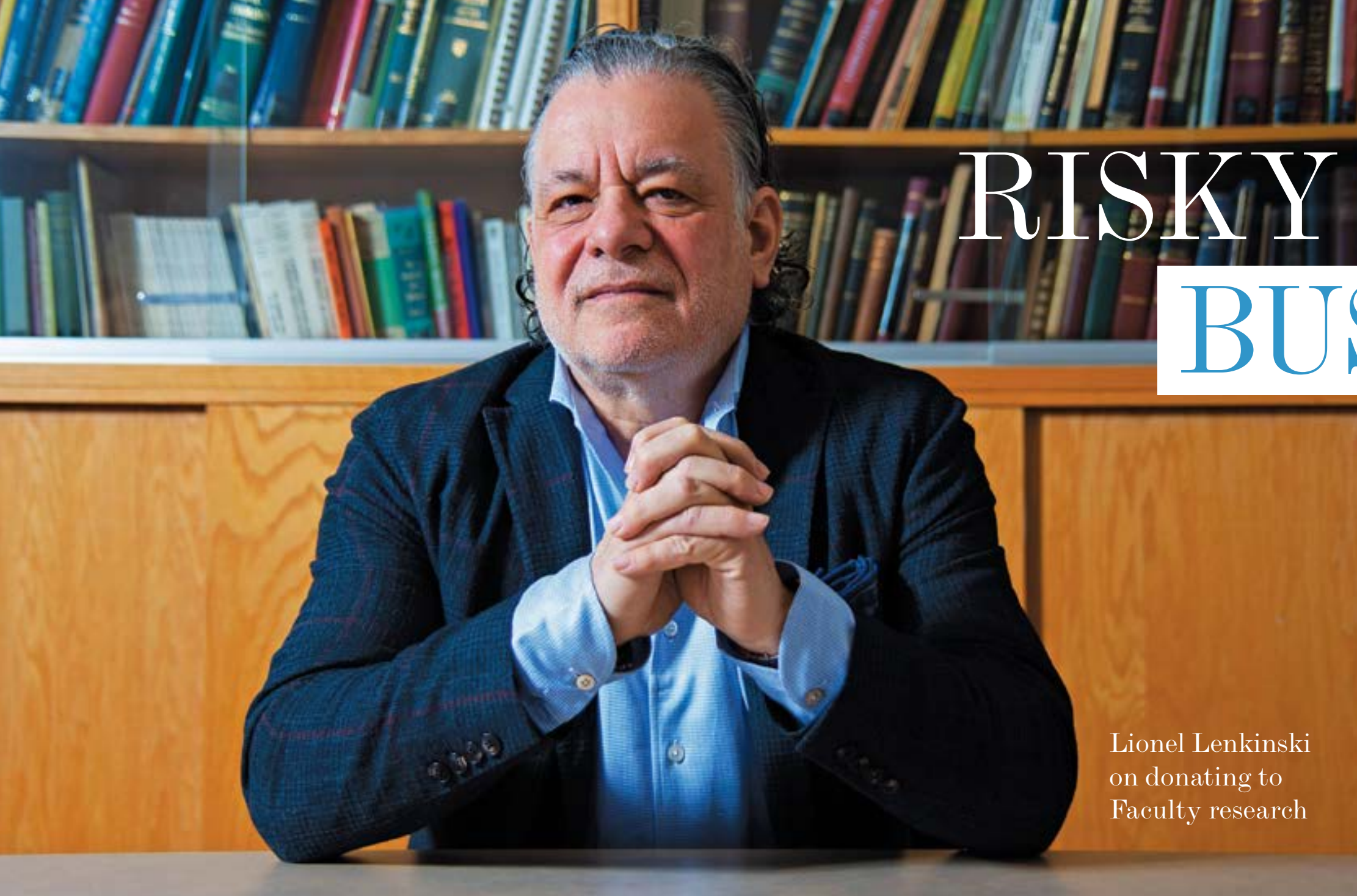
“Almost everyone in orthodontics is involved in pro bono work. But the demand is too much

doesn't count as necessary,” she says. “The theory is orthodontics is elective. But it's not.”

Studies show one in four elementary school children and one in three teens have been bullied because of their teeth. With mental health issues on the rise, Shadmand hopes data will help her change perceptions about dental aesthetics. “There are so many children being bullied.” ■

Photo: Jeff Comber





# RISKY BUSINESS

Lionel Lenkinski  
on donating to  
Faculty research

“At a meeting I ran into someone who asked me a question that to this day I find really disturbing, but curious,” says Lionel Lenkinski 7T9. “He goes, ‘Why is it that every time we bump into you, you’re happy?’”

“I said, ‘Because I get up in the morning, and I have a purpose.’”

For Lenkinski, that purpose stems from feeling engaged with what he does, and maintaining a sense of curiosity. And it’s that natural drive that brought the successful endodontist

from running a full-time practice to running the Canadian Dental Protective Agency (CDPA), an organization he’s helped transform.

Lenkinski describes CDPA as a “mutual benefit association” in which members “avail themselves of a number of services” that can help them deal with the risk-related aspects of their practices. “It’s a well-oiled machine,” says Lenkinski of the 2,200 member-strong association that advises on everything from dealing with patient conflicts to supporting members should they receive a regulatory complaint.

When it was launched in 1994, the CDPA was an

Photo: Jeff Comber

insurance-based business. In 2004, Lenkinski took the helm as executive director, and he moved the association away from insuring to a broader, more supportive mandate. Lenkinski now juggles an orbiting constellation of nine risk advisors, two administrative staff, a team of consultants and a panel of lawyers. Members have 24-7 access to this experienced team.

The point of the CDPA is not simply to respond to situations, Lenkinski underscores. It’s a partner in members’ practices that supports them through challenging situations and offers pre-emptive aid. That’s why this year, through a renewed three-year, \$37,500 gift to the faculty, the CDPA will fund critical

dental public health research. These new studies, led by UofT Dentistry associate professor Carlos Quiñonez, graduate program director of dental public health, will support the mission of the CDPA. It’s another way the association proactively navigates the risks of practice on behalf of its members.

“We talk about what’s trending,” says Lenkinski, who views the CDPA’s collective case files as vital snapshot of where the profession is at — and where it’s headed. Quiñonez’s research, such as his recent joint RCDSO study on patient complaints, can supplement the CDPA’s growing body of data with evidence-based research. That research, says Lenkinski, can help members get ahead of the curve.

“The kind of work Carlos is doing fills a void in the profession, where we need to figure out why we are having these problems,” says Lenkinski.

“What does the future hold?  
What are the big issues that need to be addressed so that we’re sustainable?”

The research will tackle the big questions, like: What does the future hold? What are the big issues that need to be addressed so that we’re sustainable? The answers will help both the CDPA — and Lenkinski — find yet more purpose. ■



# GREAT ALUMNI EVENT 2020

## UofT Dentistry's all-alumni reunion event

Food, drinks, brewery tours and reconnecting.  
We hope you can join us.

Date to be determined

Steam Whistle Brewing  
255 Bremner Blvd

Visit: [dentistry.utoronto.ca/the-great-alumni-event](https://dentistry.utoronto.ca/the-great-alumni-event) for more information



## OBITUARIES

### WE REMEMBER...

DICK HIDEKI ITO 8T1,  
0T7 MSC DPH



Former Faculty assistant professor Dick Ito died last September at age 67. After completing his DDS in 1981, Ito worked in private practice in Toronto, but become concerned about the health disparities between the rich and poor. In 1990, he began working in a number of public health units around Ontario. He returned to UofT Dentistry in 2007 for his master's degree in dental public health. A year before that, he began teaching at the Faculty, and served as a part-time assistant professor from 2012 to 2017. Involved in the Canadian Dental Association and the Ontario Dental Association, Ito became director of the Canadian Association of Public Health Dentistry in 2015, and was chief examiner in dental public health for the Royal College of Dentists of Canada for six years, starting in 2010. He was an advocate for the health benefits of fluoridation throughout his career. Ito was recognized with the Milton Medal for Dental Public Health by the OAPHD in 2007, the ODA Governance Leadership Award in 1997, and the ODA Service Award in 1996.

GERALD WRIGHT 6T0



A professor emeritus at Western University, Gerald Wright was born in Winnipeg and completed his DDS at UofT and graduate work at the University of Indiana before settling in London, Ont. He was a member of Western's Department of Pediatric Dentistry and became the chair of the Division of Orthodontics and Pediatric Dentistry. He founded Operation Belarus, a project to improve dental care in that nation, and co-founded the Mustang Dental Conference. He created a qualifying program for dentists trained outside the country. Wright was a visiting professor at the Hebrew University in Jerusalem, Baylor College in Texas, Sydney University in Australia, Ulm University in Germany and Trinity College in Ireland. He served on the board of the American Academy of Pediatric Dentistry (including as president), was an examiner for the Royal College of Dentists of Canada and was secretary general of the International Association of Pediatric Dentistry for 12 years. For his service in Belarus, Wright was given an

honorary doctorate. In 2001, he was awarded the Medal of Paris for his work with children around the world (in Romania, he is referred to as the father of modern pediatric dentistry) and in 2003 received the A.J. Herman Fellowship from the University of Western Australia.

MILTON HOUPPT 6T0



Milton Houppt, professor emeritus at the Department of Pediatric Dentistry at Rutgers University, was known internationally for his research and service in pediatric dentistry. He was the author or co-author of 117 scientific journal papers and received many honours.

After completing his DDS at UofT, Houppt obtained a master of dental science, master of education and doctor of philosophy from the University of Pittsburgh. He served on the editorial boards of six national U.S. dental journals and was editor of *Pediatric Dentistry* for seven years. He served as a consultant to the American Dental Association, the USA National Dental Examination Board and the National Institutes of Health, Health Resources and Service Administration.

SING CHUNG 7T3



Long-time Stratford dentist Sing Chung passed away last fall age the age of 70. He grew up in nearby Listowel and attended UofT Dentistry, graduating in 1973. He relocated to Stratford, where he practiced for 46 years. Chung was a compassionate dentist who gave generously to organized dentistry as well. He was a member of the Stratford & District Dental Society and served in many key positions, including president. Chung served for many years on the board of governors and various executive groups and committees for the Ontario Dental Association, and received its Award of Merit in 2007. ▀

### WE MOURN THE LOSS

Elinor Brown 5T4 D Nursing  
Russell Bulchak 5T5  
J.T. Crouch 4T3  
Ronald Golden 6T3  
Janice Magi 7T6 DBACT  
Daniel Nelson 5T8  
Peter Rockman 6T6  
Barney Seetner 4T9  
Harvey Snider 6T3  
Howard Tile 6T3  
William White 6T1  
Henry Wilson 6T7

*Listings are as accurate as possible as of press time.*

Photos: courtesy Faculty of Dentistry archives

# UPCOMING EVENTS



**Due to the rapidly evolving COVID-19 pandemic, we are unable to predict with any accuracy effects on upcoming events. We will update our community with information on cancellations and postponements as developments arise.**

## QUESTIONS OR SPONSORSHIP INQUIRIES?

Contact: [miriam.stephan@dentistry.utoronto.ca](mailto:miriam.stephan@dentistry.utoronto.ca)